

The Police Rehabilitation Centre (PRC)

Clinical Admission Policy

Policy Statement:

This policy sets out the clinical admission assessment criteria and process which has been developed so that the Police Rehabilitation Centre (PRC) Clinical Teams understand the needs of the applicant and can decide, organise, and schedule appropriate treatments to support a return to better health and wellbeing. For the purposes of this document ongoing and any other Police Rehabilitation Centre policy the terms “Serving Police Officer (s)” “Police Officer (s)” “Officer (s)” Retired Officer(s)” refer to the stated categories of police personnel as defined in the Eligibility Criteria - paragraph 6 (section i).

Purpose:

The purpose of this policy is:

- To provide a framework and process to assist clinical decision making in respect of admission for treatment.
- To provide a framework and process for the potential provision of clinical reports following treatment.

Responsibility for application of the policy:

The responsibility for the application of this policy lies with the Chief Executive.

Applicants or their representative, who believe they have been unfairly treated under this policy, should in the first instance raise the matter, normally in writing with the Chief Executive.

Should the matter not be resolved by the Chief Executive to the satisfaction of the applicant, they or their representative should bring the matter to the attention, normally in writing of the Chairman of the Board of Trustees without undue delay.

Policy:

There are a number of factors to take into account in developing a framework to assist in making decisions about admissions, including:

- Issues of nursing and personal care in relation to persons who are, or have been:
 - Suffering from an illness
 - Experiencing mental health issues
 - Disabled or infirm
- Acute and chronic circumstances:
 - Acute: normally no admission whilst the circumstance is fresh; e.g. wait until the acute issue is under control
 - Sub acute: generally no problem in considering an application for admission
 - Chronic normally no long term resolution to the condition, and varying degrees of success in rehabilitation achieved.

Clinical Criteria:

Eligible individuals (see PRC Eligibility Policy) who make an application for admission and are considered in respect of physiotherapy and/or nursing treatment, as a residential in-patient should:

- a) Normally be capable of independent living including self-care and self-medication, however,
- b) Where the circumstances of the applicant for admission do not meet the criteria of a) above;
 - Each application will be considered on its own merits in relation to the level of support an individual may need with self-care eg washing, dressing, feeding and self-medication.
 - Patients in need of support may be asked to provide information with reference to the care from their current Provider to the PRC.
 - As the PRC Clinical Teams will have matched their resource requirements to that of the patient prior to offering a date for admission, patients will normally attend unaccompanied. Only in exceptional circumstances will they be allowed to be accompanied by a carer ie spouse or partner, dependent on clinical need.

Admission:

Admission – overall principle:

The aim of the Charity is to ensure the timely treatment of police officers to assist them in returning to full duty. In addition there are a small number of beds (currently 11) which are allocated for the treatment of retired officers. The definitions of ‘police officer’ and ‘retired police officer’ are contained within the PRC Eligibility Policy.

The PRC remains open throughout the year including Bank Holidays but excluding the period in which Christmas and New Year fall.

Admission – general conditions:

Applications for admission must be supported by evidence of a clinical need that can be addressed by the PRC Clinical Team and a positive outcome achieved. All applications must be submitted on the current application form (available on Website).

Applications for a further admission should not normally be made until at least 12 months has elapsed since a previous admission period, **unless:**

- The PRC clinical assessment at the conclusion of that previous admission recommends an earlier admission, **OR**
- There is a significant change in the current condition/circumstances which merits an earlier admission, **OR**
- A new circumstance or condition has arisen that would prompt the consideration of an earlier admission.

Where the PRC clinical assessment, at the conclusion of a period of admission, recommends no further

Where the PRC clinical assessment, at the conclusion of a period of admission, recommends no further clinical treatment is necessary for the same condition, particularly after several admissions, consideration may be given to not approving a further admission because no practical long term benefit can be achieved through use of the PRCs scarce resources.

Admission – periods of admission:

Police officers:

The period of treatment for an Officer is 10 days with admissions normally taking place on a Monday (except Bank Holidays).

Retired officers:

The period of treatment for a Retired Officer is 5 days with admissions normally take place on a Sunday with discharge on the following Friday.

Timeliness of Admission Date:

When the admission date that the PRC can offer is more than 12 weeks since the date of the original application further enquiries will normally be undertaken to assess the current clinical need to attend for treatment.

In some cases it may be necessary, because of the passage of time, to require a further application to be submitted with up to date information of the current clinical condition and treatment need.

Provision of Clinical Reports:

As there is no standard ‘police fitness test’ it is not possible for the PRC to make any clinical assessment against standardised criteria to assess the level of fitness for duty for any individual police officer.

Therefore the only clinical reports that can be provided by the PRC are in relation to the nature and assessment of the condition of the patient upon admission; treatment provision then accessed and undertaken; the outcomes of that treatment e.g. increased mobility.

At the conclusion of a programme of treatment a brief clinical report may be requested by the individual or, with their consent, by a third party.

Additional detailed clinical reports, and/or provision of copies of medical notes, requested by an individual or, with their consent, a third party, may be subject to a charge for their provision in accord with standard costs agreed by professional or legal bodies e.g. BMA, Law Society. The report will be provided once the payment has been received by the PRC.