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Agenda - Health, Social Care and Sport Committee

Meeting Venue:
Video Conference via Zoom
Meeting date: 26 June 2020
Meeting time: 09.00

For further information contact:
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In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv.

Informal pre-meeting (09.00-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 COVID-19: Evidence session with the Royal College of Occupational Therapists and the Chartered Society of Physiotherapy

(09.30-10.45) (Pages 1 - 24)

Dai Davies, Policy Officer Wales, Royal College of Occupational Therapists

Adam Morgan, Senior Negotiating Officer- Wales and West Midlands, Chartered Society of Physiotherapy

Research brief

Paper 1: Royal College of Occupational Therapists

Senedd Cymru
Welsh Parliament

Paper 2: Chartered Society of Physiotherapy

Paper 3: Allied Health Professionals

3 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(10.45)

4 COVID-19: Consideration of evidence

(10.45-11.00)

5 Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: consideration of draft report

(11.00-12.00) (Pages 25 - 109)

Draft report

By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Item 2

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Topic: Rehabilitation

Published: April 2020

Context:

Access to rehabilitation will be critical for those worst affected by COVID-19 in Wales. This will not only include people who have had the virus, but the many that are self isolating with long term health condition(s).

The impact of the lock down on our health and the subsequent demand for rehabilitation is not yet known. With over 80,000 people estimated in Wales to be self-isolating due to their age and/or underlying health conditions, potentially there is an even greater need associated with the inevitable consequences of this action, such as increased anxiety, sedentary behaviour and social isolation. In addition, there is, the wider societal impact of a prolonged period of lock-down, whereby people have less access to doing the things that sustain them physically, emotionally and mentally.

The true health impact of COVID-19 continues to evolve. NHS England estimates that 49% of people hospitalised with COVID-19 will require rehabilitation. It is already understood from existing knowledge and experience that:

- People who have a stay in intensive care unit (ICU) for 3 days or more, less than one third will have returned to their baseline function after 6 months (Detsky *et al*, 2017).
- Evidence from Europe, is beginning to emerge, reporting that the people most severely affected by COVID-19 will have had prolonged hospital stays (+/- 21days) often spending much of this in bed - which contributes to functional decline (Balbi *et al*, 2020).
- Fatigue and ongoing respiratory problems are common, and there is an emerging suggestion, that the high inflammatory burden associated with the virus can induce vascular inflammation and cardiac problems (Balbi *et al*, 2020). We already know, from current occupational therapy practice that such physical problems have a severely limiting impact on people's ability to function.
- A significant number of people experience cognitive and mental health difficulties post acute illness (Balbi *et al*, 2020).
- A number of people will struggle to return to work or to return to their previous job role / salary. Nearly a third of people with post intensive care syndrome (PICs) do not return to work, a further third do not return to their previous income. (Stam *et al*, 2020)

The COVID-19 pandemic has emphasised the immediate need to look at expanding and investing in rehabilitation services as a matter of urgency but it also presents a unique opportunity to consider how such services are structured, prioritised and resourced in the future.

The Challenge:

There will be unprecedented pressure on local services to not only help people regain their independence, but to also reduce the need for ongoing support from health and social care services.

Currently access to rehabilitation is patchy across the country, putting many peoples' chances of optimal recovery at risk. That is why the scale of the impending demand for rehabilitation, as we move into the next phase of this pandemic, should not be underestimated and must not be overlooked by the four nation governments.

RCOT View:

Occupational therapy restores a person's quality of life, giving them back their independence and reducing their need for ongoing health and social care support. As a key health and care profession, occupational therapy is the bridge between getting people from hospital into their communities and being able to get on with life. We are, therefore, expecting a significant increase in demand for occupational therapy contribution to rehabilitation services.

RCOT is calling for policy change that will:

In the short-term

- Prioritise people:
  - Who are self-isolating for the (minimum) 12 week period, and who have been unable to access rehabilitation in their conventional way.
  - With newly diagnosed conditions that require prehab and/or rehabilitation to ensure recovery and maintain quality of life.
- Begin the process of expanding and retaining the occupational therapy workforce in order to deliver ongoing rehabilitation.

In the longer-term

- Ensure everyone, who needs it, has access to high quality, person-centred rehabilitation after discharge from hospital. Support within the community will benefit individuals, staff, and unpaid carers and save significant amounts of tax-payer money by preventing and reducing the need for more costly health and social care support.

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- Ensure that rehabilitation for mental and emotional health issues is kept on parity with physical health conditions.

RCOT is committed to the following actions:

- Advocate that the Welsh government and local partners resolve the variety of factors which prevent many people with complex or long term conditions from accessing community rehabilitation. These factors include wide variance across local services in referral criteria, multidisciplinary offer or skilled workforce.

- Advocate for a “what matters to you” approach to be adopted by all.

- A Right to Rehab strategy/ plan that ensures everyone has access to rehab or prehab when needed, and no-one is excluded by a ‘no rehab potential’.

- A commitment to training for staff that includes community based delivery for students, support workers, and meeting local leadership development

- A review of Healthier Wales at an appropriate point, to include an assessment of rehabilitation delivery and incorporation of this right to rehab

References:

Balbi B, Berney S, Brooks D, Burtin C, Clini E, Franssen F...Vitacca M (2020) Report of an ad-hoc international task force to develop an expert-based opinion on early and short-term rehabilitative interventions (after the acute hospital setting) in COVID-19 survivors (version April 3, 2020). *COVID-19 and Rehabilitation*. [Report on Blog post]. 03 April 2020. Available at: *https://www.ersnet.org/covid-19-blog/covid-19-and-rehabilitation*

Detsky ME, Harhay MO, Bayard DF, Delman AM, Buehler AE, Kent SA, Ciuffetelli IV, Cooney E, Gabler NB, Ratcliffe SJ, Mikkelsen ME,Halpern SD, (2017) *Discriminative Accuracy of Physician and Nurse Predictions for Survival and Functional Outcomes 6 Months After an ICU Admission* Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5710341/

Stam HJ, Stucki G, Bickenbach J (2020) Covid-19 and post intensive care syndrome: a call for action. [Online]. *Journal of Rehabilitation Medicine, 52(4).* Available at: *https://www.medicaljournals.se/jrm/content/abstract/10.2340/16501977-2677*

All accessed on 24.04.20.

CSP Wales Office
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Date 14/05/20

Dear Members of the Senedd,

Re: Health, Social Care and Sport Committee, Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Introduction

The CSP welcomes this opportunity to offer its view on the current Covid-19 response and future impact of Covid on services. Physiotherapists have played a key role in responding to the virus including, working in intensive care, working in the community to prevent hospital admissions, and undertaking rehabilitation of patients who are recovering from Covid-19. Our submission to this inquiry contains comments on the response to the virus so far, and our views on the future response required from the NHS.

Comments from the CSP

Overview

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 our members 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. For example, a team of Physiotherapists work as part of the Community Response Teams in Conwy. At the moment, we also have members who have been redeployed into the team from MSK departments, primary and pain services, private practice, and returners. They have been able to provide an extended service over 7days a week, from 8am to 6pm, with the aim of supporting flow through the hospitals and supporting early discharges, enabling people to stay at home where possible by admission avoidance as well as then supporting rehab. We work very closely with our District nurse colleagues, social services and primary care.

Physiotherapists have proven to be adaptable and key to multi-disciplinary teams delivering health services across all settings.

The impact of this crisis on our student workforce should be monitored and mitigated as much as possible. Currently, placements have been affected which could have a longer term impact on workforce supply through further placements availability and capacity. Whilst current year 3 should be not too adversely affected in terms of being able to become fully registered physiotherapist in summer 2020, the impact on those going into their final year in academic year 2020/21 needs to be monitored.

Testing and PPE

In March, Alex MacKenzie, CSP Chair of Council wrote to all the Health Ministers around the UK, about PPE availability to staff. In Wales, the team shared this letter with all the Members of the Senedd and asked them to follow up with the Minister. Since then, the PPE guidance has been changed and our website reflects the guidance that should be followed. We remain concerned that physiotherapists should always have access to the appropriate PPE for an aerosol generating procedures.

The CSP supports the TUC Wales view that all key workers should know that they are entitled to testing and can access the right PPE to protect them and their colleagues

Technology

During the current response to Covid-19, the CSP produced a guide to implementing remote consultations. Setting up remote consultation options normally requires time, planning and incremental introduction. Our members moved rapidly to set up tele and video consultations at the start of this crisis, and have adapted their working to minimise risks to patients. Our membership has experience of using remote working and has examples of good practice to share. This includes physiotherapists using telehealth and virtual consultations in the community, with ABUHB being a good example of this. , In these extenuating circumstances the CSP endorses a more rapid approach to implementation of remote working than previously, to minimise risks of exposure to COVID-19 to patients, the public and healthcare staff.

Innovation

We are encouraged by the collection of innovative work, particularly by Aneurin Bevan University Health Board. The collection of this innovative work needs to result in permanent change in the future, and for this a transparent system of evaluation needs to be in place for good practice to be found and shared.

Rehab services

Rehabilitation, including physiotherapy, is essential in saving the lives of people with Covid-19 and in enabling people to live their lives to the full. Rehabilitation must be recognised as an unmissable part of Covid-19 recovery, and leaders and policy makers need to be taking urgent action to ensure that this is delivered. In delivering rehabilitation, the physiotherapy workforce is involved in every stage and at all levels of the Covid-19 trajectory. They have the skills and knowledge that are critical and must be deployed accordingly to support recovery.

Essential rehabilitation for patients, recovering from serious illness or injury must continue to be provided through the pandemic, with services adapting to make this possible. The CSP believes a comprehensive strategic approach to meeting rehabilitation needs is required as we work to help

the recovery from the pandemic. This includes the needs of people recovering from Covid-19 and those whose rehabilitation has been interrupted and whose condition has deteriorated due to the period of self-isolation and lock down.

The CSP also believes that this is an opportunity to drive improvements in rehabilitation services and development of the workforce to deliver this. This statement sets out what we believe are the priority actions required by policy makers and system leaders nationally and locally.

Our five rehabilitation asks of policy makers and leaders

1.Don't leave patients behind because they are out of sight. We need rapid planning, guidance and resources in place to ensure that people recovering from Covid-19 receive rehabilitation in the community after discharge. This means enabling the agile redirection of funding and redeployment of the workforce to community teams as need in the acute sector diminishes.

2.Support essential rehabilitation services to be maintained during the pandemic as much as possible to minimise negative impact on patients who are recovering from serious injury or illness or have an exacerbation of their long-term condition.

3.Ensure the physiotherapy workforce and all those delivering rehabilitation receive the right level of PPE, to work with vulnerable people in the community for whom face to face rehabilitation is essential.

4.Plan for the tidal wave of rehabilitation need as the country recovers from the pandemic. All UK Governments should develop plans to deliver expanded high quality, multi condition community rehabilitation, and training and retaining an expanded multi-disciplinary rehabilitation workforce.

5. Commit to the right to rehabilitation as a fundamental element of our health and care system and support it to develop so that everyone can access high quality rehabilitation.

Right to Rehab

We are concerned about the increased need for rehab services in the next few months, and the impact this will have on the availability of rehab services for all patients. Rehab services will face the challenge of meeting the needs of Covid-19 patients who are recovering, with serious and long term issues such as fatigue, respiratory issues, and PTSD. Services will also have to meet the needs of many patients who have de-conditioned when in self isolation, and a further group of patients who have avoided/delayed treatment until after the initial wave of the virus. This mixture of patient needs could place rehabilitation services under great strain.

We welcome the initial investment in rehab services of £10 million by the Welsh Government, accessible to the Regional Partnership Boards. However, this funding needs to be part of a wider strategic funding programme for rehabilitation services, in line with the objectives of a Healthier Wales Strategy. This would be best delivered by a national strategy/plan for rehabilitation services.

It is vital that the rehab needs of non Covid patients are planned for and resourced properly to avoid pressure on hospital admissions and other services which may be dealing with Covid patients.

Regional Partnership Boards

In a written answer to question WAQ80037 (e) by Rhun ap Iorwerth AS, the Minister stated:

"We anticipate increasing demand for rehabilitation from people recovering from coronavirus. We are preparing to meet this and the needs of others who are recovering from other conditions and have other rehabilitation needs.

I have announced an extra £10m to support people recovering from coronavirus, including enhanced home care packages for people dealing with the physical and mental health effects of lockdown."

We welcome this funding as a beginning of a wider change to the way services are delivered, in line with a Healthier Wales strategy. However, as the Minister states, we anticipate increasing demand going forward and believe an assessment and planning of the resources needed on a national scale will be beneficial. We do pose the question: How could this funding fit into a wider strategic funding programme for physiotherapy and rehabilitation services?

Concluding remarks

Thank you for the opportunity to provide the CSP's view on the current situation, and the opportunity to highlight rehabilitation as a vital part of the NHS response. Our view is that a strategy or plan is needed to deliver the Right to Rehab that patients deserve across Wales. We would welcome the opportunity to provide oral evidence if requested.

About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 59,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,400 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community, and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person-centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost-effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

Diolch yn fawr,

CSP Public Affairs and Policy Officer for Wales

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.

Dieticians

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 poeple 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]

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 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 selfcare. 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]

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