



PUBLIC PETITION NO.

PE01179

Name of petitioner

Helen Moran on behalf of the Brain Injury Awareness Campaign

Petition title

Acquired brain injury services

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to introduce a separate and distinct health and community care client category of 'acquired brain injury' to ensure that people with acquired brain injury and their carers get the services and support they need and agencies can plan and deliver services more effectively.

Action taken to resolve issues of concern before submitting the petition

To try and resolve some of the difficulties we have told different people about Brain IAC and got people involved- including people from colleges, housing associations, and carers. We have identified gaps and problems in services. We have had a letter writing campaign with MSPs. We have met with Christine Flannery from the Managed Clinical Network for Acquired Brain Injury. We have asked for advice about the way forward for this from a range of Acquired Brain Injury organisations in Glasgow, and from a local MSP.

Petition background information

Current picture

Currently the way Acquired Brain Injury (ABI) services are planned and paid for in Scotland is joined to other Community Care categories- such as Physical Disability, Learning Disability or Mental Health. Physical Disability only affects a relatively small group of people with brain injury, Mental Health problems (especially Depression) can be common after brain injury but there will be a large range of cognitive problems which are unlike those experienced by the Mental Health client group. Health and Community Care ABI services across Scotland currently have a wide range of different ways in which they plan and pay for services- each differs from area to area because there is nothing laid out from above. Very frequently the planning is through Physical Disability Strategies or Mental Health Strategies. Many ABI services are partially paid for through Mental Health Specific Grant money. While we are aware that the personalization agenda and "In Control" is likely to have some effect on this, our current understanding is that it would still not allow for the proper planning, delivery or funding of services.

Clarity in planning and service delivery

We would want to see this situation changing by introducing Acquired Brain Injury as a discrete category within the Health and Community Care which will mean that it could be planned for and delivered separately. This should be done at all levels- (Scottish Government, Local Authority and Health Board Level). The funding for services should then be specifically attached. There is funding which exists already-but currently is divided up into different budgets- like Physical Disability and Mental Health. This would make the position clearer for the ABI client group which has been subject to very patchy provision across Scotland.

Cost (and life) savings

We believe that if services are planned, funded and in place locally and nationally there will be cost savings because less people with brain injury will become involved in crime, misuse of substances, domestic abuse, family crises etc. These difficulties would be avoided because people would be properly supported and in the longer term this will save money and, we believe, lives.

Conclusion

Following on from the Governments decision to retain the Neurosurgery Units across Scotland the introduction of a discrete category for Acquired Brain Injury would enable Scotland to look to the longer term in it's rehabilitation, care and support for people with brain injury. Currently we feel that the lack of a separate category results in health inequality and a postcode lottery for people with Acquired Brain Injury across Scotland.

Definitions:

Acquired Brain Injury can have many definitions. Brian Pentland, Neurosurgical Consultant at The Scottish Brain Injury Rehabilitation Service Astley Ainslie Hospital has used this definition :

Definition: implies damage to the brain that was sudden in onset and occurred after birth and the neonatal period. It is thus differentiated from birth injuries, congenital abnormalities and progressive or degenerative diseases affecting the Central Nervous System.

The Term "Acquired Brain Injury" should include:

- Traumatic brain injury (TBI)
- Haemorrhagic brain injury (HBI)
- 15% of Stroke
- Vascular brain injury (VBI)
- Ischaemic Stroke
- Anoxic (& metabolic) brain injury (ABI)
- Cardiorespiratory arrest, hanging, drowning
- Hypoglycaemia
- Infective brain injury (IBI)
- Meningitis, Encephalitis

For Planning Purposes it could also include:

- Brain tumours
- Alcohol and drug-related brain damage

The results of ABI include a range of physical, emotional and cognitive problems like:

- Memory problems
- Feeling depressed, tearful or anxious
- Being irritable or easily angered
- Problems with personal relationships
- Difficulties with attention and concentration
- Difficulties communicating with others
- Taking longer to think or carry out tasks
- Loss of confidence and self esteem
- Impulsiveness and problems with self control
- Physical Disabilities- Weakness and Paralysis in limbs
- Mobility Problems
- Balance Problems
- Difficulties in returning to work
- Problems interacting with other people

- People can become socially isolated
- Epilepsy
- Increased reliance on alcohol or other drugs

It is a “hidden disability”.

Most people who have Acquired Brain Injury look the same as anyone else. From the outside there is no way to tell someone has Acquired Brain Injury. This can make things more difficult as people very often judge on appearance. Damaged Brain tissue does not regenerate and so the problems are often life long.

Scale of the problem.

Sharon Thornhill and colleagues carried out the most recent study of Glasgow in the year 2000. These are some of the findings- The statistics have been extrapolated for all of Scotland.

- In Scotland around 12000 people will attend hospital each year having had some form of brain injury.
- Of these around 5500 people will be left with ongoing moderate to severe disability after one year.

Moderate disability is defined as having significant changes in work and lifestyle;

Severe disability is defined as being unable to support themselves for 24 hours.

(Thornhill, et al, 2000)

References:

Sharon Thornhill, Graham M Teasdale, Gordon D Murray, James McEwen, Christopher W Roy, and Kay I Penny Disability in young people and adults one year after head injury: prospective cohort study
BMJ 2000

Brian Pentland, Presentation on Influencing Service Development, June 2005

Brain Injury Awareness Campaign have a weblog with information on meetings and events, this is at :

<http://brainiac-brainaware.blogspot.com>

Unique web address

<http://www.scottish.parliament.uk/GettingInvolved/Petitions/PE01179>

Related information for petition

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NO

How many signatures have you collected so far?

900

Closing date for collecting signatures online

N/A

Comments to stimulate online discussion

