

The Expectations of Orthopaedic patients who need an orthosis

The provision of an Orthotic service varies from one Health Trust to another. In some Trusts the Orthotist is still integrated with the Orthopaedic Directorate while in others it is under the Surgical or even the General Directorates. Their worth to the Trusts seems to vary accordingly.

The ability of an Orthotist to refer a patient onto another speciality also differs from Trust to Trust, and in some cases the Orthotist has to send a patient back to their GP for a referral to another discipline – creating an unnecessary delay in treatment. It seems that in some Trusts the Orthotist is no longer seen as part of the Multi Disciplinary Team.

The funding of individual Orthotists also varies – with some being paid for by the NHS Trust and other by the companies that provide orthoses.

Without calling into question the integrity or dedication of individual orthotists the many variations in the siting and funding of their service & calls into question the quality of service that they are permitted to provide to orthopaedic patients.

Therefore that the following points constitute the minimum requirements and expectations of an orthopaedic patient:

1. The initial orthotics appointment after referral by consultant or GP should not be unduly delayed.
2. When referral to another discipline (e.g. Physiotherapy) that can help their treatment there should be no undue delay in a seamless pathway.
3. During attendance at the hospital good communication and coordination among consultants, prescribers, doctors, nurses and clinics is essential to avoid inconvenience to the patient. Appointments should be linked together on the same day and time allowed for patients to attend the X-ray department in advance of consultations/treatment where necessary.
4. The course of treatment should be carefully communicated in detail to the patient bearing in mind that some patients may have difficulty in accepting the need for orthotics treatment.
5. There should be written confirmation of this discussion presented in such a manner that the patient and or their family/carer can clearly understand. This might include diagrams and pictures.
6. The time between ordering and providing the orthosis/prosthesis should be reasonable
7. Orthoses/prostheses should be of high quality and designed for long life and comfort (eg the use of soft leather where called for). They should be designed with empathy – to ensure they are as cosmetically and aesthetically acceptable as possible.
8. The fitting of orthoses/prostheses should be carefully managed and continued until the result is as acceptable as possible.
9. Patients should be given the name of a contact person or help-point to whom enquiries about progress and concerns can be addressed.

10. Where an orthosis/prosthesis has a limited life the patient should be given access to the Unit for ongoing review & replacement as necessary.
11. Privacy and dignity should be maintained in the orthotics department at all times, and age-appropriate waiting areas provided.
12. The cleanliness and tidiness of waiting rooms and treatment rooms should be paramount.
13. Treatment rooms should have a permanent and plentiful supply of basic needs (eg tape measures).

It is incumbent on the Commissioning authority to ensure that the provision of orthotic devices is funded in a manner that allows for the manufacture of high quality products. Low grade materials & manufacturing standards do not in the long term save money and may contribute to the poor outcomes.

As a patient I therefore have the right to expect that the team I am referred to has the budget to purchase an appropriate device made to the highest standards. Further, if the device is externally sourced that the manufacturer's quality control is regularly monitored & meets the clinically required standards.

Furthermore the Commissioning bodies should look at the effects of a fractionated service (where an Orthotic service is not fully integrated or cannot refer on to another discipline) on the patient experience because a fully integrated orthotic service will improve the quality of care a patient receives and make the service more cost-efficient.