



“Unlocking Evidence of Best Practice”

During the Webinar on 19 January we had many questions from participants that we were unable to address within the allotted time.

We are inviting members of the Improving Rehabilitation Services Community of Practice to review the questions and respond to any in which they have a particular interest.

Please either post your responses on the [online forum](#) or email directly to katherine.andrews@nhs-commissioning.net who will post them on your behalf. *Please state if you would like this to be anonymously.*

Questions from Participants [Webinar 19/1/15](#)

- The importance of academic-practitioner partnerships and the importance of rigorous service evaluation were discussed. How willing are you finding Unis to help support service development projects which probably offer less opportunities for publication etc?
- Why can't we adopt [at] speed research, start by not having such lengthy ethical processes which cripples access to clinicians having time to be able to get down to the research. Help [is required] with access to funding and sharing this locally.
- How can we convince our Trust board that engaging in research and outcome measures are valid clinical activities?
- Who does the responsibility lie with to set up data collection? Clinicians all v busy, who does it sit best with? Any good examples?
- Are agencies working outside of the NHS any better at demonstrating outcomes. Where their funding depends upon demonstration of outcomes is there more of a drive?
- John Etherington talked about outcomes based commissioning, what are the benefits of prescribed levels of therapy as there have been for stroke rehabilitation? And the subsequent benefits.
- We are seeing 'rationed ' services e.g. offering 6 weeks input where this has been commissioned or neuro teams screening out people with cognitive or language impairment when they are the teams with the skills to manage them. Is the evidence available supporting these brief interventions or is there a recognition that rehab may be needed over a long period?

- Locally it is increasingly difficult to secure funding for person-centred care unless there is direct evidence around quick reductions in bed usage. How can the recognised need for additional resources be met?
- How do you feel information from clinician experience and belief fits in, compared to patient experience?
- Don't forget about the rate of negative outcomes, we are also working with people who are deteriorating. What do others think?
- One of the barriers is finding funding for rehabilitation clinical trials. Until overall survival ceases to be an outcome measure for trials it will stay a barrier.
- How can the problems with the competition agenda be overcome? Senior Managers can be very wary of sharing information with potential competitors for future tenders.
- What role(s) can professional bodies play to assist in making the sharing of evidence a reality?
- How can we get development of rehabilitation services at scale?
- As a lead facilitating evidence based practice it has been evident that practice based evidence, research and development within one professional group links to the whole care pathway to evidence and influence multi-professional practice and outcomes. What do others think?
- Which client benefits the most from home based rehab services?
- Do you see a role for digital health in support patients in recovery? This has been effective overseas and due to demands on NHS currently might seem worth pursuing
- As an increasing amount of health professionals are working outside of statutory services, do the speakers agree that the wider community is important in capturing softer evidence and that this can enhance rehabilitation services?
- there appears to be a barrier between community and the acute sector (hospital): there isn't a joined-up approach and there is variation in practise. Do others find this and what have they done about it?