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Call for Improvement in Services for Stroke Sufferers – Rehabilitation Medicine is the Key

The British Society of Rehabilitation Medicine welcomes the findings of the CQC review of stroke care¹. Rehabilitation Medicine physicians have an important role to play in the provision of both acute rehabilitation and long-term rehabilitation for individuals with stroke, particularly those with complex neurodisability as a result of their strokes. Rehabilitation Medicine consultants have expertise in meeting the specific needs of those of working age.

With the pressure towards early discharge from acute care, the quality and responsiveness of community-based services must be improved in order to meet the needs of patients and their families. Whereas many of the early needs of a proportion of stroke patients will be met by early stroke discharge teams alone, many individuals with strokes will experience a lifelong disability and will need lifelong access to community rehabilitation services as specified in the National Stroke Strategy.

Consultants in Rehabilitation Medicine work across the country to assess individuals with disability following stroke, and to provide clinical leadership for teams who provide rehabilitation services. They also support early stroke discharge teams, and community rehabilitation teams, providing secondary care input to such teams. They have specific expertise in terms of symptom management and access to diagnostics as required. Many of the specific services for stroke patients such as spasticity management, orthotics and special seating, are well-managed through Rehabilitation Medicine services.

Commissioning of Rehabilitation Medicine is patchy across the country, which may account for some of the variation found by the report. BSRM therefore urges commissioners to consider commissioning this valuable, cost-effective service. We concur with the view of the Care Quality Commission Chief Executive Cynthia Bower when she says "*Services have made improvements over recent years in the care provided in the hours and days that follow their stroke. It is vital that this momentum is maintained and that improvements are made in the care and support provided in the longer term*".

We wish to highlight our work on standards for rehabilitation services specifically our report on "*BSRM Standards for Rehabilitation Services Mapped on to the National Service Framework for Long-Term Conditions*"² and commend it to services as a mechanism for evaluating long-term rehabilitation services.

We also note the key finding of the report that only 37% of areas provided rehabilitation services to people based in their community, focusing on helping them return to work. Consultants in Rehabilitation Medicine are trained in vocational rehabilitation, and for many years we have highlighted the importance of this area. We would also wish to highlight our recent publication "*Vocational Assessment and Rehabilitation for People with Long-Term Neurological Conditions: Recommendations for Best Practice*"³ for both commissioners and service providers.

We believe that on-going development of the role of Rehabilitation Medicine will address many of the needs of stroke survivors with disability, we also note very poor levels of follow-up after stroke available in many areas, and suggest specific development in these areas.

We call upon commissioners to invest in well-organised consultant supported multidisciplinary rehabilitation services so that stroke survivors, and their primary care teams can have ready access to rapid reassessment and prompt treatment of complications associated with their stroke, and hence maximise both their level of health, and quality of life.

Dr Christopher Roy
President

Dr Ruth Kent
Chair – Education Sub-committee

1. Supporting Life After Stroke. A review of services for people who have had a stroke and their carers. Care Quality Commission. London January 2011
www.cqc.org.uk/publications.cfm?fde_id=17176
2. BSRM Standards for Rehabilitation Services Mapped on to the National Service Framework for Long-Term Conditions. BSRM. London 2009
<http://www.bsrn.co.uk/Publications/StandardsMapping-Final.pdf>
3. Vocational Assessment and Rehabilitation for People with Long-Term Neurological Conditions: Recommendations for Best Practice. London 2010
<http://www.bsrn.co.uk/Publications/VR4LTnCv45fl.pdf>