Cerebral Palsy & Brain Injury Cases - Ensuring you do the best for your client



8 March 2018

Doubletree by Hilton, Bristol City Centre

#AVMACP

CPD: 5 hours 50 minutes
(APIL to be confirmed)

SRA competencies: **B**

This popular AvMA conference returns to Bristol on 8th March and will discuss and analyse the key areas currently under the spotlight in Cerebral Palsy and Brain Injury Cases so that lawyers are aware of the challenges required to best represent their clients. Determining causation, neonatal risk factors and intrapartum fetal distress and surveillance focusing on CTGs will be covered by leading medical experts.

Guidance will also be provided on alternative and augmentative communication and assistive technology for children with brain damage, as well as looking at case management, tactical budgeting and the current issues in CP and brain injury claims.

NB: Programme and timings may be subject to change

CONFERENCE PROGRAMME

Chair: Vanessa McKinlay, Barrister, St John's Chambers

09.00 REGISTRATION AND REFRESHMENTS

09.45 CHAIR'S INTRODUCTION

09.50 CURRENT ISSUES IN CEREBRAL PALSY & BRAIN INJURY CLAIMS

MATTHEW PHILLIPS QC, Barrister, St John's Chambers; & SIMON ELLIMAN, Partner, Royds Withy King

10.25 INTRAPARTUM FETAL DISTRESS AND SURVEILLANCE FOCUSSING ON CTGS

MS SONIA BARNFIELD Consultant Obstetrician, Southmead Hospital, Bristol

- Pre-eclampsia
- Pre and post-natal haemorrhaging
- Cord prolapse
- CTGs and recognition of features of various types of fetal hypoxia
- The role of additional tests of fetal well-being e.g. fetal scalp blood sampling and monitoring

11.15 REFRESHMENTS

11.30 DETERMINING CAUSATION IN CEREBRAL PALSY AND BRAIN INJURY CASES

DR NEIL STOODLEY, Consultant Neuroradiologist, North Bristol NHS Trust; &

DR PHILIP JARDINE, Consultant Paediatric Neurologist, University Hospitals Bristol NHS Foundation Trust

- Cerebral palsy, the incidence and the role of pre, peri and post-natal factors
- The various sub types of CP, how the symptoms present and which sub types of CP are more attributable to a perinatal hypoxic event
- The perinatal factors which are suggestive of a hypoxic event: deterioration in fetal heart rate, metabolic acidosis, early onset of HIE
- The timing and severity of the asphyxia, how it can affect the brain and how this will present on the ultrasound and MRI images
- The optimum time to image and the necessity for further imaging as the child develops
- The role of imaging in assessing damage to the hippocampus - presentation of learning difficulties at a later stage in a child's life

13.00 LUNCH

13.50 NEONATAL RISK FACTORS FOR CEREBRAL PALSY

DR JANE HAWDON, Consultant Neonatologist, Responsible Officer, Royal Free London NHS Trust

- Resuscitating the hypoxic infant
- Neonatal infection
- · Neonatal hypoglycaemia
- Neonatal jaundice
- Stroke
- The role of brain cooling

14.40 CASE MANAGEMENT INPUT AND CARE – THE COSTS INVOLVED

SUSIE QUINLAN, Case Manager/ Learning & Development Manager, Independent Living Solutions

15.20 REFRESHMENTS

15.35 THE ROLE OF THE SPEECH AND LANGUAGE THERAPIST FOR CHILDREN WITH CEREBRAL PALSY & BRAIN INJURY

ANNIE KINGSTON, Speech & Language Therapist, Association of Speech and Language Therapists in Independent Practice

- Roles and responsibilities of SLT
- Eating and drinking difficulties
- Speech, language and communication: definitions and deficits
- Assistive communication technology
- Overview of (other) assistive technology
- Recommendations and costings
- Importance of developmental perspectives and use of evidence base

16.15 MAXIMISING HOURLY RATES AND TACTICAL BUDGETING IN CP AND BRAIN INJURY LITIGATION

DOMINIC WOODHOUSE, National Training Manager & Senior Advocate, Partners in Costs Ltd

16.55 CHAIR'S CLOSING REMARKS

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Delegate booking form

Cerebral Palsy & Brain Injury Cases - Ensuring you do the best for your client (356) 8 March 2018, Doubletree by Hilton, Bristol City Centre

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