Dear Alison.

Preliminary comments on notes of meeting with Planning Directorate

Given the short notice for commenting on the meeting notes BrainIAC is unable to give a comprehensive collective response, but can make the following general points:

- 1. The summary of the meeting with the Healthcare Planners chaired by W.S.Scott covers the general points that were raised we were given a fairly full outline of the <u>aspirations</u> of the ABI MCN (Acute Brain Injury Managed Clinical Network) which, if translated into action, would go some way towards addressing the <u>clinical</u> needs of the ABI community. There is still the question of implementation.
- 2. The more important problem relating to ABI service provision by local councils and community services (which is often fragmented and varies from non-existant to the rare excellent example) was not discussed in any depth.
- 3. **PE1179** sought to identify acquired brain injury as a distinct health and community care category so that the problem would be better defined, thus enabling more rigour and dicipline in planning ABI services with targets for trained support staff and best practice in treatment, rehabilitation and long term care **which would be audited**.
- 4. The standards currently being set by the ABI MCN, as outlined at the meeting, to some extent cover our concerns in this respect, but deal primarily with the clinical aspects of ABI.
- 5. Earlier responses from local councils and community care services do not seem to envisage any specific benchmarking for ABI: the dedicated staff needed, their training or the arrangements for service delivery which could be audited and monitored thus ensuring reasonable standards across Scotland for those with ABI and their carers. Claiming to focus on individual outcomes rather than specific conditions is admirable but improvement will only occur if there are standards to check and compare with.
- 6. Until BrainIAC can be reassurred on these points we request the Petitions Committee to continue to press Government to consider PE1179 as an important step towards improving ABI services.

Yours sincerely Helen Moran - Chair BrainIAC