

Engagement Report for Amputee Rehabilitation and Prosthetic Services for People Of All Ages With Limb Loss and Limb Difference

27 September 2022, Version 1

Topic details

| | |
|--------------------------------------|---|
| Programme of Care | Trauma |
| Clinical Reference Group | Rehabilitation, Disability and Spinal Cord Injury CRG |
| Unique Reference Number (URN) | D01/S/d - 250502 |

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this service specification, and how this feedback has been considered. ([Include a summary of this report](#))

2. Background

This service specification has been developed by a Specification Working Group (SWG) made up of Consultants in Rehabilitation, Prosthetists, Physiotherapists, Occupational Therapists, Service Managers, the three National Patient Charities and members of the British Association of Prosthetists and Orthotists (BAPO) and International Society of Prosthetists and Orthotists (ISPO).

In addition to the work of the SWG, meetings and workshops have been held with both local and national patient groups and staff working within prosthetic services.

3. Engagement Results

Both local and national

3.1 Stakeholder Testing

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 service specification was sent for stakeholder testing for 5 weeks from Tuesday 7th May 2024 to Sunday 9th June 2024. The comments have then been shared with the Specification Working Group to enable full consideration of feedback and to support a decision on whether any changes to the specification might be recommended.






3.2 Stakeholder testing results and summary of participants

(Please delete this prompt text: Separately provide a breakdown of the responses received for stakeholder testing by type of respondent and how they responded - was it in support etc. The results can also be shown as graphical presentation per category of response). Additionally, outline who has been engaged and whether through all engagement activities, all relevant stakeholders have had their voice heard?

7. I am responding as an individual

[More Details](#)

 Insights

| | | |
|---|------------------------------------|----|
|  | Patient | 35 |
|  | Carer / family member of a pati... | 1 |
|  | Clinician | 6 |
|  | Service provider | 2 |
|  | Other | 1 |

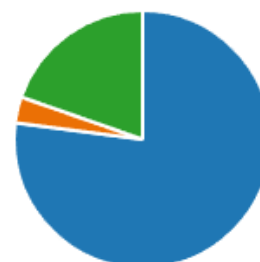


Respondents were asked the following questions:

(Please list questions below in bullet point format)

- We have clarified the requirements for children being seen within prosthetic services. Do you support these requirements?

| | | |
|---|------------------------|----|
|  | Yes | 47 |
|  | No | 2 |
|  | Other - please comment | 12 |





A word cloud visualization of the 'Limb Loss' topic. The words are arranged in a horizontal, somewhat circular pattern. The most prominent words, shown in larger fonts, are 'service', 'limb', 'patients', 'need', 'specification', 'prosthesis', 'centre', and 'service'. Other visible words include 'water service', 'fitting service', 'additional prostheses', 'higher level', 'limb section', 'changes to the service', 'Limb Loss', 'service capability', 'prosthetics service', 'limb amputees', 'Limb centres', 'Service Specification', and 'expertise and services'. The colors are primarily shades of blue and teal, with some words in black.



- Do you agree with the analysis in the EHIA (Equality and Health Inequalities Impact Assessment)?

| | |
|-------|----|
| ● Yes | 43 |
| ● No | 15 |



A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the service specification and proposed amendments does not constitute material changes to the way in which services are delivered or the range of services available and therefore further public consultation was not required.

4 How has feedback been considered

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

There were 65 responses to the stakeholder testing:

Patients: 37

Industry: 3

Clinicians: 6

Charities/Patient Support Groups:2

Service Providers:14

Royal Colleges/Societies: 3

Of these 44 were supportive or supportive with caveats, 8 did not support, 4 were unclear and 6 were outside the scope of the specification.

Issues raised were:

- Concerns over the need to have children seen separately to adults
- The provision of sports limbs for adults which is outside the scope of the specification
- Some patients wanted to raise issues as to their particular care which the SWG were unable to comment on.
- Workforce was raised by a number of respondents and the comments were supported by the SWG. However long term workforce planning is outside the scope of the service specification.
- Clarification on annual reviews was a recurring theme.

Following the stakeholder responses 21 amendments have been made to the specification, many of which were for clarification on wording as reflected in the engagement report. In addition 2 further standards have been added to the key documents, these being the BACPAR Standards of Care and the BAPO Standards of Care.

The changes being made are matters of clarification and do not affect the key aims, outcomes or objectives of the service specification.

| Engagement activity theme identified in e.g stakeholder testing, public consultation | Keys themes in feedback | NHS England Response |
|--|---|---|
| | Relevant Evidence | |
| Stakeholder Testing | Workforce including training and CPD, recruitment and retention. | Additional section added on workforce requirements. Reference to staff bands removed. |
| | | BACPAR & BAPO Standards added to service specification. |
| | Impact Assessment | |
| | Concerns over impact on children being seen in separate clinics. | This is a safeguarding issue and will remain. |
| | Current Patient Pathway | |
| | Services for Children & Young People. | The specification sets out the requirements for an appropriate environment for children to be seen. |
| | Access to sports limbs for adults. | This is outside the scope of the specification but will consider for policy development |
| | Access to second opinion. | Access to second opinion included within the specification. |
| | | |
| | Potential impact on equality and health inequalities | |
| | Include non-limb wearers in annual reviews. | Agreed and added to the specification. |
| | Access to higher specification prosthesis for military veterans. | This is government policy and managed through the Veterans Prosthetics Panel. |
| | Changes/addition to policy | |
| | The 'not routinely commissioned' policies for High Definition Silicone Covers and Direct Skeletal Fixation Included within the specification. | Now added to the draft service specification. |
| | The Outcomes Framework should include Domains 2,4 & 5 | Agreed and included within draft specification. |

5 Has anything changed in the service specification as a result of the stakeholder testing and consultation?

The following change(s) based on the engagement responses has (have) been made to the service specification:

- Section 6.2 – Domains 2,4 & 5 added.
- Section 7.1 – Flexibility in appointment length to accommodate complex needs or when more time required e.g. multiple limb differences added.
- Section 7.1 - Annual reviews offered for active service users (e.g. those who use a prosthesis(es), have accessed care from the service at least once in the last two years and likely to need / benefit from regular review). This may be carried out either face to face or virtually as appropriate and with the most relevant clinician(s) amended.
- Section 7.1 - Children's waiting area and clinical rooms are separate to adult areas, and appropriate for children's use (a service can make arrangements to fulfil this requirement as best suits their circumstances e.g. permanently separate areas or designated days within the service when only children seen in the relevant areas). This is a CQC requirement for safeguarding purposes – section clarified.
- Section 7.1 - Prosthetist(s) and therapists with an appropriate level of 'practice in paediatric prosthetics' amended from expertise.
- Section 7.1 - Routine review of children offered by prosthetist at least every 6 months for lower limb and every 12 months for upper limb (more frequently if clinically indicated) for been amended for clarification.
- Section 7.1 - Pathway to access trials of multi-articulating hand prostheses where 'suitable' (can be via referral to another service) changed from 'appropriate'.
- Section 7.1 - Amputees identified as suitable for prosthetic rehabilitation following assessment should be provided a clinically appropriate prosthesis (one per site of amputation – 'additional prostheses subject to consideration as detailed below' has now been added.
- Section 7.4 - All centres must establish a pathway to access the following staff if not available within the service: Consultant in Rehabilitation Medicine, Occupational Therapist added to specification.
- Section 7.6 - Mental health and psychology services including counselling, psychotherapy, psychology and psychiatry based on need and assessment added to draft service specification.
- Section 7.6 – Paediatrics added to service specification.
- Section 7.7 – Staff Training All services must provide ongoing professional support and opportunities for training and development of staff added.
- Section 7.9 – Clinical Commissioning Policies for High Definition Silicone Covers & Direct Skeletal Fixation added to the specification.
- Section 7.9 – BACPAR guidelines added.
- Section 7.9 – BAPO Guidelines Brochure added.
- Section 7.9 – BAPO Standards for Practice 2024 added.
- Section 7.9 - A Best Practice Clinical Care Pathway For Major Amputation Surgery 2016 – Vascular Society added.
- Appendix A - The MDT (multidisciplinary team) is the team providing assessment appointments with the patient. The prosthetics team is a wider team who may or may not have direct patient contact or may see the patient separately from the MDT added.

- Appendix A - There are different levels of prosthetic technician including that of Prosthetic Support Worker added.
- All sections – patient has been changed to service user.

6 Are there any remaining concerns outstanding following the consultation that have not been resolved in the final service specification?

No.

7 What are the next steps including how interested stakeholders will be kept informed of progress?

All stakeholders will receive the engagement feedback. There will also be ad hoc meetings with local user groups. The three leading charities, Limbless Association, Limb Power and BLESMA (British Limbless Ex Servicemans Association) are part of the Service Review Group and as such have reviewed the responses.