

An Audience with Beccy Cox

Brownbill Associates Ltd | Case Management and Community Care Services

Independent Case Manager Beccy Cox Case Management

To continue our 'Audience with' series we recently had a discussion with Beccy Cox, a highly skilled case manager with over 12 years' experience and 4 years' experience as a care expert. Beccy has a solid reputation amongst referrers and clients alike, due to her efficiency, empathy and approachability.



Q: Thank you for your time today, the purpose of this article is to showcase case managers we work with and to gain valuable insights. Can you start off by telling me about your background and what led to you into becoming a case manager?

A: Thanks very much for inviting me to share my experiences. I qualified as a Physiotherapist in 2004 and spent some time working in the NHS and the military. I also worked in various private clinics and did some locum work around the south coast. In my mid-20s, I moved to Vancouver in Canada where I worked in a multi-disciplinary rehabilitation centre. All the clients that attended the centre were funded by insurance; either through the provincial insurance company which oversaw all the insurance for injuries at work or by the insurance board for all vehicles or motoring incidents. Essentially, all the clients that came through the door were injured at work or in road traffic collisions. Initially I was working as a physiotherapist treating them alongside other members of the Multi-Disciplinary Team (MDT) and over time it progressed, and I became a case coordinator.

In that role, I oversaw the whole rehabilitation package from start to finish, and wrote case reports for the insurer as well as conducting work site visits. I completed job demands analyses, and ensured that the client's rehabilitation was guided by their functional job demands in order to maximise their potential for getting back to work. I enjoyed working alongside the whole multi-disciplinary team and the achievement of returning clients to the workplace in new or adapted roles.

When I returned to the UK a few years later I wanted to stay in the same industry and discovered the world of case management; I have been a case manager now for twelve years. I joined Brownbill Associates in 2018 and recently I have set up my own independent practice, Beccy Cox Case Management, and am a part of the 3Hub Community of independent case managers. Being independent means I can work autonomously and provide my clients with an individualised service, however I still have the professional support and clinical governance structure that you get with a larger organisation.

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Q: What makes you passionate about your case management role and what is it you love about the industry?

A: I love that every day is different and particularly enjoy being able to work with clients for the long term whilst progressing their care and providing support beyond the litigation process. I wouldn't want to do anything else.

I've learned over the years that there are services available for every possible difficulty that a client may have, and I have many contacts in different disciplines that I have built up a rapport with. It's been eye-opening to see what clients can achieve with the right support and the right attitude.

Q: Can you tell me about Brownbill Associates and the day-to-day life you have working there?

A: Case Management is such a wide and varied role which is difficult to summarise! In a nutshell, I oversee the clients' care, rehab, equipment and accommodation needs. I work alongside other MDT professionals to support clients in achieving their goals. I really enjoy getting to know clients as individuals and learning about what makes them tick. Some clients want to get back to high-level activities, for example, one of my clients lives in the Peak District and wants to get back to fell walking. Another simply wants to be able to get on the floor to play with her granddaughter. It's very wide-ranging, but holds equal weight at both ends of the spectrum.

I enjoy working at Brownbill Associates because the team are really friendly and helpful and provide a bespoke service to the clients. Most of the managers are clinicians themselves and hold their own case load. I feel that having managers with a clinical background really helps in creating a client-centred service. There is also an out of hours line, so at any point, 24/7, if a client needs assistance, then they can phone this line and there's always someone there who can

help them out. This is excellent because as a case manager, although you want to be as flexible as possible, you just can't be available all the time.

Alongside my work at Brownbill and my independent work, I also do expert witness work which I find fascinating. It has given me a more in-depth knowledge of the litigation process and how experts and case managers feature within this, which has helped me become more mindful and meticulous in my clinical role. However, supporting clients face to face through their rehabilitation journey is really what I'm most passionate about.

Q: How did you first encounter Dorset Orthopaedic and what were your first impressions?

A: I first heard about Dorset Orthopaedic when I lived in Bournemouth many years ago. I visited the Ringwood clinic and was struck with the vast array of solutions they could offer amputees, and was particularly amazed by the silicone prostheses and how lifelike they could be; I had never seen anything like it before. I have attended different training sessions at the clinics in Ringwood and Burton as well as a "Dynamic Rehab" conference in Coventry. Each time I went, I learnt so much more and became even more interested in the industry. When I moved to the Midlands in 2015 and had my first amputee client here, it was a no-brainer to refer them to the Midlands clinic.

My first impression of the Midlands Clinic was that it was a modern environment and that no one could do enough for you. Staff took the time to answer my questions and put my client at ease right away. I recently invited my client's solicitor to come with me to our client's rehab session at the clinic, as I thought it would be interesting for her to see first-hand the intervention that he was receiving. The clinicians even gave her a tour of the workshop which she really enjoyed. Admittedly, one of the other reasons I love going to the clinic is because they always make me a great latte!

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Q: How are Dorset Orthopaedic to work with?

A: I have had four clients under the care of the Midlands clinic in total. Nicki, the Practice Manager, is my first port of call. Nicki is very helpful and always at the end of the phone when I have a question, - whether that be about long-term costings or even how long it takes to charge up a microprocessor knee. She is very knowledgeable and will often know the answer right away, or get back to me very quickly with one.

Q: Why do you think it is important for case managers to have strong relationships with private providers like Dorset Orthopaedic?

A: Communication is the key to successful rehabilitation in my opinion, and to know that I've got the support on the phone is excellent. It has been really helpful to have the physiotherapist from Dorset attend a number of my online MDT meetings too.

Not only do I feel that I have been able to support my clients to receive high quality rehabilitation through Dorset Orthopaedic, I also feel that I have a very good understanding of the options, processes and outcomes of prosthetic provision; something I have learned over time through working with the staff at Dorset. I am able to pass this knowledge on to clients, and can reassure them about their upcoming treatment, right from my initial instruction. I think this goes a long way in establishing trust with clients.

Q: Which of your clients stand out to you as having particularly positive outcomes from their prosthetic or orthotic rehab with Dorset Orthopaedic?

A: All my clients stand out to me for their own reasons, and they've all had amazing outcomes, far better than I could have anticipated. One gentleman who had a

transtibial amputation, was up on his roof at home fixing some tiles shortly after receiving his new prosthesis; this nearly gave me a heart attack! The level of function that he was able to achieve in a short period of time was incredible. He then went back to work as a motorway lighting technician which included climbing up ladders and going down manholes.

One of my clients who is still attending the Midlands clinic regularly, has had ongoing difficulties using a socket prosthesis due to skin breakdown and irregularity of the residual limb. He was recommended for osseointegration surgery, and this is due to happen in two days' time down at the Royal Free Hospital in London. His physiotherapist from Dorset is actually going to be present during the surgery itself, and I am excited to see how the procedure benefits him long term.

Relimb have been helpful in relaying the rehab protocols and getting my client prepared for the surgery. They've also kept myself and the solicitor in the loop as we haven't had any prior experience in Osseointegration. The clinic staff were mindful of my client's nervousness around the procedure and put him in touch with another patient who has had osseointegration, to reassure him and set his expectations for the surgery and osseointegration process.

Q: How would you describe the importance of good Case Management and the role it plays in client rehab?

A: It's important for case managers to see each client as an individual and learn as much as you can about them and their lifestyle pre-injury. As I progressed in my career, I've become more and more fascinated by people's lives and the unique journey that we all take.

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Every client has their own personal goals, and these may be vastly different from what we might assume or expect initially, or from reading reports. It's important to really listen and allow the clients' aspirations to form the cornerstone of our input.

A good case manager should always progress the rehabilitation journey at the client's own pace as it can be easy to get overexcited and try lots of things at once when funding becomes available. It's easy to forget how overwhelming this might be for the clients, especially whilst going through the medical legal process.

Q: Where do you think the biggest challenges or opportunities to the industry will be over the next few years?

A: The challenges within the NHS, in terms of funding and staffing is always going to create opportunities for the private sector, and I think this will be the case for the long term. Where funding is available, private provision is the obvious choice for clients as it's typically more bespoke and there's access to a wider range of products and shorter wait times. Also, using private providers can take the pressure off NHS waiting lists for those that don't have access to the same funding, so it's a benefit for everyone really!

I also hope that osseointegration will become more widely available, both within the private and public sector, not least because it has the potential to be life-transforming. My client, in particular, has now been given the opportunity to be able to walk again, whereas without the surgery he would have invariably been wheelchair-dependent for the long-term.

As technology progresses in both surgical and rehabilitative fields, there will no doubt be new and innovative technologies that emerge, offering other ways for clients to be able to achieve more. Ultimately, seeing clients achieve their potential is why I do what I do, and I will always endeavour to explore new ways of achieving this goal.

