Community Rehabilitation Alliance (CRA)

Rt Hon Steve Barclay MP
Secretary of State for Health and Social Care
Department of Health and Social Care
39 Victoria Street London
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Sent by email: mb-sofs@dhsc.gov.uk
Cc Amanda Pritchard, Chief Executive Officer of NHS England
Friday 9th December 2022

Dear Steve Barclay MP

Timely access to rehabilitation remains the critical missing piece in tackling many of the urgent problems facing the health and social care system and improving patient outcomes so people can live as well as possible. We welcome your recent recognition in parliament of the need for improved rehabilitation support for patients on discharge from hospital. We also welcome your commitment to publish the long-term workforce strategy, however we are **extremely concerned about the lack of consultation regarding the workforce strategy with those delivering rehabilitation services**.

Sufficiently staffed, community-based rehabilitation teams support people to self-manage, prevent comorbidities and impairments, prevent or delay need for further medical interventions, and enable people to remain active.

We therefore write as the Community Rehabilitation Alliance of patient organisations, charities and professional bodies, and other health organisations, along with other partners, to support the recent workforce coalition letter organised by the Royal College of Physicians. We agree that a fully funded health and social care workforce strategy must be published in full, and **we recommend specific inclusion of the rehabilitation workforce needed to tackle patient flow and the elective backlog - reducing the revolving door into GP, A&E and social care services, and getting the nation back to work.**

The most significant factor that must drive workforce development is the growing prevalence of long-term conditions. Over 40% of people are managing a long-term condition and 25% are managing two or more, and these figures are rising. **The growing demand for rehabilitation to manage long-term conditions means that workforce capacity to deliver rehabilitation must increase**. The WHO has recognised this as a global issue and in England there are significant areas of unmet need which impact on the more expensive parts of health and social care and exacerbate health inequality.

The evidence of treatment outcomes for people with frailty, musculoskeletal, cardiovascular, respiratory, and neurological conditions, cancer, spinal injury, brain injury, vision loss, and many more

conditions, as well as patients who have been in intensive care, shows irrefutably that rehabilitation is as essential to good health outcomes as medicines and surgery. Yet what should be an unmissable part of treatment is inconsistently provided often too late, if at all. Significant money is invested in survival but the benefits of this to patient outcomes aren't realised because of the lack of rehabilitation and supported recovery.

The number one problem for rehabilitation services is insufficient staffing.

A current focus for the NHS is to speed up the hospital discharge process and rapid response to prevent admissions to reduce pressure on hospital beds.

These policies are important. But they are not working effectively – specifically they are not reducing the overall length of hospital stays and the associated harm and costs that go with this - because people's rehabilitation needs are not being met in the community in a timely way, if at all. In many cases limited rehabilitation provision has become even more limited as the existing staff are also implementing the new policies.

Similarly, efforts to reduce the backlog of elective surgery will only work if the services to support rehabilitation post-surgery and post-discharge are in place. Current plans to set up surgical hubs must include rehabilitation otherwise it is a job half done, and people won't regain their mobility.

Increasing numbers of working age people are in need of rehabilitation to be fit for work. This includes many people with long term conditions that have deteriorated and those with long covid. Providing timely access to rehabilitation to enable people to work will yield economic benefits.

The consequences are clear – without rehabilitation people can be stuck in a downward spiral where having one long term condition leads to other health conditions, with loss of mobility, poor mental health and multiple medication regimes.

It is therefore essential that the government's workforce plan addresses the rehabilitation workforce by expanding registered health and social care staff, making greater use of registered exercise professionals and the voluntary sector, and expand and developing the roles of non-registered support workers to optimise their value.

We are therefore calling for a national rehabilitation workforce plan to ensure the right numbers and development of the rehabilitation workforce including allied health professionals (AHPs) including physiotherapists, occupational therapists, and speech and language therapists, rehabilitation doctors and nurses, geriatricians, psychologists, vision rehabilitation professionals, exercise professionals and non-registered health and social care workforce.

If action isn't taken now, the impact on health will be long-term and for some, irreversible, deepening health inequality and further damaging the economy. There is a clear economic case for ensuring universal access to high quality rehabilitation services and we would welcome the opportunity to share this with you. This is a moment to achieve expansion and transformation in this long-neglected part of our health and social care system, but this is only possible with the rehabilitation workforce available to deliver.

We would be pleased to share our thoughts and expertise in more detail. To arrange a meeting please contact Sara Hazzard, co-chair of the Community Rehabilitation Alliance at communityrehab@csp.org.uk.

Yours Sincerely,

Sara Hazzard Co-chair of the Community Rehabilitation Alliance, and Assistant Director Strategic Communications, Chartered Society of Physiotherapy

Sarah Mistry, Chief Executive, British Geriatrics Society
Sue Brown, Chief Executive, Arthritis and Musculoskeletal Alliance
Dr Kath Pasco, Consultant Stroke Physician, British and Irish Assoc of Stroke Physicians
Steve Aspinall, Chief Executive, British Association of Sport Rehabilitators
Sarb Bajwa, Chief Executive, British Psychological Society
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Professor Karen Middleton CBE FCSP MA, Chief Executive, The Chartered Society of Physiotherapy
Helen Beaumont-Waters, Head of Clinical Development (Primary and Urgent Care), College of Paramedics
Prof Pam Enderby, Patron, Community Therapists Network
Catherine White, Chief Executive, ICUSteps
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Professor Vic Rayner OBE, Chief Executive, National Care Forum
Georgina Carr, Chief Executive, The Neurological Alliance
Caroline Rassell, Chief Executive, Parkinson's UK
Neil Bindemann, Executive Director, Person-Centred Neurosciences Society
Dr Crystal Oldman CBE, Chief Executive, Queen's Nursing Institute
Kamini Gadhok, Chief Executive Officer Royal College of Speech and Language Therapists
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Karin Orman, Director of Practice and Innovation, Royal College of Occupational Therapists
Dr Paul Chadwick, Interim CEO Royal College of Podiatry
Professor Frederike van Wijck, President, Society for Research in Rehab
Sally Steadman, Chief Executive, Society of Sports Therapists
Nik Hartley OBE, Chief Executive, Spinal Injuries Association
Juliet Bouverie, Chief Executive, Stroke Association
Chloe Hayward, Executive Director, The UK Acquired Brain Injury Forum
Charles Colquhoun, Chief Executive, Thomas Pocklington Trust
Dr Sharlene Greenwood, past President, UK Kidney Association
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Emma Livingstone, Chief Executive, Up – The Adult Cerebral Palsy Movement