UPDATE
Minutes of
BACPAR AGM 2015

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LEARNING
Amputee Upcoming Events

BRITISH ASSOCIATION OF CHARTERED PHYSIOTHERAPISTS IN AMPUTEE REHABILITATION

SPRING 2016 **ISSUE 45**

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WELCOME BACK

Louise Tisdale

BACPAR Chair

Clinical Specialist Physiotherapist in Amputee Rehabilitation

Royal Wolverhampton Hospitals NHS Trust

louise.tisdale@nhs.net

CHAIR MESSAGE

Hello all,

Welcome to members new and renewed.

This is my last chair letter. At the point of publication we will hopefully have a new Chair (election having been held in the March Executive committee meeting) and I wish that person the very best for their time in post. The committee work tirelessly to enable BACPAR to meet its objectives and the Chair's role is to help steer those activities. The last 6 years have been both illuminating and rewarding. Mary Jane Cole will also be stepping down as Vice Chair, and I wish to pass on my thanks to her for her support to my time as Chair.

Preparations for the 2016 Conference and AGM are already underway. We are hoping that by having it on the 10th of November in Liverpool, attendees will be given the opportunity to make the most of the following ER-WCPT Congress bringing together Physiotherapists from all over Europe.

If you were unable to attend the 2015 AGM, please take a look at the minutes within this journal to get a flavour of BACPAR's plans for the next 12 months. Any questions please do not hesitate to ask. And the presentations from the Conference are available on the BACPAR website. Thanks to the organising committee for their role in making the 2015 Conference a success.

There will be a review of amputee services by NHS England in the early part of 2016, please make sure your services' response provides a clear picture of the Physiotherapy role within your local MDT. And let us know; through writing an article in the Journal, or posting something on iCSP re anything new or different that you are doing, or audits and research you are participating in.

Best wishes for 2016
See you in November
Louise

THE NEW LOOK

EDITORIAL

Welcome to the BACPAR Journal, Spring 2016! I would like to say thank you to the members for giving me this amazing opportunity to take on the role of Journal Officer. This will be my first journal, and wow, am I learning!

Thank you so much to Sue Flute, who I know everyone will agree has been a fantastic Journal Officer over recent years, and has taken the journal to a professional standard. She has given me a great platform to be able to continue to develop the journal. I hope I will do it justice.

Social Media
Follow BACPAR on twitter **@BACPAR_official**
Like our BACPAR facebook page **BACPAR_Official**

Email me any upcoming regional study days, or topics of interest if you would like them to be posted on Twitter. Email Amy, for any posts to be put on BACPAR's Facebook page. Mention BACPAR in your posts, to have us share these to BACPAR's followers. Lets raise awareness of Amputee Rehabilitation in the UK, and keep BACPARs stakeholders updated on our activity!

Jodie

Jodie Georgiou

BACPAR Journal Officer

Advanced Amputee Rehabilitation Practitioner

Amputee Rehabilitation Unit
Guys & St Thomas NHS Foundation Trust

jodie.georgiou@gstt.nhs.uk
bacparjournal@gmail.com

SECRETARY REPORT

Spring Journal here again! At this time of year BACPAR starts to plan for the next annual conference, I think you will all agree last year's was fantastic. This year's conference date is already set and has to be a date for your diaries, The conference will precede the ER-WCPT congress being held on 11th and 12th November 2016.

Bursaries
The Spring Exec Meeting will be held at the end of March 2016. Within these meetings there is the opportunity for Members of 2 years to submit an application for funding for both Educational and Research Bursaries. Application forms can be found on the BACPAR Website. Please ensure that you have read the guidelines attached with them prior to submitting them. Any forms received after March will be kept and taken to the next exec, usually in September.

Hopefully see you all in November!
Amy

Amy Tinley

BACPAR Secretary

Clinical Lead Physiotherapist in Amputee Rehabilitation

Hull and East Yorkshire Hospitals NHS trust (HEY)

amy.lee@hey.nhs.uk

BACPAR BULLETIN

Gillian Atkinson

BACPAR Membership Secretary

Mobility and Specialised Rehabilitation Centre, Sheffield

bacparmembership@gmail.com

MEMBERSHIP UPDATE

Due to the number of requests for clarification, here is further information about the renewal process.

Members who joined online last year, your renewal will be automatic on or around 01-03-16. You should receive a notification from Go Cardless informing you that your membership fee is about to be taken out.

Those who joined using the paper method are encouraged to join online this year. Benefits to you of joining online are that renewals are automatic. However you may continue to join by the paper method, by sending a cheque to me. (Details on the website).

It is important for everyone to complete the Membership Form when they renew/join and send it me electronically. This enables us to keep the BACPAR membership Database up to date. This will ensure that you receive the journals to the correct address, and that email information is sent to you to the correct email address.

Please contact me if you need further clarification.
Best wishes,
Gill

NEXT EDITION

PARALYMPIC SPECIAL

The Paralympics are coming... 'Rio 2016' makes for an exciting games!

Keeping with this theme a special edition autumn journal will focus on healthy living, keeping our patients active, exercise and recreational and competitive sport!

Due to this theme some posters submitted for the journal have been held back for the next edition.

We look forward to your submissions, please share relevant practice and experiences to make this a journal to remember and to mark the 2016 Paralympic Games!

Deadline for submitting content is 12th August 2016, however due to this being a Paralympic Special Edition content relating to the games will be considered until 23rd September 2016.

JOURNAL SUBMISSION GUIDELINES

Submitting an Article:
- Send any articles or posters as a **MS Word, MS PowerPoint or PDF file**.

- If your article includes any pictures please send them separately as a JPEG or PNG file. **All images must be high resolution.** Low resolution images will be rejected.

- Send graphs as separate Excel files and name these the same as your article followed by a number in the sequence that they appear in the article (as with pictures).

Please submit your files to: **bacparjournal@gmail.com**.

POETRY CORNER

THE NEXT STEP

I wrote this moaning poem about 2 weeks before my amputation. Now I know there are worse things than being bored

Busy, Busy? ...Not me!

Since turning 80 I have found that life is very boring
It's 5 a.m. and I should be asleep and gently snoring
But I'm not... I'm wide awake and keen to start my day
To see what fickle fate may send to help it pass away
I calculate I've 18 hours to fill before I sleep
So first I'll list the "must do" jobs... the ones that just won't keep
There is one job that's urgent... I know it's really needed
My wife has pointed out to me
The patio must be weeded

According to the dictionary NADIR is generally used to describe the worst point of someone's life... April 1st 2015 was mine and I wrote this self-pitying poem in my bed overlooking the hospital car park. 12 days after my amputation

My Nadir

There's no light at the end of my tunnel
My cloud has no silver lining
I have to accept what has happened
And there's no point at all in me whining

From my window I see people walking
Before driving off in their car
Not a single one of them understands
Just how lucky they are

This poem is full of self pity
But it tells how I'm feeling right now
I assume that some things will get better
But... right now I cannot see how

Friends tell me that I like a challenge
I just don't know where to begin
I look at the task that's before me
And think
Is there a chance I can win?

Here we go again... more in the self pitying series

Sympathy or Empathy

Never judge a man, so said a Chinese muse
Until you've walked at least a mile wearing that man's shoes
For sympathy is easy... it's just pretending to be sad
And saying that you understand (though you really don't feel bad)
But empathy is different. So just let me explain
It means that we do really feel another person's pain
So don't tell me you understand unless you are aware
Of just what life is really like
when viewed from a wheelchair

Since my amputation I have been told by well meaning friends that I enjoy a challenge... but this is my view

The challenge

I don't enjoy a challenge for a challenge isn't fun
The best part of a challenge is knowing that you've won
Hillary and Tensing on Everest passed their half way point just twice
Both times it was covered in freezing snow and ice
On the ascent they weren't happy both of them were feeling glum
Tensing said to Hillary "I wish we hadn't come"
After they had reached the top and were on their descent
They passed the halfway point again their strength was almost spent
It was just as they had left it... still frozen ice and snow
But were they both unhappy? If they were it didn't show
The half way point was still the same no one could call it fun
But both of them were jubilant
Because they knew they'd won

As a Yorkshireman I believe that Modesty is often an Inferiority Complex posing as a virtue. And for those of you not tuned in to my type of humour I must explain this poem is a joke. Jane and Lucy are my Physiotherapists

This poem clarifies my goal

Lucy said I need a goal now I am one leg short
So following her orders I have given it some thought
I've always been too modest but I was an ath-el-ete
People thought I must have wings where others just had feet
I broke most records at my school and it was plain to see
My fellow pupils realized they weren't as good as me
As well as shining in field sports I shone in most team games
And later acted as a coach to many famous names
I was rather good at swimming; in fact I was an ace
I have to state, with modesty, I never lost a race
At Ballroom Dancing I excelled though I mustn't tell you where
I danced with Ginger Rogers (but not with Fred Astaire)
I worked for some time in a lab and I am proud to say
The team I put together discovered DNA
Bill Gates gets all the credit for the ubiquitous PC
But do you know who made the first? You're quite right. It was me
I spent a good four weeks or more learning how to cook
But Delia Smith found all my notes and put them in a book
Neil Armstrong landed on the moon. You saw him on TV
But who took all the pictures? You've guessed it... It was me!
But now I'm less ambitious and hope it will come to pass
That I can walk 100 yards and not fall on my... bottom

MINUTES OF BACPAR AGM 2015

Held Friday 6th November 2015

At BACPAR 2015 Conference

Wolverhampton Science Park

Attendance

Amy Lee, Louise Tisdale, Hannah Foulstone, Robert Shepherd, Tim Randell, Matthew Fuller, Robert Bateman, Rachel Neilson, Hilary Smith, Lauren Newcombe, Jane Greiller, Ed Morrison, Jodie Georgiou, Joanne Barnes, Kate Primett, Pip Joubert, Liz Wood, Catherine Spencer, Zoe Schafer, Catherine Parnaby, Lysa Downing, Sue flute, Margaret Wilson, Eve McQuade, Emma Kidner, Lynn Hirst, Maria Brown, Samantha Cripps, Rita Blundell, Caroline Pedder, Emma Rogerson, Wendy Leonard, Lucy Parkes, Gemma Beggie, Rachel Smith, Hayley Freeman, Julia Earle, Peter Ross, Marie Hulse, Dalena Christian, Karen Bending, Linsay Clark, Christine Willingale, Jayne Watkin, Rachel Humpherson, Edel knight, Nicola Ramsay, Ailsa Mccondichie, Laura Jones, Bill Withall, Claire Worgan, Clare Singh, Karen Clark, Penny Broomhead, Hayley Conroy, Carolyn Wilson, Louise Whitehead, Carolyn Hirons, Laura Burgess, Tracy Millar, Maggie Donovan- Hall, Mary Jane Cole, Chantel Ostler, Fiona Davie- Smith, Kim Ryder.

Apologies

Chris Walker

Minutes of the Previous AGM November 2014 Wolverhampton

Were agreed as a true record.

The AGM minutes for 2014 are available on **http://bacpar.csp.org.uk/documents/2014-agm-minutes?networkid=36**

The AGM is open to BACPAR members only. Only full members and 1 representative from a Departmental membership are eligible to vote.

Chairs Report

The 2015-2016 work plan was drafted at the March 2015 BACPAR Executive Committee meeting and then made available for comments by Committee members.

The Chair's report was disseminated in advance of the meeting. A summary of the report in the form of key issues/ achievements was presented on the 6th November as part of the AGM agenda.

Elections

Journal Officer

Jodie Georgiou

Proposed: Edward Morrison

Seconded: Matthew Fuller

Unanimous

Membership Secretary

Gillian Atkinson (2nd Term)

Proposed: Louise Tisdale

Seconded: Mary Jane Cole

Unanimous

Guidelines Coordinator

Sara Smith (2nd Term)

Proposed: Mary Jane Cole

Seconded: Louise Tisdale

Unanimous

Research Officer

Chantel Ostler/ Fiona Davie-Smith (Job Share)

Proposed: Penny Broomhead

Seconded: Kate Primett

Unanimous

Education Officer

Mary Jane Cole (2nd Term)

Proposed: Penny Broomhead

Seconded: Louise Tisdale

Unanimous.

Public Relations Officer

Julia Earle (2nd Term)

Proposed: Louise Tisdale

Seconded: Amy Lee

Unanimous

BACPAR objective	BACPAR work plan related item	Progress against the work plan
1. To encourage, promote and facilitate interchange of knowledge, skills and ideas between members of BACPAR.	Plan and deliver BACPAR 2015 Conference.	Conference and AGM 5th and 6th of November 2015. Organising committee of Kim Ryder, Robert Shepherd, Amy Tinley (nee Lee), Lynn Hirst and Chantal Ostler.
	Regional Reps to provide study days and be a resource for their members (cross ref with Obj 4).	Regional study days held in the following regions since the last AGM; Trent West Midlands South Thames Yorkshire Scotland (SPARG) Presentations from West Midlands study day posted on the BACPAR website for wider sharing.
	'M' level study –developing and promoting 'M' level amputee rehabilitation course with U of Southampton. Anticipate start Nov 15.	University of Southampton – Module 1: 'Amputee Rehabilitation and Prosthetic Use' February 2016. Education sub-committee led by Mary Jane Cole includes; Penny Broomhead, Peter Ross, Liz Bouch, Hannah Slack and Anne Berry.
	Encourage members to be part of Exec and Sub-committees both at AGM and via regional reps.	New members on the Executive committee following 2014 AGM. Amy Tinley (Honorary secretary) part of the Conference organisation committee. New regional reps (and therefore new Exec members) Christopher Walker and Robert Shepherd developing a resource pack for new members of the executive committee. BACPAR members that are not Executive Committee members have been involved in working parties (as outlined within this report).
	To maintain the BACPAR website and Amputee rehabilitation iCSP sites as valid and current resources for the membership. Generating timely bulletins and email circulars as appropriate.	The BACPAR website is moderated by the Chair (Louise Tisdale) and PRO (Julia Earle) and is the location of all BACPAR resources (members only and non-member content). The amputee rehabilitation iCSP is moderated by the iCSP co-ordinator Rachel Neilson and Chair and is the location of requests for information from the Executive committee to the membership and between network participants (peer support) who are both BACPAR members and non-members. The iCSP Co-ordinator reviews reports re ICSP activity and shares the outcomes of the reports with the Executive committee.
	Embrace social media opportunities to promote activities within the membership.	Twitter and Facebook accounts are managed by members of the committee; Jodie Georgiou and Amy Tinley. Executive committee members have discussed the appropriate use of both elements and received education re the same.
2. To establish and promote the implementation of best practice in the field of amputation and limb deficiency rehabilitation.	Update 2006 Clinical Guidelines for the Pre and Post-operative Physiotherapy Management of Adults with Lower Limb Amputations.	The Guideline Update Group is led by Sara Smith. The group is made up of the following members; Heidi Baker, Amanda Hancock, Amy Jones, Clare Moloney, Lauren Newcombe, Claire Norman, Heather Pursey, Tim Randall, Anna Rose, Carla Shaw, Hannah Slack, Gemma Springate, Sarah Verity and Penny Broomhead. Specifically progress has been made in the following areas; The whole of the Guideline Document has been updated. A meeting has been had with the CSP guidelines co-ordinator who advised attendance on a NICE Guidelines course and offered continued support. Discussion to be had at AGM re the requirement to print the updated Guideline. The document is being prepared to be sent to the reviewers.
	Membership Secretary to encourage/ remind membership of the availability of Education bursary to support CPD.	The Education bursary was updated with the details of the new Honorary Secretary and added to iCSP. iCSP bulletins are edited and disseminated through the amputee rehabilitation network. Education bursaries were approved for; Mary Jane Cole, Louise Tisdale, Judy Scopes, Jodie Georgiou and Fiona Smith in the BACPAR financial year 2014-2015. To Sue Flute in the current Financial year Further applications will be considered at the Exec meeting in March 2016.

Research officer to encourage/remind membership of availability of Research bursary with suggestions on how this money can be used to support CPD and development of best practice.	There have been 3 three applications submitted and approved for the BACPAR research bursary (2 in the 2014-2015 BACPAR finance year and 1 in the current 2015-2016 BACPAR finance year). £3000 is ring- fenced for each financial year. The pot from 2013-2014 had been carried over. The successful applications are; SPARG (Outcomes after Lower Limb Amputation for Orthopaedic Reasons) to be presented/published in 2016. Hull University (Maximising musculoskeletal function for Fall's prevention in Lower Limb amputees) Royal Free London NHS Foundation Trust (effect of early prosthetic delivery on the remaining limb)
Delivery and ongoing development of an education training package in collaboration with Handicap International for use in areas of emergency e.g. environmental disasters.	The working group led by Mary Jane Cole; Penny Broomhead, Kathryn Sizer, Pip Joubert, Pete le Feuvre, Anna Rose, Anne Vickerstaff, Julia Earle, Kim Ryder, Emily Hancock, Sarah German, Lauren Joseph and Joy Rendall (OT). 2 modules developed- core training and practical workshops delivered on several occasions with the support of members of the working group. 1 online e- learning module in development Feedback very positive-Handicap International has praised BACPAR for its quality.
Investigating collaboration with SPARG re the use of the SPARG Database – possible pilot by South Central.	Discussion has been held between SPARG and Chantal Ostler to plan the pilot. Provided the SPARG database upgrade has been completed, the pilot should start on the 1.1.2016.
Involvement in consultations and working parties related to Specialist Commissioning for the assessment and provision of prosthetics (Cross reference with Obj 3).	Those signed up to the Amputee rehabilitation iCSP network have been kept up to date with the opportunity to participate in consultation re NHS England Specialised Policies and the outcomes of the same. Update re NHSE Specialised Policies and Services review provided by Laura Burgess (who has a seat of the Clinical reference group for Complex Disability Equipment) at the 2015 BACPAR Conference.
	Dissemination of Outcome Measures Toolbox Version 2. Explore links with SPARG database with view to potential for developing consensus within the Amputee Rehabilitation MDT.
	The Outcome Measures Toolbox version 2 was launched at the 2014 BACPAR AGM having been added to the BACPAR website in anticipation. Dissemination has included at WCPT congress and World ISPO in 2015. The lead of the Working Party; Judy Scopes has participated in a BAPO led workshop to discuss outcome measures implementation across Prosthetics and Orthotics. Judy Scopes to attend an IRPAG (South East England Inter- regional Prosthetic Audit Group) meeting in November 2015 to help promote discussion of the implementation of outcome measures across the amputee rehabilitation MDT.
	Contributing to Physiopedia - Massive open online course (MOOC) - regards physiotherapy and amputee rehabilitation modules.
	BACPAR members have developed content for the MOOC; Judy Scopes, Caroline Cater, Julia Earle, Lauren Newcombe, Mary Jane Cole, Maria Abela, Liezel Wegner, Alexandre Coelho, Duarte Pereira, Abby Cain and Pete le Feuvre. BACPAR is investigating how the online publication of the cases studies generated through course participants can be facilitated through provision of funding, how the online content can be kept up to date for further courses and BACPAR's role in this and securing the publication of some of the case studies in the Journal. Penny Broomhead has been the lead in collaborating with Physiopedia.
3. To improve communication and understanding between all disciplines working in the field of amputation and limb deficiency rehabilitation.	Active representation in Specialised Commissioning.
	Per Objective 2
	Use of social media.
	Per Objective 1
	Continued representation and/ or consultations with CSP, WCPT, ISPO, SPARG, APLLG, Vascular Society, NCEPOD, Royal College of Surgeons , Handicap International, BSRM, prosthetic manufacturers and others.
	BACPAR Chair attends the meetings of and is the current chair of the Client Group Alliance. The BACPAR Chair is the current lead contact for the WCPT AR network. BACPAR has been represented through stand or poster at WCPT World Congress, ISPO World Congress and ISPO UK NMS Conference.

		BACPAR members' (Julia Earle, Amanda Hancock and Mary Jane Cole) input into the NCEPOD Lower Limb Amputation: Working Together was noted. The report was disseminated at the 2014 Conference and delegates and amputee rehabilitation iCSP subscribers were encouraged to post feedback re outcomes of implementation of the NCEPOD report objectives. The aforementioned project with Handicap International (Objective 2). Ongoing project with OrthoEurope to develop the functionality of the PPAM aid and the information package to support it's use. Prosthetic providers provide valuable support to the national conference and regional training days and support the publication of the BACPAR Journal. The All Party Parliamentary Limb Loss Group has now been redeveloped as a Forum and BACPAR has been invited to be a correspondent. The next meeting if the 8th March 2016. Collaboration with University of Southampton in the development of 'Amputee Rehabilitation and Prosthetic Use' module for MDT post graduate education.		Planning and publication of biannual journal (All cross ref with Obj 1).	The BACPAR journal is a professional product brought together and edited by the Hon Journal Officer Sue Flute. It is published online and printed. It is disseminated to the membership and BACPAR's stakeholders. As new editions are added online, older editions are opened up to non-members on the BACPAR website.
			5. To encourage research in this speciality.	Research Officer to encourage membership to continue to send information regards research development (currently a small database of audit/research projects) and its dissemination.	The research officer made a request for said information at the 2014 BACPAR AGM and information was submitted.
				Development of research bursary criteria.	Using experience gained from the 3 submissions accepted and received to date; the research bursary guidance http://bacpar.csp.org.uk/news/2014/01/05/bacpar-research-bursary-launch?networkid=36 will be updated. The Executive post of Hon Research Officer will be elected at the 2015 AGM and the review of the guidance will be a priority for that individual.
				Monitoring and feedback from grants awarded.	Feedback has been gained from the awardees in advance of the September 2015 Executive Committee meeting.
4. To improve post registration education in this speciality.	'M' level study via U of Southampton including bespoke 'study days'. Anticipate start Nov 15.	Per Objective 1			
	HI core training	Per Objective 2		Develop BACPAR specific research agenda e.g. identifying specialist areas for research and development to influence research on a national level. Encourage students/post registration members to undertake research – to create a 'bank' of appropriate topics.	
	Physiopedia	Per Objective 2			
	Regional Reps to provide study days and be a resource for their members.	Per Objective 1			
	Plan and deliver BACPAR 2015 Conference.	Per Objective 1		Explore developing a hub for BACPAR researchers.	An opportunity to meet has been made at the 2015 Conference.

	BACPAR regions to consider developing a poster on a research/ audit topic /project. BACPAR to support the cost of the printing of the poster.	Regional representatives made aware of this opportunity at the September Executive Committee meeting.
		BACPAR has been asked to support the submission of a SPARG/University of Glasgow submission Specialised Intensive Rehabilitation of Lower Limb Amputees to the HTA – support would require access to the BACPAR membership.
		BACPAR has also been asked to support a University of Essex submission to the NIHR health Service and Delivery program re the Quality of Life of Established Amputees.
		The 35th Scientific Meeting of the Physiotherapy research Society (PRS) has been publicised in the Autumn 2015 edition of the BACPAR Journal – there will be a Conference re Pain Management including the management of Phantom Limb Pain prior to the meeting.
	6. To provide support and information between members and contact with similar organisations nationally and internationally.	On-going review of support mechanisms to and the role of regional representatives Induction information to new regional representatives (in addition to updated regional rep pack).
		Supporting the regional representatives with a networking opportunity at Conference.
		Chair to continue representing BACPAR at the Client group alliance and professional network chair forum meetings at the CSP.
		To continue to support the WPCT Amputee Rehabilitation network through

		Chris Walker and Robert Shepherd (a new and an experienced Executive committee members) are preparing a document to support those who are new to the Executive Committee including those new to the Regional Rep role.
		There will be a networking opportunity at the 2015 Conference- welcoming new (since 2014 AGM) regional reps. Robert Shepherd, Chris Walker (Trent) and Tim Randall (South Central inc South West).
		Per Objective 3
		The BACPAR website has been utilised as a document store for the WCPT AR to access and relevant
		sharing appropriate information with its members.
		Using social media to disseminate information.
		Information for the non-amputee specialist – 'so your patient is having an amputation'.
		information otherwise posted on the BACPAR website (non-member content) has been shared with members of the WCPT AR network.
		Per Objective 1
		Rachel Humpherson is leading the project to develop an online resource for non-amputee rehabilitation specialists.
		PRO received communication from Department Head in BSc Physiotherapy in Uganda reporting that students are taught re amputees using the BACPAR Guidelines.
	7. To support CSP policy and strategy where relevant to amputation and limb deficiency rehabilitation. (Not all CSP objectives need to be evidenced by BACPAR).	
	7.1 Support all members in their challenging working environments.	Active representation in Specialised Commissioning.
		Encourage membership to use Amputee Rehabilitation iCSP to alert other members re any issues and provide network support.
		Regional meetings to discuss work based issues.
		Amputee rehab iCSP to encourage motions for ARC.
		Per Objective 2
		Amputee rehabilitation iCSP has hosted discussions re Extended hours and weekend working on Vascular wards, interpretation of prosthetic Prescription Guidelines, NHSE Specialised Commissioning consultation, and satellite clinic service review.
		A motion was developed by Fiona Smith on behalf of BACPAR but was not accepted by the ARC committee. The BACPAR AGM will be used to establish if there are any ARC motion subjects to be developed.

7.2 Develop and use evidence to demonstrate Physiotherapy's clinical and cost effectiveness in changing environments.	Collaboration with SPARG and use of database (Cross ref Obj 2).	Per Objective 2
	Use of the Outcome Measures Toolbox version 2 (cross ref Obj 2).	Per Objective 2
	Update of pre and post op guidelines (cross ref obj 2).	Per Objective 2
	Continue to fund grass roots research across the membership via the research bursary.	Per Objective 2
	To feedback research outcomes via journal and conference.	The AGM Chair's report will feedback to the membership re the projects that have been provided with a research bursary. When the research is complete it will be published in the Journal and/or presented at the BACPAR conference as appropriate.
7.3 Strengthen the public profile, reputation and influence of Physiotherapy.	Continue to ensure BACPAR website is current/up to date and relevant.	Per Objective 1
	Embrace social media.	Per Objective 1
	Identified members as press spokespersons.	PRO Julia Earle will co-ordinate requests for spokespersons.
	Actively encourage membership to engage in CSP activities e.g. Physio works and regional networks.	Some CSP regional networks are engaged with e.g. South Central.
7.4 Motivate members to actively influence on behalf of the profession.	Active representation in Specialised Commissioning.	Per Objective 2
	Collaboration with other organisations (cross ref Obj 3).	Per Objective 3
	Actively supporting pre-registration education.	BACPAR members provide undergraduate Physiotherapy placements and deliver amputee rehabilitation training into undergraduate courses.
	Links with HI to strengthen amputee rehab profile with sudden onset disaster management.	Per Objective 2
	Actively encourage membership to engage in CSP activities e.g. Physio works and regional networks.	Per Objective 7.3
	Identified members as press spokespersons.	Per Objective 7.3
7.5 Ensure sustained financial and organisation success	Maintain a healthy membership.	Membership application process now available online. Membership numbers are slightly higher compared to the same point last year. With an increase in the number of Full members.
	Continue with robust financial protocols and policies	BACPAR expenses claims guidelines enforced. Advertising Standards of Practice approved (these include the rationale of advertising rates within the BACPAR Journal. Sponsorship is sought and gained for the Journal publication and Conference. CSP Capitation Fees are used to subsidise the printing of the BACPAR Journal.
	Complying with Data Protection policy	The standards within the Information Commissioners office document have been reviewed. Membership data will be kept on a laptop purchased for that reason. Membership application information has been reviewed and questions re sensitive information will be removed for the next membership year.

MEMBERSHIP NUMBERS 2015

Membership Category	Number of Members	Detail
Full (including CSP associate members)	140	**Includes:** 2 CSP Associate members
Departmental	11	Each departmental membership supports 2 CSP members
Allied Associate	20	**Includes:** 5 Students, 9 Non Physios, 6 Non UK Members
Total	**171**	

QUESTIONS ASKED OF THE BACPAR MEMBERSHIP DURING THE 2015 AGM

1. Does the BACPAR membership support the Executive Committee investigating the arrangement of the 2016 BACPAR Conference in association with ER-WCPT Congress (Liverpool 11th and 12th November)? **Response: Yes.**

2. Does the BACPAR membership want a paper version of the soon to be published updated BACPAR Guidelines? (In addition to printed documents; Quick reference guide and Audit and Implementation Guide) **Response: Split. The membership asked the Guidelines Update Group to clarify what the response was from the CSP re appropriateness to print or not, and asked the Group to get a quote re printing costs for the executive Committee to consider.**

3. To whom should the updated guideline document be sent to for External review? **Response: The membership asked that the question be posted on the Amputee rehab iCSP, but a suggestion was made that international links made through the WCPT AR Network be utilised.**

4. What commitment can the BACPAR membership give to assist in keeping the Physiopedia MOOC Amputee Rehabilitation up to date? **Response: The membership demonstrated sufficient commitment to the project to provide a positive response to Physiopedia.**

5. The membership was asked if BACPAR should provide funding to support the online publication of case studies generated by participants of the course. **Response: The membership agreed to providing funding of up to £1000 to Physiopedia for this purpose.**

6. The membership were asked if there was currently support to re-establish the South West region. **Response: There are some staffing changes about to happen in the region that may lead to an individual or individuals coming forward. Individuals to contact the membership secretary if interested in taking on the role.**

7. The membership was asked if there were any issues that should be developed into an ARC Motion for ARC 2016. **Response: No ideas were presented. A discussion re this was added to Amputee rehabilitation iCSP on the 18th October; this will remain active until the end of November (closing date for submissions 04/12/2015). Members interested in attending ARC to represent BACPAR should contact Louise Tisdale before 08/02/2016 (the closing date for nomination of representatives to ARC).**

8. The membership were asked re what support from BACPAR would be needed to assist them in being involved in the implementation of outcome measures within the MDTs in which they work? (Following publication of Version 2 of the Outcome Measure Toolbox in 2014). **Response: In the first instance, the membership would support the completion of a survey of current practice which would also establish the effect of external demands re outcome measure use. Judy Scopes to be asked to undertake this work on behalf of BACPAR.**

Questions asked by the membership

1. Does the membership support the development of a checklist to enhance communication with Prosthetists re observed and patient reported problems in prosthetic use? **Response: Yes.**
Robert Shepherd to carry out some collaborative work with BAPO members.

2. Could the BACPAR Executive Committee review the size of the Educational Bursary pot and level of funding to individuals to increase the amount of support to applicants if required? This is in particular relationship to International Congresses and Post Graduate Training opportunities. **Response: Yes.**
To be reviewed at the Executive Committee meeting in March 2016.

TREASURER'S REPORT

BACPAR Accounts for Period: July 2014 - June 2015

Income & Expenditure Account

INCOME	**Year End 2015**	**Year End 2014**
	(£)	**(£)**
SUBS	7,906.25	6,837.00
COURSE FEES	16,560.20	16,110.00
CAP FEES	274.00	324.00
JOURNAL ADVERTISING	3,988.75	5,419.23
BANK INTEREST	-	-
COURSE SPONSORSHIP	4,150.00	3,910.24
TOTAL INCOME	**32,879.20**	**32,600.47**
EXPENDITURE		
ROOM HIRE	1,852.40	754.00
CATERING	3.92	29.69
TRAVEL	3,543.46	4,537.55
PRINTING	3,408.40	3,310.58
POSTAGE & STATIONARY	294.20	267.45
COURSE COSTS	10,047.13	13,531.40
BUSARIES	4,862.20	6,652.00
GIFTS	-	160.63
OTHER	963.65	933.62
TOTAL EXPENDITURE	**24,975.36**	**30,176.92**
SURPLUS/(DEFICIT) FOR PERIOD	**7,903.84**	**2,423.55**

Balance Sheet

	2015	**2014**
	(£)	**(£)**
ASSETS	**0.00**	**0.00**
TOTAL INCOME	**30,046.09**	**22,142.25**
	30,046.09	**22,142.25**
FUNDED BY		
OPENING RESERVES	**22,142.25**	**19,718.70**
SURPLUS/(DEFICIT) FOR PERIOD	**7,903.84**	**2,423.55**
	30,046.09	**22,142.25**

SPARG Report from AGM

The last SPARG meeting was on 22nd Oct, the 50th!
The usual business meeting was held in the morning followed by an afternoon of presentations celebrating current work. Helen Scott ended the day with a short presentation celebrating SPARG's achievements over the past 25 years. We celebrated in the usual SPARG fashion with drinks and dinner in the evening with 20 SPARG members, friends of SPARG and even a (very brave!) SPARG-let.

The 2nd SPARG Conference is confirmed for the 10th June 2016 in Glasgow. The working title is 'Life After Amputation' with speakers on multi-morbidity, quality of life, diabetes, psychological recovery, disability sports, "becoming more active" and social integration. There will be a commercial exhibition. The conference is open to all clinical staff with an interest in amputee rehabilitation. Enquiries should be sent to **f.smith.3@research.gla.ac.uk**.

The 2013 report is in draft form and was reviewed by SPARG members at the October meeting. It is to be distributed to the MDT group for final comments and publication following next executive meeting on 1st December 2015.

The SPARG data base has now moved to the new virtual server at Strathclyde University so work can proceed to amend the data base to bring it in line with Discharge Summary Form. The new version of the DSF was agreed at the last SPARG meeting and changes will be confirmed at the Exec meeting on the 1st Dec. SPARG data collection south of the border is planned to start on the 1st of January 2016 led by Chantel Ostler in Portsmouth. This is dependent on the data base upgrade being finished for the end of 2015.

BACPAR kindly awarded SPARG a small research grant to fund a project looking into outcomes after orthopaedic amputation. The aim of this piece of work is to have information to help inform accurately how we advise patients and surgeons considering elective amputations for orthopaedic reasons. This work will also help guide how SPARG defines orthopaedic aetiology for future data collection. 2013 data for this project is collated and all orthopaedic amputees for GG&C health board have been identified. Sadly, because of a family bereavement Joanne Hebenton was unable to complete the data analysis ready for a poster at the BACPAR Conference. However, the project will be finished and a poster will be ready for the Spring journal and if BACPAR members wish, a presentation can be made at the next annual conference.

Fiona's PhD is progressing well and the article on her Masters project has been accepted for publication by Prosthetics and Orthotics International.

The CSP funded project 'How do different models of care impact on the use of the PPAM aid in Scotland' has been written up and submitted to the CSP and a summary of the results has been/is being presented at this conference by Fiona Smith on behalf of Joanne Hebenton. An article will be written for publication.

SPARG has been well represented at WCPT and ISPO International conferences thanks to the efforts of Fiona Smith, Judy Scopes and Helen Scott.

A joint project with one of the prosthetic students at Strathclyde Uni, Heather Morris and her supervisor, Tony McGarry was concluded in May. Heather investigated 'The current prosthetic management of a trans-tibial patient with an open wound' using SPARG data. Publication is being sought.

A working group led by Linsay Clark and Nikki Taylor has reviewed the pre-amputation information pack previously produced with the Murray Foundation. Production and printing costs are very kindly now being met by 'Finding Your Feet' a registered charity set up by a quadruple amputee, Corinne Hutton to help people recovering from physical trauma. A final draft is ready for consultation. Patient information DVDs developed with Caledonian University are progressing again. They are likely to be available as small pod-casts rather than complete DVDs.

A SURVEY OF THE LOWER LIMB AMPUTEE POPULATION IN SCOTLAND, 2013

EXECUTIVE SUMMARY

This is the 21st Annual Report on data collated from lower limb amputees in Scotland by the Scottish Physiotherapy Amputee Research Group (SPARG). All major amputations carried out in 2013 are included, that is, ankle disarticulation (A.D.),transtibial (T.T.), knee disarticulation (K.D.), transfemoral (T.F.), hip disarticulation (H.D.), and transpelvic. Patients having partial amputations of the feet and amputation of the toes are excluded.

All data are entered locally onto the SPARG web-based data base. The data base has reporting facilities which allow for local data checking and analysis
National and individual hospital data are presented in this report. All outcomes are reported according to final level of amputation. Individual hospital data are summarised to facilitate comparison of outcomes and the benchmarking of services. The data items or key performance indicators (KPIs) for each hospital were identified by a previous, multidisciplinary benchmarking exercise (Scott and Patel 2009). Each of the larger centre's (n≥10) model of care has been described according to criteria identified in the benchmarking report just mentioned and agreed following consultation with SPARG members. Following discussion with SPARG members the KPIs have been changed. The percentage of T.T. being revised to T.F., the percentage of patients with delayed healing (previously wound infection rates) and length of stay in acute/surgical unit is now reported.

Helen Scott

Team Leader Physiotherapist and SPARG Chairman

Westmarc, Southern General Hospital, 1345 Govan Road, Glasgow G51 TF

helen.scott@ggc.scot.nhs.uk
www.knowledge.scot.nhs.uk/sparg.aspx

Once again, national data are broadly consistent with these from previous years; significant changes and trends of note are reported in this summary. Where possible, comparisons are given in the body of the report for at least the 6 years 2008-2013.

Results

In 2013, there were 809 amputees and 848 amputations, some patients having a re-amputation to a higher level, or a bilateral amputation, during the same episode of care.

The quality management "data checking" system introduced in 2003 continues to be highly successful. The percentage of records which are complete in every respect is 96%.

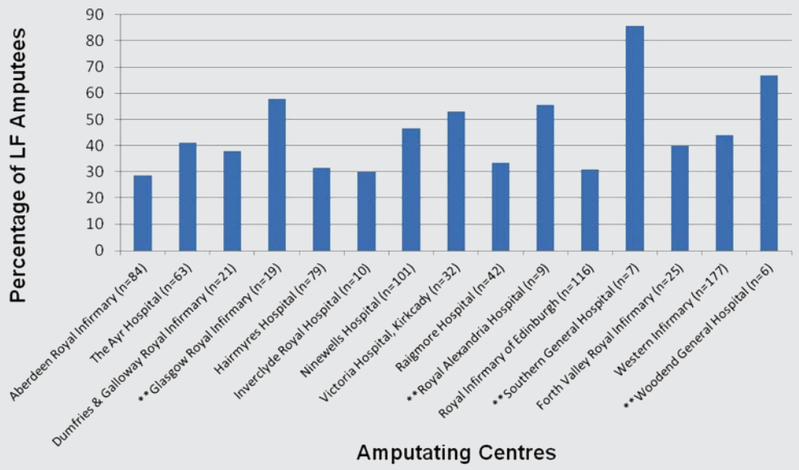
Demographic data remain broadly similar over 5 years. The mean age at amputation is 67 years in 2013 and peripheral arterial disease and/or diabetes, accounted for 85% of all amputations. The percentage of amputations due to diabetes is 44%. In this group, males outnumber females by 2.3:1 and the mean age at amputation is 4.8 years less than the group with peripheral arterial disease without diabetes.

The percentage of amputations carried out at a T.T. level in 2013 was 56%. When individual hospital data (centres, n≥10) are examined, the differences are large, varying from 80% to 48%.

The proportion of amputees (all levels) fitted with a prosthesis remains low at 40%. When examined by level, 64% of T.T. and 23% of T.F. amputees are fitted. There is still discrepancy between genders, with more men than women being fitted with a prosthesis (T.T., M:F=68%:55%) (T.F., M:F=26%:20%). When individual hospital data are examined, the differences in percentage of amputees being successfully fitted are large, varying from 58% to 29% (centres, n≥10).

Table 1
Percentage of amputees who were limb fitted in each of the amputating centres (n > 5 amputees)

** = predominantly amputations carried out for orthopaedic reasons



For the eighth year, the figures for prosthetic rehabilitation being abandoned are reported. These are unilateral, TT = 5%, unilateral, TF = 10% and bilateral = 6.5%.

Inpatient length of stay (LOS) for limb fitted amputees has fallen (TT, median 47.5 days, TF, median 37 days). 103 patients were transferred out of the amputation surgery/acute unit to continue care/ rehabilitation in another ward/unit. The median LOS for these patients in the acute unit was 19 days out of an overall median LOS of 49 days.

Discussion and conclusions

Service changes in 2013

- A multidisciplinary in-reach service from Astley Ainslie Hospital to Royal Infirmary of Edinburgh was initiated in March 2012 and completed its first full year in 2013.

This would appear to be associated in a reduction in days from surgery to prosthetic cast (2012: median 64 days for unilateral T.T., 2013: median 33 days) and to discharge from hospital (2012: median length of stay for unilateral T.T., 80 days, 2013: 70.5 days).

- Implementation of standardised pre-prosthetic fitting assessment for unilateral T.F. amputees treated by the Prosthetic Service at Westmarc.

This was introduced in August 2012 in an effort to ensure patients with T.F. amputation proceeding with prosthetic fitting have potential to use a limb successfully. The protocol requires the local multidisciplinary team to complete an assessment and corresponding paper work prior to the patient being allocated an appointment at Westmarc. The assessment includes physical and cognitive screens (Functional Co-morbidities Index, Addenbrookes Cognitive Examination III, pre-amputation Locomotor Capabilities Index 5 and current mobility using Transfemoral Predictor Tool). As approximately half of all new amputees in Scotland are treated in Westmarc this change in practise may account for the significant increase in median days to cast for T.F. from 40 – 50 to 60 in 2013.

New local audit, research and development projects

The SPARG data set has been central to the development of additional pieces of work as follows -

- Joanne Hebenton completed work on the Chartered Society of Physiotherapy (CSP) Funded project 'How do models of care in Scotland impact on the use of the PPAM aid?' A final report has been submitted to CSP and the results are now being written up for publication. This was a collaborative project with NHS GG&C, SPARG and Caledonian University.

- Fiona Davie-Smith continues to work on her PhD funded by Diabetes UK. The purpose of the project is to investigate the factors which affect rehabilitation outcome following lower extremity amputation in people with diabetes and to use this information to propose a service delivery model to improve outcomes for this patient group.

• The results of Fiona Davie-Smith's Masters project, "What are the key characteristics of an amputee population in relation to outcome?" is published:
http://www.ncbi.nlm.nih.gov/pubmed/?term=davie-smith+2016

Key messages from the 2013 report are:

1. There has been an increase in the number of patients undergoing an amputation by 100. This may be the result of changing when new SPARG numbers/episodes were generated in 2013. Prior to 2013, a new SPARG number would only be generated if patients had further amputation surgery after final discharge (whether patient had a period of outpatient treatment or not). From 2013, in an attempt to standardise when new SPARG numbers for the same patient were being generated, a new number was created if a patient underwent further amputation surgery more than 28 days after inpatient discharge.

2. The increase in the number of patients undergoing bilateral amputation in same hospital admission that was noted in 2012 has continued, in particular, bilateral T.F. This is despite the change in when a new SPARG form is generated for further surgery as just described in point 1.

3. There is a continuing trend for more patients with T.T. to be treated with a rigid post-operative dressing (25%), more are using PPAM aid within 10 days from surgery (35% in 2013, 20% in 2012) and time to cast for T.T. is the lowest it has been since 1998 (34 days). It is not known if these factors are related.

4. There are more patients undergoing revision surgery but not reamputation to a higher level.

5. 30 day mortality rate remains the same at 6% with mortality at final discharge increasing to 14%. It is important to note that 'final discharge' is not a standard end point, that is, for patients proceeding with limb fitting this is normally from 10-31 weeks post surgery but for a patient not being limb fitted this will be at 5-7 weeks post amputation.

6. There is an increase in time to cast for T.F. as previously mentioned.

7. Outcomes and milestones continue to vary significantly between hospitals, most importantly, the proportion of amputations carried out at a T.T. level and the proportion of all patients successfully limb fitted.

8. Proportionally, fewer women continue to be limb fitted compared to men.

9. Median length of stay (LOS) for T.F. has reduced but median length of outpatient physiotherapy treatment has increased (LOS 2012: 50 days, 2013: 37, outpatient length of treatment 2012: 139 days, 2012: 221 days).

Points for action:

• The large variation in the proportion of amputees successfully limb fitted between centres continues to warrant further investigation by the local multidisciplinary teams.

• The key aspects of services that appear to improve speed and outcomes of rehabilitation after lower limb amputation should be investigated in more detail now a description of each centre's model of care is available.

• Reporting of aetiology has been revised to include more detail about people with diabetes and amputation for orthopaedic reasons. This has been implemented from 01.01.2016.

• For the second time the final draft of this report was reviewed by a national multidisciplinary group. This group will advise on the content of the next report and review the data again prior to publication.

• The rate of abandonment for T.F. has reduced slightly but whether this is linked to more careful assessment in amputating hospitals referring patients to Westmarc requires further investigation.

A copy of the full report can be found at **www.knowledge.scot.nhs.uk/sparg.aspx**
or can be requested by emailing **helen.scott@ggc.scot.nhs.uk**

Note: This Executive Summary is correct pending comments from the MDT Consultative Committee.

BACPAR CONFERENCE 2015

This year's conference was held in the science park at Wolverhampton. Excellent location I should think for post people, though personally getting round Birmingham could have been tedious, turns out it was fast but expensive!

Conference I assume opened with a great Welcome, it usually does but I hadn't quite negotiated the M6 fast enough! So shuffled in to the back when Chantal Ostler had started her presentation on getting research funding for your ideas. It was an excellent presentation, very positive about getting funding and assistance for your project ideas. Ideal kick off for conference.

Joanne Hebenton was next up but as she was sadly unable to attend Fiona Davie-Smith stepped in to give her presentation about the PPAM aid use in Scotland. Looking at when we use the PPAM aid and if using the PPAM aid at less than ten days post operatively would speed up the time to limb wearing. Oedema was thought to be the most important factor for prosthetists, physiotherapists perceived wound healing to be more of a barrier. PPAM aid practise in the presence of a delayed healing wound varies hugely. There was no conclusion either on how early PPAM aid use affects the long term use of the prosthetic.

As ever research produces more questions than answers. But great research and interestingly presented. There was also mention of SPARG's next conference "Not the Last Leg" Friday 10th June in Glasgow. Did you all get that? FRIDAY 10 th JUNE! Glasgow...party! Sorry conference!

To crutch not to crutch? That was the question for the next presenters Lynsey Green and Hayley Conroy. Initially the majority vote was to stay in a wheelchair. There was then a period of trying to engage in debate which is always hard from the podium, but the questions asked included would people fall anyway if we didn't give them crutches, there is a psychological benefit of getting on with using crutches, there is more easy access with crutches, it makes it easier to exercise postural muscles and cardiovascularly with crutches.

On the non-positive side longer term you can develop shoulder and arm issues. It was a brave attempt to do something different on the stage and I think the conclusion was everyone should be assessed on an individual basis for crutches use as everyone will have their own risks.

Louise Tisdale our BACPAR chair was up next talking about her journey to becoming a prescriber. She explained about the course which was from September to April including 90 hours prescribing and preparation time. She also outlined the difference between an independent prescriber and a supplementary prescriber. Plus what you are actually able to prescribe. This was well related to how being involved in the pain pathway and being able to prescribe improves her physiotherapy role. Professor Michael Edwards was next with Liz Pendry talking about the diabetic foot masterclass. There was an overview of diabetic foot diseases and a modern approach to management. There was a big emphasis on delay in diagnosis leads to poor management of the diabetic foot in the long run. There was a lot of good information and talk about Charcot foot and the different types of foot presentations people should look out for. The talk was accompanied by lots of interesting pictures and information about how to approach the different types of feet.

We then had lunch, which was a hot buffet lunch and there was time to look at the posters which has been submitted and the companies which had come to sponsor the conference. There was also time to meet new people and see everyone that you hadn't seen for ages!! Which is one of the bets things about going to BACPAR!

After lunch Hilary Smith was talking about the physiotherapy perspective on the management of a diabetic foot. She had an excellent talk with a few lovely stories like the man who came in with his talus in his pocket (yes really) it had just dropped out of his foot! Her service had looked at what was necessary and they now input into the diabetic/podiatry foot clinic providing foot care advice and gait re-education with provision of walking aids. It is the kind of thing we should all be doing but we all kind of hope someone else is! It was thought provoking in that it made me consider who was doing it in our local diabetic centre and maybe we should go and have a look!

Hyperhidrosis with Julie Halford was next, this was an excellent talk on ionforesis. She was very frank about there not being an evidence base behind why it works or even how it works, but looking at her results it appears that it is working for a number of people to help control their sweating. But Julie is also looking for people to help in a pilot study she is doing and you can get a newsletter from her to keep you informed.

Leading change following publication of the NCEPOD. This was an excellent presentation around what has been done at Birmingham. It certainly inspired me to go back and talk to our acute service and try and move things forward.

Laura Burgess talked about her stump oedema audit, it was a retrospective study looking at casting and fitting and juzo wearing. Casting to fitting varied wildly from 7-20 days, if the juzo/compression was applied within 10 days post operatively then time to casting was reduced. As ever we need more research into this subject to find out if there really is a golden number of days to apply compression! There were then two presentations by Ortho-Europe and Otto bock around the PPAM aid and the C-leg/genium.

We were then allowed out to eat! Some people attended the dinner at the hotel where it was good to catch up with everybody. The meal was expensive for what it was and many people went out to eat and then came back, but the faced a fight to get back into the hotel due to the fireworks which were happening! There was then much networking in the bar which was very pleasant and most people made it to breakfast I think!

Friday 6th November kicked off with an 8.30 start with and excellent presentation by Hannah Slack about Hope and Power (go read your last journal if you missed it, it's an excellent piece challenging what we do and how we say things to patients) It challenged the medical models and looked at Hope and who has the power in the patient/therapist relationship. It also challenged how we write guidelines and the wording which can change the "hope" to a patient.

" Are all your hopes realistic?" does that stop you hoping? Thought provoking.

The Glasgow amputee population was next up, Fiona Davie-Smith back again, which was a good thing! She was talking about her PhD results and presented them in a way which made you think about people's experience with amputation. Quality of life and how are they in real life?

Then we moved onto socket management, this was an interactive presentation between the prosthetist, physiotherapist and two patients. Plus the audience with the prothetists dragged in from the stands outside!

There was a transfemoral and a transtibial and they had their limbs altered and the whole talk was structured around how the prosthetists and physiotherapists communicate and if there is a better way to do it and whether there should be a proforma to assist.

Then Pip Joubert presented one year on with outcome data from the inpatient Amputee Centre in London. They presented the figures from the get up and go and the two minute walk test. They are currently trying to predict limb use pre-amputation.

The next talk was by Dr Med Horst Aschoff about his experience with osseo-intergration since 2003. He has been using osseointergration since then and has concluded with over 100 patients that the issues lie around the soft tissue and not the actual osseintegration itself. The surgery is taking place in Lubeck in Germany and he will only use microprocessor knees. But there have been no removal of osse integrated parts since January 2009. Dr Aschoff then got two of his patients to talk about their experience with osseo integration and what it was really like for them which was very interesting and to hear about the issues in real life.

There was then a screening tool presentation from Helen Naylor and Pip Russell, which they had developed and used in clinical practise and were looking to pilot into wider use.

We then moved on to bariatric weight management looking at weight loss and obesity, which was talking about how obesity was more of an issue than ever and what we should do to encourage our patients to move more.

Last but by no means least we had Heather Watson talking about Functional Restoration, looking at returning to work with some scary statistics which included the fact if people are off work for six months or longer they have an 80% chance of being off work for five years. So a lot of food for thought all round.

This was an excellent conference with fabulous time keeping this year! Great to see lots of different people and to go home feeling I have been inspired to do something locally. Thank you organising committee.

PARLIAMENTARY MEETING ON VASCULAR DISEASE

Fiona Davies-Smith
f.smith.3@research.gla.ac.uk

PRESS RELEASE

Foot Attack: Calls made for a national screening programme for diabetic foot disease

"11,500 lower limb amputations take place every year, many of which are unnecessary. This is unacceptable. Through adopting simple best practice steps, health services across the country could drastically reduce this number" stated Neil Carmichael, Chair of the All Party Parliamentary Group on Vascular Disease at the Group's inaugural 2016 meeting.

The cost of ulceration and amputation for people with diabetes is conservatively estimated to be £640 million in England between 2010-11. Mortality rates for patients after amputation are 50% at two years, highlighting the urgent need for a national screening programme for diabetic foot disease to significantly increase early identification of this life-changing and often life-ending disease.

Strategic Clinical Network (SCN) representatives, clinicians and other stakeholders from across the country came together on Monday 1st February at the All Party Parliamentary Group on Vascular Disease's parliamentary event. The well-attended meeting focused on reducing unnecessary lower limb amputations, particularly amputations related to peripheral arterial disease (PAD) and diabetes. Attendees agreed that there is a desperate need for a national lower limb screening programme to effectively reduce unnecessary amputation rates.

Event speakers included Fiona Davie-Smith, a Post Graduate Research Student at the University of Glasgow, whose work has discovered that over 75% of amputees remain housebound after 6 months following an amputation and of these, shockingly, 67% were confined to single room living.

Attendees also heard from Jonathan Valabhji, National Clinical Director for Obesity and Diabetes at NHS England and representatives from London SCN, Thames Valley SCN, and the Yorkshire and Humber SCN. Dr Dare Seriki, a consultant vascular radiologist from Greater Manchester, presented the Stop Unnecessary Amputations (STAMP) pathway, and encouraged adoption of such best practice methods of improving services and patient outcomes.

A national screening programme, similar to those effectively implemented for stroke and heart disease, is key to driving down the rate of lower limb amputations, which are often related to diabetes and PAD.

Concerns were raised at the meeting regarding the uncertainty of future funding for SCNs, as well as the absence of metrics to measure quality.

Mr Carmichael commented that ***"Strategic Clinical Networks have a key role to play promoting best practice. I encourage all those involved in the delivery of vascular services to adopt the recommendations within the Group's latest report and improve the lives of thousands of people every year."***

The Group's latest report reviewing the work of SCNs to tackle the effects of diabetes, namely unnecessary lower limb amputations, 'Saving Limbs, Saving Lives: A Review of Strategic Clinical Networks', can be found at **http://appgvascular.org.uk/reports**.

REGIONAL BACPAR STUDY DAYS

Carolyn Wilson

Senior Physiotherapist

Belfast Trust and Opcare at Musgrave Park Hospital

carolyn.wilson@belfasttrust.hscni.net

Ireland - November 2015
The Amputee Rehabilitation Course

The Amputee Rehabilitation course in November 2015, held by Belfast Trust and Opcare at Musgrave Park Hospital, Belfast, provided a true insight into the role of each member of the multi-disciplinary team (MDT) who provide care and support to those who have lost a limb. The Physiotherapy department led this meeting and informed the attendees – primarily Physiotherapists and Occupational therapists in the community – of the work done in Belfast by NHS staff in partnership with Opcare.

South Thames - September 2015
Stump Wound Management

Ed Morrison

Specialist Prosthetic Physiotherapist

Bowley Close Rehabilitation Centre, Guy's and St Thomas' NHS Foundation Trust

edward.morrison@gstt.nhs.uk

On a surprisingly pleasant day in the midst of a very rainy week in September, members of BACPAR South Thames region (and some from further afield, including the Isle of Wight!) met to learn about wound management.

Our wonderful venue for the day was the Amputee Rehab Unit. A 12 bed specialist unit in Kennington, London, whose nurses and therapists have in recent years become a vital resource in the wound management of new amputees in the London area.

The day was organised and led by Jodie Georgiou the recently appointed clinical lead for the ARU and South Thames Regional Rep. Jodie was very keen to share her knowledge with the rest of the group having recently completed two master's modules on Wound management and Skin Integrity, she kicked off the day with an introduction to wound physiology and the physio's role in wound management. Taking me back to my university days and revisiting the topic of the healing process, it had been a while since I last talked about the likes of neutrophils, macrophages and fibroblasts.

Next up on the programme was Tissue Viability Specialist Nurse Leonie Bell presenting about Wound Assessment. We were guided through the different types of wounds and when it would be appropriate to refer to a TVN for a sharp debridement. We were introduced to the acronym TIME (Schultz, 2003) for assessing wounds: Tissue, Infection, Moisture and Edge, which we should all be using when assessing wounds.

Talia Lea Vascular Clinical Nurse Specialist from St Thomas' Hospital presented about Vascular Assessments of Stumps with plenty of gory pictures demonstrating what can go wrong and right with stump wound healing.

Amy Jones presented a topic very close to our hearts here at GSTT – The South East London Amputee Pathway and Protocol for Prosthetic Provision for Trans Tibial Amputees with Open Wounds, (or 'The Open Wound Policy' to it's friends). Originally brought south by Amy after working in Manchester with Dr Van Ross. The OWP allows us to begin a patient's prosthetic journey much earlier, enabling a progression to mobility and safe discharge much quicker with no detriment to the wound.

The day was concluded by senior prosthetist Alan McDougall from Crystal Palace who explained to us the prosthetic issues involved with someone on the open wound policy as well as basic TT socket design, forces and pressures.

In all, it was felt by everyone who attended, that it was a very successful and beneficial day.

PINBOARD

UPCOMING AMPUTEE CPD EVENTS

I ♥ BACPAR

‘NOT THE LAST LEG’

Optimising re-integration and care after amputation

Friday 10th June 2016

Topics include:

- Type 2 Diabetes
- Dementia Strategies
- Sleep Disorders
- Co-morbidities
- Body Image
- Community sport
- Quality of Life

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2ND CONFERENCE PRESENTED BY

SPARG
SCOTTISH PHYSIOTHERAPY AMPUTEE RESEARCH GROUP

knowledge.scot.nhs.uk/sparg

BACPAR 2016 Conference and AGM

Held in Liverpool on the 10th November 2016

The 2016 Conference and AGM will precede the ER-WCPT Congress being held on the 11th and 12th of November.

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28th September – 1st October 2016
Glasgow, UK

www.ispo.org.uk

CPD AND MSC PATHWAY IN AMPUTEE AND PROSTHETIC REHABILITATION

AN UPDATE OF DEVELOPMENTAL PROGRESS

Mary Jane Cole MSc MSCP
Hon. Education Officer and Vice Chair BACPAR
maryjrcole@aol.com

Dr Maggie Donovan-Hall PhD
Associate Professor
mh699@soton.ac.uk

Dr Cheryl Metcalf PhD
Principal Enterprise Fellow
C.D.Metcalf@soton.ac.uk

The development of the CPD opportunities and the MSc pathway in 'Amputee and Prosthetic Rehabilitation' is continuing to progress very well.

The start date to the University of Southampton has been postponed to October 2016. Running the module as standalone made it more difficult for people to register for the entire MSc and now it will all be able to start together in the 2016/2017 academic year.

To Recap

Background

The University of Bradford hosted and delivered the first Post Graduate Certificate in Amputee Rehab with three cohorts successfully completing – simultaneously developing and publishing several excellent and valued evidence based guidelines and guidance for best practice in the field. Unfortunately the university was unable to continue hosting the course.

A survey of the BACPAR membership highlighted the desire to continue with this level of professional development. Consequently, in spring 2014, BACPAR invited all Higher Education Institutions (HEIs) in the UK to submit a proposal for such learning. Over ten HEIs expressed interest, five of which subsequently submitted more detailed outlines of potential content and delivery. The BACPAR education working group robustly scrutinised each of the proposals resulting in a final shortlist of three very commendable and thorough proposals. After yet more evaluation, the University of Southampton was selected to deliver a range of new and exciting learning opportunities in 'Amputee Rehabilitation and Prosthetic Use'.

What can the new courses offer me?

Maggie Donovan-Hall and Cheryl Metcalf from the Faculty of Health Sciences at the University of Southampton and members of the BACPAR Executive Committee education working group have worked together to design a range of flexible learning opportunities for healthcare professionals currently working in amputee rehabilitation or who would like to move into this area. This will enable students to gain an in depth understanding of the patient journey from pre-amputation to prosthetic rehabilitation within a holistic framework, exploring both the physical and psychological aspects of patient care.

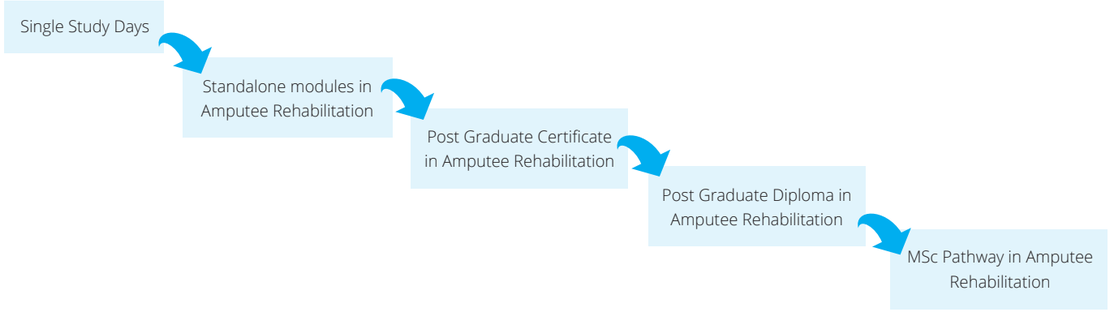
This has involved the development of two exciting new modules that provide the opportunity to offer flexible CPD opportunities ranging from a single study day to an MSc pathway in Amputee Rehabilitation.

Module 1: 'Amputee Rehabilitation and Prosthetic Use (20 ECTS credits)': This module provides an in depth understanding of the amputee and prosthetic rehabilitation journey. This will involve exploring key issues related to the causes of limb loss or deficiency (in both children and adults), clinical decision making, psychological and social responses, coping with pain, recovery outcomes and assessment, and quality of life issues. The module is embedded in current clinical and industrial practice and will include clinical skills sessions and a student conference and industry day.

Module 2: 'Contemporary Issues in Limb Loss' (10 ECTS credits): this module addresses the wider issues relating to a contemporary view of limb loss and amputee rehabilitation, such as children and limb loss, multiple limb loss, the management of pain, skin health and infection prevention, and amputee sports, etc. Sessions will be taught in partnership with leading researchers and a wide range of professional bodies (this module is subject to validation). Sessions with both of these modules can be offered as 'study days' and we will negotiate with Professional bodies regarding CPD credits.

Flexible COD opportunities at different levels:

This is an outline of the different levels flexible opportunities that can be tailored to you own leaning needs:



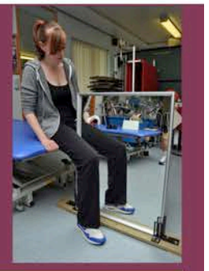
When will these courses start and how do I get more information?:

Module 1 will start in **October 2016** and to make things easier for busy clinicians, it will be taught in two blocks of four days incorporating the week-end. Module two will run in **February 2017** and is likely to be taught in one four day block. To find out about any of these learning opportunities, please contact us.

I've Got An Itch I Can't Scratch?!

NHS Greater Glasgow and Clyde

Nikki Taylor, Specialist Amputee Physiotherapist
Physiotherapy Gym, WestMARC, Southern General Hospital, G51 4TF



Introduction

Around 80% of amputees suffer from phantom pain (Dijkstra et al, 2002) and even with the use of neuropathic pain medications it continues to be an issue for many patients.

The Neuro Orthopeadic Institute (NOI) have developed a staged programme that uses laterality recognition (ability to differentiate between right and left feet), motor imagery (visualising their limbs moving) and mirror therapy as graded exposure to help decrease phantom pain.

Laterality Recognition → Explicit Motor Imagery → Mirror Therapy

The aims of the study were:

1. Would laterality recognition, graded motor imagery and mirror therapy have an impact on patient's phantom pain?
2. Could this be implemented in a gym setting?

Method

23 patients who were attending the gym on a regular basis completed the phantom pain section of the Prosthetic Evaluation Questionnaire. This was repeated at 3 months.

Any patients reporting phantom pain were offered to participate in the laterality recognition, motor imagery and mirror therapy programme in addition to their usual treatment.

Patients were given a 1:1 session to talk through each stage of the programme within the gym and then advised to practise daily at home.

Patients were advised not to exceed 10 minutes of each activity at any one time and to monitor their phantom pain throughout.

As part of the intervention patients provided a more detailed report to the therapist regarding their pain and there were some interesting findings:

"I was watching a war movie the other night and I had to switch it off... every time a soldier got shot I felt it in my phantom leg!"

"Sometimes it feels like the foot is attached to the stump other times my leg kicks out. Sometimes it feels tucked under my bum or that my legs are crossed but I can't do that!"

Results

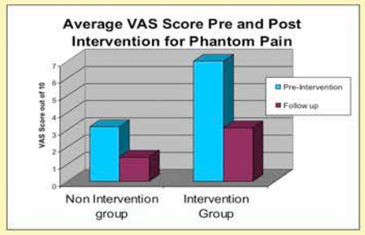
Of the 23 original participants, 12 did not feel their pain warranted further intervention, did not want to participate in the treatment offered or had discontinued physiotherapy. 11 preceded to further treatment, 5 of which discontinued due to not carrying out the treatment at home or not cognitively coping with the treatment theory.

The table below illustrates the 2 groups involved in the study:

Group	Number	Female (%)	Average Age (years)	Days since amputation
Non-Intervention	12 (52%)	17	67.2 (77-47)	315
Intervention	11 (48%)	63	55.5 (25-65)	192

It can be noted from table one that considerably more females than males participated in the intervention group and this group had less time since their amputation; this follows the general trend that phantom pain decreases as time from amputation increases.

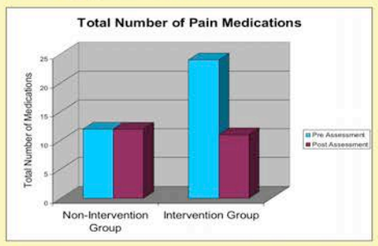
The graph below shows the changes in pain score out of 10 between the 2 groups. The group that had the intervention showed a larger decrease in pain score than the non-intervention.



The 6 that completed the programme used a variety of the treatments offered:

- 3 used all stages and now continue with a mixture of imagery and mirror therapy
- 1 used imagery work only
- 2 used imagery and mirror therapy

The graph below shows that the intervention group were on more pain relief but had more severe phantom pain than the non-intervention group; however, they had a greater decrease in their pain medications at the 3 month follow-up. 4 were taking no pain medication at all.



Implementing the programme into the gym setting had limiting factors such as the therapist's time due to maintaining a full case-load and at times, patients had periods of hospitalisation or social issues that prevented them attending . In addition, patient compliance was a factor as they often discontinued when their pain decreased, some patients had difficulty understanding the theory of the therapy or had cognitive issues that prevented them carrying this out at home.

Learning Outcomes

- 6 out of 11 patients found a benefit to the treatment
- Starting with mirror therapy did not worsen any phantom pain symptoms
- More females engaged in the therapy treatment
- Males engaged better with the practical option of using the mirror
- Therapist time and patient compliance were limiting factors when implementing this in the gym setting
- This treatment method could be an alternative or adjunct to pain medication of phantom pain

Future Ideas:

1. Train other staff members in the phantom pain programme and develop guidance material
2. Implement a pain relief area in the gym so patient's can access the required equipment easily

Acknowledgements

Thank you to Helen Scott (Team Leader) and the WestMARC physiotherapy department for allowing me the time to participate in this programme and also to Paul McKenzie the clinical psychologist who has advised me throughout this process.

References:

Dijkstra P., Geertzen J., Stewart R., & Van Der Schans C. (2002) Phantom pain and risk factors: a multivariate analysis, *Journal of Pain and Symptom Management*, Vol. 24, no. 6, pp. 578-85.

Neuro Orthopaedic Institute (2014) Available at: [illegible] [Accessed on 14/05/2015]

A REVIEW; OUTCOMES AND DEMOGRAPHICS OF PATIENTS UNDERGOING MAJOR LOWER LIMB AMPUTATIONS BETWEEN OCTOBER 2013 AND MARCH 2014 IN SOUTHEAST LONDON

Joanne Barnes[1], Nichola Carrington[2], Matthew Fuller[1], Jodie Georgiou[2], Amy Jones[2].
[1]Guy's & St Thomas' NHS Foundation Trust (GSTFT) Physiotherapy Dept., [2]Guy's & St Thomas' NHS Foundation Trust (GSTFT) Community Adults, Specialist Regional Rehabilitation.

INTRODUCTION

Guys and St Thomas NHS Foundation Trust (GSTT) vascular hub provides vascular surgery services to southeast London.

In June 2013 a new bed based specialist amputee rehabilitation unit (ARU) was established to compliment the existing amputee pathway at GSTT.

This provided an opportunity to collaboratively review and collate patient outcomes across settings and review the demographic makeup of our amputee population.

Evidence supports that intensive specialist inpatient rehabilitation is the optimum environment for amputee rehabilitation. (Stineman et al, 2008) and we hoped to show this by comparison of differing pathways.

Recent initiatives (NECEPOD 2015 & Vascular Society Quality Improvement Framework 2010) have highlighted the need for improvement in amputee care and research.

AIM

To bench mark our service against recent initiatives.

To scrutinise and understand the demographics, inclusive of Charleston index (CI), of patients in relation to discharge destination.

To analyse amputees functional outcomes and identify differences between 3 individual pathways.

We hypothesized that those attending the ARU would have more rapid increase in physiotherapy outcome measures (OM) compared to those who went home with specialist outpatient or had non-specialised bed or home based rehabilitation.

METHODS

Amputation surgery data was retrospectively analysed from October 2013 to March 2014.

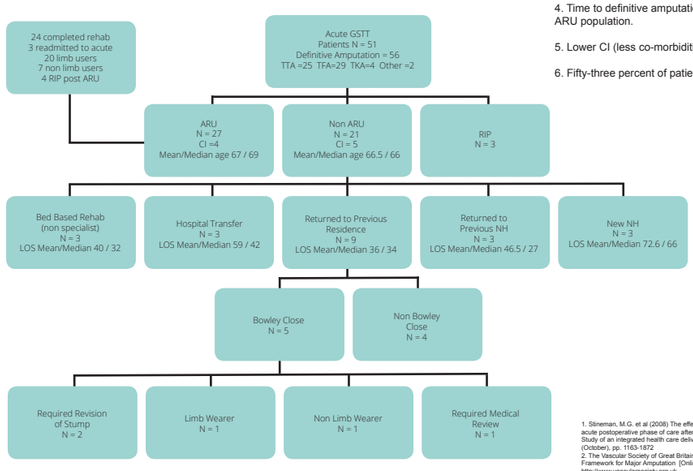
Physiotherapy Outcome Measure Data was collected on discharge from the acute trust, on admission, +/- fit-delivery of a prosthesis and discharge from ARU. Data was also collected at 1,3,6 and 12 months post fit delivery at the prosthetic limb fitting centre for south east London.

Length of stay and Mortality of all amputees were calculated from definitive amputation and reviewed.

Statistical significance was not calculated due to small numbers.

RESULTS

Fig.1: Patient Characteristics & Pathways



RESULTS

Fig 2: LOS acute and ARU

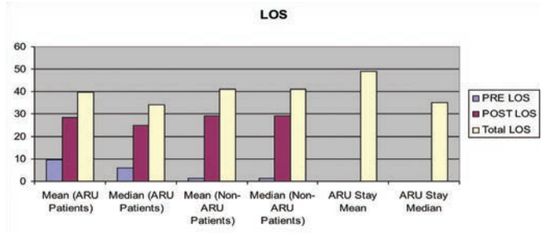


Table 1: Median outcome measure results for limb users who went through the entire GSTT amputee pathway (x3 services). N= 16

	ARU admission	Fit-delivery	1/12	3/12	6/12	12/12
LCI5	0	4	30	34.5	44.5	43.5
SIGAM	A	B	Cb	Db	Db	Db
TUAG (s)	Unable	Unable	31	21.12	16.4	17.9
No of steps in TUAG	N/A	N/A	6	5	5	5
2 MTW (m)	8	20	45.8	53.5	84	71.4

Table 2: 2MWT results for limb user patients. N=16

Table 3: ARU non limb User median OM results. N=4

	ARU admission	ARU discharge
Timed Stand (s)	4	125
Sit to stand in 60s	1	4

CONCLUSION

1. We were unable prove our hypothesis due to low numbers in the outpatient/ community, other bed based rehab setting.

2. The acute trust is achieving standards set out by the vascular society in relation to reducing peri-operative mortality below 5%.

3. Median Non ARU patients stays were considerable longer in the acute trust, this may be mediated by long waits for new nursing home placement and inter hospital transfers.

4. Time to definitive amputation was considerable less in Non ARU patients, there were more revisions in the ARU population.

5. Lower CI (less co-morbidities) went to the ARU, those with higher scores went home or nursing homes.

6. Fifty-three percent of patients went to the ARU.

7. OM scores rapidly improved in both limb wearers and non limb wearers in those attending ARU.

8. There is another rapid improvement for patients post specialist out-patient follow up between 3 and 6 months and then a plateau.

9. Improvements are maintained at 12 month follow up except for timed two minute walk test (2MWT) with median value dropping.

FURTHER WORK

At present OM use does not continue with non limb user patients post ARU.

Non limb user occupational therapy OMs: COPM and BARTHEL results should be analysed in the future to provide a greater understanding of ARU benefit to this patient group.

Investigating why improvement slows for ARU patients at 3-6 months in the community is required.

We need to consider whether a 9 month review might help to stop the plateau at 12 months and or reduction in OMs

1. Stineman, M.G. et al (2008) The effectiveness of inpatient rehabilitation in the acute postoperative phase of care after transtibial or transfemoral amputation: Study of an integrated health care delivery system. Arch Phys Med Rehabil, 89 (October), pp. 1163-1872
2. The Vascular Society of Great Britain and Ireland. (2010) Quality Improvement Framework for Major Amputation [Online]. Available at: http://www.vascularsociety.org.uk.

Guy's and St Thomas' NHS Foundation Trust

BACPAR HONORARY OFFICERS 2016

Louise Tisdale
Chairman

Physiotherapy Dept, Maltings Mobility Centre, Herbert Street, Wolverhampton, WV1 1NQ
01902 444721
louise.tisdale@nhs.net

Mary Jane Cole
Vice Chairman
Hon. Education Officer

07884 232330
maryjrcole@aol.com

Amy Lee
Hon. Secretary

Clinical Lead Physiotherapist, Therapies Centre, Castle Hill Hospital, Cottingham, Hull HU16 5JQ
01482 626712
amy.lee@hey.nhs.uk

Katharine Atkin
Hon. Treasurer

Bristol Centre for Enablement, Highwood Pavilions, Jupiter Road, Patchway, Bristol, BS34 5SP
katharine.atkin@nbt.nhs.uk

Julia Earle
Hon. Public Relations Officer

Gillingham DSC., Medway Maritime Hospital, Windmill Road, GILLINGHAM, Kent, ME7 5NY
01634 833926
bacparpro@gmail.com

Gillian Atkinson
Hon. Membership Secretary

Mobility and Specialised Rehab Centre, Northern General Hospital, Hernes Road, Sheffield, S5 7AU
0114 271559
bacparmembership@gmail.com

Jodie Georgiou
Hon. Journal Officer

ARU Clinical Lead, Guys and St Thomas NHS Foundation Trust, Amputee Rehabilitation Unit
0203 049 7752
jodie.georgiou@gstt.nhs.uk
bacparjournal@gmail.com

Amy Jones
Hon. Diversity Officer

Clinical Lead Prosthetic Physiotherapist, Bowley Close Rehabilitation Centre, Farquhar Road, Crystal Palace, London, SE19 1SZ
0203 049 7724
amy.jones4@nhs.net

Chantel Ostler
Hon. Research Officer

chantel.ostler@solent.nhs.uk

Fiona Davie-Smith
Hon. Research Officer

Post Graduate Research Student, Nursing & Health Care School, School of Medicine, College of Medical, Veterinary & Life Sciences, University of Glasgow, 59, Oakfield Avenue, Glasgow, G12 8LL
f.smith.3@research.gla.ac.uk

Sara Smith
Guidelines Co-ordinator

Amputee Therapy Team Lead, St Georges Healthcare NHS Trust, Queen Mary's Hospital, Roehampton Lane, London, SW15 5PN
020 8487 6139
sarah.smith2@stgeorges.nhs.uk

Rachel Neilson
ICSP Co-ordinator

07894 038767
rachel.neilson@hotmail.com

BACPAR REGIONAL REPRESENTATIVES 2016

NORTHWEST/MERSEY

Andrew Oldham
Amputee Outreach Team, Therapy Services Unit 2, Manchester Royal Infirmary, Oxford Road, Manchester, M13 9WL
0161 276 3642
andrew.oldham@cmft.nhs.uk

Rachel Humpherson
Specialist Physiotherapist, Lancashire Teaching Hospitals, NHS Foundation Trust SMRC, Preston Business Centre, Watling Street Road, Fulwood, Preston, PR2 8DY
01772 716921
rachel.humpherson@lthtr.nhs.uk

TRENT

Robert Shepherd "Shep"
Rehab Prosthetics Ltd, 15, The Courtyard, Whitwick Business Park, Coalville, Leicestershire, LE67 4JP
01530 813555
shep@rehabprosthetics.com

Chris Walker
Nottingham Mobility Centre City Hospital, NG7 2UH
01159 691169
christopher.walker@nuh.nhs.uk

WEST MIDLANDS

Kim Ryder
Shrewsbury and Telford Hospitals NHS Trust, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury, SY3 8XQ
01743 261000 ext 3304
01952 641222 ext 4553
kim.ryder@nhs.net

NORTH THAMES

Kate Primett
Royal Free Hospital, Hampstead Heath, Pond Street, London, NW3 2QG
0207 794 0500
kate.primett@nhs.net

Natasha Brett
Physiotherapy Department, Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, HA7 4LP
02090 95820
natasha.brett@rnoh.nhs.uk

YORKSHIRE

Lynn Hirst
Physiotherapy, Prosthetics Service, Seacroft Hospital, York Road, Leeds, LS14 6UH
011320 63638
lynn.hirst@leedsth.nhs.uk

EAST ANGLIA

Lysa Downing
Addenbrooke's Rehabilitation Clinic, (Clinic 9), Box 120, Addenbrooke's Hospital, Cambridge University Hospitals NHS, Foundation Trust, Hills Road, Cambridge, CB2 0QQ
01223 217859
lysa.downing@addenbrookes.nhs.uk

SOUTH CENTRAL

Tim Randell
Dorset Prosthetic Centre, Royal Bournemouth Hospital, Castle Lane East, Bournemouth, Dorset, BH7 7DW
01202 704363
tim.randell@rbch.nhs.uk

SOUTH THAMES

Fiona Gillow
Vascular Clinical Specialist Physiotherapist, Physiotherapy OP Department, Kent and Canterbury Hospital, Ethelbert Road, Canterbury, Kent, CT1 3NG
01227 766877 ext. 73032
fiona.gillow@nhs.net

Philippa Joubert
Acting Highly Specialist Amputee Physiotherapist, Bowley Close Rehabilitation Centre, Farquhar Road, Crystal Palace, London, SE19 1SZ
0203 049 7724
philippa.joubert@gstt.nhs.uk

IRELAND

Carolyn Wilson
RDS, Musgrave Park Hospital, Stockman's Lane, Belfast, BT9 7JB
02890 638783
carolyn.wilson@belfasttrust.hscni.net

WALES

Jennifer Jones
ALAC, Wrexham Maelor Hospital, Croesnewydd Road, Wrexham
01978 727383
jennifer.jones4@wales.nhs.uk

SCOTLAND (SPARG REP)

Louise Whitehead
lwhitehead@nhs.net