

ND ref. FOI/17/096

### *Freedom of Information*

Thank you for your 02/06/17 request for the following information, clarified on 27/06/17:

*Can you please advise how many of your patients discharged from hospital with an **Acquired Brain Injury (ABI)** had a **Rehabilitation Prescription**?*

*Just to clarify, an ABI is defined as any injury to the brain which has occurred following birth. It includes Traumatic Brain Injuries (TBIs) such as those caused by **trauma** (e.g. a blow to the head from a road traffic accident, fall or assault), and non-TBIs related to **illness** or medical conditions (e.g. encephalitis, meningitis, stroke, substance abuse, brain tumour and hypoxia). A Rehabilitation Prescription is a document detailing an ABI patient's rehabilitation needs, and makes recommendations for how these should be met after they are discharged from hospital.*

*Can you please provide the information by email by including your answer below:*

*1. This Trust has patients with an ABI who were discharged with a Rehabilitation Prescription. Yes/No*

Answer: Yes.

*2. This Trust has [number to be inserted] patients with an ABI who were discharged with a Rehabilitation Prescription in the last financial year.*

Answer: 379\*

\*As part of national standards for stroke and major trauma, we are required to provide patients with new onset strokes and major trauma patients with a Rehabilitation Prescription on discharge from hospital. As such, we only collect data on these patient groups. There may well have been other patients with an ABI that had Rehabilitation Prescriptions that are not included in this figure.

From June 2017, the Trust commenced using a new electronic e-discharge programme. This includes a Rehabilitation Prescription. It is now standardised protocol for the Trust, that any patient who has on-going rehabilitation needs when discharged from hospital has a Rehabilitation Prescription.

*3. Of the patients who are issued with a Rehabilitation Prescription the following receive a copy*

*a. - GP [✓]*

*b. - patient/family [✓]*

*c. - other [Any community teams that the patient is referred on to e.g. community rehab team, early supported discharge team, community nursing team]*

Answer: Please see above.