

Rehabilitation – The Need

Good Rehabilitation and Re-ablement (outside of hospital) after ABI and Post Covid Syndrome

Rationale for 15 bed extension to North court Lodge 65 North court Avenue. Reading RG2 7HF

Background

People should receive adequate rehabilitation and re-ablement when needed, to prevent permanent disability, greater reliance on care and support, avoidable admissions to hospital, delayed discharge from hospital, and to provide adequate periods of assessment and recovery before any decision is made to move into long-term care. Acute hospitals must play their part in ensuring adequate inpatient rehabilitation, but most rehabilitation services could be provided outside hospital settings.

Rehabilitation and re-ablement are two services on a continuum of intermediate care. Rehabilitation is primarily a health model that includes physical therapy and occupational therapy to prevent admission to acute care or facilitate a stepped pathway out of hospital. Re-ablement is primarily a social care model that focuses on promoting and optimising independent functioning rather than resolving health issues ([Social Care Institute for Excellence 2013](#)). Despite these formal definitions, the terms are often used interchangeably, and many localities provide several differently named services providing elements of both. Most of the rehabilitation and re-ablement services are step-down services following a hospital stay, but they can also be step-up services, aiming to provide the necessary support to prevent any further deterioration that could lead to a hospital stay (Allen and Glasby 2010).

The Kings Fund Paper 2014 (Making our health care systems fit for an ageing population) states that Local service leaders and services should ensure that there is enough capacity and responsiveness to meet the needs of every older person who might benefit from these services.

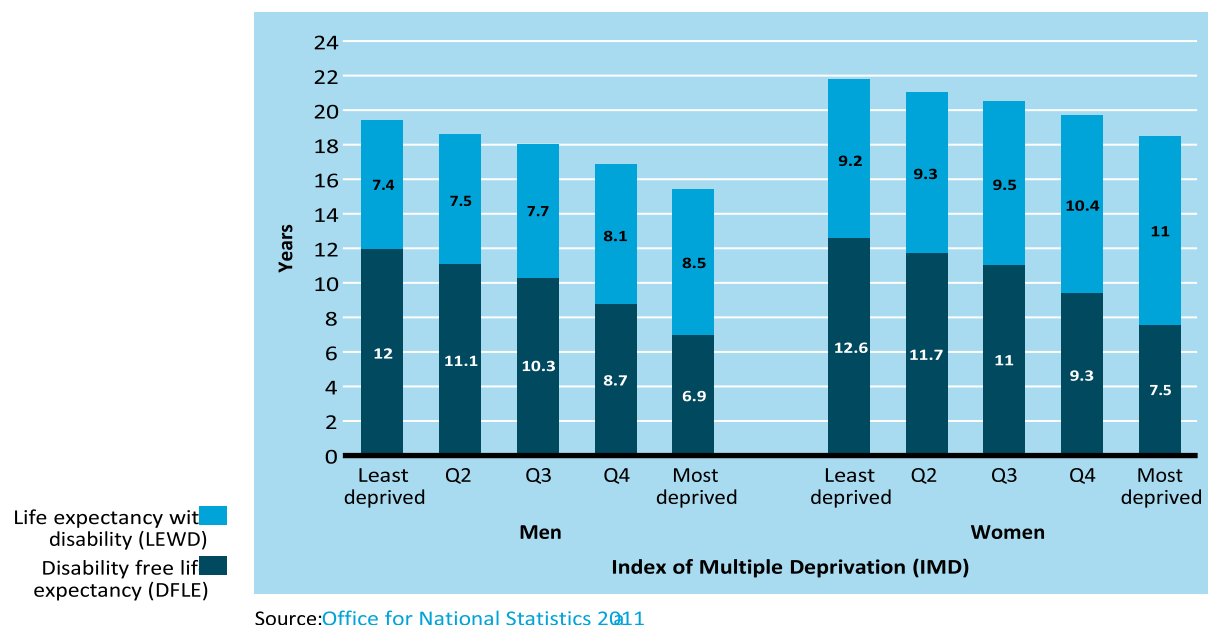
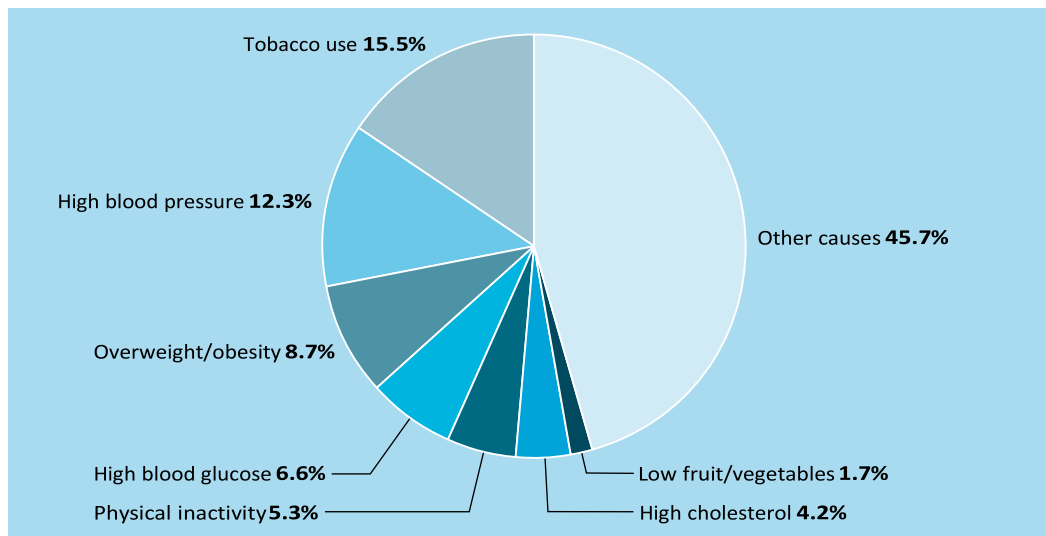


Fig 1. Life expectancy with and without disability.

The National office for statistics data reveals that in some cases mostly in women and some cases in men, the life expectancy with disability or illness is now equal or in some cases most than disability free life. This number has only since increased and will be published in the 2021 statistics ten years on.

The NHS white paper , “ Next steps on the NHS Five year forward view , ” clearly highlights that as people live longer lives the NHS needs to adapt to their needs helping frail and older people stay healthily and independent avoiding hospital stays where possible and with the novel coronavirus this cannot be any more appropriate as they are the most vulnerable susceptible to the disease. To improve prevention and care for patients, as well as to place the NHS on a more sustainable footing, the NHS Five Year Forward View called for better integration of GP, community health, mental health, and hospital services, as well as more joined up working with home care and care homes. There is a huge push now to strengthen support to specialist care homes to ensure they have direct access to clinical advice, including appropriate on-site assessment.



Source: [World Health Organization 2011b](#)

Fig 2 . Causes of disability of illness in the over 55 age group.

In the 45.7% other causes ABI constitutes about 21.6% , which is due to falls or other causes such as stroke. Loneliness, social isolation, and social exclusion are important risk factors for ill health and mortality in older people ([Steptoe et al 2012](#); [World Health Organization 2002](#)). Positive and supportive relationships with close family members contribute to older people's wellbeing, but those aged 75 and over are least likely to have these networks ([Hoban et al 2013](#)). Given the complex factors involved in isolation and loneliness, it is perhaps unsurprising that evidence about successful interventions is relatively limited, although group activities tend to have better outcomes than one-to-one interventions ([Scottish Collaboration for Public Health Research and Policy 2010](#)). If, at the end of the period of rehabilitation and re-ablement, a person is assessed as having ongoing needs for support, it is important that care is planned to provide those services and maintain the progress made. In practice, this can often be most effectively achieved through joint working between the rehabilitation and re-ablement teams and the ongoing care providers in the time leading up to, during and after transition, and specifying this responsibility in contracts ([Social Care Institute for Excellence 2013](#)).

The Proposal

Given the above background and our expertise in rehabilitation, long term care, complex disability and reablement (including those who suffer from Long Covid Syndrome) we believe this extension to be of great value to the local community, council and clinical commissioning groups. The clinical team appointed will draw our comprehensive, clinical pathways and service specification for rehabilitation of ABI, long term conditions and post covid syndrome.

The Rationale

Our collaborators area of expertise is in area where patient demand is currently growing within the UK, and an All-Party Parliamentary Report published in October 2018 concluded that there is a significant shortage of provision across all neuro-rehab care services.

Demand for our specialist services is increasing due to

- More people are surviving traumatic brain injury due to more effective paramedic response and emergency care
- More people are surviving cardiac arrest, but sometimes with hypoxic brain injury
- More people are surviving major strokes
- There is greater usage of drugs and other stimulants by younger people, which can cause medical problems and brain injury

Most of the long-term specialist provision within an hour of Reading is either through NHS-funded charitable organisations (est. 300 beds) or through private hospitals (est. 356 beds from March 2020). The total number of beds provided by other organisations is shown in the competitor analysis table below and will have increased by over 50 beds in the last 18 months.

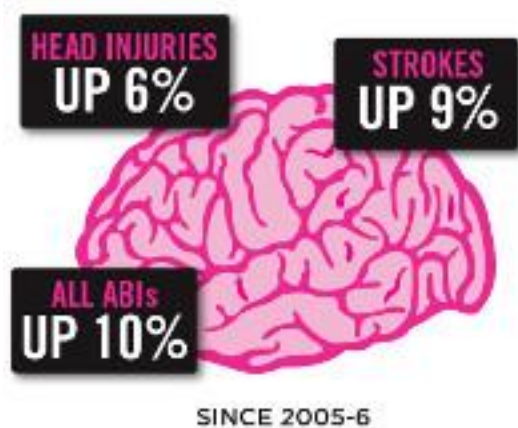
Regional Competitor Analysis

Competitors	Unit information	Market Entrants
Respiratory (Trache/ Ventilator)	- Remeo Unit, Redhill – 20 bed - Highfield house - Fairlie House, Purley - RHN, Putney	New 40-bed unit in Banstead opening in March 2020
Complex neuro disability, Long term care	- CHD Bagshot Park Neurorehab – 35 Beds - CHD Kingston – 36 Beds - Fairlie House – 45 Beds - Highfield House – 45 Beds - Glenside, Farnborough – 22 Beds - BUPA Wingham Court, Esher - 73 Beds - Raphael Hospital, Tonbridge – 60 beds - RHN, Putney – 260 beds - Some patients are in other care / nursing homes	As above
Slow stream rehabilitation	As above	

There are some barriers to market entry for organisations considering neuro-rehab services, including recruitment of skilled staff, specialised training, appropriately designed and equipped clinical areas and expensive specialist equipment such as eye-gaze technology.

NHS commissioning is predominantly through the CCG Continuing Care pathway, and the NHS seem to accept and value the specialised units such as ourselves. This is because we will provide care that allows a patient, who cannot be properly cared for in a standard nursing home, to leave an acute hospital ward. This will thereby ensure that our service fulfils the some of the goals mentioned in the Kings Fund briefing, NHS white paper and the All-Party parliamentary report published in 2018.

There were 348,934 UK admissions to hospital with acquired brain injury in 2013-14. That is 566 admissions per 100,000 of the population.



There were approximately 956 ABI admissions per day to UK hospitals in 2013-14 - or one every 90 seconds. The burden of disease and disability is high and the 9% increase in stroke and head injuries seem to be rising in the over

Local ABI numbers 2018(as an example)

The below data is based on research by Headway looking at numbers to inform the NHS planning.

	All ABI Female	Rate	Male	Rate	Total	Rate
BERKSHIRE WEST PRIMARY CARE TRUST	780	340	983	426	1,763	383
BERKSHIRE EAST PRIMARY CARE TRUST	741	375	1,029	525	1,770	450

The above does not consider the following areas however data shows there is also a burden of care in these areas which again rely on the approximate 300 beds to rehabilitate or enable these patients to lead a as independent life as possible

- Windsor, Ascot, and Maidenhead CCG
- Bracknell Forest
- Wokingham

The Application

Given the objections from the local area about the supply and transport issues. We will ensure we follow the "Travel plan good practice Guide". While the care home operates the increased beds, we will minimise the use of staff cars and arrange shuttles from the Reading station and local bus stops to ensure there is minimal travel disruption locally.

The following measures will be taken during any building operations to control noise, pollution, and parking:

- (a) Work that is audible beyond the site boundary will only be carried out between 08:00hrs to 18:00hrs Monday to Friday, 08:00hrs to 13:00hrs Saturday and not at all on Sundays or any Public and/or Bank Holidays.
- (b) The quietest available items of plant and machinery will be used on site. Where permanently sited equipment such as generators are necessary, they will be enclosed to reduce noise levels.
- (c) Deliveries will only be received within the hours detailed in (a) above.
- (d) Adequate steps will be taken to prevent dust-causing nuisance beyond the site boundary. Such uses include the use of hoses to damp down stockpiles of materials, which are likely to generate airborne dust, to damp down during stone/slab cutting, and the use of bowsers and wheel washes.
- (e) There will be no burning on site.
- (f) Only minimal security lighting will be used outside the hours stated above

All other noise pollution and noise measures will be obtained from the Council's Environmental Health Services Unit and will be followed. We will also promote good neighbourliness; we will register with the considerate constructor's scheme.

We understand that the council has difficult decisions to make when such applications are submitted. However, we hope that the presentation of the above data and the need for such a service far outweighs any temporary inconvenience it may cause to the neighbours. More importantly the level of pressure that Long Covid has caused to the community is huge and as a service we will be able to provide holistic rehabilitation to this varied client group which we feel is very important at this stage. We will always maintain the highest standards of consideration for our neighbours and the local community.

We look forward to a favourable consideration to our request.