

Rehab: industry has a long way to go yet

WE have read with interest the views that have been expressed since the publication of our article 'In search of Confidence' (*Post*, 21 August, p11). It has clearly triggered an interesting and at times passionate debate about the rehabilitation industry.

The general conclusion from the insurers is that while rehabilitation has a direct and beneficial impact on the claim, the rehabilitation industry has some way to go before it routinely delivers these benefits cost-effectively, objectively and consistently.

While our views have been widely reported and commented on, unfortunately the assumption, from some quarters, that we are suggesting that doctors become case managers is misinformed and entirely wrong. However it is quite inappropriate to write off the beneficial contribution doctors can have as part of a multi-disciplinary team in the management of rehabilitation.

We completely agree that doctor case management would be a retrograde step and secondly would be inhibited in its delivery playing to the medical skill set alone. Equally it follows that

case management with a single case manager, regardless of their clinical qualification, is severely limited. The single case manager approach to rehabilitation management struggles to address all the needs of the patient with injuries that demand multi-disciplinary clinical and vocational skill sets from the date of injury to time the patient returns to work.

We applaud the need for standards to assist insurers in making more informed decisions on rehabilitation, but we believe that the standards alone are not enough. We would call on the industry to question and explore ways in which it delivers rehabilitation to closer match the demands of its clients.

We believe that effective rehabilitation management requires a multi-disciplinary skill set working as a team in parallel from the outset to completion of every case. With doctors dealing with medical issues/liason, relevantly qualified therapists dealing with therapeutic issues/liason and finally relevantly qualified vocational experts dealing with vocational issues/liason.

Medicess combines the strengths of doctors and therapists tailored to the biopsychosocial needs of both the patient and injury. This allows the team to deal with all clinical and vocational needs in parallel. Managing cases in this way creates clinically credible, dynamic and responsive rehabilitation. It is simply better for the patient and insurer alike.

Matthew Beard
Director
Medicess



Glut of TV ads is sickening

I FEEL the need to register my disgust at the amount of unnecessary expenditure allocated by insurance companies for motor and household advertising on television. Day in, day out, we are bombarded by peak-time adverts costing hundreds of thousands of pounds. The consumer is told that premiums are rising because of claims paid but the expenditure on personal lines advertising is obscene. Royal Bank of Scotland has the gall to run adverts for two of its brands in competition with each other. I am fed up with the red phone, the nodding dog degrading Sir Winston Churchill, Zurich's patronising tones, Sheilas' Wheels, Admiral's parrot, Hiscox's ridiculous movie extravaganza, Norwich Union's moving feast and RSA for some reason hiding behind another brand name. These adverts seem to be on every TV channel! When any of these appear on screen I turn off the TV and will never insure my car or home with any of them. Why doesn't the Association of British Insurers put some restriction on this horrendous waste of money?

Nicholas Zarza
London

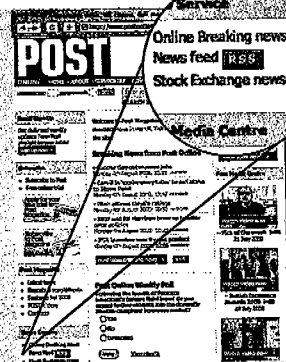
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