

PATIENT CONCERNS OVER THE SHORTAGE OF PROSTHETISTS & ORTHOTISTS

Discussion Paper on behalf of the National Allied Health Patients' Forum 'NAHPF'

This paper has been prepared on behalf of the NAHPF, which welcomes the opportunity to raise significant and specific patient concerns, seeking collaboratively, to ensure that vital prosthetic and orthotic specialised services¹ may be secured, sustained and enhanced to meet increasing future patient needs adequately, effectively and with value for money.

This paper highlights concerns, provides background information, highlights on-going collaborative work and seeks to affect a lasting solution.

PATIENT CONCERNS

Patients benefiting from these specialised services¹ are expressing concerns about significant shortfalls in existing^{2,3} and any future^{2,4,5} prosthetic and orthotic services whose importance is rightly indicated in Specialised Services National Definitions Set No. 5¹.

Patient needs are increasing. For instance the number of patients needing orthotic interventions are expected to grow rapidly⁶, and whilst the major cause of amputation is peripheral vascular disease⁷, with diabetes mellitus being a significant factor in up to 50% of cases⁷; diabetes is now expected to increase from 7.4% of England's adult population in 2010 to 9.5% or 4.6 million people by 2030⁸ an increase of 28.4%. The UK is experiencing an ageing of its population which will place increased demands on prosthetic and orthotic services⁹. This whilst the numbers of Prosthetists and Orthotists continue to decline¹⁰!

There is an exodus of the specialised skills¹¹ and experience¹² needed to enable patients of all ages with complex physical disabilities to remain mobile, dextrous and independent.^{13,14} If this trend is not reversed, there will continue to be otherwise avoidable falls^{15,16,17}, pressure sores¹⁸, diabetic foot and limb losses,¹⁹ which will need additional health care treatment and increase health care costs. This will also impact and affect patient outcomes and independence.

These patient concerns are not new. They have been presented in papers on a number of occasions for instance the British Health Trades Association published in 2005 a Briefing Paper on Manpower Planning in Prosthetics & Orthotics²⁰. These and other manpower concerns have since 2007 continue to be raised at the All Party Limb Loss Group²¹.

¹ National Specialised Commissioning Group (2008-2010), Specialised Services National Definition Set Number 5 (3rd Edition) for People of all Ages with Complex Physical Disabilities, National Specialised Commissioning Group, Department of Health, London

² P&O Specialised Sub-committee (2005), Manpower Planning in Prosthetics and Orthotics Pages 1, 2 and 3, British Healthcare Trades Association, London

³ Reitler, P (2007), AHP Proforma Report for Prosthetics and Orthotics Page 2 All Key Issues, Workforce Review Team, Department of Health, London

⁴ WRT (2008), Workforce Summary – Prosthetists and Orthotists Page 5 Point 5, Workforce Review Team, Department of Health, London

⁵ Reitler, P (2007), AHP Proforma Report for Prosthetics and Orthotics Page 3 Point 3 Paragraph 3 Demand Constraint, Workforce Review Team, Department of Health, London

⁶ WRT (2008), Workforce Summary – Prosthetists and Orthotists Page 1 paragraph 1, Workforce Review Team, Department of Health, London

⁷ Moxey et al (2010), BJS 97:1348-53, www.apllg.eu/mins.html (October 2010 Annex A)

⁸ NHS Collaboration (2010), The NHS Atlas of Variation in Healthcare page 29 Context, Department of Health, London

⁹ WRT (2008), Workforce Summary – Prosthetists and Orthotists Page 3 Demographics, Workforce Review Team, Department of Health, London

¹⁰ WRT (2008), Workforce Summary – Prosthetists and Orthotists Pages 3, 4 and 5 including figures 1 and 2 and point on Retention, Workforce Review Team, Department of Health, London

¹¹ Reitler, P (2007), AHP Proforma Report for Prosthetics and Orthotics Page 7 Point 10, Workforce Review Team, Department of Health, London

¹² P&O Specialised Sub-committee (2005), Manpower Planning in Prosthetics and Orthotics Page 6 Table 1 and support notes (original source of the data was the Health Professions Council Register), British Healthcare Trades Association, London

¹³ British Association of Prosthetists and Orthotists (2010), The role of the prosthetist and the role of the orthotist, British Association of Prosthetists and Orthotists, Paisley www.bapo.org/site/content/view/49/82/

¹⁴ HPC (2010), The role of the prosthetist and the role of the orthotist, Health Professions Council, London www.hpc-uk.org/aboutregistration/professions/prosthetistsandorthotists/

¹⁵ Boxer, P & Flynn, T (2004), Orthotic Pathfinder Page 45 section 4.2.3 Increased orthopaedic problems and falls, Business Solutions, London

¹⁶ Boxer, P & Flynn, T (2004), Orthotic Pathfinder Page 55 section 8.2.2 Increased orthopaedic problems and falls, Business Solutions, London

¹⁷ Miller WC, Speechy M, Deathe B (2001), The prevalence and risk factors of falling and fear of falling among lower limb amputees 82:1031-1037, Archives of Physical Medical Rehabilitation, Oxford

¹⁸ Hutton, J & Hurry, M (2009), Orthotic Service in the NHS: Improving Service Provision section 2.2.1, University of York, York

¹⁹ Tennvall G R et al (2000), Maciejewski M L (2004), Boulton A J M (2005), Orthotic Service in the NHS: Improving Service Provision section 4.1.2 Background, University of York, York

²⁰ P&O Specialised Sub-committee (2005), Manpower Planning in Prosthetics and Orthotics, British Healthcare Trades Association, London

²¹ Minutes (2007-2010), Minutes of the Associate Parliamentary Limb loss Group, House of Commons, London (www.apllg.eu/mins.html)

The Workforce Review Team also published in 2007 its AHP Proforma Report for Prosthetics & Orthotics²² followed in 2008 with a Summary Report for Prosthetics & Orthotics²³. The Workforce Review Team then published in 2009 its Assessment of Workforce Priorities Report²⁴.

These reports highlight that Prosthetics and Orthotics services are ***“specialities and professions that need a nationally planned approach”***²⁵ in line with that suggested in a High Quality Workforce.²⁶ The service providers themselves highlight that there are ***“existing shortfalls in both the quality and quantity of training”***²⁷ and this is supported insofar as the ***“WRT believes there are risks that standards of service for long term conditions will not be met and there are inequalities of access to services”***²⁸ and also that ***“attrition rates from training are high as are the number of leavers from the qualified workforce”***²⁴.

BACKGROUND INFORMATION

These specialist services have continuously modernised^{29,30} and innovated^{30,31} in order to raise the quality of the equipment and of the service required by each individual patient. In an attempt to align services to patient needs and patient outcomes there have been significant changes in the way that these specialised services are now designed, manufactured and delivered.^{32,33}

Before the Denny Report 1970³² the prosthetist or orthotist was a profession where individuals were predominately trained from the ‘bench’ via an apprenticeship working usually for the service provider. However between the Denny Report³² and the McColl Report 1986³³ in an attempt to improve the standards of service provision, the prosthetist or orthotist was generally employed by the service provider and trained through a combination of bench work and study in collaboration with Strathclyde University or Paddington College of Further Education, London. This study was towards a Diploma but this then changed to a HND from 1980³⁴. The British Health Trades Association³⁵ believe that this resulted in low attrition rates and provided a locally based workforce focused on personalised and specialised service provision, which improved patient outcomes. However as specialised service provision continued to modernise post McColl³³ so did the training requirement for these skilled clinicians, and this is provided today by 2 universities³⁶; one at Salford and the other at Strathclyde with support of placements to service providers in the students final year of study. There are now high attrition rates^{37,38} and difficulties in attracting staff to certain locations³⁹.

ON-GOING COLLABORATIVE WORK

There have been, and there continue to be, collaborative initiatives to address the foregoing concerns. The pace of their development has yet to match the speed of the solutions required. These include Foundation Degrees for Clinical Technologists and the enhancement of recruitment and training and employment opportunities for all the professions involved.

GUIDANCE

Further information is readily available. Discussion, advice, support and national guidance will be welcomed and are invited.

²² Reitler, P (2007), AHP Proforma Report for Prosthetics and Orthotics, Workforce Review Team, Department of Health, London

²³ WRT (2008), Workforce Summary – Prosthetists and Orthotists, Workforce Review Team, Department of Health, London

²⁴ WRT (2009), Assessment of Workforce Priorities, Workforce Review Team, Department of Health, London

²⁵ WRT (2009), Assessment of Workforce Priorities Page 13 Nationally planned specialities and professions, Workforce Review Team, Department of Health, London

²⁶ Department of Health (2008), A High Quality Workforce; NHS Next Stage Review, Department of Health, London

²⁷ P&O Specialised Sub-committee (2005), Manpower Planning in Prosthetics and Orthotics Page 1 Introduction Point 2, British Healthcare Trades Association, London

²⁸ Reitler, P (2007), AHP Proforma Report for Prosthetics and Orthotics Page 7 Conclusion, Workforce Review Team, Department of Health, London

²⁹ National Prosthetic Centre Managers Group (2010), Collaborative National Specification for Prosthetic and Amputee Rehabilitation Services, National Prosthetic Centre Managers Group, Preston, <http://em-pow-er.org/9.html>

³⁰ British Association of Prosthetists and Orthotists (2010), Outcome Measures for Prosthetic Rehabilitation, British Association of Prosthetists and Orthotists, Paisley www.bapo.org/site/content/view/73/111/

³¹ Kings College (2007), Pain Free Artificial Limb Interfaces; Evidence Review, Dept. Of Engineering and Physics Kings College, Centre for Evidence Based Purchasing, London www.apllg.eu/rd.html

³² Denny, MBA (1970), the Denny Report on the Future of the Artificial Limb Service in Scotland, HMSO, London

³³ McColl, I (1986), the McColl Report Review of Artificial Limb and Appliance Centre Services. HMSO, London

³⁴ Peacock, C (2005), Presentation: From Cupboard to Team Player – the history of education in orthotics and prosthetics, www.pmguk.co.uk/mobility2005/presentations/PP2/1_cstewart.pdf

³⁵ Discussions with the Chairman of the Specialised Sub-Committee of BHTA (2011), British Health Trades Association, London

³⁶ P&O Specialised Sub-committee (2005), Manpower Planning in Prosthetics and Orthotics Pages 1, British Healthcare Trades Association, London

³⁷ WRT (2008), Workforce Summary – Prosthetists and Orthotists page 1 paragraph 2, Workforce Review Team, Department of Health, London

³⁸ P&O Specialised Sub-committee (2005), Manpower Planning in Prosthetics and Orthotics Point 1 Current Situation on Pages 1, 2 and 3, British Healthcare Trades Association, London

³⁹ P&O Specialised Sub-committee (2005), Manpower Planning in Prosthetics and Orthotics Pages 3 paragraph 5, British Healthcare Trades Association, London