

# Future of Rehabilitation Services-Consultant's Views

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## BACKGROUND

The members of British Society of Rehabilitation (BSRM) are concerned over the future of rehabilitation services in England and Wales, especially with the introduction of Payment By Results (PBR), National Tariff (NT) and National Service Framework for Long Term Conditions (NSF for LTC) by the department of health. In addition with introduction of purchaser / provider split PCT's are focussing on their commissioning role with little emphasis on provider role. This survey was carried out among the members of BSRM to determine the most appropriate trust to host rehabilitation services in England & Wales.

## AIM

Survey views of consultants working in rehabilitation medicine across England & Wales with regard to future provision of rehabilitation services. Methodology:-195 questionnaires were sent and 63 replies received over a period of one month. Data collated and analysed on Microsoft excel.

## RESULT

- ◆ Response rate was 63/195(32%).
- ◆ The distribution of services within the trusts is shown in Table 1.
- ◆ The hardware budget for amputee rehabilitation ranges from £300 to £1437 across various rehabilitation units
- ◆ Majority consultant's contracts are with acute trust 45/63(71%).
- ◆ Main benefits to remain in current trust are
  - Better network with other specialists -47/63(75%)
  - Co-ordinated patient care-50/63(79%).
- ◆ Main challenges to remain in current trust are
  - Increased financial pressure-38/63(60%)
  - Poor business & management support-22/63(35%).
- ◆ Services were considered at risk by 37/63(59%) consultants and not at risky by 26/63(41%). Table 2.
- ◆ In the light of new initiatives the place of choice for service provision was in the following order acute trusts 37/59(62%) Community trusts 13/59(22%) then by an overlap of services between Acute / Community / Mental Health Trust7/59(12%) private sector1/59(2%). Table 3.
- ◆ 21/61(34%) consultants were not certain regarding the future of rehabilitation services in light of the new initiatives, while 19/61(31%) believed that it may decrease the provision. Table 4.
- ◆ In the best interest of the patients 47/54(85%) of consultants favoured rehabilitation services to remain together, but 7/54(13%) were in favour of split in services. Table 5.

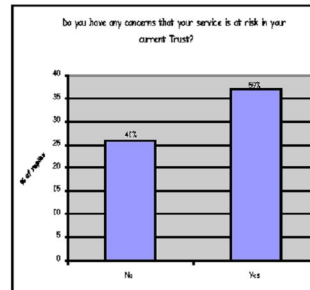


Table 2.

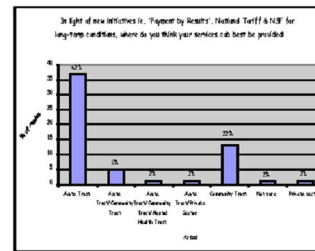


Table 3.

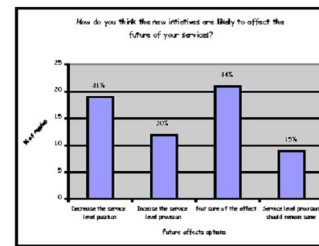


Table 4.

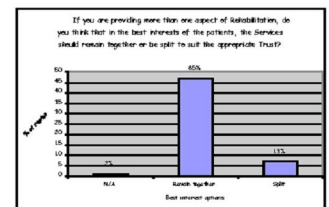


Table 5.

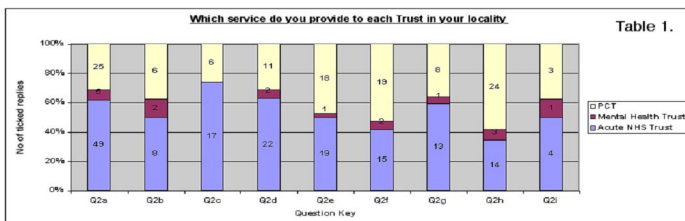


Table 1.

- Q2a Neurorehabilitation (including Stroke Rehabilitation)
- Q2b Neuropsychiatry
- Q2c Prosthetics
- Q2d Orthotics
- Q2e Wheelchairs & Special Seating
- Q2f Environmental Control Service
- Q2g Musculoskeletal Rehabilitation
- Q2h Community Rehabilitation
- Q2i Other Services

## CONCLUSIONS

- ◆ Consultants are concerned that rehabilitation services are at risk in future due to increased financial pressure.
- ◆ Majority of consultants are based at acute trust presently and prefer to remain there in future.
- ◆ In the light of new initiatives PBR, NSF for LTC and NT the consultant's opinion is that the provision of rehabilitation services will decrease or they are not sure of the effect of these initiatives as they think that emphasis will be on acute medicine rather than rehabilitation medicine.
- ◆ Majority of consultant opinion was that all rehabilitation should remain together leading to better patient care as well as training and education of staff.

## Acknowledgement

Elaine Grieve, Audit Department Kent & Medway NHS and Social Care Partnership Trust and all the participating consultants.