



Limbless Association

Press release

A Better Deal for Military Amputees - Dr Andrew Murrison

Limbless Association response

In its response to the report by Dr Murrison, the Government has identified £15M to be invested in support of his recommendations to improve services for military veterans. The Limbless Association welcomes any Government investment for the benefit of military amputees and the initiative to make the level of care currently provided to military personnel available to NHS patients.

The report is to be welcomed in that it recognises the potential pressure that the NHS will face if the needs of those amputees leaving the armed services are not addressed; both in terms of the number of high end prosthetics being issued and the approaching expiration of existing high end prosthetic warranties; points clearly acknowledged by the Government in its acceptance of the report findings.

On the face of it, it is also heartening to read that the report recognises that the key to amputee satisfaction is not componentry but socket fit and the relationship between amputee and prosthetist. However, that recognition is made in the context of the number of ex-military amputees currently receiving NHS care and the proportion of those who might be expected to seek optimal treatment at one of the specialist centres.

The recommendation to establish five specialist centres in England to make the Defence Medical Rehabilitation Programme (DMRP) practices and measures more available across the NHS are broadly welcomed, but there is an inference in the report that these measures would be accessible by "*suitable*" NHS patients and that the specialist centres would be the best way to extend DMRP to "*.....young, fit amputees.....*".

In our view, this has the very real prospect of introducing a two tier system. Those amputees not "requiring" improved rehabilitation and prosthetics, i.e. potentially the majority of the civilian amputee population (depending on the criteria used to determine the need for improved services), are likely to continue to receive a potentially inferior treatment. This would be on top of the existing postcode lottery that serves to limit civilian amputee choice due to the funding levels available to individual Primary Care Trusts (PCTs). This lottery is evident by the number of calls received by the Limbless Association regarding poor limb fitting, the inability to obtain suitable limbs and a shortage of skilled staff. While addressing the needs of ex-military amputees, this review should also be seeking to improve matters for the civilian amputee population (whose numbers are increasing annually due to the impact of diabetes and other vascular related diseases). A failure to do so will mean that the thousands of prosthetic users in this country will be bypassed by this initiative.

There are a number of other issues that will potentially arise from the report including

- the sustainable aspects of providing access/transport to the five specialist centres across England and the ability of amputees to be able to travel the likely distances involved to reach these centres;



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- These five centres with their leading edge treatment and technologies will be very attractive to any prosthetists looking to further their experience and benefit their career. What measures will be put in place to prevent a skill drain away from the existing DSCs?
- Will there be a drive to train and recruit new prosthetists and fitters to supplement the dwindling numbers currently working across the country and to reinforce the skill base that has declined over recent years? As noted by Dr Murrison, "*.....the key to amputee satisfaction is not componentry but socket fit and the relationship between amputee and prosthetist*";
- Such measures do not appear to be being provided by the Governments £15M which, in its press release to support this report, states is being invested to support the recommendations of the Murrison report to improve services for military veterans;
- While the report notes that the National Institute for Health and Clinical Excellence (NICE) should be tasked to develop national guidelines for prosthetics and rehabilitation, there is no timescale identified, and importantly, no budget provision to allow PCTS to meet such guidelines;

Summary

While there is a clear requirement to address the issues surrounding ex- military amputees and how their needs can be met by the NHS, the Limbless Association is concerned that the measures and recommendations outlined in the Murrison report, which are aimed at preventing increased pressure on services at the existing DSCs, will also serve to create a two tier system to the potential detriment of the majority of amputees in this country. Unless this is addressed, the opportunity to improve the level and standard of care provided to all amputees across the country will be lost.

Ends

Note to editors

The Limbless Association offers support to individuals of any age, whether they are about to have an amputation or are already living with congenital or acquired limbloss. We offer assistance and information to carers, family members and friends if they require it. We enable individuals through their own talents and initiatives to live an active life. We aim to support people through their rehabilitation and to strengthen their determination to overcome possible barriers in society.

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