



Compensation Case Studies

Patient A sustained a severe traumatic brain injury with associated blindness following a road traffic accident. She initially instructed a non-specialist firm who made no attempt to obtain an interim payment. The patient was subsequently referred to Stewarts through a legal service when she had been discharged from hospital but was residing in a care home which was being paid for by the state. Within 2 days of taking over the case, Stewarts secured an interim payment of £30,000 which she used to privately rent a property. Significant further interim funds have followed which have enabled the patient to live in her own private rental accommodation with a privately funded care package.

Patient B sustained a severe traumatic brain injury following a road traffic accident. Following his initial treatment, the patient was transferred to a specialist rehabilitation unit and then a care home which was funded under a full Continuing Healthcare package. Stewarts obtained an interim payment within days

of taking on the case and then a significant interim payment of £150,000 was made within three months of the accident. This allowed the patient to rent a suitable property and put in place a full care package so he was no longer being funded by the state.

Patient C was 21 years old when he sustained a traumatic brain injury. Stewarts obtained significant interim payments whilst he was an inpatient in a specialist rehabilitation centre. The interim payment was used to rent a suitable property which could accommodate a full private care package.

Patient D sustained a brain injury and Stewarts successfully secured early interim funding which was vital for the patient's discharge from hospital. The patient was unable to return to his home and the local authority was unable to offer him any suitable accommodation. The interim funds were used to secure a privately rented two bedroom flat.

Patient E sustained a significant brain injury and multiple orthopaedic injuries when he was knocked off his bicycle. Stewarts saw the patient approximately one month after his injury when he was still an inpatient on the neuro-rehab ward.

His family had already instructed a non-specialist firm but no interim payments had been requested and the firm had only just requested the police accident report.

Following their instruction, Stewarts secured an immediate interim payment of £10,000 (before liability was admitted) which helped refund out of pocket expenses incurred by his family, pay rent and bills and meet expenses incurred in hospital. Shortly after, Stewarts secured funding for:

- a jointly appointed case manager to liaise with the patient and hospital staff regarding his rehabilitation needs and discharge planning;

- x 12 week courses of specialist private neuro rehabilitation.

The patient is likely to require accessible private rental accommodation and a support package.

Statutory services have been engaged but are unable to provide suitable accommodation due to lack of availability and therefore interim funding will be secured to meet his accommodation and care needs. Without support, the patient would have been entirely reliant on state funding.

Patient F sustained a spinal cord injury as a result of an accident at work. Stewarts secured significant interim payments (before liability was admitted) which allowed rental accommodation to be sourced and minor adaptations to be made to the property. This enabled the patient to realise a timely discharge from the spinal rehabilitation unit.



Patient G sustained a spinal cord injury and Stewarts secured significant interim payments to enable major adaptations to be made to the family home so that he could return home following his rehabilitation. In addition, interim funds were used to pay for top up private rehabilitation. The adaptations were not finished at the time of his proposed discharge from hospital. The interim funds enabled the patient to go on for further private rehabilitation and did not delay his discharge from the NHS spinal rehabilitation unit.

Patient H was 6 years old when he sustained a spinal cord injury at level C2. Interim funds have been used to adapt the family home and pay for a substantial private care package on discharge at a cost of £250,000 per annum which is a cost that would otherwise have fallen on the state.

Patient I sustained a high level spinal cord injury following a road traffic accident. Stewarts met with the patient and his family at a legal service within weeks of his accident. The patient had an early transfer to a specialist spinal unit and then underwent further rehabilitation in a military hospital. Stewarts agreed an early interim payment in excess of £1 million. This enabled him to buy and adapt suitable accommodation, put in place assistance from a case manager and purchase a private care package, therapeutic support, a suitable vehicle and equipment. The patient was discharged into the newly adapted property.

Patient J sustained a spinal cord injury in a motorcycle accident. His pre-accident home was unsuitable for his needs and the patient was informed that he was going to be discharged to a care home which would be funded by the local authority. Stewarts obtained an interim payment of £50,000 prior to discharge which was used to privately rent a property and fund the initial care package. A significant further interim payment was recently received which continues to enable him to privately fund his care package.

Patient K sustained a severe traumatic brain injury in a road traffic accident. The patient's pre-accident home was unsuitable for his significant ongoing needs. The patient was going to be transferred to a care home and his placement there was to be funded by the state. Stewarts secured an interim payment of £150,000 which was used to fund a placement at a private rehabilitation centre. The patient's rehabilitation is ongoing and Stewarts have secured a commitment to further interim payments.

Patient L sustained severe traumatic brain and orthopaedic injuries. After his initial acute inpatient treatment, the patient was transferred to his local hospital until a bed became available at an NHS neuro-rehabilitation unit. Stewarts secured an agreement from the defendant insurers to fund 7 weeks' rehabilitation in a private neuro-rehabilitation unit. Following his rehabilitation, he was discharged home with a privately funded care package.



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Lucy is described by Chambers as a "fantastic" personal injury solicitor with experience of handling a range of complex and high-value claims. Over the past 14 years, she has specialised in cases involving tetraplegia, paraplegia, brain injury and amputations. Lucy acts on behalf of claimants who have sustained serious injury as a result of road traffic accidents, and accidents at work and in public spaces.