NICE National Institute for Health and Care Excellence

Transition between health and social care scope
Stakeholder Comments proforma

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Stakeholder organisation:	**Chartered Society of Physiotherapy**
Date proforma submitted:	**11/02/14**
Name of commentator:	**Rachel Newton**
Job Role:	**Public Affairs and Policy Officer for England**
Email Address:	**newtonr@csp.org.uk**

Comment No.	Section number Indicate **number** or **'general'** if your comment relates to the whole document	Comments Please insert each new comment in a new row. Please do not paste other tables into this table, as your comments could get lost – type directly into this table Proforma that are not correctly completed may be returned to you
1	General	Key to successful integrated care is professionals working together in multi-disciplinary teams or networks, including both generalists and specialists in health and social care. This needs to be reflected throughout the guidance. Recent research shows that this is a key feature of successful coordination of care for older people with complex health and social care needs. One of the case studies for the research is Torbay, where integrated services are provided by a multi-disciplinary team made up of a core group of care coordinators, community nurses, occupational therapists and physiotherapists. (*Providing integrated care for older people with complex needs. Lessons from seven international case studies*. Goodwin et al, The Kings Fund 2014)
2	General	Self-care is most evident in service models with a multi-disciplinary team. (*Providing integrated care for older people with complex needs. Lessons from seven international case studies*. Goodwin et al, The Kings Fund 2014)
3	General	Current emphasis in public policy has been on improved care coordination, and GPs taking on this role. However evidence suggests that for older people with complex health and social care needs GPs may not be best placed to provide the intensity of support that is required. (*Providing integrated care for older people with complex needs. Lessons from seven international case studies*. Goodwin et al, The Kings Fund 2014)

4	General	The CSP believes the guidance needs a greater focus on better access to rehabilitation services in the community. Currently there are significant gaps in rehabilitation services. For example a survey of clinicians at 24 high volume NHS orthopaedic centres in England and Wales found that no centres surveyed referred patients to outpatient physiotherapy as a routine pathway of care following a hip replacement. (*Physiotherapy provision following discharge after total hip and total knee replacements*. Artz N et al, Musculoskeletal Care 2013; 11 (1): 31-8).
5	General	Improving rehabilitation in the community for musculoskeletal disorders by investing in more physiotherapy and occupational therapy services has been shown to improve outcomes, provide savings over the long term, and significantly reduce the odds of mortality and institutionalisation. (*Rehabilitation in home care is associated with functional improvement and preferred discharge.* Cook et al. Arch Phy Med Rehabil 2013; 94 (6): 1038-47).
6	4.1.1	We would suggest guidance should apply to adults for whom health care at home can prevent/delay either admission to hospital or residential care.
7	4.3.1	We suggest a) and b) include having the right health and social care staff on site to assess risk, plan care and prevent readmissions, the importance of multi-disciplinary working, and the therapeutic services who will advise on current level of patient needs/dependency.
8	4.3.1	We welcome the fact that physiotherapy is mentioned as a core component of a care package in g). We would also highlight the importance of physiotherapists in assessment and referral which needs to be reflected in the guidance.
9	4.5.	We suggest the following question '*What tools and training exists to support health and social care practitioners in managing risks'*
10	4.5	We suggest the following question '*What service models exist to support health and social care practitioners in managing risks'*
11	4.5	We suggest the following question '*What techniques and service models exist to improve the quality of decision making by health and social care practitioners in assessments of need and risk, referral, case planning and discharge, including adopting a multi-disciplinary approach'*
12	4.5	In the CSP's experience, problems can occur because referrals are made by ward clerks who don't have all the information they need about the patient and don't know what information to pass on; and/or the referrals are received by staff who don't know what questions they should be asking. We suggest the following question '*What communication strategies exist to ensure that referrals provide the right information, at the right time, to the right person?'*

13	4.5	Communication between professionals for people with end of life care needs should include what has been told to patients and family/carers, including on prognosis. We suggest the following question *'What strategies are used to ensure good communication between professionals, and between professionals and patients/family/carers to support people with end of life care'*
14	4.5	We suggest the following question *'What training is provided to unpaid carers to ensure they have the skills to support transition, particularly for more complex patients'*
15	4.5	We suggest the following question '*What are the effects of training by health care staff to care staff in developing the skills to support transition, particularly for more complex patients'* The CSP has a good practice example of physiotherapists training care support workers in residential care which we would be happy to share. It has not yet been independently evaluated (evaluation expected next year).
16	4.5	Evidence shows that improved early discharge care services, followed by education, phone support and ongoing rapid access to outpatient care is associated with reduced admission rates for COPD patients (*Early discharge care with ongoing follow-up support may reduce hospital readmissions in COPD.* Lawlor M et al)
17	4.5	There is also evidence that intensive exercise programmes following hospital discharge for patients with arthritis resulted in better quality of life at lower costs. *(Cost-effectiveness of intensive exercise therapy directly following hospital discharge for people with arthritis: results of a randomized controlled clinical trial. Bulthuis Y et al. Arthritis Rheum 2008; 59 (2); 237-54).* We suggest the following question*. What are the effects on admission rates and quality of life of early discharge care?*

Please add extra rows as needed

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Closing date: 11 February 2014 at 5pm

PLEASE NOTE: NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion or NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.