

AHP joint response to Health, Social Care and Sport Committee Inquiry

The Allied Health Professional Bodies submit a joint response to the Health Committee to highlight the need for rehab services and the joint work that AHPs have undertaken to meet the challenges the pandemic has created.

The different professions within the AHP umbrella have been adaptable and innovative in their work. Here is a brief overview of their roles during Covid.

Physiotherapists



Physiotherapists have been working across many settings in the NHS, including in acute services. Covid patients in ITU have needed physiotherapy throughout their treatment for the virus. Physiotherapists are providing acute respiratory care and advice on proning and weaning off ventilators. Rehabilitation begins in the intensive care unit for many patients, and physiotherapists are working with patients to aid their recovery from possible long term effects of Covid. Many physiotherapists in Wales have been redeployed to the community as part of the response to Covid-19, helping to prevent readmissions and long stays in hospital.

Royal College of Occupational Therapists
Coleg Brenhinol y Therapyddion Galwedigaethol



Occupational Therapists

As experts in holistic rehabilitation, occupational therapists in Wales have a vital role to play in addressing the debilitating effects of COVID-19. By offering a personalised and occupation-focused approach to care, they support the recovery of people experiencing functional challenges arising from the virus and its treatment, especially where treatment has been received in an Intensive Care Unit (ICU). Occupational therapists working in NHS and Social Care teams are supporting people to re-gain and maintain independence in the occupations (activities of daily living) that matter to them which is helping to prevent admissions/readmissions and reduce costly packages of care

Speech and Language Therapists



They are promoting people's physical and mental well-being, using their specialist skills to provide interventions and rehabilitation, both within and beyond intensive care units, to support communication, swallowing and respiratory management. Speech and language therapists have also been redeployed to other roles across the health and care system to help contribute to supporting people with the virus and respond to the national emergency

Podiatrists

Podiatrists are specialist clinicians trained to assess, diagnose and treat complications of the foot and lower limb. Podiatry has a vital role to play in rehabilitation, working in and leading multidisciplinary teams to support people to regain mobility and improved foot and lower limb health following a period of acute illness. Podiatrists undertake neurological and functional assessment to identify lower limb muscle weakness and balance/mobility impairment, which is something affecting COVID patients. Podiatrists also provide classification of pressure ulcers and pressure redistribution (pressure ulcers for patients who have spent a long time in intensive care units). Podiatrists will support the assessment, diagnosis and treatment of any foot or lower limb conditions which emerge from COVID-19 infection.

Dietitians



Dietitians are supporting clients at their most vulnerable when in ITU requiring artificial feeding, assessing and prescribing for changing requirements. Dietitians are working in hospital settings, on hospital wards, assessing and supporting with patients who may have already been malnourished prior to hospital admittance or feeding difficulties prior to the virus or new difficulties caused by the virus. During the rehab phase, dietitians have been working alongside AHPs as the individual's activity increases or swallow improves, to reassess and alter dietetic individual plans, continuing this as they transition through rehab. Dietitians have been working in the community with patients who may be malnourished and deconditioned due to self-isolating. The risk factor of obesity aligned with the virus has meant that this is an area which will be a focus for prevention in the future. Many dietitians have been redeployed to various dietetic roles to support people due to the impact of the virus.

Orthoptists



While many eyecare services have been paused or cancelled as a result of COVID-

19, orthoptists have been instrumental in making decisions and reviewing patients for sight saving appointments. Continued support, increasingly via remote consultations, and quick decision making has been crucial, particularly as many adult patients have orthoptic conditions that are related to the necessity to shield, such as tumours, diabetes or degenerative neurological conditions.

Orthoptists have also been redeployed in this period, such as to emergency eye clinics supporting patients at immediate risk of sight loss or aiding community nurses with eye care. Many have been redeployed to other areas of healthcare, to support the response to the pandemic, both directly supporting COVID-19 patients and covering staff shortages.

REHAB AND THE AHP ROLE

AHPs are leaders in rehabilitation services. While AHPs have specialist skills in their own rights, they often work in multi-disciplinary teams (MDT), accessing each others skills for the benefit of

the patient. This is effective in delivering rehab services in the community. An example of MDT working can be found in BCUHB who have a [community hub set up with AHPs working as a team](#).

The four nations' statement, Allied Health Professionals' role in rehabilitation during and after COVID-19 (May 2020) identifies four main population groups who will have an increased need for rehabilitation both during and after the pandemic. These groups are:

1. Those recovering from COVID-19.
2. Those whose health and function are at risk due to pauses in planned care.
3. Those who have avoided accessing health services during the pandemic and are therefore at increased risk of ill-health due to delays in diagnosis and subsequent treatment.
4. Those for whom the lockdown has caused physical and mental challenges.

COVID REHAB NEEDS OF PATIENTS IN GROUP 1

Covid results in rehab needs which fall into these broad categories:

- Ongoing respiratory rehabilitation,
- Fatigue management,
- Dietetic intervention to support recovery from nutritional depletion and regain strength,
- Interventions to improve swallowing and communication,
- Physical Rehabilitation to recover pre-morbid fitness levels and to return to daily activities, including work, family, education and social roles
- Psychological interventions to overcome the experience of critical care interventions and the reduced quality of life as a result of the above difficulties

THE REHAB NEEDS OF NON COVID PATIENTS

People's need for rehabilitation will continue. There are many patients in groups 2-4 who will need to access rehabilitation services. This may be due to stroke, brain injury, because of MSK conditions, post-surgery or because of serious illness such as cancer, heart disease, COPD, or neurological conditions. For many, rehabilitation will be essential to halt long term deterioration in physical and mental health, maintain independence, and so keep people out of hospital.

There will also be people who decondition due to lack of exercise and social interaction while in lockdown or shielding. It's important that the healthcare system accounts for their needs and identifies them for support.

Each AHP will be crucial in delivering rehab to these non-covid patients.

Physiotherapists

Physiotherapy rehabilitation aims to optimise patient function and well-being, to help integrate that patient back into their chosen lifestyle activities whether at home, work or leisure. Rehabilitation should focus on changes to functional disability and lifestyle restrictions based on the patient's own goals for functional improvement. Rehabilitation can be used for recovery from injury or disease and also for the management of long-term conditions (e.g. Parkinson's and MS). Physiotherapists work to rehab patients who suffer COPD, strokes, and falls, lowering the risk of them having complications or readmissions with the same condition.

Occupational Therapists

Occupational therapists working in rehabilitation teams support people to re-gain and maintain independence in the occupations (activities of daily living) that matter to them. We are experts in self management approaches, personalised care and independent living interventions

The goals and activities are personalised to each individual, but could include:

- Self-care tasks e.g. washing, dressing and personal grooming.
- Productivity tasks e.g. education, employment, care giving and shopping.
- Leisure activities e.g. hobbies, sport, socialising or accessing community amenities.

Occupational therapists consider people in the context of the physical and social environments that they inhabit, and enable people to identify solutions that reduce or remove the barriers to participation that exist in their homes and communities.

Speech and Language Therapists

Patients can acquire communication and/or swallowing needs (for example through having a stroke or being newly diagnosed with a progressive neurological condition or cancer) receive the specialist professional support they require. Equally, it is essential that children with delayed language or other developmental delays have their needs identified and supported. If they do not, both children and adults are at significant risk of negative outcomes, including on their mental health with potential extra costs to the public purse.

Podiatrists

Podiatrists work across a variety of specialisms including vascular disease, musculoskeletal management, diabetes care, falls prevention and dermatology. Following the pandemic, demand for all of these services will be increase due to delays to foot and ankle elective surgery, lack of mobility during lockdown or shielding and increased foot complications such as ulceration due to people not being able to access preventative podiatric care as easily.

Secondary care services are stretched to the limit during the pandemic, and Podiatrists can reduce capacity on secondary care by providing assessment, diagnosis and treatment in the community for Peripheral Arterial Disease. Where this happens, there is a >90% drop in the number of people who are unnecessarily referred to vascular specialists within secondary care for assessment.¹

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Similarly, Podiatry musculoskeletal services provide an essential function in keeping local populations healthy, mobile and active whilst also reducing demand on orthopaedic services.

Dietitians

Dietitians will continue to support people in the community. For group 1, it is known that respiratory disease, fatigue and swallowing difficulties already contribute to a malnourished state, dietitians are able to work with people to ensure optimum nutrition to stop further decline and therefore risk of further disease/illness. Working with the dietitian, the person is able to rehab with increased activity and therefore requiring assessment to help aid rehab to increase muscle mass. Dietitians will continue to work with non-covid people who may have already have nutrition needs due to stroke, cancer, and vulnerable, this number of people is likely to have increased due to self-isolating, inability to shop, not attending appointments and general decline in basic self-care. Dietitians are a key to educating and supporting this group for their nutritional needs. Food poverty has been highlighted as the virus has progressed, dietitians are able to educate with cooking and recipe skills. Obesity has been identified as a risk factor for the virus, dietitians are able to support people to lose weight.

Orthoptists

Vision forms a vital part of the rehabilitation for many patients, both in regaining independence and in enabling them to access wider rehabilitation plans. Visual problems are common following a stroke or brain injury and orthoptists are able to diagnose these problems and offer treatments and management strategies. Similarly, the management of visual impairments is essential to the rehabilitation of elderly patients following a fall, enabling them to regain their mobility and independence.

As services begin to restart, it is essential that children with visual problems are diagnosed, as these can become irreversible if not treated. This is of particular concern with children with additional health needs, who may have been shielding, or those with SEN, where symptoms can be more easily missed and there may not have been the same level of consistent contact with teachers or professionals.

WHAT NEXT?

All of this will place significant extra demands on AHP services not only to manage the backlog of existing and new non-COVID-19 people, but also to incorporate additional COVID-19 referrals. This will be a particular challenge in Wales where we know rehab provision is already in many cases patchy and inadequate.

It is vitally important, therefore, that sufficient resources are provided to ensure that these services are able to respond in as timely and appropriate way as possible. This may also include the need for additional rehab services and training for colleagues to provide the support COVID-19 patients with long-term rehabilitation and recovery needs require.

We welcome the [rehabilitation framework for Wales](#) published by Welsh Government on Friday 29th of May. The framework provides a plan which recognises the importance of rehab services

and the role of AHPs in meeting the needs of the mentioned patient groups. However, this will need resources and investment to ensure those needs are met long term.

We would also strongly advocate for a Right to Rehab strategy/ plan that ensures everyone has access to rehab or prehab when needed.

If these potential extra resources are not made available and rehab not prioritised, there may be negative consequences for the physical and mental health of people with needs resulting from Covid itself, or non Covid reasons, which in turn may result in greater costs to the public purse.

Conclusion

For more information on this submission, please contact [REDACTED] Policy and Public Affairs officer for the CSP, [REDACTED]