

Jo Churchill MP
Parliamentary Under-Secretary of State for Prevention, Public Health and Primary Care
Department of Health and Social Care
39 Victoria Street
London
SW1H 0EU

20 November 2020

Dear Minister,

Winter Planning and the Second Wave: Protecting Rehabilitation Support

As the NHS and Social Care sector start to grapple with winter pressures and the second wave of the virus, it is essential that those who are most vulnerable receive the rehabilitation support they require to avoid the long-term impact on their health and wellbeing. Rehabilitation is playing a vital role in the recovery from COVID-19, as well as being a pillar of essential support for those with long-term or progressive conditions, physical injuries and poor mental health.

I am therefore writing to you to ask that rehabilitation services are supported to restart fully, that health and care professionals working in rehabilitation are protected from redeployment unless absolutely necessary and that there is suitable space, equipment and resources available to provide support.

Demand is only going to grow: we continue to expect a tsunami of demand for rehabilitation support in the coming weeks, months and years. For example, recent data suggests that 91% of people living with 'long covid' will require rehabilitation in some form. The varied and persistent symptoms of post-COVID syndrome have left thousands of people struggling to manage their day to day activities, including going to work and caring for their families.

At the same time, people managing long-term conditions have been denied access to essential rehabilitation support. A recent survey by the MS Society found that almost 70% of people with MS could not see a rehabilitation professional when they needed to between start of the first lockdown and August.

Furthermore, a significant proportion of the population has become deconditioned and frail – a recent survey by Age UK has highlighted the loss of mobility and balance among many older people as a result of social distancing and the lack of mental stimulation and socialising has resulted in cognitive decline. A survey conducted by Alzheimer's Society also revealed 82% of people affected by dementia reported deterioration in symptoms. All of these factors combined create a worrying situation that we cannot risk getting worse for their physical, mental and emotional health.

We recognise that the second wave will place great demand on acute services and that some redeployment might be necessary, but should be kept to a minimum. To protect capacity in rehabilitation services, including backfill where redeployment cannot be avoided, local providers must be enabled to bring in additional staff on temporary contracts.

We have also seen the space available to provide rehabilitation decrease as space is prioritised for other uses as part of the COVID-19 response, including for PPE storage. This

is having a detrimental effect on the treatment that can be provided and is preventing essential rehabilitation services from restarting and placing additional stress upon an already pressured workforce. Space to deliver treatment must be returned or suitable alternative venues provided.

We recognise the need for flexibility where COVID-19 means pressures on the acute sector are high. However, it must be recognised that rehabilitation is key in the recovery from the virus, as well as for the management of many other short and long-term conditions. Where staff need to be redeployed, this should be to settings where their professional skills can be most appropriately used.

We need a national strategy for rehabilitation, that ensures services that provide these vital services are reopened with the staff and space to make this possible so that:

- People impacted from the first wave do not suffer further from a lack of rehabilitation support
- People that get COVID-19 can access the rehabilitation support they need to aid their recovery
- People who have non-COVID related rehabilitation needs are able to access vital rehabilitation support when and where they need it

Rehabilitation is proven to facilitate hospital discharge, reduce the need for packages of care, prevent hospital admissions and reduce pressure on primary care. Conversely, denying access to rehabilitation has devastating effects upon a person's long-term physical and mental health, leaving people dependent on care and support or unable to work, and placing significant additional pressures on the most costly parts of the health and care system.

We need to protect all people with rehabilitation needs and would appreciate the chance to meet with you to discuss this further.

Yours sincerely,



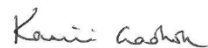
Julia Scott, CEO, Royal College of Occupational Therapists



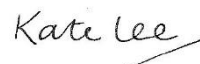
Karen Middleton, CEO, Chartered Society of Physiotherapy



Dr Charmaine Griffiths, CEO, British Heart Foundation



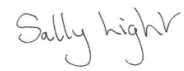
Kamini Gadhok, CEO, Royal College of Speech & Language Therapists



Kate Lee, CEO, Alzheimer's Society



Nick Moberly, CEO, MS Society



Sally Light, CEO, MND Association



Matt Stringer, CEO, RNIB



Ruth Isden, Head of Influencing, Age UK



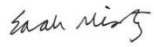
Kay Boycott, CEO, Asthma UK & British Lung Foundation



Liam O'Toole, CEO, Versus Arthritis



Georgia Carr, CEO, Neurological Alliance



Sarah Mistry, CEO, British Geriatrics Society



Janet Morrison OBE, CEO, The Black Stork Charity



Stephen Aspinall, CEO, British Association of Sport Rehabilitators



Anna Dixon, CEO, Centre for Better Ageing



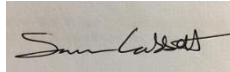
Dr John Burn, British Society of Rehabilitation Medicine



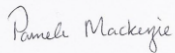
Emma Livingstone, CEO, Adult Cerebral Palsy Hub



Professor Dawn Skelton, Later Life Training



Simon Labbett, Rehabilitation Workers Professional Network



Pamela Mackenzie, Director, Sue Ryder Care



Craig Jones, CEO, Royal Osteoporosis Society



Professor Fiona Rowe, President, The Society for Research in Rehabilitation



Nik Hartley OBE, CEO, Spinal Injuries Association

Vic Rayner, Executive Director, National Care Forum

Chloe Hayward, Executive Director, UK Acquired Brain Injury Forum