



Associate Parliamentary Limb Loss Group

for the Promotion of the Prevention of Limb Loss and of the Provision of Prosthetic, Orthotic, Wheelchair/Special Seating, Medical and other vital Rehabilitation Services to persons of all ages suffering Limb Loss and associated Complex Physical Disabilities in the United Kingdom and Internationally

Minutes of Meeting held at 3pm on Tuesday 8th March 2011 in Committee Room 19 at the House of Commons

PRESENT

MEMBERS present included: Dr. Andrew Murrison MP; Adrian Stenson; Alan Tanner; Amy Edwards; Bob Watts; Christopher Harwood; Clare Johnson; Colin Dance; Dave Rutter; Daniel Jones; Dave White; Dr. Denis May; Ernie Stables; Fergus Jepson; Frances Collins; Gary Phillips; Geoff Goss; Graham Facey; Jenny Rogers; Jerome Church; John Reid; Jose Spring; Julie Chapman; Juliet Bell; Marie Gornall; Laura Burgess; Matthew Fuller; Michael Clark; Michael O'Byrne; Paul Jamieson; Philip Garvin; Ray Chippett; Sam Gallop; Scott Richardson; Sharon Osbourne; Simon Webster; Stephen Blatchford; Steve Jones; Steve McNeice; Susan Charlesworth; Dr. Viqar Qurashi; Wayne Henderson (Chair).

Apologies for absence were received.

MINUTES OF PREVIOUS MEETING: The Minutes of the meeting held on 25th October 2010 were noted.

GUIDANCE ON SPECIALISED COMMISSIONING OF SERVICES

The guidance document which had been circulated, with a Foreword by Lord McColl, placed the patient at the heart of specialised commissioning of the services provided by disablement service centres; focused on their independence, their goals and their Quality of Life; and sought to empower and liberate clinicians to innovate and to be free to focus on improving healthcare services.

The document was welcomed. There was general agreement that NHS services for prosthetics, specialised orthotics, special seating and mobility, and assistive technologies, as embraced in National Specialised Definition Set Number 5, should be commissioned through the proposed National Commissioning Board.

PATIENT CONCERNS OVER SHORTAGES OF PROSTHETISTS & ORTHOTISTS

This welcome document which had been circulated was submitted by the National Allied Health Professionals Patients Forum. The Forum communicated significant and specific patient concerns about shortages of Prosthetists & Orthotists, and sought collaboratively to ensure that vital prosthetic and orthotic specialised services might be secured, sustained and enhanced to meet increasing future patient needs adequately, effectively and with value for money.

Initiatives to help find solutions to the actual and increasing shortages were welcomed including Foundation Degrees in Clinical Technology at London South Bank University, initiated by the Royal Hospital for Neuro Disability with hoped for Higher Apprenticeship Status and leading to a full Honours degree; wider implementation within the UK (as already in Germany) of the professional categories of the International Society of Prosthetists and Orthotists; enhanced career and academic progression for

Technicians; and the vision of a Third School in the South East. But with increasing needs, more resources were needed for recruitment, retention and continued professional development, and for Apprenticeship salaries.

DISCUSSION WITH DR. ANDREW MURRISON MP ABOUT HIS REVIEW FOR GOVERNMENT OF PROSTHETIC SERVICES FOR VETERANS WHO HAVE LOST LIMBS WHILST SERVING

Dr. Murrison explained that he had been asked by the Prime Minister to enquire into the healthcare available to Veterans and to make recommendations for improvement. As part of this work, he was looking at the prosthetic services currently offered to Veterans by the NHS compared with the Defence Medical Services at Headley Court, and to assess how NHS services might be strengthened to meet future demands.

His previous review, accepted by Government, had been concerned with the mental health of Veterans. He welcomed and was grateful for advice received to date, and looked forward to further debate before he reached conclusions. There

needed to be reconciliation between the NHS provision of services which met clinical need and the commitments of the Government under the Military Covenant.



Source: <http://news.sky.com/skynews>, First Bionic Arm Given To British Soldier, 19/05/2011

During discussion the following were among the opinions expressed:

- The number of Veterans was small comparatively, but the impact on individual Centres already experiencing budget cuts against increasing demands, especially in the neighbourhood of Garrison Towns such as Colchester, would be especially disturbing.
- Despite exhortations to Centres to provide the additional NHS services required for Veterans with limb loss in accord with the Military Covenant there had been no additional NHS funding to date
- Doubt was expressed about the need for additional Centres of Excellence. The present NHS Centres had the necessary expertise, were dealing with severely damaged stumps akin to those suffered by Veterans, but had been, and were being, deprived of the necessary resources. Expertise and critical mass would be diluted by having more Centres.
- It was essential to Quality of Life in all aspects, and for cost-effectiveness and service-effectiveness, that all patients, including Veterans, were within reasonable travelling distance from home/place of employment to their Centre and back.
- Limb loss was for life; needs were constantly changing and varying; services must be sufficient, and skilled, and flexible, to meet those changing needs.

- For excellence of service, and to minimise post-code prescribing, there must be National Commissioning and Standards, through national contracts.
- Doubt was expressed about the relevance of Personal Health Budgets.
- The total service costs of a triple or quadruple amputee were much greater than three or four times the total service costs of a single amputee.
- The required additional NHS funding should be provided by the Ministry of Defence.
- Innovation meant that the Veteran might not wish for long, to have the prosthesis design or part thereof as delivered to him at Headley Court, after s/he had become an NHS patient.
- There appeared to be a multiplicity of charities involved and no shortage of goodwill. Charities should not be requested to or seek to deliver or fund prostheses. There were many other opportunities for deploying their welcome funding.
- There was an inevitable tension between recognising the obligations of the Military Covenant and not disadvantaging other National Health Service patients.
- NHS Services for Veterans with Complex Physical Disabilities additional to Limb Loss would be covered within Specialised Services National Definition Set No. 5

In conclusion of the discussion, Dr. Murrison thanked all concerned, welcomed further advice, and suggested that it would be mutually helpful if correspondence to him might be channelled by individuals through their local Member of Parliament. Dr. Murrison's presence, and his open-minded and caring approach, was marked by sustained applause.

REPORTS RECEIVED FROM MEMBERS

EUROPEAN LIMB LOSS DAY

NOTED that the Rights of persons who have lost limbs and the barriers that they face for instance in their personal mobility or in their access to employment and healthcare, would be embraced within the European Day of People with Disabilities conference and associated activities, to be held on 3rd December.

CIRCULATION FOUNDATION

NOTED that the 2nd Vascular Awareness Week of the Circulation Foundation was being held from 7th to 13th March (contact: Rebecca@vascularsociety.org.uk). The aim is to get as many people as possible to visit the website and to use the new risk checker tool available on-line via www.circulationfoundation.org.uk/checker_introduction.

PHYSIOTHERAPY

NOTED receipt of the Annual Report of the British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR) (see Appendix A) and the concerns reflected therein about the need to secure and sustain adequate resources for high quality services for patients.

OCCUPATIONAL THERAPY

NOTED the pending publication of Occupational Therapy Guidelines for Lower Limb Amputees, welcome by Justine Greening MP and with a Foreword by Professor Rajiv Hanspal (see Appendix B to these Minutes).

POSTURE & MOBILITY GROUP

NOTED that the Posture & Mobility Group would be holding its National Annual Training event at the University of Warwick, Coventry CU4 Z7AL from 13th to 15th April (www.pmg.co.uk)

HANDICAP INTERNATIONAL

NOTED that Handicap International had been awarded the 2011 Hilton Humanitarian Prize value \$1.5 million. Stephanie Stuart, Director of Handicap International U.K., said, *“These funds will enable our organisation to continue helping the most vulnerable people. We know from previous disasters that supporting injured and disabled people through the process of rehabilitation and promoting their inclusion in the local community is just as important as providing initial emergency assistance.”*

ANNUAL GENERAL MEETING

NOTED that the Annual General Meeting of the Associate Parliamentary Limb Loss Group would be held on Wednesday 6th July.

There being no further business the meeting then terminated.



BACPAR report for the APLLG meeting March 2011

The Chartered Society of Physiotherapy (CSP) recognises BACPAR as the Professional Network supporting Physiotherapy staff in Amputee Rehabilitation.

BACPAR continues to maintain a healthy membership with the 2010-2011 membership numbers mirroring those from the previous year (228 members). A further membership category for support workers had been agreed by the membership at the AGM and has been implemented in the current membership year (1st March 2011). It is anticipated that this will increase the diversity of the network's membership, strengthening its representation within amputee rehabilitation services.

BACPAR ran a very successful and well attended two day conference in Wolverhampton in November 2010 which included podium presentations, poster presentations, a symposium and a trade exhibition. The conference again presented a variety of research topics. There was also a presentation re: Physiotherapy for military personnel following traumatic amputation delivered by BACPAR members from the Queen Elizabeth Hospital in Birmingham and Headley Court.

Following collaboration with Ossur, an instructional DVD for the use of the Femurett has been developed and was showcased at the BACPAR Conference. Also working in collaboration with Ortho Europe the early walking aid "PPAM aid" was produced with larger dimensions to support its use with larger individuals.

Planning for the 2011 Conference is underway, as are plans for a joint conference with ISPO UK for 2012. Regional groups continue to organise Continued Professional Development (CPD) sessions for members and non-members alike.

BACPAR continues to publish a biannual journal for its members and the Spring addition is currently as the printers.

At the March 2011 BACPAR executive committee meeting, the Service Portfolio, including the Work Plan for the coming year, was updated. The Work Plan includes the sharing of the Outcome Measure toolbox amongst the Multi-Disciplinary Team (MDT) for their consideration and comments and the further development of the same to include measures for non-limb wearers and the pre prosthetic phase.

A number of issues were raised as concerns for BACPAR however at that meeting

- BACPAR was not asked to be involved in the development of the document. Commissioning for Patients: Guidance on National Commissioning of Specialised Services for People of All Ages with Limb Loss.
- Nor was it asked to provide information to support the development of a document produced for the Joint Committee for Vaccination and Inoculation by the Meningitis Research Foundation which sought to document the cost of amputation, including the cost of Physiotherapy in cases of amputation through meningitis.
- In both cases BACPAR submitted their response having been advised by others of the presence of these documents.
- BACPAR will seek to ensure it is included in any future consultations that involve Physiotherapy in amputee rehabilitation and would value APLLGs support in raising our profile.
- BACPAR is also concerned about the changing nature of prosthetic services, where contractors are being encouraged by local NHS providers to take on the provision of all of the outpatient amputee rehabilitation service. This is concerning because this will affect the seamless nature of some services where Therapy staff have some input into a patient's care at all points of the pathway, and would isolate the Therapist from their NHS colleagues , leading to issues in regard of professional support.

As a result of the presentation of BACPAR's motions at the CSP Annual Representative Conference in February, some media interest was generated re: the provision of services to veteran and non-veteran amputees.

Two motions presented by BACPAR were debated and passed.

Motion 16 asked the CSP to lobby the Government to provide appropriate funding for veterans being treated in the NHS, to maintain the quality of care provided within the MOD whilst ensuring that no reduction in the quality of service is experienced by non-veterans. The CSP and BACPAR will be responding to Dr Murrison's request for opinions re: current provision and issues relating to the provision of Physiotherapy to Military amputees in the NHS.

A member of the Executive was able to give us her experience of a veteran from recent conflicts joining the service for which she works. The patient arrived with a large amount of prosthetic componentry and the ability to undertake his own adjustments, a practice which would not be deemed appropriate in the NHS.

Motion 17 called on the CSP to lobby the Government to ensure a commitment to student and professional development is a legal requirement for any provider undertaking NHS work.

BACPAR continues to be involved in the development of evidence based clinical guidelines. "Risks to Contralateral foot of unilateral lower limb amputees: a therapists guide to identification and management "written by the Bradford Post Graduate Certificate in Amputee Rehabilitation students (cohort 2007) is now available on interactive CSP following its presentation at the BACPAR conference in November. The current

cohort of students is developing a guideline to support the use of Compression Therapy in Amputee Rehabilitation.

The BACPAR guidelines co-ordinators are in the process of updating the 2003 guideline “The Physiotherapy Management of Adults with Lower Limb Protheses”. BACPAR are working with MDT colleagues re: the development of Paediatric Limb Loss Management Guidance.

In 2010 BACPAR was invited to help develop and comment on a Quality Improvement Framework for the Vascular Society for the reduction of peri-operative mortality in amputation surgery.

BACPAR is also currently reviewing the 3rd edition of the textbook “Therapy for Amputees” with a view to updating or rewriting the text.

BACPAR was represented at the 13th World Congress ISPO (International Society of Prosthetics and Orthotics) in Leipzig, Germany in May 2010 by delegates and speakers.

With the support of the CSP the BACPAR website is currently being updated to improve both member and non-member elements.