

**Community Head Injury Service**

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## COMMUNITY HEAD INJURY SERVICE

### OVERVIEW

The Community Head Injury Service (CHIS) provides specialist assessment and rehabilitation for people with traumatic and other forms of acquired non-progressive brain injury and their families in and around Buckinghamshire.

The service is a leading example of community brain injury rehabilitation with the overall service and specific elements cited as 'evaluated examples of good practice' for three Quality Requirements (QRs) of the National Service Framework for Long-term Conditions (Department of Health, 2005): well developed and integrated brain injury rehabilitation services for QR5 on 'Community Rehabilitation and Support'; the Working Out Programme for QR6 on 'Vocational Rehabilitation' and specialist family services for QR10 on 'Supporting Family and Carers'.

The overall purpose of the Community Head Injury Service is to:

- Enable people with brain injury to achieve and maintain optimal independence and participation after acquired brain injury (ABI); and to
- Facilitate and support long-term personal, family and vocational adjustment after ABI.

The service operates as part of the Buckinghamshire Brain Injury Strategy and Service Network. As such, based on clinical need, our core brain injury rehabilitation services are open to people in Buckinghamshire and Milton Keynes with other forms of acquired non-progressive brain injury (e.g. stroke, subarachnoid haemorrhage, cerebral tumour), particularly when the needs are predominantly of a cognitive, behavioural and/or emotional nature. 'Working Out', our specialist vocational rehabilitation programme, is open to people with all forms of acquired brain injury from Buckinghamshire, Milton Keynes and other neighbouring counties, subject to funding agreements.

### DEVELOPMENT

When the needs of people with traumatic brain injury (TBI) and their families were first highlighted in 1988, there were no specialist local services. A follow-up study was undertaken to identify local need. The development of the service from 1992 involved several phases courtesy of four main sources of funding: local Joint Finance (1992-99) for the original head injury clinic (which developed into the current rehabilitation team); the Department of Health (1992-97) and the then Employment Service (1994-96) for the establishment/evaluation of 'Working Out', our specialist brain injury vocational rehabilitation programme; further Joint Finance (1997-2002) as part of the implementation of the Buckinghamshire Brain Injury Strategy.

**REFERRALS**

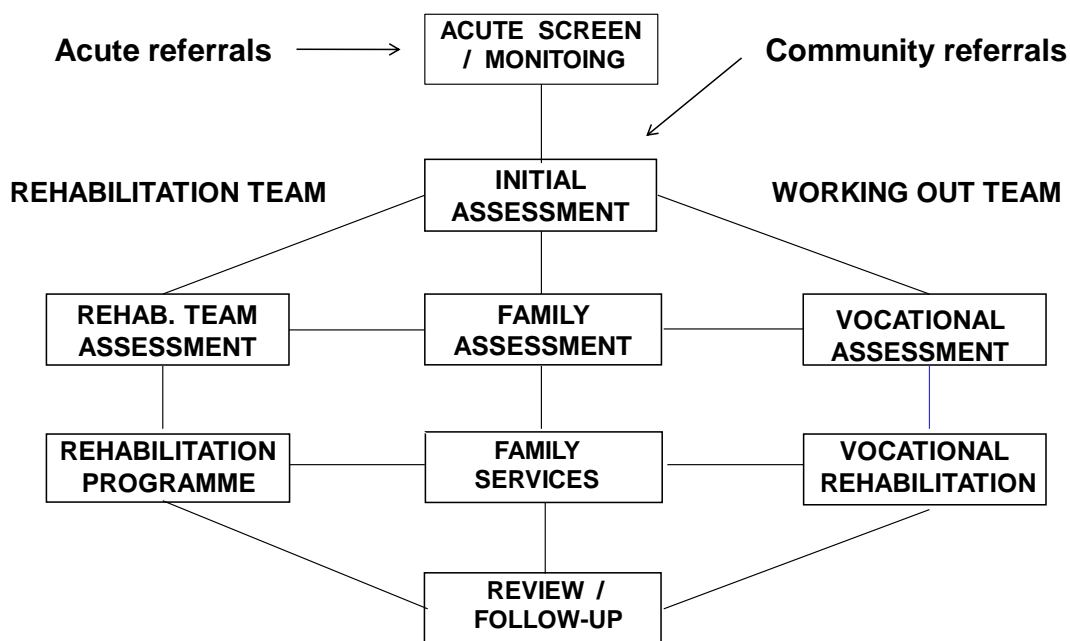
In the region of 85 referrals of people with brain injury are received per annum from a wide variety of sources. This includes both acute referrals (mainly from medical consultants or brain injury clinical nurse specialist/therapist posts in Buckinghamshire & Milton Keynes) and community referrals from numerous sources (e.g. general practitioners, local rehabilitation teams, community mental health teams, Jobcentre Plus, Social Services, Headway, solicitors and self/family).

Referrals vary greatly in terms of severity (from minor to extremely severe), time since injury (from one week to 40 years post-injury) and presenting problems (from multiple and severe disability to single symptoms/issues). Whilst some clients require input over several years, others require specific short-term interventions. In other cases low level input is provided to maintain outcome and prevent deterioration in those at high risk of personal, family or vocational breakdown.

**SERVICES PROVIDED**

The service is structured around three linked specialist programmes (see Figure 1 below): core inter-disciplinary brain injury rehabilitation programmes; Working Out, our specialist brain injury vocational assessment/rehabilitation programme; and services for families and friends:

**Fig 1. Community Head Injury Service, Aylesbury**



- **Core inter-disciplinary brain injury rehabilitation programmes:** After completing specialist assessments our core brain injury rehabilitation programmes includes both individual therapy (i.e. medical management, nursing input, occupational therapy, physiotherapy, psychological therapy, speech and language therapy) and specialist brain injury group programmes (i.e. educational programme, cognitive rehabilitation group, communication group, leisure and life style group, psychological support group and woodwork group).

- **Working Out, brain injury vocational rehabilitation programme:** Working Out assists those unable to return to previous work to find sustainable alternative occupation through an integrated programme comprising: specialist vocational assessment, work preparation (e.g. work preparation group, community-based vocational rehabilitation activities, individual projects, vocational counselling), voluntary work trials; and supported work placements (including access to a placement support group). Specialist job retention interventions are provided for those in work but experiencing difficulty at any stage post-injury.
- **Services for Family and Friends:** Our specialist services for family and friends include individual carer support, an annual relatives' educational programme, long-term relatives group and specialist relationship / family counselling.

***Details of the specialist services within these three service areas are available on request.***

For those referred early post-injury the service provides specialist input from assessment through education, rehabilitation and resettlement to long-term personal and family adjustment (including job retention interventions, as required). For those referred late post-injury following previous unsuccessful attempts to return to work, the vocational programme assists with the management of vocational restrictions arising from brain injury and provides guidance and support in pursuing alternative vocational options. For those with major long-standing difficulties and care needs we provide assessment of the residual effects of brain injury and the guidance/support to stabilise an often difficult home situation, whilst alternative options considered and implemented.

#### **INTER-DISCIPLINARY TEAM**

The above services are provided by an inter-disciplinary rehabilitation staff group. This comprises clinical neuropsychologists, clinical nurse specialist, medical consultant in neurological rehabilitation, occupational therapists, physiotherapist, speech and language therapist and work placement consultant, supported by assistant, student, administrative and reception staff.

#### **SERVICE LINKS**

CHIS works with other health, social care and Headway services under the umbrella of the Buckinghamshire Brain Injury Strategy. Close working links with other services is essential: with acute hospitals and regional acute neuroscience and in-patient rehabilitation services to facilitate appropriate referrals and smooth transfer of care; with local out-patient and community rehabilitation services to coordinate the most effective use of both specialist and local resources; with the independent sector for those with severe behavioural difficulties; with Social Services to set up appropriate care and support packages; with local colleges for both special needs and mainstream courses; with Jobcentre Plus for specialist vocational assessment, rehabilitation and support; and with our local Headway group for specialist day care provision.

Working in partnership with these agencies, the Community Head Injury Service addresses many short, medium and longer term rehabilitation needs of people with brain injury and their family.

#### **ENQUIRIES / REFERRALS:**

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## **FURTHER INFORMATION**

Tyerman A & King NS (2008). Community rehabilitation. In A Tyerman & NS King. (eds.). Psychological approaches to rehabilitation after traumatic brain injury. p65-90. Oxford: BPS Blackwell.

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