

ABI NMCN

Acquired Brain Injury – National Managed clinical Network

Newsletter No. 1

Welcome to the first (very brief) newsletter of the National Managed Clinical Network (NMCN) for Acquired Brain Injury (ABI). The work to develop the NMCN is just starting. We hope to have our own website in the near future where information about how the network is developing and how you can be involved will be available. (14.2.07)

A new National Managed Clinical Network (NMCN) for Acquired Brain Injury (ABI)

In early 2005 a group of clinicians from across Scotland developed a proposal to set up a national managed clinical network for acquired brain injury, which was submitted to the National Services Division (NSD). An agreement was reached with NSD in late 2006 to fund a network manager and some administrative support. The NMCN is hosted by NHS Lothian and work has now started to develop the NMCN. The lead clinician for the NMCN is Dr Brian Pentland, Clinical Director for the Scottish Brain Injury Rehabilitation service, which is based at Astley Ainslie Hospital. NMCN Manager, Chris Flannery, came into post in early December 2006.

What has happened so far?

A steering group, consisting of a range of clinicians from various parts of the NHS in Scotland and a patient representative, met for the first time on the 1st of February. At that meeting it was agreed that the steering group membership should be widened to include 4 additional people. A full list of members and contact details will be in the next newsletter once final membership is confirmed.

Four action groups are being set up, which will consist of steering group members and members from other ABI/Rehab services.

Those work streams are -

- Mapping services
- Standards
- Education
- Patient & Carer information

The objectives of the network in the first year are to:

- Map out current services for people aged 16 - 65 with ABI
- Promote adoption of recognised standards of care
- Identify the educational needs of health care groups involved in the care of people with ABI
- Identify information requirements of patients and carers

Why a network was proposed.....

Acquired brain injury (ABI) often leads to a mixture of physical, cognitive, communicative, emotional, and behavioural changes with profound consequences for the individual and their family. The person with such complex disabilities requires specialist multidisciplinary expertise delivered using a patient or family-centred approach and involving many agencies other than health. Services should be provided locally whenever possible and several NHS Boards have planned or implemented improved provision for their population. However nationally there are many ABI patients who receive either little or no rehabilitation.

Acquired Brain Injury (ABI) refers to damage to the brain that was sudden in onset and occurred after birth and the neonatal period. It is thus differentiated from birth injuries, congenital abnormalities and progressive or degenerative diseases affecting the nervous system. Common causes are trauma, stroke, hypoxic and infective insults. Head injury (or Traumatic Brain Injury) is often used as the paradigm of ABI and, while all members of society are at risk of head injury, it occurs disproportionately in young men of low socio-economic and educational status from areas of multiple deprivation. Those affected show increased frequency of substance abuse, suicide, psychiatric disorders, physical disability, long-term unemployment and family breakdown. As a consequence, ABI reflects one of the key-yet often hidden-causes of health inequality.

Approximately 300 people are admitted to hospital/100,000 of the population of Scotland each year with head injury alone. It is estimated that approximately 25/100,000 will have moderate to severe brain injury of which 2-4 are likely to have severe disability or prolonged coma. However a proportion of those with ostensibly mild head injuries have complex problems. The epidemiology of non-traumatic ABI is less clear but together these causes account for similar numbers to head injury. Thus of the order of 5-10/100,000 annually will have severe complex problems after ABI (i.e. ~ 250-500 in Scotland). Included in the severe disability category are individuals with severe physical impairments and those with challenging behaviours. Such cases occur in an unpredictable manner and a national managed clinical network would provide the opportunity to determine the pattern of incidence and subsequent need more accurately.

People who have suffered ABI cover a broad spectrum of severity and type of disability i.e not just physical disability. The NMCN proposal concentrates on the needs of those relatively small numbers of people with complex disability, focusing on NHS provision. This group is estimated at 250-500 new cases per year in Scotland. The need to take account of social work and other professions involvement is recognised from the outset. However, in the first instance, the need is to establish robust clinical networks. Once this is established, work to ensure effective linkage to broader care networks can be developed.

NMCN Steering Group

The Steering group will meet approximately 3 times per year to plan and to review progress. In the intervening periods, the work stream groups will meet to take forward agreed pieces of work. It will next meet on Wed 23rd of May 2007.

Members:

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| Dr. Jennifer Armstrong, | Consultant in Public Health Medicine NSD |
| Mr. William Bryden | Headway Edinburgh |
| Dr. John Callender | Consultant Psychiatrist, NHS Grampian |
| Dr. Alan Carson | Consultant Neuropsychiatrist, NHS Lothian |
| Mr. Laurence Dunn | Consultant Neurosurgeon, NHS GG&C |
| Ms. Chris Flannery | NMCN Manager |
| Ms. Shona Forsyth | Neuropaediatric Outreach Nurse, NHS GG&C |
| Mr. Douglas Gentleman | Consultant in Brain Injury Rehabilitation, NHS Tayside |
| Dr Jacques Kerr | Specialist Registrar, A & E medicine, NHS Lothian |
| Ms. Bette Locke | Service Manager, Stirling Area Rehabilitation Team, NHSFV |
| Mrs. Ailsa McMillan | Outreach Nurse, NHS Lothian |
| Prof. Tom McMillan | Neuropsychologist, NHS GG&C |
| Dr. Phil Mackie | Consultant in Public Health Medicine, NHS Lothian |
| Dr Brian Pentland, | Consultant Neurologist , MCN lead (Chair) NHS Lothian |
| Dr. Lance Sloan | Consultant in Rehabilitation Medicine, NHS Fife |
| Dr. Cameron Stark | Consultant in Public Health Medicine, NHS Highland |
| <i>To be confirmed</i> | Senior Social work representative |
| <i>To be confirmed</i> | Patient representative |
| <i>To be confirmed</i> | GP representative |
| <i>To be confirmed</i> | Board representative |

Details of the work steam group membership and remit will be in the next newsletter. We will also give you details of the work plans when they are agreed.

The steering group will also discuss further how best to communicate and how to involve patients & their families, other agencies and clinicians.

Odds & Ends

Just published – ‘ Co-ordinated, integrated and fit for purpose – A delivery framework for Adult Rehabilitation on Scotland’ *Scottish Executive Feb 2007*. This 64 page document recommends the way forward for rehabilitation services in Scotland.

<http://www.scotland.gov.uk/Resource/Doc/166617/0045435.pdf>

Other websites that might be of interest –

The Joint Improvement Team <http://www.jitscotland.org.uk/>

The Joint Improvement Team (JIT) was established in late 2004 to work directly with local health and social care partnerships across Scotland. There is info about the development of a Managed Care Network for older peoples service on this site

Managed clinical Networks

'linked groups of health professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing professional and Health Board boundaries, to ensure equitable provision of high quality clinically effective services throughout Scotland'. MEL (1999)10

Where to find more information about MCNs

The HDL & MEL which described and promoted MCNs can be found on the SHOW website (control + left click)

http://www.show.scot.nhs.uk/sehd/mels/1999_10.htm

HDL(2002)69

http://www.show.scot.nhs.uk/sehd/mels/HDL2002_69.pdf

For examples of other MCNs check out their websites

<http://www.cleftsis.scot.nhs.uk/>

<http://www.epilepsymcn.scot.nhs.uk/>

<http://www.scan.scot.nhs.uk/cgi-bin/WebObjects/scan>

<http://www.ldmcn.scot.nhs.uk/>

<http://www.lothianstrokemcn.scot.nhs.uk/>

<http://www.mcn.scot.nhs.uk/>

Contact us

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