Rehabilitation guidance available for commissioners — will it make a difference?

NHS England’s Improving Rehabilitation Services programme team launched ‘Commissioning Guidance for Rehabilitation’ last month. The document is intended for use by Clinical Commissioning Groups and their local partners to support them in commissioning rehabilitation services for their local population.

The key question for INPA members is ‘Will this document make a difference to commissioning rehabilitation’?

Professor Michael Barnes, INPA Chair said: “We welcome all guidance for commissioners which increases their knowledge and understanding of rehabilitation, but implementation is key; INPA wants to see concrete plans to ensure commissioners are aware of the guidance and that they are proactive in commissioning rehabilitation services”.

NHS England hosted events around the UK to raise awareness of the new guidance and to showcase examples of good practice, underlining a ‘person-centred approach’. The events aimed to bring together commissioners, service users, providers and frontline clinicians to discuss how service development can be supported locally.

Professor Barnes said: “We hope the events attracted the right people, and most importantly, the commissioners. However, our experience is that commissioners rarely attend these sort of meetings. It is so important that the implementation of the guidance is successful and patients have increased early access to rehabilitation services.”

For more on ‘Commissioning Guidance for Rehabilitation’ see page 2.

INPA drives new forum for neurorehabilitation nurses

Concerned about the lack of rehabilitation-trained nurses, INPA has set up a new initiative to encourage nurses with an interest in rehabilitation to get together, and also to encourage nurses to work in this sector. The Neurorehabilitation Nurses Forum is holding its inaugural meeting, networking and training day on the 8th June 2016 at Riverbank House, 2 Swan Lane, London, EC4R 3TT.

As well as being an excellent opportunity for networking, attendees will hear from INPA Chair, Professor Michael Barnes who will outline the objectives of the new forum and the support and training that INPA can provide.

The meeting will also hear from several speakers looking at different aspects of rehabilitation including the interdisciplinary team from Addenbrooke’s Hospital, Iona Meeres-Young, a Partner at Field Fisher and Jamie Scott, a Behavioural Nurse Specialist at Christchurch Group.

The new Forum needs your input to help shape and develop it, for the benefit of all. INPA wants to hear your views so please come along to this meeting.

For more information please contact: info@in-pa.org.uk
http://www.in-pa.org.uk/2016/04/neurorehabilitation-nurses-forum-inaugural-meeting-networking-and-training-day-wednesday-8th-june-2016-2

STOP PRESS…

An article reviewing the challenges and opportunities for UK independent providers navigating the current UK NHS commissioning environment will be appearing in the August issue of Advances in Clinical Neurosciences and Rehabilitation magazine. (www.acnr.co.uk)
Improving rehabilitation services — new commissioning guidance

Acquired Brain Injury is just one condition included in ‘Commissioning Guidance for Rehabilitation’, which draws on a wide range of documents to set out ‘what good looks like’ from the perspective of patients and their families, and how rehabilitation offers local solutions. The guidance, published by NHS England’s Improving Rehabilitation Services programme team covers adults and children, the complete range of rehabilitation for both mental and physical health, and also details an economic case for rehabilitation for the individual and society as a whole.

Key facts and figures for Acquired Brain Injury

Head injury is the commonest cause of death and disability in people aged 1-40 years in the UK.

1.4 m people annually attend emergency departments in England and Wales with a recent head injury:

33%-50% are children aged <15 years

Approximately 200,000 people are admitted to hospital annually with head injury:

20% have features suggesting skull fracture or have evidence of brain damage.

The guidance advocates a ‘person-centred approach’ to deliver rehabilitation services that take account of individual circumstances, preferences and needs. It includes extensive reference to peer-reviewed, national guidance and research, including scoping projects and stakeholder work with patients and relevant professional bodies. The reasons for commissioning rehabilitation are outlined:

Reasons to commission rehabilitation

- Support to ensure children and young people with health and developmental conditions have the best start in life

- More control for patients and the ability to self-manage

- Reduction in the demand for primary and secondary care

- Prevention of hospital admissions (and re-admissions) and visits to A&E

- Reduction in the length of hospital stays

- Help for people with long-term conditions to enable a better quality of life

- Support for people to enter in, and stay in, employment

- Improved health outcomes from surgery

“These reasons are the very essence of why patients with an Acquired Brain Injury need early access to good quality rehabilitation programmes and maximise outcomes” said Professor Michael Barnes, INPA Chair.

Presented as a fully interactive PDF, the guidance contains links to the latest evidence and examples of good practice, along with practical advice to commission good quality rehabilitation, including elements such as top ten commissioning tips, expectations and the principles of good rehabilitation services:

Principles for good rehabilitation services

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
UKROC data reinforces specialist rehabilitation cost-efficiency

Data from the UK Rehabilitation Outcomes Collaborative (UKROC) recently published in the British Medical Journal (Turner-Stokes et al. 2016) reinforces the cost-efficiency of specialist rehabilitation.

The study looked at functional outcomes, care needs and the cost-efficiency of specialist rehabilitation for a multicentre cohort of inpatients with complex neurological disability and compared different diagnostic groups across three levels of dependency.

Clinical data from 62 specialist (Levels 1 and 2) rehabilitation services in England was collected from the UKROC national database from 2010–2015. The patients were working-aged adults (16–65 years) with complex neurological disability; 4182 had Acquired Brain Injury, 506 had spinal cord injury, 282 had peripheral neurological conditions and 769 had progressive conditions. Outcome measures were recorded on admission and discharge and all received specialist inpatient multidisciplinary rehabilitation.

All groups showed significant reduction in dependency between admission and discharge on all measures. There was also a mean reduction in ‘weekly care costs’ which was greatest in the high-dependency group at £760/week, compared with the medium-dependency at £408/week and low-dependency at £130/week.

INPA Chair Professor Michael Barnes commented: “The evidence is irrefutable; rehabilitation is effective and delivers cost savings. So why aren’t patients getting the rehabilitation they require?”

Reference

Neurobehavioural outcomes — ongoing discussions with UKROC

The UK Rehabilitation Outcomes Collaborative collates case episodes for inpatient rehabilitation from all specialist neurorehabilitation services (Levels 1 and 2) across the UK and provides the commissioning dataset for specialist rehabilitation services and national benchmarking. UKROC is now publishing data reinforcing the use of rehabilitation services, however one criticism levelled at the organisation is that key neurobehavioural measures are not included and there is concern that this will impact on the future of those INPA members providing these services.

Professor Nick Alderman, Chair of the INPA Outcomes and Research Group commented: “The current data set for reporting is well intended but limited; specific neurobehavioural measures must be included”. Professor Alderman has reviewed outcomes measure for neurobehavioural rehabilitation and the findings will form the basis of a discussion with UKROC to be held in June.

References
UKABIF Short Film Award open for entries

The UK Acquired Brain Injury Forum has launched a Short Film Award to raise awareness of Acquired Brain Injury. All forms of Acquired Brain Injury can be considered and the film must be a maximum of five minutes duration. Entries can come from all those in the rehabilitation multidisciplinary team, doctors in primary and secondary care, case managers, personal injury lawyers, social care workers, voluntary organisations, care providers as well as individuals with a brain injury, their families or carers, students and the general public.

The deadline for entries is 30 September 2016. For further information and details on how to enter please visit: www.ukabif.org.uk/filmaward

Setting standards for Rehabilitation Assistants

INPA is setting the standard for training Rehabilitation Assistants by developing a neuro-specialist training certificate. This follows a recent survey amongst INPA members that identified training for Rehabilitation Assistants working in brain injury as an urgent ‘must-have’ to ensure practice quality and consistency.

Rehabilitation Assistants, like all members of the rehabilitation interdisciplinary team, need specialist training and specific skills to work with individuals who have a brain injury. INPA’s standard will raise and promote good practice throughout the independent sector.

Currently INPA members vary in their methods of training delivery; the organisation will not require them to change this but they will need to demonstrate how they have fulfilled INPA’s specialist training standard.

The INPA Standards Committee is currently consulting with members to develop an interactive PDF to serve as a ‘Guideline to Training’; more on this in the Autumn newsletter.

BBC2 documentary on brain injury scheduled this month

The Brain Injury Rehabilitation Trust (BIRT) has been involved in a BBC2 documentary on brain injury which is scheduled for broadcast later this month.

As part of the Louis Theroux series, the documentary will show how individuals and their families come to terms with brain injury.

Full details will be posted on the BIRT website closer to broadcast; see www.thedtgroup.org

New service directory on website

The INPA website has a new service directory which lists the services offered by all the INPA members. The directory has a map facility to help the user locate service provision geographically and links through to admissions teams.

For further information, please visit: http://www.in-pa.org.uk/inpa-members-services/

Diary dates

8 June 2016
Neurorehabilitation Nurses Forum – Inaugural meeting, networking and training day
Riverbank House, 2 Swan Lane, London, EC4R 3TT
www.in-pa.org.uk

14 November 2016
8th UKABIF Annual Conference
Royal Society of Medicine, London
E: info@ukabif.org.uk
www.ukabif.org.uk

For more information about INPA, please contact Chloë Hayward
T: 07903 887655 info@in-pa.org.uk www.in-pa.org.uk