P-05-974 Ensure the technology of prosthetic limbs provided within the Welsh NHS is equal to the rest of the UK, Correspondence – Petitioner to Committee, 06.09.20

Additional comments for consideration: -

The English Clinical Commissioning Policy: Microprocessor Controlled
 Prosthetic Knees ref NHS England:16061/P – December 2016 indicates that: -

'There are unfortunately no published studies that analyse long term cost effectiveness within the health economy specifics of the UK. However, studies from other European countries such as Italy and the Netherlands reported a **long-term reduction** in medical and care costs.'

One concludes, therefore, that a policy change may in addition to providing improved mobility and wellbeing for Welsh disabled residents will even be cost saving on the Welsh NHS in the medium to long term.

- In Scotland the Specialist Prosthetics Service has, for several years, covered the provision of a wide range of devices including, but not limited to:
 - microprocessor controlled knees
 - microprocessor controlled multi-articulating upper limbs
 - specialist foot and ankle joints
 - sporting limbs
- Northern Ireland also has provision in place

The conclusion is that the provision in Wales has now lagged behind the rest of the UK for nearly a decade. Outside of Wales, disabled residents are enjoying the life-enhancing benefits and their health services the potential cost benefits from changing the policies.

In a second response dated – 4 June 2020 - received from Vaughan Gething – Minister for Health and Social Services – reference was again made to the Welsh Policy 'Specialised Services Service Specification: CP89 Prosthetic and Amputee Rehabilitation Service.' This is the current reference and guidance document for ALAC - Artificial Limb and Appliance Centres - services in Wales. It was due for formal committee review by 1 December 2017, it is outstanding.

It is not unreasonable for Welsh residents to expect their elected members to formally review policy documents within a reasonable timescale. Formal review should therefore have already taken place. At minimum, as a result of this petition, a thorough and formal review should be requested.

Also in the response - 4 June 2020 - reference is made to the ability for clinicians to use the IPFR - 'Individual Patient Funding Requests Process in Wales':- 'If an individual's needs cannot be managed within the agreed range of equipment, and the prosthetic and amputee clinical team believe there are exceptional grounds for providing equipment outside of range, then an Individual Patient Funding Request (IPFR) can be submitted to WHSSC. This request is done by clinicians on behalf of their patient under the 'All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR)'.

IPFR should not be used as a reason why a policy review should not be undertaken.

 Published IPFR data does not itemise the number of applications for microprocessor prosthetics, however this number will be available. It will provide an indication/guide to the level of additional funding required for ALAC – Artificial Limb and Appliance Centres – in the event of policy is changed.

This data should be available for the last 5 Years – since March 2015 – and therefore a trend will be available and budget planning possible.

- Modern state of the art sports prosthetics for young people under the age of 25 has recently been approved providing needed equipment and equality with the rest of the UK. These are required and important, I challenge anyone to justify why modern state of the art prosthetics for adults for daily living differ in justification. A policy change has been made even though these would also have been potentially available via IPFR.
- The petition is only requesting equalisation with the other nations of the UK
 and to bring the provision in Wales to an equal standard, a discrepancy that
 has been in existence for nearly a decade. Wales elected its own assembly to
 have control and be better that the other nations let us at least be equal and
 end discrimination.

• If anyone moves to Wales already fitted with a microprocessor prosthesis Wales NHS will support, repair and replaced if required. Sad, but I have considered moving across the border to be eligible.

Thank you for taking the time to consider this petition which is targeted to making the lives of some disabled residents in Wales more productive for the benefit of themselves and for the benefit of Wales. The response to my petition in less than two months has surpassed my expectations and I believe demonstrates the validity of the cause.

Being disabled enables one to fully understand what the inequality means. It is difficult to express.

A personal plea on behalf of Welsh amputees to correct an inequality, equal provision and potentially save Wales some money.

David Bradley

Comments following receipt of the reply from Vaughan Gething AS/MS

It is noted that there is no direction or comment as to why the formal policy review for both military provision – outstanding since October 2016 – public provision – outstanding since Dec 2017 – has not been undertaken. Is it not reasonable to expect formal policy reviews to be conducted within the timescales documented? Situations change, costs and benefits change.

The letter does state that annual reviews are conducted although I have not had access to the review documents from the last several years. It indicates that 'WHSSC again considered the provision of microprocessor knee prostheses for civilians as part of their annual review this year' but there is no further comment other than stating they 'are not routinely provided for civilians'. There is no reasoning given. If they are beneficial to veterans would they not beneficial to the civilian population of Wales?

My comment remains the same: -

'A personal plea on behalf of Welsh amputees to correct an inequality, equal provision and potentially save Wales some money.'

David Bradley

06/09/2020