



Improving Adult Rehabilitation Services

Appendix v

Providers' and commissioners' issues to be addressed to deliver 'good' rehabilitation...

PC1 Commissioning

- PC1 a) There is a need to take a whole system approach that acknowledges the long-term vision and benefit across systems, rather than short-term financial gain
- PC1 b) Commissioning should be jointly undertaken between health and social care and based on an understanding of the right service at the right time in the right place along the whole patient journey
- PC1 c) Improving rehabilitation services requires commissioners' commitment to focusing on relevant outcomes
- PC1 d) To address current geographical inequities and monitor contracts, core standards and or a definition of rehabilitation are required
- PC1 e) Perverse incentives and disincentives in the system should be addressed

PC2 Understanding and awareness of rehabilitation

- PC2 a) There is a need for a cultural shift in understanding of rehabilitation that encompasses developing ownership and self-management with service users and negotiated outcomes to meet their needs
- PC2 b) The shift from reactive to proactive and preventative services has to go further

PC3 Provider systems

- PC3 a) Rehabilitation requires a shared vision across all organisations that acknowledges the role of voluntary agencies, the 3rd sector, social care (including housing) and the NHS provision.
- PC3 b) Integration of service delivery across the system is required with similar attention paid to integration of services for individuals in transition between different services provided for different age groups
- PC3 c) Where appropriate integration of budgets is required to facilitate the patient journey

PC4 Service design

- PC4 a) Services need to be able to provide open access, wherever possible, with a commensurate reduction in gatekeeping

- PC4** b) Care packages need to be flexible and focused on an individual patient's holistic needs to reach their potential
- PC4** c) Innovation needs to be incorporated into rehabilitation delivery e.g. televisiting.
- PC4** d) Recognition of the needs of those with multiple pathologies is required and services designed to address these in a comprehensive manner
- PC4** e) Rehabilitation services need to define quality and prove their economic benefit

PC5 Workforce

- PC5** a) The right staff with the right skills are not necessarily utilised to deliver optimum rehabilitation services
- PC5** b) The workforce has to be appropriately skilled to deliver rehabilitation and understand the bigger picture
- PC5** c) Where specialists are required, their added value should be demonstrable and those with the right skills acknowledged and utilised effectively
- PC5** d) The role of navigators and generalists should be considered in developing appropriate skill mixes

PC6 Communication

- a) Effective, integrated rehabilitation services must be facilitated by robust shared communication systems both electronic and 'human' that allow information to be shared across the system