

# Privately funded Specialist Spinal Multidisciplinary Rehabilitation—Is it cost effective?

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## INTRODUCTION

- There are 12-16 SCI cases per year per 100,000 population in UK<sup>1</sup>, being treated in eleven NHS specialist spinal rehabilitation units.
- There is severe pressure for beds and long waiting times.
- Pathways are shorter and patients are being discharged earlier than they were few years ago. This leads to unprepared patients being discharged into inadequately equipped care homes or micro-environments.

- There is an evidence that repetitive, intensive, advanced technology based rehabilitation could improve outcomes in incomplete injuries.
- There are only two private spinal rehabilitation facilities in the country.
- The cost of these can restrict access.

## MATERIAL AND METHODS

- We discuss four cases admitted for private, specialist spinal rehabilitation in two units in 2017-18.
- Within these cases interim payments from insurers were used to supplement the NHS rehabilitation.
- The average length of stay was three and a half months.
- Of these patients, three were Tetraplegic and one was a Paraplegic.
- Two had been admitted from NHS spinal units and two from home.

## CASE STUDIES

**CASE 1**—Female, aged 19 years (ASIA: C5 AIS B)

**DIAGNOSIS:** Polytrauma with C6 burst fracture, 6 months post injury.

**REASON FOR ADMISSION:** No available, suitable accommodation upon NHS spinal unit discharge.

**LENGTH OF ADMISSION:** 6 months

**GOALS ACHIEVED:-**

- Significant improvement in trunk stability.
- Bowel management on commode without requiring DRS or DRF.
- Independent clamping and unclamping catheter.
- Independent transfers with set up (sliding board).
- Lower body dressing.
- Independent bed mobility.
- Skin tolerance up to 8 hours in a wheelchair.
- Better control of postural hypotension.
- Improvement in psychology, mood and better anger management.
- Independent indoor and outdoor wheelchair use.

**CASE 2**—Male, 70 years (ASIA: C4 AIS C)

**DIAGNOSIS:** C3-C6 cord contusion, 2 years post injury.

**REASON FOR ADMISSION:** Complications post SCI and failure of care package.

**LENGTH OF ADMISSION:** 3 months

**GOALS ACHIEVED:-**

- Improved mood and independence.
- Reduced spasticity in all limbs enabling standing frame and electric wheelchair use.
- Weight loss of 12-13 Kg with dietician's input.
- Improved diabetes management.
- Respiratory dysfunction management—inspiratory muscle therapy and regular use of cough assist, spirometer and inhalers.
- Holistic management of severe bilateral leg lymphoedema and generalised swelling.
- Independent electric wheelchair use outdoors.
- Use of electric standing frame to improve autonomic stability.
- Reduction pressure sores and other complications with better SCI education.

**CASE 3**—Female, aged 29 years (ASIA: L3 AIS C)

**DIAGNOSIS:** Polytrauma: left L2, L3 and right L4, L5 transverse process fractures. Pelvic fractures, abdominal injury and cauda equina syndrome.

**REASON FOR ADMISSION:** to improve outcome and independence as a result of an assault leading to severe psychological issues.

**LENGTH OF ADMISSION:** 4 months

**GOALS ACHIEVED:-**

- Improved mobility with bilateral AFOs and two elbow crutches.
- Management of severe anxiety and post-traumatic stress disorder (PTSD) including eye movement desensitisation and reprocessing (EMDR).
- Management of severe Neuropathic pain and weaning from opioids.
- Confidence in social integration.

**CASE 4**—Male, 29 years of age (ASIA: C4 AIS B)

**DIAGNOSIS:** 6 months post injury C5/C6 Fracture dislocation.

**REASON FOR ADMISSION:** No suitable accommodation upon NHS discharge.

**LENGTH OF ADMISSION:** 5 months

**GOALS ACHIEVED:-**

- Independent bed mobility.
- Skin tolerance up to 8 hours in wheelchair.
- Better control of postural hypotension.
- Improvement in Psychological health and mood.
- Bowel management on commode with Glycerin suppositories and requiring DRS or DRF.
- Better social integration and independent use of public transport.
- Re-establishment of personal relationship with partner.

## CONCLUSION

- Private rehabilitation is helpful in allowing a more integrated journey from major trauma centre to home.
- Private rehabilitation allows time for funds to be secured, to prevent patients being discharged to less suitable homes.
- Private rehabilitation allows for patients to come to terms with their accident and secure more involved psychological therapy.
- Private rehabilitation can reduce the burden on NHS inpatient packages and allow more patients to access such services.
- Going forward, collaboration between insurers and patients can allow patients a longer stay within these private rehabilitation centres.
- All of these factors can contribute to future patient independence upon discharge.

## REFERENCES

1—NHS Spinal Cord Contract for all Injuries. <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/04/d13-spinal-cord-0414.pdf>

Key to map

● NHS specialist spinal rehabilitation unit

● Private spinal rehabilitation facilities

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