

British Association of Prosthetists and Orthotists Response to 'DfES/HM Treasury Joint Policy Review on Children and Young People - Review of Disabled Children'

Introduction

The British Association of Prosthetists and Orthotists (BAPO) is pleased to provide a response to this document.

BAPO represents approximately 700 Prosthetists and Orthotists who are working across the United Kingdom. BAPO also supports a number of technicians, Limited Orthotic Practitioners and students who are known as affiliates. Prosthetists and Orthotists work within the NHS either employed directly by the NHS or by a contractor.

Prosthetists and Orthotists provide a patient / user focused service for people with a limb loss, congenital absence or functional deficiency requiring an externally applied device by means of a prosthesis or orthosis.

Response to questions posed

What progress has already been made in addressing the needs of disabled children and their families?

There are services across the UK to support physically disabled children; however the quality of these services varies enormously due to the low priority these services are given by the NHS and their commissioners. While BAPO are content that individual services will configure their services as they see presenting best value and quality we feel that the current low priority of these services and the undoubted financial constraints that currently exist mean that the orthotic and prosthetic service is put in a very vulnerable position.

What are the barriers currently restricting access to services and therefore effective intervention?

There would appear to be two major problems:

1. Poor understanding of the services of prosthetics and orthotics and the potential interventions to improve the mobility and wellbeing of seriously disabled children.
2. Low managerial priority for these services.

Are services sufficiently co-ordinated at local level to allow families to access sufficient support to meet their needs?

See my previous comment, all services in the UK should have a manager identified and appropriately empowered to ensure that prosthetic and orthotic services are delivered in an appropriate and efficacious manner.

How does the system of support for disabled children and their families compare across the country and abroad? Are there lessons we can learn to improve outcomes?

As I have already alluded to there is unacceptable variation in services across the UK which appears to be due to local commissioning priority; not clinical priority.

Services abroad are similarly poor due to a worldwide shortage of Prosthetists and Orthotists. The UK is in a slightly fortunate position with two good undergraduate programmes however many of our young graduate clinicians are now leaving the UK to take-up better opportunities abroad.

What family support services i.e. key workers, short breaks, sibling support, behavioural management are currently available and how do these relate to other services?

BAPO have no comment to make on this type of social support.

What are the most cost effective interventions in delivering better outcomes?

In BAPO's view the most cost effective outcome is trying to maximise the mobility and social inclusion of the disabled child. This also includes having a robust and appropriate transition mechanism to adult services to ensure that the individual is supported at all stages of life. This is particularly important if we aspire to having these individuals achieve gainful employment.

Are there interventions which, if made earlier, could reduce more costly interventions later? How can we identify the need to intervene earlier?

Early intervention with conservative orthotic treatment could prevent later more expensive and invasive surgery although the evidence for this is poor. The poor evidence base is symptomatic of a small and poorly supported service within the NHS.

What lessons can we learn from the legal frameworks in other countries that might inform the review?

BAPO are unaware of legislative frameworks in other countries, although while anecdotal, it is the perception that Scandinavian countries with their history of greater social awareness and inclusivity provide better services to their disabled children.

Conclusion

BAPO will be happy to discuss any aspect of this submission for the purpose of clarity. We shall of course input to any further call for evidence should it be required.

Prepared on behalf of BAPO by:

Kenneth Andrew
Executive Professional Officer

Contact Details:

Contact details for respondent	
Name	
Job title	Executive Professional Officer
Do you represent an organisation? (if so, name of organisation and type: e.g. voluntary, public body, private company).	Yes British Association of Prosthetists and Orthotists
Postal address	BAPO, Sir James Clark Building Abbey Mill Business Centre Paisley PA1 1TJ
Telephone number	0141 561 7217
Email	

	Which area of the review are you responding to? (please mark X)
Prevention strand	
Review of disabled children	X

