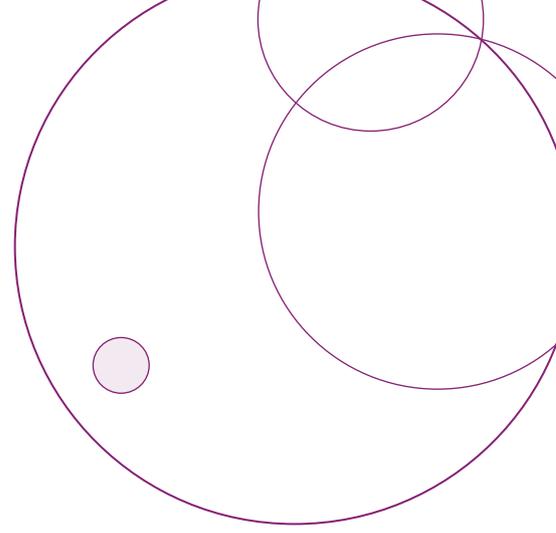


Choosing a rehabilitation provider

a consumer's guide to the standards
expected of a rehabilitation provider





● **Choosing a rehabilitation provider**

a consumer's guide to the standards
expected of a rehabilitation provider

● Foreword

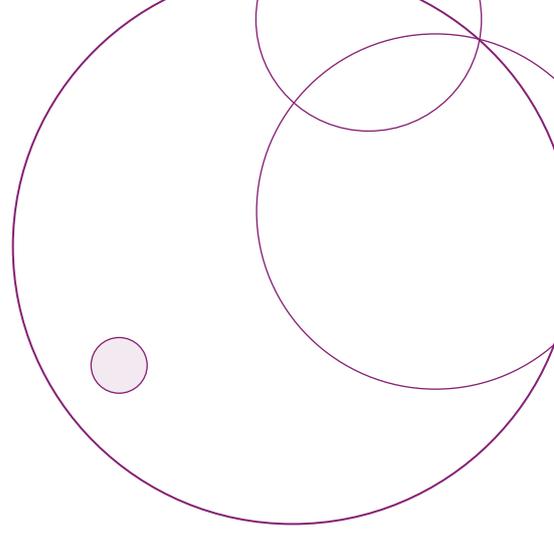
Good rehabilitation is an important element to enable people who have sustained injury, ill health or sickness to improve or regain their independence and return to work.

I am delighted that the UK Rehabilitation Council has taken the initiative to develop Rehabilitation Standards that are focused on the needs of purchasers and consumers of rehabilitation services. The Standards illustrate the hallmarks for quality provision of rehabilitation services whilst the accompanying guides, aimed at purchasers and consumers of rehabilitation services, offer assistance to seek out good providers.

I welcome the Standards as a key piece of work supporting the recommendations in my Review of the health of Britain's working age population, *Working for a healthier tomorrow*.



Dame Carol Black



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● Purpose of this consumer's guide

There is a growing demand for rehabilitation in the UK, and with it a need for standards to assess potential providers. The NHS generally provides a high standard of rehabilitation, but its resources are limited and it is frequently necessary to look elsewhere, particularly for longer-term health and vocational needs.

Much of the care used to help people who have had a disabling accident or illness comes from the private sector where firms are largely unregulated. It can be extremely difficult for anyone purchasing services to choose the best provider and then to monitor the quality and value for money of the service they receive.

This guide has been commissioned by the Department for Work and Pensions as a "route map" for individuals who need to access quality rehabilitation services. It is intended to be a straightforward guide for anyone who has been injured or who suffers ill-health, and for those acting on their behalf such as family representatives, solicitors etc. The guide covers the full range of conditions from the relatively minor such as whiplash to much more serious and complex cases. It tells you what to look for and the questions to ask along with the answers to expect from a good provider.

For those who would like more detail, the Consumer's Guide can be read alongside

"Rehabilitation Standards: hallmarks of a good provider" which may be found at www.rehabcouncil.org.uk

Finally, people often ask what we mean by 'rehabilitation'. There are many definitions, but we find the two below cover all the main points:

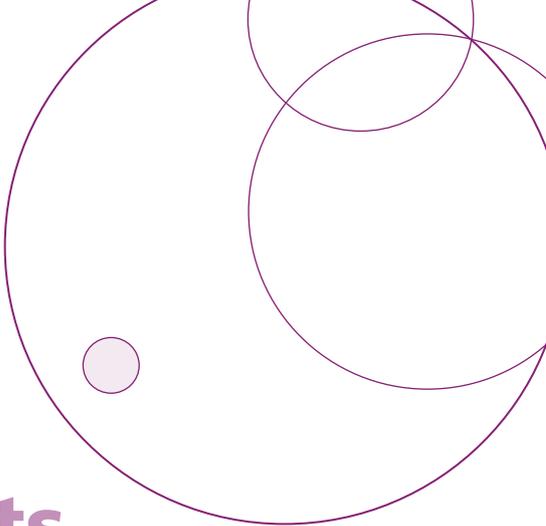
Rehabilitation – "a process of active change by which a disabled person achieves optimal physical, psychological and social function"
(UK Rehabilitation Council)

Vocational Rehabilitation – "whatever helps someone with a health problem to stay at, return to and remain in work"
(Vocational Rehabilitation Task Group)

Regardless of the precise definition you prefer, everyone is agreed on one thing: the best time to implement a rehabilitation programme is at the earliest practical moment. We hope that this guide helps you to achieve the best possible result.



Catherine McLoughlin CBE
Chair, UK Rehabilitation Council



● Acknowledgements

The UK Rehabilitation Council would like to thank all members of the Standards Advisory Group, who have been involved throughout the development process, for their constructive ideas and comments, which have been invaluable drawing together this document.

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The Scottish Centre for Healthy Working Lives jointly funded development of the Standards and we are grateful for their support.

Our sincere thanks also to the Sainsbury Centre for Mental Health for the generous practical support provided to the Council throughout the development process.

The Department for Work and Pensions commissioned the UK Rehabilitation Council to develop Rehabilitation Standards. The UK Rehabilitation Council is solely responsible for the content and views expressed in this document which do not represent the official view of the Department for Work and Pensions.

Section 1:

○ your first step – how to know which type of rehabilitation service to use?



The first question to ask is what sort of help do I need? You may know the answer, but it is not uncommon to need help with deciding exactly what is required.

It could be something quite simple, such as a visit to the physiotherapist. For more complex conditions you may need a range of treatments.

Rather than focus on your type of injury, ill-health or incapacity, it is more important to establish what it is that you need help with. Do you need ongoing health or clinical interventions? Do you need to retrain to find a job because of a permanent impairment? Do you need to learn to cope with the activities of daily living such as bathing, shopping or driving? You may need something completely different. Needs can be quite complex and you may have needs that you or your close ones do not recognise without the help of an expert.

If you are unclear about your needs it is important initially to discuss these with someone you trust such as your GP or your work-place (“occupational”) health team, so that you have the best possible understanding of your situation and of the help available to you. If your case is quite complex a full “rehabilitation needs assessment” may be required. Depending on your circumstances, the following may be good sources of advice:

- your consultant, GP, community health staff or therapy staff
- your social worker
- your Jobcentre Plus advisor or Pathways provider
- your work-place Occupational Health or Employee Assistance team
- if you are a member of a trade union, your trade union representative.

- if you are pursuing a compensation claim, your legal representative or the insurance company dealing with the claim. BICMA (The Bodily Injury Claims Management Association) provide a helpful document “Rehabilitation – A Practitioner’s Guide” – see “sources of useful information” section of this guide at page 21. Further help for legal practitioners is given in the “APIL Best Practice Guide on Rehabilitation” provided by The Association of Personal Injury Lawyers – see “sources of useful information” at page 21.
- if you have private accident, illness or creditor insurance, your insurance company
- regional and national user groups for example MIND, RADAR, Headway, National Centre for Independent Living (NCIL), and the Spinal Injuries Association (SIA) – website information for these organisations is given below
- Citizens Advice Bureau (CAB)
- UK Rehabilitation Council (UKRC).

With a clearer idea of your needs you will be able to take the next step and think about which type of service and which provider you require. Whether you are taking this next step with an advisor or on your own, it is really important that you know that both the type of service and the service-provider is right for you. The aim of this Guide is to help you make an informed choice.

Regional and national user group websites:
(this list is by no means exhaustive)

Headway (The Brain Injury Association)
www.headway.org.uk

National Centre for Independent Living (NCIL)
www.ncil.org.uk

Spinal Injuries Association (SIA)
www.spinal.co.uk

Mind (National Association for Mental Health)
www.mind.org.uk

RADAR (The Disability Network)
www.radar.org.uk

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Section 2:

○ recognising the hallmarks of a good provider

① Clear specific information about “what the service does”

This applies to all published information about the service, whether in brochures, adverts or websites. Ask for a copy of the provider’s “**service definition document**” which should show the following:

● What service(s) the provider offers

At section four of this guide we offer a few examples of how a provider should give clear definitions of services, rather than just vague terms.

● How the service is offered

Available options should be specified, for instance:

- is the service offered face-to-face or by telephone, through a website or by email?
- if the service is face-to-face, are sessions on an individual or group basis?
- is the service residential, offered in the user’s home, at the practitioner’s clinic, or perhaps in the workplace setting?

● Where the service is offered

If you need to see a rehabilitation specialist face-to-face for assessment or to receive help or treatment, either in a clinic or at home or at your work-place, then it is important that the provider operates in your area. Practitioners usually need knowledge of local conditions, services and networks in order to help you. For services that need to be delivered locally, providers should list where their services can be sourced / delivered.

On the other hand, some services, such as psychological help or advice on exercise following a whiplash injury, can be offered over the telephone or by email or through a website.

● Whether you can access the services as an individual, or only by referral from other organisations

It should be clear whether you have direct access to the service or if it is only available to you by referral from another organisation such as, for example, Jobcentre Plus or an Insurer.

② Evidence of “the skills used in delivering the service”

Providers must ensure that their staff have the skills, knowledge, training and experience necessary to deliver the service effectively. If they do not have the appropriate staff in place, they should not offer the service.

You are entitled to a copy of the Provider’s **service competency document**. This will show the qualifications, skills and experience needed for the job and also give details of current staff and their qualifications and experience.

All staff should be trained in the service which they are delivering (or, if still undergoing training, they should be fully supervised at all times). Additionally, some services can only be delivered by practitioners with a qualification – such as clinical and health-related services including for instance physiotherapy.

Staff operating under professional titles, for instance ‘doctor’ or ‘nurse’, should have professional registrations with, for example, the General Medical Council (GMC), Nursing & Midwifery Council (NMC) or Health Professions Council (HPC).

You should also look for memberships of professional associations and societies such as the Chartered Society of Physiotherapists (CSP), the British Association of Occupational Therapists / College of Occupational Therapists (BAOT / COT), the British Association of Supported Employment (BASE), the Vocational Rehabilitation Association (VRA), the Case-Management Society of the UK (CMSUK) or the British Association of Brain Injury



Case-Managers (BABICM) – these organisations promote professional education and knowledge for their members and require them to meet acceptable standards.

Selection of psychological services can be a tricky area. Under current law, anyone can offer psychological, psychotherapy or counselling services irrespective of training or experience. There are proposals to introduce statutory regulation of “registered psychologists” by the HPC during 2009. Further information regarding this can be obtained from the British Psychological Society (BPS).

Currently it is advisable for anyone seeking, for instance, CBT (cognitive behavioural therapy), to look for qualifications such as “Chartered Psychologist” or titles such as clinical psychologist, health psychologist, occupational psychologist, coupled with membership of the British Psychological Society. It is recommended that you use psychotherapists and counsellors who are members of the British Association for Counselling and Psychotherapy (BACP).

3 Clear information about “how the service works in practice”

Providers should give clear outline information about the practical elements of what they do. For instance:

- how they will assess your needs
- what tests might be part of the assessment procedure
- how they will agree a plan with you about your goals and the activities you undertake
- what a likely rehabilitation intervention or programme will look like and the time-scale
- who is likely to be involved in your rehabilitation programme
- what style of report you will receive
- how often you will meet and discuss

- how they will communicate with you and keep you updated with progress
- what costs might arise
- what happens if you are unhappy with some aspect of the service.

4 Assurance that users are safeguarded

It should be clear from the behaviour of providers that they understand their duty to respect and safeguard you and your rights, particularly regarding:

- your personal safety
- your dignity
- your privacy
- your confidentiality.

5 A business structure and processes that fully support the services offered

Providers should be well organised and financially managed so that they can manage your case efficiently. Importantly, the provider must have in place insurances protecting them against their legal liabilities and any consequent loss, injury or damage caused to you as a result.

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Section 3:

○ rights and responsibilities

In this section we outline what you are entitled to receive from your relationship with a rehabilitation provider, and also what would be expected from you as a user of the service.

To get the best from your rehabilitation provider it will help if you know what to expect from them and what they will expect from you.

It is very important to understand that you can never have an absolute guarantee of outcome from a rehabilitation programme. It is more likely to be successful, however, if you have a strong working relationship with your provider based on trust.

Getting the best from the rehabilitation provider: your rights

To be treated as an individual and to be the central focus of your rehabilitation programme. This means that:

- you are entitled, and expected, to actively engage in your rehabilitation assessment, planning and programme
- you have the right to make choices and will be given information about options
- your views will be taken into account
- your right to personal safety, privacy and confidentiality and to be treated with dignity, courtesy and respect will be upheld
- interventions, treatments and procedures will only occur where “informed consent” has been given by you (or validly on your behalf).

Full and clear information about the service, including:

- why you are receiving the service
- the content of the programme and interventions / treatments you will receive

- the expected outcome if the programme is successfully completed
- options available to you
- answers to your questions, delivered in plain English
- regular communications that are easy to read and understand.

N.B. users have a legal right to request access to information held about themselves, including health records, under the Data Protection Act 1998. This act also governs the process restricting the sharing of information about you with others.

A rehabilitation programme that:

- has a clear and agreed plan with defined goals and time-frames
- is “proportionate” in size to your needs and circumstances
- involves all relevant stakeholders (for instance your partner, your employer, your doctor and any other health staff involved in your care, and any parties who might be involved in paying for your rehabilitation such as insurers)
- is delivered by staff who are skilled and experienced.

Getting the most out of your rehabilitation: your responsibilities

Work with your rehabilitation team and take part actively in your rehabilitation programme. Aim to motivate yourself to achieve the planned outcomes and benefits. If you feel you cannot participate or be committed to your programme, let your rehabilitation team know so that they can help you resolve this.

Agree realistic and reasonable goals (and activities to help you achieve the goals). If you do not understand the goal(s) or activity-plans, inform your rehabilitation team and ask for a clearer explanation. If you have reasons for not agreeing any goals or the overall activity-plan, discuss and agree appropriate changes.



Inform the rehabilitation team of everything that is relevant and give honest answers to all questions. Inform your rehabilitation team of any problems that are preventing you from achieving your goals. Explain any worries or concerns that you have.

Follow the activities in your rehabilitation plan so far as you are able – if you cannot follow them, tell the rehabilitation team. You can then discuss the problems and revisit the goals and planned activities together to agree a revised plan.

Keep all appointments made for you. If you cannot do so, let your rehabilitation team know promptly. Where you have been unable to keep an appointment, rearrange it as soon as reasonably possible.

Show respect to the rehabilitation staff caring for you: act courteously to them and respect their dignity and personal safety.



Section 4:

○ rehabilitation services – what you are entitled to know

For reasons of space, the list below is intended to indicate an approach rather than a comprehensive guide. The key point is that whilst the Standards require providers to be clear and specific, you may

still need to look beyond the “labels” to find out exactly what the provider is offering and whether it fits your precise needs.

Examples of Service Descriptions	Guidance on how you should expect to see this defined
'Physiotherapy'	The provider should be specific as to whether they can offer specialist intervention, e.g. for people who have suffered stroke or other neurological conditions or amputation.
'Whiplash Management Programmes'	<p>Whilst the title is generally adequate there should be more specific indication of the elements that the programme contains – for example: telephone assessment, telephone case-management, exercise advice, pain-management advice, face-to-face physiotherapy or other therapy, psychological support such as cognitive behavioural therapy.</p> <p>The service definition should also detail whether the service supports only people with recent injury or extends to those with long-established symptoms.</p>
'Functional Restoration Programmes' and 'Condition Management Programmes'	Providers should indicate exactly what their programmes contain (for instance, physiotherapy and / or other therapies and psychological support and interventions such as cognitive behavioural therapy) and whether they support only people with musculo-skeletal conditions or extend to other specified conditions.
'Immediate Needs Assessments'	This term is usually used in connection with injury compensation claims. It is used to indicate an assessment (either face-to-face or by telephone) with the individual and treating clinical team to establish any ongoing treatment needs, any care needs and any other issues such as inability to work. A report detailing recommendations is made. The Assessment should be carried out in accordance with the 2007 Rehabilitation Code (www.iaa.co.uk/rehabilitation). The Provider should specify how the Assessment will be carried out and what you should expect.
'Vocational Rehabilitation Services'	This is an extremely broad term and can encompass a variety of different services. Generally speaking, the term indicates that the Provider supplies “return to work” or “stay in work” services which may include many different elements, ranging through “vocational (or career) counselling”, “vocational rehabilitation case-management”, “work preparation”, “worksite assessment”, “worksite adaptations”, “job coaching” (on-the-job training in a new role), and “employment support and retention” to name but a few. Providers should clearly define the service(s) offered and provide clear descriptions of exactly what each involves.

Section 5:

- twenty key questions and the type of answer you should expect



Type of service?	
<p>1. What type of service is provided?</p> <p>Firstly, request the provider's 'service definition' and 'service competency' documents.</p> <p>Check that you understand the terms and that they are sufficiently specific (see sections two and four of this guide for more information about this).</p>	<p>The Provider should readily provide these two documents as required by the Standards for Rehabilitation Providers.</p> <p>There should be enough information to give you a clear idea about exactly what services are delivered, and by whom, so that you can be confident that the service is delivered by trained, experienced and appropriately qualified staff.</p>
<p>2. Do the provider's staff have the right skills for treating my condition?</p> <p>Rehabilitation should first and foremost be 'needs-focused' and centre on you as an individual and your needs, rather than be focused simply on any medical condition or be too 'programme-focused'. However, if you are aware that you require more than the services of a good 'all-round' generalist service, you need to ask if the provider can meet your specific needs.</p> <p>Define your condition to them (with the help of your health team if possible) and ask if the service matches your particular needs.</p> <p>N.B. it is very important that children should receive services from providers with specific paediatric experience.</p>	<p>Some providers define their services in clear 'condition-specific' terms. For instance they deal with musculo-skeletal problems (e.g. back-pain or whiplash injuries); or with psychological or mental health conditions (e.g. anxiety or depression); or with acquired brain injury; or serious spinal injury, to give a few examples.</p> <p>Clear, specific answers can give you confidence that this is the right provider for you. You must be careful, however, that the service description is backed up with evidence of skills to support your particular conditions and needs.</p> <p>Be wary if the answer and information are not clear or you do not receive an immediate response.</p>
<p>3. How is the service offered? For instance, is it face-to-face or by telephone?</p> <p>Establish what the provider offers and that this meets your need. Check that the way the service is offered is the right way for you.</p>	<p>There are a variety of delivery method options (e.g. face-to-face individually or in group sessions, by telephone contact, or by email or web interaction).</p> <p>The service may be offered on a residential basis, on a domiciliary basis (at your home), at a clinic or at your workplace.</p>

<p>4. Does the provider's service cover your area? ('your area' could be the area where you live or where you work, depending on the service you are seeking to access).</p> <p>If, for instance, liaison with social services is needed or networking in your local job-market or providing a treatment such as physiotherapy is part of the service, the provider should be able to demonstrate that they understand the local conditions and can access local services and networks in an appropriate and timely way.</p>	<p>The Provider should state where they have capacity to operate, for example 'Hampshire / Dorset / Isle of Wight' or 'London Postcodes SE-SW' or 'Nationwide'.</p> <p>The provider should indicate clearly, with evidence, whether or not they have the ability to service your particular area.</p>
<p>Do the staff have appropriate skills, training and experience?</p>	
<p>5. How does the provider ensure that staff have the necessary qualifications and skills to deliver this service?</p> <ul style="list-style-type: none"> ● What are the qualifications and skills needed by staff to deliver this service? <p><i>and</i></p> <ul style="list-style-type: none"> ● How does the provider ensure that these knowledge and skills are up-to-date? <p>Staff should</p> <ul style="list-style-type: none"> ● 'know what they are doing' and why they do it ● be good communicators ● be able to effectively engage everyone that needs to be involved in your rehabilitation plan (including, for instance, NHS and Social Services, training organisations and potential employers) ● be able to recognise potential problems and resolve these. <p>N.B. Staff who will work with children or vulnerable adults must have CRB (Criminal Records Bureau) and POVA (Protection of Vulnerable Adults scheme) clearance.</p>	<p>The provider should have the right mix of staff to deliver the service. This will be demonstrated by the provider's "service competency document".</p> <p>Staff should receive ongoing training to keep their skills up to date.</p> <p>The provider has to ensure that staff are up-to-date about the 'best practice' evidence which backs up what they do and why, and understand the legal issues and policies which apply to the type of service.</p> <p>The provider should encourage membership of associations and societies which will promote professional development.</p> <p>Staff should operate only within their areas of competency, and trainees should be fully supervised.</p>
<p>How is the Service Delivered?</p>	
<p>6. Who will be your main point of contact?</p> <p>It may be that other individuals will be involved in your rehabilitation programme but there should be one 'key-worker' / lead contact for you.</p>	<p>You should expect to have one key-worker assigned to you to ensure you get appropriate treatment in a timely manner. This is important so that you can develop a trusting partnership relationship with them where they have full understanding and insight into your needs.</p>

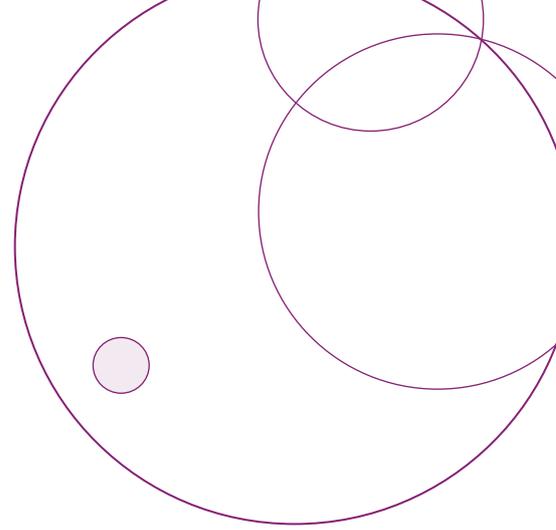
<p>7. What qualifications, skills and experience does this person have?</p> <ul style="list-style-type: none"> ● How many years have they practised in this particular field? <p><i>and</i></p> <ul style="list-style-type: none"> ● What professional associations do they belong to? 	<p>Qualifications, skills, training and experience should be evidenced by the provider's service competency document, and by the individual's professional CV which should be provided to you if you wish to see it.</p> <p><i>Example Answer</i></p> <p>For Injury Rehabilitation Case-Management the case-manager would normally be expected to:</p> <ul style="list-style-type: none"> ● have an underlying clinical or health-related qualification and background (eg Nurse, Occupational Therapist) ● have received training as a case-manager ● be familiar with the compensation process ● have proven experience in successfully case-managing clients ● be a member of CMSUK and / or BABICM and possibly VRA.
<p>8. What are the key elements of this service? What will happen in practical terms?</p>	<p>The provider should be able to provide a "Working Practices Document" giving:</p> <ul style="list-style-type: none"> ● a break-down of all the elements of the service ● expected delivery times ● prices and payment terms and whether VAT applies (VAT is not applicable to all services).
<p>9. What treatments and interventions are used in the service?</p>	<p>The service definition document should clearly outline these.</p>
<p>10. Is there good evidence for these treatments / interventions / approaches?</p> <ul style="list-style-type: none"> ● How do you know that the provider is doing the right thing? <p>Some types of rehabilitation have quite a lot of information to support using a particular type of treatment or approach but in other areas there is not yet an established body of evidence.</p> <p>The evidence-base for conditions like back-pain supports exercise and physical therapies for short-term conditions (and programmes which additionally help users adopt 'cognitive behavioural' approaches for chronic conditions). Similarly, the evidence is that psychological interventions based on 'cognitive behavioural' principles can assist in managing anxiety and depression. Importantly, for both back-pain and similar musculo-skeletal conditions and mental health conditions, the evidence is that better outcomes are achieved where the rehabilitation is 'return-to-work' focused and is not purely "health" focused.</p>	<p>The provider should be able to explain to you why they use a particular intervention, treatment or approach.</p> <p>The provider should be able to refer you to the evidence or rationale that supports their approach. The provider should also be able to explain why in their professional judgement they are recommending a particular approach.</p> <p>For those for whom a return to work is possible, look for a provider who discusses not only the interventions available but who is also highly-focused on getting you back to work.</p>

<p>11. What evidence does the provider have that their particular service, programme or intervention works?</p> <p>Unless your condition is such that a return to work is unlikely, you should be looking for a success / failure ratio which measures the number of cases where people have successfully returned to work. Can the provider tell how many people have managed to stay in their new jobs six or twelve months later?</p> <p>Establish what a provider regards as a successful outcome – does this match your need?</p> <p>Ask for details of average cost and duration of programmes – this will help you to understand how efficient the provider is (and also provide a guideline for likely cost and length of programme).</p> <p>Ask for details of customer feedback / customer satisfaction surveys, and also for references and testimonials.</p>	<p>The provider should have records which show the total number of cases they have managed, and how many of these were successful (for instance, where the person returned to work).</p> <p>Many providers now keep records monitoring whether people maintain their outcomes after the rehabilitation programme has finished.</p> <p>The provider should also have records which show how many people ‘drop out’ and do not complete the rehabilitation programme, and why not. If there is a high ‘drop-out’ rate it could raise concerns about how good the provider is at managing the rehabilitation programmes.</p> <p>It is important to establish that the provider has an established ‘track record’ of success.</p>
<p>12. How will you be kept informed while you are receiving the service?</p>	<p>The provider should have key communication points (these will vary by service but typically should include:</p> <ul style="list-style-type: none"> ● acknowledgement of referral ● client care letter ● assessment report ● plan of key goal(s) and outcomes ● map of planned interventions and any potential cost ● monitoring / assessment reviews ● outcome and case-closure reports ● an agreed regular updating service, for example a monthly update.
<p>Safeguarding your rights</p>	
<p>13. How do you know that this service is safe for you?</p> <p>The provider has a duty to you to ensure your safety, dignity and rights.</p> <p>You have a right to confidentiality and privacy.</p>	<p>The provider should be able to demonstrate their policies and procedures to safeguard your rights to personal safety.</p> <p>For instance, there should be well-documented procedures for staff about how to obtain “informed consent” from you for any test or intervention.</p> <p>The provider should also be fully familiar with equality, discrimination and Health & Safety legislation.</p> <p>The provider should have robust processes to comply with Data Protection and Health Records processes, and additionally reliable Information Security systems.</p>

Good business practice	
<p>14. How can the provider show that their business is “in good order”? Is the business robust and viable?</p>	<p>The provider should demonstrate an appropriate management structure for the business relative to the size of the business.</p> <p>There should be strong financial management with annual accounts as a bare minimum but much more is expected of a larger business.</p> <p>There should be quality assurance procedures which check that the service delivers what it promises.</p>
<p>15. Does the practitioner assigned to you have the capacity to take your case and manage it properly? How does the actual number of cases a practitioner manages compare with the recommended number?</p>	<p>The provider should be able to advise how many cases a practitioner has at any one time.</p>
<p>16. If something is not going to your satisfaction, how do you get it put right?</p>	<p>The provider should be able to show a complaints procedure that sets out response times and ensures prompt investigation and resolution.</p>
<p>17. What happens if something goes wrong and you are injured or sustain loss?</p>	<p>Providers should be insured against any legal liability they may incur.</p> <p>The provider should be able to show their certificates of professional indemnity and liability insurances.</p> <p>They should be insured for at least £5m in each respect.</p>
<p>18. How do you know that your programme is progressing satisfactorily? At the outset, the provider will have given you a plan with target dates for completing planned activities and achieving defined goals. You should be meeting regularly with the provider (perhaps weekly, fortnightly or monthly, depending on circumstances) – during these meetings you will monitor together whether you are completing your activities, keeping to plan and meeting the targets. You should also be reviewing any issues that arise and agreeing any changes to the planned activities and goals. Meetings may be face-to-face or by telephone and should be backed up by a brief written communication confirming progress and any changes to the plan.</p>	<p>Firstly, you should feel that you are achieving progress. You may feel frustration at slow progress or setbacks at times, but overall you should feel that change is occurring and that you are moving forwards. You should be meeting the milestones and target goals.</p> <p>You should also be feeling satisfied that the rehabilitation you are receiving is ‘in proportion’ to your need and not too little or too much.</p> <p>Where there is cost to you, you should feel that this is fair and reasonable.</p>

<p>19. How do you know if success has been achieved?</p> <p>You should be able to recognise if success has been achieved. If you are not confident or comfortable that you have reached your goals, discuss this fully with your provider and with your health team and any advisor who is assisting you.</p>	<p>At the end of the programme, you should feel that the agreed goals have been met.</p> <p>For many this will be improved function and the ability to work; alternatively it may be an improved ability to take part in normal daily living activities. You will have achieved success if you have achieved the goals outlined in your rehabilitation programme.</p>
<p>20. What happens after completion of your rehabilitation? Will there be any ongoing contact with the provider?</p> <p>If, after the completion of your case, you feel you still need some help or have further questions, go back to your provider first – the provider will advise if they can help further or what your next steps should be. Also discuss with your health team and any advisor.</p>	<p>Some programmes give ongoing ‘open-door support’ whilst others will have a clear cut-off point once the programme has finished. This will depend upon the type of programme and provider. Your provider will make it clear what applies in your case.</p>

○ Definitions



Rehabilitation

‘A process of active change by which a disabled person achieves optimal physical, psychological and social function’

(UK Rehabilitation Council)

Vocational rehabilitation

‘Whatever helps someone with a health problem to stay at, return to and remain in work’

(Vocational Rehabilitation Task Group)

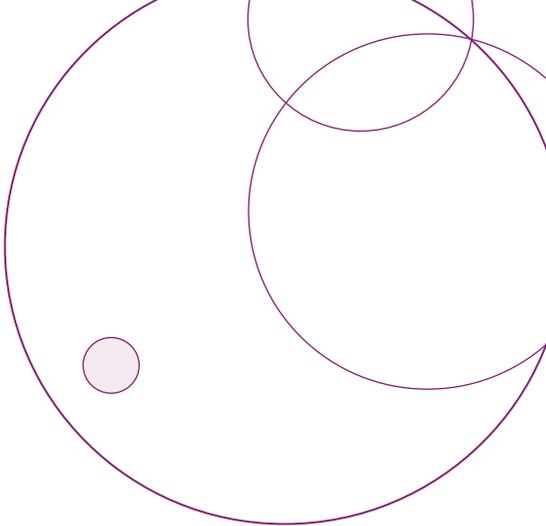
User

This term includes both the consumer (“end user”) of services and the purchaser where different. An individual may both consume and purchase services, or may have services purchased on his/her behalf by another party – usually an employer, insurer or commissioning body such as DWP. For the purposes of this document and the companion guides, the term “user” means both consumer and purchaser and should be taken to mean both/either. Where a Standard or guidance note relates only to a purchaser and not to a consumer, this is made clear by use of the term “purchaser-user”.

Glossary of abbreviations

This section lists the abbreviations used for organisations referenced within the Standards and companion user guides, and provides details of each organisation's website where more information can be found.

BABICM	British Association of Brain Injury Case Managers www.babicm.org
BACP	The British Association for Counselling and Psychotherapy www.bacp.co.uk
BAOT/COT	British Association/College of Occupational Therapists www.cot.co.uk
BASE	British Association for Supported Employment www.base-uk.org
BPS	The British Psychological Society www.bps.org.uk
CAB	Citizens Advice Bureau www.citizensadvice.org.uk
CMSUK	Case Management Society UK www.cmsuk.org
CRB	Criminal Records Bureau www.crb.gov.uk
CSP	The Chartered Society of Physiotherapy www.csp.org.uk
DWP	Department for Work and Pensions www.dwp.gov.uk
GMC	General Medical Council www.gmc-uk.org
HPC	Health Professions Council www.hpc-uk.org
NMC	Nursing & Midwifery Council www.nmc-uk.org
POVA	Protection of Vulnerable Adults scheme www.dh.gov.uk/en/socialcare/deliveringadultsocialcare/vulnerableadults/index.htm
UKPHR	UK Public Health Register www.publichealthregister.org.uk
UKRC	UK Rehabilitation Council www.rehabcouncil.org.uk
VRA	Vocational Rehabilitation Association www.vocationalrehabilitationassociation.org.uk



● Sources of useful information

The list below is by no means exhaustive but indicates where more information may be found about the legislative, regulatory or governance matters referenced within the Standards and companion user guides.

“Rehabilitation Standards – hallmarks of a good provider”, UK Rehabilitation Council
www.rehabcouncil.org.uk

“Selecting rehabilitation services – a purchaser’s guide to the standards expected of a rehabilitation provider”, UK Rehabilitation Council
www.rehabcouncil.org.uk

“Clinical Governance”, Department of Health
<http://www.dh.gov.uk/en/Publichealth/Patientsafety/Clinicalgovernance/index.htm>

“Rehabilitation: A Practitioner’s Guide”, Bodily Injury Claims Management Association (BICMA)
www.bicma.org.uk

“Think Rehab: Best Practice Guide on Rehabilitation”, Association of Personal Injury Lawyers (APIL)
www.apil.org.uk/campaigns.aspx

“Managing sickness absence & return to work”, Health and Safety Executive (HSE)
www.hse.gov.uk/sicknessabsence

“The Rehabilitation Code”, Rehabilitation Working Party
www.iua.co.uk/rehabilitation

“Guide to Best Practice at the Interface between Rehabilitation and the Medico Legal Process”, British Society of Rehabilitation Medicine (BSRM)
www.bsrn.co.uk/Publications/Publications.htm

“Good Practice in Consent”, Department of Health
www.dh.gov.uk/en/Publichealth/Scientificdevelopmentgeneticsandbioethics/Consent/index.htm

“Patient Confidentiality and Access to Health Records”, Department of Health
<http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Patientconfidentialityandcaldicottguardians/index.htm>

Data Protection Act, Information Commissioner’s Office
www.ico.gov.uk

Choosing a rehabilitation provider:

a consumer’s guide to the standards expected of a rehabilitation provider

Members of the standards advisory group

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Mike Clarke	Remploy
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THEIR AFFILIATION

SHU Sheffield Hallam University
IUA International Underwriting Association (Vice Chair)
FSB Federation of Small Businesses
BSRM British Society of Rehabilitation Medicine
SCMH Sainsbury Centre for Mental Health
CSP Chartered Society of Physiotherapy
SCHWL Scottish Centre for Healthy Working Lives
HCML Health and Case Management Limited
Unite Unite the Union
EEF The Manufacturers' Organisation
VRA Vocational Rehabilitation Association
COT College of Occupational Therapists
APIL Association of Personal Injury Lawyers
ABI Association of British Insurers



United Kingdom Rehabilitation Council

UK Rehabilitation Council

c/o

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Paper copies are available (at a small charge for postage and packing) by ordering through our website www.rehabcouncil.org.uk or email info@rehabcouncil.org.uk

The UK Rehabilitation Council would welcome comments on this and companion documents.

Comments can be made through our website: www.rehabcouncil.org.uk or addressed to the Council.