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Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Commissioning Policy: CP49

War Veterans - Enhanced Prosthetic Provision

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Contents

Policy Statement	4
Disclaimer	4
1. Introduction	5
1.1 Plain Language Summary	5
1.2 Aims and Objectives	5
1.3 Background	6
1.4 Epidemiology	6
1.5 Current Provision.....	8
1.6 What NHS Wales has decided.....	8
1.7 Relationship with other documents	8
2. Criteria for Commissioning	10
2.1 Inclusion Criteria	10
2.2 Exclusion Criteria	10
2.3 Continuation of Treatment.....	10
2.4 Acceptance Criteria.....	11
2.5 Patient Pathway (Annex i)	11
2.6 Designated Centre	11
2.7 Exceptions.....	12
2.8 Responsibilities	12
2.9 Clinical Outcome and Quality Measures	13
3. Evidence	14
3.1 References	14
3.2 Date of Review.....	14
4. Equality Impact and Assessment.....	15
5. Putting Things Right: Raising a Concern.....	16
5.1 Raising a Concern.....	16
5.2 Individual Patient Funding Request (IPFR)	16
Annex i Patient Pathway.....	17
Annex ii Checklist.....	18
Annex iii Codes.....	19
Annex iv Abbreviations and Glossary	20

Policy Statement

Welsh Health Specialised Services Committee (WHSSC) commission enhanced prosthetic limbs for War Veterans in accordance with the revised criteria outlined in this document.

In creating this policy WHSSC has reviewed the place of enhanced prosthetic limbs in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This policy has been developed for the planning and delivery of enhanced prosthetic limbs for War Veterans. This service is only commissioned by the Welsh Health Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 Plain Language Summary

The policy is for Enhanced prosthetic provision and therefore only those with service attributable injuries will be eligible for enhanced provision. Veterans are defined as anyone who has served for at least one day in HM Armed Forces (Regular or Reserve) or Merchant Navy Seafarers and Fishermen who served in a vessel at a time it was operated to facilitate military operation by HM Armed Forces. This definition clearly encompasses a wide range of people, from different backgrounds, with different experiences of working in the Armed Forces, for differing lengths of time and who will have different needs.

Prosthetic limbs are medical devices that provide a portion of the functions normally provided by natural arms and legs. Often used when a loss of limb occurs due to an accident or birth defect, the prostheses make it possible for individuals to enjoy dexterity, mobility and a better quality of life.

In relation to veterans, this may include combat-related traumatic limb-loss (e.g. as a result of blast injury or damage from projectiles), injuries sustained in training accidents or those acquired during the course of normal duties.

1.2 Aims and Objectives

This policy aims to define the commissioning position of WHSSC on the use of enhanced prosthetic limbs for War Veterans.

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 previously by Headley Court or, currently the DNRC at Stanford Hall

The objectives of this policy are to:

- ensure commissioning for the use of enhanced prosthetics is evidence based
- ensure equitable access to prosthetic services
- define criteria for war veterans with limb loss access to treatment
- improve outcomes for war veterans with limb loss

1.3 Background

All veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated with their time within the armed forces (service-related).

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'¹ 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.

An amputation is the traumatic (accidental) or surgical removal of part of the body, and can range from the loss of entire limbs, to the loss of part of a finger or toe. Significant multiple amputations comprise of the loss of more than one limb. Limb-loss or limbless refers to any individual who has undergone a major amputation (i.e. above the level of ankle or wrist). This may include those with multiple amputations (e.g. a bilateral lower-limb amputation) and those with amputations at different levels e.g. Trans-femoral (above knee) or Trans-tibial (below knee).

The impact of losing a limb in military service extends well beyond initial recovery and rehabilitation, with long-term consequences and challenges requiring health-care commitments across the course of life. To ensure ongoing care is provided NHS services need to work collaboratively and cooperatively with other public and 3rd sector organisations.

Injured Veterans of conflicts were mostly treated at the Defence Medical Rehabilitation Centre (DMRC) at Headley Court (South London). Since 2018 they have been treated at the new Defence and National Rehabilitation Centre (DNRC) at Stanford Hall (Stanford-on-Soar, Loughborough).

1.4 Epidemiology

According to the Public Health Wales Observatory, there are about 212,000 veterans currently living in Wales (figure for 2014). The projected figures for 2020, 2025 and 2030 are 154,000, 119,000 and 94,000 respectively (see table1)².

1

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/274417/Cm7424.pdf

² <http://www.wales.nhs.uk/sitesplus/888/page/74140>

Table 1: Estimated veteran population, all persons aged 16 and over, Wales Health Boards, 2015

	Age group (Sum of the male and female tables)								TOTAL	
	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+		
Betsi Cadwaladr UHB	1122	2210	3852	5175	6292	8311	4613	1065	32639	23%
Powys tHB	194	352	679	1040	1376	1840	1035	242	6757	5%
Hywel Dda UHB	698	1114	1931	2824	3641	4838	2719	626	18391	13%
Swansea Bay UHB	959	1916	3025	3865	4434	5412	3125	701	23437	17%
Cardiff & Vale UHB	1068	2083	2772	3257	3515	3814	2265	571	19344	14%
Cwm Taf UHB	519	1081	1704	2199	2502	3037	1623	344	13009	9%
Aneurin Bevan UHB	960	1981	3350	4497	4966	6084	3362	735	25934	19%
WALES									139510	100%

Note Table 1³ includes:

- Naval Service personnel, Army personnel including those from the Gibraltar Regiment and RAF personnel. Reservist personnel are only included in the operational data. Civilians and other Nations Service personnel have been excluded.
- If a UK Service person suffers more than one amputation over a period of time they will be counted within the financial year when they sustained their first amputation.
- Op HERRICK commenced 1 April 2006

The proportions produced by the Royal British Legion suggest that rates for Wales are consistent with the UK ⁴(where it is reported there are around 2.6 million veterans), despite there being a disproportionate number of armed forces personnel coming from Wales (Tannock, Burgess & Moles, 2013). Therefore, a weighting of 1.38 has been applied to the estimates, based on information provided by the Compass Partnership, to account for the greater number of armed forces personnel coming from Wales.

The Ministry of Defence's annual report provides statistical information on the number of UK Service personnel ⁵who sustained a traumatic or surgical amputation, partial or complete for either upper or lower limbs, including digits, as a result of injuries or illness during the past five years. This includes personnel deployed on operations in Afghanistan and Iraq and personnel that have been injured or had an amputation as a result of an illness in non-operational environments.

³ [Public Health Wales Observatory | Public Health Wales launches report into Veterans' NHS Wales Service](#)

⁴ <http://www.wales.nhs.uk/sitesplus/888/page/74140>

⁵ [Public Health Wales Observatory | Public Health Wales launches report into Veterans' NHS Wales Service](#)

Table 2: UK Service personnel with partial or complete amputations from 1 April 2013 to 31 March 2018

Financial year	UK Service personnel
13/14	43
14/15	44
15/16	30
16/17	34
17/18	25
Total	176

1.5 Current Provision

There are three specialist service centres in Wales. The services are funded by WHSSC and delivered at three regional centres in Cardiff, Swansea and Wrexham. The centres provides lifelong care to people with a congenital limb deficiency or who have had major limb amputations. Pre-amputation, re-amputation and antenatal consultations are also provided as required. The centres have expertise for all levels of amputation and limb loss and are able to provide the full range of advice and prosthetic rehabilitation for all levels of upper and lower limb loss.

The services included are:

- Posture and Mobility Service
- Prosthetics
- Orbital (not provided on each site)
- Electronic Assistive Technology (EAT) (not provided on each site)

1.6 What NHS Wales has decided

WHSSC has carefully reviewed the evidence of enhanced prosthetics for war veterans. We have concluded that there is enough evidence to fund the use of prosthetics within the revised criteria set out in section 2.1.

1.7 Relationship with other documents

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

- **NHS Wales**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
- **WHSSC policies and service specifications**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
 - Welsh Health Specialised Services Service Specification: CP89 Prosthetic and Amputee Rehabilitation Services

- **Other National Guidance**

- A better deal for military amputees [A better deal for military amputees - GOV.UK](#)

2. Criteria for Commissioning

The Welsh Health Specialised Services Committee approve funding for enhanced prosthetics for war veterans, in-line with the revised criteria identified in this policy.

2.1 Inclusion Criteria

- 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.
- The patient has received a financial settlement offer from the Armed Forces Compensation Scheme (AFCS).
- The patient has an Award Notice confirming their eligibility (both **War Pensioners and Armed Forces Compensation Scheme** personnel are issued with an **Award Notice** verifying what their attributable injuries are).

2.2 Exclusion Criteria

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/Stanford Hall
- and**
- components that are being used as part of a trial or to support a study.

2.3 Continuation of Treatment

Healthcare professionals are expected to review an individual at regular intervals to ensure they are benefitting from and appropriately utilising the prosthesis that they have been provided with.

If no benefit has been recorded by the individual or the individual's condition has deteriorated to the extent that they can no longer utilise the prosthesis, then clinical judgement on the continuation of provision of equipment must be made by the responsible healthcare professional.

2.4 Acceptance Criteria

The service outlined in this policy is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. 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.

2.5 Patient Pathway (Annex i)

Veterans and Professionals who work with veterans who live in Wales are able to refer directly to their individual local health board.

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 clearly setting out the reasons for this should be submitted.

2.6 Designated Centre

The Artificial Limb & Appliance Services operate from three separate centres:

- **Cardiff and Vale University Health Board⁶**
Artificial Limb and Appliance Centre
Rookwood Hospital
Fairwater Road
Llandaff
Cardiff
CF5 2YN
- **Swansea Bay University Health Board⁷**
Artificial Limb and Appliance Centre
Morrison Hospital
Swansea
SA6 6LG
- **Betsi Calwaladr University Health Board⁸**
Artificial Limb and Appliance Centre
Gate 7, Wrexham Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7NT

⁶ <http://www.alas.wales.nhs.uk/cardiff-alac>

⁷ <http://www.alas.wales.nhs.uk/swansea-alac>

⁸ <http://www.alas.wales.nhs.uk/wrexham-alac>

2.7 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

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

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

2.8 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 effects 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.

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

As part of the referral process the patient will be required to provide evidence of their eligibility through their Award Notice⁹.

⁹ Veterans who do not possess an award notice, should contact the Service Personnel Veterans UK directly, or seek assistance from British Limbless Ex Service Men's Association (BLESMA) if required

High activity specialist or sporting limbs are not routinely considered for funding, nor is funding provision made for out of warranty maintenance of such specialist limbs. If the referring clinician believes that there are grounds for issuing such limbs, or additional limbs over and above multiple 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: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

2.9 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the Lead commissioner. Providers are expected to submit the following service activity (including number of new prostheses, upper or lower limbs), waiting times, clinical statistics and primary outcome measures on a monthly basis.

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for teenagers and young adults.

An annual audit day will be held between providers and WHSSC to review the quality of services.

3. Evidence

WHSSC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

3.1 References

- Ministry of Defence (2013) *UK Armed Forces personnel report 2013*. [Online] Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284564/uk-af-personnel-report-1-april-2013-revised.pdf
- Veterans' NHS Wales (2014) *Veterans' NHS Wales Annual Report April 2013 – March 2014*. https://www.veteranswales.co.uk/images/Pdfs/VnhsW_Annual_Report_2013_2014.pdf
- Public Health Wales Veterans' NHS Health (2016) <http://www.wales.nhs.uk/sitesplus/888/page/74140>

3.2 Date of Review

This document is scheduled for review before 2023 here we will check if any new evidence is available. If no new evidence or intervention is available the review date will be progressed.

If an update is carried out the policy will remain extant until the revised policy is published.

4. 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.

5. Putting Things Right: Raising a Concern

5.1 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.

If 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.

5.2 Individual Patient Funding Request (IPFR)

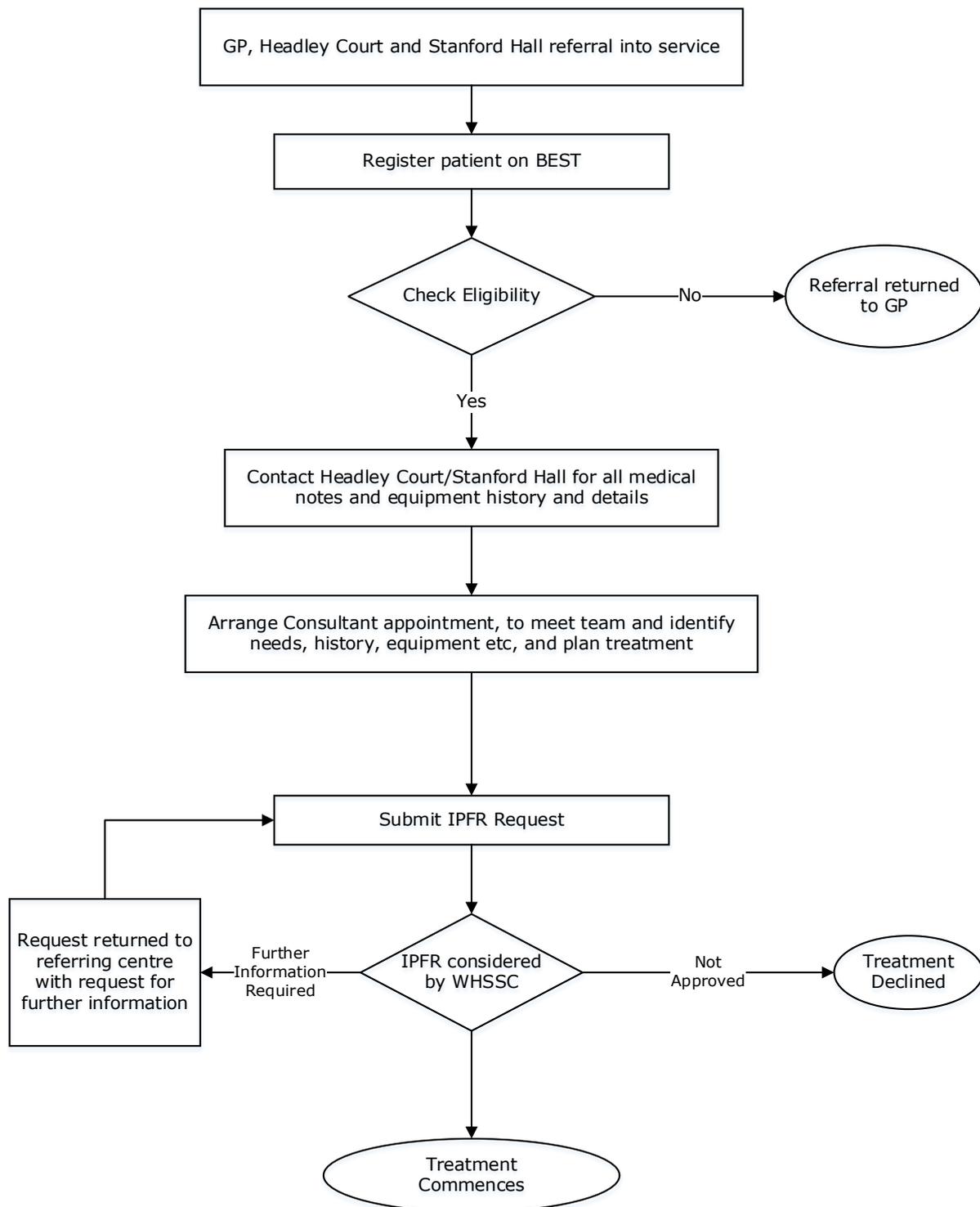
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

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

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

Annex i Patient Pathway



Annex ii Checklist

War Veterans Enhanced Prosthetic Provision (CP49)

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

- Where the patient meet 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.
- 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.
- 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.
- If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

Annex iii Codes

Code Category	Code	Description
ICD-10	Z89.4	Acquired absence of foot and ankle
ICD-10	Z89.5	Acquired absence of leg at or below knee
ICD-10	Z89.6	Acquired absence of leg above knee
ICD-10	Z89.7	Acquired absence of both lower limbs [any level, except toes alone]
ICD-10	Z89.8	Absence of upper and lower limbs [any level]
ICD-10	Z89.0	Acquired absence of finger(s) [including thumb], unilateral
ICD-10	Z89.1	Acquired absence of hand and wrist
ICD-10	Z89.2	Acquired absence of upper limb above wrist
ICD-10	Z89.3	Acquired absence of both upper limbs [any level]
ICD-10	Z89.9	Acquired absence of limb, unspecified

Annex iv Abbreviations and Glossary

Abbreviations

ALAS	Artificial Limb and Appliance Service
AWMSG	All Wales Medicines Strategy Group
BEST	Bringing Equipment Services Together (IT system).
IPFR	Individual Patient Funding Request
WHSSC	Welsh Health Specialised Services Committee

Glossary

Headley Court

Defence Medical Rehabilitation Centre Headley Court (abbreviated to DMRC Headley Court, and more commonly known as Headley Court), formerly RAF Headley Court, was an 85-acre United Kingdom Ministry of Defence facility in Headley, near Epsom, Surrey, England. It was used as a rehabilitation centre for injured members of the British Armed Forces between 1985 and 2018.

The new Defence and National Rehabilitation Centre opened in June 2018. The £300 million investment will see the world-class defence rehabilitation services currently delivered at Headley Court move to a new purpose-built location at Stanford Hall, near Loughborough. The new facility will be 4 times the size of Headley Court and will improve and advance the cutting-edge treatments already available to injured members of the armed forces. The new defence rehabilitation centre will provide immediate access to on-site patient diagnosis and treatment plans, greater advances in medical research and better outdoor facilities to support early stages of recovery.

Individual Patient Funding Request (IPFR)

An IPFR is a request to Welsh Health Specialised Services Committee (WHSSC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

Welsh Health Specialised Services Committee (WHSSC)

WHSSC is a joint committee of the seven local health boards in Wales. The purpose of WHSSC is to ensure that the population of Wales has fair and equitable access to the full range of Specialised Services and Tertiary Services. WHSSC ensures that specialised services are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.