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SOCIETY  
OF  
PHYSIOTHERAPY

# CSP COVID-19

## Rehabilitation Standards

Community rehabilitation:  
physiotherapy service delivery

## Version 1, published 28th September

These standards cover community rehabilitation and physiotherapy care for adults of 18 years and over with Covid-19. Community rehabilitation is assessment, advice and tailored rehabilitation support that takes place in settings outside of acute hospital wards and that improves people's health and wellbeing.

The standards apply to anyone with rehabilitation needs who has or has had Covid-19. The standards are relevant to people at all stages of their Covid-19 recovery, their families and carers. This is whether their care is managed in community settings throughout or if they were admitted to hospital at any stage. Throughout these standards, people who have or have had Covid-19 will be referred to as people with Covid-19 in community settings.

The standards are for the physiotherapy workforce delivering rehabilitation and care in a multidisciplinary care context. They should be used in conjunction with local policies and procedures.

In the extenuating circumstances of Covid-19, decisions about rehabilitation and physiotherapy needs and where it is delivered for individual people takes place rapidly. The standards are key for facilitating safe and rapid decision making and ensuring the delivery of high quality personalised physiotherapy.

These standards do not cover delivery of community rehabilitation for adults who have not had Covid-19 but will be applicable more widely to community rehabilitation service delivery both during and beyond the Covid-19 pandemic.

# Quality standards

1. Needs assessment, rehabilitation planning and review
2. Personalised rehabilitation
3. Self-management
4. Communication and information
5. Coordinated rehabilitation and care pathways
6. Evaluation, audit and research
7. Personal Protective Equipment and infection control.

# Quality standard 1:

## Needs assessment, rehabilitation planning and review

### Quality statement 1

- 1. People with Covid-19 in community settings are offered comprehensive, holistic needs assessments, with the opportunity to discuss, co-produce and review a personalised rehabilitation plan.**
- 1.1** Coordinate, carry out and document an initial holistic needs assessment with the person and the multidisciplinary team taking into account emerging evidence about sequelae of Covid-19 and variation in outcomes from Covid-19
- 1.2** Consider screening tools to inform personalised rehabilitation planning
- 1.3** Rehabilitation planning and goal setting is personalised and involves shared decision making, based on what matters to the individual and their individual strengths, needs and preferences
- 1.4** Physiotherapy assessments contribute to the overall multidisciplinary needs assessment and identification of specialist expertise requirements
- 1.5** Needs assessments, care planning and reviews are timely and responsive to the person's rehabilitation needs
- 1.6** Regular needs assessment informs the identification of people who are at risk of rapid deterioration and require urgent input and rehabilitation planning
- 1.7** Families and carers of people with Covid-19 are offered holistic assessments to identify their needs and preferences.

## Rationale

People with Covid-19 often present with a wide range of medical, physical, psychological, cultural and social needs due to the virus and also related to other underlying health conditions. A holistic assessment should consider all of these needs and the emerging evidence about the sequelae of Covid-19 and disparities in outcomes. Age, gender, areas of deprivation, Black and Minority Ethnic groups, comorbidities such as diabetes and obesity, occupation, and lifestyle factors such as smoking are associated with disparities in risk and outcomes.

Focussing on assessing needs, rather than the diagnosis of Covid-19, helps the person and multidisciplinary team (MDT) to develop a personalised plan to manage those needs.

Screening tools identify problems that are likely to require further more detailed evaluation by members of the MDT and inform development of the personalised rehabilitation plan. Screening also helps to stratify rehabilitation requirements in terms of who, how and when rehabilitation is delivered including specialist expertise requirements. Specific screening tools for people with Covid-19 are available, for example PICUPS-Plus ([National Post-Intensive Care Rehabilitation Collaborative, 2020](#)).

Personalised rehabilitation means people have choice and control over the way their care is planned and delivered, based on what matters to them. People with Covid-19 should be able to work with services to actively manage their health and rehabilitation needs, rather than passively receive care from services.

Personalised needs-based planning involves shared decision making between the individual and the professionals supporting them, putting the person at the centre of decisions about their rehabilitation. People's personal strengths, preferences, aspirations and needs help inform goal setting. Both the MDT and the person have a role and responsibility for contributing to the decision making process. The MDT contribute information about diagnosis, cause of disease, prognosis, treatment options and outcomes. Whereas, the person contributes the experience of their illness, how they manage their illness, social circumstances, attitudes to risk, values and preferences.

Needs assessment, personalised care planning and review should be an ongoing and proactive process that is both planned and responsive to changing needs. Advance care planning is one part of personalised care planning and involves discussions about an individual's preferences and wishes for types of care or treatment available that may be beneficial in the future. The needs of people with Covid-19 can fluctuate, therefore care plans and rehabilitation goals should be continually reviewed. People with Covid-19 may deteriorate rapidly and need urgent hospital admission. Regular needs assessment helps ensure signs of deterioration are recognised and appropriate care and/or rehabilitation is in place. For further detail in relation to palliative rehabilitation and end of life care see [\*CSP Covid-19 Rehabilitation standards RS2 \(Palliative rehabilitation and end of life care: physiotherapy service delivery\)\*](#). Recognition of people in community settings requiring oxygen and specialist respiratory input may avoid hospital admission.

Consideration of current [\*national\*](#) and local guidance should inform whether needs assessments are undertaken face-to-face or remotely. This may impact on the assessment tools which can be used, for instance measurement of blood oxygen saturation using a validated pulse oximeter.

Families and carers of people with Covid-19 may need practical, psychological and/or emotional support and may benefit from their own assessment.

## Source guidance

[COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease \(COPD\)](#) (2020) NICE guideline NG168, recommendation 2.3

[COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#) (2020) NICE guideline NG163, recommendation 2.1 and 2.2

[Patient experience in adult NHS services](#) (2019) NICE quality standard QS15, standards 4 and 6

[Falls in older people](#) (2017) NICE quality standard QS86, standards 2 and 9

[Multimorbidity](#) (2017) NICE quality standard QS153, standards 2 and 3

[Rehabilitation after critical illness in adults](#) (2017) NICE quality standard QS158, standards 3 and 4

[Mental wellbeing and independence for older people](#) (2016) NICE quality standard QS137, standard 1

[Stroke in adults](#) (2016) NICE quality standard QS2, standard 6

[Dementia: support in health and social care](#) (2010) NICE quality standard QS1, standard 4

[After-care needs of inpatients recovering from COVID-19](#). Version 2 (2020) NHS England and NHS Improvement, sections 2.2.1, 2.2.4 and 2.2.6

[Covid 19: Guidance for the commissioning of clinics for recovery and rehabilitation](#) (2020) NHS England and NHS Improvement London

[COVID-19: Long-term health effects](#) (2020) Public Health England

[Covid-19: Review of disparities in risks and outcomes](#) (2020) Public Health England

[Developing a modelling resource to understand the rehabilitation needs of people during, and following, the Covid-19 pandemic](#) (2020) Welsh Government

[Framework for supporting people through Recovery and Rehabilitation during and after the Covid-19 Pandemic](#) (2020) Scottish Government

[Hospital discharge service: policy and operating model](#) (2020) Department of Health and Social Care

[Hospital discharge service requirements: COVID-19 \(Wales\)](#) (2020) Welsh Government

[Rehabilitation: a framework for continuity and recovery 2020 to 2021](#) (2020) Welsh Government

[NHS RightCare: Community Rehabilitation Toolkit](#) (2020) NHS RightCare

[NHS RightCare: Frailty Toolkit](#) (2019) NHS RightCare

[NHS RightCare: Progressive Neurological Conditions Toolkit](#) (2019) NHS RightCare

[Commissioning guidance for rehabilitation](#) (2016) NHS England

[NHS Standard Contract for Specialist Rehabilitation for Patients with Highly Complex Needs](#) (2013) NHS England

[British Society of Rehabilitation Medicine report: Rehabilitation in the wake of Covid-19 - A phoenix from the ashes.](#) Version 1 (2020)

[Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach - BTS guidance](#) (2020) British Thoracic Society

[Keeping Me Well COVID-19 Rehabilitation Model](#) (2020) Cardiff and Vale University Health Board



*Responding to COVID-19 and beyond: A framework for assessing early rehabilitation needs following treatment in intensive care.* Version 1 (2020)  
National Post-Intensive Care Rehabilitation Collaborative

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards  
Rehabilitation of adults who are hospitalised due to Covid-19:  
physiotherapy service delivery [RS1]* (2020) Chartered Society of  
Physiotherapy

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards.  
Palliative rehabilitation and end of life care: physiotherapy service delivery  
[RS2]* (2020) Chartered Society of Physiotherapy

*Remote or face-to-face consultations* (2020) Chartered Society of  
Physiotherapy

*Chartered Society of Physiotherapy's Code of Members' Professional  
Values and Behaviour* (2019) Chartered Society of Physiotherapy,  
principles 1-3

*Standards of proficiency - Physiotherapists* (2013) Health and Care  
Professions Council, standards 1-11 and 14

# Quality standard 2: Personalised rehabilitation

## Quality statement 2

**2. People with Covid-19 in community settings are offered personalised, equitable and timely rehabilitation which is appropriate to their needs and preferences.**

**2.1** Rehabilitation is holistic and undertaken in discussion with the multidisciplinary team based on the person's needs assessment and personalised rehabilitation plan

**2.2** Rehabilitation includes facilitation of participation in education, work and meaningful life roles

**2.3** Timing, intensity, frequency and setting of rehabilitation is personalised and flexible to the person's individual needs

**2.4** The potential of technology-enabled rehabilitation requires consideration taking into account the person's needs and preferences

**2.5** Families and carers of people with Covid-19 are offered holistic support appropriate to their current needs and preferences.

## Rationale

Effective rehabilitation is holistic and personalised to reduce physical, psychological, emotional, social and economic impacts of Covid-19. Each individual with a diagnosis of Covid-19 may have other health conditions and may have very different abilities and rehabilitation needs. Rehabilitation should take into account the complex interaction between the person's health conditions, the environments they live in, their values and beliefs to actively reduce inequalities.

Delays in starting rehabilitation can increase the risk of further deterioration in the person's condition and lead to reduced independence. Starting rehabilitation early can improve physical, psychological (including cognition) and emotional recovery and prevent future problems. Covid-19 recovery has an individualised trajectory for each person that is unpredictable and requires continual input from the multidisciplinary team (MDT) to tailor rehabilitation. The delivery of rehabilitation takes into account the person's needs and preferences alongside minimising face-to-face contact to reduce risk of infection.

The physiotherapy workforce should work collaboratively with the MDT to optimise the person's independence and social participation. Rehabilitation is an active and enabling process which includes supporting and working with the person, their carers and those involved in helping them to achieve their personal goals in relation to education, work and meaningful life roles. People who have been critically ill due to Covid-19 may struggle to return to work and evidence around critical illness indicates some may never return to work. It has been demonstrated that multidisciplinary, coordinated vocational rehabilitation can help to get people back to work sooner, remain in work and also it can have significant economic benefits ([NHS England, 2016](#)).

The physiotherapy workforce should consider and be aware of remote consultation and online rehabilitation resources available such as the [\*Your Covid Recovery\*](#) platform. Digital and assistive technology has great potential to support rehabilitation and optimise the person's independence.

Support for families and carers may include emotional and psychological support. Training on practical issues should be available for those caring for people with Covid-19.

## Source guidance

[\*COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease \(COPD\)\*](#) (2020) NICE guideline NG168, recommendations 1.5 and 2.3

[\*COVID-19 rapid guideline: cystic fibrosis\*](#) (2020) NICE guideline NG170, recommendation 1.3

[\*COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community\*](#) (2020) NICE guideline NG163, recommendations 2-7

[\*Cerebral Palsy in adults\*](#) (2020) NICE quality standard Q191, standard 4

[\*Dementia\*](#) (2019) NICE quality standard Q184, standard 7

[\*Falls in older people\*](#) (2017) NICE quality standard QS86, standard 3

[\*Stroke in adults\*](#) (2016) NICE quality standard QS2, standard 2

[\*After-care needs of inpatients recovering from COVID-19. Version 2\*](#) (2020) NHS England and NHS Improvement, sections 2.2.1, 2.2.2, 2.2.6 and 2.5

[\*Covid 19: Guidance for the commissioning of clinics for recovery and rehabilitation\*](#) (2020) NHS England and NHS Improvement London

*COVID-19: Long-term health effects* (2020) Public Health England

*Covid-19: Review of disparities in risks and outcomes* (2020) Public Health England

*Developing a modelling resource to understand the rehabilitation needs of people during, and following, the Covid-19 pandemic* (2020) Welsh Government

*Framework for supporting people through Recovery and Rehabilitation during and after the Covid-19 Pandemic* (2020) Scottish Government

*Rehabilitation: a framework for continuity and recovery 2020 to 2021* (2020) Welsh Government

*NHS RightCare: Community Rehabilitation Toolkit* (2020) NHS RightCare

*A Digital Framework for Allied Health Professionals* (2019) NHS England

*The Topol Review: Preparing the healthcare workforce to deliver the digital future* (2019) NHS Health Education England

*Commissioning guidance for rehabilitation* (2016) NHS England

*eHealth and Care Strategy for Northern Ireland* (2016) Health and Social Care Board

*Informed Health and Care: A Digital Health and Social Care Strategy for Wales* (2015) Welsh Government

*NHS Standard Contract for Specialist Rehabilitation for Patients with Highly Complex Needs* (2013) NHS England

*British Society of Rehabilitation Medicine report: Rehabilitation in the wake of Covid-19 - A phoenix from the ashes.* Version 1 (2020)

*Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance* (2020) British Thoracic Society

*Health Equity in England: The Marmot review 10 years on* (2020) Institute of Health Equity

*Keeping Me Well COVID-19 Rehabilitation Model* (2020) Cardiff and Vale University Health Board

*Responding to COVID-19 and beyond: A framework for assessing early rehabilitation needs following treatment in intensive care.* Version 1 (2020) National Post-Intensive Care Rehabilitation Collaborative

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards Rehabilitation of adults who are hospitalised due to Covid-19: physiotherapy service delivery [RS1]* (2020) Chartered Society of Physiotherapy

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2]* (2020) Chartered Society of Physiotherapy

*Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour* (2019) Chartered Society of Physiotherapy, principle 1-4

*Standards of proficiency- Physiotherapists* (2013) Health and Care Professions Council, standards 1-11 and 14

# Standard 3: Self-management

## Quality statement 3

- 3. People with Covid-19 in community settings are offered supported self-management to develop their capability to manage their own health and wellbeing.**
  - 3.1** Shared decision making is used to support a person to make choices about managing their own health and wellbeing
  - 3.2** Self-management takes into account a person's level of activation, level of dependency on others, health literacy and understanding in order to tailor support and resources accordingly
  - 3.3** Utilise the expertise of families, carers, peers and communities where appropriate as part of supported self-management
  - 3.4** Utilise technology where appropriate to support self-management taking into account digital inclusion considerations
  - 3.5** A personalised, structured, written plan for ongoing self-management, including a timescale for review is agreed.

## Rationale

Shared decision making (SDM) is a collaborative process through which a clinician supports a person to develop their capability to make decisions about managing their own health and care. Support should be tailored to the person's needs to ensure that people are actively involved in SDM.

Awareness of a person's level of activation, level of dependency on others, health literacy and understanding enables equitable access to information, training and education resources which are tailored accordingly. Targeted interventions that develop skills in achievable steps and build confidence and autonomy may help to increase a person's level of activation. For people with high levels of dependency on others, self-management may be achieved through close working with families and carers.

Supported self-management is enhanced by the expertise, capacity and potential of families, carers, peers and communities and delivers better outcomes and experiences ([NHS England and NHS Improvement, 2020](#)).

Technology, for example apps, patient networks and online platforms such as [Your Covid Recovery](#), can support people to self-manage their recovery and rehabilitation. Digital inclusion takes into account access to technology and an individual's ability and preference to use digital tools and apps to self-manage.

Regular review by the multidisciplinary team ensures that self-management support is responsive to the person's changing needs.



## Source guidance

[COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease \(COPD\)](#) (2020) NICE guideline NG168, recommendation 2.12

[Rheumatoid Arthritis in over 16s](#) (2020) NICE quality standard QS33, standard 4

[Osteoarthritis](#) (2015) NICE quality standard QS87, standard 3

[British Thoracic Society Quality Standards for Pulmonary Rehabilitation in adults](#) (2014) British Thoracic Society, standard 7

[Covid 19: Guidance for the commissioning of clinics for recovery and rehabilitation](#) (2020) NHS England and NHS Improvement London

[Covid-19: Review of disparities in risks and outcomes](#) (2020) Public Health England

[Developing a modelling resource to understand the rehabilitation needs of people during, and following, the Covid-19 pandemic](#) (2020) Welsh Government

[Framework for supporting people through Recovery and Rehabilitation during and after the Covid-19 Pandemic](#) (2020) Scottish Government

[Rehabilitation: a framework for continuity and recovery 2020 to 2021](#) (2020) Welsh Government

[Scotland's Digital Health and Care Strategy: enabling, connecting and empowering](#) (2018) Scottish Government

[NHS RightCare: Community Rehabilitation Toolkit](#) (2020) NHS RightCare

[NHS RightCare: Progressive Neurological Conditions Toolkit](#) (2019) NHS RightCare

[A Digital Framework for Allied Health Professionals](#) (2019) NHS England

[The Topol Review: Preparing the healthcare workforce to deliver the digital future](#) (2019) NHS Health Education England

[Universal Personalised Care: Implementing the Comprehensive Model](#) (2019) NHS England

[eHealth and Care Strategy for Northern Ireland](#) (2016) Health and Social Care Board

[Informed Health and Care: A Digital Health and Social Care Strategy for Wales](#) (2015) Welsh Government

[Commissioning guidance for rehabilitation](#) (2016) NHS England

[Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance](#) (2020) British Thoracic Society

[Health Equity in England: The Marmot review 10 years on](#) (2020) Institute of Health Equity

[How has Covid-19 changed the landscape of digital inclusion?](#) (2020) Centre for Ageing Better

[Keeping Me Well COVID-19 Rehabilitation Model](#) (2020) Cardiff and Vale University Health Board

[Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards Rehabilitation of adults who are hospitalised due to Covid-19: physiotherapy service delivery \[RS1\]](#) (2020) Chartered Society of Physiotherapy

[Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery \[RS2\]](#) (2020) Chartered Society of Physiotherapy

*Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour* (2019) Chartered Society of Physiotherapy, principle 1-4

*Standards of proficiency- Physiotherapists* (2013) Health and Care Professions Council, standards 1-11 and 14

# Quality standard 4:

## Communication and information

### Quality statement 4

- 4. Communication with people with Covid-19 in community settings and their families and carers is effective and information offered in an accessible way, personalised to their needs and preferences.**
  - 4.1** Personalised information is communicated consistently across the rehabilitation pathway by appropriate members of the multidisciplinary team
  - 4.2** Information should be communicated in an appropriate, accessible and timely way with the person with Covid-19 in order to support decision making
  - 4.3** Ensure that the person with Covid-19 can demonstrate understanding of all communicated information
  - 4.4** Utilise technology where appropriate taking into account access, digital literacy, needs and preferences
  - 4.5** Families and carers should be involved in discussions and decision making as far as possible and in line with the person's wishes.

## Rationale

Effective communication of the rehabilitation plan between the person and the teams responsible for their ongoing care ensures that rehabilitation is coordinated and personalised to each individual's needs and goals. A rehabilitation prescription or passport are examples of approaches which enable coordinated communication between the person and the multidisciplinary team (MDT) and help ensure consistent use of language.

Timely and responsive communication and information provision recognises that communication is a two-way process and that the person's circumstances and needs are likely to change over time. Ensuring that people with Covid-19 have an understanding of the roles of healthcare professionals involved in their care, and how to contact them when they need to and as their needs change, are an essential part of effective communication. Provision of information tailored to a person's preferences, which they can understand and act on, ensures that they are actively involved in shared decision making. The emerging literature and early clinical observations of people with Covid-19 are identifying common sequelae which may impact on communication. Cognition deficits and prolonged delirium need to be taken into account. In addition, laryngeal and intubation related injury and compromised respiratory function may affect the person's ability to speak. The person, their family and carers and the MDT may require assessment and advice from healthcare professionals with relevant expertise about the most appropriate means of communication.

Digital and online resources may facilitate communication. However, there is recognition that some sections of the population are more likely to be digitally excluded and it is important not to reinforce social exclusion of these groups. To minimise inequalities, access, digital literacy and communication preferences need to be taken into account and if required, additional support offered. Specialised technology, communication aids and equipment can be utilised to support people with cognitive and language impairments to communicate effectively.

Families and carers can play a significant role in supporting the rehabilitation of people with Covid-19. It is therefore important that they are involved in decisions about the person's rehabilitation plan, if they and the person agree. They can provide information about the person's needs and circumstances beyond medical conditions or physical needs, and may detect changing needs. Honest conversations with people and their families need to take place with sensitivity even in difficult circumstances and it is important that there is a coordinated MDT approach to communication.

Conversations may need to take place using Personal Protective Equipment (PPE) or remotely. The physiotherapy workforce should be mindful of how this may affect communication with the person, families and carers.

## Source guidance

[COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease \(COPD\)](#) (2020) NICE guideline NG168, recommendation 2.4 and 4.2

[Cerebral Palsy in adults](#) (2020) NICE quality standard Q191, standard 5

[Patient experience in adult NHS services](#) (2019) NICE quality standard QS15, standards 2 and 5

[Covid-19: Review of disparities in risks and outcomes](#) (2020) Public Health England

[NHS RightCare: Community Rehabilitation Toolkit](#) (2020) NHS RightCare

[Covid 19: Guidance for the commissioning of clinics for recovery and rehabilitation](#) (2020) NHS England and NHS Improvement London

[Framework for supporting people through Recovery and Rehabilitation during and after the Covid-19 Pandemic](#) (2020) Scottish Government

[A Digital Framework for Allied Health Professionals](#) (2019) NHS England

[The Topol Review: Preparing the healthcare workforce to deliver the digital future](#) (2019) NHS Health Education England

[Commissioning guidance for rehabilitation](#) (2016) NHS England

[eHealth and Care Strategy for Northern Ireland](#) (2016) Health and Social Care Board

[Informed Health and Care: A Digital Health and Social Care Strategy for Wales](#) (2015) Welsh Government

[NHS Standard Contract for Specialist Rehabilitation for Patients with Highly Complex Needs](#) (2013) NHS England

*Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance* (2020) British Thoracic Society

*Health Equity in England: The Marmot review 10 years on* (2020) Institute of Health Equity

*How has Covid-19 changed the landscape of digital inclusion?* (2020) Centre for Ageing Better

*Keeping Me Well COVID-19 Rehabilitation Model* (2020) Cardiff and Vale University Health Board

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards Rehabilitation of adults who are hospitalised due to Covid-19: physiotherapy service delivery [RS1]* (2020) Chartered Society of Physiotherapy

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2]* (2020) Chartered Society of Physiotherapy

*Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour* (2019) Chartered Society of Physiotherapy, principles 1-3

*Standards of proficiency- Physiotherapists* (2013) Health and Care Professions Council, standards 2, 3, 5-10, 14



# Quality standard 5:

## Coordinated rehabilitation and care pathways

### Quality statement 5

- 5.** People with Covid-19 in community settings receive equitable, personalised rehabilitation that is seamlessly coordinated within multidisciplinary teams, and across all relevant settings and services.
- 5.1** People with Covid-19 have timely, equitable access to community services based on their personalised rehabilitation plan
- 5.2** Community rehabilitation is delivered by multidisciplinary teams, which may include specialist input, and is based on an individual's personalised needs assessment
- 5.3** People with Covid-19 using community services experience coordinated rehabilitation with clear and accurate information exchange between relevant health and social care professionals
- 5.4** The physiotherapy workforce are aware of, and contribute to the development of, optimal rehabilitation pathways, referral criteria, follow-up arrangements and urgent care pathways.

## Rationale

Clearly defined, equitable community rehabilitation pathways and referral processes are required to ensure people in community settings, including care homes, can access the right support from the right service and/or member of the multidisciplinary team (MDT) at the right time. The recovery trajectory of people with Covid-19 is not yet fully understood therefore it is essential that input from community rehabilitation services is flexible and responsive to their changing needs. Some people may present with long-term sequelae at a later stage and need to be able to re-access rehabilitation services as those needs arise.

Holistic community rehabilitation services are best delivered by MDTs which include the professionals required to meet the needs of people with Covid-19. This may involve integrating a combination of core and specialist expertise. Various service delivery models have been suggested specifically for Covid-19 and for community rehabilitation more generally.

Continuity of rehabilitation is very important because any breaks or gaps can set back or slow down recovery. Coordination of services ensures timely, safe and effective rehabilitation including appropriate documentation, care packages, equipment and medication. Effective information sharing is essential to delivering integrated rehabilitation and involves close collaboration between health and social care practitioners within and across different services and organisations. For further information about coordination of hospital discharge to community settings see [CSP Covid-19 Rehabilitation Standards RS1 \(Rehabilitation of adults who are hospitalised due to Covid-19: physiotherapy service delivery\)](#).

The physiotherapy workforce need to be flexible and responsive to meet the unique needs of the Covid-19 population and facilitate the development of rehabilitation pathways. It is important to be aware of arrangements and urgent referral pathways available if the person's clinical condition, needs and preferences change. For further information in relation to people with Covid-19 approaching the end of life refer to the [\*CSP Covid-19 Rehabilitation standards RS2 \(Palliative rehabilitation and end of life care: physiotherapy service delivery\)\*](#).

## Source guidance

[Cerebral Palsy in adults](#) (2020) NICE quality standard Q191, standard 1

[Rheumatoid Arthritis in over 16s](#) (2020) NICE quality standard QS33, standard 6

[Dementia](#) (2019) NICE quality standard Q184, standard 4

[Patient experience in adult NHS services](#) (2019) NICE quality standard QS15, standard 3

[People's experience using adult social care services](#) (2019) NICE quality standard QS182, standard 3

[Chronic heart failure in adults](#) (2018) NICE quality standard QS9, standard 7

[Parkinson's Disease](#) (2018) NICE quality standard QS164, standard 1

[Multimorbidity](#) (2017) NICE quality standard QS153, standard 3

[Mental wellbeing and independence for older people](#) (2016) NICE quality standard QS137, standard 3

[Multiple Sclerosis](#) (2016) NICE Quality Standard QS108, standards 3 and 5

[Secondary prevention after a myocardial infarction](#) (2015) NICE quality standard QS99, standard 5

[British Thoracic Society Quality Standards for Pulmonary Rehabilitation in adults](#) (2014) British Thoracic Society, standards 1 and 3

[Mental wellbeing of older people in care homes](#) (2013) NICE quality standard QS50, standard 6

[After-care needs of inpatients recovering from COVID-19](#). Version 2 (2020) NHS England and NHS Improvement, section 3

[Covid 19: Guidance for the commissioning of clinics for recovery and rehabilitation](#) (2020) NHS England and NHS Improvement London

[Covid-19: Review of disparities in risks and outcomes](#) (2020) Public Health England

[Developing a modelling resource to understand the rehabilitation needs of people during, and following, the Covid-19 pandemic](#) (2020) Welsh Government

[Framework for supporting people through Recovery and Rehabilitation during and after the Covid-19 Pandemic](#) (2020) Scottish Government

[Hospital discharge service: policy and operating model](#) (2020) Department of Health and Social Care

[Hospital discharge service requirements: COVID-19 \(Wales\)](#) (2020) Welsh Government

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[NHS RightCare: Progressive Neurological Conditions Toolkit](#) (2019) NHS RightCare

[Universal Personalised Care: Implementing the Comprehensive Model](#) (2019) NHS England

[Commissioning guidance for rehabilitation](#) (2016) NHS England

[NHS Standard Contract for Specialist Rehabilitation for Patients with Highly Complex Needs](#) (2013) NHS England

[British Society of Rehabilitation Medicine report: Rehabilitation in the wake of Covid-19 - A phoenix from the ashes.](#) Version 1 (2020)

[Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance](#) (2020) British Thoracic Society

[Health Equity in England: The Marmot review 10 years on](#) (2020) Institute of Health Equity

*Keeping Me Well COVID-19 Rehabilitation Model* (2020) Cardiff and Vale University Health Board

*Responding to COVID-19 and beyond: A framework for assessing early rehabilitation needs following treatment in intensive care.* Version 1 (2020) National Post-Intensive Care Rehabilitation Collaborative

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards Rehabilitation of adults who are hospitalised due to Covid-19: physiotherapy service delivery [RS1]* (2020) Chartered Society of Physiotherapy

*Chartered Society of Physiotherapy COVID-19 Rehabilitation Standards. Palliative rehabilitation and end of life care: physiotherapy service delivery [RS2]* (2020) Chartered Society of Physiotherapy

*Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour* (2019) Chartered Society of Physiotherapy, principles 1-4

*Standards of proficiency- Physiotherapists* (2013) Health and Care Professions Council, standards 1-11 and 14

# Quality standard 6: Evaluation, audit and research

## Quality statement 6

- 6. Community physiotherapy services undertake evaluation, audit, research and share good practice to understand the needs of people with Covid-19, improve the quality of services, optimise outcome and experience, and address inequalities.**
- 6.1** Consider the evidence and data requirements for understanding the needs of people with Covid-19, assessing quality of rehabilitation service delivery, measuring patient and carer outcomes and experience, and monitoring for inequalities
- 6.2** Community physiotherapy and rehabilitation services collaborate with people with Covid-19, their families and carers to evaluate, improve and redesign services
- 6.3** Community physiotherapy and rehabilitation services have robust systems of measurement and monitoring that, where appropriate, are standardised to enable local evaluation and also regional and national interpretation
- 6.4** Good practice and lessons learnt are shared locally, regionally, nationally and internationally.

## Rationale

The epidemiology, recovery trajectories and short- and long- term rehabilitation needs of people with Covid-19 are not yet fully understood. Developing the evidence base around Covid-19 and the impact on community rehabilitation is essential to provide a foundation for future improvements in Covid-19 rehabilitation. Early data and evidence is highlighting that disparities in the risk, outcomes and impact from Covid-19 exist. Continuous monitoring of health outcomes and social determinants of health will further improve our understanding of the health inequalities of Covid-19 and help develop equitable community rehabilitation services.

People who have a lived experience of Covid-19 are best placed to contribute to the evaluation of physiotherapy services offered and should be involved in the earliest stages of evaluation, as well as service design and development. Co-production involves working in equal partnership with people who use physiotherapy and rehabilitation services, carers and communities to develop, deliver, monitor and evaluate services. Co-production with seldom heard groups gives voice to people who may have previously been considered hard to reach. It helps to develop inclusive participation and enable people to feel more involved with the services they use ([\*Social Care Institute for Excellence\*](#)).

Robust systems of measurement and monitoring, including national datasets, such as UKROC and the Community Services Dataset, can help address gaps in community rehabilitation provision and initiate quality improvement programmes. National and regional comparison supports the reduction in variation in access to, and quality of, community rehabilitation services. Physiotherapists need to be aware of and engage in data collection at a local, regional and national level. Available data and emerging research findings can facilitate evaluation and service improvement initiatives.



Covid-19 has changed the delivery of community rehabilitation and new, innovative approaches have been rapidly developed. It is important that any changes and lessons learnt are captured, evaluated, and shared widely to inform future rehabilitation pathways. As Covid-19 is a global pandemic, it is essential to actively seek opportunities to share data and evidence internationally.

## Source guidance

*British Thoracic Society Quality Standards for Pulmonary Rehabilitation in adults* (2014) British Thoracic Society, standards 8 and 9

*Covid-19: Review of disparities in risks and outcomes* (2020) Public Health England

*Covid 19: Guidance for the commissioning of clinics for recovery and rehabilitation* (2020) NHS England and NHS Improvement London

*Developing a modelling resource to understand the rehabilitation needs of people during, and following, the Covid-19 pandemic* (2020) Welsh Government

*Evaluating the impact of rehabilitation services post COVID-19* (2020) Welsh Government

*Framework for supporting people through Recovery and Rehabilitation during and after the Covid-19 Pandemic* (2020) Scottish Government

*NHS RightCare: Community Rehabilitation Toolkit* (2020) NHS RightCare

*A Co-production Model. Five values and seven steps to make this happen in reality* (2016) Coalition for Collaborative Care

*Commissioning guidance for rehabilitation* (2016) NHS England

*eHealth and Care Strategy for Northern Ireland* (2016) Health and Social Care Board

*Informed Health and Care: A Digital Health and Social Care Strategy for Wales* (2015) Welsh Government

*Ladder of engagement* (n.d.) NHS England

*British Society of Rehabilitation Medicine report: Rehabilitation in the wake of Covid-19 - A phoenix from the ashes.* Version 1 (2020)

*Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach – BTS guidance* (2020) British Thoracic Society

*Health Equity in England: The Marmot review 10 years on* (2020) Institute of Health Equity

*Keeping Me Well COVID-19 Rehabilitation Model* (2020) Cardiff and Vale University Health Board

*Responding to COVID-19 and beyond: A framework for assessing early rehabilitation needs following treatment in intensive care.* Version 1 (2020) National Post-Intensive Care Rehabilitation Collaborative

*Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour* (2019) Chartered Society of Physiotherapy, principles 1-4

*Standards of proficiency- Physiotherapists* (2013) Health and Care Professions Council, standards 2, 5-7, 9-12 and 14.

# Quality standard 7:

## Personal Protective Equipment and infection control

### Quality statement 7

- 7. When providing face to face rehabilitation and/or physiotherapy care for people with or after Covid-19, the physiotherapy workforce have access to the correct and appropriate level of Personal Protective Equipment.**
- 7.1** Liaise with local infection control policies, in conjunction with national guidance on Personal Protective Equipment so that:
  - 7.1.1** People with or after Covid-19, and the physiotherapy workforce are appropriately protected from spreading or receiving the virus during physiotherapy care and rehabilitation sessions
  - 7.1.2** Further risk assessment is considered in specific situations if deemed necessary, to ensure staff have access to appropriate Personal Protective Equipment prior to physiotherapy care and rehabilitation sessions
  - 7.1.3** Adequate training is available to ensure confidence in the application and removal of Personal Protective Equipment prior to and after physiotherapy care and rehabilitation sessions
  - 7.1.4** Personal Protective Equipment is disposed of in the correct manner and clinical waste disposal policies are adhered to
  - 7.1.5** The physiotherapy workforce are aware of reporting procedures if the correct level of Personal Protective Equipment is not available.

## Rationale

Healthcare-associated infections are caused by a wide range of microorganisms including Covid-19 virus. These infections can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life. Employers are under a legal obligation to adequately control the risk of exposure to hazardous substances where exposure cannot be prevented. The provision and use of Personal Protective Equipment (PPE), including respiratory protective equipment, will ensure that the risk of spreading the virus to people and other staff is minimal.

Employees have an obligation to make full and proper use of any control measures, including PPE, provided by their employer. Ultimately, where the physiotherapy workforce consider there is an increased risk to themselves or the individuals they are caring for, they should carry out local risk assessments to determine what level of PPE is required. There is also a need to ensure that training is provided about risk assessment and to ensure the correct type of PPE is used, applied, removed and disposed of safely. The physiotherapy workforce should familiarise themselves with local policies and procedures regarding PPE access for carers.

## Source Guidance

[Cleansing and PPE waste at a healthcare waste management facility: RPS C1](#) (2020) Environment Agency

[COVID-19: how to work safely in domiciliary care in England](#) (2020)  
Department of Health and Social Care

[COVID-19: infection prevention and control guidance](#) (2020) Department of Health and Social Care

[Coronavirus \(COVID-19\): unpaid carers providing personal care](#) (2020)  
Scottish Government

[Guidance: COVID-19 personal protective equipment \(PPE\)](#) (2020)  
Department of Health and Social Care. Section 4

[Guidance on shielding and protecting people who are clinically extremely vulnerable from COVID-19](#) (2020) Department of Health and Social Care

[PPE waste from home healthcare workers treating patients with COVID-19: RPS C5](#) (2020) Department of Health and Social Care

[Delivering rehabilitation to patients surviving COVID-19 using an adapted pulmonary rehabilitation approach - BTS guidance](#) (2020) British Thoracic Society

[Personal protective equipment \(PPE\) FAQs](#) (2020) Chartered Society of Physiotherapy

[COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#) (2020) NICE guideline NG163, recommendations 1 and 10

[Healthcare-associated infections: prevention and control in primary and community care](#) (2017) NICE quality standard CG139, standards 1.1.1-1.1.3

*Chartered Society of Physiotherapy's Code of Members' Professional Values and Behaviour* (2019) Chartered Society of Physiotherapy, principles 1-3

*Standards of proficiency- Physiotherapists* (2013). Health and Care Professions Council, standards 1-7, 10 and 15



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