PE1179/U

8th April 2010

Response to letter from Healthcare Planning Division regarding PE1179

Thank you for the opportunity to respond to the 5 March letter from Mr.W.S.Scott of the Healthcare Planning Division.

1. The letter correctly identifies the objectives of petition PE1179 to bring more rigour and discipline to the planning of ABI services by defining Acquired Brain Injury (ABI) as a distinct health and community care category (para 2). The letter then presents various reasons against this by suggesting a difficulty in defining the categories to be included as Acquired Brain Injury (ABI) (paras 3 & 4).

2. BrainIAC feel there is a disconnect in the Healthcare Planning Division's logic here as the Health Service has recently drawn up standards for a Managed Clinical Network (MCN) for ABI. The document is initially focused on traumatic brain injury, but specifically states that "where appropriate this will changed to ABI"

3. BrainIAC would accept the concept of ABI as outlined in the ABI MCN document for present planning purposes, in order to avoid any of the uncertainty perceived by the Healthcare Planning Division (paras 3 & 4).

4. We agree with the Health Directorates' aim of dealing with people as people, not conditions (para 4). This does not however obviate the need to define conditions - in our case ABI - to ensure service providers best meet the needs of individuals. Only then can appropriate audit of the outcomes for those with ABI and their carers be made.

5. We strongly support the observation highlighted by the Healthcare Planning Division regarding our concern at the lack of consistent social care services for people with ABI and urge the Petitions Committee, as suggested by the Healthcare Planning Division, to pursue this matter with the Association of Directors of Social Work (para 5). BrainIAC would stress that the development of standards relating to social care for ABI requires the condition to be recognised as defined in petition PE1179. The current trend is often to try to shoehorn those with ABI inappropriately into the existing categories of either mental disability or physical disability or learning disability. It seems logical to set standards for ABI as a defined health and community care category to ensure the correct service provision

6. BrainIAC has taken up the offer to serve on the sub-group taking forward the Managed Care Network approach and has nominated a representative (para 6).

7. BrainIAC lacks confidence in the statement that each NHS Board's Executive Sponsor for long term conditions is to be made aware of the work

the ABI MCN is undertaking (para 7); awareness does not equate to the execution and implementation of ABI services. If PE1179 is accepted, standards can be set and audited and Health Boards held to account.
Our petition was presented to the committee on 9th September, 2008. BrainIAC is not aware of any significant improvement in the general service provision to those with ABI and their carers since then. The initial responses to the Petitions Committee from voluntary service providers all supported our petition, unlike the statutory service providers and Health service planners. Yet it is with the statutory providers - who should be training and providing the skilled medical and social services ABI requires - that the system is frequently found wanting. BrainIAC remains convinced that only by accepting that ABI is a distinct health and community care category can progress be made in service provision for those with ABI and their carers .

Yours sincerely,
Helen Moran