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Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Commissioning Policy: CP221

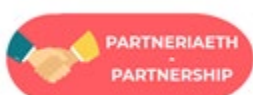
Recreational and Sport Prosthetics for people under the age of 25 years

November 2021

Version 1.0



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Description	NHS Wales routinely commission this specialised service in accordance with the revised criteria described in this policy
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Policy Statement

Welsh Health Specialised Services Committee (WHSSC) commission recreational and sport prosthetics for people under the age of 25 in accordance with the criteria outlined in this document.

In creating this policy WHSSC has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment 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 recreational and sport prosthetics for people under the age of 25. This service is 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

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.

1.2. Aims and Objectives

This policy aims to define the commissioning position of WHSSC on the provision and fitting of a upper and lower recreational limb for a person under the age of 25.

The objectives of this policy are to:

- ensure commissioning for the use of recreational and sports prosthetics for people under the age of 25 is evidence based.
- ensure equitable access to prosthetic services
- define the criteria for people under the age of 25 with limb loss to access to treatment
- ensure the provision of recreational and sports prosthetics will enable this group of people to take part in physical activity such as team sports
- improve outcomes for people with limb loss
- ensure the provision of recreational and sport prosthetics supports physical and psychological development.

1.3. Background

Children or young people accessing the prosthetic service either have acquired limb loss or are individuals with congenital limb deficiency/deformity. Often these individuals have more than one condition or complex needs, which include co-morbidities such as diabetes, cardiovascular disease, neurological and musculoskeletal conditions.

An amputation is the traumatic (accidental) or surgical removal of part of the body. 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) those with amputations at different levels (e.g. Trans-femoral (above knee) or Trans-tibial (below knee) and congenital limb loss e.g.

Limb absence relates to a birth defect (congenital birth defect) where all or part of a limb is missing’.

Specific activity prosthetics are designed with essential elements for performance, including durability, strength, and being lightweight are customised to ensure they meet requirements where possible.

Recreational and sport limbs can enable children and young people to become more active and involved in physical activity that were previously inaccessible to them as they may have been previously restricted to standard everyday prosthetic limbs. These specialist limbs could provide them with the opportunity to participate in sport and activity with their peers, lead a fit and healthy lifestyle whilst helping them to build their social skills, maintain wellbeing, develops strength and endurance in the muscles for everyday activities and improve their self-confidence.

The Artificial Limb and Appliance Service (ALAS) is located in Cardiff, Swansea and Wrexham.

ALAS 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)
- Orthotics
- Welsh Artificial Eye Service
- Electronic Assistive Technology (EAT) (not provided on each site)

1.4. Current Provision

In Wales, NHS Prosthetic and Amputee Rehabilitation services are delivered in-house by three specialist Artificial Limb and Appliance Service (ALAS) located in Cardiff, Swansea and Wrexham.

The prescription and fitting of the Prosthesis is a specialist skill and therefore this process is directed by a professionally registered prosthetist 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 prosthetists.

The services included are:

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

The prescription and fitting of the Prosthesis is a specialist skill and therefore this process is directed by a professionally registered prosthetist 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 prosthetists.

1.5. What NHS Wales has decided

WHSSC has carefully reviewed the evidence of recreational and sport prosthetics for our children and young people under the age of 25. We have concluded that there is enough evidence to fund the use of recreational and sport prosthetics within the criteria set out in section 2.1.

1.6. 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).
 - [CP89 Prosthetic Provision, Service Specification](#), December 2021. WHSSC
 - [CP49 War Veterans Enhanced Prosthetic Provision, Commissioning Policy](#), October 2021. WHSSC
- **Relevant NHS England policies**
 - Service Specification: Complex Disability Equipment – [Prosthetic Specialised Services For People Of All Ages With Limb Loss](#)

2. Criteria for Commissioning

The Welsh Health Specialised Services Committee approve funding for recreational and sport prosthetics for people under the age of 25, in-line with the criteria identified in this policy.

2.1. Inclusion Criteria

People who meet the following criteria could be considered for recreational and sports prosthesis:

- The child or young person is under the age of 25 when assessed for their prosthetic needs.
- The child or young person has suffered limb loss or congenital limb deficiency. The prosthesis can be for any limb (or limbs if the child has multiple limb loss or deficiency). Upper and lower limb components can be included.
- The child or young person has been assessed by ALAS as being fit to engage in physical activity.

As well as meeting the above criteria the Artificial Limb and Appliance Service (ALAS) will also need to be in agreement that:

- the child or young person will benefit from the prosthesis, and from engaging in the physical activity, such as, PE, sports or games at school, recreation, playing with friends, organised sporting activity etc.
- the prosthesis is appropriate for the child or young person, and the activity for which it is intended.
- there is a need for the prosthetic and that it will be used for more specialised activities (e.g. canoeing, rock climbing for example - there is a demonstrable interest in the sport, or a history of participation).

The Artificial Limb and Appliance Service (ALAS) is responsible for determining the appropriate prosthesis for the child or young person.

2.2. Exclusion Criteria

The following components would **not routinely** be considered:

- Components not CE marked and passed standards for use in this country.
- Components that are being used as part of a trial or to support a study.
- Limbs for those children and young people wishing to reach an elite athletic level.

Enhanced prosthetic limbs for War Veterans are commissioned under [CP49 War Veterans Enhanced Prosthetic Provision, Commissioning Policy](#), October 2021.

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.

All transition arrangements should be in line with [Transition from children's to adults' services for young people using health or social care services NICE guidance NG43](#).

2.4. 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.

2.5. Patient Pathway (Annex i)

The diagram in Annex (i) sets out the referral pathway.

2.6. Designated Centre

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

- **Cardiff and Vale University Health Board¹**
Artificial Limb and Appliance Centre
Rookwood Hospital
Fairwater Road
Llandaff
Cardiff
CF5 2YN
- **Swansea Bay University Health Board²**
Artificial Limb and Appliance Centre
Morrison Hospital
Swansea
SA6 6LG

¹ <http://www.alas.wales.nhs.uk/cardiff-alac>

² <http://www.alas.wales.nhs.uk/swansea-alac>

- **Betsi Calwaladr University Health Board³**

Artificial Limb and Appliance Centre
Gate 7, Wrexham Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7NT

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. Clinical Outcome and Quality Measures

The Provider should work to written quality standards and provide monitoring information to WHSSC. Providers are expected to submit 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 should enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. A patient experience feedback tool should be developed to reflect the views of parents and families. Patient Reported Outcome Measures (PROMS) and/or Patient Reported Experience Measures (PREMS) should be reported to WHSSC quarterly through the contract monitoring process.

Provision should be made for patients with communication difficulties and for teenagers and young adults.

2.9. 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.

³ <http://www.alas.wales.nhs.uk/wrexham-alac>

- 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.

2.10. 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.

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. Date of Review

This document is scheduled for review 2024 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)

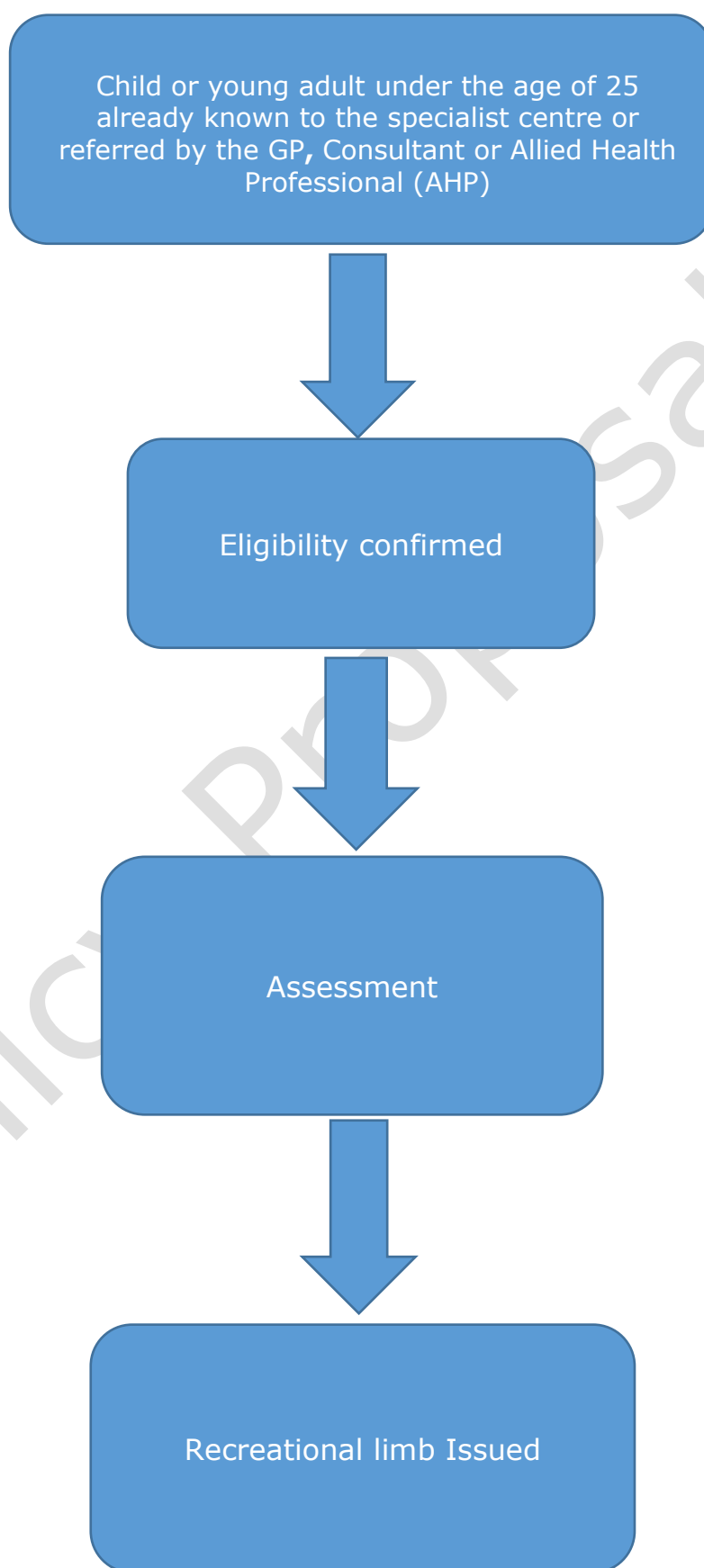
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All 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 Pathway for Child or young adult under the age of 25



Annex ii Abbreviations and Glossary

Abbreviations

ALAC	Artificial Limb and Appliance Centre
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

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.