



**Acquired Brain Injury Debate
2nd July 2019**

I attended the above debate in Westminster Hall on behalf of BABICM. The transcript of the debate can be read on Hansard (<https://hansard.parliament.uk/Commons/2019-07-02/debates/A9CD8CBC-4C09-4038-8C05-E524053DB85E/AcquiredBrainInjury>), so I am only going to make some brief comments here. Unfortunately this was not an occasion for asking questions or making comments about the speakers. We were there only as observers and not allowed to speak, only listen. There were about 10 of us in the audience, and I noted 3 employees from the Department of Health were also present.

The MP's who spoke were:-

Christ Bryant (Rhondda)
Jamie Stone (Caithness, Sutherland & Easter Ross)
Nick Thomas–Symonds (Torfaen)
Bill Eastern (Sefton Central)
David Simpson (Upper Bann)
Lilian Greenwood (Nottingham South)
Sir John Hayes (South Holland & The Deepings)
Gregory Campbell (East Londonderry)
Ruth Jones (Newport West)
Jim Shannon (Strangford)
Jenny Chapman (Darlington)
Liz Twist (Blaydon)
Martyn Day (Linlithgow & East Falkirk)
Julie Cooper (Burnley)
John Woodcock (Barrow & Furness)
Seema Kennedy (Parliamentary Under-Secretary of State for Health & Social Care)

The debate was chaired by Andrew Rosindell (Romford). The motion for the debate was to consider acquired brain injury. Chris Bryant noted that it affects “so many” parts of government; Department of Health, Department for Work & Pensions, Home Office, Ministry of Justice, Department of Education, but as the Health Minister was there he focused on health issues. He stressed that ABI is “completely invisible”. He noted that the all-party parliamentary group on ABI has been campaigning to ensure that *“everyone who does any kind of assessment for the DWP ... has a full training in ABI, so that they understand the variable nature of the condition”*.

Many of the MP's who spoke gave examples of how brain injury had effected them, one whose wife had had a brain tumour, another whose adopted son had foetal alcohol syndrome, but none more eloquently than Sir John Hayes, who himself had a brain injury in his early 20's. He is now deaf, and has suffered from tinnitus since the injury. He spoke about what the government needs to do. They need to be *“highly responsive to the changes in the condition of sufferers, they need to marry ... the*

changing diagnostic environment and neuro-rehabilitation", to work out which strategies work best for each individual in recovery, and they need to *"adopt a cross-departmental approach"*. He went on to say that all of these measures, drawn from the APPG report, were recommended in 2001 in the Health Committee's report.

Sir John went on to make the following points: -

1. There should be a national review of neuro-rehabilitation;
2. ABI should be included in the SEN & Disability Code of Practice;
3. All educational professionals should be trained or have a minimal level of awareness;
4. All agencies working with young people in the criminal justice system should work together to ensure that the needs of individuals are assessed;
5. All benefits assessors should be trained to understand the problems that affect individuals with ABI;
6. A brain injury expert should be on the consultation panel when changes in the Welfare system are proposed.

A number of the MP's stressed the need for services for CYP's with ABI, one noting that Tadworth Court was the only children's rehabilitation service. Chris Bryant responded that statistics indicate that every primary school class has at least 1 child who has had a significant brain injury, many undiagnosed. He went on to note the costs to families of having a child placed in Tadworth Court, and the need for more local services. He went on, *"only 40% of those who were assessed at the major trauma centres as needing in-patient rehabilitation actually got it"*, so we are 330 beds short. He stressed the benefit of rehabilitation and that those who received rehabilitation led more independent lives, saving the public purse £500,000 per patient over their lifetime.

He referred to the Injury Cost Recovery Scheme where local hospitals and ambulance services can reclaim an element of the cost if there is an insurance claim for compensation. The scheme was last reviewed in 2003 and brings in £200,000,000 to the NHS, but hospitals can only claim £891 a day for inpatients, or £5,381 per week. It is capped at £53,278 in total. He goes on to note that the average cost of inpatient care post-injury is around £16,000 a week, and therefore recovering these costs from insurers would have a significant impact on the funds available.

Jim Shannon noted that 350,000 people are admitted to hospital every year with ABI related diagnoses. One person every 90 seconds! He then spoke about the issue of carbon monoxide poisoning causing about 30 deaths, and 200 hospital admissions every year at a cost of £178 million to the tax payer. He went on to speak about the *"lengthy waiting lists for social services assessments"*, and that he had had to *"fight for everything"* his brain injured brother had received from the benefits system.

The Health Minister responded to the points made and thanked Headway and UKABIF for raising awareness and for their support to individuals and families. She noted the introduction of major trauma centres and trauma networks in 2012 which had *"saved 600 lives"* and acknowledged that *"for people who have ABI, timely and appropriate neuro-rehabilitation is an important part of their care"*, but the provision only caters for 40% of those who need the services. She went on to note that there are

guidelines for rehab care produced by NHS England and that best practice guidance for children was published in 2016. She is also looking into the Injury Cost Recovery Scheme. She noted that ABI is a long term health condition and that there is £4.5 billion of new investment targeted on those who have the greatest risks, including long term health conditions.

Chris Bryant is clearly committed to improving public services for people with ABI and has asked the Government to set up a task force "*to drive forward this issue in all the different Departments that it affects*". He asked that this be made a priority.

Comment

I was really impressed by this initiative. I have been aware of such debates before, not only in 2001, but also in the early 1990's and I am aware that the Mair Report in the 1980's. The Welsh Affairs Committee have also recommended developments in ABI rehabilitation. I just hope that this will be the time when we get the progress which is so badly needed.

However, there is one thing so obviously missing from this debate – Brain Injury Case Management. I know that for the most part we function in the private sector, but as case managers we each interact with many government departments on behalf of our clients. I know that case managers regularly interact with Education, Social Services, DWP, & Health. I have even attended Immigration Tribunals!

So, perhaps now is the time to make ourselves known, and to let the APPG know about the contribution that we are making to the living standards and lifestyles of our brain injured clients. Perhaps we should all be writing to our MP's to support the recommendations of the APPG, and to educate them about the impact of case management on the lives of ABI survivors in the community.

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Director, Rehab Without Walls