

By Email

Fergus D Cochrane
Clerk to the Committee
Public Petitions Committee
TG.01
The Scottish Parliament
Edinburgh
EH99 1SP



Your ref: Petition PE1179
4 September 2009

Dear Fergus,

CONSIDERATION OF PETITION PE1179

I am replying to your letter of 20 May 2009 in which you asked for a response from the Scottish Government on the issues raised by the Committee's further consideration of this Petition on 19 May 2009. I apologise that my recent absence on annual leave has led to a delay in doing so.

Our response to each of the Committee's questions follows:

Have all NHS boards now appointed rehabilitation co-ordinators? If not, why not and when will these be in place?

- Rehabilitation co-ordinators have been appointed in all NHS Boards apart from:
 - NHS Western Isles, where the post had been advertised but no appointment was made. Discussions are now taking place between NHS Western Isles and NHS Highland and it is proposed that a project manager will be appointed in NHS Western Isles who will receive the necessary additional support from the rehabilitation co-ordinator in NHS Highland;
 - NHS Shetland, which is in the process of making an appointment; and
 - NHS Forth Valley, which is re-advertising the post but expects an appointment to be made by the end of this month.

Will the Scottish Government ensure that Joint Improvement Teams provide support to all Health Boards on implementing ABI strategies? If not, why not?

- Our approach to the management of all long term conditions, including ABI, is set out in our Long Term Conditions Action Plan, which we published under the title *Improving Health & Wellbeing with Long Term Conditions in Scotland: A National Action Plan*. It

was issued under cover of CEL 23(2009) on 10 June 2009. People with ABI have often have complex needs and the key to a successful approach is that providers of treatment, rehabilitation and social care services work closely together to manage the condition's effects and support improved outcomes for patients, service users and carers. The need for integration of health and social care is one of the key messages in the CEL. The JIT is able to bring expertise to the planning, management and delivery aspects of this work through its knowledge and experience of joint and multi-agency working. We believe that if services are to be properly person-centred, they should be geared to addressing the totality of each person's needs, rather than based on a specific condition or diagnosis.

- Acquired Brain Injury (ABI) is one of a number of care groups with which the Joint Improvement Team (JIT) has become involved in the course of its improvement work with health and social care partnerships, and previous correspondence to the Committee has referred directly to the JIT's work with the Glasgow partnership on this.

What is the Scottish Government's response to the views of voluntary organisations which appear to favour recognition as a care category?

- We continue to believe that concerns about the planning and provision of services for people with ABI and their families will be best addressed through the work currently being undertaken by the ABI National Managed Clinical Network (NMCN). It aims to ensure the provision of equitable service of the highest possible standard across Scotland through, amongst other things, increasing awareness of ABI across NHS Boards and identifying gaps and weaknesses in service provision. The voluntary sector is well-represented within the Network. We welcome the publication by the Network in February of this year of its Service Mapping Report and the companion Clinical Standards for Traumatic Brain Injury in Adults, and would encourage NHS Boards to work with the NMCN to implement the standards as the most effective way of addressing the recommendations identified by the mapping exercise. We will monitor progress through the reports which the NMCN provides to the National Services Division (NSD) of NHS National Services Scotland.
- We have also made sure there are good links between the NMCN and the national Managed Service Network which is now responsible for neurosurgical services across Scotland. This should help to ensure continuity of care for those with ABI who require neurosurgery.

Where do things stand with regard to the managed clinical network mapping exercise?

- As indicated above, the ABI NMCN published its Service Mapping Report in February 2009, along with Clinical Standards on Traumatic Brain Injury in Adults. I understand that copies of both documents have been made available to Committee members.
- The NMCN Steering Group considers ensuring the implementation of the standards to be one of its key priorities over the next 2 years, and will be actively providing encouragement and support to NHS Boards in order to achieve this. Both the standards and the mapping report were sent to Medical and Nursing Directors of NHS Boards in February 2009, with a covering letter offering support from the NMCN with implementation. The NMCN has now begun initial discussions with the following 3 NHS Boards:
 - NHS Ayrshire & Arran, which is currently reviewing its ABI patient pathway. The NMCN has been involved in the working group's first meetings;
 - NHS Forth Valley, which has an ABI planning group that has met the NMCN to discuss the standards; and

- NHS Lothian, which is arranging a meeting to discuss the mapping report and standards.
- NHS Greater Glasgow & Clyde is also aware of the mapping report and standards, and is currently mid-reviewing their ABI strategy in conjunction with the JIT.
- The NMCN intends to hold discussions with those responsible for implementing and informally monitoring services during the next 6 months. Thereafter, the NMCN will assess whether a formal audit programme will be required to measure implementation of the standards.
- In addition, the NMCN also seeks to establish implementation opportunities with the Scottish Intercollegiate Guidelines Network (SIGN), which on 22 May 2009 published its revised Guideline, 110, on the early management of patients with a head injury.

Whether the Scottish Government will meet the petitioner and interested voluntary agencies to discuss the issues raised in the petition and report back to the Committee on any actions that emerge?

In the light of the detailed responses we have provided, I would hope that the issues and questions raised by the Petitioner have been sufficiently addressed and that a meeting is therefore unnecessary. Should the Committee consider, however, that there are further issues which would warrant a meeting, we would be happy to consider that.

I trust that the information in this letter, the terms of which have been cleared with the Minister for Public Health & Sport, is of assistance to the Committee in its further consideration of the Petition.

Yours sincerely,

Will Scott

W S SCOTT