

Engagement Report

Topic details

Title of policy or policy statement:	Multi-grip prosthetic hands
Programme of Care:	Trauma
Clinical Reference Group:	Rehabilitation & disability
URN:	2009

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy, and how this feedback has been considered. During stakeholder engagement, 39 responses were received which were supportive of the policy. Minor changes were recommended to the draft documents from stakeholder engagement.

2. Background

This policy has been developed by a Policy Working Group made up of clinical specialists in rehabilitation medicine, Public Health and Commissioning leads and a patient and public voice representative.

3. Engagement

NHS England has a duty under Section 13Q of the NHS Act 2006 (as amended) to 'make arrangements' to involve the public in commissioning. Full guidance is available in the Statement of Arrangements and Guidance on Patient and Public Participation in Commissioning. In addition, NHS England has a legal duty to promote equality under the Equality Act (2010) and reduce health inequalities under the Health and Social Care Act (2012).

The policy was sent for stakeholder testing for 2 weeks from 6th March to 20th March 2022. The comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the policy might be recommended.

Respondents were asked the following questions:

- Do you support the policy for multi-grip prosthetic hands to be available through routine commissioning based on the evidence review and within the criteria set out in this document?
- Do you believe that there is any additional information that we should have considered in the evidence review? If so, please give brief details.

- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available? If so, please give details.
- Do you have any further comments on the policy? If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial 'sense check'.
- Do you support the Equalities and Health Impact Assessment?
- Does the Patient Impact Summary present a true reflection of the patient and carers lived experience of this condition?
- Please declare any conflict of interests relating to this document or service area. A

13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the policy offers a clear and positive impact on patient treatment, by potentially making a new treatment available which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

4. Engagement Results

Thirty-nine responses were received in stakeholder engagement. This included service users, service providers, professional organisations and researchers in the field of prosthetics and rehabilitation. Industry representatives also submitted responses in the engagement process (see figure 1). Responses were supportive of the policy, with minor changes recommended to the policy.

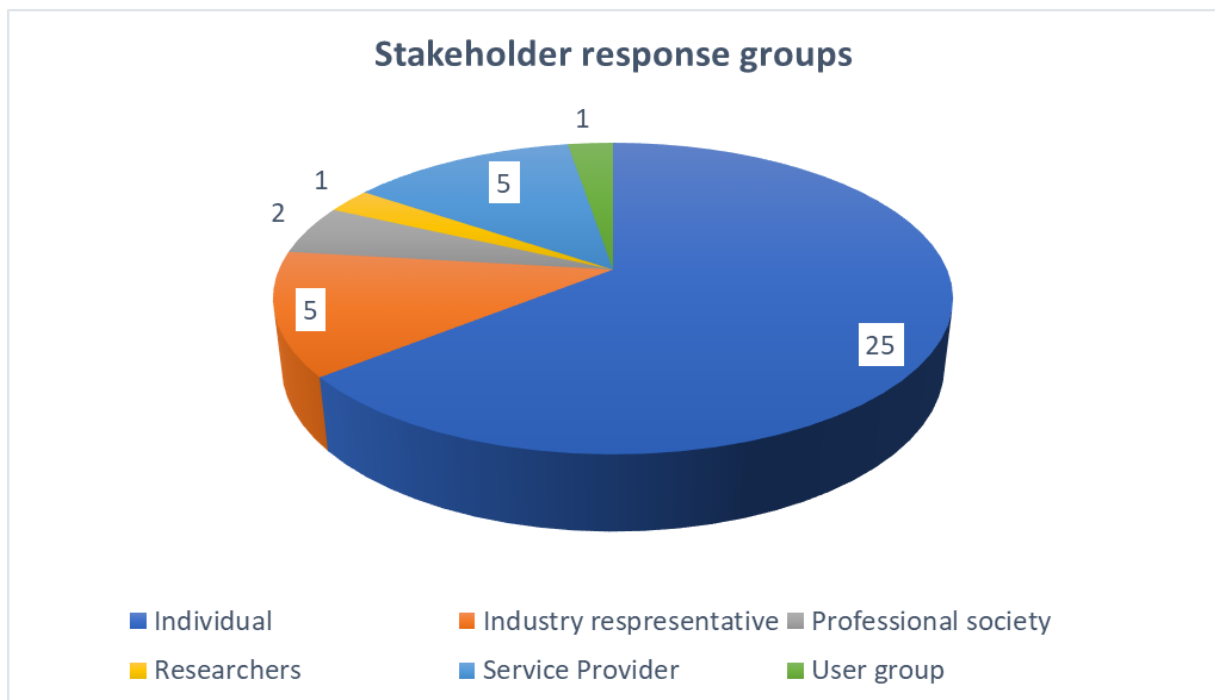


Figure 1: A pie-chart demonstrating the stakeholder response groups

In line with the 13Q assessment it was deemed that further public consultation was not required.

5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Trauma PoC. The following themes were raised during engagement:

Key themes in feedback	NHS England Response
Relevant Evidence	
<p>A respondent highlighted additional evidence sources. The response was structured around additional evidence for:</p> <ul style="list-style-type: none"> • User involvement in prosthetic development • The importance of training within prosthetic use • The ability to develop new evidence, particularly through conducting remote trials. • A pilot trial of prosthetics in the NHS (not currently published) 	<p>NHS England recognises the importance of engaging service users in the choice and training of the prosthetic and developing a patient centred approach to rehabilitation, which is written into the policy and the patient pathway.</p> <p>The presented evidence was reviewed by a Public Health Specialist and fell outside the PICO criteria for the evidence review.</p>
<p>22 respondents provided personal experiences of use of prosthetics within the NHS.</p>	<p>NHS England recognises the importance of active participation and inclusion, and though personal experiences fall outside the scope of inclusion as evidence within the policy, user experience and participation is an important element of service development.</p>
Support for the policy	
<p>37 respondents were supportive of the policy. 2 respondents cited mixed support, and this was based on:</p> <ul style="list-style-type: none"> • The limited evidence presented for the policy, however acknowledging there could be an individual benefit • Support for the policy, but not to facilitate access to a certain provider of prosthetics <p>In response to the positive and negative impacts for patients, 26 respondents viewed this as entirely positive, with the remaining respondents having mixed considerations. Additional themes of potential negative impacts were:</p> <ul style="list-style-type: none"> • That users had to additional training requirements • That users had to engage with use of other limb prosthetics prior to a multi-grip trial • That there were OT issues which would inhibit the application of the policy 	<p>NHS England acknowledged the comments and support for the policy. At this stage in policy development, certain providers have not been named within the policy and it falls outside the scope of the policy to define providers of prosthetics.</p> <p>NHS England considered the negative impacts presented, acknowledging that these are factors which will be addressed within the commissioning plan. These considerations are negative impact factors which could inhibit the application of the policy, rather than negative impacts on current prosthetic service users by the introduction of the policy.</p>

<ul style="list-style-type: none"> • That there could be prosthetic abandonment 	
Current Patient Pathway	
<p>14 respondents provided 36 comments on the proposed initial trial of a single-grip hand, then progressing to a multi-grip hand if successful. Respondents highlighted that this was not:</p> <ul style="list-style-type: none"> • Focused on the individual user and their needs • That this was not a practical or cost-effective solution (requiring socket changes) • That this limited the number of individuals who could access the intervention 	<p>The PWG considered these responses and feel that an initial trial of a single grip prosthetic is appropriate. This stepped approach allows the best operation of a prosthetic device with increasing complexity and aims to reduce abandonment rates. Once approved, the policy will be reviewed in 3-years time (or sooner if additional evidence is made available).</p>
<p>5 respondents highlighted the use of the National MDT. The comments included:</p> <ul style="list-style-type: none"> • That decisions locally could be overturned by the National MDT • The justification of the National MDT panel • The governance and process structures which support the National MDT Panel 	<p>NHS England has considered the comments and feel that prosthetic provision should align with the Veterans Prosthetic Panel and the governance arrangements which support this.</p> <p>This approach allows parity with prosthetic provision and also should be a forum for support, shared knowledge and learning for complex cases.</p>
<p>1 respondent highlighted that the current pathway excluded individuals with bilateral upper limb loss or amputation to have dual device provision.</p>	<p>NHS England considered this comment and that bilateral provision would be on an individual basis due to the complexity of doffing and donning required. This would be highlighted through the National MDT.</p>
<p>1 respondent suggested that the clinical assessment criteria should be developed to ensure consistency.</p>	<p>NHS England will assist localities with the Commissioning plan, if the policy is approved, but would expect regions to work with their providers to develop the best models of care for their cohorts of included patients.</p>
<p>1 respondent suggested that additional outcome measures should be considered including ones which were focused on quality of life.</p>	<p>Provision for a quality of life measure has been included within the policy.</p>
Potential impact on equality and health inequalities assessment (EHIA)	
<p>29 respondents answered the question concerning the EHIA. All were supported of this with additional comments acknowledging:</p> <ul style="list-style-type: none"> • Individuals from minority ethnic or religious groups may have different experiences of engaging and using prosthetics 	<p>NHS England has identified in the Equalities and Health Impact Assessment (EHIA) that this policy does not negatively impact on other protected characteristics and offers a treatment option for individuals who meet the inclusion criteria.</p>

<ul style="list-style-type: none"> • The statement about the size and weight of prosthetics should be reconsidered (the respondent provided detail of a manufacturer product range) • The difference between upper and lower limb prosthetic provision 	<p>The size and weight of prosthetics is still included within the policy to ensure the safety and regulatory elements of prosthetic provision are considered.</p> <p>This policy aims to promote equity and addresses health inequalities in individuals experiencing upper limb loss as either the result of amputation or congenital upper limb deficiency.</p>
Support for the patient impact assessment	
<p>Of the 29 respondents who answered the question on the patient impact assessment, 28 were positive, with one user acknowledging this was difficult to determine if this was developed with patient input or in a generic way. Additional comments included:</p> <ul style="list-style-type: none"> • Some individuals had experienced negative input in their prosthetic journey and felt rejected by the service • That elements of the impact statement needed to be clarified including users' mobility and the level of pain and discomfort experienced. 	<p>NHS England reviewed the comments and the changes suggested have been integrated (see changes and addition to the policy).</p>
Changes/addition to policy	
<ul style="list-style-type: none"> • Clarity was added to the Patient Impact Assessment to the statement “users are unable to walk about” as this statement was removed. • Clarity was added to the pain and discomfort section of the Patient Impact Assessment” acknowledging discomfort leading to abandonment and also the issues with limb imbalance and over-use of the unaffected limb. Psychological distress was also added. • A quality-of-life measure has been added as an outcome to the policy. • Amendment to the policy to state “patient experience” and remove the reference to subjective experience. 	<p>NHS England, working with the PWG has considered these elements and revised them for clarity.</p>

6. Has anything been changed in the policy as a result of the stakeholder testing and consultation?

Changes were suggested as part of the engagement response. The viewpoints of the stakeholders were considered by the Policy Working Group and the Programme of Care and the changes are as follows:

Policy:

- Removed the word “subjective” so remains outcome of “patient experience.”
- Quality of life has been added as an outcome measure to the policy

Patient Impact Assessment:

- “Users are unable to walk about” was removed.
- “Users have little or no discomfort” was clarified in the text below with the statement. “Some users may experience pain and discomfort from using a prosthetic device, and this can increase the chances of the prosthetic being abandoned. The discomfort experienced may also be from overuse in the unaffected limb or other muscles experienced by individuals with upper limb loss or congenital deficiency.” Individuals may also experience psychological distress as a result from the lack of ability to be able to actively participate.

7. Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy?

There are no remaining outstanding concerns.