

Service Specification for Prosthetic and Amputee Rehabilitation Services

1. Purpose

Prosthetic patients – are 'patients for life' therefore it is extremely important that they receive continuity of care from their local Prosthetic Centre.

The service is provided for children and adults of all ages in the following groups:

- Patients who have undergone amputation of a limb or multiple limbs, at any level, due to disease or trauma or malformation
- Patients who are about to have or who are considering the option of elective amputation of a limb (pre-operatively)
- Patients and the parents of children with congenital limb absence or deficiency

The service will provide a comprehensive, multi disciplinary approach which will, within resources:

- enable patients who have undergone amputation to achieve their maximum potential in terms of:
 - mobility
 - independence in activities of daily living
 - participation in work, education, social, leisure and personal life activities
 - achievement of individual rehabilitation goals
- provide life long care and continuity of the ongoing provision and maintenance of prosthetic limbs
- provide advice and support for amputees and people with congenital limb loss, including those who are not able, or choose not, to wear a prosthesis
- be cost effective and measurable

2. Scope of the Service

The service will provide life long care for patients of all ages who require intervention from the specialist service.

The service will receive referrals for:

- new amputees and pre-operative patients
- established amputees
- children with limb deficiency

There should be a system in place for the identification and management of patients from Primary Care Trusts not normally contracting with the Centre and those who are not eligible for NHS care such as overseas residents. Requests will also be received for 2nd opinions and treatment transfers which would also be dealt with outside the normal contracting arrangements.

2.1 The service will be provided by a specialist multi disciplinary team with training in the field of prosthetic rehabilitation, which ideally includes the following:

Prosthetists	Medical staff
Physiotherapy	Occupational Therapy
Nursing	Psychology / Counselling
Prosthetic Technicians	
Technical, Clinical and Administrative support staff	

The team will work in close liaison taking an interdisciplinary and holistic approach. The service will be able to demonstrate how the specialist service interacts and liaises with local and community services to ensure patients receive the most appropriate care in the most appropriate location

2.2 The service provider will be responsible for the provision of all aspects of the service to meet the clinical needs of patients and the standards set for this provision. This will include the tendering for, and management of, contracts with secondary providers including the prosthetic and technical services and any other discipline which is not directly employed by the provider. The primary provider will be able to demonstrate how these services are specified and monitored.

2.3 The service will demonstrate how it will meet the requirements of national standards including:

- Standards for Better Healthcare
- BSRM – Amputee and Prosthetic Rehabilitation Standards and Guidelines 2003 www.bsrm.co.uk/ClinicalGuidance/StdsAmpProsRehab.pdf
- Patient Led Prosthetic Services. Associate Parliamentary Limb Loss Group www.apllg.org

This is not an exhaustive list and the service will respond to new guidance as it arises.

2.4 Equality and Diversity must be observed, with special consideration given to environmental facilities e.g. separate treatment rooms for paediatric patients.

2.5 The service will ensure patients' rights to privacy and ensure that dignity is maintained at all times. The service should be able to respond to requests for a patient's partner or carer to accompany them during their treatment and to requests for treatment by staff of the same sex where possible.

3. Stakeholders and key relationships

Good relationships are essential with all stakeholders

- Referring surgical teams
- Paediatricians
- Diabetes services
- General Practitioners
- District Nurses
- Acute and Community therapy teams
- Social Services
- User Groups
- Charities involved in the needs of amputees
- Education services
- Employment Resettlement Officers

4. Service delivery

Models of Service Delivery:

- **Pre-amputation** - Consultation should be arranged with an appropriate member of the Prosthetic Centre's clinical team. This is also applicable and should be offered to parents on identification of an unborn child with congenital limb absence

A Rehabilitation programme should commence pre-operatively if possible.

- **Primary patients** - New amputees should have appropriate access to all the disciplines available to the service as well as community and other services in their own locality
- **Established amputees** - these adult patients have undergone a period of rehabilitation following 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 normally require ongoing medical monitoring or therapy
- **Changing needs** - children, young adults and other patients with more complex problems require a more flexible model of care which provides longer term involvement with the full multidisciplinary team

The model of service provision should:

- provide the most effective and efficient level of care for patients at all stages of rehabilitation and ongoing support
- be flexible and ensure patients are referred back for medical and therapy input when required
- reflect the needs of different patient groups
- make appropriate recommendations to the local services for patients who do not go on to wear a prosthetic limb
- be responsive to the special needs of children and young people with limb deficiency or limb loss
- meet the statutory requirements for monitoring of prosthetic equipment provided

5. Key aspects of the Service:

5.1 Access

- The service will be provided in a location which is accessible for the patient caseload
- The Centre will provide parking close to department to encourage patients to use their own transport where possible
- The Centre will supply suitable transport services for patients who are unable to make their own way for medical reasons and will be able to demonstrate that the use of this service is monitored and cost effective
- The Centre will provide the service in a location that is appropriate for the patients who use it, in terms of physical accessibility, provision of privacy, toilet and changing facilities and access to refreshments
- The Centre will provide suitable space and facilities to meet the needs of the patients, including rooms for assessment, fitting, casting, computerised measurement, therapy, counselling etc. There will also be access to workshops for the manufacture, repair and adjustment of limbs on site.
- Patients will be able to access all the necessary skills to meet their needs in the Centre and / or by referral to a suitable local provider. The service will minimise the need for patients to attend the centre both by integrating prosthetic and therapy appointments and referral to suitable local therapy providers where possible.
- The service should offer flexibility in appointment times to meet the needs of individuals and offer choice to the patient in making appointments. This will include the availability of appointments outside normal opening hours, dependent on demand and financial resources being available. Domiciliary visits should be an option in very exceptional circumstances

- The service should be able to provide access to in-patient beds for patients who will benefit from intensive rehabilitation linked to prosthetic provision, e.g.
- patients with very complex needs e.g. multiple amputation after trauma or critical illness
- patients who will be able to achieve independence as a result of rehabilitation who would otherwise have high care needs

5.2 Referral

Patients may be referred to the service at any stage:

- Pre-operatively for patients undergoing or considering elective surgery
- Post operatively – there should be links with the relevant acute teams in the catchment area and mechanisms for referral to the Centre as soon as the amputation takes place
- Established amputees can access / self refer at any time for review, re-assessment or repair, once registered with a Centre. Those established amputees not registered with a Centre e.g. non limb wearers for reassessment, patients moving to the area or working in the area, may be referred by a GP, other health professional or other prosthetic centre
- Children with limb deficiencies can be referred as soon as the condition is identified i.e. parents may be referred to the service before the child is born

Patient Choice

If a patient does not move address, but wishes to be seen by another service,

- The current Centre must be informed
- The receiving Centre must agree to take on care of the patient
- The host PCT must agree to fund the transfer of care

5.3 Waiting Times

Primary referrals for new amputees should be seen at the most appropriate stage in their recovery to commence their rehabilitation, minimise delayed discharge from acute care and prevent the development of other problems. The service provider will be able to demonstrate what mechanisms are in place to manage new referrals to ensure patients are seen at the optimum time for their first assessment and that the service meets any national or local standards that are in place

Routine referrals for review, transfer to the Centre or assessment of non urgent problems should be seen within current national guidelines for out-patient referral

Emergency requests for repair of a broken or faulty limb should be seen within 24 hours

Patients who are War Pensioners and had an amputation as a result of service in the Armed Forces are entitled to priority treatment for that condition

www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Healthserviceguidelines/DH_4018351

Waiting times for standard provision of prosthetic limbs and non urgent repairs should be the minimum that can be achieved realistically allowing for manufacturing processes, but planned in order to minimise patient visits to the centre and the amount of time a patient is without their limb. Standard provision times will not exceed the following from identification of prescription / requirement to delivery:

New Limbs	Working days
Standard / modular lower limb prosthesis	20
Conventional limbs / others requiring non standard modification	35
Limb for through hip / hind quarter amputation.	40
Upper limbs others requiring non standard modification and powered limbs	30
Standard upper limb	20
High definition prosthesis	40

Repairs	
Minor repairs – modular and conventional	1
Major repairs – modular limbs and standard upper limbs	15
Conventional limbs, hip / hind quarter amputation and others requiring non standard modification etc.	25

5.4 Effective Treatment

The service provider will be able to demonstrate the following:

- All patients have a full assessment of their needs by the multidisciplinary team on referral to the service and at appropriate intervals after this
- Patients receive the most appropriate treatment to meet their needs.
- The role of each member of the team in the care pathway
- There are clear policies in place to identify the range of prosthetic components that are made available to patients and the criteria that are applied
- A record is kept of audit activity in relation to clinical effectiveness
- There are policies in place to cover the participation of patients in Research and Development activity

5.5 Information and Support

Throughout their contact with the Centre, the patient should have access to information on all aspects of their care and other relevant issues.

The service provider will be able to demonstrate that patients have access to the following via written information / information boards / internet access in the Centre:

- information about the Centre and the services provided, opening times, contact details and access
- details of the named prosthetist allocated to each patient
- specific written information about care and use of a prosthetic limb provided, any problems to be aware of and what to do about them
- conditions of provision and / or loan of the prosthesis
- User Groups and any patient support systems in the areas served
- charities and organisations in relation to limb loss, children with limb deficiency etc.
- other sources of information such as web addresses and other local and national organisations
- carer support networks and organisations

5.6 Monitoring and review

The service will have a clear policy for the follow up of patients. The minimum review periods should be:

- Children (under 19 years of age) - 6 months
- Adult primary patients (new amputees) at 6 months and 12 months
- Established adult patients - 12 months
- Statutory requirements for monitoring of equipment - 12 months or as specified by the manufacturer

6. Prosthetic Provision

To ensure a cost effective and measurable service the provider will have policies and procedures in place for the prostheses that are provided to patients, the criteria that are applied when selecting suitable provision and how these policies are monitored and reviewed. These should include:

- prescription guidelines setting out the range of components that can be used for patients depending on their level of independence and mobility and the amount of time they will use a limb. Including:
 - types of sockets, joints, socket liners, cosmetic covers
 - provision of second limb, sports limbs and shower legs
 - provision of high definition silicone
- introduction of new treatment modalities and components
- procedures for agreeing prescriptions outside of the guidelines
- audit mechanisms for monitoring and reporting compliance with policies

The service should have a policy for the provision of high cost components and high definition cosmetic covers which is agreed with commissioners of the service and includes a process for funding of exceptional cases.

7. Quality and Performance

Patients should be actively involved and consulted in the production and ongoing development of local service delivery / contract specifications (via User Groups and questionnaires).

The service will routinely monitor and review the service against agreed Key Performance Indicators in the following areas:

- activity levels e.g. attendances per patient, DNAs, emergency repairs, new limbs supplied, repairs completed
 - variations from the delivery times against standards set in the contract
 - outcome measures in the following areas:
 - achievement of rehabilitation goals/quality of life
 - socket comfort
 - mobility/activity
- plus where indicated
- emotional issues
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- patient satisfaction with aspects of the service
 - complaints and compliments
 - incidents and accidents

The service provider and the commissioners will agree standards within the key performance indicators and how these will be monitored and reported.

Improving Productivity

A DNA rate of 5% or below should be the standard. Monthly monitoring should be undertaken.

Continual Service Improvement

A quality system should be in place (eg. ISO) in order to monitor and improve standards of service.

Unmet need should be identified, quantified and brought to the attention of the commissioners.

8. Staff

The services will have systems in place which demonstrate that:

- all staff providing the service are recruited against clear job descriptions, person specifications and recruitment procedures
- professional registration is routinely monitored
- staff receive regular performance review which includes appraisal of performance, objective setting and a training plan
- all staff have a training plan to enable them to perform to their maximum potential and develop new skills to the betterment of the service
- all clinicians Health Care Professionals should have protected time for Continuing Professional Development

9. Safety

The service will have policies to cover all aspects of Health and Safety and demonstrate monitoring and action plans to resolve problems:

- Equipment issues – MHRA reporting, re-use of components, Planned Preventative Maintenance and introduction of new equipment
- Patient safety – incidents and accident reporting mechanisms and infection control

10. Cost Effectiveness

The service should be able to demonstrate cost effectiveness in terms of:

- demonstrating mechanisms for monitoring and controlling costs e.g. budget management in respect of new items being introduced
- ensuring compliance with agreed prescription protocols working with agreed prescription protocols
- monitoring expenditure against activity
- identifying wasted resources such as DNA rates, inappropriate provision etc and taking action to resolve problems

All clinical staff should maintain accurate patient clinical notes according to the local and HPC Guidelines and comply with Data Protection and Access to Medical Records Acts.

11. Improving Patient Experience

A patient suggestion scheme should be in place to seek feedback from patients. Patient experience surveys should be conducted at least annually. The frequency of the survey and sample size will vary according to the patient population of the local service. Following results of surveys / suggestions received, action plans should be drawn up, evaluated and refreshed as appropriate to ensure feasible improvements are implemented. The action plan should be reviewed at least every 6 months.

The service should be able demonstrate ongoing action to continuously improve and develop the service to patients by:

- Setting objectives for service development and improvement and monitoring achievement
- working as a MD team to identify potential changes to improve the service and setting action plans to achieve them

12. Information Systems

The centre should have an integrated IT system which enables the service to store and manage information, run operational systems. The system should be able to provide:

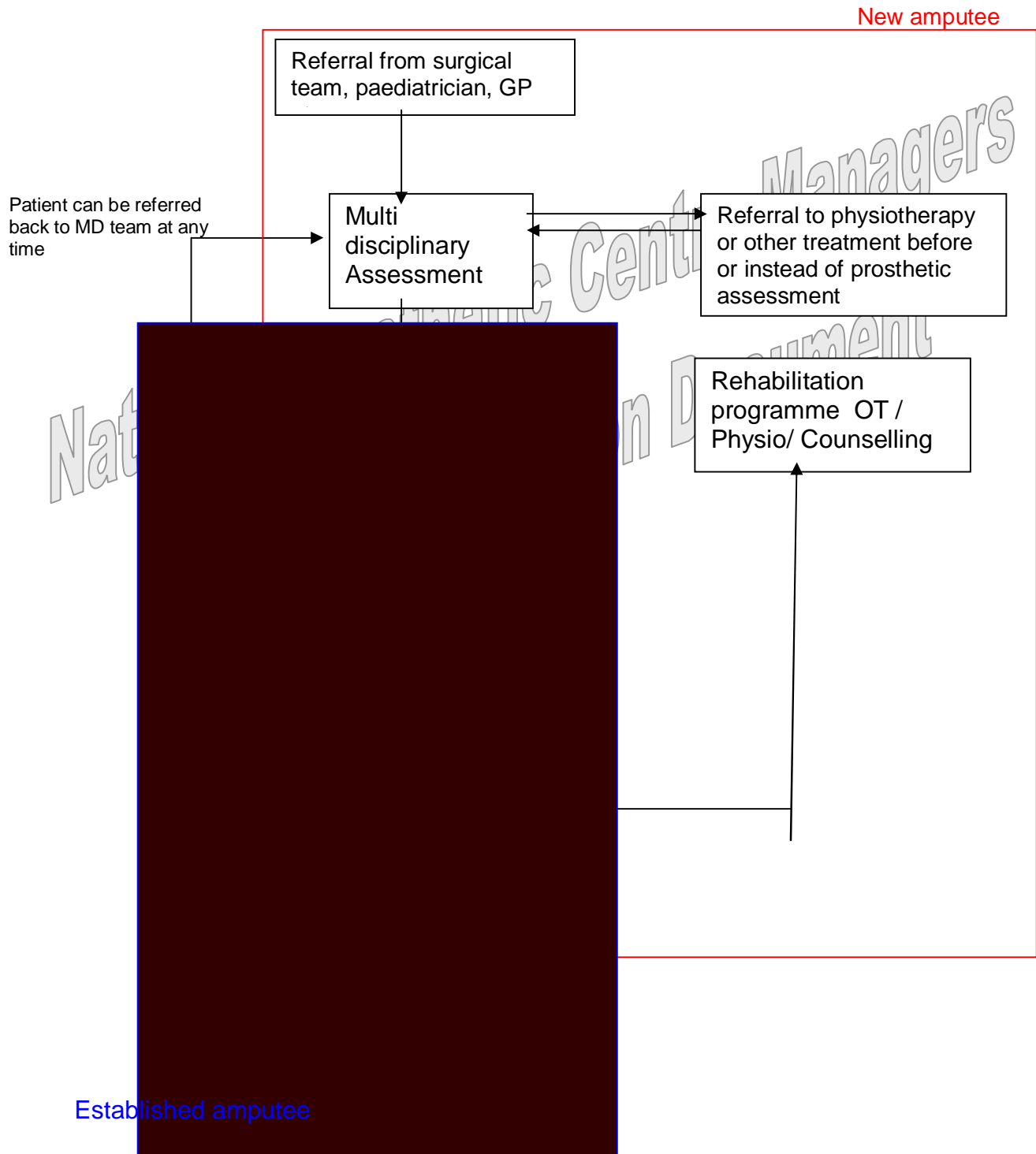
- patient demographic information
- clinical activity information
- referral and transfers between centres, overseas patients
- financial information
- appointment utilisation
- equipment / components currently & previously issued

The management of any systems in use within centres will comply with the Department of Health Policies for Information Governance

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079616

Appendix 1

The Multi Disciplinary model



NB Patient can access Counselling and Clinical Psychology at any time