March 2019

REHABILITATION PRESCRIPTION 2019 NOW AVAILABLE
Information for the media

INTRODUCTION

The ABI Alliance launched a campaign in April 2018 to highlight the role of the Rehabilitation Prescription (RP) in the management of adults with Acquired Brain Injury (ABI). The RP is a valuable tool that documents comprehensively the neurorehabilitation (NR) needs of the individual with an ABI and identifies how those needs will be addressed in the longer term. An effective RP improves the communication along the care pathway and optimises access to NR services. Post-discharge the individual and their family/carers should have a copy of the RP, an appointment with the General Practitioner (GP) to discuss its contents, and a plan for accessing the rehabilitation services as detailed in the RP.

Currently only Major Trauma Centres (MTCs) are incentivised to complete RPs and often neither the individual with the ABI or the GP usually receives a copy, so access to NR services cannot be effectively planned and implemented.

The Clinical Reference Group (CRG) for Major Trauma has reviewed the format and use of the existing RP and announced a new version, RP2019. In addition to the adult version, there is also now a version for children. However, the incentive is still limited to MTCs so it remains to be seen if individuals treated outside a MTC will receive an RP.

NEUROREHABILITATION OVERVIEW

NR is a process of assessment, treatment and management by which the individual, and their family/carers, are supported to achieve their maximum potential for physical, social and psychological function, participation in society and quality of living.

NR has a key role in the management of individuals admitted to hospital with an ABI, many of whom have complex rehabilitation needs. The rehabilitation is delivered by a multidisciplinary team (MDT) who have undergone specialist training, led or supported by a consultant in rehabilitation medicine. The extent and nature of the rehabilitation will depend on the nature and severity of the brain injury and the programme tailored to the individual's needs. It should be implemented after the individual's immediate medical and/or surgical needs have been met in the acute setting in order to prevent complications and maximise outcomes.

Each individual's care pathway should be clearly defined and a referral made at the earliest opportunity to a local specialist rehabilitation service. NR can relieve the pressure on beds in the acute service, and supports the safe transition of the individual back into the community where access to ongoing NR is a key requisite to maximising health outcomes.

The report produced in 2018 by the All-Party Parliamentary Group on Acquired Brain Injury (APPG on ABI) entitled 'Acquired Brain Injury and Neurorehabilitation – Time for Change' outlines the critical role of NR in the ABI care pathway and the need for RPs for all brain injury survivors following discharge from acute care (see https://www.ukabif.org.uk/campaigns/appg-report/)

RP2019 AVAILABLE FOR ADULTS AND CHILDREN

The Major Trauma RP 2019 has two versions, one for adults and one for children. For the purposes of the new RP, individuals injured before their 16th birthday should have the children's version.

The RP stipulates that a rehabilitation assessment should take place within 48-72 hours of the patient's admission and has to be completed for all major trauma patients who need rehabilitation at discharge. All major trauma patients will require an evaluation of their rehabilitation needs and this process must be recorded on the Trauma Audit and Research Network (TARN). If the patient is found to have no rehabilitation needs, the full rehabilitation prescription outlined below does not need to be completed and the patient is still eligible for best practice tariff.

The RP must contain core items (see Table 1) and be developed with the involvement of the individual and/or their family/carers, and administered by a specialist health care professional in rehabilitation.

Table 1: Core items to be included in the RP for adults and children

Item	Adults	Children
Patient demographics	√	√
Safeguarding assessment relating to circumstances of the injuries	-	√
Actions for the GP and/or community paediatrician team plus parents/carers	-	√
Actions for the GP and patient	√	-
List of relevant injuries	√	√
Management list for each injury	√	√
Ongoing rehabilitation needs	√	√
Services that patient has been referred to	√	
Services that the patient has been referred to including an educational plan		√
Contact number for advice	√	√
Section where patients can record comments	√	
Section where the patient and/or parent or carer can record their comments		√

The RP should be completed by health care professionals after a MDT assessment and signed off by senior staff members; at a minimum, a consultant or specialist trainee in rehabilitation medicine, Band-7 specialist rehabilitation clinician or major trauma coordinator. It can be provided as a single document for both the patient and professionals, or as two separate documents to be given at the point of discharge. MTCs will be asked to provide templates of their documentation to the CRG and an audit of the RP will form part of the national peer review in 2019.

THE ROLE OF THE GP

The RP has no value if the individual with an ABI and their GP do not receive a copy. If the individual and GP do not know what rehabilitation is required then no access to services can be planned or implemented

The National Clinical Audit October 2016 entitled 'Specialist Rehabilitation for Patients with Complex Needs Following Major Injury (NCASRI)' highlighted that the use of RPs was inadequate and patients rarely received a copy. In March 2017, the United Kingdom Acquired Brain Injury Forum (UKABIF) sent a Freedom of Information request to all Clinical Commissioning Groups asking if they logged RPs. The feedback was poor, only four CCGs were positive. Most CCGs referred UKABIF to the NHS Trust for the information. Recognition of the RP was inexcusably low and the GPs rarely use them.

The ABI Alliance believes that the RP should be given to every individual, both children and adults with an ABI, on discharge from hospital, with a copy sent to their GP. This will then provide a useful resource for the GP to work with the individual and facilitate access to rehabilitation services in the community leading to maximised health outcomes

ACQUIRED BRAIN INJURY

Definition

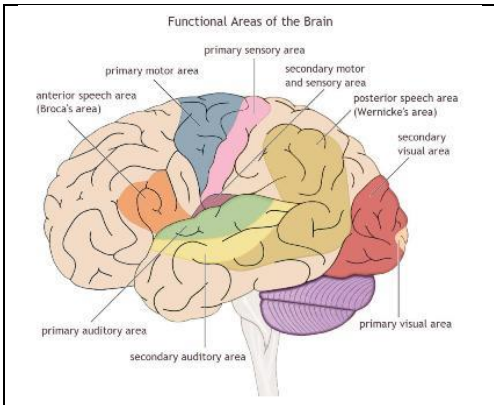
Acquired Brain Injury (ABI) is any injury to the brain which has occurred following birth. It includes ***Traumatic Brain Injuries*** *(TBIs) such as those caused by trauma (e.g. from a road traffic accident, fall or assault) and* ***non-Traumatic Brain Injuries*** *(non-TBIs) related to illness or medical conditions (e.g. encephalitis, meningitis, stroke, substance abuse, brain tumour and oxygen deprivation resulting from a cardiac arrest or other causes).*

ABI is leading cause of death and disability in the UK. It is a chronic condition with life-long consequences.

Key facts

- 1.0-1.4 million people attend hospital every year with an ABI
- 348,934 admissions to hospital with an ABI (2013-2014)
- ABI admissions have increased by 10% since 2005-2006
- Men are 1.6 times more likely than women to be admitted for a head injury
- Incidence of female head injury has increased by 24% since 2005-2006
- In 2013-2014 there were 162,544 admissions for head injury - 445 individuals every day or 1 every 3 minutes
- 1.3 million people are living with TBI related disabilities
- Estimated cost of TBI is £15 billion (based on premature death, health and social care, lost work contributions and continuing disability), equivalent to approximately 10% of total annual NHS budget

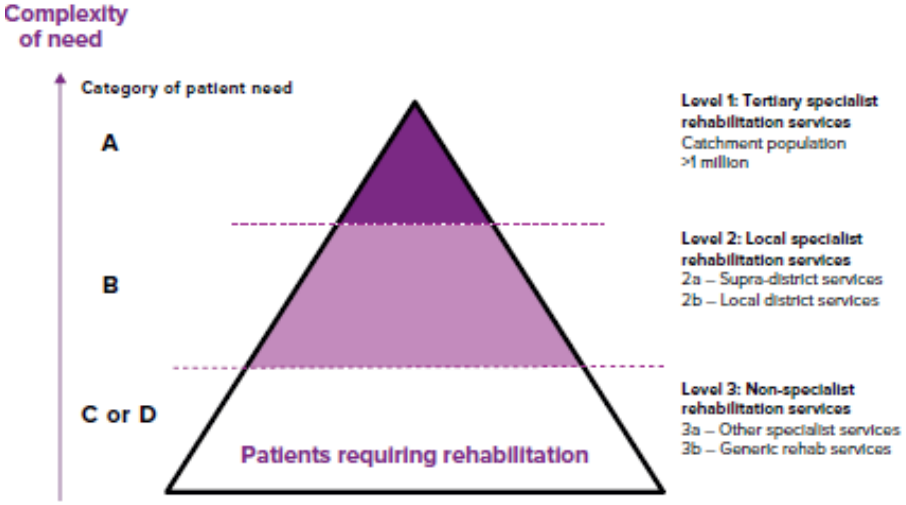
Consequences



Frontal lobe: movement, short-term memory, planning, reasoning, speed of processing, personality, speech, behaviour and judgment, language production
Parietal lobe: perception and interpretation of touch, position, vibration; integrating sensory information
Occipital lobe: perceiving and processing vision
Temporal lobe: sound perception and language comprehension; long-term memory
Cerebellum: balance and coordination and some cognitive functions
Brain stem: connections from brain to spinal cord; control of movement of eye, face, swallowing, vocalisation; control of breathing and heart rate; modulating consciousness

The brain injury, whatever form it takes, can cause physical, cognitive, academic and psychosocial effects, which may be temporary or permanent with life-long disabilities.

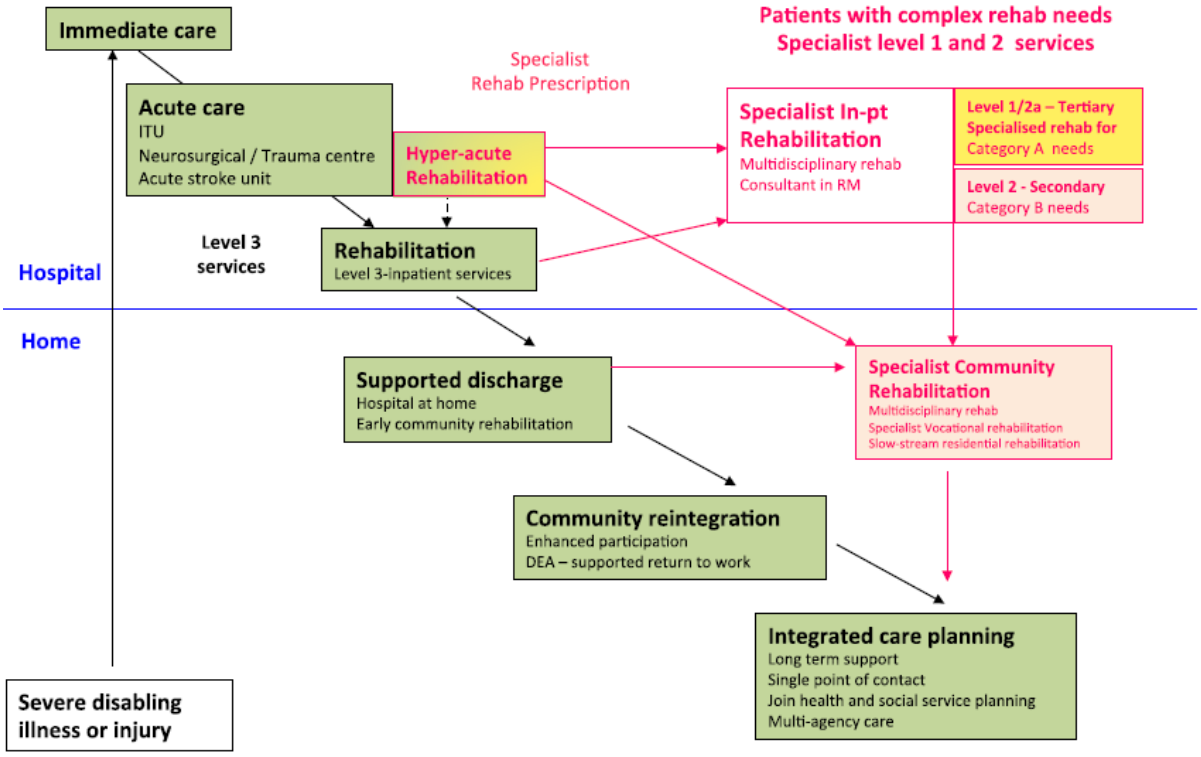
Treatment of ABI and categories of individuals requiring NR



Individuals with an ABI requiring rehabilitation are categorised as A, B C or D, defined according to the complexity of their needs. They are referred to the relevant specialist, approved NR service ranging from Level 1 to Level 3 Units, where Level 1 Units represent high cost/low volume services for Category A individuals, Level 2 Units mainly provide services for Category B individuals and Level 3 Units mainly serve Category C and D individuals.

Care pathway

The Care Pathway illustrates the journey for the individual with an ABI.



ABI ALLIANCE

Established in 2016 the Acquired Brain Injury (ABI) Alliance is a collaborative venture between charities, professional groups and industry coalitions working in the field of ABI. The purpose of the Alliance is to use collective influence and work together to improve the lives of those affected by ABI.

The mission of the ABI Alliance is to improve the management and service provision for children and adults with ABI in the UK. Its vision is to see ABI recognised as a chronic, life-long condition and that all children and adults with ABI in the UK should receive coordinated and patient-focussed care that includes rehabilitation.

Objectives

- To raise awareness of ABI and seek improvements in support and services for people directly affected by ABI and also their families and carers across the four nations of the United Kingdom
- To provide a collective voice for people with acquired brain injuries, their carers and those working in the field
- To raise key issues across health, social care and welfare which all affect people living with ABI in the UK
- To come together to respond to changes in health and social care provision which affects people with acquired brain injury.
- To feed into the APPG on ABI

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