

Healthwatch Birmingham's response to Acquired Brain Injuries call for evidence

Healthwatch Birmingham welcomes the opportunity to respond to NHS England and Improvement's consultation on *Acquired Brain Injuries call for evidence*. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Whether the proposed guidance is responsive to the needs of the people of Birmingham

On which of the following areas could the strategy look to focus to better support people with an acquired brain injury or other neurological condition? You can choose more than one.

Awareness, identification and prevention

- Awareness of acquired brain injury for people working with at-risk groups
- Awareness of acquired brain injury in educational settings
- Knowledge and skills of staff working with at-risk groups
- Prevention
- Screening
- Wider public awareness

Healthcare

- Assessment and triage
- Choice and control over your healthcare
- Coordination of care
- Development of patient pathways
- Diagnosis
- Following existing best practice guidance
- Information about your condition
- Measuring patient outcomes
- Mental health
- Numbers of staff
- Rehabilitation (specialist inpatient and community-based)
- Training for specialist and non-specialist healthcare professionals
- Transition from children's to adult care
- Treatment

Social care

- Accessible information, advice and advocacy
- Assessment of social care needs
- Coproduction of care and support plans with the person and their family and social network
- Financial support on offer including continuing healthcare



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- Impact on unpaid carers and support for unpaid carers
- Integration of services
- Quality of care and support provided
- Social care workforce training
- Support to be involved in the community
- Support to live independently
- Support to live safely

Housing

- Ability of housing to meet individual needs
- Accessing appropriate housing including assisted living
- Home and technology adaptations to support independent living
- Information on available housing support
- Integrated approaches to delivering housing with care and support in the local area
- Transitional living accommodation

Supporting specific groups

- Armed forces and veteran personnel
- People experiencing homelessness
- People in education
- People on probation or leaving the criminal justice system
- People with drug and alcohol abuse problems
- People within secure and detained settings
- Victims of violence

Identifying and addressing disparities in care and support for people with shared characteristics

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race (ethnic origin)
- Religion and belief
- Sex (gender)
- Sexual orientation
- Socio-economic status

Which of the previous question's themes are the most important for the strategy to consider? Please choose up to 3 themes.

- Awareness Identification and prevention
- Healthcare
- Social care



If you would like to provide further views as to why you selected these themes as your priority areas of focus, please do so here.

Healthwatch Birmingham has listened to the views of the public in Birmingham about health and social care services for many years. We have chosen these three categories as they best reflect the feedback we have received from the public about these issues.

Awareness, Identification and prevention - we have heard from people with concerns that their own or relatives symptoms were not identified and diagnosed as quickly as possible, leading to poorer outcomes. "I am extremely angry & upset that this was missed by two doctors from the same GP practice. Googling symptoms of strokes myself, I can see that my father's symptoms lined up to this, so I cannot fathom why the doctors would not have sent him to hospital, even as a precautionary measure."

Healthcare - People tell us about their or their relatives experiences of healthcare, sometimes positively, but often to express concern about the treatment and safety of the patient. "During this time in the hospital, he fell out of bed. They said that he had landed on his hands and knees and was uninjured. Wife feels this did not sound right as husband is paralysed down the whole of his right side. She asked if the bed guard was up and was informed it measured 50cm high, so she could not understand a) how it happened and b) how husband managed to land on his hands and knees and hold himself up. "

Social Care - We are often contacted by relatives who are unclear about what social care can offer, and what is in their relatives best interests. " He has not made a good recovery and they want to shift him to nursing home. We need some information regarding this issue as we don't want him to be shifted to nursing home because he will lose his flat and free physiotherapy support. "

Is there anything else you would like to us to consider, for instance examples of best practice or areas not already included in this survey?

We have been contacted by relatives who have struggled to maintain clear communication with their relative following an acquired brain injury. This is sometimes the case when families have a disagreement over care. We feel that social support needs for people with an acquired brain injury needs to be considered and given focus. " My stepdad was referred here after having a head injury however myself and family have been restricted from speaking to my stepdad after his next of kin told the hospital to stop contact with anyone but him. The hospital have done exactly this and now my stepdad is left without his family support. They have took away his rights."

We are also contacted for signposting information about other health needs that the individual with an acquired brain injury has. More support needs to be given to signposting for overall health needs. " When she had a stroke and was hospitalised, she lost her dentures. Her daughter was told she'd need to find a Domiciliary Dentist as they can provide new



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dentures. However, the daughter has been trying for months and is constantly being told no dentist can do this." "where patients can go to have their ears syringed as their GP surgeries are currently not offering this service."

We have also heard an example of excellent care received at Moseley Hall Hospital " I was an inpatient at Moseley Hall Hospital for about 6 weeks. I was taken to Moseley Hall Hospital for rest and physiotherapy after I had suffered a spinal stroke. I am a coeliac as I have an allergy to gluten. The head of the hospital dieticians and catering department came to see me every day to work out my menu for the day. She was extremely kind and nothing was too much trouble. The nursing sisters on ward 4 were kindness itself and their nursing staff were also extremely kind to me. The physiotherapy unit for ward 4 helped me considerably as well. Moseley Hall Hospital is an extremely good hospital and I was treated extremely well there for which I am very grateful."

Yours Sincerely,



Sarah Walmsley

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