

PE1179/X

Health and Healthcare Improvement Directorate
Healthcare Planning Division

T: 0131-244 3023
E: craig.bell@scotland.gsi.gov.uk



Alison Wilson
Assistant Clerk
Public Petitions Committee
T3.40
Scottish Parliament
EDINBURGH
EH99 1SP

6 October 2011

PETITION PE1179 ON ACQUIRED BRAIN INJURY (ABI)

Dear Alison

Thank you for your letter of 4 April 2011, requesting an update for the next session of the Public Petitions Committee on the work under way to support people living with Acquired Brain Injury (ABI).

Our view remains that the work of the ABI Managed Clinical Network (ABI MCN) is the best vehicle for addressing the petitioner's concerns, as well as offering an effective mechanism for BrainIAC's involvement in the future development of services.

I am pleased to be able to say that since our last reply to the Committee in July 2010, the Acquired Brain Injury National Managed Clinical (ABI MCN) has made good progress with helping to make sure that people living with ABI, their families and carers, receive the care and support that they need.

In the first three years of its existence the ABI network has concentrated on defining the scale of the problem and mapping the services currently involved. It was also involved in a standard setting exercise defining a reasonable baseline of adequate care that patients in Scotland might expect to receive. It also began an awareness campaign with a range of activities including public meetings and website development.

In the course of the second three year cycle, the Network's emphasis has been to try to translate this exercise into actual definable changes in patient care. There are three main strands to this activity; standards implementation, data management and education.

Following the publication of the clinical standards the MCN is now engaged in a process of reviewing, on a Board by Board basis, where individual Boards have got to in relation to achieving standards. The Network remains firmly committed to the belief that the standards

set are sensible, largely cost neutral and give appropriate guidance. Perhaps most importantly, the Scottish Government views the standards as the key to improving patient care, and the Network continues to work with NHS Boards and individual departments to ensure their implementation. The extent of compliance will be the subject of a report that is expected to be available at the end of 2011.

The network is co-ordinating a national approach to data collection and management and held a conference under the auspices of the Scottish Government in late September with attendance from the neurosurgical network, ITU network, accident and emergency groups, medical statistics, ISD, neurorehabilitation and Public Health. The ABI MCN is now seeking National agreement on a data collection and management policy to implement within Scotland that will allow the collection of basic epidemiological data to support healthcare planning, research and the benchmarking of current services, all of which will ultimately support improvements in service delivery.

In addition, the ABI MCN has supported the development and release of educational videos on the acute care observation of head injury patients to all medical schools, nursing colleges, A+E and surgical departments in Scotland. It is now taking its educational work forward by developing educational packages - a combination of workbooks suggested practical experience, lectures and online resources that will be available to support staff development in head injury care. The emphasis of this programme will be on access and as well as traditional staff groups the Network aims to include staff groups such as nursing auxiliaries and carers who play a vital role in patient care.

The MCN also has an important part to play in providing people with information both about ABI and the services which were available. There remains a clear role for BrainIAC in making sure that that information is provided in a way which people can easily understand.

The ABI Network is to conduct scoping exercises looking at the provision of brain injury services in remote and rural regions of Scotland. It is developing its website from a traditional information portal into a clinical resource giving immediate, help to assist clinicians with practical issues such as who does what in brain injury care in their locality; drawing together over 400 services in a virtual network.

Work that is looking at the MCN evolving from a 'clinical' network into a 'care' network is also under way which will help recognise the long term social care needs for brain injured patients. It has set up a sub-group to take this work forward over the next 2 years. The group has met twice so far and intends to write to all Directors of Social work asking who carries out social care assessments in their Council/Health Board Area, to inform this important development.

The ABI MCN is also setting up a paediatric arm to the network to help support the specific needs of children and young people affected by ABI as well as engaging in a programme of public awareness, carer resources and public education on acquired brain injury.

Should the Committee wish more information on the Network's progress, its mid-year report will be available from 18 October at : www.sabin.scot.nhs.uk

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

Yours sincerely

Craig Bell