

Promoting a person's right to rehabilitation - consensus statement

Speaking with one voice

The co-signers of this statement are all experts in rehabilitation:

Through our work we know the difference that rehabilitation makes to people's lives and the barriers people face in getting the rehabilitation services they need.

We are all committed to improving commissioning, planning and delivery of rehabilitation to overcome these barriers.

The purpose of this consensus statement is to establish between us a shared understanding of the issues and an intention to coordinate activity to increase impact.

Our priorities in doing this are:

- To gain political commitment to delivering universal access to rehabilitation to meet needs
- To improve the quality of rehabilitation through better commissioning and planning and delivery
- To create public awareness of an individual's entitlement to rehabilitation

The issue

There have been significant improvements in mortality rates for many conditions – such as stroke, traumatic brain injury, major trauma, heart disease and many cancers.

Long-term conditions drive increasing levels of ill-health and disability. Over half of UK disability is caused by musculoskeletal conditions, chronic obstructive pulmonary disease, falls and fractures. Added to this is disability and poor health resulting from sight loss, cardiovascular disease and many neurological conditions, such as cerebral palsy, MS and Parkinson's disease.

Increasingly people suffer from more than one long-term condition and experience significant disability as a result.

People need rehabilitation to regain life skills, maintain mobility and be supported to adapt to loss of function. Rehabilitation also supports the day to day management of symptoms for people with long term conditions – including fatigue, breathlessness, pain and limited mobility.

They also need support to optimise the effectiveness of treatment and the negative consequence of some treatments – for example for people with cancer.

Currently these needs are not being fully met: while there are excellent examples of rehabilitation, it is not consistently available. Services are not joined up between acute, residential and home settings, so people can easily be lost to the system. Where people can access services, they often have to wait too long, usually at just the time when rehabilitation would be most effective.

There is often a lack of awareness of rehabilitation and its benefits among the public, health care professionals and commissioners.

The solution

Rehabilitation enables people to recover successfully from accidents, operations and illness. For people with long-term conditions it enables them to feel more confident to manage

these. For people with life limiting conditions it enables them to minimise the loss of function and adapt to it to maintain independence. For people with degenerative diseases it enables people to slow progression.

Rehabilitation is also critical to prevention: it prevents injury (fragility fractures for example); it reduces the risk of other long-term conditions from developing; it prevents readmission to acute services; it can prevent disability and reduces the impact of disability on people's mental and physical health.

There are quality of life, economic and ethical imperatives why rehabilitation must be improved at national level, including scaling excellent rehabilitation services.

The quality of life imperative:

- As a society we have made significant medical advances in life-preserving treatments. We now need to give as much focus on quality of life.

The economic imperative

- Robust evidence demonstrates that quality rehabilitation reduces demand on the most costly and intensive parts of health and social care systems and supports people and their carers to participate economically in society.
- Quality rehabilitation requires investment and solutions that are creative, responsive and evidence-based to make the health and social care system more sustainable.

The ethical imperative

- People have a right to rehabilitation so that they can participate in their local communities.
- The failure of current health and social care systems in the UK to meet rehabilitation needs drives the cycle of disability, poverty and health inequality. This cycle needs to be broken.

It's time to act

The World Health Organisation has identified rehabilitation as a priority for integrated healthcare systems. WHO proposes that to have a comprehensive health care system, rehabilitation must be recognised as a central tenet of health care alongside prevention, health promotion, medical treatment and palliative care.

The current focus of all UK governments is to integrate care across different parts of the system, and to shift focus into primary and community services. These themes run through the Long Term Plan for England, A Healthier Wales, A Health and Care Delivery Plan in Scotland and the Transformation Programme in Northern Ireland.

This policy focus provides an opportunity to make UK health and care systems more rehabilitative as a whole.

By signing this consensus statement we agree:

- *To coordinate our efforts to ensure everyone realises their right to rehabilitation.*
- *To embrace opportunities where relevant to work collectively to campaign for this.*
- *To use our collective evidence and models of excellence to influence decisions that bring about this change.*
- *To align the messages and calls to action on improving access to quality rehabilitation, using our existing plans and campaigns to increase our collective impact.*
- *To endorse the quality rehabilitation principles of access, integration and being person centred, as a guide to service development.*

Principles of quality rehabilitation systems

Person-Centred	Accessible	Integrated
<ol style="list-style-type: none"> 1. The potential for rehabilitation of every person is recognised and assessed 2. Rehabilitation enables people to do what matters to them: participating in family life; playing a role in their community; working; learning; or their leisure activities. 3. People can access the right level and intensity of rehabilitation for their individual need for as long as it benefits them. 4. Rehabilitation is based on relationships that give people confidence to work to their limits, make choices and manage risk 5. Services are available whether an individual needs help for the first time, at a time of crisis or on a more ongoing basis 6. Services enable access to self-care resources, including enhanced digital technology 	<ol style="list-style-type: none"> 1. Services are inclusive, providing universal and timely access to rehabilitation when it will improve patient outcomes and quality of life 2. People know how to access rehabilitation, including local support delivered by statutory and non-statutory providers 3. There is a single point of contact through which to access services. This includes patient or carer self-referral, and saves people from feeling they must start again every time 4. Where needed to help people return home or prevent admission or crisis, community rehabilitation services should be available 7 days a week, outside 9-5 5. Rehabilitation services are accessible for people whose homes are care homes or other residential settings. 	<ol style="list-style-type: none"> 1. Services have the right mix of health and care professionals, so that people can see the right person at the right time, in the right place to meet their needs 2. Services are part of a wider rehabilitation system that enables people to move easily between specialist and community rehabilitation services 3. Health and social care services are joined up so peoples' experience of them is seamless and enables continuity of care 4. Rehabilitation at a system wide level has a strong strategic leadership 5. Shared digital records allow information to move easily between services.