



CHARTERED
SOCIETY
OF
PHYSIOTHERAPY

Rehabilitation

and

COVID-19

CSP Policy Statement

May 2020

Summary

Rehabilitation, including physiotherapy, is essential in saving the lives of people with Covid-19 and in enabling people to live their lives to the full.

Rehabilitation must be recognised as an unmissable part of Covid-19 recovery, and leaders and policy makers need to be taking urgent action to ensure that this is delivered.

In delivering rehabilitation, the physiotherapy workforce is essentially involved in every stage and at all levels of the Covid-19 trajectory. They have the skills and knowledge that are critical and must be deployed accordingly to support recovery.¹

Essential rehabilitation for patients, recovering from serious illness or injury must continue to be provided through the pandemic, with services adapting to make this possible.

The CSP believes a comprehensive strategic approach to meeting rehabilitation needs is required as we work to help the recovery from the pandemic. This includes the needs of people recovering from Covid-19 and those whose rehabilitation has been interrupted and whose condition has deteriorated due to the period of self-isolation and lock down. Specific plans may need to vary by country or locality but the needs of the population and the underlying principles of good rehabilitation will be the same across the UK and crown dependencies.

The CSP also believes that this is an opportunity to drive improvements in rehabilitation services and development of the workforce to deliver this.

This statement sets out what we believe are the priority actions required by policy makers and system leaders nationally and locally.

Our five rehabilitation asks of policy makers and leaders:

- 1. Don't leave patients behind because they are out of sight.** We need rapid planning, guidance and resources in place to ensure that people recovering from Covid-19 receive rehabilitation in the community after discharge. This means enabling the agile redirection of funding and redeployment of the workforce to community teams as need in the acute sector diminishes.
- 2. Support essential rehabilitation services to be maintained during the pandemic as much as possible to minimise negative impact on patients who are recovering from serious injury or illness or have an exacerbation of their long-term condition.**
- 3. Ensure the physiotherapy workforce and all those delivering rehabilitation receive the right level of PPE,** to work with vulnerable people in the community for whom face to face rehabilitation is essential.
- 4. Plan for the tidal wave of rehabilitation need** as the country recovers from the pandemic. All UK Governments should develop plans to deliver expanded high quality, multi condition community rehabilitation (implementation of the NHS Rightcare Community Rehabilitation toolkit² in England), and training and retaining an expanded multi-disciplinary rehabilitation workforce.
- 5. Commit to the right to rehabilitation** as a fundamental element of our health and care system and support it to develop so that everyone can access high quality rehabilitation.³

Ensuring rehabilitation for people with Covid-19 to save lives and enable lives to be lived to the full

In-patient physiotherapy for Covid-19 is critical to keeping patients moving through hospital.

In intensive care the physiotherapists and support workers enable people to return to their normal breathing patterns and regain movement. On the wards, the physiotherapy workforce continues to help patients recovering from Covid-19 to be more mobile, build up resilience and regain lost strength in order to return home and continue their recovery.⁴

This is essential to freeing up beds to treat more critically ill patients and prevent readmissions. **If too many physiotherapists and support workers are redeployed away from rehabilitation for too long, then there will be blocks in the flow of patients through hospitals.** This could cost lives and must be prevented.

Equally important as saving lives is supporting people to recover so that they can regain their health and independence and **live their lives.**

While we are still in the learning phase of Covid-19 recovery, CSP members are providing valuable insight in real time. CSP members are reporting that patients are presenting with extremely **complex rehabilitation needs.** This includes chronic lung changes, resulting in increased breathlessness, high levels of fatigue and a significant loss of muscle mass, with subsequent deconditioning. People with pre-existing long-term conditions will be more severely affected.⁵ People are reporting psychological issues, with patients experiencing anxiety and depression and some will have suffered cognitive impairment and psychological trauma.⁶

The focus of rehabilitation is to optimise an individual's wellbeing, including: reverse the decline in strength and function, reduce breathlessness, build resilience through the pacing of rehabilitation to manage extreme fatigue and also provides psychological support.

People will recover from Covid-19 more quickly and more fully if their rehabilitation is continuous and without gaps in provision

as they move from one part of the system to another or to home.⁷ **Most people's recovery progress will be improved when this takes place in familiar home surroundings, but only if their rehabilitation continues to be organised and supported.**⁸

The key components of rehabilitation – a patient centred approach, goal setting and shared decision-making – remain the same for patients with Covid-19. All decisions about care, including rehabilitation, must be **based on clinical need** and presenting signs and symptoms, and **not based on age**.

Empowering people to recover and build up resilience at their own pace, with a specific focus on educating and building individual's confidence to self-manage, is an important part of any rehabilitation and recovery plan.

Don't leave Covid-19 patients behind because they are out of sight

Evidence is emerging that people recovering from Covid-19 are being discharged from hospital with **significant and complex rehabilitation needs, without on-going rehabilitation support in place**. Unless this is tackled urgently it will inevitably result in worsened long-term health and greater demands on social care and health services. Patients must have a comprehensive rehabilitation care plan that starts in hospital and continues until they have recovered.

Covid-19 recovery is complex and with the disruption to people's normal support structures, more vulnerable people than usual will require some time in in-patient rehabilitation facilities. **All stages of step down care must be in environments focussed on rehabilitation and recovery**. This means rehabilitation wards not general wards, and small local rehabilitation units, staffed by teams who continue to support people with their recovery after they have returned home.

In spite of the work of physiotherapists, support workers and other rehabilitation professionals, this is not currently happening for many patients in many places. **Community services cannot**

manage this demand. Physiotherapy and other rehabilitation staff who have been redeployed to acute settings and who are currently underutilised, need to be released back to services. Practitioners who have registered as available; retirees, private practitioners and students, and who have not yet been called on, are needed to support rehab.

As the need for acute care reduces, funding and staffing for Nightingale facilities should be flexed, and used to build up multi-disciplinary rehabilitation teams in the community.

These teams need physiotherapists, occupational therapists, rehabilitation support workers, speech and language therapists, district nurses, dieticians, psychological therapists and pharmacists. Teams must be linked to a geriatrician and GPs and the voluntary sector in their area.

Continuing rehabilitation services for non-Covid-19 patients through the pandemic

People's need for rehabilitation continues. This may be due to stroke, brain injury, because of MSK conditions, post-surgery or because of serious illness such as cancer, heart disease, COPD, or neurological conditions.

For many rehabilitation will be essential to halt long term deterioration in physical and mental health, maintain independence, and so keep people out of hospital.

For the working age population, rehabilitation enables people to be fit for work and facilitating the country back to work after lockdown.

It is inevitable that people's access to rehabilitation will have been affected. But to minimise disruption, and in the context of social distancing and shielding policies, different solutions are being found: elements of services that can be, are being provided remotely, using digital tools for clinicians and patients to support this; workforce challenges are being eased by backfilling some rehabilitation roles with private practitioners or students working as support workers.

A radical overhaul to deliver a right to rehabilitation

The pandemic is **shining a light on the poor state of community rehabilitation** provision prior to Covid-19.

While there are many excellent services, access to rehabilitation is a postcode lottery. **For decades services have been under resourced and under developed.** Planning and commissioning has been inconsistent, with significant variation in standards. People are left not knowing what support they should be getting.

This has never been acceptable. This is why the CSP convened a Community Rehabilitation Alliance of 25 national charities and professional bodies to work together and urge policy makers to commit to the **right to rehabilitation** as a fundamental element of our health and care system.

All four governments across the UK have said that they want to improve rehabilitation and community services.⁹

With a tidal wave of rehabilitation needs on the horizon as the UK recovers from the pandemic **this could not be more important.**

Expansion of services delivered in the community is an essential part modernising and transforming care by supporting more people to live independent lives in their own homes.

To meet the scale of need, rehabilitation could and should start looking very different:

- Across healthcare we need a strong focus on rehabilitation that is in tandem with assessment of care needs to **avoid unnecessary reliance on residential and nursing home care.**
- Patient care must become personalised, built around an individual's physical and mental health. Services should follow this **holistic, personalised approach**, and be far less compartmentalised by medical specialisation or dictated by organisational needs.
- The NHS needs to be able to offer more choice for people to access the rehabilitation that is right for them, including the option of **digital support and telehealth as an integral** part of the rehabilitation offer.
- There must be an **expansion in the rehabilitation workforce** – including more physiotherapists with advanced practice skills and more support workers trained and deployed to add capacity.
- There needs to be an **inclusive approach to the rehabilitation workforce**, which includes the role of care assistants, sports and leisure professionals and colleagues from the third sector.
- The paid rehabilitation workforce must work in partnership with the army of unpaid carers and volunteers, whose role is critical in meeting people's needs, providing them with training and support.
- More rehabilitation should to be located in communities, including moving from out-patient departments to facilities like **leisure centres and community centres.**

CSP commitments

- 1 Continue to work in an alliance with other professional bodies and patient groups with a shared interest in ensuring all people who need it can access the quality, modern rehabilitation that they need.
- 2 Work with members to collect and apply emerging evidence on rehabilitation needs and working with professional bodies, patient groups and the research community to pool our knowledge.
- 3 Work with policy makers, other professional bodies and patient groups to develop guidance that describes the Covid-19 rehabilitation pathway, starting from ICU through to on-going community rehabilitation and carry out modelling of need to support planning.
- 4 Support to CSP members to assess where support from rehabilitation services is essential and where this should be face-to-face or remote.
- 5 Encourage the evaluation of remote rehabilitation tools for clinicians and self-care support for the public and carers and promote those shown to be effective.
- 6 Work with partners to learn from the crisis to help improve future rehabilitation services – including the experience of mobilisation to meet the needs of patients with Covid-19 and increased use of digital technology.

References

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SOCIETY
OF
PHYSIOTHERAPY

PHYSIOTHERAPY
OF
SOCIETY

14 Bedford Row
London WC1R 4ED

Email: ***enquiries@csp.org.uk***

Tel: ***020 7306 6666***

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