

POSTURE &
MOBILITY
GROUP

Volume 7

NEWSLETTER

Winter 1997/98



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Letter from the Chairman

This is my first letter to the membership as Chairman, my previous role for the PMG having been the production of seemingly endless versions of the constitution. For reasons felt by your Committee to be extremely sound, the Constitution requires both amendment - to bring the content up to date with our present activities - and one substantial change. More of this anon. I shall use the remainder of my allotted space in the Newsletter to bring the membership up to date on relevant issues, to remind you of others and occasionally to provoke you into response!

The dust from Dundee '97 barely seems to have settled (some of it is still well and truly 'up in the air') and I find that the next PMG Conference is upon me. Thanks to the invaluable work put in by your Committee, an excellent and challenging programme is taking shape. You will see from the Conference flier that the programme has continued to evolve but still contains special topic sessions, free papers, workshops and a debate. Free papers will be assessed by a panel drawn from the membership and awarded points - and what do points mean? I was amused to note that a sister organisation has incorporated a debate into its

conference programme, following of course the PMG lead. Please remember to fill in the evaluation sheet, these are used by the Committee for planning every conference programme. Your Committee will of course respond to any comments you, the membership make about Hull '98.

Dundee '97 was academically, scientifically, socially and financially an outstanding success. PMG members and the Committee played a prominent part in the proceedings, not least the after dinner singing. The PMG in agreement with the our co-organiser has recorded the content and discussions for every (official) session at the Dundee Conference. These have now been edited and published by your Committee and if you a current member you should have one. A further print run has been made at the request of the Scottish Wheelchair and Seating Group. Surplus copies will be available for sale to any others wishing to obtain this important document. The evaluation forms had gone walkabout somewhere in Dundee but have recently surfaced. The analysis of your responses will appear in a subsequent newsletter.

Members attending the Dundee Conference will have received copies of the PMG Wheelchair Guidelines. The rest of you - shame on you for not attending - will receive copies in the post. Our intention in using the loose leaf format was to enable regular amendment to ensure that the document remains relevant. The Committee will regularly review the contents but we are anxious that the membership and indeed any others with useful opinions should forward these via the Committee. The Guidelines document exists to help us all. The document should be of value equally to purchasers and providers of wheelchair services. This seems just about manageable with the current number of commissioning authorities; the new government's plan for locality commissioning may result in 600 independent commissioning groups.....

Tony Harman, who has been Treasurer and Membership Secretary for the PMG for more years than most of us can remember is leaving the UK to live and work in Australia. He plans to fly out before Easter and thus has a just about acceptable excuse for missing the Hull meeting. On behalf of the PMG members I would like to thank Tony for the all the time and energy he has devoted to the PMG. He will be greatly missed and his departure will leave the Committee a vacant post and an important office of the Group unfilled. We hope to recruit a new Treasurer and Membership Secretary at Hull. Interim financial arrangements have been put in place to ensure the financial probity of the Group. Please consider whether you, the reader, might fill this essential role. How about working with a wonderful collection of people - the membership and possibly the Committee - on issues dear to our hearts, gaining innumerable brownie points for the CV at the same time? Tony can be contacted through myself or Alan Turner-Smith, the Secretary, and we will be pleased to talk you through the job.

In analysing the Treasurer's role, the Committee has identified the collection of membership fees as a major consumer of time. Along with other timely amendments to the PMG Constitution, you will note that there is an important motion relating to fees. This will be proposed at the AGM at Hull. As ever, the views of the membership are important and should be expressed at the AGM. Another reason to come to Hull.

Planning for the 1999 Conference is already under way including the recurrent search for venues. Any suggestions for venues your Committee should consider for Conferences will be warmly welcomed.

Looking further ahead, the 2000 Conference is under discussion. This may be a joint meeting with one or more sister organisations with overlapping interests. As the discussions become more detailed, your Committee will keep you informed and involved.

A final thought for you about the name of the Group which at the moment covers England and Wales. We have recruited since Dundee members from Ireland, Holland and, I believe, Germany. Are we thus becoming the 'European Posture and Mobility Group'.

May the force (gravity) be with you.

Robin Luff FRCS FRCP
Chairman, PMG

Editorial

Greetings, from the editorial team and a great big **THANKS** to all the contributors who made this winter newsletter possible. What would we have done without you, published a blank newsletter I think!

Has anything been happening out there, or is everyone so stressed out with work that they haven't had time to respond to any of the subtle messages I placed in the last issue? That would make a good one - 'Stress at Work'. Did anyone have a view on Kevin Shinkwin's article on the EPIOC funding Scheme? No! What about the request for a clinical article? Someone must be doing some clinical research that could be shared with other members. What about relevant meetings, special interest groups or conferences, has no one but Patsy been to any? I don't believe it. Thanks to Dr Rajeev Singha for his informative response to Dr Thornberrys letter (page 18), but no response from any managers regarding lifting and handling.

Well enough of that nagging, I hope you all enjoy this issue and I can't wait to read all the interesting mail that's going to come flooding in. Beware all those attending Hull, if I don't get any mail I'll just have to send out a hit squad to target the next issues contributors.

Phil Swann
Editor

Setting Up A Wheelchair Voucher Scheme

The Author, an Occupational Therapist and previously a wheelchair service manager, was employed in August 1997 as Project co-ordinator to set up the Wheelchair Voucher Scheme for 5 Purchasers in South Thames (west). Eleven services were involved, covering a wide geographical area from Chichester on the coast to Croydon and Wandsworth. This was a short term 6 month contract, though in reality the Purchasers wanted the scheme to be up and running by 1st January 1997.

The Government announced the Voucher Scheme in February 1996; its purpose to provide greater choice of mobility equipment enabling users to enhance the equipment for which they would be eligible through the NHS Wheelchair Service. The User tops up the Voucher value with their own money to purchase a chair of their choice. One proviso being that the Wheelchair Service are satisfied that it meets the user's clinical needs - thus discharging their responsibility to the client. Under the Partnership Option, the chair is owned and maintained by the Wheelchair Service. Under the Independent Option, the chair is owned by the client who is responsible for its repair and maintenance, for which an additional sum is included in the voucher.

Objectives for the Project were:

- ⇒ To liaise with Health Authorities, Wheelchair Services, Wheelchair Users, Disability Groups and any other agencies to list and consider their options.
- ⇒ To liaise with potential Wheelchair Suppliers in the Area, and assess their capability against given standards.
- ⇒ To provide clear information and documentation in informing clients of the Scheme and the options available to them.
- ⇒ To produce a working procedure manual and documentation to enable Wheelchair Service staff to administer the Scheme to include eligibility Criteria and working guidelines.
- ⇒ To identify training needs for Wheelchair Services staff to assist them to implement the Scheme effectively.

- ⇒ To monitor and report on the current and future interest in the Scheme.
- ⇒ To provide a telephone service to answer queries in relation to the Scheme.
- ⇒ To be a mediator in cases of dispute.
- ⇒ To ensure the Wheelchair Services Computer Systems are enhanced to cope with the additional information.
- ⇒ To identify wheelchairs which fall into the different schemes taking into account the effect on existing services.
- ⇒ To produce a reliable Voucher System and clear rating to ensure its protection.

The first priority was to draw up a plan of action, with aims, tasks and outcomes, this included:

- ⇒ Co-ordinate and establish initial base line for all Services in South Thames (west).
- ⇒ User involvement - interest in the Scheme, ideas and concerns.
- ⇒ Identify and assess Suppliers in the area.
- ⇒ Production of information and documentation.
- ⇒ Production of vouchers and system of implementation.
- ⇒ Assess implications of the new scheme on existing services.

This provided a framework for the project and helped to clearly identify the tasks to be completed. A monthly timetable helped to keep the project on target which proved to be necessary and desirable as a morale booster!

As time was of the essence, all tasks were tackled simultaneously in the hope that it would all come together at the right time. Administrative help was negotiated in the form of a personal assistant two days a week. This proved to be essential as there was a vast amount of paperwork, producing questionnaires, typing and formatting documents, producing manuals etc. The project had its own office and with the use of a computer over a hundred files were generated.

Initially a mail shot was sent to all support services, charities, disability information centres etc. in the area,

to introduce the scheme and provide the basic information. Interestingly little feedback or further enquiries came from these groups.

A user questionnaire was sent at random to a sample of users from all services in the project, resulting in a 62% return rate. Of those returned only 48% had heard about the scheme and only 16% knew that there were different options. However 92% of returns wanted to know more about the Scheme and 76% felt they would be interested in applying for a Voucher once they had more information.

Questionnaires were sent to all Wheelchair Service Managers and followed up with a visit to each service to discuss current service provision and their requirements for the voucher scheme, this included such details as space to run voucher clinics and staffing to administer the scheme. Following these visits and collation of all the information, a draft set of guidelines and documents were produced. A Day Conference was arranged to work through all the documentation and agree the final format. This not only allowed Managers to focus on issues around the Scheme, but also to contribute to the final procedure manual and the documents and give a sense of ownership. Following this the manual was produced with all the relevant documentation and working forms.

Standards for suppliers in the area who were being considered for a 'Participating Supplier Booklet' were drawn up and sent out prior to visits to each supplier to inspect facilities first hand and to discuss a scheme and

how it would operate. A booklet was then produced giving essential details for users and assessors. It is intended to update this annually.

Information leaflets have also been produced to inform clients, professionals, support groups and the general public about the scheme. These are all printed with the address and telephone number of the local Wheelchair Service in order to assist with any enquiries.

Once all the documentation was in place, further liaison took place with the Purchasers, in order to obtain final approval, and with solicitors concerning any legal aspects of the process and the specific documents. Purchasers were sent the procedure manual and a letter outlining their responsibilities for the services they cover in terms of; setting up the scheme, getting funding into the budgets, staffing in place and computer systems updated.

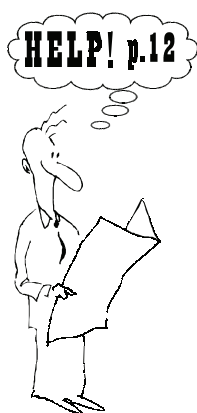
Each Service Manager was given advice about promoting and launching the scheme with staffing and administrative details in order to get the scheme operational. This was followed up with training sessions at each service for all the therapists and clerical staff.

Currently a plan is being drawn up for future maintenance of the scheme. This includes:

- ⇒ Supplier performance and annual review.
- ⇒ Review of procedures/documentation.
- ⇒ Report on uptake of scheme, success of promotion.
- ⇒ Complaints/disputes - set up a panel and monitor.
- ⇒ Telephone help-line.
- ⇒ Promoting the scheme - speaking to User Groups etc.
- ⇒ Guidelines for review of clients issued with vouchers.

Bunty Rawlings dip C.O.T. SROT.

Project Co-ordinator, Voucher Scheme. South (west) Thames



Lands End To John O'Groats

I actually did the cycle ride - Lands end to John O'Groats (the uphill direction!) back in July 1997 with two friends. It took 14 days and we covered a total of



I'm the one on the left with my helmet on!

1004 miles. I joined the cycle very much at the last minute, originally only intending to cycle Lands End to Bristol. However I talked myself into doing the whole route (mad fool me), and consequently did not have time to arrange any sponsorship. So many people have since said to me that I should have been sponsored, they would have given me money. I therefore would like to ask for respective donations to a charity in recognition of all the hard work and sweaty miles covered on my bike.

The choice of charity I felt needed to be something small and local. In the course of my work I have come across many parents who are full of praise for a charity funded Children's Hospice and Respite Centre called Little Bridge House in Barnstaple. I went to visit the Children's Hospice and was most impressed with how it has been planned, built and now run. It isn't only a centre for children with cancer but many of those we see in our work, i.e. children with Muscular Dystrophy, Spinal Muscular Atrophy or the metabolic disorders.

I hope people will feel able to donate money towards the running of this valuable centre. I'm also getting some letters printed by the charities office in Bristol so I can ask for retrospective donations from some manufacturers directly.

The following is taken from a Little Bridge House flyer and summarises the work of the Hospice.

Little Bridge House provides both emergency and

planned respite care for children and their families in a home from home setting. If families wish, care can be given to the child in the terminal stage of life. This care can be extended to offer bereavement support to all members of the family following a child's death. The care team at Little Bridge House aims to complement the services of other professionals involved in the care of the families.

Those using Bridge House are children from the South West who have a limited life expectancy and are not expected to survive to adulthood. Each child's parents, siblings and other family members are also welcomed at Little Bridge House, their aim being to work alongside the family according to their wishes.

Little Bridge House can accommodate eight children in separate bedrooms. In addition family members are able to stay, either alongside their child or in family accommodation in another part of the house. There is ample provision for play and recreational activities, both inside the house and in the lovely gardens. Specialist facilities include a multi-sensory room, a Jacuzzi and soft playroom.

A multi skilled care team looks after the children and is composed of children's nurses, nursery nurses, teachers physiotherapists, social workers and others



That's me with the dark hair at the end

with varied experiences and qualifications which enhance the support offered to the children and family. The care team is supported by the services of a local GP. Other support staff include a cook, gardener, maintenance and administrative staff.

None of the families using Little Bridge House have to pay. It is funded by voluntary contributions from the

public through fund raising, donations, legacies and Trusts. They have a network of Friends Groups across the South West acting as a focus for fund-raising activities, co-ordinated from Regional Offices. They have little access to public funds and rely on the generosity of the people of the south West to raise nearly £1million per year for running costs and to build up an endowment fund to secure their long term future.

Referrals are accepted from any source, provided they are made with the knowledge and agreement of the family. Medical confirmation of the child's condition and prognosis is sought. Referrals need to be made to the head Nurse at Little Bridge House.

For more information contact: Children's Hospice South West, Little Bridge House, Redlands Road,

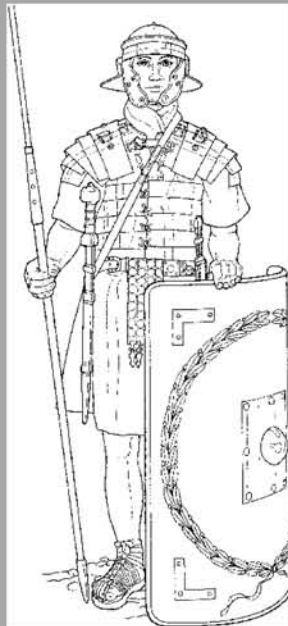
Fremington, Barnstaple, North Devon EX31 2PZ.
tel. 01271 25270 fax. 01271 328640

Karen Cook

Head Occupational Therapist,
Bristol Wheelchair Centre, Southmead Hospital, Westbury On Trym, Bristol BS10 5WB tel. 0117 959 5482.

Thanks to everyone in anticipation.

Cheque donations should be made payable to Karen Cook, who will forward the money in a lump sum to Little Bridge House.



We trained hard, but it seemed that every time we were beginning to form up into a team we would be reorganised. I was to learn I later life that we tend to meet any new situation by reorganising and a wonderful method it can be for creating the illusion of progress while producing confusion, inefficiency and demoralisation.

Caius Petronius, AD 60

Feedback Forum

BSI UPDATE

BS ISO 7176-14: 1997 Wheelchairs - Part 14 Power and Control Systems for Electric Wheelchairs - Requirements and Test Methods has recently been published as a British and International Standard with effect from 15th December 1997. This is primarily of interest to manufacturers as it specifies the requirements for the power and control systems of electrically powered wheelchairs, including battery chargers and associated test methods. The standard is applicable to both indoor and outdoor models that are used for disabled people whose mass does not exceed 100kg. The document specifies certain requirements which need to be tested in order to ensure the safety of the user. It then provides details for the manufacturers as to how they should set up the wheelchair and test it for each requirement. For example, requirement 6.6.2 relates to the fact that protruding wires should be secured and fixed in such a way that they cannot be caught on any furniture or other objects as the wheelchair passes by, or interfere with any moving part of the wheelchair as this could cause malfunction of the wheelchair or damage to the objects. Other requirements relate to such things as stopping distances and safety should a part fail.

Anyone wishing to see a copy of this standard or to know more about Wheelchair standards should contact their professional representative on Technical committee CH/40. Present representatives relevant to members of PMG are:

Ros Ham - Physiotherapist - Newham Wheelchair service

Derek Watts - Rehabilitation Engineer - Roehampton Rehabilitation Centre.

Patsy Aldersea - Occupational Therapist - Merton & Sutton wheelchair service.

ISO/FDIS 7176-7 Wheelchairs - Part 7 Measurement of Seating and Wheel Dimensions

Whilst it is recognised that a standard on measurement of dimensions would be of benefit to manufacturers, prescribers and users, there has been some concern expressed about the above standard which has recently

been voted on for approval to publish as an ISO standard. The main disapproval came from the UK and related to two main points. Firstly the fact that the standard was based on the use of a standardised RLG (reference loader gauge) which could be either child or adult size. As prescribers would not have access to an RLG they would not be able to reproduce the dimensions obtained by this method. Secondly, the mass of the adult RLG is 51kg. If the wheelchair has a deformable structure, e.g. canvas seat and back, and is intended for a heavier client, the deformation would not be representative of the real life situation and the prescriber could be misled about the suitability of the seat for a particular individual.

When one of the UK manufacturers followed the methods recommended in the proposed standard, the information provided to prescribers caused great confusion resulting in the manufacturer being forced to return to using the old method. The publishing of this standard is in the balance for a totally different reason. At the time of voting on the final draft, the disapproval registered by the UK was overlooked and not taken into account. Prescribers should be aware that this standard has not yet been finalised and it is unclear as to what the next step will be.

Watch this space for further developments.

CIGOPW REPORT

Many Occupational Therapists who are members of PMG also belong to CIGOPW which is the Clinical Interest Group for Orthotics, Prosthetics and Wheelchairs. The November study day organised for those with an interest in wheelchairs was well oversubscribed resulting in a transfer of venue from Southmead Hospital in Bristol to a Rugby Club Pavilion close to the M5 motorway. The programme included a number of interesting speakers who covered a variety of topics; there was also a small but useful commercial exhibition.

Pru Cartwright, Chairman of the National wheelchair manager's forum reviewed the current situation regarding wheelchair training for therapists at all levels and commented on progress being made towards a validated course. She drew members attention to the Wheelchair Training and Resource

Pack 1996 available from the College of Occupational Therapists as well as the framework for wheelchair training that is at present being produced by Oxford Brookes and funded by the Department of Health. This is not a training scheme, but will identify the level and standard of training required by all those who work with wheelchair users (not just therapists). It is due for completion by the end of March 1998.

There followed an extremely interesting talk on orthopaedic techniques used on children with cerebral palsy. **Mr. Witherow, Consultant Orthopaedic Surgeon from Bristol Royal Hospital for Sick Children** looked at the pros and cons of some of the currently used surgical procedures and spoke frankly of the successes and failures as well as the differing views of surgeons regarding these techniques. Looking first at how differential loading on the vertebrae of a growing child can cause asymmetry, resulting in a scoliosis which, if measuring over 30% may benefit from either bracing or surgery. Mr. Witherow moved on to the more complex problems associated with the spine of a child with Cerebral Palsy. Maintaining muscle efficiency whilst avoiding pain, stiffness and extreme movement is important. Encouraging standing for as long as possible will delay development of scoliosis. Careful and comprehensive assessment is essential before undertaking radical surgery and success is due in part to post operative care and therapy and access to on going rehabilitation. Mr. Witherow also pointed out how recent advances in seating techniques and equipment had reduced the need for surgery in some cases whilst improved understanding of the importance of good positioning from an early age helped to delay deformity and the associated problems. Lack of opportunity for rehabilitation in the adult population was a cause for concern and good results in children could rapidly be lost due to the absence of adult services.

Alan Lynch from MDA at Blackpool updated the audience on the topic of **'Transporting clients in wheelchairs'**. He felt that people's attitude to this topic had reached a state of panic and urged people to use common sense and to realise that there was no 100% safety guarantee for anyone when travelling - able bodied or disabled. Guidelines are at present being drawn up by the Mobility Unit at the Department of Environment, the Regions and Transport together with representatives from relevant national transport groups. These will be advertised widely once they become available.

Following this there were two short presentations. The

first on **Switching systems from Controls Dynamic** whilst during the second **Karen Cook, wheelchair therapist from Bristol**, demonstrated a number of tie-downs and safety belts available for use with wheelchair users travelling in their wheelchairs.

The afternoon session was opened by **Lone Rose, Physiotherapist from Stoke Mandeville** and well known expert in pressure care for wheelchair users. Whilst Lone's presentation concentrated on Pressure monitoring systems she briefly outlined her work with Transcutaneous Oxygen and Carbon Dioxide monitoring which is regularly used in the pressure clinic at Stoke.

Finally **Henry Lumley, Manager of Bristol Disablement Services Centre**, closed the day with a report on the Bristol Voucher Scheme. This had been started in July, but, to date, there had been only one applicant. Several people in the audience had also started their voucher schemes and there was some discussion regarding the value of the voucher, the method of banding as well as one or two of the problems that may have to be faced.

The large attendance figure indicates the growing interest in the topic of mobility and the day provided a good opportunity to catch up on current practice, meet and talk with colleagues, exchange ideas and view a range of equipment. Any Occupational Therapist who is interested in this field and who is not already a member of CIGOPW should certainly consider joining. The group is complimentary to the Posture and Mobility Group as it focuses on Occupational Therapists in clinical practice. For a small membership fee CIGOPW offers professional support, a link with others in the same field of interest, a regular newsletter and study days, which in the future will probably be recognised for CPD records.

Details of membership can be obtained from the secretary: Ruth Hambrey DSC Withington Hospital, Manchester M20 8LB tel. 0161 613 7268.

Providing Therapists' Expertise in the New NHS: Developing a Strategic Framework for Good Patient Care

This report, commissioned by the NHSE (Executive) to review how therapist expertise both in clinical practice and in the field of management and policy making, is provided at all levels of health and social care, was

launched in London during November. The key speaker at the launch was **Alan Langlands, Chief Executive of NHSE**. He updated the audience on NHS policies and some of the changes that had taken place since ěnewí labour had come into power referring to the recently published NHS White Paper *The new NHS*. There was much emphasis on; working in partnership, breaking down organisation barriers and greater liaison between different organisations with stronger links between health and local authority. Further guidelines for commissioners will urge greater communication with those providing services as well as with colleagues from other bodies in an attempt to improve quality of care with a reduction in bureaucracy. Whilst Alan Langlands' presentation indicated that this time there really would be action to reduce the gaps that still exist in the service, there was a sort of ědeja vu' sensation which failed to convince one completely that new government meant new action. Time will tell.

There was recognition of the stress that NHS workers closer to the ěcoal face' are experiencing with all the changes and restructuring that is still taking place, but at the end of the day, money or rather lack of money, seems to be the factor that restricts all these good ideas being put into practice.

Other speakers acknowledged that whilst supporting joint commissioning and collaboration, the words ěresponsibility for funding' could quickly delay or destroy good intentions. Individual's attitudes also have a major influence on results.

Nicky Cogan, Physiotherapy Officer at the Department and co-ordinator of the report committee then set the scene for the rest of the day and following a brief outline of the different areas addressed by the report, the participants, mainly Managers from a variety of backgrounds, were divided into workshop groups to address these areas which covered: Commissioning; Research & Development; Education & Training; Information & Communication. Suggestions as to how to implement the report through partnership and collaboration was the main theme. Whilst all present agreed that professions supplementary to medicine should work together more closely the majority also acknowledged that units with a single therapy manager had greater bargaining power in the wider field of influencing commissioning.

Mobility - Moving at Will. 22nd January 1998.
Royal Society of Medicine, London

A follow on from last year's successful conference, *Physical Disability; Meeting the Challenges*, was held by RSM though with noticeably fewer delegates. Is this because the subject is not so appealing to RSM members, or is everyone too busy with other matters? Whatever the reason, the RSM had lined up some interesting speakers and there was a good showing from the House of Lords in the role of chairpersons. **Lady Susan Masham** chaired the morning session which opened with a key address on 'Locomotor disability; the size of the problem', given by **Professor Alan Silman** of the **Arthritis and Rheumatism Epidemiology Research Unit in Manchester University**. In an ageing population, Professor Silman stated that it is important to distinguish between impairment, disability and handicap. In practical terms it is impossible to put a price tag on the cost of dealing with locomotor disability not only for the individual and his or her family, but also for the community in terms of providing accessible public buildings, adequate transport and appropriate support services.

Stephen Duckworth, Chief Executive of Disability Matters Ltd, a qualified doctor, and himself a wheelchair user admitted that due to his elitist (public school/university) background, he had never met a disabled person before he himself became one. Stephen urged delegates to think laterally and consider the fact that a good deal of disability was not due to individual impairment but social barriers. Each group of disability had different views and needs. Using a sentence on the screen he invited us to say how many ěfi's we saw. Whilst many delegates saw two, only a few saw all six, illustrating the point that we often overlook detail and the needs of others. The delegates then divided into workshop groups to discuss different aspects of mobility particularly in relation to moving from hospital to home.

The final speaker of the morning was **Bert Massie, Director of RADAR**. Bert commented on the sections of the Disability Discrimination Act (1996) relating to Public Transport vehicles and Access. The workshop leaders then summarized their discussions and in spite of the different topics discussed many of the same themes were raised. Attitudes, communication and commonsense seemed to loom large as well as the fact that there are different needs for different groups of disability.

Lord McColl chaired the afternoon session which opened with **Anne Frye** who heads the **Mobility Unit at the Dept of the Environment, Regions and Transport**. Anne, speaking on **Transport - policy considerations**, provided greater detail on the progress being made to make public transport vehicles more accessible to people with a disability. As the transport provision of the Disability Discrimination Act comes into effect, the time will come during the next decade when all modes of public transport will become accessible for disabled people. London taxis are the first to be affected and will need to be wheelchair accessible by the year 2000 if they wished to be registered. As one would expect, many of the taxi drivers are not impressed by the additional costs they will have to face, but Anne felt they should consider the benefits to be had from contracts with education or health services for driving disabled to people to hospital appointments, day centres and other outings during the low usage times of day. The changes will be staggered over a period of time and whilst there is still a long way to go, it needs to be borne in mind that for some disabled people, nothing can replace using the car.

Philip Oxley, Director of Research at Cranfield University provided statistics which illustrated the problems of travel in relation to disability and the cost of change in relation to the resources available. This was followed by **David Bonnett**, an architect who specialises in designing access for all. His practical though humorous talk, outlined how we should approach an access audit in the form of a sequential journey. Best access improvements will benefit the majority of people and since many of us will experience disability in one form or another during our life span, we all have a vested interest in improving access for all.

Successful design in public buildings: does it pay? asked the final presenter of the day, **Ms. Jan Stevenson** from a private consultation group, Delotte & Touche. The short answer is 'Yes' providing it is partnered with good management.

The day concluded with a discussion session led by **Lord Tebbit** who put forward some controversial views for audience reaction. One of the issues raised earlier by a member of the audience, namely our Chairman, Robin Luff, stimulated a certain amount of interest and passion as well as concern and criticism. This related to legislation. The topic, was originally raised concerning whether disabled people are permitted to take their own equipment into hospital. It

would appear that fear of litigation in relation to safety is a reason used by some to restrict this practice. This enraged some of those present who stated that if this was so, then the law needed to be changed. There is no doubt that there is increasing evidence of litigation being quoted as a reason for lack of action, and as the majority of those present pointed out, lack of action could also be a reason for litigation. There has to be a sensible balance here and certainly common sense should be used backed by clinical expertise and judgement when making any decisions. As was pointed out by some, there may be a greater risk of being sued if patients are denied taking essential equipment. The fear of being sued is increasing and although the majority of clients would prefer to take risks and make their own decisions, there are unfortunately a few who are all too ready to complain.

Patsy Aldersea
Occupational Therapist
Merton & Sutton wheelchair service.

What do you think about this? Any examples of good or bad practice would be helpful and any comments or views should be sent to the editor for all to share.

A View Of Dundee '97 By The PMG Bursary Winners

As a condition of being given an award by the Posture and Mobility Group, bursary winners were asked to write a short report following the conference based on how they felt Dundee '97 would affect their future clinical practice. The following extracts are taken from these reports which are published in full in the Dundee document which provides summaries of the full proceedings.

Jacqui Donaldson, Wheelchair Therapist from Macclesfield in Cheshire writes: 'I had a wonderful week at the Dundee Conference relishing in the opportunity to discuss, share, listen and learn from morning to night for a whole working week. The conference provided a packed timetable with the hardest part having to choose between the many options in the discussion sessions and workshops.' Jacqui goes on to look at three areas which she felt were positively influenced by attending the conference. These were, her work as a clinician within the Macclesfield Wheelchair Centre; as a teacher with the undergraduate therapy students from Liverpool and finally as part of her personal development. Jacqui points out that in addition to this she reaped the full benefits of her £10 membership fee to PMG not only by receiving a bursary for the conference but also as members registering at Dundee were able to purchase, free of charge, books up to the value of £40 as well as their copy of the Guidelines for Wheelchair Services¹.

'Dundee '97 seen from Cornwall' was the title of the report from our second bursary winner, **Lesley Silcox** who works at a unit for young people with complex disabilities situated at Hayle, just over twenty miles from Landís End. Her extended journey to Dundee, which took some 10 hours by train, made her more aware of the plight of people who are forced to sit all day at the prescribed 90/90/90 resulting in her intention to introduce a dynamic component into seating systems. Like Jacqui, Lesley also states that 'there was a lot of material both in the formal sessions and on the display stands, which I can use in tutorials for OT students'.

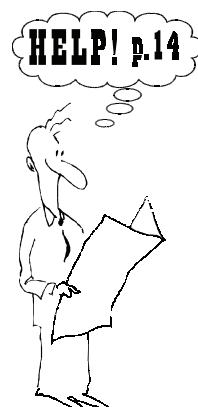
The third bursary winner, **Elizabeth White**, Wheelchair therapist from the Kent and Canterbury service whilst commenting on the travelling distance to Dundee felt the warmth of both welcome and weather soon dispelled any gloom. Whilst enjoying the opportunity to see a range of new equipment on display in the exhibition centre, Elizabeth states that

her favourite sessions were the early morning workshops which offered experiential and practical solutions to everyday problems with a background based on scientific and clinical evidence.

Don't forget to read the full reports in your PMG report on Dundee '97.

¹*Guidelines for Wheelchair Services. Provision of Wheelchair Mobility and Postural Assistance Services. A Reference Resource for Commissioners and Providers.*

A Posture and Mobility Group Document which is being distributed free of charge to all PMG members, Wheelchair Services and also to Purchasers, providing Wheelchair Services send us the name and address of their current purchaser. If you have not already returned a form with these details, do so now if you want us to send them a copy. Write or phone Patsy Aldersea, Merton & Sutton Wheelchair Service, 7 Damson Way, Orchard Hill, Carshalton Surrey, SM5 4 NR, tel: 0181 770 0693.



PMG News

To The Posture And Mobility Group

As many of you know, Miriam and I are leaving these shores to return to Australia in early April and will not be at the Conference in Hull. I hope, therefore, to use the pages of the newsletter - its come a long way since I began it - to express my goodbyes to so many friends and my deepest gratitude to the committee and all members of the PMG.

It is with a mixture of sorrow, loss and excitement that we go to start a new life - not so far away these days - and hope to be able to use some of the expertise we have learned here to help and assist those in need.

I have been involved with the PMG since its inception and have been - and I hope will continue to be - proud to call myself a member. I also have the honour of holding Membership No. 1. I would like to express my thanks to the membership for allowing me to represent them on the committee during this time. Sometimes the enthusiasm of being Membership Secretary, Treasurer, and Exhibition Organiser, has worn a little thin but I can honestly say it has been both a privilege and a pleasure.

To the Committee, especially, so many thanks for all their support and friendship and for putting up with me! Many of you will have no idea of the commitment in both time and energy that your committee apply to the task of best serving the membership needs.

I have to add to that I, for one, am a little concerned about the proposed changes to the constitution. I am a member and proud of it and need to identify as belonging to a group which so well represents the feelings of its members. Just to express an interest and degree of commitment does not for me justify membership - I need to belong - even more so being overseas! It would be a great shame if the changes came about because nobody is prepared to stand and take on the mantle of Membership Secretary and Treasurer - not a hard task - most of the time!!! I seem to remember that when the group was established it was to represent and stand for a truly independent and much needed voice for those of us involved in the wheelchair Services, Seating and associated disciplines. The proposed changes I believe will be a backward step towards the group losing its identity. Although the number of committed members may go up those who truly belong will go down.

Enough of my Hobby Horse - I am pre-empting the issue just a little - and shall be interested in the outcome at the AGM. Once again my thanks to you all and goodbye from both of us. Hopefully we shall return to catch up at sometime in the future.

sincerely

Tony & Miriam Harman

Hull 1998

Conference time again - and this year its in Hull. Hull is a port situated on the East Coast. It is easily accessible by road from all areas thanks to the M62 and Humber Bridge, spanning a total length of 2220m with a total weight of 521,000 tones.

The big change this year, unless you were at Dundee, is that the conference is being held in a hotel, the Quaitiy Royal Hotel. The hotel is situated near the rail station and within easy walking distance of the shopping centre.

Thereís a good bar for all that networking and the conference dinner looks to be a blinder as this year it will be followed by a Barn Dance using a local group called PANDAMONIUM, yes and that is how its spelt!

The Conference programme will I am sure give us a lot of food for thought and a lot of lively discussion. All in all I think it will be an excellent two days - so I look forward to seeing you all there.

Julia Cunningham

**GET YOUR PMG SWEATSHIRT BEFORE
THEY ALL GO!**

PMG sweatshirts for sale

**Contact Roy Nelham
tel. 01825 722 112 for details**

WANTED

Somebody fool enough to take over the mantle of Treasurer/Membership Secretary. Involves the odd hour here and there to track Membership Subscriptions, Keep Accounts up to date and prepare year end details.

URGENTLY REQUIRED



Who.. Me?

Any one interested speak to either Alan Turner Smith (tel. 0171 346 5724) or Robin Luff (tel. 0171 346 5230)

Provision of Wheelchairs, Posture & Seating Services. Guidance for Purchasers and Providers

You should have received the a copy of the guidelines with this copy of the PMG news letter. The guidelines have been produced as a source of reference regarding wheelchair and seating provision. I hope that you will read them, but more importantly help develop them. Remember this inaugural copy was produced using information concerning wheelchair \ seating provision around today. For the document to stay with the times the information inside needs to be updated, corrected, etc. This is your job - If you feel that there are corrections or omissions send me the detail using the feedback form ! These can then be reviewed and the document amended as required. Note, the document has been designed to allow updates, which should hit your door mat once a year. I hope you find the guidelines informative.

Dave Calder

Voting at the PMG AGM 28 April, 1998, 12:15

Concerns were raised by Paul Richardson at the AGM in Dundee regarding control of attendance at the AGM and subsequent voting being valid. The Committee have addressed this issue.

Starting at the forthcoming Hull meeting, everyone at the meeting will be entitled to attend the AGM as this is a forum where non members can discover more about the PMG and this will hopefully encourage membership.

VOTING at the AGM will therefore be by a SHOW of MEMBERSHIP CARDS ONLY.

It is imperative therefore that you bring your membership card (**Green this year**) with you to this and all subsequent AGMs in order to participate in the voting.

Roy Nelham
On behalf of the PMG Committee

Annual General Meeting At Dundee '97

12:15 a.m. Wednesday 10 September 1997

97 AGM.1 Membership

55 members present recorded on sheet attached

97 AGM.1 Apologies for absence

Non received.

97 AGM.2 Minutes of pervious meeting

Agreed *nem con.*

97 AGM.3 Matters arising

97 AGM.3.1 Eligibility for AGM

Paul Richardson had suggested that only PMG members should attend. Regrettably this was not recorded as a motion to be carried forward to the next AGM, nor had a motion been received. A card vote is possible. Matter to be taken up under Any Other Business.

97 AGM.3.2 Committee membership

Last year there was a substantial change of membership and officers. In view of their short time in office, non of the committee wishes to stand down this year, however, to comply with the constitution three members are required to stand down. The committee therefore asked the membership to re-elect them *en-block* until next AGM when anomalies in the constitution will be addressed.

No one present wished to stand.

The committee were so re-elected *nem con.*

97 AGM.4 Chairman's report

Attached (page 16)

97 AGM.5 Treasurer's report

Appended. Members are welcome to ask the treasurer for details.

Surplus from the 1996 conference has put the Group in a position safely to finance future meetings without serious risk to solvency. It has also allowed educational benefits to members such as the new Newsletter, the distribution of the Guidelines document and a book allowance for those at this meeting.

Membership has fallen. Of 277 members on the books, 169 are paid-up. If members have not received the recent Newsletter it may be because the secretary has not been informed of change of address. Please keep the committee informed.

97 AGM.5.1 Appointment of accountants

Motion to re-appoint present accountants proposed by Michael Hare, seconded by Maureen Smith, approved *nem con.*

97 AGM.5.2 Membership subscription

Motion:

The fee for membership of the Posture and Mobility Group will be raised to £15 from January 1st, 1998. All members and new subscribers whose payment has been received by 28th February in each year for which the membership fee is due will have their membership fee reduced by £5. All those paying by standing order or direct debit will therefore need to make no change to their payment instructions provided these payment instructions authorise payment to arrive before 28th February.

Proposed by Roy Nelham, seconded by Tony Harman, approved *nem con.*

97 AGM.6 Newsletter

Thanks to Tony Harman and Alan Turner-Smith for their individual efforts in launching and maintaining the Newsletter to the present. The Newsletter sub-committee now aims is to further improve the look and quality of the Newsletter. It is presented in three sections: Articles, Feedback and Regular items. It is hoped to produce two issues per year. Material is requested for the January issue by December 6th.

97 AGM.7 Guidelines to Purchasers

Thanks for the hard work of the Guidelines sub-committee. The loose-leave binder is now available free to members and £10 to others. Members will receive updates as necessary. An executive summary is enclosed that members are asked to photocopy to their purchasers. An order form will be included in the January Newsletter that can also be forwarded.

97 AGM.8 1998 Meeting

Choice has been limited by long pre-booking of some sites. York and Hull have been possibilities. York expensive and will not assist in finding enough accommodation. Hull considerably cheaper and will help, so Hull has been accepted for Monday/Tuesday 27/28 April.

Members are asked to let the Committee know of any other venues for consideration for 1999. Sites should be able to accommodate 250 on site, have good wheelchair access and rooms suitable for plenary and break-out sessions.

97 AGM.9 Any other business

Paul Richardson presented the concern that the meeting did not know who was voting for potentially important issues.

Points raised in the debate included ñ Open access to

the meeting encourages membership. Card votes or entrance requirements would decimate the voting numbers and probably require postal voting. Proposers might be asked to state their membership number. It would be easy enough to tick off members from a list as they entered and provide them with a voting card. The proposal that a card vote should be required for all

issues where there is any objection will be carried forward to the next AGM.

97 AGM.10 Date, time and venue of next meeting

12.15 Tuesday 28 April, 1998, in Hull

**POSTURE AND MOBILITY GROUP FOR ENGLAND AND WALES CHAIRMAN'S REPORT TO THE
ANNUAL GENERAL MEETING
SEPTEMBER 10 1997 AT 12.15 STAKIS HOTEL, DUNDEE**

It gives me great pleasure to present this report on the activities of the Group to the 1997 Annual General Meeting. This is taking place during Dundee '97, an international congress on wheelchairs and seating. More of this anon since this meeting takes the place of the normal PMG Annual Conference. I will outline the major issues of interest to the membership and then deal with specific issues relating to our activities.

EPIOC Provision

By now, all providers should either be providing, or have made contractual arrangements for the provision of, indoor/outdoor powered wheelchairs. This has not been entirely straightforward (!) and quite clearly there are inequalities in provision across the country. There has already been a critical report from a user pressure group. In South London there are two adjacent providers which have taken quite different approaches to this new element of our activities. I foresee important outcome audits, health economics involvement and forthright discussions with local health authorities.

Voucher Scheme

Most of the membership will also be involved one way or the other in the much vaunted - Lord McColl will be pleased - wheelchair voucher scheme. This is undoubtedly causing much difficulty and this Group must keep a close watch on developments. My own service is grappling with the problems and has even involved me in the clinical issues. A discussion session at our next conference may be helpful.

Medical Devices Directive

The heavyweight and authoritative hand of the Medical Devices Directive hangs over all of us concerned with trying to deal with individuals presenting treatment challenges requiring one-off solutions. The situation becomes even more complex when another Trust asks for a replicate.... My impression that the messengers bringing us the "bad news" seem unduly cheerful may

be unfair and I am assured that ISO 9000 will be of enormous assistance.

Risk Management

As litigation becomes ever more prevalent in the UK - and perhaps our services become more adventurous - the concept of formal risk evaluation has become essential. Something which has been a subconscious activity for our clinical teams now requires formal evaluation, agreed action and standardised documentation. Again, I understand that some services have made much more progress along these lines than others.

NHS Funding

Funding continues to present difficulties. Presentations at the Dundee Conference have shown the continued growth of demand for wheelchair and seating services yet resources have not grown in parallel. Our service at King's has had uplift for inflation only for two years (EPIOC and voucher money excepted); unfortunately, King's and our Health Commissioners found it difficult to agree on the inflation rate. As it turned out they were both wrong, to our disadvantage.

PMG Newsletter

Now some more positive items. Your Committee has considered in detail how to best provide the PMG Newsletter since this forms the principal means of news dissemination to the membership. Philip Swan will give a brief presentation to this Meeting on our new structure for publication of the Newsletter. Current members - and those wise individuals who have joined at this Meeting - will have seen the benefits of these changes in the most recent edition.

Providing And Commissioning Previous AGM agendas have contained discussions about our efforts to update the document providing information for purchasers and providers of wheelchair services. This has been an extremely complex exercise involving

members of your Committee in considerable work. I would like to pass on particular thanks to Jo Durkin and to David Calder who have been particularly involved. David will give a brief presentation to this Meeting although many of you will by now have your personal copies which are free to current members - £10.00 to anyone else. The document, deliberately in loose leaf format to allow updating, was launched yesterday at this Conference.

Dundee '97

This meeting represents almost exactly the halfway point in Dundee '97 and it is clearly too early to pass judgement on the Conference. Your Committee is delighted with the excellent attendance and with the structure and content so far. Members will recall from previous PMG Conferences and Newsletters that your Group has been closely involved in the planning of Dundee '97. PMG members have been actively involved in both the conduct of the Conference and in its content. Your Committee is organising the reporting of discussion arising from all presentations and will prepare, in collaboration with the Scottish Wheelchair Group, a definitive publication of the proceedings of Dundee '97. Your Treasurer will report on the expected financial out-turn.

In recognition of the importance of Dundee '97 and of the educational role of the PMG, your Committee has provided bursaries to enable attendance, prizes for the best free papers and subsidised educational book purchase for current members (as of the start of the Conference). Four prizes will be presented, co-funded with the Scottish Wheelchair Group, to the successful presenters at the closing ceremony. These activities together with the cost implications of the much improved Newsletter and the guidelines document have entailed considerable expenditure. The Group is in the fortunate position have having adequate resources ; your Committee intends to prepare a business plan to demonstrate our ability to sustain this level of activity.

PMG Conference 1998

The next PMG Conference will be held on Monday and Tuesday 27th and 28th April 1998. Your Committee has considered several venues and conducted site visits to four of them. Venues we have used successfully in the past are not available to us in 1998. After careful consideration, Hull as been selected as the venue providing the best overall compromise between facilities, access, value for money and enjoyment. Details will follow in the next Newsletter.

Recruitment

Paid up membership has decreased this year probably as a result of change of personnel and perhaps postal address. The PMG has authority determined mostly by the size of its membership. It is in your interest to maintain your own membership and to recruit others to the Group since we should have a membership of more than 300. It is therefore a great pleasure to welcome to the Group all those who have joined at this Conference.

Thanks

It has been a pleasure and a privilege to act as your Chairman during the last eighteen months. I could not have done so without the invaluable support and stimulation from all the members of your Committee and I thank them all for their industry on your behalf.

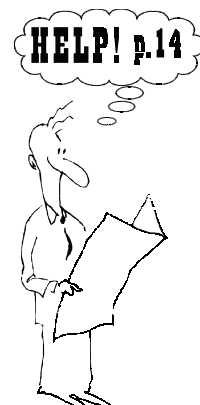
Conclusion

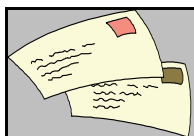
David Thornberry in his 1996 report as Chairman to the AGM mentioned these "interesting times". Since the present government promises to change the internal market into an era of collaboration and cooperation, I suspect that these interesting times will continue for some time to come.

Robin Luff FRCS FRCP

Chairman

Posture and Mobility Group for England and Wales.





Post Bag



Dear Dr. Thornberry,

I was very interested to read your letter in the Posture and Mobility Group Newsletter. I am a staff grade doctor who is providing medical input to our wheelchair service and am writing on behalf of the wheelchair team.

Recently, we have had a spate of referrals from paediatric consultants, community paediatricians and S.C.M.O.S in special schools for provision of buggies and wheelchairs with harnesses for children with various diagnoses, leading to behavioural problems and no awareness of danger but with essentially normal mobility.

Our wheelchair service has historically provided for these requirements on very rare occasions, but now flagged these cases up because of the recent fears of litigation, risk management and CE marking etc. The four points that you also brought up were discussed in our monthly meeting with the wheelchair services manager and the consultants.

- ⇒ Funding: The wheelchair Services Manager took the question to the purchasers and the purchasers agreed that the wheelchair department will be funded for provision of buggies and wheelchairs for this group of clients.
- ⇒ Legal Implications: There are some legal implications of children being restrained against their wishes and theoretically parents or carers (or wheelchair providers?) could be liable for criminal or civil action for illegal imprisonment or assault or battery, or could be liable for intervention under the Children's Act 1989.

However, I would refer you to a very interesting book written by Professor C. M. Lyon - 'Legal issues arising from the care, control and safety of children with learning disabilities, who also present a challenging behaviour', (London; The Mental Health Foundation 1994). She points out that restraint would be defensible in certain circumstances provided there is immediate danger to the child or where it is part of a planned management approach discussed with the various doctors, therapists and carers. It must be routinely reviewed and must be in the paramount interests of the child. It can be argued that if we do not restrain the child, the child will be largely housebound, or the child's own parents may not be

able to look after the child, e.g. the child needs to be restrained while the mother pays attention to other children or while shopping for the family.

There are a number of other publications including 'Recent Physical Interventions, a Policy Framework' by the British Institute of Learning Disabilities published in 1996. There are **No** guidelines for the provision of wheelchairs for this purpose.

- ⇒ Buggy/wheelchair/restraint design: there is of course no information on the suitability of specific wheelchairs or restraining harnesses for this particular use. Potentially, manufacturers or prescribers and providers could be liable in case of injury to the child - because of provision of unsuitable equipment rather than for provision of restraints per se.

There also remains the potential issue of abuse, as such children may indeed be strapped into their wheelchairs unnecessarily, e.g. while parents try and get some rest. We are trying to liaise with the paediatricians and learning disabilities teams, as they should take responsibility for assessing the family, the needs of the child and reviewing the use of the restraint. I must admit that we haven't got very far in that direction yet.

I believe that many wheelchair services do not provide for this need, but they could then be answerable for negligence or breach of duty of care under the Children's Act 1989!

I think it would form a very interesting discussion at a future PMG meeting, and it would be wise to get the views of the legal profession and members of the National Autistic Society or British Institution of Learning Disabilities.

I would be grateful for your views.

N.B. At present we are continuing to supply necessary equipment for these children when required by paediatricians.

your sincerely,

Dr Rajeev Singha
Staff Physician in Rehabilitation Medicine

Questions and Answers

In response to a question posed in the last newsletter regarding lifting and handling: I think it should be a duty of management to promote appropriate exercise during work hours to minimise the risk of injury. A risk assessment of the problem would surely conclude that in our line of work it is impossible to avoid lifting awkward objects. Therefore all must be done to minimise the risk. Since a no lifting and handling

policy is a nonsense and approved lifting techniques don't alone do enough to reduce the risk of injury, I suggest the following: Employing authorities, should give staff, where a risk of injury is identified, the option of taking appropriate regular exercise as part of the working week.

Phil Swann



Future Events:

Date	Venue	Title	Contact tel no.
March 1998			
18 - 19	Manchester	Independent Living - North-West	tel. 01275 836 465
April 1998			
27 - 28	Hull	National Conference of the PMG	tel. 0171 737 4000 ext 5282.
May 1998			
27	London	EmPower Independence for Life through Centres of Excellence	tel. 0181 788 1777
June 1998			
28 - 30	Canada	24th Canadian Medical and Biological Engineering Conference	tel. 613 993 1689
September 1998			
9 - 10	Wembley	Independent Living London	tel. 01275 836 465
15 - 17	Brighton	4th National Conference of the IPPEM	tel. 01904 610821

New Publications

Ham R., Aldersea P., Porter D.

Wheelchair Users And Postural Seating: A Clinical Approach. 1997. Churchill Livingstone Price £29.50. ISBN 0 443 05472X

This publication, written by a Physiotherapist, an Occupational Therapist and a Clinical Engineer, all three members of the Posture and Mobility Group is intended to be a working handbook for professionals and students who are involved with wheelchair users and special seating.

Please write in to spread the news to members of courses, conferences, publications or other events and facts that are of interest.

Wheelchairs for children and adults with muscular dystrophy and allied neuromuscular conditions.

Muscular Dystrophy Group fact sheet WH1 1997. Available from MDG, 7-11 Prescott Place, London SW4 6BS

A useful document of 22 pages, provides basic information for students and postgraduates alike as well as the families, carers and indeed clients for whom this is primarily intended. Since the factsheet went to press, there has been a change in the situation regarding the ISO 7176-7 standards - measurement of seating and wheelchair dimensions. This information, which also appears in the Wheelchair Training Resource Pack 1996 (pp55- 56), has caused a degree of confusion and is still not fully agreed for implementation. This apart, there is some useful information which, whilst aimed at those with Muscular Dystrophy, applies equally to many other disability groups.

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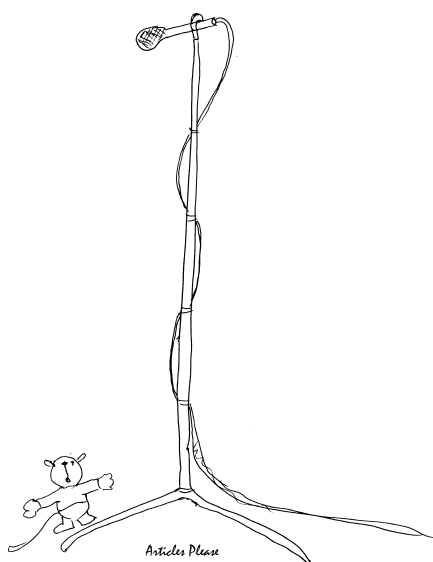


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Cover Page: Humber Bridge, Photo courtesy of E. T. W. Dennis & Sons LTD.



The next issue of the Newsletter will be in August 1998. The deadline for this issue is the 16th of June. The aim of the Newsletter is to keep members in touch with current events in the world of posture and mobility and to provide the opportunity to share ideas and learn of new initiatives. Articles, should be between 500 and 2000 words, photos and/or cartoons are welcome as are jokes and mindbenders etc. Please send contributions printed or on disk.

The PMG Newsletter is published by the Posture and Mobility Group. The views expressed are those of individuals and do not necessarily reflect those of the Group as a whole.