

Ensure the technology of prosthetic limbs provided within the Welsh NHS is equal to the rest of the UK.

Y Pwyllgor Deisebau | 15 Medi 2020
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Reference: RS20/12961-3

Petition Number: P-05-974

Petition title: Ensure the technology of prosthetic limbs provided within the Welsh NHS is equal to the rest of the UK.

Text of petition: We call upon the Senedd to urge the Welsh Government to ensure that funding is in place to enable limb amputees within Wales to have prosthetic technology at least equal to that which is available within the English and Scottish NHS.

We ask for the same level of support to be made available to people living in Wales. NHS Scotland has provided microprocessor prosthetics for several years and NHS England since 2016. The Welsh policy review is outstanding since 2017.

Petitioner's Story

As a fit nearly 60-year-old, whilst at work one Friday afternoon in March 2018 I suffered an aneurysm in my right leg. During the next 8 days I had three major operations during which a very professional team tried to save my leg, save it below the knee, and then above the knee. The last was successful and I am left with my leg removed just above the knee. Introduced to ALAC at Rookwood my journey back to work started. They designed and fitted a prosthetic limb and through regular physiotherapy I was walking and back in work late summer. Thank you, brilliant service.

For several years there has been a significant discrepancy with the type of prosthetics available to disabled people of Wales.

As I will have to spend the rest of my life using a prosthetic leg I would like to be given, and I would like all amputees in Wales to be given, the same opportunity as residents of the rest of



the UK.

Do not discriminate. Equal the standard for Welsh disabled residents.

1. Wales

In Wales, NHS prosthetic and amputee rehabilitation services are delivered in-house by three specialist Artificial Limb and Appliance Centres (ALACs) located in Cardiff, Swansea and Wrexham. The service is centrally commissioned by the Welsh Health Specialised Services Committee (WHSSC) on behalf of the seven Health Boards in Wales.

WHSSC published the service specification policy Specialised Services Service Specification: CP89 Prosthetic and Amputee Rehabilitation Services, in December 2014.

The correspondence from the Minister for Health and Social Services to the Committee on 13 July 2020 states that enhanced prosthetics, including microprocessor knee prostheses, are funded for **veterans** resident in Wales with service attributable injuries in accordance with the Specialised Services Policy CP49: War Veterans – Enhanced Prosthetic Provision.

The Minister also notes that WHSSC undertakes an annual process to determine the provision of specialist prosthetics services based on evidence of benefit, assessed against specific criteria. WHSSC again considered the provision of microprocessor knee prostheses for civilians as part of its annual review this year [2020]. At present microprocessor knee prostheses are not routinely provided for civilians. However, the Minister states that officials remain in regular communication with WHSSC to ensure evidence is available to inform their commissioning decisions.

If a patient's needs cannot be managed within the agreed range of equipment, and the prosthetic and amputee clinical team believe that there are exceptional grounds for providing equipment outside of range, then an Individual Patient Funding Request (IPFR) can be made to WHSSC under the All Wales Policy for Making Decisions on Individual Patient Funding Requests. Guidance on the IPFR process is available on the WHSSC website.

2. England

In England, specialised services are planned nationally and regionally by NHS England which has published the Service Specification for Complex Disability Equipment – Prosthetic Specialised Services For People Of All Ages With Limb Loss.

Commissioning policies define access to a service for a particular group of patients. NHS England published the Clinical Commissioning Policy for microprocessor controlled prosthetic knees (MPKs) in December 2016. This policy states:

NHS Provision of MPKs was previously available through Individual Funding Requests (IFRs) resulting in significant variations in prescription and use at the national level in the absence of an agreed prescribing policy. This policy aims to create an equitable, evidence-based approach to the prescribing of MPKs and improve the quality of limb loss rehabilitation and outcomes at a national level.

The policy also states that NHS England reviewed the evidence and concluded that there is sufficient evidence to consider supporting **routine commissioning** of microprocessor limbs. Pages 18 to 21 of the policy set out the criteria for commissioning.

The following policies are **not** routinely commissioned by NHS England:

- Clinical Commissioning Policy: High definition silicone covers for prosthetic limbs, high definition feet and partial hand prosthesis
- Clinical Commissioning Policy: Multi-grip Upper Limb Prosthetics

3. Scotland

In NHS Scotland, the Specialist Prosthetics Service is responsible for the assessment, prescription and provision of state-of-the-art (SOTA) prostheses.

Specialist prosthetics cover a wide range of SOTA devices including, but not limited to:

- microprocessor controlled knees
- microprocessor controlled multi-articulating upper limbs
- specialist foot and ankle joints

- sporting limbs

The service is available to eligible prosthetic limb users resident in Scotland. It covers those who fall into the following categories:

- armed forces veterans (recent discharges) who have had a SOTA prosthesis fitted by the Defence Medical Rehabilitation Centre (DMRC);
- referral for assessment of armed forces amputees whose amputations are a result of service-attributable injuries. They'll also be currently attending a prosthetics centre in Scotland (the Armed Forces Covenant);
- any other prosthetics service user currently resident in Scotland who fulfils the eligibility criteria.

Every effort is made to ensure that the information contained in this briefing is correct at the time of publication. Readers should be aware that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.