RCOT
Informed View

Royal College of Occupational Therapists

Topic: Rehabilitation

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Context:

Access to rehabilitation will be critical for those worst affected by COVID-19. This will not only include people who have had the virus, but the many that are self isolating with long term health condition(s).

The impact of the lock down on our health and the subsequent demand for rehabilitation is not yet known. With over 1.7 million people estimated in the UK self-isolating due to their age and/or underlying health conditions, potentially there is an even greater need associated with the inevitable consequences of this action, such as increased anxiety, sedentary behaviour and social isolation. In addition, there is, the wider societal impact of a prolonged period of lock-down, whereby people have less access to doing the things that sustain them physically, emotionally and mentally.

The true health impact of COVID-19 continues to evolve. NHS England estimates that 49% of people hospitalised with COVID-19 will require rehabilitation. It is already understood from existing knowledge and experience that:

- People who have a stay in intensive care unit (ICU) for 3 days or more, less than one third will have returned to their baseline function after 6 months (Detsky *et al*, 2017).
- Evidence from Europe, is beginning to emerge, reporting that the people most severely affected by COVID-19 will have had prolonged hospital stays (+/- 21days) often spending much of this in bed - which contributes to functional decline (Balbi *et al*, 2020).
- Fatigue and ongoing respiratory problems are common, and there is an emerging suggestion, that the high inflammatory burden associated with the virus can induce vascular inflammation and cardiac problems (Balbi *et al*, 2020). We already know, from current occupational therapy practice that such physical problems have a severely limiting impact on people's ability to function.
- A significant number of people experience cognitive and mental health difficulties post acute illness (Balbi *et al*, 2020).
- A number of people will struggle to return to work or to return to their previous job role / salary. Nearly a third of people with post intensive care syndrome (PICs) do not return to work, a further third do not return to their previous income. (Stam *et al*, 2020)

The COVID-19 pandemic has emphasised the immediate need to look at expanding and investing in rehabilitation services as a matter of urgency but it also presents a unique opportunity to consider how such services are structured, prioritised and resourced in the future.

The Challenge:

There will be unprecedented pressure on local services to not only help people regain their independence, but to also reduce the need for ongoing support from health and social care services.

Currently access to rehabilitation is patchy across the country, putting many peoples' chances of optimal recovery at risk. That is why the scale of the impending demand for rehabilitation, as we move into the next phase of this pandemic, should not be underestimated and must not be overlooked by the four nation governments.

RCOT View:

Occupational therapy restores a person's quality of life, giving them back their independence and reducing their need for ongoing health and social care support. As a key health and care profession, occupational therapy is the bridge between getting people from hospital into their communities and being able to get on with life. We are, therefore, expecting a significant increase in demand for occupational therapy contribution to rehabilitation services.

RCOT is calling for policy change that will:

In the short-term

- Prioritise people:
    - Who are self-isolating for the (minimum) 12 week period, and who have been unable to access rehabilitation in their conventional way.
    - With newly diagnosed conditions that require prehab and/or rehabilitation to ensure recovery and maintain quality of life.
- Begin the process of expanding and retaining the occupational therapy workforce in order to deliver ongoing rehabilitation.

In the longer-term

- Ensure everyone, who needs it, has access to high quality, person-centred rehabilitation after discharge from hospital. Support within the community will benefit individuals, staff, and unpaid carers and save significant amounts of tax-payer money by preventing and reducing the need for more costly health and social care support.

- Ensure that rehabilitation for mental and emotional health issues is kept on parity with physical health conditions.

RCOT is committed to the following actions:

- Advocate that the Government and local partners resolve the variety of factors which prevent many people with complex or long term conditions from accessing community rehabilitation. These factors include wide variance across local services in referral criteria, multidisciplinary offer or skilled workforce.

- Press the Government to back the objectives of the Right to Rehab https://www.sueryder.org/sites/default/files/202002/Manifesto%20briefing%20communtiy%20rehab.pdf campaign as a fundamental element of our health and care system.

- Advocate for a "what matters to you" approach to be adopted by all.

- Work closely with other organisations, such as the Community Rehabilitation Alliance, a group of over two dozen professional bodies, charities and organisations that want to see rehabilitation as a top priority as we recover from the crisis.

References:

Balbi B, Berney S, Brooks D, Burtin C, Clini E, Franssen F...Vitacca M (2020) Report of an ad-hoc international task force to develop an expert-based opinion on early and short-term rehabilitative interventions (after the acute hospital setting) in COVID-19 survivors (version April 3, 2020). *COVID-19 and Rehabilitation*. [Report on Blog post]. 03 April 2020. Available at: *https://www.ersnet.org/covid-19-blog/covid-19-and-rehabilitation*

Detsky ME, Harhay MO, Bayard DF, Delman AM, Buehler AE, Kent SA, Ciuffetelli IV, Cooney E, Gabler NB, Ratcliffe SJ, Mikkelsen ME,Halpern SD, (2017) *Discriminative Accuracy of Physician and Nurse Predictions for Survival and Functional Outcomes 6 Months After an ICU Admission* Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5710341/

Stam HJ, Stucki G, Bickenbach J (2020) Covid-19 and post intensive care syndrome: a call for action. [Online]. *Journal of Rehabilitation Medicine, 52(4).* Available at: *https://www.medicaljournals.se/jrm/content/abstract/10.2340/16501977-2677*

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