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Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)

Welsh Health Specialised Services Committee (WHSSC)

Specialised Services
Service Specification: CP89

Prosthetic Provision

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Description	NHS Wales routinely commission this specialised service in accordance with the criteria described in this document
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Contents

Statement

Welsh Health Specialised Services Committee (WHSSC) commission prostheses for people of all ages with lower limb and upper limb amputations and absences in accordance with the revised criteria outlined in this specification.

In creating this document WHSSC has reviewed the requirements and standards of care that are expected to deliver this service.

Disclaimer

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

This document 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 document.

1. Introduction

This document has been developed as the Service Specification for the planning and delivery of prosthetic services for people of all ages resident in Wales. This service will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 Background

An amputation is the traumatic (accidental) or surgical removal of part of the body. This ranges 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 an amputation (i.e. above the level of ankle or wrist). This may include those with multiple amputations (e.g. a bilateral lower-limb amputee) and those with amputations at different levels (e.g. Trans-femoral (above knee) or Trans-tibial (below knee).

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

Patients of all ages accessing prosthetic services either have acquired limb loss or are individuals with congenital limb deficiency/deformity. Often these individuals have more than one condition or complex needs.

The conditions that this patient group encompass, include co-morbidities such as diabetes, cardio-vascular disease, neurological and musculoskeletal conditions.

Across Wales there is currently a caseload of 3,500 artificial limb users. There are 44 specialist service centres in the UK and 3 specialist centres in Wales[1].

This service specification takes account of the Cross Government guarantee for Armed Forces, Veterans and their Families, as set out within the Murrison Report – A Better Deal for Military Amputees[1] and so relates to the provision of enhanced prosthetic services to Veterans. In Wales a War Veteran –Enhanced Prosthetic Provision Policy (CP49) has been developed for War Veterans, which sets out the access criteria and pathway for the enhanced prosthetic provision.

[1] Artificial Limb and Appliance Service - Cardiff and Vale University Health Board

1.2 Aims and Objectives

The aim of this service is to define the requirements and standard of care essential for delivering prosthetic devices for Amputees whilst maximising the mobility, dexterity, independence and quality of life of the individual, working in collaboration with the patient as equal partners. This aim is achieved by the provision of prostheses (artificial limbs) through a dedicated and specialised multidisciplinary team.

The core objectives include returning the post amputation individual to their pre-amputation activity levels wherever possible, to decrease reliance on carers and or social services which allows the user to enjoy more mobility, dexterity, independence, inclusion and participation in society. This is achieved through pro-active multidisciplinary rehabilitation, regular review and appropriate prescription patient and clinician education and appropriate prescription.

For patients with congenital limb deficiency/deformity the aim is to improve mobility, dexterity and function from birth to a level that allows the user to enjoy more mobility, dexterity, independence, inclusion and participation in society and to decrease the incidence of problems associated with long term overuse of the other limb. This is achieved by supporting the patient and family, consultations including antenatal where appropriate, functional assessment, prescription and supply of prostheses, surgical intervention when appropriate and lifelong follow-up.

The service objectives include giving opinions and training to other relevant specialties, such as general practitioners, surgeons, paediatricians, acute Health Board therapists, and those professionals working within the community on matters relating to amputation and limb deficiencies. Consideration should be given to close liaison reporting to ensure that surgical procedures are considered carefully prior to amputation to maximise the potential outcome for future successful prosthetic limb use post amputation.

1.3 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**
  - Specialised Services Commissioning Policy: CP49 War Veterans – Enhanced Prosthetic Provision, October 2020
  - Specialised Services Service Specification: CP59 All Wales Posture and Mobility Services, April 2017
  - Specialised Services Commissioning Policy: CP128 Microprocessor Controlled Prosthetic Knees, December 2021

- **Relevant NHS England policies**
  - Service Specification: Complex Disability Equipment – Prosthetic Specialised Services For People Of All Ages With Limb Loss

2. Service Delivery

The Welsh Health Specialised Services Committee commission a prosthetics service for people resident in Wales, in-line with the criteria identified in this specification.

2.1 Access Criteria

The service only accepts referrals for the provision of prostheses for people with lower limb and/or upper limb amputations, absences, and deformities.

All new referrals to the service should be made by a registered health and social care professional with the appropriate knowledge and skills.

Patients already known to the service i.e established patients are able to self-refer.

All referrals to the service should meet the following criteria:

- Patients with lower limb and upper limb amputations, absences, and deformities.

2.2 Provision Assessment Process

All patients will need to be assessed for provision of a prostheses. The outcome of the assessment will lead to either a decision for provision or non-provision of a prostheses or a deferral of provision, which can be reviewed as part of the rehabilitation process at a later date. Assessment outcomes will be discussed with each patient and where appropriate with their carer, personal assistant or support worker.

The following points will be taken into consideration when deciding on a provision of a prostheses:

- Suitability of residual limb
- Current prosthesis provision
- Consideration of wound condition
- Existing levels of pain
- Ability to understand purpose and limitations of a prostheses
- Patient's expressed wishes to have provision/mobilise
- Assessed level of cognition and coping strategies to ensure ability to use safely
- Patient ability to self-propel a wheelchair
- Assessment of independence in personal care
- Independence in transfers
- Mental Health
- Tolerance of compression garment
- Balance, exercise tolerance

- Upper limb strength
- Hip/Knee flexion contractures
- Motivation
- Other co-morbidities
- Completion of a thorough Occupational Therapist assessment resulting in the ability to use and operate all Myo-electric training aids
- Contra lateral limb function and condition
- Family/carer support and environment.

Any requests for recreational limbs excluded from the list below should be treated on an individual patient basis, and a request for funding would need to be made based on exceptional circumstances to the WHSSC Individual Patient Funding Requests.

2.2.1 Provision of Standard Limbs

In addition to the provision of standard limbs, the service provides access to the following limbs against the access criteria specified below. Patients should meet at least one of the criteria listed.

2.2.2 Provision of a Water Activity Limb for an Adult

A prosthesis that is either exoskeletal or endoskeletal construction and can be used safely in a wet environment.

The criteria for provision is:

- a recommendation has been made by a member of the Multi-Disciplinary Team
- to maintain occupation and work arrangements
- Environmental factors
- to maintain hygiene
- to aid family life/life with co-dependants.

2.2.3 Provision of a Recreational Upper and Lower Limb for a Child or Young adult up to the age of 25.

A prosthetic solution that is provided to meet a specific need of the developing child. Examples could be a prosthesis specially manufactured to enable a child to ride a cycle safely.

The criteria for provision is:

- to facilitate the child's participation in school activities
- to support the child's physical & psychological development.

2.2.4 Provision of a Custom Made Silicone (Digits)

A prosthetic solution that is provided to replace the missing element of a digit [or digits]. The prosthesis is made of silicone, and shaped and coloured to provide a functional and cosmetic result.

The criteria for provision is:

- to improve function by some degree of grip action
- to provide a protective function
- where there is evidence that the patient would benefit psychologically in relation to body image.

2.2.5 Provision of a Myo-electric Upper Limb Prosthesis

A prosthetic solution that is provided to enable the user to use muscle powered signals to control prosthetic function in place of body powered control methods.

The criteria for provision is:

- a mature residual limb with no volume fluctuations
- suitability of residual limb
- absence and severity of cognitive impairment
- ability to understand purpose and limitations of Myo-electric prostheses.

2.2.6 Provision of Microprocessor Controlled Prosthetic Knees

A prosthetic knee joint is part of a lower leg walking 'prosthesis' – sometimes known as an artificial leg or limb. It is used by people who have lost a limb or have a congenital absence at or above the knee.

For specific details on the full eligibility criteria, clinical indications and contra-indications see the WHSSC Microprocessor Controlled Prosthetic Knees Commissioning Policy (CP128).

2.3 Service description

There are 3 specialist service centres in Wales. The services are funded by WHSSC and delivered at the centres located in Cardiff, Swansea and Wrexham. The services provide prostheses, clinical service and 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:

- Prosthetics
- Orbital prosthetics (not provided on each site)
- Alternative and Augmentative Communication (AAC) Specialised Aids (not provided on each site)

The dynamic nature of rehabilitation means that over time the patients' goals can change and therefore the rehabilitation programme provided will change to meet their changing needs. The service is provided for the lifetime of the patient.

In addition to the standards required within the service specific quality standards and measures will be expected. The service must also meet the standards as set out below.

2.3.1 Facilities and equipment

The service should have:

- Specially designed and adapted facilities to meet the physical access needs of patients with limb deficiency, limb loss, and limb deformity.
- Separate paediatric facilities and be responsive to the special needs of children with limb deficiency, limb loss, and limb deformity.
- An appointment system that allows for the allocation of sufficient time for the treatment of each patient of the Service. All patients attending the service should be allocated dedicated time with each appropriate member of the multi-disciplinary team, as required for their individual intervention.
- Appointments should be flexible and provide sufficient time for clinicians to work with patients to achieve an optimal outcome at each appointment and over time.
- Reasonable adjustments in place to ensure access for disabled patients.
- Access to suitable transport services for patients who are unable to make their own way to appointments due to medical reasons and should be able to demonstrate that the use of this service is monitored.
- An appropriate number of accessible parking spaces close to the Centre to facilitate ease of access for patients.
- An integrated IT system which enables them to store and manage information and run operational systems. There should be electronic clinical records which will be maintained throughout the patient's contact with the service.

The Service should be able to demonstrate on-going development, monitoring and review of its effectiveness, including:

- Patient satisfaction with the service
- Patient waiting times for appointments
- Agreed outcome measures
- Plaudits and audits (patients must have access to the NHS complaints procedure)
- Adverse incidents, accidents, near miss and never events

2.3.2 Specialist teams

The service should be provided by a specialised multi-disciplinary rehabilitation team with training in the field of prosthetic rehabilitation.

2.3.3 Education and workforce development

The service should ensure they provide the appropriate level of support for education and workforce development for the current and trainee workforce by:

- enabling support for the future workforce through provision of sufficient high quality practice placements and learning environment
- provision of mentoring for newly qualified staff
- the workforce must be continually developed to enable contemporary practice, through systematic education and learning including health & safety
- provision of mandatory training promoting equality and diversity in the workforce
- enabling research and development and innovation
- supporting staff health and wellbeing
- meeting workforce assurance requirements as specified in NHS England Complex Disability Equipment – Prosthetic Specialised Services For People Of All Ages With Limb Loss service specification[2]
- cross Wales meetings, study day/peer group working.

The service will develop close links with referring services, e.g. vascular surgery, orthopaedic surgery, Allied Health Professionals, plastic surgery, diabetic teams, paediatric teams, radiology, Defence Medical Services, Stanford Hall, obstetric and General Practice services, . These form the entry point into the amputee and congenital limb deficiency/deformity service and are critical for optimal patient outcomes.

The service will hold preoperative consultation wherever possible with the consultant in rehabilitation medicine, senior prosthetist, specialist

[2] https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/01/d01-serv-spec-dis-equ-prosth.pdf

physiotherapist and occupational therapist to secure the best outcomes for the patient.

The service should supply:

- accessible and appropriate information for patients and carers
- multidisciplinary team which has prosthetists, physiotherapist, occupational therapist and nurse, and has access to a suitably experienced consultant in rehabilitation medicine who specialises in prosthetics
- specialised assessment and review
- prescription, provision and maintenance of limbs whether upper or lower limbs or both
- specialised gait re-education
- specialised manufacturing facilities with suitably qualified technical staff
- functional rehabilitation and education the service must have access to
- pain management
- psychological support.

Close links are also required with the receiving services. This is more relevant when patients are referred back into the community and are seen by local therapists and orthotists at local clinics.

The Service will ensure close working relationships with those services providing ongoing care during the rehabilitation process to ensure appropriate treatment and monitoring continues. This is especially important in lower limb amputation where the remaining contra-lateral limb is at risk of tissue injury.

The Service should ensure that patients' Privacy and Dignity is maintained. It should be able to respond to requests for a patient's partner, carer, and personal assistant or support worker to accompany them during their treatment and to requests for treatment by staff of the same gender where possible. Facilities must include the opportunity for patients to be treated in single treatment rooms when requested.

2.3.4 Duty of Care

The service has a duty of care to ensure that equipment provided can be used safely by the patient and where appropriate their carer, personal assistant or support workers. Equipment will be provided according to the eligibility criteria where it is agreed between the patient or patient's representatives and the service that any safety concerns have been appropriately addressed.

2.4 Patient Groups

The service supplies prostheses and clinical services to a range of patients that can broadly be split into two main patient groups:

- Primary patient group
- Established patient group

The primary patient group includes new patients entering into and starting their prosthetic rehabilitation. They will need appropriate access to all of the disciplines available to the service. They will be closely monitored during their initial rehabilitation until they have reached an appropriate level of independence.

The established patients group includes patients that are using their limbs independently and are attending the service for ongoing review and management of their care. These patients will have undergone a period of rehabilitation and achieved their potential in terms of mobility, dexterity and independence. They will require ongoing prosthetic review and maintenance of their prosthetic provision but will not always require on-going medical monitoring or therapy. This phase starts when the patient has been discharged from the initial primary phase e.g. when the patients primary gait, mobility, dexterity and function is optimised.

Primary and established patient groups should have ongoing access to explore and be assessed for prosthetic changes as required e.g. sockets and suspension and component changes to meet their needs. This should be supported by access to appropriate therapeutic intervention e.g. provision of a different knee unit frequently requires gait re-education and provision of a different hand or elbow unit frequently requires occupational therapy intervention

The on-going review of a patient is required because patients with prostheses may need a variety of interventions such as; adjustments to the socket interface or functional components, new or replacement prostheses, new or replacement sockets or interfaces in response to changes in volume, residual limb condition, function, activities, rehabilitation goals and milestones. Ongoing maintenance of equipment must also be provided.

Primary and established patient groups require ongoing access to medical assessment e.g. assessments for medical issues such as sores, infections, swelling, bursa formation, sinus formation, etc.

In addition to the primary and established patient group the following patients groups can also have access to the service:

Pre-amputation patients

Consultation will be arranged with appropriate members of the specialist rehabilitation service centre's multidisciplinary team. This is also applicable and will be offered to parents on identification of an unborn child with congenital limb absence. A Rehabilitation and re-ablement programme will commence pre-operatively if appropriate.

Patients with changing needs

All patient groups require a flexible model of care which provides longer term involvement with the full MDT.

Paediatric and Young adults

Children and young adults to be offered a review a minimum of twice a year. Consideration should be given to the rate of child development and the need for prompt and frequent delivery of prostheses. This specification recognises that child growth is a clinical need

Non Prosthetic Limb Patients

These patients will be encouraged to access the service at any time for advice, support and therapeutic intervention as require.

2.5 Interdependencies with other services or providers

The prosthetics service will have interlinks with the following:

- Regional vascular departments
- Regional orthopaedic departments
- Regional pain management services
- Regional plastic surgery services
- Diabetic Units
- Paediatric Units – in hospital (including neo-natal units) and community
- Podiatry & Orthotics
- Other complex rehabilitation services
- Patient and Support Groups
- Special Educational Needs Co-ordinators
- Defence Medical Rehabilitation Programme
- Civilian Limb Loss Charities e.g. Limbless Association, STEPS and Reach
- Military Charities e.g. British Limbless Ex-Service Men's Association (BLESMA), SAAFA, British Legion, Armed Forces Networks and Help for Heroes
- Social Services/Local Authority
- Veterans NHS Wales.

2.6 Services and equipment

Service provision should encompass:

- Education and Advice to cover:
    - Pre-Amputation Consultation
    - Advice to Surgical and Referring Teams
    - Congenital Limb Deficiency including Antenatal
    - Specialist education and general advice related to prosthetics and co-morbidities.
- Mobility provision
    - Provision of appropriate prosthetic limbs
    - Liaison with and shared care with community services e.g. physiotherapy, occupational therapy, orthotics, podiatry and social services
    - Provision of enhanced prostheses to veterans including spare limbs as set out in the Specialised Services Policy: War Veterans – Enhanced Prosthetic Provision.
    - Provision of appropriate specialised mobility training that may include prosthetic rehabilitation, gait re-education and wheelchair training with specialised therapists working within the different elements (wheelchair and prosthetics) of the Posture and Mobility Services.
- Support for patients Activities of Daily Living
    - Washing & dressing, food preparation and consumption, personal hygiene
    - Provision of lower limb (leg) artificial limbs for mobility
    - Provision of upper limb (arm/hand) artificial limbs for carrying out activities
    - Prosthetic appliances and components to meet the clinical need(s) and rehabilitation goals of the individual e.g. upper limb terminal devices.
- Occupational/Vocational Management
    - Assisting patients back to work or education
    - Assisting patients in work to stay in work or education
    - Support with maintaining existing levels of fitness.
- Social and Psychological Wellbeing
    - Provision of appropriate non weight bearing cosmetic limbs for use in a wheelchair.

Where individuals have more than one condition or complex needs, and the reason for amputation was related to co-morbidities such as diabetes, cardio-vascular disease, active re-engagement with services to monitor remaining contralateral limb status should be pursued. Referral to additional support such as weight loss management programmes should also be considered.

The evidence base for the design and manufacture of prostheses, as required by the Medicines and Healthcare Products Regulatory Agency (MHRA) for Medical Device Directive purposes, is accepted as appropriate due to many years of experience and monitoring. This has allowed the Service to build its own evidence base regarding manufacturing and fitting practice with regard to prostheses.

For further information on how to comply with the legal requirements for prosthetic devices please refer to the link Medical devices: legal requirements for specific medical products - GOV.UK

2.7 Staffing

The multidisciplinary team has access to a suitably experienced consultant in rehabilitation medicine who specialises in prosthetics. The multidisciplinary team must include a prosthetist, physiotherapist, occupational therapist, where possible a psychologist and nurse.

Team members must have specialist experience and the appropriate training in the management of all patient groups, including children, those with acquired or congenital limb loss, upper limb prosthetics and amputees with complex needs and / or those requiring high specification, technologically advanced components.

The actual prescription and fitting of the prosthesis is a specialist skill and therefore this process is directed by a professionally registered prosthetist [regulated by the Health and Care Professions Council, HCPC] in consultation and joint working with other members of the multidisciplinary team as required. The manufacture, maintenance and repair of the prosthetic limbs is undertaken by a team of specialised technicians who work closely with the prosthetist.

Where possible it is recommended to have close links and access to a psychologist when possible and counselling services, podiatry and orthotic services or preferably have them as part of the team.

2.8 Patient Pathway (Annex i)

The diagram in Annex (i) sets out the referral pathway from the point at which the patient is referred by their GP or Consultant 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.

2.9 Service provider/Designated Centre

In Wales, NHS Prosthetic and Amputee Rehabilitation services are delivered in-house by three specialist Artificial Limb and Appliance Centres located in Cardiff, Swansea and Wrexham. Operationally and administratively the Artificial Limb and Appliance Centres are managed as part of the Cardiff & Vale, Swansea Bay University Health Board and Betsi Cadwaladr University Health Boards respectively.

These centres have expertise for all levels of amputation and limb loss (including upper limb, congenital and multiple limb loss), and are able to provide the full range of advice and prosthetic rehabilitation for all levels of upper and lower limb loss including paediatric services.

2.10 Exclusion Criteria

The Prosthetic and Amputee Rehabilitation service does not routinely provide feet over a value of £2.5K, knees over a value of £4k, or multi-articulated hands. WHSSC do not routinely commission hydraulic ankles and articulated hand. However, 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. See Section 2.12 for further information.

As there are continual developments with such state of the art prosthetic devices, exclusions will be reviewed on an annual basis. If a prosthetic limb is not listed in section 2.2.1 -2.2.5, the referring clinician should seek clarification from the local Prosthetic and Amputee Rehabilitation service and WHSSC.

2.11 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.12 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, an IPFR should be submitted.

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

3. Quality and Patient Safety

The provider must work to written quality standard and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties for example sensory loss, learning disabilities, teenagers and young adults. This should include communication and information in accessible formats, Welsh language provision and other language and translation support.

3.1 Quality Indicators (Standards)

To protect and promote the best interests of the patient, it is vital that the services comply with all Clinical Governance applicable national standards, which include but are not limited to:

- All Services must be in receipt of, or be able to evidence third party accreditation in respect of quality, service delivery and customer service standards e.g. ISO 13485 & Customer Service Excellence.
- The Service must ensure that policies are in place to cover all aspects of Health and Safety and to demonstrate monitoring/action plans to resolve problems.
- Patient safety – Incident and accident reporting mechanisms and infection control.
- Equipment Issues – Medicines and Healthcare Products Regulatory Agency reporting.

3.2 Other quality requirements

- the provider will have a recognised system to demonstrate service quality and standards
- the service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site
- the quality system and its treatment protocols will be subject to regular clinical and management audit
- the provider is required to undertake regular patient surveys and develop and implement an action plan based on findings.

4. Performance monitoring and Information Requirement

4.1 Performance Monitoring

WHSSC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

WHSSC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components**.**

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

4.3 Date of Review

This document is scheduled for review before 2024, where we will check if any new evidence is available.

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

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.

6. Putting Things Right

6.1 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.

6.2 Individual Patient Funding Request (IPFR)

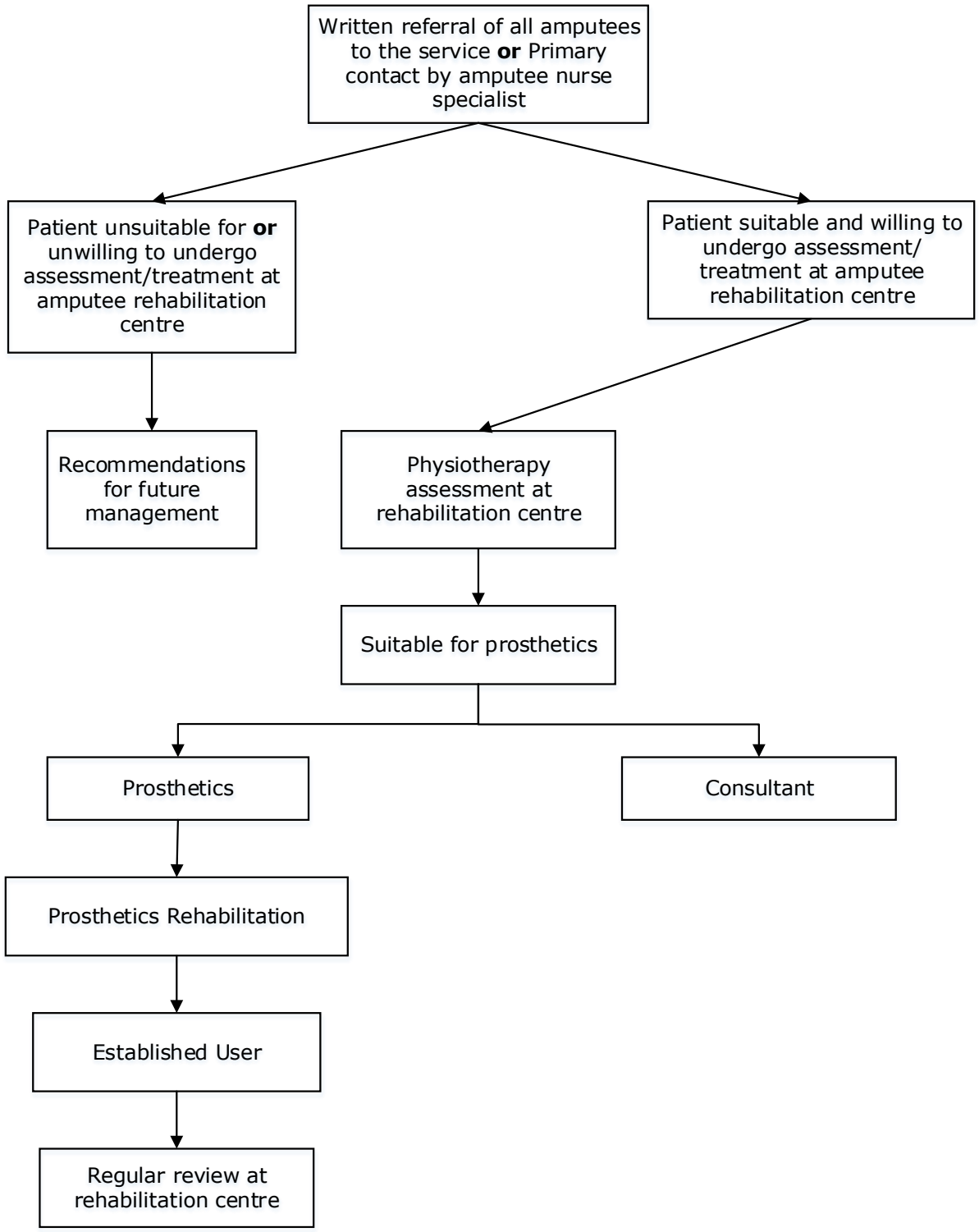
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All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

Abbreviations

ALAS Artificial Limb and Appliance Service

HCPA Health and Care Professions Council

IPFR Individual Patient Funding Request

MHRA Medicines and Healthcare Products Regulatory Agency

WHSSC Welsh Health Specialised Services Committee

Glossary

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.

Established Patients with Limb Loss

People who have undergone a period of rehabilitation and re-ablement following congenital loss or amputation and achieved their maximum potential in terms of mobility, independence and participation. They will normally require input from part of the team in order to review and maintain their prosthetic provision but will not always require on-going medical monitoring or therapy