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Counting the cost of the rehabilitation postcode lottery for road crash victims

Executive Summary

"Over 13 thousand people are seriously injured in road traffic collisions every year, requiring long-term care. But current rehabilitation provision can be a postcode lottery. This research shows that co-ordinated and intensive rehabilitation could save the NHS up to £1.6m lifetime savings per patient; improve patients' recovery prospects and the emotional well-being of their carers; and help patients to play a more active role in society. It also has the potential to make the UK a world leader in rehabilitation."

Colin Ettinger, Partner, Irwin Mitchell

As the UK prepares for a potential triple dip recession, austerity measures are taking hold. NHS budgets have been frozen and it has been asked to find £20bn in savings by 2015 with more cuts to come. As a result, rehabilitation services – particularly those for serious injuries or those requiring specialist care – may be at risk.

"I am feeling less than optimistic about the future of the NHS services for brain injury (and for all services). With 5% savings per year over the next five years I cannot see how services will not be cut."

Daniel Friedland, Consultant Neuropsychologist

Roundtable discussions indicated that rehabilitation is already an NHS Cinderella service. There is insufficient capacity and funding, and the UK has fewer rehabilitation specialists per head than any other European country, bar Ireland. The findings from the roundtable show there is limited access to rehabilitation – particularly care and support following hospital discharge – and this is exacerbated by the postcode lottery, with a four-fold difference in the interquartile range between reported rate of inpatient rehabilitation services for head injuries at the Primary Care Trust (PCT) level, amongst those that record rehabilitation episodes, (Interquartile range 1.4,6.8 per 100,000 population).

"What we don't always know is what sort of rehabilitation services these patients are going back to. Some hospitals and community teams may be well resourced for the appropriate rehabilitation required after major trauma. Other areas may not be so well resourced, creating difficulties for patients."

Brain injury nurse specialist

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Painting a national picture of use and demand for rehabilitation services

This report builds a national picture of use and demand for rehabilitation services across England. It focuses on brain and spinal injuries, and those who have been seriously injured in road traffic collisions. The research draws together information from a range of sources, including the latest available Hospital Episodes Statistics, rehabilitation studies from around the world and the experiences and recommendations of rehabilitation healthcare professionals, to inform and benefit those making decisions on the future funding of services.

OHE Consulting has been commissioned by serious injury specialist law firm, Irwin Mitchell, to deliver this unique research in order to better understand the current status of rehabilitation services and make recommendations about what can be done to improve access.

A lack of specialist rehabilitation affects people from all walks of life, from those suffering the impact of a stroke to people living with brain and spinal injuries.

To provide a sense of the scale of the problem, in 2011, over 13 thousand people suffered a serious, potentially life-changing injury as a result of a road traffic collision and required 3 or more days[1] stay in hospital and potentially require rehabilitation. There are an estimated 1 million people living with the consequences of brain injury in the UK, which is reported to be associated with increased vulnerability to death for at least 13 years post-injury[2].

At a roundtable held in London in December 2012 with rehabilitation healthcare specialists to inform this report, there was a sense that many people who are seriously injured risk falling between two stools. They are neither those with serious injuries who are supported long-term in hospital; nor patients who have suffered minor injuries and receive the short-term support they need. Instead, they are the people who suffer life-changing injuries, need long-term (and sometimes round-the-clock) care, adaptations to their homes and ongoing rehabilitation. They are forced to rely on limited community support and patchwork rehabilitation services, and may be left without the necessary care. The attendees suggested that this group has the potential to make the greatest improvement, but they receive the least support.

> "Recently, the clients that I've worked with who have been through trauma centres have been very positive about the acute care they've received. Where it falls down is repatriation back to their local hospitals, as often there isn't any community follow-up after discharge. As soon as someone can manage the basics, that's where the support stops."

Helena Bryant,
Client Liaison Manager at Irwin Mitchell

There is evidence that poor access to rehabilitation services for brain injury which may result from insufficient capacity and funding can increase costs to the NHS, result in poorer recovery prospects, and reduce the patient's likelihood of returning to work or playing an active role in society. It can also have a detrimental impact on the emotional well-being of their carers. Roundtable attendees indicated that some local rehabilitation facilities have been extended to support a catchment area of 750,000 people or more, and vocational rehabilitation units, in particular, are clustered around certain regions with people in the South West of England having the most limited access.

The roundtable attendees suggested that this lack of access, coupled with a lack of continuity and co-ordination in care once a patient is discharged from hospital into the community, not only puts their health at risk, but their job, their home, their mobility and their family's future security. It also adds undue added pressure and cost to the NHS.

> "The way we provide funding for adaptations needs to be radically re-thought, to provide something that is much simpler and quicker. At the moment there are a lot of rules and regulations that protract the process and work against patients returning home, rather than for them."

Julia Skelton,
Director of Professional Operations,
College of Occupational Therapists

1 Emergency admissions following a road traffic collision requiring an inpatient stay of 2 or more days and potentially requiring long-term care as reported by the Department of Transport

2 McMillan 2011

3 This was based on outputs from the roundtable discussion.

Potential cost savings for the NHS

Evidence suggests that early, co-ordinated and intensive rehabilitation (as opposed to 'information only' visits from a therapist) for brain injury not only leads to improved recovery prospects for the patient, but can generate significant savings to the NHS of between £0.7 and £1.6mn per patient over their lifetime. That is an estimated saving for the NHS of £120mn over the lifetime of people who suffered a brain injury as the result of a serious road traffic collision in 2011 if 5% receive intensive co-ordinated rehabilitation.

Cost savings from rehabilitation can come from:

- Faster and better functional recovery for patients
- Shorter in-patient stays
- Reduced costs of support in the community
- More independent living.

In addition to savings to the health services, additional cost savings to the economy may be expected as a result of:

- Increases in productive use of time e.g. a return to work or increased participation in society
- The carer's increased likelihood of returning to work.

Savings from support costs alone can offset the cost of rehabilitation for brain injury in just 1-2 years, with optimal financial benefits coming from patients who accessed rehabilitation services in the first two years following a serious brain injury.

There is limited information on which to base cost savings for the NHS in relation to spinal injuries. One recent publication concluded that rehabilitation for spinal injuries was not cost-effective. However, due to the lack of quantitative evidence we were not able to conclude either way, as the intensity, duration and timing of rehabilitation interventions have been indicated as critical factors which may influence the outcomes of any cost-effectiveness evaluation examining rehabilitation for spinal injuries.

Recommendations

From this research, we can surmise that England and the UK needs faster, more complete and sustained care for serious injury patients. By getting patients into rehabilitation more quickly, and taking a more holistic view of his/her needs - from rehabilitation and for those with compensation following a litigated case (to fund the necessary lifestyle changes) through to in-home care and support in accessing Local Authority and charity services – we can improve functional recovery prospects. For patients suffering brain injuries there is also evidence that specific rehabilitation programs can provide cost savings to the NHS.

We have drawn a number of recommendations to help improve access to specialist rehabilitation services and care:

1. **Record rehabilitation data in a consistent way** across all English PCTs to allow for easy comparison
2. **Identify best practice** and demonstrate the financial benefits to secure further funding.
3. **Calculate the life-long rehabilitation needs of patients,** and **pool funding** to deliver it through a single body
4. **Improve care for people once they are back at home** through more specialist rehabilitation services.

While some initiatives have been put in place which are beginning to better integrate services more effectively, and improve quality of care, discussions from the roundtable suggested that much more needs to be done. Trauma centres still cannot be sure what type of rehabilitation care their patients will receive once they have been discharged.[3]

"Day in and day out we see the benefits of early access to rehabilitation. But for those who we can't help, this report demonstrates how vital it is that everyone has access to quality care as early as possible in their recovery. It's good for the patients, and it's good for the NHS."

Colin Ettinger,
Partner, Irwin Mitchell

If you would like to discuss the research in more detail or to request a full copy of the research report, please contact:
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