

Rehabilitation medicine

A Introduction

In the event of an influenza pandemic, all forms of healthcare are likely to be under severe pressure. It is well worth developing policies to optimise delivery of health services to people with long-term conditions requiring rehabilitation or preventive management. Access to rehabilitation medicine (RM) services must be equitable for all patients who could benefit from them. If no such policies are formulated in advance, there is a danger that some sections of the population will be seriously disadvantaged compared to others.

- ▶ Each rehabilitation service should have a dedicated team to provide advice to primary healthcare teams and to families on the rehabilitative management of patients who cannot be admitted. This could include home visiting if conditions allow. Some acute events such as relapse in multiple sclerosis can be successfully managed without admission if such advice is available. In most cases the use of steroids is optional, not mandatory.
- ▶ Information packages for home-based health maintenance should be prepared and piloted now at a national level.

B Prevention and anticipation: advice for patients

Recommendations

- ▶ RM patients should be kept informed of whatever statements are made public by the Department of Health on contingency plans for pandemics.
- ▶ The issues discussed in this policy are highly sensitive and open to misinterpretation. It is essential that the policy described here is developed in collaboration with patients – including people with long-term disabilities – and their representatives.
- ▶ Some RM patients, who have taken out an advanced directive or living will, should ensure that this is accessible and up to date. Everyone should be aware of the opportunity to make an advance directive about their desires in the event of a medical emergency.
- ▶ Vaccination, if it is available, should be provided for all those who are most vulnerable to infection and most likely to benefit from it, in line with nationally agreed criteria.

C Impact of reduced availability of rehabilitation medicine inpatient services

In the event of a pandemic, rehabilitation medicine beds will be under pressure to admit medical emergencies. Staff numbers will be reduced and healthy staff members may be needed for acute services.

Recommendations

- ▶ All non-emergency admissions should cease immediately (eg admissions for elective therapy of people with long-term conditions).

- ▶ Discharges of people undergoing rehabilitation should be expedited even if optimal recovery has not occurred. A package of advice should be supplied to families and community staff for continuing home-based activities.
- ▶ Information/education packages for this purpose should be discussed and developed by teams now.

D Impact of reduced availability of rehabilitation medicine outpatient services

It may not be possible to provide any outpatient rehabilitation medicine services at all during a pandemic.

Recommendation

- ▶ An agreed schedule of priorities should be established for each service.

If any services are available, outpatient visits should be restricted (and Yellow Follow-up Cards issued (see Appendix)) to patients with:

- recent and severe increase in pain, requiring specialist management
- recent and severe deteriorations in disability, particularly where clinical assessment reduces the risk of potentially lethal complications such as skin sores.

Additional consultant specialist expertise can be made available by telephone consultations between patients and GPs.

Home visiting by RM consultants and/or their team members might be feasible and their priority would be:

- support of the same groups of patients as listed above as priorities for outpatient visits, but who are not able to attend hospital due to severe disability or the closing of outpatient services during the pandemic
- frail or dying patients, such as those with terminal conditions requiring palliative management, and those with rapidly changing conditions.

E Management of and access to rehabilitation medicine services

Hospital contact numbers for RM teams should be switched to mobile numbers or numbers with an on-call rota according to staffing.

There may be no hospital records available, and in this case individuals will have to keep a record of work done to be added into their medical records and to provide evidence of involvement or, of course, lack of involvement.

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