



Key Perspectives:  
the future of O&P


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### Endolite / Blatchford

**Brief Introduction**


- I am CEO of Chas. A. Blatchford & Sons
  - Family owned business started in 1890 by my great grandfather
- Sell endolite worldwide including through Endolite North America
- Have a UK based patient service business with about 20% of the UK O&P market



### Future Trends

**Expect recent trends to continue:**


- Pressure on Reimbursement
- Increasing technological sophistication and cost
- Short term activity increase; longer term uncertainty on activity
- How will technology affect the role of the prosthetist/orthotist? What numbers will be required?



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2014 is the 25<sup>th</sup> Anniversary of the introduction of competitive tendering in the UK prosthetic service market

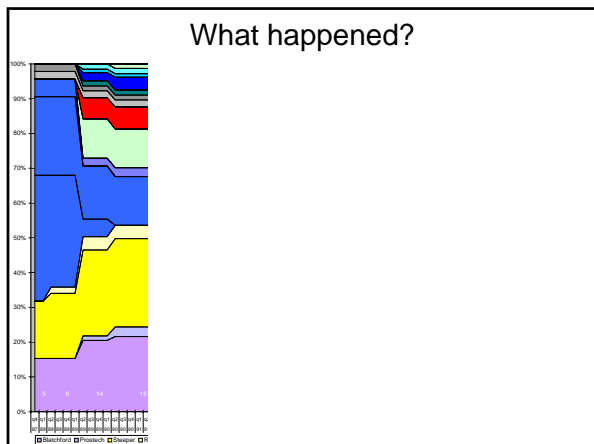
**What can we learn from the UK experience of competitive tendering?**



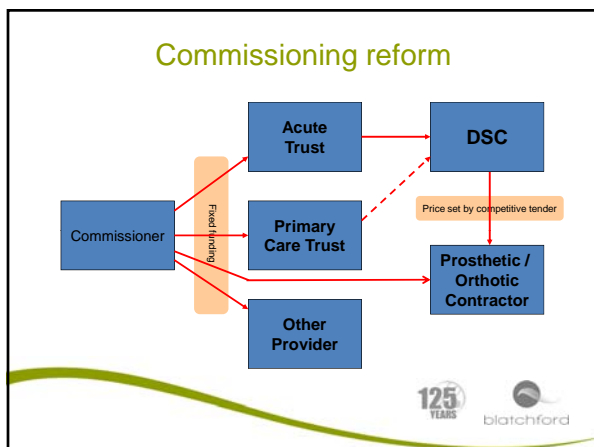
### Competitive Tendering

- Introduced in 1989 for prosthetics and early 1990s for orthotics
- Varied forms of tender but most common:
  - Prosthetics contracts – annual fee for providing services to amputees with specified numbers of staff with products sold at cost
  - Orthotic contracts – sessional fee for orthotic service with custom and off the shelf orthoses sold at tendered price





- ### What happened?
- After initial growth in number of service providers competition has been a force for rationalisation
  - Prices have come down substantially although companies still make reasonable profits
  - More recent developments have been more positive
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- ### Opportunities
- Dealing directly with the commissioners and cutting out the middle-men: funds are spent directly on patients
  - Increasing prominence of the military amputee and funding questions that this raises when they are discharged
    - 40 times as much money is spent on a military amputee compared to an NHS amputee
    - Increasing notice of microprocessor products and new funding for them
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- ### What can we learn from UK?
- Government scepticism about private companies – need another voice – strong patient groups
  - Need to be united to achieve change
  - Inefficiencies in the system (if they can be identified) give opportunity for removing middlemen and improving funding for less cost
  - Need to lever off positive stories – military amputees etc.
  - Try to move focus of competition to quality rather than cost
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