1. Rehabilitation Definition

Rehabilitation is an active, time-limited collaboration of a person with disabilities and professionals, along with other relevant people, to produce sustained reductions in the impact of disease and disability on daily life. Interventions focus on the individual, on the physical or social environment, or a combination of these (British Society of Rehabilitation Medicine, 2010).

2. Inclusion and Exclusion Criteria

To ensure equity of access, appropriateness of care and consistency of service quality the following inclusion and exclusion criteria have been developed.

2.1 Inclusion Criteria

1. Patients eligible for rehabilitation within the Hub Rehabilitation Units (based at the Walton Centre Foundation NHS Hospital Trust) must be registered with a Cheshire, Merseyside, Wales and Isle of Man GP. Patients registered with a GP outside of this catchment area who are being treated at The Walton Centre are also eligible for rehabilitation within the Hub Units.

2. Patients eligible for rehabilitation within the Spoke Rehabilitation Units (based at the Royal Liverpool and Broadgreen NHS Hospital Trust and St Helens and Knowsley NHS Hospital Foundation Trust) must be registered with a Merseyside GP. Patients eligible for neuro rehabilitation within the Spoke Rehabilitation Unit based at Wirral University Teaching Hospital NHS Trust) must be registered with a Cheshire or Wales GP.

3. Adults 18 years and over. Patients aged 16 to 17 years will be considered under the criteria for individual case considerations (see section 2.3).

4. Patients who:
   
   a. have suffered a significant deterioration as a result of illness or injury, AND
   b. have functional impairment or activity limitation, AND
   c. have had a realistic assessment of (1) the likelihood of improvement, within the constraints of the medical prognosis and the degree/complexity of the functional impairment, and (2) the complexity of rehabilitation needs (i.e. supportive or active rehabilitation).

5. Patients are anticipated to be able and willing to participate and benefit from rehabilitation at the level of intensity (i.e. supportive or active rehabilitation).

6. Inclusion will not be diagnosis-specific but will based on the extent of the patient’s rehabilitation needs.
2.2 Exclusion Criteria

1. Patients not registered with a Cheshire or Merseyside GP will not be eligible for rehabilitation within the Hub rehabilitation Unit.

2. Patients not registered with a Merseyside GP will not be eligible for rehabilitation within the Spoke rehabilitation Units.

3. Patients under 18 years unless agreed under the criteria for individual case considerations (see section 2.3).

4. Patients with little or no rehabilitation potential or the inability to engage in rehabilitation at this time following comprehensive assessment.

5. Patients with active severe mental health issues,

6. Patients with rehabilitation needs that can be met within existing well-established disease-specific rehabilitation services (e.g. stroke (excluding sub-arachnoid strokes), oncology) or system-specific rehabilitation services (e.g. intermediate care, transitional care).

2.3 Individual Case Considerations

There will always be some individual cases which fall between the eligibility criteria for rehabilitation when their needs and ‘functional impairment’, or limitation in ability to respond to rehabilitation is debatable. The following examples (not exhaustive list) are indications of where individual case considerations will be considered:

- Age - because of its effect on rehabilitation potential, and/or patient/societal expectations (e.g. as advocated for young stroke patients);
- Where the complexities of functional deficit may favour the need for active rehabilitation in a Spoke Rehabilitation Unit whilst an irresolvable co-morbidity may limit rehabilitation potential;
- Family/carer situation (e.g. multiple members of one family requiring rehab).

3. Prioritisation Principles

The following principles for prioritisation within the rehabilitation Hub and Spoke Rehabilitation Units form the basis of the Rehabilitation Network Bed Management Policy (November 2012):

1. The purpose of the rehabilitation network is to optimise the rehabilitation available to individual patients who need it most, within the constraints of their medical prognosis;

2. Patients should be rehabilitated in a Network rehabilitation unit capable of meeting the individual’s rehabilitation needs and complexity;

3. In prioritising individual patients, beds should be allocated according to the principles of:
   a. The level of their rehabilitation needs and complexity;
   b. Optimising flow of patients through the system e.g. patients requiring admission direct to a spoke for multidisciplinary active rehabilitation are not delayed inordinately at times of high demand;
   c. Waiting times will be monitored and may be taken into consideration in the prioritisation process.
4. **Criteria for Rehabilitation within the Hub Rehabilitation Unit**

Patients registered with a Cheshire or Merseyside GP, who require supportive rehabilitation and meet the rehabilitation needs of Category A (see section 4.1) or Category B (see section 4.2) (based on British Society for Rehabilitation Medicine, 2010). Beds would be preferentially allocated to patients with the higher category rehabilitation needs at all levels of the service.

### 4.1 Patients with **Category A supportive rehabilitation needs**

<table>
<thead>
<tr>
<th>Patients with <strong>Category A supportive rehabilitation needs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient goals for supportive rehabilitation may include:</td>
</tr>
<tr>
<td>• Improved physical, cognitive, social and psychological function / independence in activities in and around the home;</td>
</tr>
<tr>
<td>• Participation in societal roles (e.g. work / parenting / relationships);</td>
</tr>
<tr>
<td>• Disability management e.g. to maintain existing function; manage unwanted behaviours / facilitate adjustment to change;</td>
</tr>
<tr>
<td>• Improved quality of life and living including symptom management, complex care planning, support for family and carers, including neuropalliative rehabilitation.</td>
</tr>
</tbody>
</table>

Patients have complex or profound disabilities e.g. severe physical, cognitive communicative disabilities or challenging behaviours.

Patients have highly complex rehabilitation needs and require specialised facilities and a higher level of input from more skilled staff than provided in the local Spoke Rehabilitation Unit. In particular rehabilitation will usually include one or more of the following:

- Intensive, co-ordinated interdisciplinary intervention from 4 or more therapy disciplines, in addition to specialist rehabilitation medicine/nursing care in a rehabilitative environment;
- Medium length rehabilitation programme required to achieve rehabilitation goals – typically 10 -12 weeks, but longer providing this can be justified by measurable outcomes;
- Very high intensity staffing ratios e.g. 24 hour 1:1 nurse “specialling”, or individual patient therapy;
- Sessions involving 2-3 trained therapists at any one time
- Highest level facilities /equipment e.g. bespoke assistive technology / seating systems, orthotics;
- Environmental control systems/computers or communication aids, ventilators;
- Vocational rehabilitation including inter-disciplinary assessment and signposting for multi-agency intervention.

Patients may also require:

- Highly specialist clinical input e.g. for tracheostomy weaning, cognitive and/or behavioural management, low awareness states, or dealing with families in extreme distress;
- On-going investigation / treatment of complex / unstable medical problems in the context of an acute hospital setting;
- Neuro-psychiatric care including: risk management, treatment under sections of the Mental Health Act;
- Support for medico-legal matters including mental capacity and consent issues.
4.2 Patients with **Category B supportive** rehabilitation needs

**Patients with Category B supportive rehabilitation needs**

Patient goals for supportive rehabilitation may be as for category A patients.

Patients have moderate to severe physical, cognitive and/or communicative disabilities which may include mild-moderate behavioural problems.

Patients require rehabilitation from expert staff in a dedicated Hub rehabilitation unit with appropriate specialist facilities.

In particular rehabilitation will usually include one or more of the following:

- Intensive co-ordinated interdisciplinary intervention from 2-4 therapy disciplines in addition to specialist rehabilitation medicine/nursing care in a rehabilitative environment;
- Medium length rehabilitation programme required to achieve rehabilitation goals – typically 10-12 weeks, but longer, providing this can be justified by measurable outcomes;
- Special facilities/ equipment (e.g. specialist mobility/ training aids, orthotics, assistive technology) or interventions (e.g. spasticity management with botulinum toxin or intrathecal baclofen);
- Interventions to support goals such as return to work, or resumption of other extended activities of daily living, e.g. home-making, managing personal finances etc.;
- Vocational rehabilitation including inter-disciplinary assessment and signposting for multi-agency intervention.
5. Criteria for Rehabilitation within a Spoke Rehabilitation Unit

Patients registered with a Merseyside GP, who require active rehabilitation and meet the rehabilitation needs of Category B (see section 5.1) (based on British Society for Rehabilitation Medicine, 2010.), or require consideration on an individual basis for an initial trial period within active rehabilitation to further determine rehabilitation potential (see section 5.2). Beds would be preferentially allocated to patients with the higher category rehabilitation needs at all levels of the service.

5.1 Patients with Category B active rehabilitation needs

<table>
<thead>
<tr>
<th>Patients with Category B active rehabilitation needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient goals for active rehabilitation may be as for category A patients.</td>
</tr>
<tr>
<td>Patients have moderate to severe physical, cognitive and/or communicative disabilities which may include mild-moderate behavioural problems.</td>
</tr>
<tr>
<td>Patients require rehabilitation from expert staff in a dedicated Spoke rehabilitation unit with appropriate specialist facilities.</td>
</tr>
<tr>
<td>In particular rehabilitation will usually include one or more of the following:</td>
</tr>
<tr>
<td>● Intensive co-ordinated interdisciplinary intervention from 2-4 therapy disciplines in addition to specialist rehabilitation medicine/nursing care in a rehabilitative environment;</td>
</tr>
<tr>
<td>● Medium length to long term rehabilitation programme required to achieve rehabilitation goals – typically 1-4 months, but longer providing this can be justified by measurable outcomes;</td>
</tr>
<tr>
<td>● Special facilities/equipment (e.g. specialist mobility/training aids, orthotics, assistive technology) or interventions (e.g. spasticity management with botulinum toxin or intrathecal baclofen);</td>
</tr>
<tr>
<td>● Vocational rehabilitation including interventions to support goals such as return to work, or resumption of other extended activities of daily living, e.g. home-making, managing personal finances etc.</td>
</tr>
</tbody>
</table>

5.2 Individual Case Considerations

<table>
<thead>
<tr>
<th>Individual Case Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where the complexities of functional deficit may favour the need for active rehabilitation whilst an irresolvable co-morbidity may limit rehabilitation potential.</td>
</tr>
<tr>
<td>Patients require active rehabilitation in the context of their specialist treatment.</td>
</tr>
<tr>
<td>Patients may be medically unstable or require specialist medical investigation/procedures for the specific condition but require management by Consultants in Rehabilitative Medicine and can tolerate active rehabilitation interventions.</td>
</tr>
</tbody>
</table>
6. **Criteria for Rehabilitation within the Community Specialist Rehabilitation Service**

Patients registered with a **Merseyside GP**, who require community rehabilitation and a minimum of two disciplines from Physiotherapy, Occupational Therapy, Speech and Language Therapy and Neuro / Clinical Psychology.