

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

Opinder Sahota,^{1*} Ruth Pulikottil-Jacob,²
Fiona Marshall,³ Alan Montgomery,⁴ Wei Tan,⁴
Tracey Sach,⁵ Pip Logan,⁴ Denise Kendrick,⁴
Alison Watson,¹ Maria Walker⁶ and Justin Waring³

¹Nottingham University Hospitals NHS Trust, Nottingham, UK

²Department of Health Economics, University of Warwick, Coventry, UK

³University of Nottingham Business School, Nottingham, UK

⁴School of Medicine, University of Nottingham, Nottingham, UK

⁵Norwich Medical School, University of East Anglia, Norwich, UK

⁶Nottingham CityCare Partnership, Nottingham, UK

*Corresponding author

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Plain English summary

The CIRACT study

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Plain English summary

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.

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Editorial contact: nihredit@southampton.ac.uk

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