

INTERVIEW

The image features a silhouette of the Big Ben clock tower and the Houses of Parliament in London, set against a bright, hazy sunset sky. The tower is the central focus, with its intricate Gothic architecture clearly visible in black against the warm, orange and yellow light of the setting sun. Other smaller spires and buildings of the parliament are visible in the background, creating a layered silhouette effect.

BRAIN INJURY LOBBY FINDS ITS VOICE



Recent developments at Westminster could put acquired brain injuries higher up the political agenda and garner more support for neuro-rehab, MP Chris Bryant tells Andrew Mernin.

"It's the economy, stupid," read a note permanently displayed on Bill Clinton's desk as he plotted his 1992 rise to power. The sentiment was written by campaign manager James Carville to sum up the vote-winning force of money. It remains an enduring electoral truth that continues to drive political decisions today. If, as in the US, economic matters are the motivator for UK politicians, the launch of the All-Party Parliamentary Group (APPG) for Acquired Brain Injury may have piqued their interest. Delegates at Westminster, including a smattering of MPs and peers, were told that acquired brain injuries cost the UK around £15bn every year. That's the equivalent of 0.75 per cent of

Britain's GDP – or the same cost as Europe's biggest infrastructure project, the vast Crossrail network currently being built in London and the South East.

Put another way, it could pay to host the London 2012 Olympics almost twice over, or to build 14 Wembley Stadiums at today's prices.

Reminding MPs and healthcare policymakers of the financial implications of brain injuries may be an important part of the work of the APPG going forward; especially with every other faction of healthcare fighting to be heard amid sweeping changes to the NHS. Chris Bryant, Labour MP for Rhondda and chair of the APPG, tells NR Times: "The point of the APPG is that there is no party politics in it. It's about trying to find solutions and also raising awareness, which is especially key for us at the moment. Lots of people don't understand how much can be achieved with good rehabilitation services. Also, rehab units are often nowhere near trauma units and the pathways from the injury to the support are not very clear, with lots of people falling between the cracks.

"There is a very strong argument for rehab for acquired brain injuries. It is massively cost-effective, actually saving money for the NHS and wider public purse; but lots of people are simply unaware of how much difference it can make. It can get someone all the way back to full cognitive normality and able to go back into work, rather than relying on the benefits system, for example."

Bryant is joined in the APPG by Conservative MP John Hayes, Baroness Tanni Grey-Thompson, brain injury charities, networks and associations, private sector representatives and brain injury survivors. Its launch will be followed by four roundtable meetings to discuss vital issues. They include ABI causes, trauma and neuro-rehab service provision, crime and offending behaviour, education and concussion in sport.

"Each discussion will be followed up with a report featuring key recommendations. A lot of us feel that these issues have slipped down the list of priorities in recent years," Bryant says.

Given that the last brain injury APPG disappeared without trace 14 years ago,

will this new entity really make a tangible difference to current policy and problems? Recent years have seen no notable increase in the NHS's stock of approximately 1,000 neuro-rehab beds - or in the estimated £220m of annual NHS spending on neuro-rehab. Brain injury professionals may, therefore, be understandably sceptical about the prospect of getting brain injuries higher up the government's agenda. Bryant insists the new APPG is a significant step forward.

"Everyone involved is wholly committed to driving change," he says. "There are also members of the House of Lords who are very interested, some of whom have their own personal reasons, whether that is the loss of a family member or friends who have been affected."

Bryant's own interest in ABI stems from previous involvement in lobbying rugby authorities to get to grips with the threat of concussion.

Despite recent announcements about increased focus by football authorities on concussion, he says: "The understanding of concussion in sport is still pretty limited and there's a lot more work to be done there. There is probably a massive hidden cost of concussion that has led to depression and anxiety among people who might not have realised it had anything to do with the concussion they had years earlier."

With concussion and many other ABI issues to face up to – like disproportionate amounts of prison and homeless populations with brain injuries – the APPG faces a mammoth task in the months ahead. Small progress has been achieved already, however.

Bryant raised the issue of brain injuries in Parliament before the APPG launch and has secured a meeting with the disabilities minister this quarter.

"The government was very keen to meet quickly so there is definitely a commitment to engage, whether or not that will lead us anywhere. I would argue that the NHS is under-resourced in general but I don't know whether they will address that."

Time will tell. Should any breakthroughs be achieved or reports published by the APPG, you can find out about them online at nrtimes.co.uk. ●



NOTES FROM WESTMINSTER

Delegates were given an overview of the issues affecting neuro-rehab at the launch of the new brain injury APPG in Westminster recently.

Professor Diane Playford, president of the British Society of Rehabilitation Medicine, delivered an overview of ABI and the multiple and varied effects it has on each individual.

Brain injury is the leading cause of death and disability worldwide and, in the UK, almost 1.5 million people attend A&E with head injuries each year. Of these, around 200,000 are admitted to hospital. Many thousands more suffer from strokes or brain injuries caused by infection and disease, delegates were told.

Playford explained how specialist rehabilitation services are a critical component of the acute care pathway. Rehabilitation reduces the burden on acute and frontline services if patients are immediately accepted after their medical and surgical needs are met, she said. A substantial body of evidence shows that specialised rehabilitation is effective, and is offset by savings in the cost of community care, making this a highly cost-efficient intervention. But current rehabilitation needs are not

being met, she said, with the Major Trauma Plan (2010) not taking rehabilitation into consideration. Bed provision is insufficient and services are neither streamlined nor easily accessible. Furthermore, the rehabilitation prescription is largely not implemented and does not follow each patient along the care pathway as it should. Awareness is very low in primary care so people with acquired brain injury who are discharged into the community receive very little support, she said. Playford highlighted the role of education in raising awareness of ABI. It warrants a category of its own due to the size of the problem, and should not simply be under the umbrella of "long-term conditions," she warned. Increased awareness of the magnitude of the problem should encourage

■ The dramatic long-term impact of rehab needs to be emphasised

extra funding for rehabilitation in this area, delegates heard.

Meanwhile, colonel John Etherington (pictured right) gave a detailed explanation of how rehabilitation can be a net contributor to the NHS and society.

The director of defence rehabilitation, consultant in rheumatology and rehabilitation medicine at the Defence Medical Rehabilitation Centre, Headley Court, said: "In the short-term, rehabilitation is costly, but it is far less expensive than poor clinical outcomes. Ongoing costs fall on the health services, individuals and carers, and society as a whole.

"The continuous requirement on health services due to a lack of proper treatment places an avoidable and continuous cost burden. Disability due to poor care might prevent an individual returning to work, and more individuals requiring disability benefits places a greater cost burden on the taxpayer. The total cost of traumatic brain injury has been estimated at £15bn, and figures are set to increase if changes are not made."

He continued: "The dramatic long-term benefits of improved, immediate rehabilitation need to be emphasised in order to change the current narrative that 'rehabilitation doesn't work,' or that 'it is nice, but we cannot afford it'.

"Studies on war veterans who receive intensive, good quality rehabilitation following traumatic brain injury showed that the majority were able to live independently [87 per cent] and return to work [92 per cent]. This could also be true for society at large.

"Delayed transfer of care is currently a big concern, and 'referral to treatment' times are on the rise. Furthermore, five per cent of cases treated in Major Trauma Centres subsequently receive specialist rehabilitation. This means that patients



with brain injuries are not receiving rehabilitation as quickly as they should, and the aforementioned negative consequences are only becoming a bigger economic problem."

Etherington also reinforced the lack of rehabilitation beds available in the UK. There are 994 specialist rehabilitation beds in England.

Initiatives such as the Injury Cost Recovery Scheme, where insurers provide compensation for rehabilitation, are largely underused.

Awareness needs to be raised of these alternative funding streams, he said. "Ultimately, a new dialogue must begin

incorporating a cross-governmental / society initiative and joint funding. The NHS needs to embrace broader societal outcomes; work, wellness, injury and illness prevention. Improving outcomes will generate national financial savings. "Better resourced and planned rehabilitation will result in reduced welfare costs, reduced demand on the criminal justice and education systems, improved life expectancy, work and recovery." Also speaking at the APPG meeting was Professor David Menon who focused on the extensive global TBI report recently published in The Lancet.

See page 6 for more on that report. ●