

8 September 2008

The Editor,  
Mr Jonathan Swift  
Incisive Media,  
32-34 Broadwick Street,  
London  
W1A 2HG

Dear Mr Swift

Following Mr Beard's article in Post Magazine 21-08-08, CMSUK would like to make the following comments.

Whilst Mr Beard raised some real concerns in respect to the importance of evidenced based recommendations by case managers, it appears Mr Beard is not wholly versed in the function and role of a Case Manager. Case Management is; a collaborative process which assesses plans, implements, co-ordinates, monitors and evaluate services required to meet an individuals, healthcare, educational and employment needs, using communication and available resources to promote quality cost effective outcomes (CMSUK 2005).

The 'Standards of Practice for Case Managers' were developed by CMSUK to maintain quality and rigour of practice in Case Management. The 'Standards' allow purchasers of Case Management services to audit the practice and understand the standard they can expect to receive from a Case Manager registered with CMSUK.

The 'Standards' address the knowledge base for case managers along side issues of; consent, discharge, record keeping, interventions and Governance, together with all other aspects of Case Management. Purchases of Case Management Services should familiarise themselves with these Standards, and in particular, Standards 1-7.

It is not definitely not necessary to be a medical practitioner in order to be a case manager and it could be said that because of a Doctor's fundamental inability, for whatever reason, be it time constraints, lack of training, lack of interest, that many people do end up requiring the professional services of a Case Manager. CMSUK would recommend your readers review the latest report from Dame Carol Black et al. addressing Health Work and Well Being and the issues regarding Doctor's and sick notes, which highlights the current issues with Doctor's and rehabilitation.

Case Management Society UK  
PO Box 293  
Sutton  
SM1 9BH

Tel/Fax: **0870 8505821**

Email: [info@cmsuk.org](mailto:info@cmsuk.org)

Website: [www.cmsuk.org](http://www.cmsuk.org)

Charity Registered Number: 1112933  
Registered Office: Beachcroft LLP, 100 Fetter Lane,  
London, EC4A 1BN Company No. 04245633

Rehabilitation requires a multidisciplinary approach, which the Case Manager is able to coordinate. Many people do not have medical needs, they may simply be domestic or vocational. Case Managers are not limited in their ability to influence change, surely Mr Beard does not expect us to assume that only the ‘old boys’ network of medicine is capable of rehabilitating someone? In many instances the “old boys” network is unable to deliver.

The statement that the theory of “Case Management is imported from countries where the healthcare structure is very different from the UK....” Regardless of the health care model, as long as there is a service user and a paymaster there is a fiscal responsibility that someone has to be responsible for. The purpose of Case Management is to promote quality cost effective outcomes for all the people involved in the process, and whether the paymaster is the NHS, an insurer or a private individual is immaterial, as this function transcends all health care models.

There is a need for rehabilitation providers to be more evidenced based but equally important is the need for practitioners to work to Quality Standards

CMSUK believe that far from backing away, the industry can help shape a robust delivery service of Case Management by agreeing to only use Case Managers that work to Standards that are auditable and measurable.

Yours sincerely,



Carole Chantler  
CMSUK Chair