Good morning.

My information is as follows:

1. My expertise is upper limb amputation.

2. The services provided are often very expensive with no outcomes identified in an objective manner.

3. New technology needs to be implement with clear outcomes and expectations in functional terms (specific) - not necessarily in a short time frame but with an evidence based task outcome of what they will be able to do after it.

4. The clinicians wanting to provide the services need to present their own outcomes with previous patients, not overseas research. If they do not collate their outcomes in a factual manner then someone has to question whether the services are beneficial or whether they are just being provided for the glorification of the clinician.

5. Participants need to have mutual obligations. At the moment case managers state the participant does not have to do anything, clinicians have to do it all. That is not appropriate. Participants need to have specific commitments to the process including some travel.

5. The plans being identified need to implemented by the clinicians and the order of those plans need to be administered in a logical manner. They are not administered in a logical manner. The case managers will just pick and choose parts on the basis of 1 opinion, often not the person who developed the plans and did not attend the plan development.

6. All reports need to be shared amoungst the clinicians including physiotherapists, chiropractors and neuropsycopgists. For an Occupational Therapist to not have access to those data when working with the same participant and the reports are specifically refused is crazy. It needs to be automatic.

The form had questions about fees and charges etc, and this is outside my expertise, sorry.

I am sure what applies to upper limb amputees applies to other specialist areas. However our opinions go ignored!.