



# Associate Parliamentary Limb Loss Group

*for the promotion within Parliament and Whitehall of the PREVENTION OF LIMB LOSS and the provision of prosthetic, orthotic, wheelchairs & special seating and other vital rehabilitation services/technologies for ALL PERSONS WITH LIMB LOSS in the UK and Internationally.*

## **Minutes of the Annual General Meeting held at 3pm on Tuesday 12th May in Committee Room 13 at the House of Commons London SW1A 0AA**

### **PRESENT:**

**MEMBERS:** Justine Greening MP (in the Chair); Lord McColl; Baroness Wilkins; Dr. Doug Naysmith MP; Susan Kramer MP; Angela Watkinson MP.

**OTHERS:** Juliet Bell; Stephen Blatchford; Louise Connolly; Sarah Griggs; Christopher Harwood; Glyn Heath; Wayne Henderson; Dr Ramakrishna; Josh Sadler; Gary Sheard; Ernie Stables; Greg Stafford; Sue Stokes; Christine Tallon; John Ward; Phil Yates.

**Advisor** – Sam Gallop CBE

**Administrator** – Alex Hyde-Smith

Apologies for absence were received.

---

### **1. MINUTES OF MEETING HELD ON 28TH JANUARY 2009**

APPROVED the [Minutes](#) of the previous Meeting held on 28th January 2009.

### **2. APPOINTMENT OF OFFICERS**

NOTED that Lord McColl, Baroness Tonge, Lord Ahmed, Mark Hunter MP, Dr. Doug Naysmith MP, Sir George Young MP and Susan Kramer MP had accepted appointment as Co-Chairs for the coming year and that Justine Greening MP had accepted appointment as Secretary.

### **3. REGISTER ENTRY OF THE GROUP**

AGREED the Register Entry of the Group for submission to the Office of the Parliamentary Commissioner of Standards.

### **4. ANNUAL REPORT**

AGREED the [Annual Report](#) (Appendix A) for the year ending 5th February 2009.

### **5. INTERNATIONAL OUTREACH**

NOTED, in difficult and dangerous circumstances, the sustained and extending outreach of International Associate Members, which reflected greatly to their credit (click here to see the latest [APLLG International News Release](#)).

### **6. DOUBLING INVESTMENT IN HEALTHCARE APPRENTICES**

NOTED that as a first step to supporting the initiative of Lord Darzi that investment in healthcare apprentices be doubled in four years, a conference lead by Justine Greening MP was being held on Friday 15th May (click here to see [The Apprenticeships Study Day Press Release](#)).

## **7. SERVICE PERSONNEL & VETERANS**

NOTED that experience to date indicated that, whilst there was a developing Protocol with the MOD, the NHS did not have the necessary resources to ensure as guaranteed by Government, that Veterans would continue to have from the NHS the high standards of limbs and services which they had received whilst at Headley Court, and that other priorities for Veterans were at risk.

FURTHER NOTED that Minister of State Ben Bradshaw MP at the Department of Health would be responding to a request, from Dr. Doug Naysmith MP, for opportunities for the Group to support the Government's welcome commitment to "raising awareness among healthcare professionals about the needs of Veterans so that these needs may be met."

## **8. CHILDRENS AND FAMILIES CONFERENCE**

NOTED that the aim of the Children and Families Conference, to be launched by Angela Watkinson MP at Portcullis House on 18th November, was to define a model service for children with limb loss, emphasising that "Children are not mini adults" and their service needs are different.

The Conference would engage parents to define what they see as the issues with the service as part of the planning of the event.

## **9. REACH AND RESOURCES FOR CHILDRENS SERVICES (Lack of )**

NOTED that REACH continued to be concerned about the state of the prosthetic service, especially in relation to Children with Congenital Upper Limb Deficiency.

REACH hoped in the near future to initiate research which would produce a clearer picture of how the service level differs depending on where a child lives (post code prescribing). It would also give a clearer idea of how each Centre budgeted and planned for these services.

## **10. RESOURCES FOR REHABILITATION SERVICES**

Concerns continued to be expressed about the low status of Rehabilitation Services (Prosthetics, Orthotics and Wheelchairs/Special Seating and AT) within the NHS, reflected in cuts in real terms in services and equipment budgets against needs. This was detrimental to innovation and to education and training and to R & D.

Ways and means of obtaining the financial figures and patient numbers should be pursued so that there might be an informed review with Ministers. Any such cuts, bringing unemployment and lost job opportunities, were especially troubling in these difficult times.

## **11. DIFFICULTIES IN RECRUITMENT & RETENTION OF PROSTHETISTS/ORTHOTISTS**

Difficulties in the recruitment and retention of Prosthetists/Orthotists continued, especially in the South East, despite the excellent outreach of the Universities of Salford and of Strathclyde.

Suggestions continued to be pursued for a Third School with community links in the South East, in collaboration with the present two Schools, and in conjunction with the possibilities of Foundation Degrees.

## **12. OCCUPATIONAL THERAPY**

Concerns from the College of Occupational Therapy ([COT Report](#) – Appendix B) reinforced and substantiated the range of concerns expressed at the meeting, and which might be pursued via PQs and requests for meetings with Ministers.

### **13. PHYSIOTHERAPY**

NOTED that the British Association of Chartered Physiotherapists in Amputee Rehabilitation (BACPAR), with the University of Bradford, had produced important and relevant Guidelines on the PREVENTION OF FALLS ([BACPAR Guidelines on the Prevention of Falls](#) – Appendix C) by Lower Limb Amputees.

The Chartered Society of Physiotherapy was actively supporting the Knowledge Sharing Network for People with Complex Physical Disabilities and Lord Darzi's Apprenticeships initiative.

### **14. BRITISH ASSOCIATION OF PROSTHETISTS & ORTHOTISTS (BAPO)**

On behalf of BAPO it was advised that two major problems around P & O services related to workforce planning (lack of) and commissioning. Concerning workforce planning, there should be P & O representation on the proposed Allied Health Professions Advisory Board.

Concerning commissioning, current practices often hinged around clinical sessions and cost and tended not to allow sufficiently for education and research time – this cost driven approach should be more outcomes driven.

### **15. ARE WE HELPING THE AGED?**

Members welcomed the presentation ([Helping the Aged Presentation](#) - Appendix D) by Dr B. Ramakrishna, in response to the question Are We Helping the Aged? Questions arose about causes and effects, including the differing patient pathways of men and of women.

It was requested that a discussion paper, reviewing the possibilities that if you were over 75 you were likely to be off the rehabilitation radar, should be developed and circulated.

### **16. EMPLOYMENT OPPORTUNITIES FOR CONSULTANTS IN REHABILITATION**

NOTED that concerns were being expressed about the loss of employment opportunities for Consultants in Rehabilitation, adversely affecting the quality of care, and unduly extending the roles of allied health professionals such as occupational therapists.

### **17. TRAINING OF SURGEONS IN AMPUTATION**

Following an exchange of views about the wider question of the training of surgeons which was the remit of the Select Committee on Health, it was confirmed that the Limbless Association was sponsoring two courses annually, promoting excellence in Amputation, at The Royal College of Surgeons and The British Society of Rehabilitation Medicine (BSRM).

### **18. WHEELCHAIR & SPECIAL SEATING SERVICES**

On behalf of the National Wheelchair Managers Forum, it was NOTED that Rehabilitation needed to be a part all patient pathways. Current pressures on Acute Services, Rehabilitation and Specialist Rehabilitation (for Amputees, Stroke patients etc) were very time-limited and not maximising functional and physical improvements.

Developing fulfilling leadership roles for Allied Health Professionals (AHP) and others was key to enabling independent services across Health and Social Care and Specialist Rehabilitation Services. Clinical Leadership and support for smaller in numbers professions needed to be nurtured.

It was FURTHER NOTED that healthy liaison with the Spinal Injuries Association continued and a National Information Sharing Network linking Wheelchair User Groups was envisaged.

## **19. ACCESS TO HAROLD WOOD**

NOTED that Angela Watkinson was continuing her campaigning to secure improved access and transport facilities to Harold Wood Disablement Services and the new adjacent Polyclinic.

## **20. EQUALITY BILL**

The Equality Bill aimed to combine all of the existing anti discrimination legislation dealing with sex, race, disability, sexual orientation, religion or belief and age into one statute. There was recognition that disabilities had to be treated differently.

MPs cautioned that the transition from principles to practices with such complex legislation might not be straightforward and would welcome comments from disability organisations. Any comments from organisations about the effectiveness of the Equality and Human Rights Commission in relation to disability would also be welcome.

There being no other business the meeting then terminated.

**Feedback to  
APLLG Administrator  
[feedback@apllg.org](mailto:feedback@apllg.org)  
[www.apllg.org](http://www.apllg.org)**