

Myths vs Reality

Ann Barthorpe shares her experience of moving from the NHS into case management.



As I entered my 19th year working for the NHS, I believe I could be forgiven for sensing the need for change. Not that leaving my job was something I contemplated too deeply.

The team I managed, my friendships at work and the service we provided on the stroke unit at my local general hospital was well embedded into my every day existence. Rather than think about leaving, I simply considered what else I could do. I looked for something completely different, something which would build on all I had learnt over the years. but lead me somewhere new.

Private rehabilitation case management appeared to be a possibility, but it was hard to work out what it entailed; a kind of private social work being my initial conclusion. I decided to find out more. What I discovered was something very different in a new arena completely. The opportunity to support and coordinate care and rehabilitation for people who had sustained catastrophic injuries, involved in a personal injury claim. I started to warm up to the idea.

As I negotiated my way through the application process to become a case manager for Harrison Associates, I was fast talking myself into this being the perfect next step. Not that I would ever actually really leave my NHS job of course. I decided to see if I could even get a job, and take it from there.



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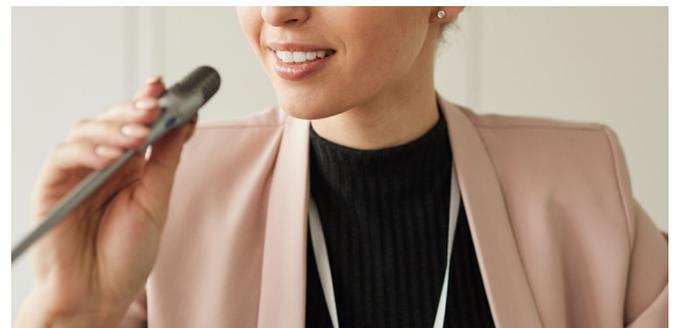


I did get a job and left my NHS role, all in a bit of a daze.

So nearly two years later what do I make of it? This is probably a good time to comment that I can still remember what I thought it would be. This is what has surprised me the most as I moved into this new world.

Firstly, if you have even just a vague interest in law or what is fair and unfair, case management is interesting. For many clients a case manager is instructed by both sides of a personal injury litigation case. Your key stakeholders are solicitors and insurers with opposing interests. A case manager is duty bound to keep the needs of the client at heart. However, their progress is of great significance to the legal case. If case management doesn't enhance your skills in communication, clear thinking and diplomacy, I really don't know what will.

Secondly, even after the years I had worked in rehabilitation, I had no idea just how much could be achieved. My previous experience was that of an ongoing challenge to allocate services to the people most in need. Case management kicks the ball out of the park. Funds are often available for therapy, treatment care and equipment far above and beyond what can be provided by statutory services.



The role of the case manager is to work out what is going to make a real difference and sort out making it happen. It is exciting to see the results. I learn more every day from my clients and the rehabilitation professionals I work alongside, about just what is possible.

I have discovered a real sense of satisfaction working with people on a longer term basis. Many of the clients on my caseload I have known since I started at Harrison



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Associates. I feel privileged to be accompanying them on their journey. I have been able to use my own experience and skills to help them to navigate and reduce the insurmountable Stress which comes along with acquiring a new disability.



There were cynics who questioned my decision to move into case management. Don't people litigating exaggerate their injuries to get more money? How do you cope with this as a rehabilitation professional? In my experience, this is rarely the case. At Harrison Associates, case managers work with people who have sustained serious injuries. In reality I seem to spend more time encouraging my clients to accept what they need than vice versa.

Harrison Associates also offers expert witness services. An expert witness provides an assessment and report for the court to state the lifelong care and occupational therapy needs of an individual. This work was a further challenge which I undertook a few months into my role as a case manager.

As with the case management role, I was provided with extensive training. I learnt how to consider the cost of compensating a person to achieve a good quality of life; how to write in such a way that my clinical reasoning is clear. I have gained the courage to stand up for my opinion in a legal forum. Without my experience as a case manager, I would not have had the confidence to undertake this role. In effect I have two jobs now, rolled into one. which complement each other perfectly.

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