



APIL

Greater London Regional Meeting

Rehab in a difficult market

Helen Merfield

Agenda

- ▶ Why is the market difficult?
 - ▶ Insurers perspective
 - ▶ Claims handlers perspective
 - ▶ Solicitors perspective?
 - ▶ My perspective !
- ▶ Making it work:
 - ▶ Low value
 - ▶ Mid range
 - ▶ Catastrophic cases
- ▶ Joint providers - what to look for
- ▶



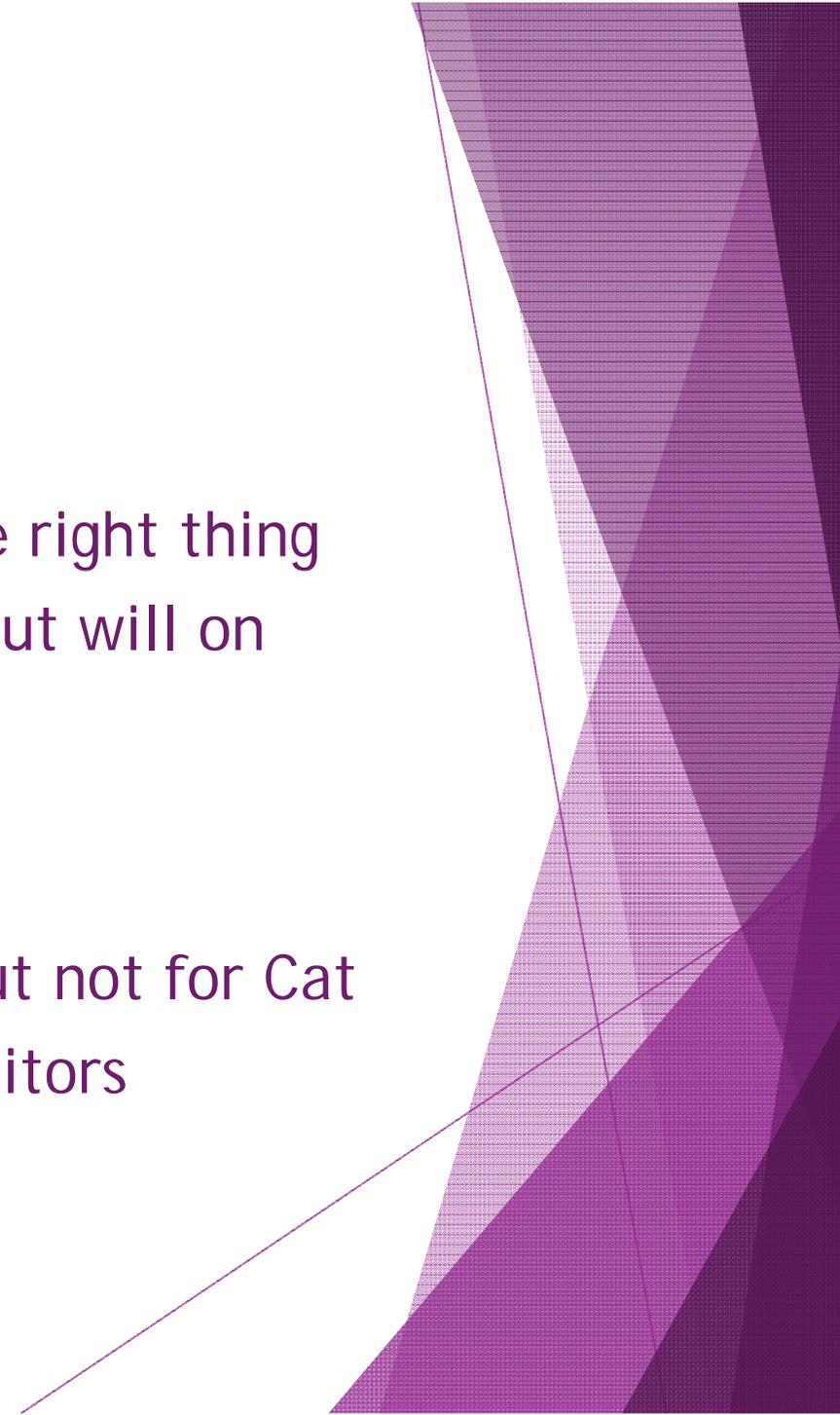
Why is the market difficult?

- ▶ Rehab code
 - ▶ Over treatment
 - ▶ Treatment not required
 - ▶ Kick backs/commissions etc.
 - ▶ Fraudulent treatment
- ▶ Everyone has a different perspective?



The insurers perspective

- ▶ Believe rehab is the right thing to do
- ▶ Not sure it saves money but still think it's the right thing
- ▶ See more value in the more complex cases, but will on low value if asked
- ▶ Only 1 had a formal policy for all 3 levels
- ▶ Nearly all use the rehab code in some way
- ▶ Tend to have panels for low and mid range but not for Cat
- ▶ Mistrust around Medico-legal Agencies & solicitors providing treatment



The insurers perspective

- ▶ Frustrated with claims coming in with rehab attached
- ▶ Case managers who aren't local
- ▶ Not using NHS enough
- ▶ INA's more akin to care reports
- ▶ Cost running away with themselves but little improvement in claimant
- ▶ Poor goal setting and lack of follow through on updating them
- ▶ Want to put people back to the position they were in prior to the accident not a better position



Claims handlers perspective

- ▶ Rehab is a good thing - want to help
- ▶ Not sure it's always needed on the low value
 - ▶ High numbers of DNA's
 - ▶ Can slow process down
- ▶ Can improve relationship with claimant solicitor
- ▶ Should keep people in the NHS and then top up with private
- ▶ Worked best where claimant was motivated and solicitor supportive
- ▶ Not enough focus on RTW in appropriate cases



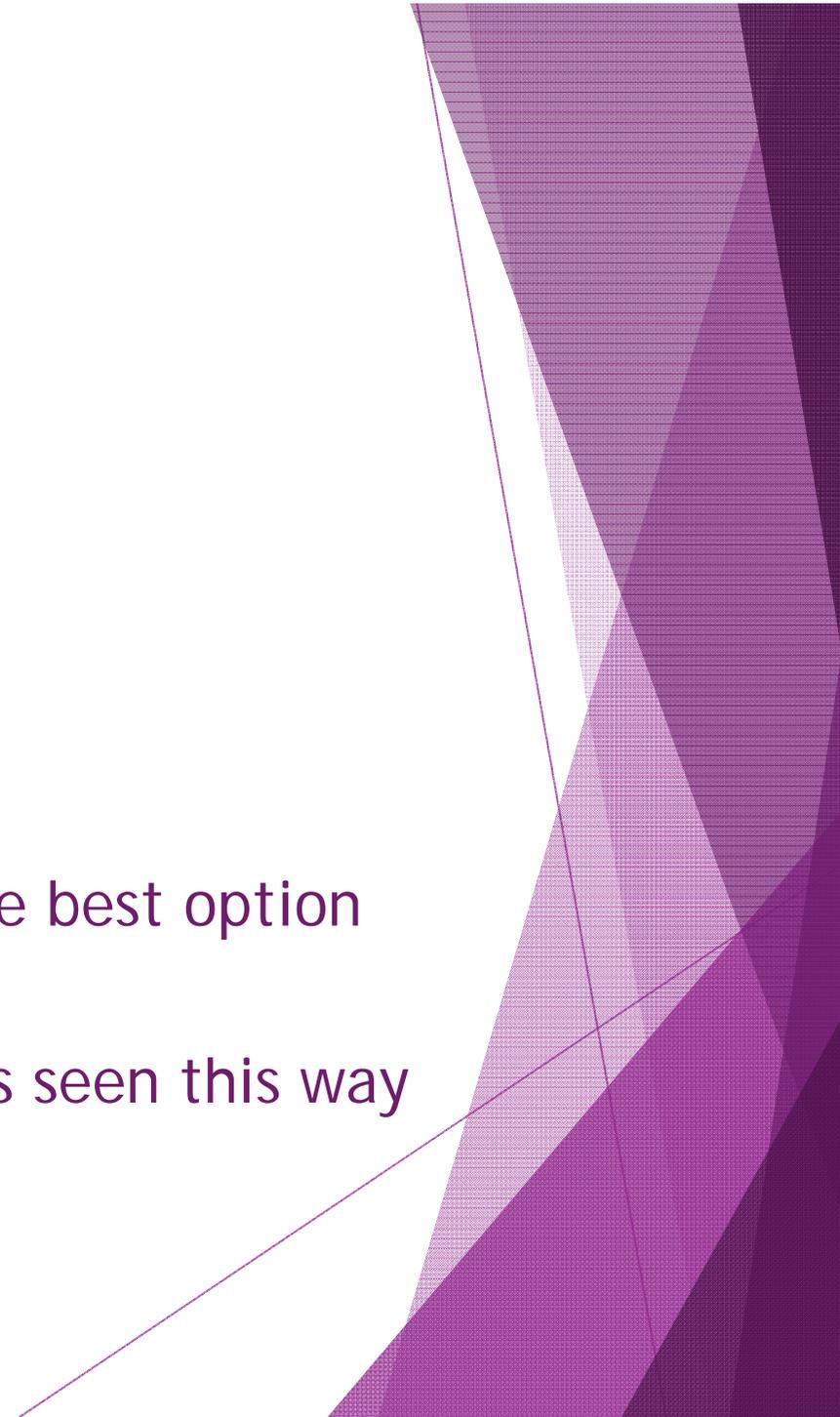
Solicitors perspective?

- ▶ Mistrust of insurers Motivation?
- ▶ Want the best for their client
- ▶ Know and understand the claimant and their circumstances better
- ▶ Want to retain control
- ▶ What else?



My perspective !

- ▶ Seen excellence in action
- ▶ Heard of questionable ethics
- ▶ Good and bad from both sides
- ▶ Mistrust hinders rehabilitation
- ▶ Return to work (where appropriate) is still the best option for peoples long term health
- ▶ Should be a win for everyone - but not always seen this way



Low Value

- ▶ Is treatment really needed?
- ▶ Independent Triage as per Rehab Code
- ▶ Would self help and exercises benefit - stepped approach
- ▶ Are they back at work? Are they struggling or on alt. duties
- ▶ Are they on an NHS waiting list
- ▶ Other life factors - new mum, looking after relative, sports etc.
- ▶ Are they motivated ?



Mid Range

- ▶ Motivation is key
- ▶ Uncovering barriers
- ▶ Return to work very important
- ▶ Quality of life
- ▶ Good goal setting - measure progress
- ▶ Joint instruction ?



Catastrophic

- ▶ Local case manager if possible
- ▶ Ensure CM has correct speciality and experience
- ▶ Consider joint instruction
- ▶ Return to work if appropriate



Joint Instruction

- ▶ Benefits
 - ▶ Collaboration/better working relationship
 - ▶ Speeds up process
 - ▶ Better for client (in most cases)
 - ▶ What if insurers won't play ball ?
- ▶ What to look for
 - ▶ Standards
 - ▶ CMSUK, BABICM, VRA, UKRC, BSI
 - ▶ Specialist expertise
 - ▶ Reputation, references



Questions ?



Thank you

Helen Merfield

07971-798462

Helen.Merfield@hotmail.co.uk

