Intermediate care - including reablement

Consultation on draft scope stakeholder comments table

08/05/15 to 05/06/15

Stakeholder	Comment no.	Page no.	Line no.	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
Alzheimer's Society	1	General	General	Alzheimer's Society welcomes the draft scope and feels it is inclusive and considerate of people with dementia. On occasion people with dementia are not allowed onto short term intervention programmes such as reablement. This may deny them the opportunity to develop skills to help them maintain their independence. The final guidelines should recognise that although not everybody with dementia would benefit from reablement or intermediate care those involved in making this decision should be familiar with dementia e.g. an old age psychiatrist or specialist dementia worker and should involve the persons carer or somebody that knows them very well Their decision should be communicated sensitively to the person with dementia and their carer. If it is felt the person would benefit the workers delivering the care programme must be trained in dementia and ensure that the person and their carer are involved in discussions about the care from the outset. They should be encouraged to set realistic targets and goals for the intervention. In addition, people with dementia are more likely to be discharged into a care home setting after spending a disproportionately long time in hospital. Alzheimer's Society recognises that this is unfair	Thank you for your comment. We agree that people with dementia are often excluded from reablement services, which means they may miss the opportunity to experience improvements in their independence. This is one of the reasons we have drafted a review question specifically to identify evidence on the effectiveness and cost effectiveness of reablement for people living with dementia. We agree that training is fundamental in responding to the needs of people living with dementia. We have drafted a review question specifically to identify evidence about the effectiveness of training.

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				and services within hospitals, such as intermediate care, must work to avoid this.	
Alzheimer's Society	2	General	General	The guidelines do not include a time limit for short term interventions and this is welcomed. Care programmes should be based on the individual's outcomes and progress as opposed to a prescriptive period of time e.g. 6 or 8 weeks.	Thank you for your comment. We agree that reablement and intermediate care should be tailored to the needs of the individual. Nevertheless the evidence on effectiveness and cost-effectiveness may lead the GC to make recommendations about the duration of the interventions.
Alzheimer's Society	3	3	4	Alzheimer's Society welcomes the inclusion of the statement '(care) which is person centred and identifies needs, aspirations and social context' as this is of particular importance to people with dementia who benefit from a tailored and holistic package of care which includes health and social care services as well as involvement in their local community.	Thank you for your support.
Alzheimer's Society	4	5	16 -18	We would encourage NICE to use review question five on the effectiveness of short term interventions for people with dementia as we recognise there is a shortage of evidence to support the idea that reablement can help people with dementia maintain their independence and a good quality of life.	Thank you for your comment. Scoping work demonstrated that people with dementia can be doubly marginalised as they are often unable to access reablement and intermediate care services and are usually excluded on research regarding these interventions. Question five was intended to address this.
Alzheimer's Society	5	9	3 -6	It is worth noting that in the case of people with dementia, admission to hospital and delays in discharge can lead to them being discharged to a care home as their condition may have considerably worsened during the hospital stay. In 2009 Alzheimer's Society found that the majority of people with dementia leave hospital worse than when they arrive and a third enter a care home, unable to return home. Greater integration and co-ordination between multidisciplinary services, both	Thank you for your comment. We recognise the importance of integrated care and multidisciplinary support and have included these principles in the list of key areas that will be covered by the guideline. Delayed transfers of care will not be specially addressed in this guideline because it is covered by another NICE social care guideline, 'Transitions between in patient hospital settings and community or care home settings', which is currently in development and scheduled to publish

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				in the hospital and the community, is needed. This is especially beneficial for people with dementia whose needs require the support of both health and social care providers.	in November 2015.
Alzheimer's Society	6	10	25 -32	The acknowledgement that people with dementia are sometimes not accepted onto reablement programmes is welcomed as Alzheimer's Society is aware this can be an issue. In the final guidelines it would be useful to emphasise that specific reablement programmes for people with dementia must be offered if it is felt the person with dementia would benefit from it. The decision to offer reablement must be made by people familiar with dementia e.g. old age psychiatrists or specialist dementia workers with consultation with the person with dementia and any informal carers. The care programmes must be facilitated by people with specific dementia training and have a focus on the person's aspirations and goals. This will enable the person with dementia to get the most out of the intervention.	Thank you for your comment. We are aware that people living with dementia are often excluded from reablement services on the assumption that they will not benefit. We will search for evidence about the effectiveness and cost effectiveness of reablement and intermediate care for people living dementia. The Guideline Committee will develop recommendations on the basis of available research, combined with their own expertise. Thank you, we agree that training is crucial and will be searching for evidence about the most appropriate training for reablement and intermediate care practitioners.
Alzheimer's Society	7	11	8 -11	It would be useful for the final guidelines to address the current issues with intermediate care, such as the lack of information provided. People with dementia and their carer must be given appropriate and accurate information about local services, including social groups and care services. By ensuring people with dementia and their carers are fully informed they are able to take advantage of services which will help them to remain at home and part of their community for as long as possible.	Thank you for your suggestion. We anticipate that the provision of information around reablement and intermediate care will be important issues for the Guideline Committee to address.

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				Alzheimer's Society recommends that information is provided to both the person with dementia and their carer at the earliest opportunity so that they are able to plan ahead and are fully aware of what is available.	
British Association of Prosthetists and Orthotists	1	5	23	Section 1.6 (Outcome measures) BAPO suggests that the outcome measures proposed are currently insufficient to representing services that are involved in the physical rehabilitation of an individual. As described in Pg.10 of the scope document, 'Reablement aims to help people remain independent by supporting them to learn or relearn skills for daily living that may have been lost through illness, disability or an accident'. BAPO suggests that it would be appropriate for the guidance to also consider outcome measures that reflect changes to a person's mobility/disability/pain. Inclusion of these outcome measures would allow BAPO to demonstrate that the orthotist has a valuable role in ensuring that service users achieve - 'competence and confidence in mobility and physical strength, including the use of equipment and assistive technology' – a key area to be considered by the document as described on Pg.3 section 1.3. These outcome measures may also be of use other health professionals involved in physical rehabilitation such as the physiotherapist or occupational therapist.	Thank you for your comment. Section 1.6 is intended to provide an overview of the main types of outcome measures which are likely to be used in the research evidence. Whilst we agree that physical outcome measures are likely to be important this list is not intended to be exhaustive, and as such the relevance of physical outcomes is implied through outcomes such as control over daily life and health and social care related quality of life.
British Specialist	1	3	14 -17	We suggest expanding this point accordingly to consider the Department of Health's Care and	Thank you for your suggestion. The wording in this section has been changed and no longer lists

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Nutrition Association				Support Statutory Guidance Issued under the Care Act 2014, whereby 6.133 (2)(b)(iv) under the Carers' eligibility decision process states "managing and maintaining nutrition".	'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes managing and maintaining nutrition.
British Specialist Nutrition Association	2	3	14 -17	We propose the guidance should include that a person should be screened for malnutrition risk using a validated nutritional screening tool such as the Malnutrition Universal Screening Tool (MUST) as referenced in NICE Clinical Guideline (CG) 32. The result of which should be used to develop an individualised nutrition care plan within their overall regaining independence care plan and goals encouraging self-management and care.	Thank you for your suggestion. The list under 'interventions and elements of care packages' is intended to provide examples of how people may be supported to regain independence, rather than tools for measuring progress in those areas. The guideline will include recommendations about specific tools if the evidence supports this. We may also cross refer to existing NICE guidance.
British Specialist Nutrition Association	3	3	14 -17	The cost benefits of a person having a nutritious diet are highlighted in NICE Quality Standard (QS) 24, Nutrition Support in Adults whereby the cost saving guidance states 'Costs arising from this guideline included improving systematic screening, assessment and treatment of malnourished patients. If this was fully implemented and resulted in better nourished patients then this would lead to reduced complications such as secondary chest infections, pressure ulcers, wound abscesses and cardiac failure. Conservative estimates of reduced admissions and reduced length of stay for admitted patients, reduced demand for GP and outpatient appointments indicate significant	Thank you for this information, We recognise that ensuring a nutritious diet has positive effects, including cost savings. The Guideline Committee will consider this kind of evidence as it applies to intermediate care and reablement.

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				savings are possible.' This could be equivalent to £71,800 per £100,000.[1]	
British Specialist Nutrition Association	4	3	14 -17	Any guidance on ensuring all persons have a nutritious diet should focus on managing malnourished patients or patients at risk of malnutrition. Guidance should reflect current evidence and should provide clear and practical advice about how and when to use different forms of nutritional intervention. Malnutrition can have significant consequences including a particularly high adverse impact in the older person[2] impairing independence.[3] Malnutrition is also associated with poorer quality of life and increased mortality.[4] Malnourished hospital patients experience significantly higher complication rates than well-nourished patients; for example, the risk of infection is more than three times greater in hospitalised malnourished patients.[5;6] The average length of hospital stay may also be increased by 30% in and in the community malnourished patients visit family doctors more often and have more frequent	Thank you for your comment and for the information provided. The Guideline Committee will develop recommendations on the basis of research evidence, combined with their own expertise and they may decide to link recommendations to existing NICE guidance. Our search strategies will be designed to identify available evidence in the area of nutrition maintenance and its contribution to improving independence.

[1] http://www.nice.org.uk/proxy/?sourceurl=http://www.nice.org.uk/usingguidance/benefitsofimplementation/costsavingguidance.jsp
[2] Stratton RJ, King CL, Stroud MA, Jackson AA, Elia M. Malnutrition Universal Screening Tool predicts Mortality and length of hospital stay in acutely ill elderly. *Br J Nutr* 2006; 95(2):325-330
[3] Elia M, Russell C. Combating Malnutrition: Recommendations for action. Report from the Advisory Group on Malnutrition, Led by BAPEN. 2009. Redditch, BAPEN. Ref Type: Report
[4] Stratton RJ, Green CJ, Elia M. Disease related malnutrition: an evidence based approach to treatment. Wallingford: CABI Publishing; 2003.
[5] Sorensen J, Kondrup J, Prokopowicz J, Schiesser M, Krahenbuhl L, Meier R et al. EuroOOPS: an international, multicentre study to implement nutritional risk screening and evaluate clinical outcome. *Clin Nutr* 2008; 27(3):340-349
[6] Schneider SM, Veyres P, Pivot X, Soummer AM, Jambou P, Filippi J et al. Malnutrition is an independent factor associated with nosocomial infections. *Br J Nutr* 2004; 92(1):105-111.

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				hospital admissions than well-nourished patients.[7;8]	
British Specialist Nutrition Association	5	6	16 -24	We consider NICE CG32 (2006) Nutrition Support in Adults: Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition and the associated NICE QS24, Nutrition Support in Adults, to be relevant to this section and should also be included in the list of NICE guidance about the experience of people using services.	Thank you for your comment. Whilst we recognise the importance of nutrition, the scoping group agreed that CG32 and QS24 were not directly relevant to this guideline, particularly given the fact that CG32 focuses on clinical practice.
Care and Repair England	1	General	General	Care and Repair England strongly believes that any short term interventions for regaining independence must consider people's housing circumstances and the interface between their housing, health and care needs. Much of the interventions covered in this guideline scope will occur in people's homes and unless the home environment is also assessed and made suitable independence cannot be regained or maintained. For three decades we have undertaken pilot projects aimed at brokering links between housing, health and social care in order to enable independent living for older people. Housing is a fundamental ingredient to regaining independence.	Thank you for your comment and for all the information you have provided. We agree people's housing circumstances can have an effect on their independence and health and social care related quality of life. Reflecting this, we have now made specific reference to housing practitioners as an audience for the guideline.

[7] Elia M, Stratton RJ, Russell C, Green CJ, Pang F. The cost of disease-related malnutrition in the UK and economic considerations for the use of oral nutritional supplements (ONS) in adults. 2005. Redditch, BAPEN.
Ref Type: Report
[8] Guest JF, Panca M, Baeyens JP, De MF, Ljungqvist O, Pichard C et al. Health economic impact of managing patients following a community-based diagnosis of malnutrition in the UK. Clin Nutr 2011; 30(4):422-429

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				NICE guidance needs to both include housing interventions for reablement and engage housing providers and policy makers who can play an important role in supporting older people to live independently. Unsuitable home conditions can directly cause health problems. People living in unsafe, damp and cold homes will not be able to retain or gain independence without the necessary support to make their homes more comfortable and suitable. People living in inaccessible homes will not be independent until their homes are adapted and made accessible supporting them to manage any long term conditions and make choices about how to live life. In order to demonstrate the role of housing in meeting health and care needs to support independent living – and in the process leading to saving to health and care expenditure - we have included some examples of the impact of housing related interventions in supporting independent living. • One in three people over 65 and one in two of those over 80 years will suffer a fall each year – *Falls and fractures: effective interventions in health and social care Department of Health (2009).* Multifactorial intervention which addresses muscle tone (exercise), reviews medication and modifies the home (adaptations and hazard removal) is the most effective way to reduce falls risk. Falls and	Thank you for these suggestions. Our search strategies will be designed to identify evidence about the role of housing in supporting intermediate care and reablement.

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				accidents can be significantly reduced by simple adaptations such as handrails. Rapid low cost adaptations to homes, which can be delivered by handypersons services, make savings of £1.70 for every £1 (savings to health, social care and police) - *Housing prevention and early intervention at work: a summary of the evidence base Housing LIN (2011)* • In 2010, at least 4 million households had someone with mobility problems. Four key features can maximise people's independence and mobility (level access and flush thresholds; sufficient door width; circulation space; toilet on ground / entry floor) but only 1 million homes have these (5%) and 6 million (26%) have none.- *English Housing Survey DGLG (2010)* • Cold homes have serious impact on health. The Marmot Review team report - *The Marmot Review Team. The health impacts of Cold Homes and Fuel Poverty. Friends of the Earth (2011)* concluded that there is strong relationship between cold temperatures and cardio vascular and respiratory diseases. • There is a causal link between housing and the main long term conditions (e.g. heart disease, stroke, respiratory, arthritis) whilst risk of falls as identified above, a major cause of injury and hospital admission amongst older people, is significantly affected by housing characteristics and the wider built environment.	

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				• Poor housing is estimated to cost the NHS at least £1.4bn per year - BRE briefing paper - The cost of poor housing to the NHS 2015 • Unsuitable home conditions can directly cause health problems, and hence hospital admissions. If individuals are discharged to unsafe, cold, unsuitable homes they are more likely to return to hospital. It is generally better for older peoples' health and independence if they are discharged as soon as they no longer need hospital level medical care hence addressing housing shortcomings is a key element in effective hospital discharge as well as an important factor in enabling and regaining independence. Having a good, decent, warm home is a key ingredient to independent living. In providing short term interventions for regaining independence the assessment of housing factors such as adapting, repairing and improving people's housing must be an integral part.	
Care and Repair England	2	1	8 -9	It would be helpful to define short term, reablement and intermediate care	Thank you for your comment. Yours and other stakeholder comments made it clear that 'short term interventions' is a potentially confusing and therefore unhelpful phrase. We have therefore removed all reference to it from the final scope. The focus of the scope is now clearly on intermediate care and reablement, as defined by the National Audit of Intermediate Care. This is clarified in the final scope.
Care and Repair	3	1	14	Change to **health, social care and housing practitioners**	Thank for your suggestion. The scoping group does not feel that housing practitioners constitute

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England					the main audience for the guideline. However, we do believe the guideline will be relevant to housing practitioners and this is now reflected in the final scope.
Care and Repair England	4	1	20	Change to **health, social care and housing practitioners**	Thank for your suggestion. We have added housing practitioners here.
Care and Repair England	5	2	18	Change to **specialist housing such as sheltered, warden supported or extra care housing**	Thank you for your suggestion. We have amended the text as suggested.
Care and Repair England	6	3	18 -21	Change to Support the person regain competence and confidence in mobility and physical strength **around the home and neighbourhood including the provision of any repairs and adaptations,** use of equipment and assistive technology... Add - **Offering advice during this period through the input of an occupational therapist on how the home might be adapted and specialist equipment made available.**	Thank you for your comment. We recognise that repairs and adaptations are an important issue, however the scoping group agreed that this suggestion is adequately covered by our list of example key areas.
Care and Repair England	7	3	22 -25	Change to Working with the person to ensure the home is clean, comfortable and safe, **in good repair, with any hazards dealt with and any adaptations to the home put in place** through... Add – **This would benefit from advice from an occupational therapist and from the local Home Improvement Agency or Housing Options Service where available**	Thank you for your comment. We recognise that dealing with hazards is an important issue, however the scoping group agreed that this suggestion is adequately covered by our list of example key areas.
Care and Repair England	8	3	26 -28	Add...whether through employment or social contacts (for example befriending or employment schemes, **access to (including transport) to local activities and services and opportunities to engage with local leisure options)** We feel this is less patronising than just focusing on	Thank you for your comment. Whilst we recognise the role which participation in local activities and leisure can play in reablement this list is not intended to be exhaustive and the scoping group agreed that this addition was unnecessary.

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				befriending and employment schemes.	
Care and Repair England	9	3	32	Suggest a new section – **Enabling people to get out and about, where appropriate to socialize and engage, maximising their mobility including transport**	Thank you for your comment. We agree that supporting people to get out and about is an important part of improving independence. However please note that the 'key areas' section of the scope has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes working with people to enable them to socialise.
Care and Repair England	10	4	2	Add information, **advice**, training and support	Thank you for your suggestion. We have amended the text as suggested.
Care and Repair England	11	4	5 -6	Clarify what is meant by cross sector services in the care pathway – this seems quite 'jargonistic' and unclear	Thank you for your comment. We have removed reference to 'cross sector' and now simply refer to intermediate care and reablement working with other services in the care pathway.
Care and Repair England	12	6	5	Add a further outcome **– impact on and positive feedback from informal carers**	Thank you for your suggestion. We have already included an outcome on carer satisfaction. However we agree that the impact on the impact on the carer was not adequately reflected in the draft scope. The final scope now includes carer quality of life under person-focused outcomes.
Care and Repair England	13	6	3	Add health, social care **and housing** related quality of life	Thank you for your suggestion. We believe that housing related quality of life is encompassed by the Adult Social Care Outcomes Toolkit, a measure of social care related quality of life, which comprises eight domains including social participation (whether a person feels isolated), safety (whether a person feels safe) and accommodation cleanliness and comfort.
Care and Repair	14	6	7	Add use of health, social care **and housing** services...	Thank you for your comment. Section 1.6 is intended to provide an overview of the main types

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England					of outcome measures which are likely to be used in the research evidence. Use of health and social care seem the most appropriate measures of service use in this context. If 'use of housing services' is identified in the literature as an outcome measure for intermediate care and reablement, then it will be reported.
College of Occupational Therapists	1	General	General	The College of Occupational Therapists welcomes the development of the NICE guideline on short-term interventions for regaining independence. Reablement is a key area for occupational therapists; their core skills are fundamental to delivering preventative services and are underpinned by an evidence base that demonstrates clear cost benefits and successful patient reported outcomes. The Colleges looks forward to contributing to the development and supporting the implementation of this important and essential guidance.	Thank you for your support for this guideline. We agree that occupational therapists make a key contribution to intermediate care and reablement services and we anticipate that this will be reflected in the guideline.
College of Occupational Therapists	2	3	1	Under *Activities, services or aspects of care* - Key areas covered should include the role of adaptations and environmental modification. An adaptive approach may be applicable to support independence in order to compensate for a lack of function. For example: Compensatory methods can be generalised to daily activities, even with people with memory-impairment. Reference: Nadar MS. Mc Dowd J (2010) Comparison of remedial and compensatory approaches in memory dysfunction: A comprehensive literature review. *Occupational Therapy in Health Care; 24(3):* 274-89.	Thank you for your suggestion. We recognise the important contribution that adaptations and environmental modifications make to promoting independence. The wording in this section has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes supporting people through adaptations and environmental modification.

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				This approach may be considered when a person is willing to consider alternative methods of functioning or requires a rapid improvement in a specific task. Compensatory strategies, although they may improve functioning of the task, do not necessary improve the impairment. The criticism is that services can be overly reliant on this approach due to time restraints and pressure of case load rather than focusing on addressing the cause of the functional impairment.	
College of Occupational Therapists	3	General	General	A number of comments from BAOT members feeding into this response, sought clarification of the term 'Regaining Independence' and whether the guideline will cover reablement and intermediate care services, or purely reablement services? A definition at the beginning of the document would be helpful.	Thank you for your comment. We agree that the term 'short term interventions for regaining independence' may cause confusion and have removed all references to this. The guideline will cover both intermediate care and reablement, according to the definition used by the National Audit for Intermediate Care. This is clarified in the final scope.
College of Occupational Therapists	4	General	General	Will the guideline cover difficulties addressing motivation prior to the referral to reablement?	Thank you for your comment. We agree that the success of reablement depends to a large extent on the motivation of people (and their carers) to regain independence. We expect to locate evidence about this, which the Guideline Committee will use to develop recommendations. .
College of Occupational Therapists	5	General	General	Will the guideline cover difficulties of knowing when to refer to reablement when a person has a cognitive impairment?	Thank you for your question. We agree that it can be difficult to know whether people with a cognitive impairment will benefit from reablement. Practice across England is inconsistent in terms of making reablement available to people with cognitive impairments including dementia. Our search strategies will be designed to locate evidence about this.
College of	6	2	10	Groups covered – those who have lost or are at	Thank you for your question. We agree that the

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Occupational Therapists				risk of losing their independence. Is this preventatively as well as curatively i.e. wider than reablement?	way the included population was described in the draft scope was potentially confusing. To address this, the description has now changed to 'all adults using intermediate care and reablement. We hope this clarifies the remit of the guideline.
College of Occupational Therapists	7	3	2	Key areas to be covered to include working with different cultures and the different expectations of what independence means, explaining what goals are and why they are important.	Thank you for your comment. We agree that these are important principles, however the scoping group felt that these are adequately covered by the terms person-centred care and 'needs, aspirations and social context', described in the first key area.
College of Occupational Therapists	8	3	10	Also how to get and retain relatives' involvement with goals and how to get them to work with professionals to meet the goals.	Thank you for this suggestion. We agree that the cooperation of family and carers is fundamental to the success of reablement and fully anticipate hat the evidence review will identify research in this area. We have not added it to the list of key areas because it is only intended to provide examples and not be exhaustive.
College of Occupational Therapists	9	3	15	Settings that will be covered should also include: • Standalone intermediate care facilities • Other local authority facilities undertaking reablement and intermediate care.	Thank you for your comment. We have edited the text in the final scope to make it clearer that these settings are included.
College of Occupational Therapists	10	4	4	Under service organisation and governance, need to consider workforce skill mix.	Thank you for your comment. We agree that workforce skills are an important issue to consider, however the scoping group agreed that 'skill mix' was not within the scope for this guideline. Practitioner training has however been added to the list of key areas.
College of Occupational Therapists	11	5	10 (Q3)	Not sure that it is appropriate to ask "what is the optimal reablement package?" Surely we need to be person-centred, establishing a p ackage of support depending on a person's needs.	Thank you for your comment. The wording of this review question was intended to find evidence on the optimal elements of reablement or intermediate care e.g. what should be available. It was not intended to suggest looking for a one size

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				N.B. the diversity, frailty and multiple pathologies of the client group.	fits all service. However we agree that the phrase 'optimal care package' does not seem to be person centred so we have removed this wording from the review question.
College of Occupational Therapists	12	8	1	Table – staff training and competency are important yet these points don't seem to be mentioned elsewhere in the document.	Thank you for your comment. We have added an additional point to key area 5 to cover the training and development of intermediate care and reablement practitioners. We have also added a review question about the impact of training for intermediate care and reablement practitioners.
College of Occupational Therapists	13	11 and general	2 -3 and general	"In crisis response services…." It is unclear if this document is referring to only reablement or to all aspects of intermediate care services in addition to reablement services. i.e. • admission prevention (crisis response) • discharge facilitation and reablement AND prevention of premature admission to long term care settings.	Thank you for your comment. We agree that the description of included services was potentially confusing in the draft scope. We have therefore changed it to 'intermediate care and reablement services' using the definition from the National Audit of Intermediate Care, which includes crisis response teams. This is now clarified in the final scope.
College of Occupational Therapists	14	11	11 -12	"The views of people specifically using reablement were gathered in a UK evaluation" This is inaccurate – it is referring to findings from NAIC 2014 which captured the views of people using intermediate care and reablement services – not reablement only.	Thank you for your comment. The quotation you mention does not refer to the 2014 NAIC report. It refers to findings from a UK evaluation of reablement by Glendinning and colleagues. We have added this reference to the final scope.
College of Occupational Therapists	15	General	General	Integrate mental health and physical health problems to have a more joined-up service.	Thank you for your comment. Research on reablement does suggest that people with mental health difficulties are poorly served and we anticipate identifying evidence on this issue, which the Guideline Committee may use for developing recommendations.
College of Occupational Therapists	16	General	General	We would suggest professional development to ensure other health professionals e.g. nurse and care navigators understand the purpose of short-	Thank you for your comment. Whilst we agree that professional development is an important issue the scoping group considered training of other

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				term interventions.	health professionals to be out of scope for this guideline. However, we have added an additional point to our list of key activities regarding the training and professional development of intermediate care and reablement practitioners and we also have a review question about the impact of training.
Department of Health	1	General	General	No substantive comments	Thank you; this has been noted.
MS Trust	1	General	General	No capacity to comment	Thank you; this has been noted.
National Bereavement Alliance	1	General	General	We welcome the broad definition of interventions covered by the scope. We suggest that this should include interventions to help people regain their independence after a bereavement, and would like to see the project team considering such interventions in their analysis. Bereavement is part of the life course for nearly everyone: almost half of adults report being bereaved in the last five years alone, and 70% of primary schools have a recently bereaved pupil on roll. The Holmes and Rahe stress scale ranks the death of a spouse as the highest of 43 stressful life events that contribute to illness, with the death of another close family member coming fourth. Feeling lonely and unsupported is one of the most frequently mentioned challenges of bereavement. Three quarters of bereaved people say they didn't get the support they needed, and four in ten tried not to talk about their loss as they didn't want to upset anyone (Dying Matters, 2014). This unsupported grief can have severe	Thank you for your comment and the information you have provided. Whilst we recognise that bereavement can have severe consequences we consider bereavement services to be outside of scope for this guideline. Yours and other stakeholder comments helped us recognise that 'short term interventions for regaining independence' was a potentially confusing term. We have therefore removed this from the final scope and clarified that the focus of the scope is on reablement services and the three other intermediate care models described in the National Audit of Intermediate Care. This is now provided in the final scope. We would agree that it is important for those services to address a range of physical, mental and emotional needs.

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				consequences: while grief is not a mental illness in itself, it does increase the risk of a range of mental health difficulties both in adults and children. Across types of bereavement it increases the risk of mortality, physical health problems, physical disability, use of medication and hospitalisation[i]. Around 11% of people are likely to suffer 'complicated' or 'prolonged' grief following a death from natural causes: rates are likely to be higher among those bereaved of a child, or following a traumatic death[ii]. Widow(er)s[iii] and children bereaved of a parent[iv] are more likely to visit their GP. Children bereaved of a parent or sibling are more likely to have clinical rates of mental health difficulty, may underachieve at GCSE and have a greater risk of poor health behaviours[v] – all outcomes with life-long significance. Bereavement can influence every aspect of well-being, from physical and mental health to feelings of connectedness and the ability to function at work or school. A death often means other changes for those left behind, such as taking on new responsibilities (eg managing finances for the first time, or looking after children alone), moving house, or adjusting to different living standards.	
National Bereavement Alliance	2	General	General	The costs of bereavement are borne by society as a whole as well as by individuals and families. Increased rates of the use of health and social care services and days of work lost to sickness all cost the economy dear. In Scotland, the death of a spouse is associated with increased mortality and also with longer hospital stays, costing the NHS	Thank you for your comment and the information you have provided. Whilst we recognise that bereavement can have severe consequences we consider bereavement services to be outside of scope for this guideline. Please see our response above for clarification of the included services.

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				around £20 million each year[vi]. In England, with over eight times the number of deaths, this figure could be between £150 and £190 million. It would be even greater if it included the impact of the death of someone else close, such as a child or parent, and took into account the costs of increased use of other health and social care services[vii] and days off work.	
National Bereavement Alliance	3	General	General	There is a growing body of evidence on the effectiveness of short-term interventions with bereaved people. Such interventions can include practical support such as teaching cooking and other skills, supporting people to identify and communicate with their social networks, befriending, and in some cases more formal opportunities to reflect on their loss and future. Improved outcomes have been seen in social and role functioning and health status. We consider it very important that these interventions are included in the scope for this forthcoming guidance.	Thank you for your comment. Whilst we recognise that bereavement can have severe consequences we consider this to be outside of scope for this guideline. In the final scope we have clarified that the included services are intermediate care and reablement. Nevertheless we would agree that it is important for those services to address a range of physical, mental and emotional needs.
National Community Hearing Association (NCHA) and British Society of Hearing Aid Audiologists (BSHAA)	1	General	General	Hearing loss is a common, albeit often only belatedly recognised, long-term condition. In England there are 8 million people with a hearing loss (90% aged 50 and over). Age is the main cause of hearing loss (NHS England and Department of Health, 2015) and the World Health Organisation estimates that adult hearing loss in the UK will be in the top ten disease burdens by 2030 (WHO 1997).	Thank you for your comment and the information provided. Feedback from the scope consultation helped us recognise that 'short term interventions for regaining independence' was a potentially confusing and unhelpful term. The final scope has been amended to demonstrate that the services covered by this guideline are intermediate care and reablement, according to the definition used by the National Audit of Intermediate Care. We recognise that addressing communication

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				We support NICE's person-centred approach to effective short-term interventions for regaining independence, which is consistent with NHS England's *Five Year Forward View* and *NHS Business Plan 2015/16*. Communication is key to regaining independence. Unfortunately the guidance (both its scope and the consultation itself) is silent on the importance of ensuring people can hear, or indeed see, when helping them with short-term interventions to regain independence. Given that over 70% of 70 year olds have a hearing loss, and most would benefit from hearing aids, it is important in our view that a person's communication needs are central to any rehabilitation programme whether short or long-term. Reduced communication ability as a result of sensory impairment significantly reduces the possibility of shared decision-making about the care intended to assist in regaining independence which risks a reduction in the effectiveness of short-term interventions (Grenness et al 2014). Without ensuring people can hear – e.g. have their hearing aids on and working (i.e. batteries are charged) during rehabilitation – health and social care professionals delivering short term interventions are less likely to be effective and the outcomes less good. Poor hearing (including not having their hearing aid(s) on) makes it more difficult for patients to understand and respond to instructions, including when to take medication. This is even worse when other forms of sensory	difficulties is important for the success of these services and this has been reflected in some additional text in the final scope which acknowledges that specific support may be needed where people have communication difficulties.

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				impairment (e.g. visual impairment) or cognitive impairment are present. Patients are also more vulnerable to safeguarding issues as they might not know or feel comfortable reporting issues owing to lack of communication support and/or reduced confidence. To address the current deficit in taking account of hearing issues the Department of Health and NHS England have published a joint *Action Plan on Hearing Loss* (March 2015). Not to include checking that patients can communicate and understand the support, advice and interventions offered and that older patients have access to and are wearing any assistive technology they need, including hearing aids, would be inconsistent with NHS England's current approach. Awareness of the effects of hearing loss is generally poor among health and care professionals despite the high prevalence amongst those for whom this guideline will apply. The confusion and misunderstanding arising from poor hearing can be misinterpreted as cognitive impairment, including dementia, or even delirium, especially as individuals with poor hearing often try to mask their hearing problem. It is vital that care workers determine whether poor hearing is affecting understanding of the care needs and support arrangements, and have the skills and time to respond in a way that addresses the hearing limitations. For example • a survey of 600 people with hearing loss	We agree about the importance of awareness and training among intermediate care and reablement practitioners and have added 'the provision of training' to the key areas of the scope. Training and awareness should address all of a person's potential difficulties, especially those that will undermine the process of regaining independence.

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				found that after attending a GP appointment 26% had been unclear about the health advice they had been given (cited in: NHS England and Department of Health 2015, p.22). It is therefore also likely that people with unsupported hearing loss will be unclear about advice they get from people delivering home care leading to confusion which risks both reduced effectiveness of care and poorer outcomes • home care professionals in general do not have a full understanding of the existing assistive technology available to people with hearing loss (cited in: Ibid, p.11) • supporting the person to have the confidence and range of coping strategies to discuss their difficulties with hearing, as an important tool to improve their ability to have meaningful conversations in social, family and working environments. If a patient's fundamental communication needs are not met it is difficult to imagine how any other support for short-term intervention can be effective – failing to address this gap in the guidance also increases the risk of worsening health inequalities and might also raise safeguarding concerns in the long run. As a minimum therefore we would like to see specific inclusion within the draft scope of	

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				• a person's communication needs - including hearing well - which are central to the effectiveness of any rehabilitation programme	The final scope now makes reference to addressing people's communication difficulties.
				• the conditions affecting a person's ability to communicate – including hearing loss – and how the person should be supported in order to benefit fully from rehabilitation	In so far as possible we avoid citing specific conditions in guideline scopes. Our search strategies will be designed to identify evidence on about all adults using intermediate care and reablement.
				• recognition of how addressing issues of sensory impairment – including hearing loss – is central to person centred care. This could be for example by highlighting the problems patients with hearing loss have with embarrassment, in understanding and responding to instructions, including when to take medication or perform exercises. Also the fact that people with hearing loss are more vulnerable to safeguarding issues that they might not know or feel comfortable reporting owing to lack of communication support, uncertainty and/or reduced confidence.	The outcomes section of the final scope now cites the importance of addressing communication difficulties in the context of intermediate care and reablement.
				• the need for professionals involved in rehabilitative interventions to understand the communication needs of those with hearing impairment and the adverse impact of not communicating appropriately and effectively (Stephens et al 2010).	Our search strategies will be designed to identify evidence about the training needs of practitioners in relation to intermediate care and reablement. If this includes awareness of communication difficulties then that research will be included in the review process and used for developing

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					recommendations.
National Community Hearing Association (NCHA) and British Society of Hearing Aid Audiologists (BSHAA)	2	General	General	References Grenness C et al. (2014) Patient-centred care: A review for rehabilitative audiologists. International Journal of Audiology 2014; 53: S60–S67 NHS England and the Department of Health (2015) Action Plan on Hearing Loss Stephens D., Kramer S E. (2010). International Encyclopedia of Rehabilitation Audiology – Audiological Enablement/Rehabilitation Center for International Rehabilitation Research Information and Exchange (CIRRIE) WHO, (1997) Prevention of noise-induced hearing loss: Report on an informal consultation. WHO, Geneva	Thank you for these references, which we can consider for inclusion in the systematic evidence review.
NHS Benchmarking Network	1	general	general	Throughout the document the terminology would benefit from clarification. In many instances the term "re-ablement" appears to be being used as a catch all term for "rehabilitation". This usage of "re-ablement" is less common within health based services. It would also be helpful to clarify where the document is talking about re-ablement and intermediate care "services" and where it is talking about the "function" of services, e.g. rehabilitation/regaining independence. When referring to "services", we would suggest adopting the service category definitions used in	Thank you for your comment. You and other stakeholders helped us recognise that 'short term interventions for regaining independence' was potentially confusing and unhelpful. For that reason the final scope has been changed to reflect that the included services are intermediate care and reablement, according to the definition used in the National Audit for Intermediate Care, which is provided in the final scope. The definition includes crisis response. We hope this has clarified the remit for you.

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				the National Audit of Intermediate Care (NAIC) as these are now commonly used and understood across both the health and social care sectors. The service category definitions can be found at appendix 3 of the NAIC Summary Report 2014.	
NHS Benchmarking Network	2	1	4	The NAIC Steering Group feel the title of the guideline should be changed to "Short-term interventions for **maintaining and** regaining independence". This links to our comment 3 below, where we argue for the inclusion of crisis response services in the scope. We believe the guideline should more clearly address **prevention** of loss of independence, which is implicit in your focus on "[Those] identified as having lost, or **being at risk of losing** their independence". Only referring to "regaining" independence in the title implies the opportunity to prevent a deterioration has already been lost in the cohort under discussion.	Thank you for your suggestion. Please refer to our response above. The title of the guideline has now been changed to reflect that the focus is on intermediate care and reablement services. Given that we are using the National Audit of Intermediate Care definition, crisis response services are included. We have been clear about this definition in the final scope.
NHS Benchmarking Network	3	1	9	The NAIC Steering Group agrees with the inclusion of re-ablement, home based and bed based intermediate care services in the scope. It is not clear whether the guideline also covers "crisis response" services as defined in the NAIC (essentially short term interventions aimed at avoiding hospital admission). Crisis response is included in NAIC because admission avoidance is a key intermediate care function. The DH definition of intermediate care is as follows: 'Intermediate care is a range of integrated services to promote faster recovery from illness, **prevent unnecessary acute hospital admission** and premature admission to long-term residential care,	Thank you for your comment. We agree that the draft scope was not clear on the role of crisis response services. The scoping group agreed to fully adopt the National Audit of Intermediate Care definition and therefore crisis response services are included within scope. We have been clear about this definition in the final scope.

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				support timely discharge from hospital and maximise independent living'. Crisis response services deal with those "at risk of losing their independence" as per your definition of groups covered on page 2 but are not mentioned in the draft scope until pages 11 and 12. The NAIC Steering Group believes that crisis response services should be included in the scope and this should be clarified at the beginning of the document.	
NHS Benchmarking Network	4	1	20	In addition to home care and general practice, include in the list: • Health based community services such as district nursing • Care homes	Thank you for this suggestion, we have added health and social practitioners in care homes but we have not added 'health based community services such as district nursing' because home care and general practice were only intended as examples of 'other community services'. .
NHS Benchmarking Network	5	2	10	The NAIC Steering Group agrees with the groups to be covered.	Thank you for your comment. Please note that the groups covered has now changed to adults using intermediate care - including reablement.
NHS Benchmarking Network	6	2	15	Settings that will be covered should include: • Day centres **and day hospitals** • Standalone intermediate care facilities • Other local authority facilities undertaking re-ablement and intermediate care	Thank you for your comment. We have edited the text to make it clearer that these settings are included.
NHS Benchmarking Network	7	3	6	Suggested additions for the list of interventions: • Working with the person to reduce the risk of falls • Encouraging self-care by supporting the person to manage their long term conditions and to be aware of triggers for exacerbations	Please note that the 'key areas' section of the scope has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes working with the person to reduce the risk of falls and supporting self

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					management.
NHS Benchmarking Network	8	4	4	Suggestions for points to add under "Service organisation, including:" • Balance of step up (admission avoidance) and step down provision (supporting people leaving hospital) • Balance of bed based, home based and re-ablement provision • Service accessibility • Workforce, skill mix and training	Thank you for your comment. Whilst we recognise the importance of these issues, the scoping group agreed that these suggestions are generally out of scope for this guideline. They are the focus of another NICE guideline, currently in development, which is about service models for people with learning disabilities and behaviours that challenges. However, the scoping group agreed to add a point to key area 5 regarding the training and development of intermediate care and reablement practitioners to ensure that the guideline covers these crucial issues.
NHS Benchmarking Network	9	4	14	The NAIC Steering Group agrees with the list of areas that will not be covered.	Thank you for your comment.
NHS Benchmarking Network	10	5	6	In undertaking your review on this point, please refer to the NAIC Provider Report 2014 for the results of the Patient Reported Experience Measure (PREM) work undertaken as part of NAIC 2014. Over 4,644 PREM forms were completed by service users in 278 bed, home and re-ablement services. Service users responded to 15 questions and, in addition, an open narrative question "do you feel that there is something that could have made your experience of the service better?". The full results of the open narrative questions can be found on the Network website.	Thank you for this reference, which we can consider for inclusion in the systematic evidence review.
NHS Benchmarking Network	11	5	10	In undertaking your review on effectiveness, please refer to the NAIC Provider Report 2014 for the results of the service user audit. The audit included standardised clinical outcome measures for bed and home services and it was	Thank you for this reference, which we can consider for inclusion in the systematic evidence review.

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				demonstrated that 92% of service users in home based care and 94% in bed base care maintained or improved their level of functioning across a range of everyday activities. (NAIC Summary Report 2014).	
NHS Benchmarking Network	12	5	11	The NAIC Steering Group would suggest that the review question "What is the optimal care package?" be removed. We do not consider it to be possible to answer this question because of the diversity and complexity of the frail, elderly service users entering these services.	Thank you for your comment. The wording of this review question was intended to find evidence on the optimal elements of reablement or intermediate care e.g. what should be available. It was not intended to suggest looking for a one size fits all service. However, we agree that defining an 'optimal care package' does not seem person centred and have therefore removed this component of the review question.
NHS Benchmarking Network	13	5	15	In undertaking your review on cost effectiveness, please note NAIC Provider Report 2014 includes information on the average cost per service user for the different types of intermediate care.	Thank you for this reference, which we can consider for inclusion in the systematic evidence review.
NHS Benchmarking Network	14	5	19	Additional potential review question: What is the appropriate workforce/skill mix for these services?	Thank you for your comment. We agree that workforce skills are an important issue to consider, however the scoping group considered skill mix to be out of scope for this guideline. We have however added a review question about training for intermediate care and reablement practitioners.
NHS Benchmarking Network	15	5	26	Additional person focused outcome: • Maintenance of level of dependency of care setting (This has been successfully used in NAIC as a proxy outcome measure – i.e. did they stay in their normal living arrangements (e.g. home) or did they transfer to a more dependent setting (e.g. care home) after the intervention)	Thank you for your comment. Section 1.6 is intended to provide an overview of the main types of outcome measures which are likely to be used in the research evidence. Whilst we agree that dependency of care setting is likely to be important this list is not intended to be exhaustive, and as such the relevance of dependency is implied through outcomes such as independence and admission to care homes.
NHS	16	6	6	The list of service outcomes might better be split	Thank you for this suggestion. Research on

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Benchmarking Network				between "Service outcomes" and "Whole system indicators". Need for support from care workers and carers would be a "Service outcome", the rest are whole system indicators. A further "Service outcome" would be: Destination on discharge (enabling you to review the proportion, for example, returning to acute care after the intervention)	effectiveness and cost effectiveness generally distinguishes between individual and service outcomes in the way described in the draft scope. Therefore we have not made any changes to this section except to add carer quality of life and speech, language and communication skills to the person focused outcomes.
NHS Benchmarking Network	17	8	1	This chart contains items that appear to have been dropped from the text – "governance" and "staff training". As above, we suggest the latter should be included in the review.	Thank you for your comment. We agree that training is crucial and have added a point to key area 5 regarding the training and development of intermediate care and reablement practitioners to ensure that the guideline covers this issue. We have also added a review question about training for intermediate care and reablement practitioners.
NHS Benchmarking Network	18	10	7	See comment 1 regarding clarification of when we are talking about "services" and when "functions" – should this read "The focus of this guideline is on intermediate care and re-ablement **services**" or should it be "The focus of this guideline is short term interventions for maintaining and regaining independence. These interventions are most commonly delivered by crisis response, bed and home based intermediate care and re-ablement (NAIC Summary Report 2014). " and then a summary definition of each of the four service categories?	Thank you for your comment. You and other stakeholders helped us recognise that 'short term interventions for regaining independence' was potentially confusing and unhelpful. For that reason the final scope has been changed to reflect that the included services are intermediate care and reablement, according to the definition used in the National Audit for Intermediate Care. This includes crisis response. We have been clear about this definition in the final scope. We hope this has clarified the remit for you.
NHS Benchmarking Network	19	10	9	The aims of intermediate care (DH definition in comment 3) are to: • promote faster recovery from illness • prevent unnecessary hospital admission • prevent premature admission to long term	Thank you. In the final scope we have clarified that the definition of intermediate care used in this guideline will be the one operationalized in the National Audit of Intermediate care (crisis response, bed based and home based intermediate care).

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				care • support timely discharge from hospital and maximise independent living The definition of intermediate care you quote excludes promotion of faster recovery and prevention of admissions to long term care.	
NHS Benchmarking Network	20	10	17	This paragraph appears very re-ablement focused. This may be due to confusion over terminology as highlighted in comment 1. The document appears to be talking about re-ablement **service models** here (rather than "re-ablement" as a general term for the function of rehabilitation/regaining independence). A paragraph on the range of intermediate care service models should be included. The level of integration between health and social care and between bed and home services varies considerably nationally. The scale of provision and make up of teams in terms of disciplines is also very variable. All these factors impact on inequality of access and quality of provision.	Thank you for your comment. The final scope has been changed to clarify that the definition of intermediate care models, including reablement is the one used in the National Audit of Intermediate Care. Therefore as well as reablement, the scope now includes crisis response, bed based and home based intermediate care.
NHS Benchmarking Network	21	10	26	You may wish to quote here the findings of NAIC 2012 patient level audit: 12% of patients in the sample of bed and home services were recorded as having dementia in the NAIC 2012 patient level audit. However given that the community prevalence of dementia is 20% and the hospital prevalence 31%, within the intermediate care age group, there appears to be an under representation of people with dementia within intermediate care services. Residents of care homes were infrequent users of intermediate care services in the NAIC 2012 audit.	Thank you for this information, which we will share with the Guideline Committee. The scope is intended to be a brief summary of the topic rather than an exhaustive document focusing in detail on particular groups or issues.

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				The BGS has documented a deficiency in rehabilitation provision in care homes, suggesting intermediate care may be contributing to this disadvantage. (Quest for Quality: Inquiry into the quality of healthcare support for older people in care homes, BGS,2011)	
NHS Benchmarking Network	22	11	3	See comment 2 above, is crisis response to be included?	Thank you for your comment. The scoping group agreed that crisis response services are within scope for this guideline. We have amended the document to make this clear.
NHS Benchmarking Network	23	11	12	"The views of people specifically using re-ablement were gathered in a UK evaluation". This should say "re-ablement and intermediate care" and should reference the NAIC Provider Report 2014.	Thank you for your comment. The quotation you mention does not refer to the 2014 NAIC report. It refers to findings from a UK evaluation of reablement by Gendinning and colleagues. We have added this reference to the final scope.
NHS Benchmarking Network	24	12	28	See comment 2 above, is crisis response to be included?	Thank you for your comment. The scoping group agreed that crisis response services are within scope for this guideline. We have amended the document to make this clear.
NHS England	1	General	General	No substantive comments	Thank you, this has been noted.
Older People's Advocacy Alliance	1	3	10 -15	Timely advocacy involvement is essential to meeting this goal, independent advocacy intervention should be recommended at the outset of planning short term care, this would be a vital support in developing and agreeing achievable goals with the person about the support needed. Therefore scoping should take account of early independent advocacy intervention; where there is a duty to provide Advocacy under the Care Act OPAAL members have recently raised concerns about the timely access to Care Act Advocacy, this should also be explored during the scoping	Thank you for your comment. We recognise that advocacy is an important activity to consider and we have listed this as a key area to be covered under section 1.3.

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				process.	
Older People's Advocacy Alliance	2	4	2	The draft scope identifies advocacy as a priority in planning short term care for regaining independence. For older people who have lost or are at risk of losing their independence advocacy is vital in ensuring their voice is heard and they have access to and understand all of the information they need to make informed decisions about their short term care. Scoping highlights staff competency and training issues, competencies should include knowledge of local independent advocacy services, and highlight the importance of making a timely referral.	Thank you for your comment. We recognise that advocacy is an important activity to consider and we have listed this as a key area to be covered under section 1.3.
Older People's Advocacy Alliance	3	11	8 -17	This section highlights key frustrations of people accessing reablement services including for older people and people with dementia. Key frustrations identified include communication issues and not having access to information. Again we recommend scoping takes account of independent advocacy; we recommend independent advocacy be referenced in guidance recommendations around communication to highlight this vital service to professionals and commissioners; please also see comment 2 where we recommend scoping and guidance references staff competencies to ensure staff have knowledge of local advocacy services.	Thank you for your comment. We recognise that advocacy is an important activity to consider and we have listed this as a key area to be covered under section 1.3. Our search strategies will be designed to identify evidence on advocacy in so far as it contributes to intermediate care and reablement services. Where evidence is identified, it will be used for the Guideline Committee to consider developing recommendations.
Older People's Advocacy Alliance	4	5	1 -2	Given comment 3, outcomes should be expanded to include an outcome on communication needs and whether these needs are being met. This could include timely access to Independent Advocacy, satisfaction of service users and carers with the information they access and whether they feel their communication needs are met around	Thank you for your comment. We agree that enabling people to manage communications is an important part of improving independence. We have added 'speech, language and communication skills' to the list of person focused outcomes.

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				reablement.	
Parkinson's UK	1	2	10	The scope only relates to those who have already been identified as having lost, or are at risk of, losing their independence. We feel this fails to consider the ways in which people who are at risk of losing their independence, but are not known to social care professionals, should be identified. We therefore recommend that the scope be extended to account for this. Research commissioned by Parkinson's UK* found that people with Parkinson's are often unaware of social care and how to access it, until they reach crisis point and require immediate help. A person with Parkinson's explains: *"I liken it to a pinball machine that you sort of hit against this or that or, you know, you get your information by happenchance and bumping into people and speaking to people."* *McDonnell, A et al (2014), *'Putting people with Parkinson's in control: exploring the impact of quality social care'* Sheffield Hallam University Centre for Health and Social Care Research, available at: http://shura.shu.ac.uk/7965/	Thank you for your comment. Whilst the process of identifying people who may benefit from intermediate care or reablement is not within the scope of this guideline, our list of key areas that will be covered includes the provision of information and advocacy which addresses the difficulties individuals may have in accessing services.
Parkinson's UK	2	3	18-32	These sections need to include whether a person can be supported to do this by someone else, such as an informal carer. This is important, as people with Parkinson's can rely heavily on unpaid carers to help them complete daily activities. Given the progressive nature of the condition, it may be that people with Parkinson's are unable to	Thank you for your comment. We recognise that unpaid carers play a substantial role in supporting people and will need to work with intermediate care and reablement services to achieve this. Our search strategies will be designed to identify evidence about the role of unpaid care and the value of that support will be included in economic

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				fully regain their independence, but can achieve a measure of this with the correct support. A carer of a person with Parkinson's explains: *'For years I have been my husband's full-time carer. The progression in severity and complexity of his various health conditions has meant my caring role has had to alter and adapt to his ever increasing needs. All aspects of his wellbeing and safety rest squarely with me.'*	analyses. We have also added carer quality of life to the person focused outcomes in the final scope.
Parkinson's UK	3	3	General	The key areas to be covered require the addition of a specific mention around updating a person's care plan, to ensure that future social care provision and planning accounts for the activities required to regain independence and anticipates future needs. The Sheffield Hallam research found that there is a need for an 'anticipatory approach' to social care planning for people with Parkinson's, to ensure that the deterioration in a person's condition is offset by timely access to escalating social care support.	Thank you for your comment. We agree that care plans must be dynamic to reflect the fact that an individual's needs are likely to change over time. We believe that the concepts of 'reviewing progress' and planning for ongoing care and handover will ensure that this issue is incorporated into the guideline.
Parkinson's UK	4	4	13	Although we welcome examination of ongoing care, we recommend that the scope goes further to include helping a person to reach decisions about their longer-term social care options (for example, entering a care home, or increasing the amount of home care they receive) once they have regained their independence, or as much independence as is practically possible. Experiencing a period of ill-health, or an exacerbation in a person's condition presents a	Thank you for your comment. Although we recognise the importance of making decisions about long-term care, the scoping group agreed that this was not within the remit of an intermediate care or reablement service.

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				key opportunity to review their existing care plan and undertake a reassessment of their care needs. This will enable a local authority to better understand whether a person's needs have increased, and introduce further support. This is particularly important for people with Parkinson's, given the progressive nature of the condition and the need for anticipatory approaches to social care planning, as highlighted above. Under the Care and Support Statutory Guidance issued to local authorities*, they should review whether a person's care plan is appropriate 'if there is any information or evidence that suggests that circumstances have changed in a way that may affect the efficacy, appropriateness or content of the plan.' (13.19) We therefore recommend that this aspect of the Care Act guidance to local authorities is referred to in the scope, and that decisions about long-term social care options are included. Please see Care and Support Statutory Guidance available at www.gov.uk	
Parkinson's UK	5	5	11	Although we agree that effectiveness and cost effectiveness are key questions, we are concerned that there is no such thing as an 'optimal care package' as this is heavily dependent on the individual. We would caution against any attempts to introduce a 'one-size-fits all' approach to regaining independence, particularly for people with progressive conditions.	Thank you for your comment. The wording of this review question was intended to find evidence on the optimal elements of reablement or intermediate care e.g. what should be available. It was not intended to suggest looking for a one size fits all service. However we agree that the phrase 'optimal care package' could imply we are looking for one size to fit all and have therefore removed

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					the reference to optimal care.
Parkinson's UK	6	5	General	We recommend the addition of another key issue – how people with progressive conditions can be supported to regain as much independence as is practically possible. We are concerned that the current wording implies that everyone will be able to regain full independence, which is not possible for people with progressive conditions such as Parkinson's. A person with Parkinson's explains: *'Over time, someone with Parkinson's may experience increasing periods when the effect of the most recent dose wears off before the next one is due or has begun to work. Involuntary movements may appear and there* *may be sudden switches from being 'on' and able to move to being 'off' and immobile. One minute the individual would be able to go about their day-to-day activities and the next they would be completely frozen.*' We feel that the guideline should therefore examine regaining independence from the perspective of progressive conditions, as this significantly changes the meaning of such interventions.	Thank you for your comment. As a matter of course, evidence on all adults will be searched for.
Parkinson's UK	7	6	1	We recommend that in addition to satisfaction of service users and carers, the main outcomes should also include the impact on carers themselves and their caring role. The Care Act emphasises that carers'	Thank you for your suggestion. We agree that the impact on the carer was not adequately reflected in the draft scope. The final scope now includes carer quality of life under person-focused outcomes.

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				assessments must *'seek to establish not only the carer's needs for support, but also the sustainability of the caring role itself, which includes both the practical and emotional support the carer provides to the adult' - Care and Support Statutory Guidance, section* (6.18). Given this focus on the sustainability of the caring role, reablement services which do not provide sufficient support to a carer to enable them to continue caring for a person, should not be considered adequate. This should therefore be considered a key outcome.	
Parkinson's UK	8	6	13	We also recommend the addition of numbers of people qualifying for NHS Continuing Healthcare be included among the main service outcomes. Given that NHS Continuing Healthcare is a package of care that is arranged and funded by the NHS and is free of charge to the recipient, it is important to understand how many people seeking to regain their independence are qualifying for NHS Continuing Healthcare.	Thank you for your comment. Section 1.6 is intended to provide an overview of the main types of outcome measures which are likely to be used in the research evidence. Whilst we agree that funding arrangements are an important issue this list is not intended to be exhaustive do we have not added 'numbers qualifying for NHS continuing care'.
Parkinson's UK	9	10	25 -28	We are concerned that the 'current practice' section acknowledges inequalities in access to reablement schemes, particularly with regard to people living with dementia. We therefore recommend that the guideline also examines whether reablement services failing to accept referrals from people with dementia is acceptable practice.	Thank you for your comment. We acknowledge that people living with dementia are likely to experience difficulties in accessing services. We anticipate that research about this issue will be located by our evidence review and therefore considered by the Guideline Committee for developing recommendations.
Royal College of General	1	Gener al	Gener al	This seems a very general scoping document and in its overall ambition cannot be faulted. It needs	Thank you for your comment. We are confident that the changes we have made as a result of this

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Practitioners				to be sharper.	consultation will help to provide greater clarity and focus to the scope.
Royal College of General Practitioners	2	General	General	It would be helpful to have some definition of "short term," presumably 6 weeks.	Thank you for your suggestion. The scope consultation helped us recognise that use of the term 'short term interventions for regaining independence' was potentially misleading and unhelpful. We have now removed all reference to this phrase and made it clear that the included services are intermediate care and reablement, according to the definition used by the National Audit of Intermediate Care. Therefore the final scope now includes reablement, crisis response, bed based and home based intermediate care.
Royal College of General Practitioners	3	General	General	The epidemiology is not discussed but the numbers involved, age, sex, and problems physical and mental, occupation, family/marital status, religious belief are key to determining the size and scale of the problem and the likely resource commitment.	Thank you for your comment. We agree that these are all important considerations which are likely to become apparent as the guideline is developed.
Royal College of General Practitioners	4	General	General	The providers of reablement will include the voluntary and private sector as well as the NHS and LA services and the family/carer who need to determine a tailor made package of reablement against milestones and anticipated outcomes with an envelope of time, skills and resources.	Thank you for your comment. We recognise that intermediate care and reablement may be delivered by a range of providers. 'Providers' are cited in general terms as an audience for this guideline. The scoping group therefore agreed it was unnecessary to specify the different types of providers.
Royal College of General Practitioners	5	General	General	The document implies a one-way reablement but it is important that the person/patient is also able to look after other people – family, friends, community and workplace and to gain confidence and feel of value rather than solely as a recipient of others care and support.	Thank you for your comment. We agree that this is an important consideration, however we believe that our list of key areas gives sufficient prominence to this issue, for example citing assessment and planning which is person centred and identified needs, aspirations and social context.
Royal College	6	Gener	Gener	The sexual and fertility needs also need to be	Thank you for your comment. As above, the

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of General Practitioners		al	al	considered.	guideline is governed by a person centred, holistic concept of people's needs. It is possible that we will locate evidence about sexual and fertility needs in so far as they contribute to the outcomes of intermediate care and reablement.
Royal College of General Practitioners	7	General	General	Occupational health may also need to be involved early if the person was previously in employment or eligible for employment.	Thank you for your comment. We agree about the importance of addressing people's needs around returning to employment and this is reflected in the reference to social context and aspirations.
Royal College of Nursing	1	General	General	The Royal College of Nursing have no comments to submit to inform on the above draft scope consultation at this time.	Thank you, this has been noted.
Royal College of Psychiatrists	1	1	general	"Short term intervention" is not defined, with respect to timescales or indeed what it actually is; the principles involved are noted, but nothing else. The potential causes of loss of independence are not clear; exclusions are stated on Page 4, lines 16 – 25.	Thank you for your comment. Yours and other stakeholder comments made it clear that 'short term interventions' is a potentially confusing and therefore unhelpful phrase. We have therefore removed all reference to it from the final scope. The focus of the scope is now clearly on intermediate care and reablement, as defined by the National Audit of Intermediate Care. We hope this has clarified the remit for you.
Royal College of Psychiatrists	2	1	4	Short-term interventions for regaining independence should be renamed to "short term interventions for physical reablement". The current title is very unclear. It is also unclear as to whether acute short term mental health difficulties are included or excluded (even short term mental health difficulties have a longer time scale than short term physical conditions).	Thank you for your comment. We agree that the original title of the guideline was potentially confusing and have edited this to provide greater clarity. The focus of the guideline is on all adults using intermediate care and reablement. The services are as defined by the National Audit of Intermediate Care. People with mental health difficulties may be among those using intermediate care and reablement. We are aware of research evidence that suggests these services do not

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					address the needs of people with mental health difficulties very effectively. This will be an important area for this guideline. However, it should be noted that in line with the National Audit of Intermediate Care definition, mental health crisis resolution services are not within scope.
Royal College of Psychiatrists	3	3	32	Support people to understand their physical and mental disorders to assist in managing this and accessing appropriate support as required.	Thank you for your suggestion. This not been added to the key areas although it is likely that evidence will be located that covers this issue. The list of key areas is only intended as a set of examples.
Royal College of Psychiatrists	4	4	12	Having appropriate transition between services and joint working, not just a handover.	Thank you for your comment. The scoping group agreed that transition between intermediate care, reablement and other services is already adequately reflected in the scope, under key areas.
Royal College of Psychiatrists	5	5	16 -18	Dementia would not be a short term condition, and therefore would fall into the exclusion criteria described on Page 4.	Thank you for your comment. The focus of the guideline is on all adults using intermediate care and reablement. Although it is a long-term condition people with dementia may still benefit from support via these interventions.
Royal College of Speech and Language Therapists	1	3	General	Areas that will be covered All the key areas on page 3 require the individual to have sufficient communication ability to explain their needs, make choices, give consent and to have their needs met. In particular it cannot be assumed that people will be able to make these choices and give consent without communication support. This section does not mention communication and we recommend that it is added.	Thank you for your comment. We agree that supporting people to communicate is an important issue and have added this to our list of areas that will be covered.

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				Areas that will be covered We recommend that this section includes voice loss and short term interventions for voice loss. Specific conditions affect voice such as cancer and progressive neurological conditions such as MND and PD. This can affect all frequent voice users such as teachers, minsters, politicians and call centre workers. By supporting people to recover their voices, SLTs playing a crucial role in helping secure their physical, emotional and mental rehabilitation. This helps people to play their full part in society, living and working as independently as possible. It also enables them to maintain relationships with their family, friends, and colleagues.	
Royal College of Speech and Language Therapists	2	3	15	We recommend adding helping people to eat and drink safely and textually modified diets. Helping people to eat and drink safely and minimises the risks of complications associated with dysphagia for example swallowing difficulties leading to malnutrition, dehydration, chest infections, pneumonia and choking, and unnecessary admission to hospital.	Thank you for your comment. We recognise the importance of ensuring that people can eat and drink safely. Please note that the 'key areas' section of the scope has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes working with the person to ensure good nutrition and safe eating, drinking and food preparation.
Royal College of Speech and Language Therapists	3	3	26 -28	We recommend adding <u>how</u> the person will be supported to develop relationships. People with poor communication skills struggle to develop and maintain these relationships, especially as their communication ability	Thank you for your suggestion. The wording in this section has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes supporting people to

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				deteriorates. Speech and language therapists support people to communicate. This helps them to maintain their relationships with family and friends.	develop relationships including people with communication difficulties..
Royal National Institute of Blind People	1	General	N/A	**Equalities Act 2010:** We believe that all NICE work should reflect the duties of public bodies under the Equalities Act 2010, not just in relation to communication and accessible information, but in relation to non-discriminatory treatment. We would expect NICE to take steps to meet their legal obligations. This not only requires public bodies to have due regard for the need to promote disability equality in everything they do - including the provision of information to the public - but also requires such bodies to make reasonable adjustments for individual disabled people where existing arrangements place them at a substantial disadvantage.	NICE's equality scheme sets out how it meets its obligations on equality and discrimination. Please see the following link for full details of how our scheme addresses the need to promote disability equality: http://www.nice.org.uk/about/who-we-are/policies-and-procedures/nice-equality-scheme
Royal National Institute of Blind People	2	General	N/A	Accessible information: We believe this guideline should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English." The Equality Act expressly includes a duty to provide accessible information as part of the reasonable adjustment duty. Online information on websites should conform to	NICE's equality scheme sets out how it meets its obligations on equality and discrimination. Please see the following link for full details of how our scheme addresses the need to promote disability equality http://www.nice.org.uk/about/who-we-are/policies-and-procedures/nice-equality-scheme

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				the W3C's Web Accessibility Initiative Web Content Accessibility Guidelines (WCAG) 1.0, level AA, as required by the NHS Brand Guidelines and the Central Office of Information. With regard to the accessibility of print materials, including downloadable content such as PDF files, we would request that wherever possible they comply with our "See it Right" guidelines: http://www.rnib.org.uk/professionals/accessibleinformation/Pages/see_it_right.aspx	
Royal National Institute of Blind People	3	3	10	Developing and agreeing achievable goals with the person about the support needed to help them improve their independence and reviewing progress throughout (for example returning to monthly interest group meetings or regaining contact with family and friends)." The examples provided in line 12 and 13 do not adequately describe the true impact of reablement services. People may not have lost contact with family, and probably did not attend monthly interest groups before their illness. For example rehabilitation services for blind and partially sighted people, which are defined within Care Act statutory guidance as a reablement service, are aimed at providing people with the skills, training and knowledge that they need. This may involve skills to live independently in their own home, and/or skills to get about outside, to use buses, cross roads safely etc.	Thank you for your comment. We agree that supporting people to develop skills and knowledge is important and we have sought to include these issues in our list of examples of key areas that will be covered. It should also be noted that the key areas are only intended to provide examples, the list is not meant to be exhaustive.

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				Considering the breadth of reablement services, it may be best for this example to reflect the outcomes and aspirations of reablement services and. The sentence could read, "(for example to maintain family and personal relationships, or access and make use of community facilities and services)".	
Royal National Institute of Blind People	4	3	26	"Supporting the person to develop or regain meaningful relationships" This sentence should also include 'maintain', as a relationship may not have been lost. Reablement support could help a person to maintain that relationship, so that it is not lost in the future. The sentence could read "supporting the person to develop, regain or maintain meaningful relationships".	Thank you for your comment. We agree that this is an important issue. However please note that the 'key areas' section of the scope has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes supporting someone to develop, regain or maintain relationships to increase their independence.
Royal National Institute of Blind People	5	4	8	Delivering short-term interventions for regaining independence, including different types of provision (bed based and home based)" Short term interventions are not just about regaining independence. The Care Act refers to the aim reablement to delay, reduce or prevent future care needs. It is important that the NICE guidelines recognise the role that reablement services play in this.	Thank you for your comment. We agree that delaying, preventing and reducing future care needs are vital and recognise that this issue is now incorporated into social care legislation. The scoping group discussed this issue extensively and took the decision that including preventative interventions would result in a scope which was too broad to be manageable. However, on the basis of stakeholder feedback, the final scope has been revised to clarify that the included services are intermediate care and reablement. The focus will be on the outcomes of those interventions. You may be interested to know that NICE is currently developing a guideline which focuses on maintaining and improving the independence and mental wellbeing (including social and emotional

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					wellbeing) of older people.
Royal National Institute of Blind People	6	4	12	Ongoing care, including handover to providers of subsequent support, 12 follow-up and review." A reference should be made here to ongoing assessments. Local authorities can only provide eligible care support based on assessment that identifies needs and outcomes to help a person to improve their wellbeing. However, a local authority can 'pause' this assessment if the they think that a person may benefit from preventative services. Section 6.62 of statutory guidance states that: "Where the local authority judges that the person may benefit from such types of support, it should take steps to support the person to access those services. The local authority may 'pause' the assessment process to allow time for the benefits of such activities to be realised, so that the final assessment of need (and determination of eligibility) is based on the remaining needs which have not been met though such interventions. For example, if the local authority believes that a person may benefit from a short-term service which is available locally, it may put that in place and complete the assessment following the provision of that service." The next stage of support in the case of social care, may not be provided by a different provider, or if it is the assessment may still continue to be carried out by the local authority. The sentence could read, "Ongoing care, including ongoing assessments, follow up, reviews	Thank you for your suggestion. The scoping group discussed your point and agreed that it is adequately addressed by referencing ongoing care including handover to providers of subsequent support, follow up and review. They did not feel it necessary to add ongoing assessment, not least because once the person has left the intermediate care or reablement service, those assessments would not be the responsibility of those service providers.

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				and handover to providers of any subsequent support."	
Royal National Institute of Blind People	7	4	19	Rehabilitation for specific conditions will be covered by other NICE guidelines." Is NICE considering producing guidelines for rehabilitation services for blind and partially sighted people? Rehabilitation support is a reablement service, which provides support for people in the home and/or mobility training for people to be able to access their community. It is delivered by trained rehabilitation officers. Statutory guidance recognises that rehabilitation support has clear benefits, and sets out that it should be provided free of charge beyond six weeks when required.	Thank you for your comment. On the basis of stakeholder comments, we have changed the scope to clarify that the included services are intermediate care and reablement, according to the definition used by the National Audit of Intermediate Care. Single condition rehabilitation is excluded from this definition and therefore from the remit of this guideline. The NAIC definition of intermediate care is now given in the final scope. A specific referral for this issue has not yet been received by NICE. However, a number of guidelines looking at different aspects of rehabilitation for conditions are planned and further referrals are expected.
Royal National Institute of Blind People	8	6	6	Section 2 Service outcomes The intentions of line 7 and 8 are not clear, is the aim of the service outcome for people to access health and social care services appropriately, or to reduce the need for people to access these services? It may be appropriate here to refer to the language as set out in the Care Act that reablement services aim is to reduce, delay or prevent future care needs.	Thank you for your comment. The intention of section 1.6 is to list the outcome measures which we anticipate the existing research is most likely to use to measure the effects of intermediate care and reablement. Use of health and social care could include both appropriate use and reduced usage.
Royal National Institute of Blind People	9	10	6 -16	The current practice outlined in this area is very health heavy, reablement services are not just about delaying hospital admissions, but is also about improving wellbeing outcomes and reducing, delaying or preventing future care needs. It would also be useful to include 'rehabilitation' as	The scoping group discussed your point and agreed that the focus of reablement as a means of improving social care related quality of life and reducing use of social care services is adequately reflected in the scope. Our search strategies will be designed to identify

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				another term which refers to reablement. This is a term which is used to provide support for blind and partially sighted and deafblind people.	evidence on intermediate care and reablement although they will also reflect the fact that other descriptions are used, for example restorative care instead of reablement in New Zealand, Australia and the United States. However, to be clear, single condition rehabilitation is excluded from the scope of this guideline.
Royal National Institute of Blind People	10	12	4 - 14	The section of legislation, regulation and guidance is very important, particularly in ensuring that the scope covers reablement services which may sit within local authorities. However, it should be made clear that the Care Act has replaced the Community Care Discharge Act, and the Personal Care at Home Act. This section should refer to the Care Act first and set out the current legislative framework concerning reablement. The new guidance, whist stating that preventative services should be provided free of charge for up to six weeks, however, guidance does make a caveat in recognition that six weeks is not always a sufficient amount of time. Section 2.61 of guidance states that: "Whilst they are both time-limited interventions, neither intermediate care nor reablement should have a strict time limit, since the period of time for	Thank you for your suggestions. This section was intended to describe the historical development of reablement, which is why policy and legislation is presented the way it is. This section has not been revised in the final scope. We agree with you that although intermediate care and reablement can be provided for a period of up to 6 weeks (free of charge), this is not intended to be the norm and indeed many people will positive outcomes within a matter of days. We anticipate that this will be an important issue for the Guideline Committee to discuss.

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				which the support is provided should depend on the needs and outcomes of the individual. In some cases, for instance a period of rehabilitation for visually impaired person (a specific form of reablement) may be expected to last longer than six week. Whilst the local authority does have the power to charge for this where it is provided beyond six weeks, local authorities should consider continuing to provide it free of charge beyond six week in view of the clear preventative benefits to the individual and, in many cases, the reduced risk of hospital admission."	
Royal National Institute of Blind People	11	5	6	What are the views and experiences of people using services and their carers in relation to short-term interventions for regaining independence? RNIB played a key role in influencing and shaping statutory guidance and regulations, concerning reablement. Over 200 individuals contacted RNIB to share their experiences of rehabilitation support. We heard from carers who said that they parent had gone into care because they failed to receive rehabilitation support which could have helped them to be independent. Individuals also shared their stories, of how mobility training helped them to be independent to	Thank you for this information, which we will share with the Guideline Committee.

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				go out on their own and to feel safe. RNIB will shortly be publishing the results of a representative research we have conducted on a range of experiences by blind and partially sighted people; this will include some statistical information on social care. We are also developing research around rehabilitation support and are surveying blind and partially sighted people on their experiences. Recent research conducted by Pocklington Trust concluded that "People with sight loss are positive about the impact of vision rehabilitation services on their safety, confidence and independence. Some would like earlier access to services and more readily available information."	
Royal Pharmaceutical Society	1	General	General	The Royal Pharmaceutical Society look forward to viewing the draft of the NICE short-term interventions for regaining independence guidance. We would like to highlight that we have developed guidance about multi-compartment compliance aids: http://www.rpharms.com/unsecure-support-resources/improving-patient-outcomes-through-the-better-use-of-mcas.asp. This might be useful for the section on page 3 about working with the person to maximise the extent to which they can manage their own care and support needs, including taking prescribed medication (for example medication reminders and pill box organisers).	Thank you for your support and the information, which we will share with the Guideline Committee.

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Sense	1	2	10	We believe that the scope should be widened to cover young people under the age of 18 who are preparing for transition to adulthood. Young people may need reablement support to prepare to live independently and away from the family home, for instance learning new living skills.	Thank you for your comment. We recognise that young people under the age of 18 can have reablement needs and this has been the subject of scoping group discussions. However, the referral from the Department of Health was for a guideline addressing the needs of adults over 18. Our view is that a single guideline covering all ages cannot do adequate justice across a wide range of issues nor secure the right stakeholder involvement. In addition, a NICE social care guideline focusing on the needs of young people transitioning from children's to adult services is currently in development.
Sense	2	4	4 -11	We would suggest that this list should include the organisation of reablement support for people with multiple conditions where interventions will need to take into account all conditions. For example people with both hearing and sight loss, where any interventions and support provided will need to take into account the cumulative approach of both conditions.	Thank you for your suggestion. We try and avoid citing specific conditions in the scope. The review of evidence will search for research about all adults using intermediate care and reablement.
Sense	3	5	3	We would like to see this list of questions include specific reference to the impact of short term interventions aimed at regaining independence for people with sensory loss. This is an area of reablement which is often overlooked despite, in the case of visual impairment, there being a specific qualification in rehabilitation for visually impaired people (ROVI).	Thank you for your comment. As a matter of course, evidence on all adults will be searched for.
Spinal Injuries Association	1	11	12	Towards the end of paragraph 3.3 (on page 11, lines 12 -17) the draft scope states: "12 … Although people generally welcome the improved independence reablement provides,	Thank you for your comment. We agree that appropriate use of reablement services is a key issue. In our list of key areas that will be covered we note the importance of assessments which are

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				frustrations related to a lack of assistance with domestics tasks or with goals around improving social contact. It is apparent that reablement teams must manage people's expectations at the outset and address a broad concept of independence." As a social care adviser for people with spinal cord injuries, I have encountered several instances of the inappropriate provision of a reablement service for people whose need is actually for ongoing community care support. This seems to result in poor quality care from the team whose skills, focus and purpose are at odds with the individual, and as well as some eligible needs being altogether unmet because they are outside the team's remit . It is difficult to be entirely clear why this comes about, but it does seem to be a worrying tendency. In one instance I encountered it seem that the local authority was providing inappropriate reablement instead of carrying out a full assessment of needs, having failed to yet identify that the needs were not of a nature where reablement is likely to help, nor of a nature where the skills and remit of a reablement team would be adequate to meet those needs. In another instance it appeared to happen because the service user was an asylum seeker with critical care needs, but the local authority in question had not understood that they had a legal duty to identify and meet eligible needs for such a person. In yet another instance it seemed to be because the authority had failed to identify a	person centred and account for people's needs, aspirations and social contexts.

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				provider with capacity in time to replace a previous service which was withdrawn; this was possibly due to undue delay on the part of the authority, as they (and the provider which withdrew) also failed to inform the service user until a few days before the end of the withdrawn service. It would be useful for the guideline to address this kind of misuse of reablement to avoid, delay or substitute for the assessment and meeting of eligible and ongoing care needs.	
Tees, Esk and Wear Valleys NHS Foundation Trust	1	General	General	The repeated use of the phrase 'regaining independence' may lead to difficulties when working with people with long term conditions. I'm particularly thinking of people living with dementia, when their independence can be optimised / maximised, but not necessarily regained due to the progressive nature of it. This sets a tone for the whole of the document that subtly raises a question, though in 1.3 line 29, the document does talk about 'maximising'. This will also impact on p5, line 16, as if looking purely for regaining independence; it may be difficult to gather sufficient positive evidence, though evidence for optimising may be there.	Thank you for your comment. We agree that the concept of 'short term interventions for regaining independence' is potentially misleading and unhelpful. In the final scope we have therefore clarified that the included services are intermediate care and reablement, according to the definition used by the National Audit of Intermediate Care. Reference to 'regaining independence' has been removed from the title and description of the scope and the scope provides the NAIC definition of intermediate care (crisis response, bed based and home based intermediate care).
Tees, Esk and Wear Valleys NHS Foundation Trust	2	3	28	I wonder about the benefit of having an example that relates to social activity e.g. a craft group, that is something they participate in, rather than it being purely work / volunteer based.	Thank you for your comment. We agree that social activities might include craft and leisure. However please note that the 'key areas' section of the scope has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes working with people to enable access to and engagement with social and

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					leisure activities.
Tees, Esk and Wear Valleys NHS Foundation Trust	3	5	6	Some areas of our Trust are using the recovery star as an outcome measure for effectiveness	Thank you for this information, which we will share with the Guideline Committee and systematic review team.
Tees, Esk and Wear Valleys NHS Foundation Trust	4	8	General	The focus is heavily on links with hospital with less discussion on the proactive way that reablement can work with low level needs to try to prevent crisis by empowering and promoting wellbeing. It would be a shame if the nature of this work was lost in amongst the agenda of saving hospital money purely in the form of speeding up discharge or preventing an emergency admission.	Thank you for your comment. We agree that promoting wellbeing is an important concept, however the scoping group agreed that reablement as a means of improving social care related quality of life and reducing use of social care services is adequately reflected in the scope.
Tees, Esk and Wear Valleys NHS Foundation Trust	5	10	17	The huge variation of models poses a difficulty in providing guidelines. Potentially, some examples of models would be beneficial to include in guidelines.	Thank you for your comment. We have edited this section to include some specific examples of delivery models.
Tees, Esk and Wear Valleys NHS Foundation Trust	6	12	7	Need for flexibility in the 6 week rule with people with dementia who may make progress but not quite as quickly	Thank you for your comment. We recognise the importance of ensuring care is flexible, particularly in relation to people with conditions such as dementia. This is likely to be an important issue for the guideline.
The 25% ME Group	1	2	9-11	It is proposed that the guideline will cover all adults 'identified as having lost, or being at risk of losing their independence' – However, it should not be assumed that all of this group have scope to benefit from a 'reablement' approach. Although there is reference to 'selective' and 'de-selective' approaches to accepting referrals in the section on 'current practice' [P10, lines 20-24], it is unclear to what extent – if at all the guidance will	Thank you for your comment. We agree that reablement may not be appropriate for all people and anticipate that this will be an important issue for the Guideline Committee to discuss.

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				address this important matter. I note with concern that the 'regaining independence overview' diagram [P8] encompasses all. Not only is it wasteful of resources to attempt steer all down a 'reablement' pathway, but an over enthusiastic adherence to this route can leave some people who have lost independence even more dependent than before. This is already emerging as a highly significant problem for the client group the 25% ME Group represents.	
The 25% ME Group	2	8	Overview diagram	This diagram lacks a filter out of 'reablement' for any adults who have lost, or risking losing, their independence. There is no acknowledgement that this approach will not benefit all. It is vital that ALL adults who have lost independence, or risk losing / further losing independence, have the right type of support to maximise their quality of life and functioning. For some, this will be some form of what is termed 'reablement'. However, it is also vital that professionals keep a reality check on their expectations and exercise wisdom in the application of this model. An ideologically driven stringent adherence to a particular approach is never good for the less powerful people to whom the ideology is applied.	The care pathway has now been revised to reflect the specific interventions covered by this guideline. We agree that reablement may not be appropriate for all people and anticipate that this will be an important issue for the Guideline Committee to address.
The 25% ME Group	3	10	13 -15	A definition of 'reablement' is provided– 'reablement aims to help people remain independent by supporting them to learn or relearn skills for daily living that may have been lost through illness, disability, or an accident.' This definition could usefully help delineate the	Thank you for your comment. We agree that reablement may not be appropriate for all individuals and anticipate that this will be an important issue for the Guideline Committee to address. The final scope now clarifies that the included services are intermediate care and

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				scope and particular relevance of reablement for the individual person for whom this approach is being considered. As well is helping screen out people for whom it is not appropriate. it is not suggested that this is the sole preserve of the professional. Discussion with a prospective client in a supportive way, that elucidates and respects the person's perspective on what they hope 'reablement' might achieve for them and their views on limits, should be an essential step. The present guideline scope appears to lack an awareness of this ethos. A 'steam roller' approach is to be avoided.	reablement and that we are using the definition operationalized by the National Audit of Intermediate Care (crisis response, bed based and home based intermediate care).
United Kingdom Homecare Association (UKHCA)	1	General	General	United Kingdom Homecare Association supports the intentions and focus of the guideline scope. We believe home based intermediate care that supports people to regain independence through short-term interventions is an important element in delivering the principles and ambitions of the Care Act 2014.	Thank you for your support.
United Kingdom Homecare Association (UKHCA)	2	General	General	It is our view that many stakeholders who would be interested in commenting on this guideline or providing input in some way will likely be deterred by the language used and will not identify with the purpose of the document from the title or introduction. We recognise NICE is trying to find a language to a wide range of situations and stakeholders, however our impression is that even the title and introductory "Topic" paragraph fail to portray the intentions of the guideline.	Thank you for your comment. We agree that the title and topic description in the draft scope were potentially confusing. We have now changed the scope to be clear that the guideline will cover reablement and intermediate care, according to the definition used in the National Audit of Intermediate Care. This means that as well as reablement, the three service models that will be covered are crisis response, bed based and home based intermediate care. The title has been changed to focus on intermediate care and reablement.
United Kingdom	3	1	9	The addition of "and support" following "care" would result in language that is more enabling,	Thank you for your comment. This sentence has been changed in the final scope to response to

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Homecare Association (UKHCA)				and therefore especially pertinent around reablement, as well as being in keeping with current terminology.	other stakeholder comments. It now simply states that the guideline will cover intermediate care and reablement.
United Kingdom Homecare Association (UKHCA)	4	1	20	We would suggest separate recognition for third sector and voluntary organisations within 'other community services'. As public finances continue to be constrained, increasing demand and responsibility for care services, including reablement, is borne by the voluntary and third sectors.	Thank you for your comment. We agree that the voluntary and third sectors are playing an increasing role in the provision of care services but the term 'other community services' refers to all sectors and in the interests of brevity have not made your suggested amendment.
United Kingdom Homecare Association (UKHCA)	5	3	15	In line with the definition for "personal care", as documented in Part 1 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, UKHCA would expect to see reference to "toileting" also included as an area to relearn competencies and build confidence.	Thank you for your comment. Whilst we acknowledge that 'toileting' is used in legislation the scoping group agreed that it does not reflect the dignity of the individual. Please also note that the 'key areas' section of the scope has been changed and no longer lists 'elements of care packages'. Instead it describes the specific interventions covered by this guideline and by implication, all the aspects of support they provide, including support with personal care.
United Kingdom Homecare Association (UKHCA)	6	4	13	A key part of any reablement package of care and support is the ability to flexibly increase or decrease that package, dependent on the requirements of the individual. We would like to see clearer and more specific recognition of how services can be stepped-up or stepped-down during the period of reablement.	Thank you for your comment. We recognise the importance of ongoing assessment and flexibility in reablement. We believe that this issue is covered by the inclusion of 'reviewing progress throughout' in our list of key activities and we anticipate the issue will be of key concern to the Guideline Committee.
United Kingdom Homecare Association (UKHCA)	7	4	15	It would be helpful to have a link or hyperlink to the NICE guideline on homecare.	Thank you for your comment. The anticipated publication date for the home care guideline is September 2015. A link to the guideline development home page, with all project documents, is provided on page 7 under 'NICE

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					guidance in development'.
United Kingdom Homecare Association (UKHCA)	8	5	5	We feel it would be helpful to add the following question to the list – 'What is the effectiveness of short term interventions and what are the barriers to delivery?' In relation to the question above, NICE would ideally consider if appropriate evidence currently exists that a specific timeframe, such as six weeks, is appropriate for reablement, or if that timeframe should be flexible. Furthermore, is there evidence of greater benefits to the individual and/or their family and/or carers if reablement services are persevered with over a longer period of time?	Thank you for your suggestion. We anticipate that the question about the effectiveness and cost effectiveness of reablement will locate evidence about the need for flexibility in the length of reablement services.
United Kingdom Homecare Association (UKHCA)	9	5	19	The draft scope identifies issues around access to services for certain groups, such as people living with dementia or receiving end of life care. We believe the guideline would benefit from investigating further which groups are at risk of being excluded from reablement services, why this might be and to make recommendations on how this could change in the future.	Thank you for your comment. We agree that access to services for certain groups is an important issue and it is hoped that recommendations can be made in relation to this issue, however this is dependent on the extent of available evidence. Our search strategies will be designed to locate evidence about all adults using intermediate care and reablement.
United Kingdom Homecare Association (UKHCA)	10	5	12	The current design of the question 'what is the optimal care package?' is somewhat restrictive, as it suggests a 'one size fits all' approach. Instead, the guideline might consider a wider question around 'what are the characteristics of optimal care?' This would help to encourage creative thinking, and provide flexibility for individuals requiring care and support, their family and carers, in addition to commissioners.	Thank you for your comment. The wording of this review question was intended to search for evidence on the optimal elements of reablement or intermediate care e.g. what should be available. It was not intended to suggest looking for a "one size fits all" service. However we agree that the phrase 'optimal care package' does not suggest a person-centred approach and have removed this from the review question.
United Kingdom Homecare	11	7	15	Additional detail added to the pathway outline will be helpful; however it is important that the final graph is not overly convoluted, and therefore less	Thank you for your comment. The pathway will be designed to ensure that it provides the necessary detail but remains accessible.

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Association (UKHCA)				accessible.	
United Kingdom Homecare Association (UKHCA)	12	9	12	It would be useful to know why 3.3% of people were offered reablement services following discharge – what were the eligibility criteria? The paragraph also fails to make clear if this is a figure that has grown in comparison to previous years.	Thank you for your comment. The source document for that data does not provide information about eligibility criteria. The figures for the previous year have now been added to the final scope.
United Kingdom Homecare Association (UKHCA)	13	9	25 -28	It would be helpful to include recognition of other services which may affect the indicator of permanent admissions to hospital and residential/nursing homes, such as use of other community services like homecare.	We recognise that a whole range of factors including other services and support will affect admissions and service use. However this information is not provided by the source document although it is likely to be located via the evidence review during the development of the guideline.
United Kingdom Homecare Association (UKHCA)	14	11	16	We welcome recognition within the draft scope that a challenging aspect of the reablement role is to manage the expectations of people using the service. In the first question on page 5 of the draft scope, related to the "views and experiences of people using services", it may be practical to include and explore "expectations" or "expectations against realities" within this question.	Thank you for your comment. We agree that managing people's expectations is an important issue. By including a question on the views and experiences of people using services we hope to identify evidence which will enable us to address this, however this is dependent on the extent of the available research.
United Kingdom Homecare Association (UKHCA)	15	12	1	The draft scope makes reference to a number policy initiatives, such as the Better Care Fund, where funding has been shifted to support reablement and intermediate care teams. Currently however, there is a lack of focus within the draft scope as to how much of that funding is reaching these services, or whether the funding in question is consists of new money.	Thank you for your comment. Section 3 of the scope is intended to give a broad overview of the current context rather than provide detailed information or analysis about funding issues. It may be that evidence to answer your questions is identified during the guideline development process.
United Kingdom Homecare	16	12	27	UKHCA believe that commissioning practices are central to dictating how care and support services are delivered, and as such should be a key focus	Thank you for your suggestions. Health and social care commissioners of intermediate care and reablement are included as one of the main

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Association (UKHCA)				for the draft scope and the final guideline. In particular we would like to see the lines of communication and balance of partnership between commissioners and providers explored. This is an area of particular importance for reablement, as the window for the provision of complex care is particularly small. Furthermore, as eluded to but perhaps not highlighted sufficiently on lines 4-5 of page 13, there is a rapid increase in the volume of reablement services which are being outsourced by local authorities. Therefore the sharing of information and relationship between commissioner, local authority and provider is progressively significant. Lastly, it would be helpful to explore the level of skill and expertise required to commission reablement services specifically, and whether there is the training, knowledge and support available to supply the necessary skills and expertise among the commissioning workforce.	audiences. Subject to available evidence it is therefore likely that recommendations about commissioning practice will be developed by the Guideline Committee.
VISION 2020 UK	1	1	12 -18	The audience for the guidelines should include those along the respective conditional pathways who signpost into reablement services as well as providers of subsequent support, follow-up and review such as the voluntary sector. You may have tried to capture this under lines 20-23 but it needs to be more explicit.	Thank you for your comment. Health and social care practitioners in other community services and in acute inpatient settings are intended to cover this. We try to be broad rather than specific in the audience section of the scope so no changes have been made in light of your comment.
VISION 2020 UK	2	3	General	Please can you include detail about enabling people to manage communications. People with sight loss will need to learn new skills to manage correspondence (both physical and electronic), read important documents and read guidance on	Thank you for your comment. We agree that enabling people to manage communications is an important issue. Please note that the wording in this section has been changed and no longer lists 'elements of care packages'. Instead it describes

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				medicines. Communication skills training will also be necessary for people with other conditions which are not sight related.	the specific interventions covered by this guideline and by implication, all the aspects of support they provide. This includes supporting people to manage communications, whether due to sight loss or other conditions.
VISION 2020 UK	3	3	General	Please can you include detail about navigation skills. People with sight loss with find navigating their environment, both in the home and in the external environment, challenging without effective rehabilitation support. This skill is important for maintaining independence and reducing social isolation.	Thank you for your comment. We agree that navigation for people with sight loss is an important issue. As above, please note that the 'key areas' section of the scope has been changed to describe the specific interventions covered by this guideline. Since navigating the environment is central to people's independence, it will be covered.
VISION 2020 UK	4	5	3	Whilst we appreciate that the questions in section 1.5 will be decided by the Guidance Committee, we feel that, given there is a specific question here for dementia and mental health difficulties, that there should be a specific example question related to sight loss such as 'What is the effectiveness of short-term interventions for regaining independence aimed at supporting people with sight loss?' Rehabilitation for people with sight loss is such a vital aspect of independent living for the future that we would wish to emphasise its importance here.	Thank you for your comment. There is a review question about people living with dementia because evidence from research and practice demonstrates that those people are often excluded from reablement because of the belief held by some commissioners and providers, that they will not benefit. It is exceptional to focus on people with particular conditions in the scope but the available evidence suggests it is important to do so for people living with dementia. However, as a matter of course, for the rest of the review questions, evidence on all adults will be searched for, and this will include people with sight loss difficulties. Therefore, subject to the evidence being available, the Guideline Committee may be able to develop recommendations on supporting people with sight loss via intermediate care and dementia.
VISION 2020 UK	5	6	6 -13	The transfer between secondary care to rehabilitation services for people with sight loss is important, as we would imagine it is for other	Thank you for your comment. This section is intended to provide an overview of the main types of outcome measures which are likely to be used

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				conditions. We are pleased to see recognition of the delays in transfer of care from hospital and we hope this phrase encompasses the time critical nature of rehabilitation being received promptly following diagnosis. If it does not then an additional bullet point is required to capture this. We would like to see recognition of the importance of joined up systems between health and social care which allow for the smooth transition of the patient from one service to the next. Systemic problems should be removed for the safety and benefit of the patient and to improve efficiencies for service providers.	in the research evidence and we anticipate that delayed transfers of care will be relevant in this respect. It is important to note that although home based and bed based intermediate care are included within scope, single condition rehabilitation is not. You may be interested to learn that delayed transfers of care will be addressed by another NICE social care guideline, 'Transitions between in patient hospital settings and community or care home settings', which is currently in development and due to publish in November 2015.
VISION 2020 UK	6	10	15 -16	Please can you add 'rehabilitation' here as another phrase used to describe reablement. This is the common phrase used for sight loss and is a term used by the Association of Directors of Adult Social Services (ADASS) - http://www.adass.org.uk/position-statement-on-visual-impairment-rehabilitation-in-the-context-of-personalisation/	The final scope now clarifies that the included services are intermediate care and reablement, according to the definition used by the National Audit of Intermediate Care. This does not include single condition rehabilitation. However our search strategies will be designed to capture evidence about reablement from other countries, where terms such as restorative care are used.
VISION 2020 UK	7	8 -13	General	Section 3: The size of workforce would be important to highlight in this section. The following is a good example of how workforce issues can present issues for access to services: In England, 2012 estimates were that there were 378 vision rehabilitation officers serving 152 local authorities (1). A 2012 survey showed that the numbers per authority ranged from 26 in Kent and Medway to none in several areas. In areas with rehabilitation officers, the ratio of rehabilitation	Thank you for your comments and the information, which we will share with the Guideline Committee. Section 3 of the scope is intended to give a broad overview of the current context rather than outline the availability of services to people with specific conditions.

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				officers per head of population varied between 55,000 and 683,000. (1) RNIB Sight Loss Data Tool, Version two, drawing from SCA Estimated number of ROVIs currently working in the UK. Social Care Association, 2012.	
VISION 2020 UK	8	8 -13	General	Section 3: Variation in services across the country would be good to note further. A survey of visual impairment rehabilitation services found they vary widely in the type of provider, type of support offered, structure and skills of teams delivering interventions, caseloads and waiting times. Services provided by voluntary organisations appear to experience more pressure on budgets and staffing ratios than local authority services. (2) A quarter of services inappropriately required people to have a Fair Access to Care Services (FACS) assessment to determine their eligibility to receive the service. Two thirds have a waiting list. The average waiting time is 10 weeks. Service managers and staff are concerned about shortages of staff and inadequate opportunities for staff training and continuing professional development (CPD). (2) Just over a half of services say they measure outcomes and less than half of these use standardised measurement tools. (2)	Thank you for your comment. Section 3 is intended to give a broad overview of the current context in relation to the population identified by the scope. As a single condition rehabilitation service, this type of information is not within scope for this guideline.

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				(2) Parvaneh Rabiee, Gillian Parker, Sylvia Bernard and Kate Baxter, Social Policy Research Unit, University of York, Thomas Pocklington Trust, Research Findings 46: Vision rehabilitation services: what is the evidence?, February 2015,	
VISION 2020 UK	9	General	General	We would encourage those involved with developing the guidance to look at the following documents: • Parvaneh Rabiee, Gillian Parker, Sylvia Bernard and Kate Baxter, Social Policy Research Unit, University of York, Thomas Pocklington Trust, Research Findings 46: Vision rehabilitation services: what is the evidence?, February 2015 http://www.pocklington-trust.org.uk/Resources/Thomas%20Pocklington/Documents/PDF/Research%20Publications/rf-46-vision-rehab.pdf • ADASS position statement on visual impairment rehabilitation in the context of personalisation http://www.adass.org.uk/uploadedFiles/adass_content/policy_networks/physical_and_sensory_impairment_and_HIVAIDS/key_documents/ADASS_position_statement_on_visual_impairment_rehabilitation_in_the_context_of_personalisation_december_2013_MG.pdf	Thank you for these references which we can consider for inclusion in the systematic evidence review.
VISION 2020 UK	10	General	General	The documentation for responding to this consultation was not fully accessible making it challenging for some of our blind and partially sighted colleagues to respond.	Thank you for flagging this. There is a zoom function that is available when a PDF is opened to aid accessibility. There is also a section on the NICE website that points to this and other options

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					for accessing the documents - http://www.nice.org.uk/accessibility

[i] Stroebe, M.S., Schut, H., and Stroebe, W (2007) Health outcomes of bereavement. *Lancet,* 370, 1960-73. http://www.comsegovia.com/paliativos/pdf/Health%20outcomes%20of%20bereavement.pdf

[ii] Prigerson, H et al (2008) A case for inclusion of prolonged grief disorder in DSM-V. In Stroebe M et al (eds) *Handbook of Bereavement Research and Practice* Washington DC: American Psychological Association

[iii] Stroebe et al (2007) ibid

[iv] Lloyd-Williams, M and Wilkinson, C and Lloyd-Williams, F (1998) Do bereaved children consult the primary health care team more frequently? *European Journal of Cancer Care* 7, 120-124

[v] Childhood Bereavement Network (2009) *Grief Matters for Children: A Call to Action* London: National Children's Bureau

[vi] Birrell et al (2013) Socio-Economic Costs of Bereavement in Scotland: Main Study Report.

[vii] Stroebe, M.S., Schut, H., and Stroebe, W (2007) Health outcomes of bereavement. *Lancet,* 370, 1960-73. http://www.comsegovia.com/paliativos/pdf/Health%20outcomes%20of%20bereavement.pdf

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