Briefing for Westminster Hall debate on Acquired Brain Injury, Thursday 6 February 2020

Sue Ryder endorses the recommendations in the Time for Change report published by the APPG on Acquired Brain Injury in 2018. As a specialist provider of neurological services we know that people with ABI are, in many cases, not able to access neurorehabilitation due to variation in provision, a lack of understanding of its role and an unwillingness to fund it.

Overview of Sue Ryder

Sue Ryder provides palliative, neurological and bereavement support. Our four specialist neurological centres provide slow stream rehabilitation for 6-12 months or longer through a goal-orientated, tailored therapy programme that supports people with ABI to develop the skills they need for daily living. Sue Ryder The Chantry additionally provides post-acute intensive rehabilitation over a 3-6 month period. Here the interdisciplinary team works to promote independence through physical rehab, re-enablement, rehab for patients with cognitive and communication difficulties, support with home visits and discharge planning, and self-management and support for family and carers. This service will also be available at our new Sue Ryder Neurological Care Centre Lancashire, due to open in March 2020. You can see this kind of work in action on our website.

Why invest in neurorehabilitation?

Not only is it the right thing to do for the person with the ABI, it makes sense financially. An independent analysis of standard reactive care pathways for people with neurological conditions compared to proactive care pathways, where people access services including rehab, shows that the latter saves the health and care system money. By providing a young woman with a severe brain haemorrhage proactive slow stream rehabilitation at one of our centres, rather than her being moved to an older person’s nursing home for the rest of her life, the state was saved an estimated £2m. After receiving specialist care over several years she was able to return home and live independently – despite having been advised in hospital that she had ‘no rehab potential’. See the attached case study for further details.

What needs to change?

It is not clear how many people with ABI are being let down by being denied access to the neurorehabilitation they need to regain independence and quality of life. However it is clear that it is a significant problem, with people being left in hospitals and placed in nursing homes far away from their support networks, resulting in further isolation. Sue Ryder believes the Government needs to establish the scale of the problem and commit to addressing it by:

- Guaranteeing that all people with ABI have the opportunity for neurorehabilitation that meets their needs;
- Ensuring NHS England provides a clear specification for neurorehabilitation, in all its forms, ensuring it is consistent, high-quality, and person-centred;
- Support NHS England and all partners to design and then commission neurorehabilitation services so that everyone with ABI can access this specialist support, allowing them to regain as much independence and quality of life as possible.