Comparing the cost-effectiveness and clinical effectiveness of a new community in-reach rehabilitation service with the cost-effectiveness and clinical effectiveness of an established hospital-based rehabilitation service for older people: a pragmatic randomised controlled trial with microcost and qualitative analysis – the Community In-reach Rehabilitation And Care Transition (CIRACT) study

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Declared competing interests of authors: none

Published February 2016
DOI: 10.3310/hsdr04070
Plain English summary

The CIRACT study
Health Services and Delivery Research 2016; Vol. 4: No. 7
DOI: 10.3310/hsdr04070

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Older people represent a large proportion of patients admitted to hospital as a medical emergency. Two rehabilitation services are currently provided: one is the standard service (traditional hospital-based rehabilitation, THB-Rehab), whereby patients are managed by the therapists employed by the hospital, and the other is a new service (Community In-Reach Rehabilitation And Care Transition, CIRACT) delivered by the community rehabilitation team, who work directly on the hospital ward and therefore are able to ensure a smoother and quicker discharge home. The aim of our study was to compare the differences and costs between these two services.

The main outcomes were number of days in hospital; readmission back into hospital, physical ability and health-related quality of life at day 91; and detailed costs of the service and any cost savings made. Face-to-face interviews were also undertaken with staff and patients to gain a wider understanding of the two different services and their individual experiences of them.

There was no significant difference in length of stay or in any of the other outcomes between the CIRACT service and the THB-Rehab service. The cost of delivering the CIRACT service and the THB-Rehab service, as determined by the detailed microcosting analysis, was £302 and £303 per patient respectively. Using more detailed costing including health and social care costs, the cost of delivering the CIRACT service and the THB-Rehab service was £3744 and £3603 per patient respectively. Although the CIRACT service was highly regarded by those most involved with it, it struggled to fit in with services already provided in the community.

The CIRACT service does not reduce hospital length of stay or short-term readmission rates although the users liked the service. The CIRACT service may be cost-effective compared with the standard ward rehabilitation service, although these results have to be interpreted with caution.
Health Services and Delivery Research

ISSN 2050-4349 (Print)
ISSN 2050-4357 (Online)

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This report
The research reported in this issue of the journal was funded by the HS&DR programme or one of its preceding programmes as project number 11/1023/10. The contractual start date was in February 2013. The final report began editorial review in May 2015 and was accepted for publication in November 2015. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors and production house have tried to ensure the accuracy of the authors’ report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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