



The Rehabilitation Network

Service Users Guide

The purpose of this document is to introduce The Rehabilitation Network to you and give some insight into what Case Management is and what you as an injured / disabled person (Service User) can expect if we are asked to work with you.

The Role of The Rehabilitation Network

We are an independent organisation wholly owned and managed by The Rehabilitation Network and we provide Case Management and rehabilitation packages in motor, personal and traumatic injury cases, income protection and employers' liability claims.

We work entirely outside the litigation process acting independently of insurers and claimant solicitors. Usually we are instructed **jointly** by both a defendant insurance company or solicitor and the claimant solicitor representing an injured person (you), and both sides receive copies of all reports we produce or request. If your claim is through an Income Protection or Employers Liability policy then the referring party will be the insurer providing the policy cover, and they will receive copies of the reports we produce.

Our concerns are solely to co-ordinate and provide rehabilitation services to assist you, the injured person, where possible in maximising your rehabilitation potential. In motor and personal injury claims we operate under what is known as *The Rehabilitation Code*, which is a set of guidelines in which claimant and defendant representatives agree to a process of rehabilitation that is case managed by an independent third party provider which operates outside of the legal case. The Rehabilitation Network is one of numerous such providers. Under The Rehabilitation Code the defendant insurer (sometimes known as the compensator) funds this rehabilitation package and pays for The Rehabilitation Network's services. Likewise, with Income Protection (IP) or Employers Liability (EL) insurance, it is the insurer who pays for our services.

Rehabilitation Case Management

Case Management is a way of tailoring help to meet individual need through placing the responsibility for assessment and service co-ordination with one individual or team. Case Managers get involved as early as possible when an injury or disability prevents someone from working, taking responsibility to meet the precise needs of an injured or disabled person.

For the Rehabilitation Network, Case Management is an active process that involves the assessment of an individual, the development and implementation of a tailored rehabilitation plan, and collaboration with all parties involved in the treatment and care of an injured or disabled person, to help move rehabilitation forward and assist the individual to maximise their potential for recovery. Pro-active rehabilitation is essential in helping someone recover their mental and physical equilibrium as quickly as possible after a serious injury.

The Rehabilitation Network's Case Managers work with Service Users with a wide range of injuries and disabilities including:

- Acquired / Traumatic Brain Injury (ABI / TBI)
- Spinal Injury
- Multiple Orthopaedic Injuries
- Whiplash & Musculoskeletal Injuries
- Amputations
- Soft Tissue Injuries
- Psychological Disorders: PTSD, Depression & Anxiety Disorders

What this means for you

Initially, our Case Manager will visit you at home, or if the injury is very recent, may visit you in hospital to complete what is called an Initial Needs Assessment. This assessment will last approx 2 hours and the Case Manager will capture information about your injuries, your treatment to date, treating clinicians and therapists, current symptoms and restrictions, the medication you're taking, and any pre-existing medical conditions such as diabetes or heart disease that may affect your recovery.

They will also capture information about your social and domestic environment, your interests and normal routine prior to injury, and your job. This will help form the basis of their report from which they can determine what your immediate needs are, and anticipate what your short and long term needs are likely to be.

They will then make recommendations for a range of services, dependent on your needs, in a Rehabilitation Plan. This can include additional treatment, investigation of symptoms, assessment for specialist equipment or home adaptations, and may later incorporate work with employers or vocational support and help retraining. If the recommendations are approved the Case Manager will then work with you and co-ordinate medical and therapeutic treatment, and if appropriate, will work with employers to get you back to work.

We work with both the public and private sector, speeding up recovery by using private facilities to avoid delays if necessary, subject to funding availability from the compensator. We provide continuing support and assistance for you, the injured person, and all Rehabilitation Plans are reviewed every 3 months.

Our Case Managers recognise that it is crucial to encourage co-operation between all parties providing care and treatment for a patient. With your permission, we therefore liaise with your GP and treating specialists, providing copies of our own Rehabilitation Assessment reports if appropriate to do so and any subsequent medical or therapeutic reports and keep them informed of relevant issues in your treatment. In turn, we request copies of records, reports or clinic notes to inform the rehabilitation process for the benefit of you, the Service User.

The Case Management role includes:

- Providing an individual assessment focused on the Service User's needs, taking account of injuries / disability, psychosocial, and vocational needs.
- Identifying aims and goals to meet the Service User's needs.

- Being an advocate and providing support for the Service User and their family.
- Working as a facilitator to access appropriate resources to meet the Service User's needs.
- Co-ordination of treatments and services including occupational therapy, medical care, social care and mobility.
- Liaising with appropriate agencies and compensators to secure funding to meet the Service User's needs.
- Implementing and co-ordinating rehabilitation programmes.
- Implementing and co-ordinating programmes to promote return to work, including education and retraining where appropriate.
- Setting up and monitoring care regimes.
- Monitoring the long-term needs of the Service User.
- Ensuring accommodation meets the Service User's needs, recommending appropriate equipment or adaptations.
- Encouragement for the Service User to engage in social, leisure, self care and vocational pursuits.

Rehabilitation Treatment

Our Case Manager may recommend additional assessment and provision of treatment for you comprising of Physiotherapy or Hydrotherapy and/or psychological treatment including Psychotherapy, Cognitive Behaviour Therapy (CBT), Clinical Hypnotherapy, Eye Movement Desensitisation Reprocessing (EMDR).

What this means for you

If approved, you will be referred for the treatment requested to one of our Treatment Providers who will normally contact you directly to arrange an initial assessment. Normally, you will be required to travel to the clinic or work premises of the treatment provider unless a home visit has been authorised. The treatment provider will explain the initial assessment process to you and what to expect.

They will then make recommendations for a programme of treatment, dependent on your needs, in a report, and will inform you of the number of treatment sessions they think you need and what is involved, the likely outcome etc. This is called 'informed consent'. They may even ask you to sign another consent form giving them specific authority to provide treatment to you.

The initial assessment report will be forwarded to our Case Manager who will forward it to our offices and from there will be sent to the referrers (insurer / solicitor etc) who instructed us to work with you. If the recommendations are approved the Treatment Provider will then work with you according to the recommended treatment plan.

Appointments

Our Case Manager will refer you to the nearest suitable Treatment Provider, and will provide details of the Treatment Provider concerned. The Treatment Provider will then contact you directly to arrange a mutually suitable appointment for the initial assessment.

Once a programme of treatment has been authorised you may be given weekly or more regular appointments, depending on the nature of the treatment.

Normally you will be expected to travel to the clinic or premises of the Treatment Provider and you must make every effort to attend your appointments on time. If you arrive late for your appointment there may not be enough time to provide a full session as this would make the therapist late for other appointments they have.

Cancelling Appointments

If you need to cancel a pre-booked appointment **you must contact the Treatment Provider directly** to do so, and you must try to give **at least 2 business days notice of cancellation**. A business day is any day other than a Sunday or Bank / Public Holiday in England between the hours of 9.00am and 5.30pm. For example, if you have an appointment on a Tuesday and need to cancel, you would be expected to give notice on the Saturday before, as this is 2 business days before your appointment.

Cancellation of appointments should be made by telephone to the number of the therapist you have been given, and a voicemail message left if an answering service picks up the call. If a voicemail has been left you should follow up with another call later the same day to check the cancellation has been acknowledged, and to rearrange your appointment.

Cancellation by email and SMS text message IS NOT ACCEPTABLE for such time sensitive information as the Treatment Provider may not receive these in time.

Late Cancellations & Missed Appointments

We understand that it isn't always possible to give the required notice of cancellation. However, late cancellations and missed appointments mean that the Treatment Provider is unable to refill the appointment with another client and risks losing a portion of their income.

If you cancel with less than the required 2 business days notice the Treatment Provider will still charge The Rehabilitation Network for the session, the cost will be passed onto the insurer and it will be recorded on your file.

If you fail to attend a pre-booked appointment without giving notice then the Treatment Provider will charge for this session and it will be recorded on your file with the cost passed onto the insurer.

Late cancellations and missed appointments will be deducted from the allotted number of sessions, thereby reducing potential for a successful outcome of treatment. If you habitually cancel at short notice or miss appointments, this will be recorded on your file, and after 3 incidents may result in further treatment being refused by The Rehabilitation Network or funding for treatment being withdrawn by the insurer (funder).

Our Case Managers will:

- Conduct all their dealings with you with respect, honesty, empathy, dignity, acceptance, and confidentiality.
- Always conduct themselves with integrity, responsibility and accountability.
- Provide support for you to explore your perceived needs and problems and seek out solutions.
- Focus on your needs for rehabilitation taking account of professional opinion and your own wishes.
- Share with you their knowledge, skills, experience and expertise where appropriate and necessary.
- Sensitively challenge any areas that obstruct your progress towards your recovery.
- Give you assistance, help, support, and encouragement in fulfilling the agreed outcomes or objectives.
- Attend all meetings on time, and give appropriate notice if unable.
- At all times work in partnership with you.

What our Case Managers do not do

The Rehabilitation Network's Case Managers do not work for either side in the legal case and are independent of the defendant insurer /solicitor (compensator) and the claimant solicitor.

The Rehabilitation Network's Case Managers do not gather evidence for the legal case and operate an open policy – information we obtain and/or generate is shared equally with both sides at the same time.

As professionals whose interest is in your needs they cannot and do not make demands of an insurer / compensator for any services to be paid for. Though they will consider any requests you make for your care and rehabilitation and seek funding if it is needed, they will always reserve their professional judgement and will not ask for or make demands for anything that is not in your best interests or that contradicts professional opinion, including the opinion of your treating clinicians, without good reason to do so.

Case Managers cannot and do not bypass procedures that other agencies have in place. For example: a Case Manager is not able to bypass any standard referral process within the NHS, and will generally need the support of your GP or a Consultant to access further NHS services on your behalf. Private treatment, though often quicker, isn't always, and often requires GP support for the referral. The Case Manager cannot bypass this if it is a requirement of the clinic or medical professional providing the treatment.

Confidentiality

The Rehabilitation Network accepts that all information it holds regarding the Service User's state of health or personal affairs is held in confidence. No information will be divulged to a third party without the express consent of the Service User or their legal representatives provided that:

- a. The safety of the Service User, or the Service User's family or any member of the general public is not compromised.
- b. Such confidentiality is not a contravention of any legal action or legal requirement that demands disclosure.

The exceptions to this policy are:

1. Release of relevant medical information which would form the basis of a normal professional interchange between the Case Manager and a qualified medical practitioner, district nurse, physiotherapist, occupational therapist, therapy service provider or social worker.
2. Release of information as part of the Case Management process to the referring parties (insurer/compensator and your legal representatives), through direct contact and the production of monthly progress reports.

All The Rehabilitation Network's Case Managers work in accordance with the General Data Protection Regulation (GDPR). The Rehabilitation Network makes appropriate provision for the secure storage of all files relating to individual Service Users and ensures all Case Managers and other associates understand our Confidentiality and Data Protection Policy.

Abusive or Threatening Behaviour

The Rehabilitation Network has ZERO TOLERANCE in respect of abusive and/or threatening behaviour towards its Case Managers, agents or contractors.

Any abusive or threatening behaviour towards The Rehabilitation Network's Case Managers, agents or contractors is unacceptable regardless of circumstances and from whom the behaviour comes.

Whilst we recognise that physical and/or mental health and related behavioural problems may contribute to abusive and/or threatening behaviour this will not be used as an absolute mitigation or justification for abusive or threatening behaviour towards Case Managers, agents or contractors.

Definition of abusive/threatening behaviour

Abusive / threatening behaviour includes:

- The use of foul language (written or spoken).
- Shouting.
- Name calling (written or spoken).
- Aggressive gestures (pointing, banging of doors/desks, waving of arms, throwing of objects).
- Any form of physical violence, whether actual or threatened.
- Any behaviour which places Case Managers, agents or contractors in fear or causes them distress.

The Rehabilitation Network recognises that some issues can be difficult to face or talk about and that sometimes a Service User's expectations may not be met for various reasons. We will endeavour to tailor our services to particular individual needs regarding mental health issues and other special needs, but this will not justify unacceptable behaviour.

The Rehabilitation Network's response to all incidences of abusive/threatening behaviour:

Except in cases where physical violence is threatened or actual when the Case Manager, agent or contractor must leave the situation immediately in the interests of their own health and safety, The Rehabilitation Network's Case Managers, agents or contractors will, in order:

- Request that the abusive / threatening behaviour ceases with immediate effect.
- Request again and advise that communication will be terminated if behaviour continues.
- Cease communication – by terminating a call, by advising the Service User that the interview/discussion is at an end, by leaving the meeting.
- Report the incident to a Manager and the referrers (solicitor and/or insurer).
- Instigate an appropriate response.

The Rehabilitation Network's follow up to incidents of abusive/threatening behaviour towards Case Managers, agents or contractors:

We are committed to providing a safe working environment with help, support, advice and assistance for any Case Manager, agent or contractor subjected to abuse.

The Rehabilitation Network will:

- Write making clear the unacceptable nature of the behaviour, explaining the consequences if repeated.
- Ask the insurer/compensator and your solicitor to make clear the unacceptable nature of the behaviour, and explain the consequences if repeated.
- Reserve the right to withdraw completely or adjust future services provided to the Service User.

Complaints Handling

The Rehabilitation Network accepts your right to complain about any aspect of the service we may provide to you. Your complaint will be dealt with according to our complaints policy and procedure.

Our Case Managers work on direct feedback. If you are dissatisfied in any way with your Case Manager or an aspect of their work we ask that you initially bring this to their attention and they will respond appropriately and attempt to remedy the problem as soon as is reasonably possible. The Case Manager will, as a matter of procedure, bring your complaint to the attention of their Manager.

If you are not satisfied with their response you have the right to elevate your complaint to the next stage and may choose to either contact your solicitor or contact The Rehabilitation Network directly with your complaint.

- The Rehabilitation Network will deal with any expression (whether written or spoken) of dissatisfaction with any aspect of the services provided made by or on behalf of a Service User, which indicates that the Service User is or might be seeking redress (whether in the form of financial compensation, an apology or otherwise).
- The Rehabilitation Network will respond to any complaint within 10 business days (2 weeks).

- The Rehabilitation Network will use all reasonable endeavours to investigate and rectify as soon as possible any delay, omission or fault in connection with the performance of our services leading to the complaint.
- The Rehabilitation Network will use all reasonable endeavours to investigate and rectify as soon as possible any inappropriate behaviour by a Case Manager leading to the complaint.
- In cases where there is an irreconcilable breakdown in the relationship between a Case Manager and Service User The Rehabilitation Network will use its reasonable endeavours to provide you with a replacement Case Manager as soon as reasonably practicable, subject to approval of the referrers.

Complaints should be addressed to:

John Brett
General Manager
The Rehabilitation Network
4 South Scarle Lane
North Scarle
Lincoln
LN6 9ER

T: 01522 778 689. F: 0871 714 3638. E: john@rehabilitation-network.org

If you have any queries about the information in this document please ask the Rehabilitation Case Manager who has been assigned to work with you, or contact John Brett at the address above.

John Brett
MWFH, MBATH, MHS, MCS (Acc.), PVRA
General Manager

The Rehabilitation Network™