

## **Kent Acquired Brain Injury Forum (KABIF)**

### **MINUTES**

**Of the meeting held on 6 April 2005 at 7pm**

**At the offices of Thomson Snell & Passmore, Lonsdale Gate, Tunbridge Wells**

#### **In Attendance:**

Margaret Bentley, Specialist Commissioner, Kent and Medway PCTs  
Louise Brown, Legal Assistant, Thomson Snell & Passmore  
Di Drummond, Manager of Headway, Tunbridge Wells  
Ros Eastwood, Head Teacher, East Kent Hospitals School Service  
Gerhard Florschutz, Director, Raphael Medical Centre  
Tim Gilbert, Brain Injury Case Manager, ILS Ltd  
Bhavna Jones, Executive Director, Unsted Park Neuro Rehab Centre  
Sarah Keily, Trainee Solicitor, Thomson Snell & Passmore  
Yvonne McWean, Hospital Director, Unsted Park Neuro-Rehab Centre  
Pam Munro, Founder and Volunteer of Tunbridge Wells and District Headway  
Georgina Overell, Speech and Language Therapist, Herne Bay and Kent & Canterbury Hospital  
Julie Reynolds, Chairwoman, CBIT Kent  
Diane Rickard, Physiotherapist, Mainstream Schools, Maidstone  
Mary Ryan, RBLI  
Dennis Smith, President of Tunbridge Wells and District Headway  
Jennifer Stockley, Independent Paediatric Neuro-psychologist, Tadworth Court  
Linda Theoff, Brain Injury Case Manager, East Kent Hospitals NHS Trust  
Andrew Watson, Solicitor, Thomson Snell & Passmore  
Melanie White, Business Development Manager, Opus Living Ltd  
Don Young, Director/Brain Injury Case Manager, Harley Reed Consulting Ltd

#### **1. Apologies for absence**

Sue Anscombe, Occupational Therapist  
Sophia Chung, Executive Director, S C Support and Care Services Limited  
Diana Cloke, Retired Chartered Physiotherapist  
Deborah Harding, Unit Co-ordinator, West Kent Neuro-Rehab Unit  
Mike Hope, Physical Disabilities Team, St Mark's House  
Tony Merriman, Solicitor, asb-law  
Frances Pierce, Solicitor, Thomson Snell & Passmore  
Janet Walker, Physiotherapist, Chittenden House  
Susan Ware, Independent Speech & Language Therapist  
Hilary Whibley, Occupational Therapist, Community Brain Injury Team

#### **2. Approval of Minutes of Meeting of 24 February 2005**

**3. Matters arising from the minutes of the meeting of 24 February 2005**

All matters arising have now been carried out. Andrew Watson pointed out that it has been decided that the venue for the meeting on 27 October 2005 in East Kent will hopefully be at the Kent and Canterbury Hospital with a talk on mental health and for the 1 December meeting Mike Oddy and someone from social services as well (who are presently conspicuous by their absence). Tim Gilbert suggested Camilla Herbert as a psychologist speaker. Andrew wondered whether we should continue with the regime of two speakers per meeting. The consensus was that we should continue with two and we can reduce this to one speaker eventually who could then give a more in-depth talk.

Andrew asked for any thoughts on another speaker for the 15 September meeting when Stephen Carr of Partnership with Parents will be speaking. Tim Gilbert said he will speak to a paediatric case manager to see if he is interested in speaking. Bhavna Jones thought that Jennifer Stockley would be a good choice to talk alongside Stephen Carr – she said she might be on holiday then.

Di Drummond asked what our thoughts were on the subject for Steven Sparks to talk about. Andrew asked Margaret Bentley since she was also going to be speaking at this meeting. He said that Frances Pierce had in mind that we could give the two of them a steer about what they would talk about. Bhavna thought it would be interesting to hear from them about data from all the 23 PCTs across the region regarding treatment up to the tertiary level and onwards to rehabilitation.

**4. Information exchange**

Pam Munro said that there will be a neuropsychologist at the SW Kent Neuro-Rehab Unit which there is not at the DART team.

Julie Reynolds said that CBIT were holding a Young People's Initiative to be held at the Woods Bar in the Pantiles at 7.30 p.m. on 13 April 2005.

Andrew said that the invitations to the ABI lecture will be going out in a month's time and the hope is that we will put a flyer about the Steve Sparks's talk on 18 May in with the invitations to the lecture.

**5. Neuro-Rehab Stakeholders Group**

This is Debbie Harding's area and as she had sent her apologies for the meeting there was no input on this subject.

**6. Website**

Sarah Keily showed us the KABIF website on the overhead projector and took us through the various links. Andrew asked everyone if they could tell Frances about any forthcoming events which could usefully go onto the website, and also asked for general comments on it and whether there were any other obvious links which we could put on.

## **7. Mapping exercise**

Gerhard Florschutz mentioned that one of his patients had expressed willingness to help out on this but he could not say how long this would take them.

## **8. Headway Update**

Di Drummond said that there was nothing really to say about the centre's proposed move at the moment. She said that they were exploring the potential for a carers meeting to see if they needed anything and, if so, what. Music sessions are scheduled for May.

## **9. Case Management – Tim Gilbert**

Tim gave his talk about the role of case management. He gave it via a powerpoint presentation and the topics covered were as follows:

- Case management – what is it?
- A brief history of case management
- Where do case managers come from?
- Different client groups
- Two different models of case management: clinical case manager and other
- The process of case management:
  - Identifying rehabilitation facilities
  - Recruitment of support workers
  - Establishing a care regime
  - Liaison with employer etc
  - Organising rotas
  - Liaison with statutory services where appropriate
  - Recruitment of therapists
  - Organising regular review meetings
  - Advising solicitors/insurers regarding costs
  - General advice and help
- The future of case management. Tim expressed the hope that case management will one day be the norm in the NHS

Dennis Smith asked Tim if he recommended Headway to clients. Tim said he did and that Headway definitely had its benefits although the service does vary from one centre to another – some are purely support groups and some provide a day care service.

Julie asked what his thoughts were on joint instructions from solicitors and the potential conflicts of interest. Tim said that there was indeed a lot of conflict as to who precisely was the client – the insurance company or the patient?

Ros Eastwood said that there was a lot of argument between Social Services and insurance companies as to who should be funding patients and asked Tim if he found the same. Tim said he did and that it was his experience that

the social services do not always provide the necessary service and so the independent sector has to be looked at but if there is a relevant statutory service then that should be utilised. Don Young said that he echoed Tim's experience but that nine times out of ten social services provision is not sufficient. The patient has to be the client. BABICM's direction is focused on the needs of the client.

There was then some discussion as to the distinction between a care manager and a case manager, as it is important to distinguish them. The important point is that care managers do not tend to get involved all the way through a case.

Julie asked Tim how he assessed a client's needs and then costed that. Tim said that he assessed a client's needs and then illustrated his recommendation after that. Andrew asked if case managers tended to belong to either or both BABICM and CMSUK. Tim said that they can be in both and that it would be useful if these two organisations worked together.

Tim was thanked for his interesting and informative talk.

#### **10. Development of Acute Pathway for ABBI – Bhavna Jones and Yvonne McWean**

Bhavna introduced Yvonne to the meeting and said that she would be giving the talk about the collaborative pathway which Unsted Park had initiated. Yvonne gave her talk alongside a powerpoint presentation. Yvonne explained as follows:

- The Pathway was born of the need for improved communication from the acute stage via the tertiary stage and up to discharge. She said that the idea was to see how the independent and the public sector can work together can work together and that Unsted Park are starting to work with their peers in the NHS.
- It was decided that protocol was needed because of the negative experiences of the patients regarding the links between the private and the public sector and the impact this had on their care. Relatives were experiencing confusion at the different messages which were coming across. It was therefore decided to build closer links between Unsted Park and the PCTs, with the patients' needs at heart.
- Referrals to Unsted Park were by a plethora of people and were not just consultant to consultant.
- A senior nurse and an appropriate therapist will do the initial assessment.
- Unsted Park will say no to people if they do not think we will meet their needs.
- They give clear recommendations about what they can deliver, putting everything down that might come up as a potential cost as they do not want a funding debate later on. They try to be upfront about what they feel, the priority being that it is based around the patient's needs. There are regular reviews and updates of costs.

- On admission to Unsted Park, there is a goal-planning meeting covering discussions with the patient and family about what they want to achieve, acknowledging their dreams and aspirations. This is assisted with regular case conferences and if there are funding issues then these are looked at in the case conference forum.

In summary, Yvonne said that the whole process must be about the patient and what choices the patients and relations want. The key is open and honest communication and there must be no surprises. There must be key contacts, i.e. named people with whom the patient and their family can communicate.

The upshot of the development of the pathway for collaboration was that there have been lessons learned on both sides of the two sectors.

Mary Ryan asked about funding. Yvonne said that patients were coming from the NHS so that in those instances they will work with the PCTs on funding issues. Some funding comes from insurance companies, but it is mostly from the public sector.

Tim asked if Unsted Park took patients with more challenging behaviour as in those who go to e.g. Harrowlands? Yvonne said yes, they had the full gamut of behaviour problems.

Andrew asked what were the criteria for admission. Yvonne said that it was ABI from any source – traumatic or surgical. When they do the assessment, they ask themselves if they have the skills to deal with this particular patient and will also ensure that they fit in with the current patients they have if they do have particularly challenging behaviour. The basic question they ask themselves is: Can we meet their needs and do they fit in? Also, they do have to be medically stable to a degree.

Gerhard said that he found it frustrating that patients do not come early enough from neurosurgery into neuro-rehab but are left to vegetate in hospitals, by which time they need more rehab than they would have done if they had been sent to him earlier. Gerhard said he would like to ask Margaret Bentley, as commissioner for Kent and Medway PCTs, that particular question.

Jennifer Stockley said that there is a dispute about whether early rehab is really a good idea as it can in some cases cause more problems than it resolves. Gerhard agreed the early discharge planning is at least a feature of the new PCTs and Margaret Bentley said that the PCTs are well aware of early discharge planning and the benefits of this.

Pam Munro said that she was sure that Andrew would agree that solicitors in the past had to prove to the courts as to whether rehabilitation actually did any good. Pam said that it was possible to tell at the Headway Centre who has had rehab and who has not, and that in her opinion it was therefore invaluable.

Andrew asked Yvonne how many beds there were at Unsted Park. Yvonne said that there were 27 beds.

Bhavna said that it was good to come to forums such as this and see everyone thinking as they do regarding funding. Margaret said that her biggest problem regarding funding was prioritising as there are so many calls on the money.

Yvonne and Bhavna were thanked for their interesting and informative talk.

**11. AOB**

Pam mentioned that on the UKABIF website there is a Directory of Rehab services which is very useful.