



The Post-Acute Trauma Support (PATs) Model[™]

Summary for Healthcare Services

1. Why the PATs Model Was Created

Every year, thousands of Road Traffic Accident (RTA) survivors are discharged from hospital and early rehabilitation having survived the trauma, but without a structured long-term recovery pathway.

Global and national frameworks (**WHO, NICE, NHS**) emphasise that trauma care must include continuity and rehabilitation, yet many survivors continue to fall into a predictable gap after discharge.

Trauma Pain Support (TPS) describes this as the:

Post-Acute Trauma Continuity Gap (PATCG)

The missing layer of structured, trauma-informed support in the months after discharge, when biomechanical, emotional and functional deterioration often emerge.

The **PATs Model[™]** was developed specifically to close this gap.



2. Alignment with Global & National Guidance

The PATS Model™ is designed to sit within, not outside of, existing expectations for rehabilitation and continuity of care. It aligns with:

- **WHO Rehabilitation 2030** – rehabilitation as an essential health service.
- **NICE NG211 (Rehabilitation after traumatic injury)** – continuity from hospital to community.
- **NHS Major Trauma Network standards** – pathways extending beyond discharge and early rehab.

The model does **not** replace clinical treatment. It provides the continuity structure that helps services put these frameworks into practice.



3. What the PATS Model™ Delivers

The PATS Model™ is a **post-discharge continuity framework** for RTA survivors and other trauma-affected patients. At a high level, it delivers:

- A **standardised long-term pathway** after initial rehabilitation.
- A **timeline-based structure** that reflects predictable post-trauma patterns.
- A **multi-domain framework** (physical, functional, emotional, cognitive).
- A **bridge** between early rehab, community services and self-management.
- A **compliance-aware model** that aligns with **WHO / NICE / NHS** principles.

The detailed methodology, tools and implementation steps are available to licensed organisations and TPS partners.



4. Who PATS Model™ Supports

The PATS Model™ is suitable for services supporting trauma survivors beyond discharge, including:

- **NHS** and independent **rehabilitation centres**
- **Major trauma networks** and associated services
- **Pain management clinics** and services
- **Community MDT teams** and integrated care systems
- **Primary care networks** involved in long-term follow-up
- Independent **physiotherapy**, **OT** and **psychology** practices
- **Insurance**, **medico-legal** and **case management organisations**

5. What the PATS Model™ Helps Improve

By adopting the PATS Model™ as a continuity framework, services can expect improvements in:

- **Functional recovery** and maintenance of rehab gains
- **Biomechanical resilience** and stability over time
- **Emotional resilience** and reduced unaddressed distress
- **Self-management** confidence and engagement in recovery
- **Return-to-life outcomes**, including roles, relationships and daily activity
- **Continuity of care** quality and alignment with guidelines



6. How Services Use the PATS Model™ (High-Level)

Services typically use the PATS Model™ to:

- Structure planned **follow-up after discharge** and early rehab
- Provide a **clear roadmap** for survivors over the first year post-injury
- Coordinate efforts across **hospital, community and primary care**
- Demonstrate a **trauma-specific continuity model** to commissioners and regulators. The model is designed to integrate into existing pathways with minimal disruption.

7. Next Steps

To explore the PATS Model™ further:

- ****Review the full PATS Model™ page**** on the TPS website.
- ****Use the Continuity & Compliance Checker**** to assess your current pathway.
- ****Arrange a Pathway Integration Call**** to discuss how the PATS Model™ can be adapted to your service.

The PATS Model™ is built by lived experience, backed by standards, and designed to strengthen long-term recovery outcomes.