



## Request for clarification regarding Case Managers being registered

As requested, we, The British Association of Case Managers (BABICM) and The Case Management Society of the UK (CMSUK) are writing to formally request clarification as to whether Case Managers should be regulated by the Care Quality Commission (CQC) and if so under what regulated activity. The following explains what case managers do, how they work and who they are together with our understanding regarding regulation.

Within the context of personal injury and clinical negligence case managers work with a variety of service users (from children through to adults of all ages) who have been disabled by traumatic injury typically by a road traffic accident, playing sports, trip or fall, assault or medical negligence. Some of the disabilities sustained tend to be brain injury, spinal cord injury, various orthopaedic conditions and cerebral palsy. A case manager can receive their referrals from a variety of sources including solicitors, Insurers, financial professional deputies, NHS/Local Authority commissioners, families on behalf of service users and service users themselves. Their role is to work directly with the individual to coordinate and manage resources to improve the injured persons abilities and to maximise their potential. For some this may be return to work and full independence but for others they may require long term support and regular review to ensure services remain suitable for their needs.

“Case Management is a collaborative process which assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual’s health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes” definition by CMSUK.

Via holistic assessment the case manager identifies the current issues and barriers for an individual in meeting their goals. They work with them to agree a package of rehabilitation and if required care and support which enables them to progress at their pace. Services are generally commissioned from third parties and the role of the case manager is to monitor review and amend the goals and interventions to meet the changing needs of the individual. Third party treating therapists are commissioned by the case manager to undertake their own therapeutic assessment and to make recommendations on how goals can be achieved. Therapists may include Physiotherapists, Occupational therapists and Psychologists etc at varying levels and times to meet the rehabilitation needs of the service user. To support the service user further they may require individual one to one support to reinforce the therapy goals agreed with them or to help with personal care or other activities of daily living such as cooking, washing and dressing, domestic tasks for instance shopping for food and engaging in leisure social activities. When required an individual or team will be recruited by the case manager to perform these roles with and for the service user. The term given to the person delivering this type of support can be one of the following; Support Worker/Carer/ Rehabilitation Assistant/ Personal Assistant.

The case managers' costs and the service delivered to the service user are often funded privately through compensation money but can be in part paid for via NHS/Local Authority Commissioners. How the case manager performs their duties can depend on who has appointed them. The following outlines the deferring responsibilities dependent on fundholder;

1. Solicitor/Insurer – joint instruction role denoted by the rehabilitation code; it is more common in these situations for involvement to be earlier following injury and needs more immediate. A case manager will often engage personal care support services via an agency. Funding can be short term and therefore employing staff directly for the service user cannot be appropriately evidenced.
2. Solicitor – directly by claimant solicitor; in this situation the claimants' solicitor often has more expert evidence to support the need for an ongoing support package and has often secured interim funds from the Court which allow for this to be recruited for and established.
3. Financial Deputy – paid for by the Deputy, the compensation case may be on going in which case the solicitor remains involved or case settled where solicitor not involved.
4. NHS/Local Authority – Commissioners can purchase case management services for service users with complex needs. The type of statutory funding provided often guides the type of support package provided i.e. via an agency or direct recruitment. Case managers working within our context come from various professional backgrounds and are in the main qualified Occupational Therapists, Physiotherapists, Nurses and Social workers. Each case manager is regulated by their own professional body such as the HCPC and NMC to meet the criteria for ongoing professional practice. BABICM, CMSUK and VRA (the Vocational Rehabilitation Association) have been working together over the last 7 years towards the aim of establishing a case management regulatory body to which case managers will need to be registered; this is however still in the planning stage.

Case managers rely on a set of core skills but then compliment them with specific clinical knowledge and experience. They may specialise in a specific clinical area such brain and spinal cord Injury, amputee management, orthopaedic injury or focus on the context i.e. clinical or vocational. Due to this case managers may be referred to as Consultant Case Managers, Clinical Case Managers, Rehabilitation Case Managers or Vocational Case Managers.

Those that work with service users who have sustained minor injury may have no face to face contact with the injured person, conducting their initial assessment and any further follow up review work via phone. Third party services such physiotherapy following a whiplash injury will be coordinated remotely and outcomes monitored via therapy reports and service user reviews. Others who work with complex needs will be heavily involved with the service user and their families, meeting regularly, managing review meetings with the multidisciplinary team (MDT) and supervising, managing support workers/carers/rehabilitation assistants and personal assistants.

Case management companies range from individual practitioners to those who work for larger companies. They may be sole practitioners, employed or self-employed dependent upon the organisations model. Some organisations employ support workers/carers/rehabilitation assistants and personal assistants whereas others utilise the direct recruitment model. This involves the case manager assisting the service user in the recruitment, onboarding,

management and review of support staff. Some service users and family members may take an active role where able, whereas others will leave this solely to the case manager. This may be in close collaboration with a financial deputy who will pay the support staff.

Some organisations have developed a hybrid model by establishing a relationship with a more traditional agency where they work together on recruitment, onboarding and training. The case manager will have input into the care planning process, support worker training, appraisal and review.

We would suggest that case managers in all these models have ongoing involvement and to differing degrees “control and direction” of the package of rehabilitation, care and support.

Not all service users have “personal care” needs however all could be argued to require “treatment of disease, disorder or injury”. We would welcome further discussion on how case management services should be accommodated within CQC regulated activity.

We understand that financial deputies are exempt, but it is not clear whether this exemption extends to case managers appointed by such third parties.

We were asked to provide you with more information on the role of case managers, how we are employed etc and would now welcome your thoughts on how we advise our memberships in relation to whether individual case managers and or case management companies need to be registered with you and if so under what regulated activity.

We look forward to hearing from you as soon as possible. However, if you require any further information please feel free to contact us.

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Dated: 9<sup>th</sup> May 2019