Minutes of the APPG for Spinal Injuries

Spinal Injuries APPG – Inquiry Session 2: Why Do We Need a National Strategy for Spinal Injuries?

Date: 9 June 2025
Location: Portcullis House, Westminster

Chair: Andy McDonald MP, Chair of the APPG for Spinal Cord Injuries

Co Chair: Gill Furniss MP

1. Opening Remarks

- Andy McDonald MP introduced the session as a one-to-one witness discussion with Benita Hexter.
- Outlined focus areas: current barriers to spinal cord injury (SCI) rehab; value of national standards; examples of best practice; and risks of delayed access.
- Emphasised the inquiry's aim to build a compelling case for government action and funding.

2. Evidence from Witnesses

Benita Hexter – NHS Rehabilitation Nurse

Professional Background

- 25 years at Royal National Orthopaedic Hospital, 23 in SCI care, 15–16 as team lead.
- Chair of MASCIP, lecturer at UCL, and member of NHS England's Clinical Reference Group.

Urgent Systemic Challenges

- **Capacity Shortfall**: Only 1 in 5 patients referred are admitted for spinal rehab.
- **Increased Demand**: Inclusion of non-traumatic spinal injuries doubled demand with no increase in resources.
- **Regional Inequity**: A postcode lottery exists due to variable bed-to-population ratios and inconsistent trust investment.

Impact of Trauma Networks

- Improved access to surgery but caused delays to specialist rehab due to prolonged stays in trauma centres.

Outreach Limitations

- Outreach teams provide early intervention but do not replace the need for specialist beds and dedicated rehab infrastructure.
- General and orthopaedic wards are not equipped or staffed for SCI rehab, compromising care quality and outcomes.

Best Practice Example – Stanmore Centre

- Despite the lowest bed-to-population ratio, the centre maximises rehab delivery through:
  - High therapist-to-patient ratio.
  - 15 hours of therapy per week (meeting national standards).
  - Efficient discharge planning and reinvestment of rehab funding back into services.
- Outcomes equal to or better than other centres.

Delayed Discharges

- Caused by misaligned NHS, social care, and Continuing Healthcare budgets.
- COVID-19 demonstrated that these delays are resolvable under urgency.
- Lack of accessible housing forces inappropriate discharges into nursing homes.
- Leads to preventable complications, higher costs, and increased patient suffering.

Financial and Structural Barriers

- SCI rehab “would pay for itself” but requires upfront investment.
- Trusts vary in how they use spinal rehab funding, with some diverting funds elsewhere—creating transparency and equity issues.
- Specialist standards exist but are not mandated or funded by NHS England.

Wheelchair Services

- No national standards or accountability.
- Gross underfunding per patient (£230 vs. actual costs of £2,300–£5,000).
- Commissioned locally by ICBs, causing variation, delays, and inefficiencies.

3. Key Outcomes

- **Evidence of National Capacity Crisis**: SCI centres cannot meet demand due to historical underinvestment.
- **Outreach Efforts Are Not a Substitute for Beds**: While helpful, they do not replace the need for specialist rehab environments.
- **Best Practice Can Succeed**: Stanmore's model demonstrates that high-quality, cost-effective care is achievable with the right investment and service design.
- **Delays Cost Lives and Money**: The current system increases long-term costs and results in irreversible patient harm.
- **Lack of National Standards Enforcement**: Without funding and accountability, standards remain aspirational.

4. Recommendations

1. **Create a National Strategy for SCI Rehabilitation**, with dedicated capital investment to increase bed capacity in specialist centres.
2. **Mandate and Fund National SCI Rehab Standards** through NHS England, ensuring consistent care and service expectations across all regions.
3. **Protect and Ring-Fence SCI Funding** so it cannot be diverted by trusts for other purposes. Introduce transparency via reporting mechanisms.
4. **Address Delayed Discharges Systemically**, including better integration between NHS and social care and investment in accessible housing.
5. **Standardise and Properly Fund Wheelchair Services**, with a centralised model that aligns funding to actual patient needs.
6. **Expand the Outreach Model** only as a complementary measure, not a replacement for inpatient SCI rehab.
7. **Build National Data and Accountability Structures** to track referrals, admissions, discharges, and outcomes.

5. Closing Remarks – Andy McDonald MP

- Praised the depth and quality of Benita Hexter's evidence.
- Confirmed the APPG will refine conclusions and share them with witnesses.
- Reiterated the inquiry's aim: to produce specific "asks" for government action, backed by expert-led evidence.

Next Steps

- Further sessions to hear from additional stakeholders.
- Consolidation of findings into an APPG report.
- Development of formal recommendations to government.

Minutes prepared by the APPG Secretariat