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War Veterans – Enhanced Prosthetic Provision

Commissioning Policy: CP49

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Abbreviations

ALAS	Artificial Limb and Appliance Service
BEST	Bringing Equipment Services Together (IT system)
DMRC	Defence Medical Rehabilitation Centre
DNRC	Defence and National Rehabilitation Centre
IPFR	Individual Patient Funding Request
NWJCC	NHS Wales Joint Commissioning Committee

Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission enhanced prosthetic limbs for war veterans in accordance with the criteria outlined in this document.

In creating this document NWJCC has reviewed this clinical condition and the options for its treatment. It has considered the place of enhanced prosthetic limbs in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgement, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This policy has been developed for the planning and delivery of enhanced prosthetic limbs for war veterans resident in Wales. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to residents of all seven Health Boards in Wales.

1.1 Plain Language Summary

This policy is for enhanced prosthetic provision and therefore only those with service attributable injuries will be eligible for enhanced provision. Veterans are defined as anyone who has served for at least one day in HM Armed Forces (Regular or Reserve) or Merchant Navy Seafarers and Fishermen who served in a vessel at a time it was operated to facilitate military operation by HM Armed Forces. This definition clearly encompasses a wide range of people, from different backgrounds, with different experiences of working in the Armed Forces, for differing lengths of time and who will have different needs.

Prosthetic limbs are medical devices that provide a portion of the functions normally provided by natural arms and legs. Often used when a loss of limb occurs due to an accident or birth defect, the prostheses make it possible for individuals to enjoy dexterity, mobility and a better quality of life.

In relation to veterans, this may include combat-related traumatic limb-loss (e.g. as a result of blast injury or damage from projectiles), injuries sustained in training accidents or those acquired during the course of normal duties.

1.2 Aims and Objectives

This policy aims to define the commissioning position of NWJCC on the use of enhanced prosthetic limbs for war veterans.

This policy covers the provision of:

- Mobility limb including a supplementary limb to maintain function
- Shower limb where appropriate
- Work related adaptations e.g. limbs with special grips
- Basic recreation limb for swimming or running
- Maintenance for out of warranty components issued previously by Headley Court or, currently the DNRC at Stanford Hall.

The objectives of this policy are to:

- ensure commissioning for the use of enhanced prosthetics is evidence based
- ensure equitable access to prosthetic services

- define criteria for war veterans with limb loss to access treatment
- improve outcomes for war veterans with limb loss

1.3 Background

All veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated with their time within the armed forces (service-related).

This commissioning policy sets out NHS Wales' position with regard to the provision of prosthetic limbs for War Veterans. The Command Paper 'The Nation's Commitment: Cross Government Support to our Armed Forces, their Families and Veterans'¹ made clear that all veterans who have lost a limb whilst serving in the Armed Forces should, where clinically appropriate, have access to a modern high end prosthesis.

An amputation is the traumatic (accidental) or surgical removal of part of the body, and can range from the loss of entire limbs, to the loss of part of a finger or toe. Significant multiple amputations comprise of the loss of more than one limb. Limb-loss or limbless refers to any individual who has undergone a major amputation (i.e. such as above the level of ankle or wrist). This may include those with multiple amputations (for example a bilateral lower-limb amputation) and those with amputations at different levels such as trans-femoral (above knee) or trans-tibial (below knee).

The impact of losing a limb in military service extends well beyond initial recovery and rehabilitation, with long-term consequences and challenges requiring health-care commitments across the course of life. To ensure ongoing care is provided NHS services need to work collaboratively and cooperatively with other public and 3rd sector organisations.

Injured veterans of conflicts were mostly treated at the Defence Medical Rehabilitation Centre (DMRC) at Headley Court (South London). Since 2018 they have been treated at the new Defence and National Rehabilitation Centre (DNRC) at Stanford Hall (Stanford-on-Soar, Loughborough).

1.4 Epidemiology

Almost 1 in 25 adults in Wales was a veteran of the UK Armed Forces at the time of Census 2021, new data shows.

¹
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/274417/Cm7424.pdf

For the first time – in support of the Armed Forces Covenant – the Office for National Statistics (ONS) collected census information on the veterans' population, showing who had either previously served in the regular forces, reserve forces, or both.

The findings show that the proportion of UK Armed Forces veterans was higher in Wales (4.5% of the population aged 16 years and over, 115,000)² than it was in England (3.8%, 1.7 million).

Table 1 presents the number of UK service personnel who sustained a traumatic or surgical amputation, partial or complete for either upper or lower limbs, including digits, because of injuries or illness during the past five financial years.

This includes personnel deployed on operations in Afghanistan and Iraq and personnel that have been injured or had an amputation because of an illness in non-operational environments.

Table 1: UK Service personnel with partial or complete amputations from 1 April 2018 to 31 March 2023³

Financial year	UK Service personnel
18/19	21
19/20	19
20/21	12
22/23	6
Total	66

1.5 Current Treatment

There are three specialist service centres in Wales. The services are funded by NWJCC and delivered at three regional centres in Cardiff, Swansea and Wrexham. The centres provide lifelong care to people with a congenital limb deficiency or who have had major limb amputations. Pre-amputation, re-amputation and antenatal consultations are also provided as required. The centres have expertise for all levels of amputation and limb loss and are able to provide the full range of advice and prosthetic rehabilitation for all levels of upper and lower limb loss.

The services included are:

- Posture and Mobility Service

² <https://www.forcesnews.com/uk/one-25-people-england-and-wales-are-veterans-census-2021-reveals>

³ <https://www.gov.uk/government/statistics/uk-service-personnel-amputations-financial-year-20222023/uk-service-personnel-amputation-statistics-1-april-2018-to-31-march-2023>

- Prosthetics
- Orbital (not provided on each site)
- Electronic Assistive Technology (EAT) (not provided on each site)

1.6 What NHS Wales has decided

NWJCC has carefully reviewed the evidence of enhanced prosthetics for war veterans. We have concluded that there is enough evidence to fund the use of enhanced prosthetics, within the criteria set out in section 2.1.

1.7 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests \(IPFR\)](#).
- **NHS Wales Joint Commissioning Committee (NWJCC) policies and service specifications**
 - NWJCC Service Specification: CP89 Prosthetic and Amputee Rehabilitation Services - [CP89 Posture and Mobility Prosthetic provision service specification CP89 March 2025](#)
- **Other national guidance**
 - A better deal for military amputees [A better deal for military amputees - GOV.UK](#)

2. Criteria for Commissioning

The NHS Wales Joint Commissioning Committee will approve funding for enhanced prosthetics for war veterans in line with the criteria identified in this policy.

2.1 Inclusion Criteria

- The patient has suffered limb loss following service-attributable injury.
and
- The patient is in receipt of a war pension arising from the service attributable injury.
- The patient has received a financial settlement offer from the Armed Forces Compensation Scheme (AFCS).
- The patient has an Award Notice confirming their eligibility (both **War Pensioners and** Armed Forces Compensation Scheme personnel are issued with an **Award Notice** verifying what their attributable injuries are).

2.2 Exclusion Criteria

This policy does not apply to Veterans who lose limbs after they leave the military which are not related to a service attributable injury e.g. in a civilian road traffic accident.

The following components would **not routinely** be considered:

- components not CE marked and passed standards for use in this country
- components not previously used in Headley Court/Stanford Hall
and
- components that are being used as part of a trial or to support a study.

2.3 Continuation of Treatment

Healthcare professionals are expected to review a patient's health at regular intervals to ensure they are benefiting from and appropriately utilising the prosthesis that they have been provided with.

If no benefit has been recorded by the individual or the individual's condition has deteriorated to the extent that they can no longer utilise the prosthesis, then clinical judgement on the continuation of provision of equipment must be made by the responsible healthcare professional.

2.4 Acceptance Criteria

The service outlined in this policy is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This policy does not apply to war veterans who are resident in England, Northern Ireland or Scotland. War veterans in those countries who wish to access the services in Wales will need to apply for funding through their own national arrangements, e.g. for English residents an application will need to be submitted to the NHS England Veterans' Prosthetic Panel.

GP Practice in Wales.

2.5 Patient Pathway (Annex i)

Veterans and professionals who work with veterans who live in Wales are able to refer directly to their individual local health board.

The diagram in Annex (i) sets out the referral pathway from the point at which the patient is referred by their GP to one of the three ALAS centres.

If the patient wishes to be referred to a provider out of the agreed pathway, an IPFR clearly setting out the reasons for this should be submitted.

2.6 Designated Centres

The Artificial Limb & Appliance Services operate from three separate centres:

Cardiff and Vale University Health Board⁴

Artificial Limb and Appliance Centre
Rookwood Hospital
Fairwater Road
Llandaff
Cardiff
CF5 2YN

Swansea Bay University Health Board⁵

Artificial Limb and Appliance Centre
Morrison Hospital
Swansea
SA6 6LG

⁴ <http://www.alas.wales.nhs.uk/cardiff-alac>

⁵ <http://www.alas.wales.nhs.uk/swansea-alac>

Betsi Cadwaladr University Health Board⁶

Artificial Limb and Appliance Centre
Gate 7, Wrexham Maelor Hospital
Croesnewydd Road
Wrexham
LL13 7NT

2.7 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

2.8 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner.

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties.

2.9 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinicians considering treatment should:

- discuss all alternative treatments with the patient;
- advise the patient of any side effects and risks of the potential treatment

⁶ <http://www.alas.wales.nhs.uk/wrexham-alac>

- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with NWJCC for the treatment.

In all other circumstances an IPFR must be submitted.

The onus lies with the requesting clinician to present a full submission to the NWJCC IPFR team which sets out a comprehensive and balanced clinical picture of the history and present state of the patient's medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary information including research papers must be submitted with this form.

Requests can only be considered based on the information provided. Incomplete forms or forms that provide insufficient information will be returned.

As part of the referral process the patient will be required to provide evidence of their eligibility through their Award Notice⁷.

High activity specialist or sporting limbs are not routinely considered for funding, nor is funding provision made for out of warranty maintenance of such specialist limbs. If the referring clinician believes that there are grounds for issuing such limbs, or additional limbs over and above multiple limbs issued per site, an Individual Patient Funding Request (IPFR) can be made to NWJCC under the same policy.

If the patient wishes to be referred to a provider out of the agreed pathway and the referring clinician believes that there are exceptional grounds for treatment at an alternative provider, an Individual Patient Funding Request (IPFR) can be made to NWJCC under the All Wales Policy for Making Decisions on Individual Patient Funding Requests (IPFR).

⁷ Veterans who do not possess an award notice, should contact the Service Personnel Veterans UK directly, or seek assistance from British Limbless Ex Service Men's Association (BLESMA) if required

3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the patients, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties and for children, teenagers and young adults.

3.1 National Standards

As a manufacturer of medical devices, the service must maintain compliance with the certification to the ISO 13485 standard. There are a number of provisions within this standard which should be managed including the necessity to have an ongoing internal audit schedule and various patient satisfaction measures.

3.2 Other quality requirements

- the provider will have a recognised system to demonstrate service quality and standards
- the service will have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice for each treatment site
- the quality system and its treatment protocols will be subject to regular clinical and management audit
- the provider is required to undertake regular patient surveys and develop and implement an action plan based on findings

4. Performance Monitoring and Information Requirement

4.1 Performance Monitoring

NWJCC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the services defined in this policy the following approach will be adopted:

- Service providers to evidence quality and performance controls
- Service providers to evidence compliance with standards of care

NWJCC will conduct performance and quality reviews on an annual basis

4.2 Key Performance Indicators

The providers will be expected to monitor against the full list of Quality Indicators derived from the service description components described in Section 2.2.

The provider should also monitor the appropriateness of referrals into the service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

5. Evidence

NWJCC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

5.1 References

- Ministry of Defence (2013) *UK Armed Forces personnel report 2013*. [Online] Available at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284564/uk-af-personnel-report-1-april-2013-revised.pdf
- Veterans' NHS Wales (2014) *Veterans' NHS Wales Annual Report April 2013 – March 2014*.
https://www.veteranswales.co.uk/images/Pdfs/VnhsW_Annual_Report_2013_2014.pdf
- Public Health Wales Veterans' NHS Health (2016)
<http://www.wales.nhs.uk/sitesplus/888/page/74140>

5.2 Date of Review

This document is scheduled for review every three years, unless information is received which indicates that the policy requires revision.

If an update is carried out the policy will remain extant until the revised policy is published.

6. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

7. Putting Things Right:

7.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to NWJCC.

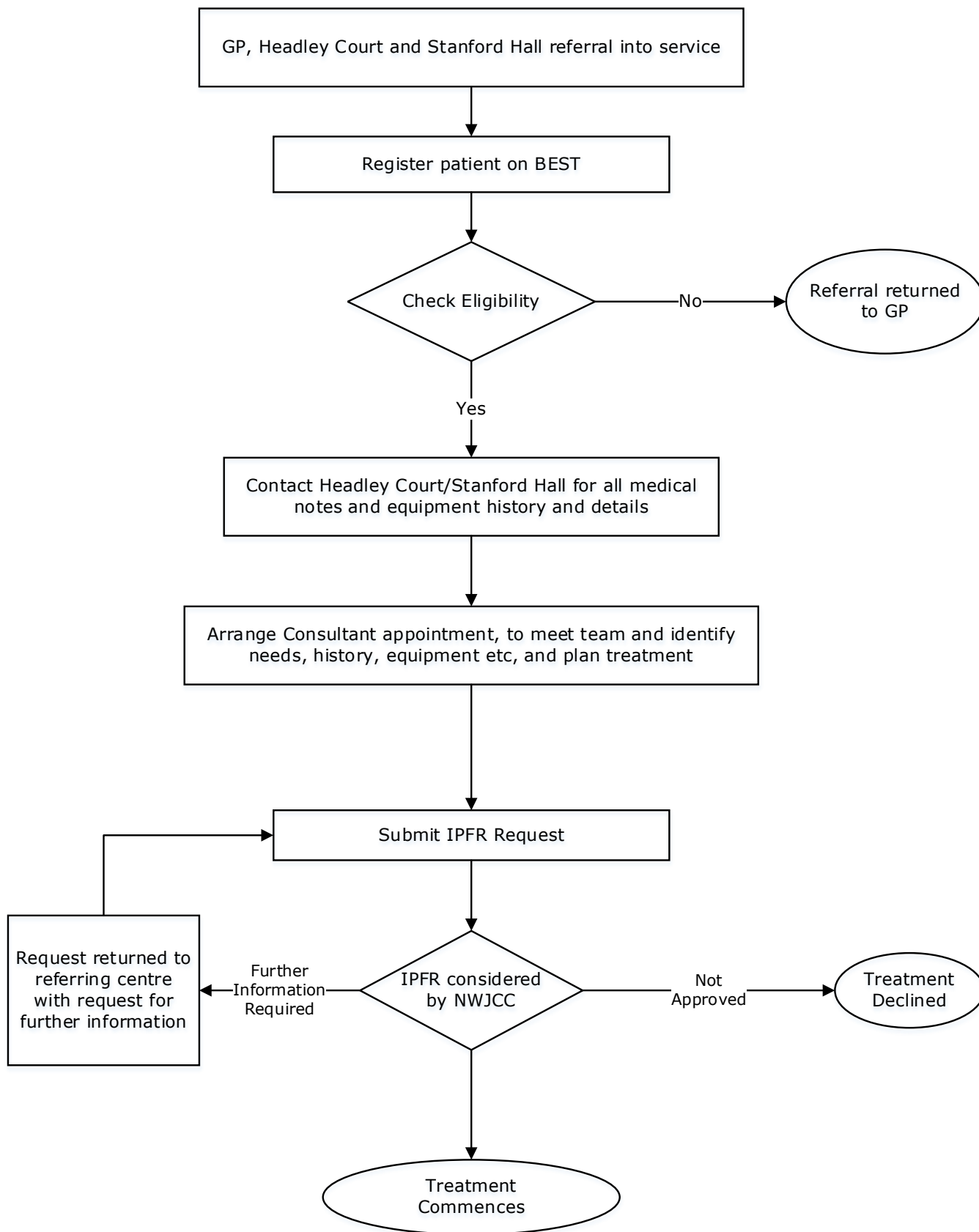
7.2 Individual Patient Funding Request (IPFR)

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

Annex i Patient Pathway



Annex ii Checklist

War Veterans Enhanced Prosthetic Provision (CP49)

The following checklist should be completed for every patient to whom the policy applies:

- Where the patient meet the criteria and the procedure is included in the contract and the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- The patient meets the criteria and is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to NWJCC for prior approval to treatment.
- The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to NWJCC for consideration.
- If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

Annex iii Codes

The list of ICD codes is indicative and is not exhaustive. Additional codes may be used for contract monitoring purposes, furthermore some codes may cover indications not included within this policy.

Code Category	Code	Description
ICD-10	Z89.4	Acquired absence of foot and ankle
ICD-10	Z89.5	Acquired absence of leg at or below knee
ICD-10	Z89.6	Acquired absence of leg above knee
ICD-10	Z89.7	Acquired absence of both lower limbs [any level, except toes alone]
ICD-10	Z89.8	Absence of upper and lower limbs [any level]
ICD-10	Z89.0	Acquired absence of finger(s) [including thumb], unilateral
ICD-10	Z89.1	Acquired absence of hand and wrist
ICD-10	Z89.2	Acquired absence of upper limb above wrist
ICD-10	Z89.3	Acquired absence of both upper limbs [any level]
ICD-10	Z89.9	Acquired absence of limb, unspecified

Annex iii Glossary

Headley Court

Defence Medical Rehabilitation Centre Headley Court (abbreviated to DMRC Headley Court, and more commonly known as Headley Court), formerly RAF Headley Court, was an 85-acre [United Kingdom Ministry of Defence](#) facility in [Headley](#), near [Epsom, Surrey, England](#). It was used as a [rehabilitation](#) centre for injured members of the [British Armed Forces](#) between 1985 and 2018.

The new [Defence and National Rehabilitation Centre](#) opened in June 2018. The £300 million investment will see the world-class defence rehabilitation services currently delivered at Headley Court move to a new purpose-built location at Stanford Hall, near Loughborough. The new facility will be 4 times the size of Headley Court and will improve and advance the cutting-edge treatments already available to injured members of the armed forces. The new defence rehabilitation centre will provide immediate access to on-site patient diagnosis and treatment plans, greater advances in medical research and better outdoor facilities to support early stages of recovery.

Stanford Hall War Veterans

Stanford Hall is a central hub for war veterans seeking rehabilitation and recovery. The Defence Medical Rehabilitation Centre (DMRC) at Stanford Hall provides expert care for wounded, injured and sick Armed forces personnel. The facility offers a range of services, including physical and mental health rehabilitation, sports therapy and vocational training, all aimed at helping individuals recover and reintegrate into society. The DMRC is known for its multidisciplinary approach, bringing together a team of experts from various fields to provide comprehensive and personalised care. Additionally, the centre is involved in research and innovation in military medicine, contributing valuable insights to the broader medical community.

The Defence and National Rehabilitation Centre (DNRC)

The Defence and National Rehabilitation Centre (DNRC) is also located at Stanford Hall and is dedicated to pioneering recovery and rehabilitation for armed forces and civilian patients. The centre offers innovative programs and state of the art facilities, focusing on holistic rehabilitation. The DNRC is a historic gem in military rehabilitation and medical care is upheld by its commitment to excellence and its role in transforming outcomes for individuals who have suffered potentially life-changing injury, trauma or illness.

Veterans Covenant Healthcare Alliance

Stanford Hall's commitment to supporting service personnel in leading dignified and fulfilled lives is demonstrated through the Royal British Legion Complex Trauma Gyn, which provides a space for patients with complex injuries to focus on regaining mobility, fitness and independence.

The Royal British Legion

The facility's dedication to providing ongoing support to its patients beyond their time at the facility is also evident through community outreach programs, mentorship schemes, peer support groups and educational workshops.

Individual Patient Funding Request (IPFR)

An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

NHS Wales Joint Commissioning Committee (NWJCC)

NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

Contact Us

If you have a question related to this document you can contact us using one of the methods outlined below.

If you would like this document in an alternative format and/or language, please contact us for assistance.

Email:

NWJCC consultation mailbox – nwjccconsultation@wales.nhs.uk

Telephone:

General Enquiries – 01443 433112

Website:

[Contact us - NHS Wales Joint Commissioning Committee](#)

Writing:

If you wish to contact the NHS Wales Joint Commissioning Committee, you can write to us at one of our locations below, we welcome correspondence in Welsh or English:

South Wales Offices

Unit 1, Charnwood Court, Heol Billingsley, Nantgarw, CF15 7QZ

Unit G1 The Willowford, Main Avenue, Treforest Industrial Estate, Pontypridd, CF37 5YL

North Wales Offices

Unit 3, Media Point - Unit 3, Mold Business Park, Mold, CH7 1XY

Preswylfa, Hendy Road, Mold, CH7 1PZ