All Wales Military Prosthetics Working Group

Improved Prosthetic services

For Military Veterans
INTRODUCTION

The Welsh Government, as part of its package of support for the Armed Forces, is committed to NHS Wales matching the standard of prosthetics, often state of the art, provided to injured service personnel at the Ministry of Defence Medical Service at Hedley Court, following discharge from the armed forces.

At Hedley Court, service personnel with lower limb amputations normally receive between 4 – 5 prosthetic limbs – main, spare, sports, shower/water activity and running leg. As a consequence of blast injuries there are a growing number of military veterans with multiple amputations.

In 2011, Dr Andrew Murrison MD MP published his report, ‘A Better Deal for Military Amputees’ http://www.limbless-association.org/wp-content/uploads/2011/10/Dr-Andrew-Murrison-A-Better-Deal-for-Military-Amputees.pdf following his review into the prosthetic services currently offered to military veterans by the NHS in the UK. This review followed concern by service charities and some serving personnel who have been injured that, following discharge from military service and when the NHS became responsible for their prosthetic care, they might not receive the same standard of care.

To ensure equity with other veteran amputee services in the UK, the First Minister accepted the report in principle, subject to consideration of how best to implement it for Wales.

Health Boards plan and fund specialised prosthetics services on an all Wales basis through the Welsh Health Specialised Services Committee (WHSSC). Prosthetic services form part of the Artificial Limb and Appliances Services (ALAS) delivered at 3 regional centres in Cardiff, Swansea and Wrexham.

The small working group established to consider the implementation of the Murrison Report in Wales has produced this report for the Minister of Health and Social Services and NHS Wales, the purpose of which is to provide:

- A summary report of the baseline assessment of current provision;
- A working estimate of known and anticipated veteran amputee numbers and the cost of matching MoD provision;
- A draft WHSSC commissioning policy for the provision of enhanced prosthetics for war veterans;
- Key issues arising from the commissioning policy;
- Recommendations

A BASELINE ASSESSMENT OF CURRENT PROVISION

Annex A sets out a summary of a baseline assessment of the current provision of prosthetics to known veterans at the 3 ALAS Centres.

The results of the baseline assessment, and feedback received from the three Welsh ALAS centres has identified that offering this enhanced service to war
veterans will have implications in terms of resources and staff currently have limited experience in fitting state of the art prosthetic limbs.

The scale of these implications for the 3 ALAS centres is difficult to predict as the number of veterans likely to access the service is currently unknown.

A WHSSC COMMISSIONING POLICY

Annex B sets out a draft WHSSC commissioning policy for enhanced prosthetics services for war veterans to support the delivery of Welsh Government’s commitment to match the standard of prosthetic services at Hedley Court. This draft policy will ultimately need to be agreed formally by Health Boards through WHSSC.

AN ESTIMATE OF VETERAN NUMBERS AND COSTS OF MATCHING MoD PROVISION

Existing veteran numbers
The British Limbless Ex-Servicemen’s Association (BLESMA) believes its membership includes most of the veteran amputees in the UK (approximately 1,335). The charity believes each individual must be considered on the basis of benefit rather than age and assume that 75% of those people up to the age of 70 who are physically well, may seek to upgrade their existing NHS provision to match the standard of provision military veterans are now routinely receiving from Hedley Court. This equates to around 278 amputees across the UK.

Future veteran numbers
Headley Court advises around 95% of amputees return to military service following rehabilitation at the Centre. There is no existing information available on the attrition rate following their return to service, which means it is very difficult to assess accurately the potential future impact for NHS Wales, which becomes responsible for these military veterans once they leave military service. NHS Wales must now develop effective and sustainable links with the MoD to help inform service planning.

In the absence of available and reliable information on the number of veterans discharged each year and becoming the responsibility of the NHS, this paper assumes that the current conflicts will continue for the medium to long term, so this number of amputees will be discharged from military service at a constant rate each year for 10 years. The true costs of the prosthetic limbs to the NHS would not be known until these patients appear at the ALAS centres with the limbs issued from Headley Court. This could place massive demands on the NHS Wales resources available.

In the absence of reliable information but in an attempt to make some level of planning assessment of the implications for NHS Wales, this paper assumes that 10 Welsh veterans are discharged from military service each year thereby
becoming the responsibility of the NHS in Wales. This assumption will need to be tested with the MoD and reviewed regularly.

In view of the current lack of information regarding the numbers of war veterans, NHS Wales needs to establish formal links with the MoD to facilitate improved service planning. The 3 ALAS centres in Wales are now formally collecting and recording data on military veterans who are presenting at the centres, which will help with future service planning.

The Murrison Review states that initial costs per amputee per annum are around £20,000 for the level of provision at Headley Court. But signals that with the introduction of new and emerging equipment, it is likely that this spend will be nearer to £30,000 – £45,000 per person.

The total component cost for the additional new prostheses for an above the knee amputee is assumed to be between £19,000 and £45,000 dependent on component selection and the total component cost for the new prostheses. For a below the knee amputee, costs would be in the region of an additional £6,000.

The lifetime of these state of the art microprocessor controlled prostheses is approximately five years and so they will need replacing after this period of time. Below knee prostheses may not last the 5 year period as the components have a warranty for 3 years therefore replacement will be more frequent. Also in subsequent years after the initial prescription they will incur repair costs as they will need maintaining and also they will need replacement sockets and interfaces e.g. liners many of which may add an annual cost of £1,000 per amputation site. It is estimated that this will cost approximately 20% of the new component cost each year.

For the average civilian client, the current cost is around £900 per year.

At the time the Murrison review was written the highest cost component was the “C leg”. Since this time a number of advances have been made on the Upper limb provision specifically at Headley Court and there are very high expense components now also used for upper limb provision (more expensive than C legs) as well as increased use of silicone high definition covers – the usage of these is now much more prevalent than when the report was written. They may incur more replacement costs than C leg or “Genium” which is replacing the “C leg” as they will wear more quickly with continued use.

The incidence of above the knee amputees is approximately 40% and the incidence of below the knee amputees is approximately 60%.

As well as the prosthetic limbs, there would also be a requirement for greater prosthetic, technician and multi disciplinary clinical team input into the increased activity of these individuals. The estimate of increased demand on current ALAS services is assumed to be in the region of an additional 20% on top of current staffing numbers (i.e. if 5 Prosthetists previously were required this would move to 6 etc).
In February 2013, the UK Government pledged £6.5 million for the (MoD to buy the latest prosthetic limbs for soldiers injured in Iraq and Afghanistan from the MOD’s Hedley Court Centre. This announcement from the UK Government stated that Genium limbs would be made available at Hedley Court.

The move from C-leg (the current industry leading state of the art limb) to Genium represents an increase in cost of components but the demand for/level of clinical appropriateness of this limb is currently unknown. This evidence base will grow over time.

Based on the assumption that 10 Welsh veterans are discharged from military service each year becoming the responsibility of NHS Wales, this would equate to 4 above knee amputees and 6 below knee amputees per annum. When discharged, the veteran will have existing prostheses which are assumed to be between 1 and 5 years old on an evenly distributed basis. The table below shows this cumulative effect over a ten year period:

<table>
<thead>
<tr>
<th>Cost of Enhanced Prosthetics (£000s)</th>
<th>35</th>
<th>70</th>
<th>105</th>
<th>140</th>
<th>175</th>
<th>210</th>
<th>245</th>
<th>270</th>
<th>305</th>
<th>340</th>
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<tbody>
<tr>
<td>AK new limbs</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>AK repairs</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>24</td>
<td>30</td>
<td>36</td>
<td>42</td>
<td>48</td>
<td>54</td>
<td>60</td>
</tr>
<tr>
<td>BK new limbs</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>24</td>
<td>30</td>
<td>36</td>
<td>42</td>
<td>48</td>
<td>54</td>
<td>60</td>
</tr>
<tr>
<td>BK repairs</td>
<td>6</td>
<td>12</td>
<td>18</td>
<td>24</td>
<td>30</td>
<td>36</td>
<td>42</td>
<td>48</td>
<td>54</td>
<td>60</td>
</tr>
<tr>
<td>Total Cost (£000s)</td>
<td>53</td>
<td>106</td>
<td>159</td>
<td>212</td>
<td>265</td>
<td>318</td>
<td>371</td>
<td>414</td>
<td>467</td>
<td>520</td>
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</table>

The table below shows the additional prosthetic service costs to increase the level of service provision in £000’s at costs of band 6 equivalent £42,000pa:

<table>
<thead>
<tr>
<th>Cost of Additional Staffing</th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Of Staff</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total cost (£000's)</td>
<td>126</td>
<td>126</td>
<td>168</td>
<td>168</td>
<td>210</td>
<td>210</td>
<td>210</td>
<td>252</td>
<td>252</td>
<td>252</td>
</tr>
</tbody>
</table>

The total cost implications are as follows estimating 10 new veterans per year:
These costs assume no economies of scale, or skill mix.

KEY ISSUES TO CONSIDER

The working group has identified there are implications for the posture and mobility service as a consequence of the growing number of veteran amputees. A number of veterans with prosthetics will require wheelchairs which are not currently included within the national wheelchair service specification.

The working group has also identified there are a number of key issues which will help determine the future planning, organisation and delivery of prosthetic services for Wales, not just for veterans but also for civilians. These are as follows:

- Civilians may ask for and be assessed as benefiting from the same standard of provision as veterans;
- Veteran numbers are very small and planning and delivering an enhanced service just for veterans may be difficult to sustain alongside the mainstream service;
- Prosthetic services are provided as part of the Artificial Limb and Appliances Service, which includes posture and mobility (wheelchair) services. Improvements to prosthetic services need to be aligned and integrated with improvements to posture and mobility services.
- People who need prosthetic services often require orthotic services, which are planned and delivered locally by individual Local Health Boards. There needs to be formal links between these services to ensure co-ordinated and person centred care.

RECOMMENDATIONS

The working group recommends Health Boards formally adopt the draft commissioning policy at Annex B for enhanced prosthetics services for war veterans.

In view of the key issues identified above, the working group recommends it now reconstitutes itself to become a stakeholder owned and led group to co-produce a second phase of work to inform and support change and improvements to the prosthetic service as a whole.

This work would include:

- Development of a national service specification for equitable, person centred prosthetic services for both civilians and veterans, delivered as close to home as possible, co-ordinated with posture and mobility services.
and with orthotics services. This service specification would describe the objectives, scope and level of service, set eligibility criteria and identify clinical and service user outcome focused performance measures;

- An assessment of existing services against the national service specification and performance measures;
- In light of the assessment, development and appraisal of options for service organisation and delivery, including service model and infrastructure and financial and workforce implications for uplifting service provision of enhanced orthotics, prosthetics and wheelchairs for all service users who satisfy the eligibility criteria.
- Development of a prosthetic services commissioning policy for both civilians and veterans

The working group recommends this second phase of work begins as soon as possible and is concluded by the end of 2014.
### Annex A

<table>
<thead>
<tr>
<th>Staffing in your service</th>
<th>Cardiff</th>
<th>Swansea</th>
<th>Wrexham</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many WTE prosthetists work in your team?</td>
<td>Six but this will reduce to five as one of our prosthetists is retiring shortly and won't be replaced</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>How many WTE prosthetists have experience in fitting State of the Art (SOTA) lower limb prosthetics such as microprocessor knees and feet?</td>
<td>Five are C leg certified and two are Genium certified.</td>
<td>None at present.</td>
<td>None at present. Dawn reports that she will expect C leg certification to happen soon to be able to treat a veteran.</td>
</tr>
<tr>
<td>How many WTE prosthetists have experience in fitting State of the Art (SOTA) upper limb prosthetics such as multi-articulating electric hands and powered elbows?</td>
<td>We have no experience of multi articulating electric hands only standard myo-electric provision</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Have you or any of your team had the opportunity to participate in knowledge exchange with Headley Court Defence Medical Services?</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
What other staff groups support the prosthetists in the specialist service (i.e. not community)? Please list

<table>
<thead>
<tr>
<th>Complementary Services</th>
<th>Cardiff</th>
<th>Swansea</th>
<th>Wrexham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you co-located with or have a clear pathway to wheelchair services? (please describe)</td>
<td>The wheelchair and prosthetic services come under the administrative umbrella of the Cardiff Artificial Limb and Appliance Service. All amputees are provided with a wheelchair and there are clear pathways in place.</td>
<td>Yes. Our Occupational therapist OT prescribes and delivers wheelchairs directly to patient</td>
<td>Yes – OT tends to get involved with wheelchair needs of amputee at primary stage.</td>
</tr>
<tr>
<td>Are you co-located with or have a clear pathway to orthotic services? (please describe)</td>
<td>The orthotic and prosthetic service have merged and are co-located and managed as one service.</td>
<td>Yes. We use the same consultants and Orthotic department is in the same building …but under a different directorate</td>
<td>Able to refer to orthotics.</td>
</tr>
<tr>
<td>Are you co-located with or have a clear pathway to mental health services (please describe)</td>
<td>Referral to mental health services would normally be via the rehabilitation consultants. In addition there is a Consultant</td>
<td>Yes. There is access to Mental health within the Trust –the pathway would be arranged by referral via the consultants</td>
<td>No</td>
</tr>
</tbody>
</table>

| | Two Consultants in Rehabilitation Medicine, a Psychologist, Clinical Specialist nurses, Physiotherapists, Orthotists, an Occupational Therapist and a team of eight prosthetic technicians | 2 x Consultants 3 x Physiotherapists 1 x Occupational therapist 2 x Specialist nurses 3 x Prosthetists 5 X Prosthetic technicians 6 x Administrators (4 part time) 1 x Generic support worker | Physio, OT, Nursing, Consultant in Rehabilitation Medicine, Access to psychologist on a limited basis. |

Complementary Services
- Cardiff
- Swansea
- Wrexham
Clinical Psychologist who supports patients and can refer directly.

<table>
<thead>
<tr>
<th>Are you co-located with or have a clear pathway to specialist pain services? (please describe)</th>
<th>Referral to specialist pain services would normally be via the rehabilitation consultants.</th>
<th>Yes. One of our consultants (Dr S Javaid) is a specialist in pain therapy and uses many treatments within our centre.</th>
<th>No</th>
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<tr>
<th>Specialist services</th>
<th>Cardiff</th>
<th>Swansea</th>
<th>Wrexham</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you use Computer Aided Design (CAD)/Computer Aided Manufacturing (CAM) to provide prosthetic solutions for your patients?</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please provide further details on the CAD/CAM used by your service</td>
<td>Tracer Cad</td>
<td>Tracer Cad</td>
<td>Tracer Cad</td>
</tr>
<tr>
<td>Do you provide specialist fitness, exercise and/or sport programmes?</td>
<td>Advice via physiotherapy to disability sports</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have access to a gait lab?</td>
<td>No</td>
<td>Yes</td>
<td>No May be able to access ORLAU – have links there</td>
</tr>
<tr>
<td>Do you currently have any links with British Limbless Ex Service Men's Association (BLESMA) or any other veterans</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you currently have any input to your service from a Consultant in Rehabilitation Medicine? Please detail sessions per week</td>
<td>Yes; One full day – three sessions (1.5 sessions per clinic)</td>
<td>Two consultants sitting for Two sessions per week</td>
<td>Yes – 2 days a month</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Veterans</th>
<th>Cardiff</th>
<th>Swansea</th>
<th>Wrexham</th>
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<tbody>
<tr>
<td>Are you aware of how many veterans you currently treat?</td>
<td>We are currently unable to provide accurate figures of the numbers of veterans that currently attend for treatment.</td>
<td>Approximately 37 patients who have lost limbs as a result of armed service and a few of these are double or triple site amputees. We also have a good number of veterans who lost limbs when they became civilians.</td>
<td>No – poor data collection on BEST</td>
</tr>
<tr>
<td>How did you establish their veteran’s status?</td>
<td>Usually it is reported to us. We would expect to see evidence of an award notice for entitlement going forward but have no formal mechanism at present.</td>
<td>Whether or not they are entitled to a war pension due to their injury – this is done via Norcross, Thornton Cleveleys Lancs.</td>
<td>?</td>
</tr>
<tr>
<td>Do you offer any specialist veterans clinics or extended hour clinics currently?</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>
### How do you currently receive information in regard to amputee personnel leaving the armed forces and moving to your service?

There is no notice given until we receive a referral into the service from the patient / or patient’s GP. We then contact Headley Court for records and start a treatment process at the centre. They are referred to the service on the patient pathway i.e. via the consultant and MDT. Patients generally contact us.

### Miscellaneous

<table>
<thead>
<tr>
<th>Cardiff</th>
<th>Swansea</th>
<th>Wrexham</th>
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<tbody>
<tr>
<td><strong>How many existing patients who attend your centre utilise State of the Art (SOTA) limbs?</strong>&lt;br&gt; We have a total of 4 users of the C leg. Three of these patients have funded the purchase of a C Leg privately, the other via a charity. There is one patient with an Echelon foot on each of his prostheses.</td>
<td>We have a total of 2 users of the C leg. One of these patients funded the purchase privately; the other was supplied by an English NHS centre. There is one patient who uses a powered elbow but this was funded many years ago as a special clinical case. 5 patients have Echelon feet on their prostheses.</td>
<td>Currently none. There is an IPFR currently going through for BeBioninc hand.</td>
</tr>
<tr>
<td><strong>Of this patient cohort what percentage are veterans and what percentage civilians (if known)</strong>&lt;br&gt; One ex servicemen discharged and a Headley Court veteran has a C leg.</td>
<td>Not certain but seems to be around 4%</td>
<td>Unknown</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>What have you spent on State of the Art (SOTA) limbs in the last five years? Are you able to express this as a percentage of your overall budget?</td>
<td>There has been approximately £6K spent on two Echelon feet to date funded by the service. We are not able to express this as a % of the overall budget as we do not have that information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>There has been approximately £15K spent on 5 Echelon foot spend to date. Four of which were funded by the service and one via an IPFR. There is one patient who uses a powered elbow but this has not been funded in the last 5 years. We are not able to express this as a % of the overall budget as we do not have that information.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No spend to date.</td>
<td></td>
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Annex B

Specialised Services Policy:

War Veterans - Enhanced Prosthetic Provision

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<tr>
<th>Document Author:</th>
<th>Assistant Director of Planning</th>
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<td>Executive Lead:</td>
<td>Director of Planning</td>
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<td>Approved by:</td>
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Document History
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Date of next revision

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### Distribution – *this document has been distributed to*

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### Policy Statement

#### Background

Assistive Technology (AT) is a product or service designed to support an individual in order to maximise their social and occupational roles, to maximise ability and minimise disability. The AT services funded by WHSSC and provided across Wales through the Artificial Limbs and Appliances Service (ALAS) are:

- Posture and Mobility Service;
- Prosthetics;
- Orbital prosthetics; and
- Electronic Assistive Technology.

This policy applies to the Prosthetics service provided by ALAS, more specifically the provision of high end prosthetics for war veterans with a service attributable injury.

#### Summary of Access Criteria

Patients must satisfy all elements of the access criteria for assessment and treatment to proceed. The access criteria is set out below:

- The patient is permanently resident in Wales or their GP practice is in Wales and they live within a Clinical Commissioning Group bordering Wales; AND
- The patient has suffered limb loss following service-attributable injury; AND
- The patient is in receipt of a war pension arising from the service attributable injury; or
- The patient has received a financial settlement offer from the Armed Forces Compensation Scheme (AFCS)
- The patient has an Award Notice confirming their eligibility

#### Responsibilities

Referrers should:

- Inform the patient that this treatment is not routinely funded outside the criteria in this policy; and
- Refer via the agreed pathway.

Clinician considering treatment should:

- Discuss all the alternative treatment with the patient;
Advise the patient of any side effect and risks of the potential treatment;
Inform the patient that treatment is not routinely funded outside of the criteria in the policy; and
Confirm that there is contractual agreement with WHSSC for the treatment.

The onus lies with the requesting clinician to present a full submission to the WHSSC IPFR team which sets out a comprehensive and balanced clinical picture of the history and present state of the patient’s medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary information including research papers must be submitted with this form.

As part of the referral process the patient will be required to provide evidence of their eligibility through their Award Notice. ¹

Requests can only be considered based on the information provided. Incomplete forms or forms providing insufficient information will be returned.

¹ Veterans who do not possess an award notice, should contact the Service Personnel and Veterans Agency (SPVA) directly, or seek assistance from British Limbless Ex Service Men's Association (BLESMA) if required.
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1. Aim

1.1 Introduction

The document has been developed as the policy for the planning of enhanced prosthetic provision for War Veterans resident in Wales, or who have a GP practice in Wales and live in a bordering Clinical Commissioning Group. The policy applies to residents of all seven Health Boards in Wales.

The purpose of this document is to:

- Set out the circumstances under which patients will be able to access enhanced prosthetic provision;
- clarify the referral process; and
- define the criteria that patients must meet in order to access treatment.

1.2 Relationship with other Policies and Service Specifications

This document should be read in conjunction with the following documents:

- All Wales Posture and Mobility Service Specification
- Assistive Technologies Commissioning Policy
- All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)
- Neurorehabilitation Commissioning Policy
2. Scope

2.1 Definition

This commissioning policy sets out NHS Wales position with regard to the provision of prosthetic limbs for War Veterans. The Command Paper ‘The Nation’s Commitment: Cross Government Support to our Armed Forces, their Families and Veterans’ made clear that all veterans who have lost a limb whilst serving in the Armed Forces should, where clinically appropriate, have access to a modern high end prosthesis of the sort issued by the Defence Medical Rehabilitation Centre at Headley Court.

This policy covers the provision of:
- Mobility limb including a supplementary limb to maintain function
- Shower limb where appropriate.
- Work related adaptations e.g. limbs with special grips;
- Basic recreation limb for swimming or running.
- Maintenance for out of warranty components issued by the Defence Medical Rehabilitation Centre, including updates and upgrades of current components.\(^2\)

This policy does not apply to war veterans who are resident in England, Northern Ireland or Scotland. War veterans in those countries who wish to access the services in Wales will need to apply for funding through their own national arrangements, e.g. for English residents an application will need to be submitted to the NHS England Veterans’ Prosthetic Panel.

2.2 Codes

ICD-10 Codes

<table>
<thead>
<tr>
<th>Code Category</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Z89.4</td>
<td>Acquired absence of foot and ankle</td>
</tr>
<tr>
<td></td>
<td>Z89.5</td>
<td>Acquired absence of leg at or below knee</td>
</tr>
</tbody>
</table>

\(^2\) An update is a like-for-like replacement of a current component, and an upgrade would provide a component that offers increased functionality.
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z89.6</td>
<td>Acquired absence of leg above knee</td>
</tr>
<tr>
<td>Z89.7</td>
<td>Acquired absence of both lower limbs [any level, except toes alone]</td>
</tr>
<tr>
<td>Z89.8</td>
<td>Absence of upper and lower limbs [any level]</td>
</tr>
<tr>
<td>Z89.0</td>
<td>Acquired absence of finger(s) [including thumb], unilateral</td>
</tr>
<tr>
<td>Z89.1</td>
<td>Acquired absence of hand and wrist</td>
</tr>
<tr>
<td>Z89.2</td>
<td>Acquired absence of upper limb above wrist</td>
</tr>
<tr>
<td>Z89.3</td>
<td>Acquired absence of both upper limbs [any level]</td>
</tr>
<tr>
<td>Z89.9</td>
<td>Acquired absence of limb, unspecified</td>
</tr>
</tbody>
</table>
3. Access Criteria

3.1 Clinical Indications

The increased use of Improvised Explosive Devices in recent conflicts has resulted in an increased number of patients with amputations, including multiple amputations with other extensive co-morbidities.

This policy covers all such patients who have suffered limb loss following service attributable injury.

3.2 Criteria for Treatment

Access to enhanced prosthetic provision is dependent:

- The patient is permanently resident in Wales or their GP practice is in Wales and they live within a CCG bordering Wales; AND
- The patient has suffered limb loss following service-attributable injury; AND
- The patient is in receipt of a war pension arising from the service attributable injury; or
- The patient has received a financial settlement offer from the Armed Forces Compensation Scheme (AFCS)
- The patient has an Award Notice confirming their eligibility

3.3 Referral Pathway

The diagram in Annex i sets out the referral pathway from the point at which the patient is referred by their GP to one of the three ALAS centres.

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR should be submitted.

3.4 Exclusions

This policy does not apply to Veterans who lose limbs after they leave the military which are not related to a service attributable injury e.g. in a civilian road traffic accident.

The following components would not routinely be considered;
- components not CE marked and passed standards for use in this country;
components not previously used in Headley Court; and

Components that are being used as part of a trial or to support a study.

3.5 Exceptions

If the patient does not meet the criteria for treatment, but the referring clinician believes that there are exceptional grounds for treatment, an Individual Patient Funding Request (IPFR) can be made to WHSSC under the *All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR)*.

High activity specialist or sporting limbs would not routinely be considered for funding, nor would funding provision be made for out of warranty maintenance of such specialist limbs. If the referring clinician believes that there are exceptional grounds for issuing such limbs, or additional limbs over and above the four standard limbs issued per site, an Individual Patient Funding Request (IPFR) can be made to WHSSC under the same policy.

If the patient wishes to be referred to a provider out of the agreed pathway and the referring clinician believes that there are exceptional grounds for treatment at an alternative provider, an Individual Patient Funding Request (IPFR) can be made to WHSSC under the *All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR)*.

Guidance on the IPFR process is available at [www.whssc.wales.nhs.uk](http://www.whssc.wales.nhs.uk)

3.6 Responsibilities

Referrers should:
- Inform the patient that this treatment is not routinely funded outside the criteria in this policy; and
- Refer via the agreed pathway

Clinician considering treatment should:
- Discuss all the alternative treatment with the patient;
- Advise the patient of any side effect and risks of the potential treatment;
- Inform the patient that treatment is not routinely funded outside of the criteria in the policy; and
- Confirm that there is contractual agreement with WHSSC for the treatment.
In all other circumstances submit an IPFR request.

The onus lies with the requesting clinician to present a full submission to the WHSSC IPFR team which sets out a comprehensive and balanced clinical picture of the history and present state of the patient’s medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary information including research papers must be submitted with this form.

As part of the referral process the patient will be required to provide evidence of their eligibility through their Award Notice.  

Requests can only be considered based on the information provided. Incomplete forms or forms providing insufficient information will be returned.

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3 Veterans who do not possess an award notice, should contact the Service Personnel and Veterans Agency (SPVA) directly, or seek assistance from British Limbless Ex Service Men's Association (BLESMA) if required.
4. Putting Things Right: Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided. The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

- When a patient or their representative is unhappy with the decision that the patient does not meet the criteria for treatment further information can be provided demonstrating exceptionality. The request will then be considered by the All Wales IPFR Panel.
- If the patient or their representative is not happy with the decision of the All Wales IPFR Panel the patient and/or their representative has a right to ask for this decision to be reviewed. The grounds for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated. The review should be undertaken, by the patient's Local Health Board;
- When a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for NHS Putting Things Right. For services provided outside NHS Wales the patient or their representative should be guided to the NHS Trust Concerns Procedure, with a copy of the concern being sent to WHSSC.
5. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (welsh).

This policy has been subjected to an Equality Impact Assessment. *The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. *The Assessment identifies the potential for adverse impact or missed opportunities to promote equality. A decision was made to proceed with the policy because... (set out the justifications for continuing with it). *Please delete as appropriate
Annex (i) Referral Pathway

War Veteran Referral Pathway

1. GP referral into service
2. Register patient on IEST
3. Check eligibility
   - No: Referral returned to GP
   - Yes: Contact Headley Court for all medical notes and equipment history and details
4. Arrange Consultant appointment to meet team and identify needs, history, equipment etc.
5. Liaise with Clinical leads from each centre to complete and agree required prescription
6. Submit War Veteran Prosthetic Prior Approval Request
7. IPPR considered by WASS:
   - Not Approved: Treatment Declined
   - Approved: Treatment Commences
   - Further Information required: Request returned to referring centre with request for further information
Annex (ii) Checklist

The following checklist should be completed for every patient to whom the policy applies:

i) Where the patient meets the criteria **AND** the procedure is included in the contract **AND** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.

ii) The patient meets the criteria **AND** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.

iii) The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.

iv) The patient does not meet criteria, but there is evidence of exceptionality. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration for treatment.
**To be completed by the referring gatekeeper or treating clinician**

The following checklist should be completed for all patients to whom the policy applies, before treatment, by the responsible clinician.

*Please complete the appropriate boxes:*

<table>
<thead>
<tr>
<th>Patient NHS No:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is Welsh Resident</td>
<td>Post Code:</td>
</tr>
<tr>
<td>Patient is English Resident registered with NHS Wales GP</td>
<td>GP Code:</td>
</tr>
</tbody>
</table>

**Patient meets following access criteria for treatment:**

| Criteria a - The patient is permanently resident in Wales or their GP practice is in Wales and they live within a CCG bordering Wales; | Yes | No |
| AND | | |
| Criteria b - The patient has suffered limb loss following service-attributable injury; | | |
| AND | | |
| Criteria c - The patient is in receipt of a war pension arising from the service attributable injury; | | |
| OR | | |
| Criteria d - The patient has received a financial settlement offer from the Armed Forces Compensation Scheme (AFCS) | | |

| Criteria e - The patient has an Award Notice confirming their eligibility | | |

**Patient wishes to be referred to non-contracted provider**

*If the patient wishes to be referred to a non-contracted provider an Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided on the basis of exceptionality. The form can be found at [http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455](http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455)*

**Patient does not meet access criteria but is exceptional**

*An Individual Patient Funding Request (IPFR) must be completed and submitted to WHSSC for approval prior to treatment. The form must clearly demonstrate why funding should be provided as an exception. The form can be found at [http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455](http://www.wales.nhs.uk/sites3/docopen.cfm?orgid=898&id=181455)*
Name: __________________________ Designation: ________________

Signature: ______________________ Date: ________________

<table>
<thead>
<tr>
<th>Name (printed):</th>
<th>Signature:</th>
<th>Date:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorised by TRM Gatekeeper</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorised by WHSSC Patient Care Team</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorised by agreed other (please state)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care Team/IPFR/TRM Reference number:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Annex iii      War Veteran Prosthetic Prior Approval Proforma

**VETERAN’S PERSONAL DETAILS**
NB: This information will be removed prior to consideration by the Panel

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>NHS Number</td>
</tr>
</tbody>
</table>

**DETAILS OF REQUESTER**

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designation</td>
</tr>
<tr>
<td>ALAS Centre</td>
</tr>
<tr>
<td>Contact number</td>
</tr>
<tr>
<td>Secure email address</td>
</tr>
<tr>
<td>Postal address</td>
</tr>
</tbody>
</table>

**CONSENT**

I confirm that this request for enhanced prosthetic provision has been discussed in full with the veteran and it would / would not be appropriate (please delete as necessary) for the veteran to be copied into all correspondence*.

The veteran is aware that they are consenting for the WHSSC Patient Care Team to access confidential clinical information held by clinical staff involved with their care about them as a patient to enable full consideration of this funding request.

<table>
<thead>
<tr>
<th>Signature of Requester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
</tbody>
</table>

Counter-signature
NHS Consultant in Rehabilitation

Date:

The onus lies with the requesting clinician to present a full submission to the WHSSC IPFR Team which sets out a
comprehensive and balanced clinical picture of the history and present state of the patient’s medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary information including research papers must be submitted with this form.

Requests can only be considered based on the information provided. Incomplete forms or forms providing insufficient information will be returned.

**ELIGIBILITY**
Access is dependent:
- The patient is permanently resident in Wales or their GP practice is in Wales and they live within a Clinical Commissioning Group bordering Wales; AND
- The patient has suffered limb loss following service-attributable injury; AND
- The patient is in receipt of a war pension arising from the service attributable injury; or
- The patient has received a financial settlement offer from the Armed Forces Compensation Scheme (AFCS)
- The patient has an Award Notice confirming their eligibility please confirm below and provide documentary evidence that the veteran meets the eligibility criteria

**CLINICAL BACKGROUND**
Outline the clinical situation, including current performance and prosthetic (including manufacturer and warranty dates)

**PROSTHETICS REQUESTED**
Prescription guidelines are:
1. Ordinary provision of limbs will extend to:
   - Mobility and shower limbs including a spare that maintains function;
   - Work related adaptations e.g. limbs with special grips;
   - Basic recreation limbs for swimming or running.
2. The following components would not routinely be considered;
   - components not CE marked and passed standards for use in this country;
   - components not previously used in Headley Court;
   - components that are being used as part of a trial or to support a study.
3. High activity specialist or sporting limbs would not routinely
be considered for funding, nor would funding provision be made for out of warranty maintenance of such specialist limbs. 

4. Funding will be available for the out of warranty maintenance of components provided by Headley Court. Updates and upgrades of components will also be funded. An update is a like-for-like replacement of a current component, and an upgrade would provide a component that offers increased functionality.

Please detail the prosthetics requested, including manufacturer with reference to the prescription guidelines above. 
Please confirm whether this relates to a new prosthetic or a request to fund out of warranty costs or an update. 
Please confirm that the prosthetics requested has been trialled with the veteran and what outcome measures (e.g. TAPES2, 2 minute walk) were used.

**EXPECTED BENEFIT TO THE VETERAN**
Please outline the expected benefit to the veteran of the proposed prosthetic, in terms improved function, gait, mobility, pain management etc, with particular reference to standardised outcome measures that could be used in comparison.

**COST**
Please confirm the expected cost of the prosthetics required including known life cycle costs and confirm what warranty arrangements will be in place if approved.
Please ensure that you provide a breakdown of all attributable costs that are connected to the prosthetic provision.

**OTHER INFORMATION**
Referrers are required to disclose all material facts to the WHSSC Patient Care Team as part of this process. Are there any other comments/considerations that are appropriate to bring to the attention of the WHSSC Patient Care Team.

Please return this form to: WHSSC.IPC@wales.nhs.uk