

MINUTES FROM THE SOUTH OF ENGLAND REGIONAL APIL GROUP MEETING

WEDNESDAY 9 JUNE

AT WESSEX REHABILITATION CENTRE AT SALISBURY
DISTRICT HOSPITAL

Introduction

David Pinto opened the meeting at approximately 5:35pm. Introducing Sue Ford, Manager of the Wessex Rehabilitation Centre (WRC). Sue Ford dealt with housekeeping matters.

Handouts from Mr Bell and Mr Wareham were available for members.

David Pinto explained that he would read out the EC Update, Gavin Lane would then introduce today's speakers and then staff from WRC would show members around the centre.

EC Update

David Pinto then read through the EC Confidential Update which covered the following topics:-

- The Portal for the new RTA low value regime. Any members having password problems should contact 0207 265 5753;
- Jackson recommendations;
- ELIB Scheme – i.e. employers equivalent of MIB;
- Draft Civil Law Reform Bill;
- Third Party Capture, any members with examples, letters from insurers etc should provide these to APIL to assist with the campaign;
- Clinical Negligence – NHSLA;
- Discount rate;
- Review of PI protocols;
- Pleural plaques;
- CICA.

Guest speakers

Gavin Lane thanked Sue and Lorraine for their organisation of the meeting. Gavin Lane explained that the focus of today's meeting was rehabilitation, chronic pain and back pain.

Gavin Lane introduced:-

- 1 Nick Boeree – Southampton based Spinal Surgeon;
- 2 Peter Wareham – Lead Physiotherapist at WRC;
- 3 James Bell – Counsel from Temple Gardens with experience in chronic pain claims.

Nick Boeree

Mr Boeree then gave a very detailed and interesting presentation on back problems, covering anatomy, pathology and symptomatology, which included a slide show. He also gave his thoughts on the litigation.

Peter Wareham

Mr Wareham then gave an informative and interesting presentation on the work of the WRC, the type of patients they treat, their methods and results, in particular their multi-disciplinary approach/holistic approach to rehabilitation.

He produced a detailed handout.

On a private basis, a 3 week programme at WRC would cost £5,000, included in this cost is a further week if necessary. A 2 week programme would vary in cost, depending on the patient's needs but would be in the region of £2,000.

James Bell

Due to time constraints, Mr Bell suggested that he could give his presentation at a later date so that there was time for the tour of the WRC facilities. Mr Bell offered to have an open forum chat about chronic pain and back pain and to utilise the clinicians from WRC that were at the meeting.

Surveillance DVDs were discussed. Mr Bell's advice being to visit the client early on in the litigation to see them in their own home, meet friends and family and take statements to get a true picture of the injury(s).

Dr Nigel North (Consultant Clinical Psychologist) joined the discussion regarding how lawyers can get the most out of experts. Dr North would prefer to have all the medical records available when doing his report and not for them to be provided on a piece-meal basis. Use of paginated working bundles was a good idea.

Dr North commented that with some Defendant experts, when they hold joint discussions, he finds them very aggressive and they won't budge; he feels that the discussion is a pointless exercise and is not sure how to handle it. Mr Bell suggested that the Claimant expert drafts the first draft of the joint statement and invites the Defendant expert to comment/amend. Dr North finds agendas for the joint meetings useful.

Dr North also commented that it would help him if, when invited to conferences, he had an agenda so that he knew in advance what the issues were and so could prepare, for example make sure he had revised the literature referred to.

Dr North confirmed that he also liked to speak to his instructing solicitor before the expert's joint discussions.

Dr North then commented that, from a clinician's point of view, when the Defendant puts the patient/client under surveillance, this can severely jeopardise any progress made with psychological therapy.

Mr Bell suggested that lawyers should view the unedited surveillance with the client, take a detailed statement about the surveillance and then disclose to the experts. It is also a good idea to make sure that witness statements regarding the pain are not over-egged.

There was then a discussion regarding early rehabilitation. The general consensus from the clinicians present being that they would prefer to get patients early on in their injuries as this is easier to treat. Some members thought that the insurer's rehabilitation services tended to be used as a "spy in the camp" and clients did not like the insurers knowing so much about

their lives. Often, insurers pull funding for rehabilitation which is detrimental to the recovery process, alternatively, there can be delays with funding which can hamper clients'/patients' recovery.

Tour of WRC facilities

Members were then given a tour of the WRC facilities which included the gym, a relaxation room, woodwork and metalwork rooms, workshop plus the daily living room.

Meeting closed at approximately 8:15pm.