



The United Kingdom
Acquired Brain Injury Forum

NEWS REPORT | December 2016

Royal Society of Medicine hosts UKABIF's 8th Annual Conference



Professor Michael Barnes welcomed delegates at the Royal Society of Medicine for the 8th UKABIF Annual Conference.

'From Surviving to Thriving with Acquired Brain Injury' was the theme of this year's UKABIF Annual Conference, held at the Royal Society of Medicine in London last month.

Advances in the treatment of brain injury over the past decade have resulted in increased survival, but there are long-term consequences for survivors. Speakers at this year's Conference looked the rehabilitation challenges following the re-organisation of trauma care, the status of predicting outcomes, and discussed new approaches to rehabilitation management.

Professor Michael Barnes, UKABIF

Chair, welcomed over 200 delegates from all fields of brain injury including the interdisciplinary rehabilitation team, commissioners, case managers, personal injury lawyers, social care workers, voluntary organisations, care providers and also individuals and their families living with a brain injury.

Professor Barnes thanked delegates, the sponsors Christchurch Group, Irwin Mitchell, Leigh Day and The Royal Buckinghamshire Hospital, as well as all the exhibitors for their support.

Paul Spence receives the Stephen McAleese Award for Inspiration

This year's Stephen McAleese Award for Inspiration was presented to Paul Spence for his tireless work on behalf of people with brain injury.

In 2012 Paul was the victim of an unprovoked attack and suffered a brain haemorrhage. His injury had devastating consequences for him and his family, and Paul's recovery was a long and challenging journey.

Paul has subsequently raised awareness of the issues faced by people with a brain injury through Facebook, and he organised a series of marathons raising monies for the Neurosurgical Ward at Hull Royal Infirmary and local charities. Paul identified a need for post-acute support for people like himself, and in April 2016, with help from Hull Clinical Commissioning Group, the PAUL For Brain Recovery Centre was opened to provide a place for people to socialise, interact, learn how to cope and to move forward following a brain injury.



Paul Spence receives the Stephen McAleese Award for Inspiration from Susan and John McAleese.



Keira Stevenson receives the UKABIF Clinician of the Year Award from UKABIF Chair Professor Michael Barnes.

UKABIF Clinician of the Year – Keira Stevenson

The recipient of the UKABIF Clinician of the Year is Keira Stevenson, an Occupational Therapist.

Keira has developed innovative strategies for those living with fatigue following a brain injury, and uses dance as a therapeutic tool.

Trauma initiative and the implications for rehabilitation

“Right patient, right place, right time is the key to managing traumatic brain injury” said Dr Andy Eynon, Director of Major Trauma at the University Hospital, Southampton NHS Foundation Trust.

Following a review and reorganisation of emergency medicine there are now 26 Major Trauma Centres (MTCs) in England providing specialised trauma care and rehabilitation; they function 24/7 and work closely with local trauma units.

Major Trauma Centres in England

Adults and children	12
Adults only	8
Children only	4
Consortium	2

Ambulance crews make an assessment at the trauma scene using triage tools, to ensure that those with major trauma are taken directly to a MTC for urgent treatment. If the distances are long, patients may have to be taken to their local trauma unit for stabilisation first, before being transferred to the MTC for definitive treatment. On arrival at the MTC patients immediately undergo a full assessment by a consultant-led trauma team with access to the best diagnostic and treatment facilities.

Dr Eynon said: “The chances of surviving trauma have improved by 60 % in three years – it’s definitely been a success”.



Dr Andy Eynon, Director of Major Trauma at University Hospital Southampton NHS Foundation Trust.

Many patients will also need a personalised rehabilitation programme involving an interdisciplinary team to help them return to an independent life. However, in the re-organisation of trauma care rehabilitation services have not fared very well. These services lack coordination, bed blockage continues to be an issue, and the demand and timeliness for rehabilitation is an increasing problem.

Dr Eynon said: “We need rehabilitation consultants involved at the MTC. Rehabilitation needs to be integrated into the acute aspects of trauma care otherwise decisions are left to consultants who don’t know anything about rehabilitation. Rehabilitation prescriptions are a necessity and increasingly rehabilitation will take place in people’s homes, so a working relationship is required between the NHS, third sector and the private sector to ensure a seamless and holistic service is provided.”

Predicting outcomes for people with Traumatic Brain Injury

“Neurotrauma is major cause of neurodisability globally but the prognostic indicators for rehabilitation are not well-defined” said David Menon, Professor and Head of the Department of Anaesthesia, Principal Investigator in the Wolfson Brain Imaging Centre, and Co-Chair of the Acute Brain Injury Programme at the University of Cambridge.

Prognosis in Traumatic Brain Injury is difficult but important, because it guides appropriate treatment, tries to limit the proportion of patients left in a persistent vegetative state, helps the family come to terms with their loved one’s condition and assists with future planning. Clinical and physiological variables, radiological predictors and biological markers all exist but are more useful for prediction at the population level than for guiding decisions concerning individual patients.

Professor Menon discussed some of the models available and the prognostic calculators, he concluded: “We’ve come a long way but much more work is required”.



David Menon, Professor and Head of the Department of Anaesthesia, Principal Investigator in the Wolfson Brain Imaging Centre.

Rehabilitation takes many forms... A life-world approach

Edmund Husserl, the German philosopher, created a theory of knowledge called 'phenomenology'. He defined the lifeworld as a place distinct from, and different to, the more systematic observation and considered reflection that characterises science.

Dr Caroline Ellis-Hill, Senior Lecturer in Qualitative Research at Bournemouth University, discussed two examples of the lifeworld approach to rehabilitation, the HeART of stroke project and the humanisation care project.



Dr Caroline Ellis-Hill, Senior Lecturer in Qualitative Research at Bournemouth University.

The HeART of Stroke is a feasibility study of a randomised controlled trial of an Arts for Health (AfH) group intervention, to support self-confidence and psychological wellbeing following a stroke. Health services currently focus on the practical and visible aspects of life and ignoring the emotional challenges. Through the use of the imagination, AfH practices offer the opportunity for self-development. Within a group setting, a collective sense of identification and belonging facilitates the process of self-development and acceptance, and instils a sense of self-confidence.

The humanisation care project involved working with staff and patients in two hospitals with the aim of humanising stroke services by applying a deep philosophical theory to everyday practice. The project was very successful and resulted in humanising stroke champions on wards. "The lifeworld approach is not an 'instead of', it's an 'as well as' and it's a very different logic to traditional rehabilitation" said Dr Ellis-Hill. "It's early days, but we're very enthusiastic about this developing approach".

Bridges – a self-management programme

Sam Shephard, a UKABIF Trustee, who lives with an ABI, talked about his relationship with rehabilitation. Engaging with the world post-injury proved to be an enormous challenge, but a necessary requirement to managing his rehabilitation long-term.

Self-management programmes are not new but they are rare in brain injury and stroke. The aim is to achieve small successes that influence an individual's confidence in their recovery, to find a way of identifying what is meaningful and to provide ways of navigating the challenges.



Professor Fiona Jones (left), Reader in Rehabilitation, School of Rehabilitation Science, Faculty of Health, Social Care and Education, St George's University, London, and Kingston University described 'Bridges' self-management programme which comprises a package of support to address self-management in people with complex

conditions such as brain injury. Founded in 2013 Bridges is used by more than 120 healthcare teams and 1800 clinicians and support workers across acute and community settings.

Bridges trains teams of healthcare professionals and support workers to integrate key self-management support strategies and principles into their everyday practice and organisational context. Practitioners utilise key Bridges principles supported by co-produced self management tools given to patients and families.

Dr Petra Makela (below), Consultant in Rehabilitation Medicine at Imperial College Healthcare



NHS Trust discussed the successful implementation of Bridges at Kings College, London Major Trauma Centre (MTC). The plan is to disseminate Bridges across the other three MTCs in London and to introduce a short teaching/dissemination film to share the learning of whole of this project.



Professor Paula Kersten, Head of the School of Health Sciences and Professor of Rehabilitation at Brighton University.

Peer mentoring has a role

Professor Paula Kersten, Head of the School of Health Sciences and Professor of Rehabilitation at Brighton University, presented a small study looking at role of peer mentoring in Traumatic Brain Injury (TBI).

The aim of peer mentoring is that support is provided to individuals by those who have successfully faced a similar experience, and can provide good counsel and empathetic understanding because of their comparable experience. A randomised controlled trial compared a novel peer mentoring approach in six people with moderate to severe TBI.

Meeting and talking to mentors provided a sense of hope and built self-confidence, however, there were tensions for mentors in terms of the expectations of the role and they too needed a lot of support.

"Although it was a small study, peer mentoring undoubtedly had a positive impact" said Professor Kersten.

UKABIF Lawyer of the Year

Jill Greenfield, Partner and Head of Serious Injury Sector at Field Fisher is UKABIF's Lawyer of the Year. Jill is a leading Serious Injury lawyer. Her expertise is recognised by Legal 500 and Chambers legal directory as a Category 1 personal injury litigator. In 2016 Jill was elected on to the Executive Committee for the Association of Personal Injury Lawyers.

Jill also spoke at the Conference about two of her clients; Phil aged 64 with dementia who subsequently had a head injury, and Nathan aged 18 who was thought to have ADHD. Both these individuals were 'labelled' incorrectly and following intervention by Jill and further clinical tests were found to require long-term rehabilitation.

"Every case is different but authorities don't always look at the individual. Don't take things at face value" she concluded.



Jill Greenfield receives the UKABIF Lawyer of the Year Award from UKABIF Chair Professor Michael Barnes.

UKABIF Short Film Award winners announced



The winner of the UKABIF Short Film Award, sponsored by Irwin Mitchell, Alice Duffy and joint runners-up, Daniel Linn-Pearl and Jeremiah Humphreys-Piercy.

There was a deluge of entries for the UKABIF Short Film Award in the week leading up to the deadline. The judging panel comprising Professor Michael Barnes, UKABIF Chair, Andy Carroll, film producer, together with Deidre Healy and Lynne Carrick-Leary from Irwin Mitchell were astounded at the quality of all the films. The selection of the winner and joint runners-up provoked a stimulating debate amongst the judges.

The winner of the UKABIF Short Film Award was 'The fence painter' produced by Alice Duffy, based on the story of her father Ian, who suffered two severe brain haemorrhages in 2012. The film poignantly illustrates the long-term neurological and cognitive effects that Ian has to manage daily, and demonstrates how his brain injury has transformed his everyday life.

Runner up 'Not my first rodeo' explores how and why people with brain injury become homeless. It is estimated that half the homeless population have an ABI. Second runner up Jeremiah Humphreys-Piercy's film 'Not Your Common Girl' is about Esme who has acquired brain injury and decides to start a YouTube Channel to raise awareness, share her story and help people understand the effects of the injury she refuses to let define her.

To watch these films, please visit:
https://www.youtube.com/playlist?list=PLMmtHoTsbABb6UY4agNI3_v1bPOz2KcZA

DOLS Seminar Manchester

On 22nd February UKABIF will be running an accredited seminar in Manchester entitled: What's the Point of DOLS? Beyond Cheshire West. The seminar is aimed at lawyers, social care and healthcare professionals and will feature presentations on best interests assessments, medical assessments and advocacy as well as giving the perspective of care providers and the family.

The day will be chaired by UKABIF trustee Bill Braithwaite, QC and will be hosted by Exchange Chambers. A full copy of the programme is available on our website – see www.ukabif.org.uk/ Delegate places are £175 reduced to £125 for members. If you would like to attend please contact admin@ukabif.org.uk

The United Kingdom Acquired Brain Injury Forum (UKABIF) aims to promote better understanding of all aspects of ABI; to educate, inform and provide networking opportunities for professionals, service providers, planners and policy makers and to campaign for better services in the UK. UKABIF is a membership organisation and charity, established in 1998 by a coalition of organisations working in the field of Acquired Brain Injury.

For further information please contact Chloë Hayward on behalf of UKABIF

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