British Association of Prosthetists and Orthotists

Improving the Quality of Orthotic Services in England:
17 February 2015

Executive summary

The British Association of Prosthetists and Orthotists (BAPO) is the UK body that represents a highly skilled specialist group of autonomous registered allied health professionals and associates, colleague Allied Health Professionals and all groups that are involved in the field of prosthetics and orthotics. The core membership consists of HCPC registered Prosthetists and Orthotists. (see Appendix for definitions)

The purpose of BAPO is to encourage high standards of prosthetic and orthotic practice through high quality education and evidence based practice. BAPO promotes the value of Prosthetists and Orthotists and integrated professional working to enhance standards of prosthetic and orthotic care that is delivered to service users.

This paper has been put together on behalf of British Association of Prosthetists and Orthotists.

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Background:

BAPO is the professional body representing the Orthotists and Prosthetists who deliver the orthotic service in the UK.

Orthotists and Prosthetists are the only professionals within the UK that are fully trained and qualified in the field of Orthotics and Prosthetics and they are regulated by the Health and Care Professionals Council (HCPC). The Orthotic profession is very small but dedicated and orthotists will endeavour to provide the best and most cost effective orthotic care at all times.

BAPO was established to encourage high standards of prosthetic and orthotic practice. It is committed to Continued Professional Development (CPD) and education to enhance the standards of prosthetic and orthotic provision.

BAPO is the only UK body that represents the interests of prosthetic and orthotic professionals and associate members to their employers, colleagues, Allied Health Professionals and all groups that are involved in the field of orthotic provision.

BAPO:

- Produces guidelines for best practice
- Works within an ethical code
- Annually organises the UK's main prosthetic and orthotic conference
- Manages and distributes information relating to members and our Allied Health Professional colleagues
- Develops and runs educational courses
- Actively promotes and enables Continuing Professional Development for members
- Provides advice to members and other interested parties

BAPO Statement:

A well-developed, well- managed and appropriately funded orthotic service can bring many benefits to the local community that it serves. However, as a professional body we are concerned about the level of understanding and knowledge of those who manage and commission the orthotic services in England and consequently are unsure that they fully appreciate the benefits that such a service would provide.

We welcome the recognition of the concerns regarding how the majority of orthotic service models in England are commissioned and provided and hope that we, as a professional body, can contribute to this discussion.

There have been a number of reports and discussion documents published over the years regarding the provision of Orthotic Services, which have highlighted constraints around the orthotic service within the UK. We hope that by setting out previous documents below, that this paper will help avoid the need to revisit areas already reported upon.

- 1991: Disabled Living Foundation report detailed longstanding problems in the provision of therapeutic footwear.[1]

- 1992: Bowker et al provided a critique of Orthotic services commissioned by the Department of Health.[2]

- 2000: the Audit Commission report concluded that "serious shortcomings remain in many parts of the country in the quality of services received by 400,000 users"[3]

- 2002: Audit Commission found that "progress in improving orthotic services were disappointing [4]

- 2004: the NHS PASA Orthotic Pathfinder (Business Solutions) report recommended direct GP Access and highlighted that for every £1 spent on Orthotic services that the NHS could possibly save as much as £4.[5]

- In 2009 the York Health Economics Consortium concluded that, early Orthotic intervention improves lives and saves money, but Orthotic Services generally still receive a low priority.[6]

The 'York' report recommended:

- A new model of service that recognises that orthotic products are not commodities but individually prescribed solutions tailored to patient needs

- Prescribers referring into orthotic services should request a treatment objective and expected treatment outcome

- The profile of orthotics should be raised with commissioners, local and national management

- Commissioning for orthotic services should be overseen by a national body with a clear understanding of the service

- Patients should be allowed real choice in where they access the service

- Funding should follow the patient

- Services should be measured on outputs/outcomes rather than inputs

They commented that

"Orthotic 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. Service planning and contracting arrangements which emphasise the delivery of an integrated and comprehensive orthotic service are more likely to achieve[i] the benefits to the NHS identified in the many reports."

- In 2011, the Centre for Economics and Business Research Ltd highlighted the financial and economic benefits of a better functioning system for the provision of orthotic services. The document suggests annual estimated savings of £48 million from deploying resources in a more productive way. It sets out some worked examples describing financial savings for the NHS in Diabetes, Stroke and Plantar Fasciitis.

Unfortunately it would appear that service commissioners assign a low level of importance to the development of an orthotic service as it is seen and classed by many in the NHS as a "Products" service rather than a clinical service that utilises products to achieve its aim.

As a profession Orthotists have a lot to offer and can be invaluable members of a Multi-Disciplinary Team (MDT). They can have input across many areas ranging from simple musculoskeletal conditions to complex neuro rehabilitation and with people with long-term conditions. Orthotists in the community can provide much needed support to people living in the community who do not have access or regular reviews with any other discipline.

Given the opportunity, Orthotists manage a wide range of musculoskeletal conditions to optimise rehabilitation following trauma. They are also able to manage and prevent secondary complications of many long term conditions such as stroke, diabetes, muscular dystrophies, cerebral palsy and many others.
The end result is improved quality of life, mobility, independence and reduced need for more expensive and invasive interventions.
In order to achieve this, BAPO and the Orthotists would wish to engage with the setting up of these services and in addressing some of the main challenges.

Orthotists are often only seen as providers of products or stockholders and it is the lack of involvement in the prescription, follow up and resource to deliver in an appropriate time frame which creates problems.

Access to orthotic services is in many cases is convoluted and many GPs and health professionals do not have direct access to orthotic services, which results in unnecessary referrals to acute services.

BAPO recognise that there has been a history of long term neglect of workforce planning which has resulted in a lack of profession growth with now fewer than 500 practicing orthotists in the UK. The resultant is that other allied health professionals have extended scope to meet the demands of services, often practicing at a band 7 or 8 AGfC level to provide a role that a band 5 or 6 Orthotist would deliver. As almost 2/3rds of the workforce is employed through sub-contracted services, service commissioning needs to be more sophisticated to meet the needs of the populations. Orthotists should be utilised to assisting with the training and monitoring of other AHPs and Assistants who undertake the provision of Orthotic treatment for those who do not have undergraduate level of training in this speciality. This will ensure that any orthosis supplied is appropriately prescribed, fitted and checked for function leading to an improved and safer Orthotic supply service. All Orthotists who deliver

mentorship should be provided adequate training. As a specialist delivering a clinical service providing Orthoses, the Orthotist is in a position to offer treatment based on the most up to date knowledge of current orthotic practice, products and through the development of new materials and techniques.

In general the orthotist does not get the opportunity to triage to ensure appropriate time is given to patients. It is not uncommon for very complex cases to be given short appointment times which do not allow sufficient time to assess an individual's requirements or to communicate with referrers and other professionals. Due to the current contracting methods there is often no time to have the conversations which would maximise the benefit of intervention.

Most orthotists can predict accurately how long it would take for an orthosis to be ordered or made. This is often with one to two weeks and most delays are caused by the lack of orthotic clinical time.

It is rare for current contracts to allow for routine review procedures to be adopted and the lack of a routine review process can result in orthoses being discarded when minor fine tuning would complete a successful intervention.

Conclusion:

The orthotic service nationally is in great demand due to its effectiveness in such a wide variety of clinical conditions, and current orthotist training and commissioning is unable to meet the current demand for Orthotic services.

BAPO is in an unique position to offer advice with regards to the development of orthotic services and can provide impartial input into this discussion as it represents the Orthotic profession whose members work within both the NHS and the commercially contracted providers.

BAPO supports any initiative that is seeking to identify the shortcomings in the Orthotic Service within England, but it needs to have momentum and the commitment to make change as previous reports have highlighted the shortcomings in the provision of orthotic services but have failed to act and as a result little has changed

BAPO is aware that there are centres of excellence where a well organised, funded and established Orthotic Service has been and continues to be successful, but there are many areas where there is a significant lack or even an absence of managed orthotic care. We should therefore learn from these centres of excellence.

We agree that before changes can be made, high quality evidence on the current situation of the orthotic service in the England must be obtained and that it is vital that this first step asks the right questions of the right groups of users, professionals, orthotists, commissioners and all other stakeholders.

The orthotic profession possesses the unique skills to make a significant contribution to the quality of life and independence of an aging population at relatively low cost given the resource, support and infrastructure to do so.

References:

1. [1]Disabled Living Foundation. *"Footwear: a quality issue: provision of prescribed footwear within the National Health Service."* ;1991.
2. Bowker P, Rocca E, Arnell P, Powell E: *A study of the organisation of orthotic services in England and Wales.* Report to the Department of Health, UK; 1992.
3. Audit Commission for Local Authorities and the National Health Service in England and Wales. (2000)."*Fully Equipped: The Provision of Equipment to Older Or Disabled People by the NHS and Social Services in England and Wales; National Report"*. Audit Commission for Local Authorities and the National Health Service in England and Wales.
4. Audit Commission. "*Fully equipped, 2002: assisting independence*:" Audit Commission briefing. June 2002. Audit Commission, 2002.
5. Orthotic Pathfinder – *"A patient focussed strategy and proven implementation plan to improve and expand access to orthotic care services and transform the quality of care delivered"* NHS Purchasing and Supply Agency; 2004.
6. Hutton, J., and M. Hurry. "Orthotic Service in the NHS: Improving Service Provision" *York Health Economics Consortium, Univ. of York;" 2009.*
7. Centre for Economics and Business Research Ltd . *The economic impact of improved orthotic services provision - A review of some of the financial and economic benefits of a better functioning system for the provision of orthotic services;* 2011.

Appendix

Prosthetists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with limb loss. They are extensively trained at undergraduate level in mechanics, bio-mechanics, and material science along with anatomy, physiology and pathophysiology. Their qualifications make them competent to design and provide prostheses that replicate the structural or functional characteristics of the patients absent limb. They are also qualified to modify CE marked prostheses or componentry taking responsibility for the impact of any changes. They treat patients with congenital loss as well as loss due to diabetes, reduced vascularity, infection and trauma. Military personnel are forming an increasing part of their caseload. Whilst they are autonomous practitioners they usually work closely with physiotherapists and occupational therapists as part of multidisciplinary amputee rehabilitation teams.

Orthotists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with problems of the neuro, muscular and skeletal systems. They are extensively trained at undergraduate level in mechanics, bio-mechanics, and material science along with anatomy, physiology and pathophysiology. Their qualifications make them competent to design and provide orthoses that modify the structural or functional characteristics of the patients' neuro-muscular and skeletal systems enabling patients to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent and facilitate healing of ulcers. They are also qualified to modify CE
marked orthoses or componentry taking responsibility for the impact of any changes. They treat patients with a wide range of conditions including diabetes, arthritis, cerebral palsy, stroke, spina bifida, scoliosis, MSK, sports injuries and trauma. Whilst they often work as autonomous practitioners they increasingly often form part of multidisciplinary teams such as within the diabetic foot team or neuro-rehabilitation team.