

ENHANCING PRIMARY AND COMMUNITY CARE

COMMUNITY REHABILITATION SUB-GROUP

FINAL DRAFT

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1. Introduction

- 1.1 According to figures from the WHO, the estimated number of people who require rehabilitation at any point in time is 1.5% of the population, i.e about 90 million people worldwide.
- 1.2 The number of people with a disability continues to be estimated at 7% to 10% of the population, although individual countries give figures, which vary from approximately 4% to 20%.
- 1.3 Better prenatal care has increased survival rates for children with disabilities. The lifespan of children with disabilities is increasing so they are beginning to outlive their primary caregivers. Longer life expectancy has contributed to a growing population of older persons and, as a result of this ageing population, there are increasing numbers of people with disabilities. The epidemic of non-communicable diseases has resulted in a continuing rise in the number of people with chronic diseases and disabilities. Injuries are also on the rise due to increasing violence, conflict and traffic accidents. Persons with disabilities are living longer in all societies.
- 1.4 Evidence from recent clinical trials suggests that early rehabilitation leads to improved physical and functional outcome. The precise amount of therapy which should be provided to effect improvement has not been definitively quantified and clinical judgement based on regular reassessment currently forms the basis of clinical practice.
- 1.5 Effective community rehabilitation is increasingly being recognised as one of the most important factors in promoting independence, supporting timely discharge from hospital and preventing unnecessary admission to hospital.

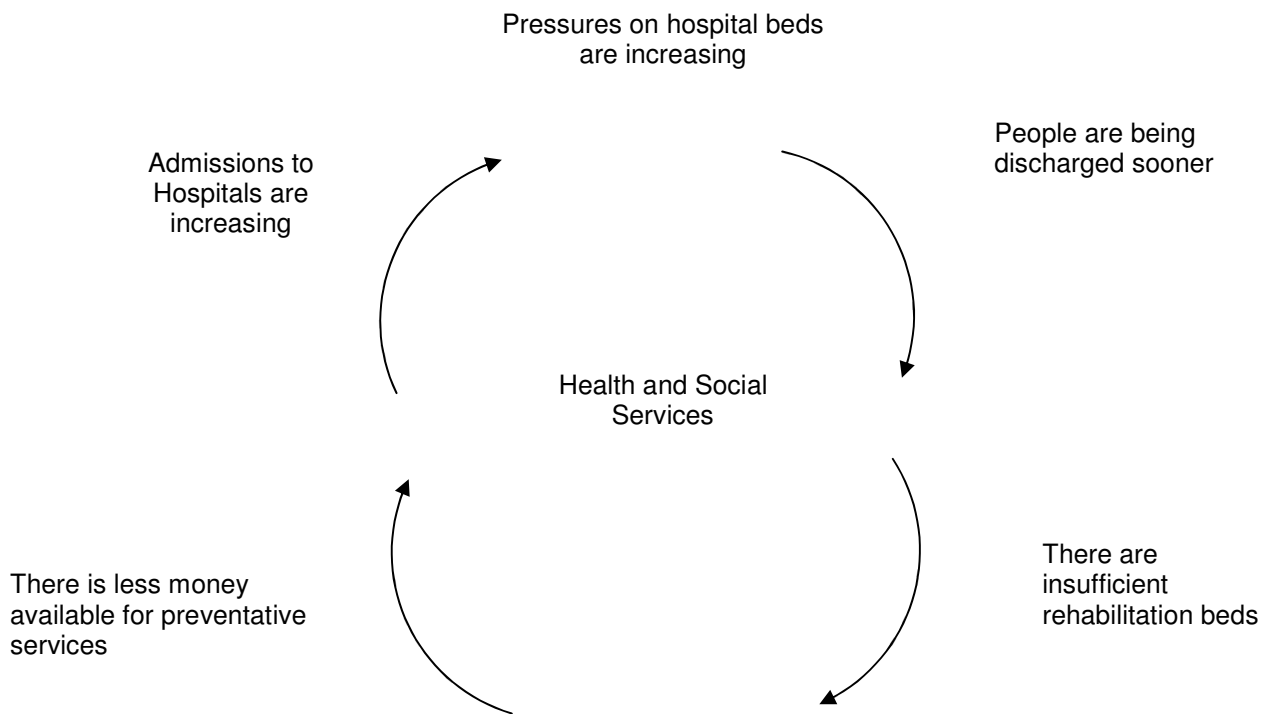
- 1.6 This paper sets out the pivotal role that community rehabilitation plays in enhancing primary and community care and in doing so provides a foundation for the development of a regional approach to community rehabilitation services in Northern Ireland.
- 1.7 A number of key products are therefore identified:
- Definition of Community Rehabilitation
 - Recognised barriers and solutions to Community Rehabilitation
 - Important building blocks in Community Rehabilitation and Quality requirements
 - Expected outcomes and performance indicators linked to evidence based cost and effectiveness
- 1.8 Community Rehabilitation encompasses a broad range of services and service components.
- “Rehabilitation is an active, collaborative process. It uses all possible measures to help an individual to restore or maintain physical, psychological and social functioning”.
(Source: Rehabilitation Research Unit (PRU), University of Nottingham)
- 1.9 Each person requiring rehabilitation will be starting from a different situation, and will be identifying different requirements that relate to physical, cognitive and social functions, which are themselves, influenced by personal, cultural and environmental factors. Therefore, for some people rehabilitation will have an end point that can be measured but, for others, regular reviews will be needed to determine their ongoing requirements based on their specific situation and changing needs.
- 1.10 Rehabilitation is required for conditions that deteriorate just as much as those which improve. Prevention of avoidable distress and disability is the key to effective service delivery. Given that the needs of individuals and families can be diverse and that many agencies and professional groups are

involved, appropriate strategic direction, coherent provision and effective coordination of rehabilitation services is particularly challenging.

1.11 A key area of debate throughout the preparation of this paper has been around the transition from rehabilitation to long-term conditions management/core services. The DHSSPS definition of Intermediate Care is accepted but there remains a lack of clarity around the end point of rehabilitation and the beginning of continuing therapeutic care to support and maintain independence. Part of this debate hinges on the understanding of professional roles and specialist skills of the teams in and out of the rehabilitation scheme.

1.12 Whilst literature contains a range of ideas and definitions of rehabilitation, there is a consensus that:

- The primary objective of rehabilitation involved restorations to the maximum degree possible, either of function (physical or mental) or role within the family, social network or workforce
- rehabilitation usually requires a combination of clinical, therapeutic and social interventions that also address issues relevant to the person's physical and social environment, and
- effective rehabilitation needs to be responsive to user's needs and wishes, to be purposeful, involve a number of agencies and disciplines and be available when required.



2. Authors Robinson and Batstone (1996 – King’s Fund working paper), found that there were concerns that earlier discharge from hospital left insufficient time for people to recover from medical and surgical interventions, with older people being especially disadvantaged.

2.1 In addition they found:

- short episodes of therapy, where the recipient was signed off at the end of specific treatments, were felt to be helpful to people with a long-term illness or disability.
- professionals and service users both thought that too much emphasis was placed on ‘minding’ people with long-term illness or disability, rather than enabling them to live lives that offered greater independence, control and choice.

2.2 In determining an overarching definition for Community Rehabilitation it is helpful to consider a guiding principle such as that adopted in North and West Belfast Trust.

3. Guiding Principle

3.1 Community Rehabilitation is provided on the basis of a comprehensive person-centred assessment of need, resulting in a structured individual care plan that involves active therapy, treatment and opportunity for improved quality of life. There is a planned outcome, agreed with the client and/or their carer to ensure maximum independence is achieved, to enable them to function within their local community.

3.2 However, the National Health Service framework for Long term Conditions establishes a quality requirement for community rehabilitation and support that focuses on a continuation of care:

People should have’ongoing access to a comprehensive range of rehabilitation advice and support to meet their continuing and changing needs to increase their independence and autonomy and help them live as they wish’.

3.3 In keeping with a whole systems approach, a range of therapeutic health and social care services must be available within local integrated service teams so that seamless transition to supported long-term care is achieved.

4. Current Position

4.1 There are many examples of best practice in Community Rehabilitation across Northern Ireland, some are illustrated below.

Home First Community Rehabilitation & Stroke Service provided a service to 877 discharged patients in 2005, and prevented admission to care of 346 people.

North & West Belfast Trust
Outcomes to Date:
Community rehab scheme – 43% reduction in care packages during first 6mths.
Step Up Step Down – 1414 bed days saved 04/05
Rapid Response Nursing 1028 client contacts

Sperrin Lakeland Community Rehabilitation Scheme in an National Award Ceremony earned this accolade – “the judges were particularly impressed by the rehabilitation work done by the team highlighting outstanding team work linked to excellent use of research and audit to achieve major redesign of services which helped people to live more independently”.

Foyle Health & Social Services Trust
Supported Early Discharge (COPD)
In 18 months 240 patients in the project
Bed days saved 1131
12 readmissions in this period

- 4.2 The Department of Health, Social Services and Public Safety has recently commissioned an Audit of Intermediate Care in Northern Ireland. The Audit findings are due to be published shortly. The Audit has looked at the range and spread of intermediate Care services in Northern Ireland, examining detailed information from 53 separate schemes.
- 4.3 Although all these Intermediate Care projects have similar core elements, each has a different definition and criteria. Projects have been developed within different Trusts at different times and are staffed and operate in a variety of different ways with different outcome measures and focus.
- 4.4 A framework for high quality Community Rehabilitation services is necessary to provide a structured approach to service provision across Northern Ireland. This framework will build on established good practice and consist of important building blocks, quality requirements and outcome measures.
- 5.0 **The Community Rehabilitation Group** of Practitioners identified barriers to effective development of Community Rehabilitation. An over-arching principle which is key to effecting outcomes, is the development of integrated team working with a single assessment tool and standard referral criteria.

Current systems are ad hoc, criteria inconsistent and schemes can lack credibility with potential for errors.

- (A) A Single point of entry is required and multi-disciplinary team working is essential. These are seen as key building blocks as effective community rehabilitation. Medical/GP input and access to psychology services are also seen as essential.
- (B) A Time-Limited Enablement Model:-
The PWC Audit showed evidence of poor discharge from rehabilitation schemes. Different professional inputs will have different treatment time spans. Care rather than support to independence is often a feature of rehabilitation and the patient's expectations on transfer to core services may be an issue. Clarity of

time on the scheme and clear goals to be established at the outset. Problems associated with discharge from the scheme are often lack of domiciliary care, equipment and information on services available.

6.0 **Outcome Currency:-**

This was seen by the group as a frustrating aspect of community rehabilitation. Many schemes report good outcomes in terms of bed days saved, care packages reduced etc. There are no agreed outcomes and those which are used tend to focus on financial outcomes rather than patient-focused outcomes of increased mobility, independence and quality of life. There is anecdotal evidence of high patient satisfaction with existing schemes.

7. **Quality Requirements**

High quality community rehabilitation, as part of intermediate care services, should provide a structured approach across Northern Ireland. This should be set within a quality performance framework containing the important building blocks outlined and have agreed performance indicators.

Care Plans must clearly demonstrate that support, advice and training have been provided to families and carers as appropriate.

Evidenced person-centred services with pre-admission assessment, clear goals and seamless discharge to other services.

People requiring equipment should receive timely, appropriate, assistive technology/equipment to support independence and quality of life.

Families and carers of people receiving community rehab should have access to carers assessment and appropriate advice and support services.

8.0 **Outcome Measures**

The following Outcome Measures are proposed to provide structured targets that will assist in the development of effective Community Rehabilitation services in Northern Ireland.

- i) Percentages of A&E attendances avoided
- ii) Bed days saved as a result of avoided admissions
- iii) Community packages reduced as a result of rehabilitation
- iv) Reduction in readmission as a result of Community Rehabilitation
- v) Evidence of improved quality of life measures (for example, the Sheffield Complexity Score).

9.0 **CONCLUSION**

In conclusion, populations within each local Health & Social Care economy should ensure that patients and clients, regardless of where they live in Northern Ireland, should have access to community rehabilitation services with the following key elements:-

- 1. a high level regionally agreed criteria and guidelines for referral to community rehab schemes (with local flexibility);
- 2. a single entry point
- 3. a single assessment tool;
- 4. time-limited enablement model;
- 5. multi-disciplinary team – developing new ways of working to maximise available skills and avoid duplication.