

Frank McAveety MSP
Convener, Public Petitions Committee
TG.01
The Scottish Parliament
Edinburgh EH99 1SP
(via email to: petitions@scottish.parliament.uk ,
cc: Franck.David@scottish.parliament.uk)

18th September 2009

Dear Mr. McAveety,

Open Petition PE1179 - Brain Injury Awareness Campaign
Comments on the letters received by the Petitions Committee from:
(1) Healthcare Policy and Strategy Directorate (4th Sept 2009) ,
and (2) the Association of Directors of Social Work (26th Aug 2009)

- 1. BrainIAC** notes that these two letters document the already well-known problems associated with **Acquired Brain Injury (ABI)** and reiterate the widely held views by statutory bodies that the situation is, and will be, managed by existing protocols and healthcare planning. This continual deferring by the statutory health providers to their well-intentioned present procedures and protocols and future policies and plans to manage the **ABI** situation is simply not good enough. Since **Petition PE1179** was initially presented in September 2008, an extrapolation of previous data would suggest that up to **21,000 Scots** will have sustained some form of **ABI**.
- 2. BrainIAC members** - who include both those who have an **ABI** and their carers - together with the voluntary organisations dealing with **ABI** - can confirm that the above current (and future planned) model has failed the **ABI** client group in many parts of the country. In relation to the response from the **Association of Directors of Social Work**, we agree that the "needs assessment" is essential for accessing services. However, the specialised expertise needed to identify the vital subtle elements of brain injury when assessing **ABI** is frequently lacking, and rehabilitation and long term community care is often sub-optimal as the complexity of **ABI** does not allow it to be categorised simply as either a physical, or a mental, or a learning disability - as is often attempted at present. It is well documented that outcomes improve where dedicated **ABI** services exist.
- 3. BrainIAC** stated in its letter to the Petitions Committee in March 2009 that where clinical entities have been defined e.g. Cancer, Coronary Heart Disease, various surgical procedures, Stroke, and many others - national guidelines are in place, service provision is audited, and significant improvements in service delivery can be achieved. As the Minister stated in her letter of 5th February 2009, on this petition, **MCNs** have already been developed for longstanding client group categories to bring about more integrated services and better information for those who require support.
- 4.** For this reason, together with the points raised in earlier submissions, **BrainIAC** continues to be of the view that the adoption of **PE1179**: *“introducing 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 that they need, and agencies can plan and deliver services more effectively”* should proceed.

BrainIAC therefore once again requests the Committee to progress this petition through the most appropriate parliamentary mechanisms.

Yours truly,

Helen Moran, Chairperson

For, and on behalf of, the Brain Injury Awareness Campaign (**BrainIAC**) 18th September 2009

[Via email from **Helen Moran, BrainIAC Chairperson** (serviceuserforum@gmail.com)]