NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANELREPORT

Date: May 2021

Intervention: Multi-grip prosthetic hand

Indication: congenital upper limb deficiency or upper limb amputation (all ages)

URN: 2009

Gateway: 2, Round 1

Programme: Trauma

CRG: Rehabilitation and Disability

Information provided to the Panel

Policy Proposition

Evidence review completed by Solutions for Public Health x 2

Equality and Health Inequalities Assessment (EHIA) Report

Clinical Priorities Advisory Group (CPAG) Summary Report

Patient Impact Form

Policy Working Group Appendix

Blueteq® Form

Key elements discussed

This policy proposition recommends the routine commissioning of multi-grip myoelectric control prosthetic hands for congenital upper limb deficiency or upper limb amputation. These devices allow a greater number of movements than single grip devices and are available for a range of upper limb absence including hand, digit and partial hand absence.

The evidence reviews were considered. Panel noted that the evidence review for non-myoelectric control prosthesis contained no studies. The second review for myoelectric control multi-grip devices consisted of 3 studies and 3 surveys. The review considered functional outcome, abandonment, device durability and cost effectiveness. There was some evidence of effectiveness in relation to functional outcome with a study that demonstrated statistical significance. There were non-statistically significant findings in relation to quality of life measures and one study and survey reported findings on abandonment. It was noted that all available evidence was low certainty when assessed using GRADE methodology so it is likely that in real life the outcomes may be different.

The quality of the evidence was discussed and Panel agreed it was marginal as there was no evidence of particular subgroups for which the intervention may be of most use and there was no data related to children. It was also noted some evidence was conflicting and often involved small numbers of patients, so it is difficult to understand whether it is generalisable. It was noted that it is challenging to undertake robust formal trials relating to prosthesis. Panel were informed a trial of a myoelectric prothesis multi-grip use in children was currently underway.

The proposition was considered. The Panel commented that the access criteria were a long list and that the stopping criteria didn't appear to be based on the evidence reviews.

Clinical Panel considered equity of access and considered that the argument to commission the intervention on the basis of equality and health inequalities was strong.

Panel recommended that one multi-disciplinary team (MDT) managed access. It was agreed that physical assessment could take place at the patient's local clinic but the MDT could meet virtually. It was considered manageable if 30 patients were expected to be eligible and it was noted that the associate service specification ensures there is no geographical inequalities. It was considered that a lot of onus was on the MDT to define those patients who would benefit more from this prosthesis, it was not clear who would actually receive it.

Blueteq® form – one amendment recommended.

EHIA – no additional comments received.

Patient Impact Form – no additional comments received.

Recommendation

Clinical Panel recommends that this proposition is progressed as a for routine policy proposition.

Why the panel made these recommendations

The Panel debated the evidence base and considered that whilst it was limited the policy proposition addressed a gap in equity.

Documentation amendments required

Policy Proposition:

- Review the inclusion and stopping criteria

Blueteq® form:

- To be amended to include single grip trial confirmed.

Declarations of Interest of Panel Members: One member identified with an interest.

Panel Chair: James Palmer, Medical Director Specialised Services

Post Clinical Panel Note: 13th September 2021.

The clinical inclusion and stopping criteria were developed by the Policy Working Group (PWG) to reflect the use of a prosthetic limb in clinical practice and it is felt that the inclusion and stopping criteria are justified with no additional amendments made.

The policy has been revised to include a National Multi-disciplinary Team (MDT) to determine prosthetic provision. This will follow the governance procedures as outlined by the Veterans Prosthetic Panel (VPP).

The Blueteq® form has been amended to include the trial of a single grip hand.