PE1179/T

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By Email

Alison Wilson
Assistant Clerk to the Committee
Public Petitions Committee
TG.01
The Scottish

Your ref: Petition PE1179
5 March 2010

Dear Alison,

CONSIDERATION OF PETITION PE1179: ACQUIRED BRAIN INJURY

Thank you for your letter of 11 February 2010 in which you asked for a response from the Scottish Government on the issues raised in the Petitioner's letters to the Committee of 21 January and 5 February 2010.

The Petitioner seeks to define acquired brain injury (ABI) as a distinct health and community care category, arguing that by doing so the problem would be better defined, thereby bringing more rigour and discipline in the planning of ABI services. My letter of 3 February gives a fairly detailed account of the meeting which we had with representatives of BrainIAC on 18 January.

As that letter indicated, we suggested at the meeting there were practical difficulties in defining exactly what conditions would be covered within a separate care category of ABI. Some specific examples of the difficulties this could give rise to might be of assistance to the Committee.

People with a traumatic brain injury often have substantial social and health care problems, but should they be included in the proposed care category if these problems are not directly related to the actual neuronal damage sustained? ABI currently includes haemorrhagic stroke, but should it also cover people who have had an ischaemic stroke? Should it include people who have acquired a neurological impairment through, for example, alcohol-related illness, or as a result of neurosurgery to remove a brain tumour, or people who have encephalitis? I

suspect it would be very difficult to reach a definition that would satisfy everyone, and the clarity the petitioner wishes to see would not be achieved.
We remain convinced that the idea of a separate ABI care category is contrary to the central aim of the Health Directorates' work on long term conditions, which is to treat people as people, rather than defining them by their condition, in order to make sure the totality of their care needs are addressed.

One of the Petitioner's main concerns is a lack of social care services for people with ABI. That is a matter which the Committee would need to pursue with the Association of Directors of Social Work. Health and social care services clearly need to work together on improving services for people with ABI, and that is why we support the plans of the national Managed Clinical Network for acquired brain injury (ABI MCN) to develop into a Managed *Care* Network. The different designation signals an intention to include social and other local authority forms of care within the Network's structure. Part of that work would include the development of standards relating to social care.

BrainIAC's existing participation in the work of the MCN has helped bring together the healthcare professionals responsible for providing services and people with ABI, as well as their families and carers. The MCN clearly offers a mechanism for identifying more efficient ways of working that will help meet people's needs more effectively. The MCN's lead clinician has urged BrainIAC to identify someone to represent it on a sub-group which it is setting up to take forward the Managed Care Network approach. We would encourage BrainIAC to take up that offer, to help ensure that the work focuses on the issues that are of greatest significance to people with ABI, as well as identifying the main targets for service improvement in a way that will allow progress towards achieving them to be measured and published.

As part of treating ABI as a long term condition, we have also agreed to make sure that each NHS Board's Executive Sponsor for long term conditions is aware of the work which the ABI MCN is undertaking. This will help raise awareness of the Network and, it is hoped, improve links between the various clinical teams that can be involved in meeting the often very complex needs of people living with ABI.

We therefore remain of the view that the work of the ABI MCN offers the best mechanism for addressing BrainIAC's concerns, while providing an effective vehicle for BrainIAC's involvement in the shaping and future development of services.

I hope the information in this letter, the terms of which have been approved by the Minister for Public Health and Sport, will be of assistance to the Committee in its further consideration of the Petition.

Yours sincerely,

W S SCOTT