



# 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 Meeting held at 4pm on Wednesday 28<sup>th</sup> October 2009 in Room 20 at the House of Commons, London, SW1A 0AA**

### **PRESENT:**

**MEMBERS & OFFICERS:** Justine Greening MP (Chair); Baroness Wilkins; Anne Begg MP; Roger Berry MP; Tim Bosworth MP; Mark Hunter MP; Susan Kramer MP; Dr. Doug Naysmith MP; Caroline Spelman MP; Angela Watkinson MP.

**ASSOCIATES:** Boyeji Afolayan; Graham Ball; Laura Burgess; Rosanna Campbell; Nichola Carrington; Louise Connolly; Steve Cook; Colin Dance; Amy Edwards; Dr David Foster; Sarah Griggs; Christopher Harwood; Glyn Heath; Wayne Henderson; Dr David Henderson-Slater; Jenny Holt; Colin Hurley; Professor John Hutton; Peter Iliff; Dr Fergus Jepson; Steve Jones; Zafar Khan; Sarah Lepak; Henry Lumley; Denis May; Rory O'Connor; Gary Phillips; Kay Purnell; John Reid; Jennifer Rogers; Ernie Stables; Christine Tallon; John Ward; Simon Webster; Jonathan Wright.

**Advisor** – Sam Gallop CBE

**Administrator** – Alex Hyde-Smith

Apologies for absence were received and recorded.

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### **39. MINUTES OF PREVIOUS MEETING HELD ON 12<sup>TH</sup> MAY 2009**

APPROVED the [Minutes](#) of the previous Meeting (the AGM) held on 12<sup>th</sup> May 2009.

### **40. NEW ASSOCIATES**

The following were welcomed as new Associates: BRAKE; Coventry University; Limb Loss Legal Panel; Meningitis Research Foundation; Meningitis Trust; National Prosthetic Managers Association; Remploy; Roehampton University; Thalidomide Society.

### **41. CHILDREN & FAMILIES CONFERENCE**

NOTED that the Children & Families conference, supported by Angela Watkinson MP and through the skilled and energetic outreach and initiative of the staff at Harold Wood Disablement Services Centre, was to be held at Baden-Powell House Conference Centre on Wednesday 25 November. There would be contributions from the leading Children's Charities STEPS and REACH. For Children, Cosmesis was almost as important as Function.

### **42. LIMBLESS SERVICE PERSONNEL & VETERANS**

Members expressed their appreciation of the BLESMA Rehabilitation Activities, in conjunction with the first-class rehabilitation services at Headley Court (see [APLLG News Release](#)). The Activities included Ski Bobbing in Austria, Skiing in Colorado, White Water Rafting in Denver, Golf in Essex, Tandem Parachuting at Netheravon, Rolex Fastnet Race and Diving in Egypt.

The Group were advised that with the increasing numbers of limbless male and female Veterans with life-long complex needs emerging from the Iraq and Afghanistan operations and elsewhere, it was unlikely that, without specific additional funding to National Health Services, such Veterans could receive the life-long artificial limb and related healthcare services guaranteed to them by Government. Members undertook to press Ministers to secure the necessary actions.

It was also noted with concern that homelessness was an issue.

### **43. IMPROVING ORTHOTIC SERVICES**

Members welcomed and thanked Professor John Hutton for his personal presentation of his York Health Economics Consortium's team report on [Improving Orthotic Service Provision in the NHS](#), summarised as follows;

*“Orthotic service provision has the potential to achieve significant health, quality of life and economic benefits for the NHS if a comprehensive, integrated service can be provided, throughout the patient pathway. Current estimates of the number of users of orthotic services are in excess of 1.2 million patients and include diabetic, stroke, orthopaedic & neuromuscular conditions – in line with the Government’s health priorities. Patients rely on their orthoses to enable them to continue to work and live independently.*

*In 2005, the expenditure on orthotic service provision was in the region of £85million. Demand on the service is increasing in line with both the ageing population and the complexity of the associated clinical conditions. There is currently no agreed mechanism for relating the changes in funding to the changes in demand. Orthotic services have generally received a very low priority in the NHS, hidden in secondary healthcare. A series of reports has been published over the years highlighting the lack of funding and accountability as the service does not affect key performance targets.*

*This study assesses the service provision of orthotics in NHS trusts. The analysis draws on a review of the policy literature, and a survey of 6 trusts involved in the 2004 Pathfinder project which highlighted that for every £1 spent on orthotic services the NHS saves £4. With current expenditure on orthotic service provision estimated at £100 million this represents a saving of £400 million to the NHS. Enhanced service levels which had been achieved at pilot sites were generally unsustainable due to inadequate funding. Hospitals were only able to implement many of the recommendations when specific funding from their PCTs was agreed. Furthermore, through increased awareness, the latent demand for the service was revealed.*

*Current procurement practice is too dependent upon a ‘commodity product procurement’ model. A locally commissioned service based on clinical outcome is required for improved patient care & real value to the NHS – in line with Darzi recommendations. Early orthotic intervention improves lives and saves money.”*

Members undertook to press Ministers to secure the introduction of the required organisational and other developments.

### **44. BRITISH POLIO FELLOWSHIP**

Members welcomed the publication by the British Polio Fellowship of their leaflet advising Patients on [“What I have the right to expect from my Orthotics Provider”](#) and congratulated the Fellowship on their initiative.

## **45. CONSTRAINTS ON PROSTHETIC / ORTHOTIC SERVICES**

Comments from Associate Members demonstrated that their concerns about the funding and the status of medical rehabilitation services continued unabated including: constraints on staff numbers; inadequate time spent with a named allied health professional (AHP); cosmesis and microprocessor controlled knees withdrawn from general issue; high turnover of staff; poor recruitment/retention of Prosthetists/Orthotists; inequitable terms and conditions and status of private contractor AHPs within in and alongside NHS AHPs; erosion of NHS staffing levels in prosthetic and orthotic services across the UK - most areas were losing NHS staff who were not being replaced; need for funding for education and training; need for funding for innovation and research; need for more support for Salford University and for the introduction of a new School in the South East; inadequate retention of and new appointments for Consultants in Medical Rehabilitation; the need for a national template for Invitations to Tender; pressures on cost reduction at the expense of quality; post-code prescribing was entrenched; etc.....

It was noted with concern that wider support was needed across all medical rehabilitation services including specialised wheelchairs.

It was pointed out that the lowest tender for Prosthetic contracts was not always accepted, there being a balanced judgment of quality and cost. Improvements to the patient experience were proven to be forthcoming where the Prosthetist had sufficient time with the patient and there were adequate resources for therapy services and for seeing a Consultant in Rehabilitation Medicine.

In summary the excellent facilities for rehabilitation at Headley Court were welcomed and should be reproduced throughout the NHS.

Members undertook that the necessary Parliamentary Questions would be put.

## **46. OCCUPATIONAL THERAPY**

Advice to the Group on the views of individual Occupational Therapists is helpfully illuminated by the [COT Briefing Report](#) (attached as Appendix A).

## **47. UPDATE FROM NHS SUPPLY CHAIN**

A [NHS Supply Chain Briefing Report](#) is attached as Appendix B to these Minutes.

## **48. VISITS BY MEMBERS OF PARLIAMENT**

Members reported on their personal visits to Rehabilitation Centres in their constituencies (see [APLLG News Release - Mark Hunter MP Sets the Pace](#) for example). They were advised that their visits were mutually informative, raised the profile of the Centres, and gave a boost to staff and to patients.

## **49. WHEELCHAIR SERVICES**

It had earlier been reported to the Group that the national strategic drive from Government to transform Community Equipment and Wheelchair Services had petered out. Now that budgets were devolved to PCTs it was difficult to get a national picture in terms of provision of services. It appeared that some SHA's were highlighting issues about the 18 weeks target (which in some cases for Wheelchair Services is from referral to handover of equipment). This had positively highlighted some of the huge historic waiting lists for Wheelchairs, for Special seating and for EPIOC equipment and services, and the need for additional resources. Not having the specialist therapists and rehabilitation engineers and consultants was challenging the ability to deliver. The Group was collaborating with the Parliamentary Spinal Injuries Group and other Wheelchair User Groups to develop a national electronic user network.

Members agreed to pursue issues with Ministers.

## **50. INTERNATIONAL EARLY DAY MOTION**

The following [International Early Day Motion](#) was AGREED for presentation, on the advice of Dr. Naysmith MP, to the House of Commons in the New Year.

### **EARLY DAY MOTION**

#### **HUMAN RIGHTS TO PERSONAL MOBILITY & ACCESS & GROWTH IN DEVELOPING COUNTRIES**

*Sponsored by:*

*Dr. Doug Naysmith (Labour/Co-operative MP for Bristol North West), Justine Greening (Conservative MP for Putney, Roehampton and Southfields), Mark Hunter (Liberal Democrat MP for Cheadle).*

*This House, mindful of the concerns of the Associate All-Party Parliamentary Group for Limb Loss notes with appreciation the ratification by Her Majesty's Government of the United Nations Convention on the Rights of Persons with Disabilities which should empower Persons with Disabilities as a distinctive group to be included in mainstream programmes such as Gender Equality, Education, Employment and Growth;*

*realises that the eight important Millennium Development Goals 'MDGs' agreed by the United Nations and which Her Majesty's Government support contain no reference to disabilities;*

*advises that for the full achievement in Developing Countries of the aims of the Convention and of the MDGs it is vital to secure and sustain Human Rights to Personal Mobility and to Access;*

*and therefore urges Her Majesty's Government through the Department for International Development, the Foreign & Commonwealth Office and the Cabinet Office, collaboratively to ensure that access to Prosthetic and Orthotic and Wheelchair Services in Developing Countries is mainstreamed and adequate thus enabling people with disabilities to be included in pushing Growth up the Development Agenda.*

## **51. KEEPING AND STAYING OUT OF HOSPITAL**

NOTED that it was proposed to convene a Conference under the aegis of the Group to demonstrate how, with significant savings to the NHS, Rehabilitation Services kept people with complex physical disabilities out of hospital, living independently in the community, and opened to them doors of opportunity to education, employment, sport and recreation.

## **52. RECRUITMENT OF APPRENTICES**

NOTED the excellent progress being made with the support of Members in more than doubling the number of Apprentices in the NHS. There should be constituency and national publicity of this good news in collaboration with Skills for Health.

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

NOTED, following the initiative of the Group, the [APLLG News Release](#) about the training of surgeons in amputation in England.

#### **54. EXPRESSIONS OF APPRECIATION**

Associate Members joined at the conclusion of a well-attended and warmly debated meeting in expressing their appreciation to Peers and MPs for their presence and caring and active involvement.

There being no further business the meeting then terminated.

**Feedback to  
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