

Rehabilitation

Reablement

Recovery

Rehabilitation is everyone's business:

Principles and expectations
for good adult rehabilitation

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Principles and expectations for good adult rehabilitation

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it;
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and in securing that services are provided in an integrated way where this might reduce health inequalities.

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It is time to transform rehabilitation services in the NHS

There are excellent examples of rehabilitation services throughout England; however, clinicians and people who use these services tell us that in many areas they do not meet their needs. This must change. Good rehabilitation services will enable the delivery of new local models of care that improve outcomes by putting the patient at the centre of their care, and focus on their goals. Good rehabilitation provides early intervention and supports self-care, self-management and secondary prevention. The NHS needs good rehabilitation services to deliver the transformational change articulated in the recently published Five Year Forward View.

This document outlines the principles and expectations of an improved adult rehabilitation service for the NHS. They were derived from extensive discussions with a variety of stakeholders including patients, healthcare professionals, commissioners, Strategic Clinical Networks and NHS England National Clinical Directors. There was a strong consensus that the system needed to change and on the principles that should underpin rehabilitation.

Our stakeholders have told us that good rehabilitation requires leadership at all levels. This includes national leadership to raise the profile of the system wide benefits of good rehabilitation and the need for services that empower patients and put them at the centre. In this document we describe what good rehabilitation looks like and offer a national consensus on what patients and their carers should expect. This document should then be used locally to inform dialogue between commissioners, providers, clinicians and service users in examining current service delivery and whether this meets the needs of the local population. It will also give services a tool for both self-assessment and service user evaluation and provide the underpinning principles for service improvement and re-design.

The principles are deliberately ambitious and include those people who the NHS cares for but for whom rehabilitation is frequently not considered, such as the frail and elderly and those at an early stage of a long-term condition.

The expectations are drawn directly from the comments of service users at our stakeholder meetings and from previous patient engagement exercises. They describe the service they expect from the NHS.



A handwritten signature in black ink, appearing to read 'J Etherington'.

John Etherington

National Clinical Director for Rehabilitation and Recovering in the Community, NHS England



A handwritten signature in black ink, appearing to read 'Suzanne Rastrick'.

Suzanne Rastrick

Chief Allied Health Professions Officer, NHS England

Background

In 2012 the NHS Medical Director, Sir Bruce Keogh, asked the Chief Allied Health Professions Officer to establish if there was a case of need to improve adult rehabilitation services. The subsequent review established that although there were areas of good practice there was variation in adoption and dissemination and people using services and clinicians wishing to make referrals did not know what services were available and how to access them.

The Improving Rehabilitation Services programme (IRS) was established to address the case of need that was identified. A key element of the IRS programme has been to draft, develop, agree and disseminate principles and expectations for good adult rehabilitation services.

The principles and expectations have been developed to describe the components of good services. The expectations are “I statements” to indicate the importance of partnership working, not only with other agencies, but most importantly with the individual.

This work was developed by the NHS England Improving Rehabilitation Services programme with contributions from a wide range of stakeholders. It is endorsed by the Wessex Rehabilitation Steering Group and Wessex Strategic Clinical Network and supports the Wessex Rehabilitation, Reablement and Recovery Quality Guidance Document¹ in describing the underpinning principles and expectations for good adult rehabilitation.



¹ <http://www.wessexscn.nhs.uk/about-us/latest-news/rehabilitation-reablement-and-recovery-quality-guidance-document-now-published/> (accessed 1st April 2015)

Transforming Rehabilitation

The vision

Rehabilitation will be key to every episode of care.

It will maximise mental and physical health, independence and occupation.

This requires urgent action in order to build new capabilities and further capacity.

We need to facilitate better access to rehabilitation and improve quality, to drive better outcomes.

Good rehabilitation:

- Focuses on good outcomes – driven by the goals set by the people we treat;
- Is centred on people's needs – not their diagnosis;
- Aims high and includes vocational outcomes;
- Is an active and enabling process – not passive care;
- Relies on interdisciplinary team working;
- Is not impaired by organisational boundaries;
- Responds to change in people's needs;
- Integrates specialist and generalist services;
- Requires leadership for transformational change;
- Gives hope.

Rehabilitation is a fundamental part of good health and social care.

Transformation will be delivered through:

Leadership – at all levels

- strategic
- commissioning
- clinical practice

Patient focus

- designing services based on people's views and experience

Supporting and enabling commissioning for improvement

- rehabilitation services commissioned with a focus on outcomes
- commissioners have the information they need to commission effectively

Integration

- making people active participants in their care
- making successful transitions across organisational boundaries and at different stages of life

Focus on outcomes

- setting measurable clinical outcomes – which are meaningful to people

Innovation

- creating and developing opportunities to use technology and new approaches to rehabilitation e.g. innovative approaches to the use of exercise

Research and evidence-based practice

- making optimal use of the evidence which is available
- identifying areas for further research
- supporting research into rehabilitation effectiveness

Workforce development

- a skilled, adaptable workforce that has the capacity to deliver good rehabilitation services

Vocational rehabilitation

- putting people's occupational requirements at the centre of their rehabilitation

The Expectations of Good Rehabilitation Services:

- 1.** I have knowledge of, and access to, joined up rehabilitation services that are reliable, personalised and consistent.
- 2.** My rehabilitation will focus on all my needs and will support me to return to my roles and responsibilities, where possible – including work.
- 3.** My rehabilitation experience and outcomes are improved by being considered by everyone involved with my health and wellbeing working in partnership with me.
- 4.** My rehabilitation supports me and gives me confidence to self-care and self-manage, making best use of developing technologies and stops me being admitted to hospital unnecessarily.
- 5.** The goals of my rehabilitation are clear, meaningful and measured and there is recognition that my goals may change throughout my life.
- 6.** My rehabilitation supports me in my aspirations and goals to reach my potential.
- 7.** I can refer myself to services easily when I need to and as my needs change.
- 8.** There is a single point of contact available to me where there is the knowledge and skills to help me.
- 9.** People who are important to me are recognised and supported during my rehabilitation.
- 10.** I am provided with information on my progress as I need it and information is shared, with my consent, with those who I agree are involved in my rehabilitation.



The Principles of Good Rehabilitation Services:

Good rehabilitation services will:

- 1.** Optimise physical, mental and social wellbeing and have a close working partnership with people to support their needs.
- 2.** Recognise people and those who are important to them, including carers, as a critical part of the interdisciplinary team.
- 3.** Instil hope, support ambition and balance risk to maximise outcome and independence.
- 4.** Use an individualised, goal-based approach, informed by evidence and best practice which focuses on people's role in society.
- 5.** Require early and ongoing assessment and identification of rehabilitation needs to support timely planning and interventions to improve outcomes and ensure seamless transition.
- 6.** Support self-management through education and information to maintain health and wellbeing to achieve maximum potential.
- 7.** Make use of a wide variety of new and established interventions to improve outcomes e.g. exercise, technology, Cognitive Behavioural Therapy.
- 8.** Deliver efficient and effective rehabilitation using integrated multi-agency pathways including, where appropriate, seven days a week.
- 9.** Have strong leadership and accountability at all levels – with effective communication.
- 10.** Share good practice, collect data and contribute to the evidence base by undertaking evaluation/audit/research.



To download a copy of the document please visit the Wessex Strategic Clinical Networks website
<http://www.wessexscn.nhs.uk/>



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Strategic Clinical Networks**