

Mr. Chris Hynd  
Committee Assistant  
Public Petitions Committee  
TG.01  
The Scottish parliament  
Edinburgh  
EH99 1SP

8<sup>th</sup> March 2012

Dear Mr. Hynd,

I would be obliged if you would arrange to have our **BrainIAC comments** (below) conveyed to the Petitions Committee in advance of its next meeting on 20<sup>th</sup> March 2012.

## **Open Petition PE1179 - Brain Injury Awareness Campaign (BrainIAC)**

### **(a) BrainIAC's Response to Scottish Government's letter of 10<sup>th</sup> January 2012 (PE1179/Z)**

With regard to the above letter providing an update on 3 aspects (referred to under (i), (ii) & (iii) below) relating to the patient experience,

(i) **BrainIAC** acknowledges again that the work of the **ABI Managed Clinical Network** firstly **made good progress** on defining the problem scale, mapping existing services, standards setting to give an **expectation of receiving appropriate care**; also that the **work has continued** with the **translation into specific changes** in patients' care,

**BrainIAC reiterates** its view of the **importance of long term Social Care** being organised as a **service that should properly connect via pathways following on from Clinical services**. **BrainIAC** notes the start of the intended **evolution** from a '**Clinical**' into a '**Care**' network and broadly **supports the work planned ahead**.

(ii) Whereas the **Government's letter claims that focus on integration will ensure resources are better used and aligned to support patients' care and support needs, only time will tell to what extent improvements will be realised**.

The last sentence on the 2<sup>nd</sup> page of the said letter includes the words, "*. . . more focus is put on preventing emergency admissions, ensuring quicker discharge from hospital and supporting people to stay in their own homes.*"; **BrainIAC** does **not understand the relevance of these words** when it would seem that **a person with a brain injury would certainly need to be seen and assessed in, (and, quite possibly, admitted to) a clinical centre**.

(iii) The penultimate paragraph of said letter is noted.

### **(b) BrainIAC's Response to the Association of Directors of Social Work (ADSW) letter of 24<sup>th</sup> February 2012**

The **ADSW letter** starts by stating that social work services are directed towards the needs of individuals post-assessment rather than to people with specific conditions. **However**, it then **proceeds to highlight the dedicated ABI service provided in West Dunbartonshire**. **BrainIAC** has been aware of this **excellent ABI service** since prior to lodging our petition.

The aim of this service is , “ *to develop community based integrated assessment and rehabilitation . . .* “ and “ *. . . works to facilitate the smooth transition for individuals between hospital and community.*” This is **exactly the sort of structure or categorisation which BrainIAC supports**, and the **successful operation of which would sustain our petition**. In fact, the **large paragraph** on the front page of the ADSW letter is seen as **selling this dedicated service with its multi-disciplinary nature as the service model to be aspired to nationally**.

However, to BrainIAC’s knowledge, this is, **very unfortunately, one among a very few services in Scotland with this character**; more is the **pity that this has not been recognised as a model for national implementation**. BrainIAC is aware that a **redesigned Lanarkshire-based community Traumatic Brain Injury Rehabilitation Service** is anticipated to be operational by March 2012. **However**, these apart, **social care remains a real postcode lottery** – e.g. **great if an ABI patient lives in West Dunbarton**, but **very much less optimally aligned/unaligned social care results** if the **patient resides outwith** that Council area. About the **only reservation** that BrainIAC has **concerning this model is its 16-65year age restriction**.

Again, BrainIAC has **long been aware of the production of the excellent resource booklet, “The Journey”**, which details typical experiences and stories from ABI people who have used the West Dunbartonshire service.

### **(c) Conclusion**

BrainIAC recognises that **good progress has been made by the MCN for ABI in the area of Clinical care services**. BrainIAC hopes that similar progress can be realised in the **area of Social Care** by the MCN for ABI in setting standards, etc to be expected.

However, we see the **Social Care** side of treatment/support as **lagging far behind the former**; we do not recognise a **similar strategic approach** (as with the **Clinical** side) being taken on board by the **Social Care providers**. **Unfortunately**, some  $3\frac{1}{2}$  years after our petition was lodged (in August 2008), **little evidence, if any, of improvement appears to exist for this**.

BrainIAC strongly requests that **Petition PE1179 should remain open** until similar improvements can be demonstrated for **Social Care** as with the clinical side of ABI healthcare. At that stage, BrainIAC would then be satisfied to see our petition being closed as our objectives will have been at least partly achieved.

Yours truly,

Helen Moran, Chairperson

For, and on behalf of, the Brain Injury Awareness Campaign (**BrainIAC**) March 2012