



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 the Meeting held at 5.30 pm on Wednesday 26 October 2011
in Committee Room 11 at the House of Commons

PRESENT

MEMBERS: Dame Anne Begg MP (Chair); Alison Seabeck MP; Dr. Andrew Murrison MD MP

ASSOCIATE MEMBERS ORGANISATIONS: Representatives of Associate Member Organisations present included the following:- Association of Rehabilitation Service Centre Managers; British Association of Chartered Physiotherapists in Amputee Rehabilitation; Association for Children with Hand or Arm Deficiency; British Healthcare Trades Association; British Limbless Ex-Servicemen's Association; College of Occupational Therapists; Chartered Society of Physiotherapy; International Society of Prosthetics and Orthotics (UK); Joint Committee on Mobility for Disabled People; Limbless Association; Limbless Legal Panel; Mobile International Surgical Teams; Occupational Therapy in Trauma and Orthopaedic; Rehabilitation Engineering Services Management Group; Royal Hospital for Neuro-Disability; Thalidomide Society and many other good and valued friends.

Apologies for absence were received.

1. MINUTES

AGREED the Minutes of the Meeting held on 6 July.

2. DISCUSSION WITH DR ANDREW MURRISON MP on his Report: A better Deal for Military Amputees

Dr. Murrison explained that his Report concluded with 12 major recommendations which, with one exception concerning Veterans living overseas, Government had accepted in full or in part. Future developments resided with Government.

Up to £15M of new additional funding was to be made available through the National Commissioning Board from April 2012 to 2015 to improve prosthetic services from the NHS for military veterans who had lost a limb or limbs in the service of their country. Whilst there was an initial focus in the Review on Veterans it was clearly intended that National Commissioning should benefit all Patients. Awareness had been raised of the two-tier system.

Rehabilitation as well as Prosthetic Services was involved. Patient Choice and effective long-term relationships between Patient and Prosthetist were crucial. There was no intention to "shoehorn" Veterans into any specific specialist Service, and each would be free to attend the Service of his/her choice.

There were understandably concerns about the impact on NHS services but, as consultation further developed with NHS, MOD and other Departments and Charities, these should be resolved to the benefit of all Patients and Carers.

Wales, Scotland and Northern Ireland had also accepted the Report and intended to mirror changes. An audit of the new funding arrangements should be undertaken after 5 years.

During discussion the following were among the points made for further consideration:

- With the announcement of £15 M new hypothecated investment in limb services for military amputees, whilst being a very deserved section of the UK population, how would this investment benefit the wider community and in particular children with upper limb deficiencies who so often lost out because of their relatively small numbers?
- Was it not time to rethink the cost of War, and widen the current MoD funding that presently paid for the prosthetic/medical expenses of its ex-Servicemen who were living abroad, to pay for those in Great Britain?
- Did not the savagery of the injuries of the modern IED show that the suffering and displacement of the survivors needed to be properly accounted for and properly funded?
- Could assurances be given that the proposed new specialist prosthetic and rehabilitation services would not make a two tier service problem worse, as recruitment for staff would lead to a skills drain from the current DSCs, by medical, clinical, and technical professionals being attracted away for career advancement prospects with greater resources? And would this risk not also lead to reduction in the mainstream NHS prosthetics services with consequential budget cuts in resourcing those DSCs affected as qualifying patients transferred to these superior service units?
- It was expected that the new specialist services would be commissioned according to geographic spread, access to multi- disciplines, experience, and willingness to undertake the work, and the Government were committed to consulting. No new buildings were envisaged
- Would discussions with NICE to secure national standards for prosthetic care and the management of amputees be steered by a Representative Forum?
- Could assurances be given that that established amputees would still be allowed to have the limbs/components that they were now 'wearing' with the hope that NICE would not be concerned with lists of prescribed equipment?
- Would NICE be tasked with producing guidelines for patients who have congenital limb deficiencies as well as those who have undergone limb amputations?
- Full regard should be had by NICE to present available excellent guidelines and standards
- Due to the length of time that could be involved in the production of NICE guidelines such guidelines had not been made a pre-requisite
- There should be a study to predict where patients should be five years down the line and what their long-term needs were likely to be
- It was understood that the numbers of ex-military amputees would be relatively small and that the numerical impact on each DSC would if any also be small and no new buildings were envisaged
- Concerning Rehabilitation, could there be coordination with the current Trauma review headed by Professor Keith Willett?
- There would be creative tension between Recommendation 3 that Veterans should be able to access mainstream NHS provision through a DSC of their choice and Recommendation 1 for national commissioning of specialist prosthetic and rehabilitation services
- BLESMA hoped and believed that developments would be positive in all directions and not just BLESMA patients
- It was expected that all Contractors who met AQP requirements would be invited to tender
- APLLG representatives were already contributing to the development of National Commissioning and had initiated consultations with NICE about Pathways
- Proposals were in hand for separately funded R & D into the further development of pain-free accurately fitted sockets, which should have regard to developments in Europe and elsewhere.
- A follow-up to the "McColl" report, which had reviewed the provision of Prosthetic services for NHS patients some 25 years ago and with many changes since its publication, might now be requested to Government by APLLG Associate Members

3. THANKS TO DR. ANDREW MURRISON MD MP

Members unanimously recorded their heartfelt thanks to Dr. Murrison MP for the many valuable and lengthy hours and days and travelling which he had contributed to his Review above and beyond his many other important commitments and duties. They were delighted to hear that Dr. Murrison he would continue to take an active interest in developments.

4. EUROPEAN LIMB LOSS DAY AND PARLIAMENTARY RECEPTION

NOTED with appreciation the arrangements for and sponsorships from Otto Bock Healthcare, Össur and Boston Scientific, in relation to the first European Limb Loss Day to be held on Saturday 3rd December, with the inaugural Parliamentary Reception to be held on Tuesday 29th November.

5. CONCERNS ABOUT PROPOSED DISABILITY LIVING ALLOWANCE REFORMS

NOTED that significant concerns continued about reforms to the Disability Living Allowance and that the Limbless Association should advise ALISON SEABECK MP on behalf of all.

6. NATIONAL COMMISSIONING OF CPD SERVICES FOR QUALITY AND EQUALITY

NOTED the increasing shortages in financial and staffing resources for services for Prosthetics, Orthotics and Wheelchairs including Specialised Seating. Demands and needs were increasing. Health professional posts were being cut. Present and future recruitment and career prospects were inadequate. However, whilst there seemed little immediate possibility of budgets matching increasing needs, APLLG representatives were having encouraging discussions within the Department of Health and in the NHS to help secure, through National Commissioning, higher levels of Quality and Equality (increasing patient satisfaction and reducing post-code prescribing).

7. WORLD HEALTH ORGANISATION/WORLD BANK REPORT ON DISABILITY 2011

NOTED that there had been no response from Government to date and enquiries were being pursued.

8. PARALYMPIC GAMES 2012 THANKSGIVING

NOTED Sincere and grateful thanks to:

- NHS organisations across London who were going all out to ensure it is 'business as usual' for the NHS during the Olympic and Paralympic Games, and that the Games will generate a health legacy for Londoners.
- Otto Bock Healthcare's team of over 80 technicians who will voluntarily be providing athletes with immediate repairs for orthoses, prosthetics and wheelchairs throughout the Games.

9. APPLICATION OF AQP TO WHEELCHAIR SERVICES

NOTED that, from April 2012, the Department of Health was committed to working alongside the NHS to support the phased roll-out of extended patient choice of ANY QUALIFIED PROVIDER (AQP), including Wheelchair Services for adults and for children. (The roll-out will also apply to so Specialised Orthotics and to Podiatry). This was very relevant to people of all ages with limb loss as more than one half required the use of a suitable wheelchair.

It was FURTHER NOTED that the concerns of the National Wheelchair Managers Forum (NWMF) about the possible destabilisation of services should be advised on behalf of the NWMF to DAME ANNE BEGG MP.

10. DEPARTMENT OF INTERNATIONAL DEVELOPMENT GRANT TO "POWER"

NOTED with appreciation that the UK charity POWER International had been awarded a Grant from the DFID of £495,108 to advance in Mozambique civil society's capacity to monitor and improve access to education for children with disabilities.

11. DIFFICULTIES IN OBTAINING EQUIPMENT FOR CHILDREN

NOTED that further information would be sought about reported difficulties in obtaining equipment for children, remedial advice would be given, and Members of Parliament advised as required.

12. THALIDOMIDE SOCIETY

NOTED with appreciation that the Thalidomide Society:

- Was holding public consultations and asking groups what could be done to improve medical and non-medical devices.
- Would be circulating further news about their event next year to celebrate “Thalidomide 50 years on” at the Plaza Hotel, including an exhibition demonstrating the history of the artificial limb.

13. DATE OF NEXT MEETING

The date of the next meeting would be notified as soon as possible. Consideration would be given to possibilities of reducing the queuing time of delegates outside in the open, which could be as much as thirty minutes, before entry into the House of Commons.

There being no further business the meeting then terminated.

Feedback on the Minutes please to Wayne Henderson on feedback@apllg.eu