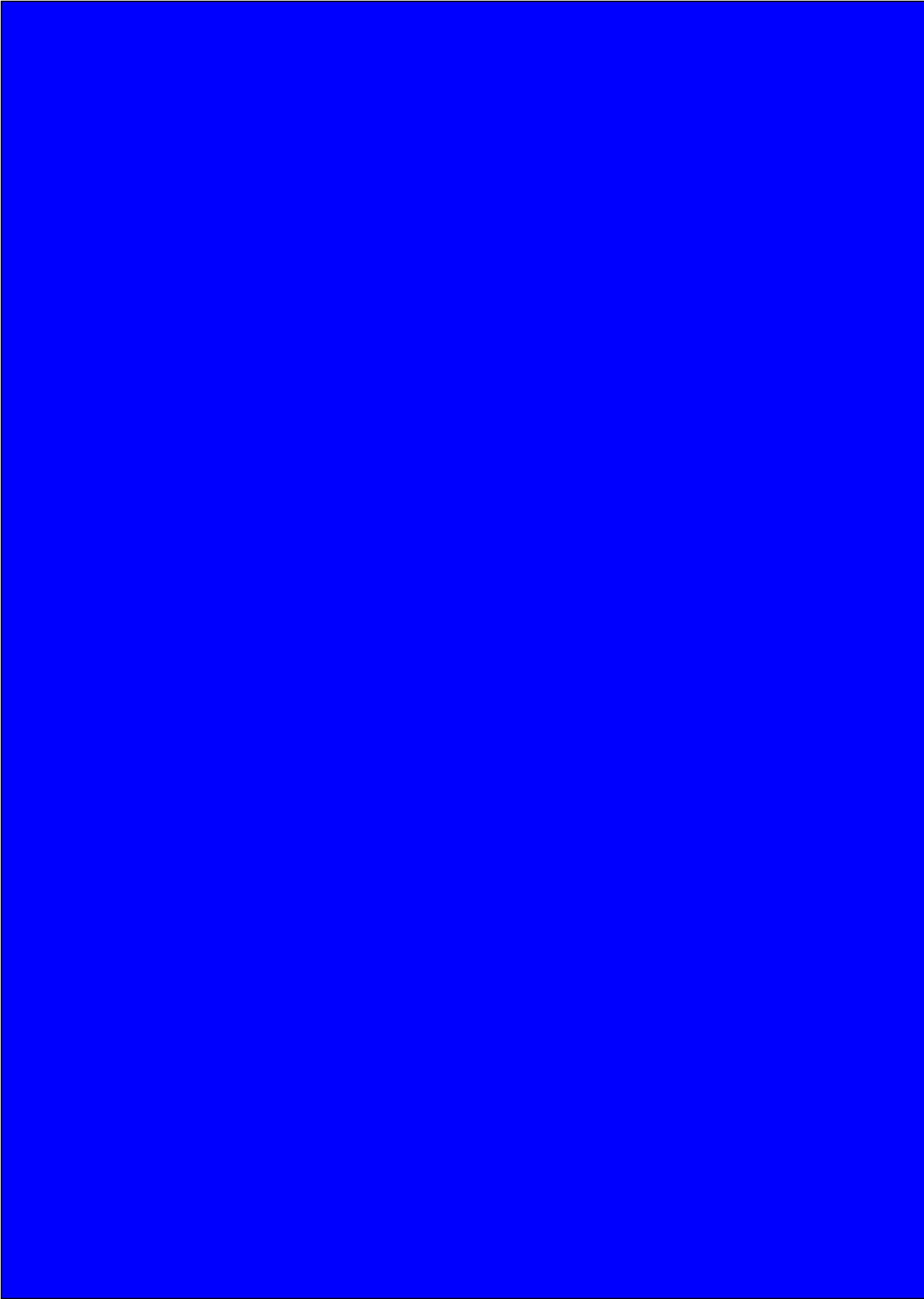


1. Population Needs

1.1 National context and evidencebase

1.1.1 Orthotic service provision has the potential to achieve significant health, quality of life and



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needs and requirements. These are . These orthoses are either designed and manufactured by in-house workshop, or ordered direct from specialist manufacturers

2. Meeting the challenges of the reforming NHS

The current political changes are making much needed sweeping changes to how NHS services will be delivered and commissioned. This will impact on every service within the NHS. With an increasing aging population and increased orthotic treatment options services are under pressure. Recent and future legislative changes require efficiencies to be made in service delivery while improving quality. Orthotic services must provide patients with appropriate treatment at the lowest possible cost to the NHS.

3. Stabilisation of Referral

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by an appropriate clinician for initial assessment.

Depending on the local service specifications referrals received from Primary Care, Secondary and Tertiary sources may either be lifelong, or remain valid for a

reasons are not immediately obvious. It is within the remit of the service to educate and ensure candor

For existing patients whose stabilisation period has lapsed, existing orthoses or footwear will be repaired pending a new referral.

4.2 Lifelong Referral

It is understood that most patients requiring Orthotic management have long term chronic conditions with consistent reliance on orthoses. To this end, many service providers with agreement of commissioner have implemented 'lifelong stabilisation for the same condition'. This streamlines processes, reduce bureaucratic burden on GPs and supports the autonomy of Orthotists. The NHS Orthotic Managers supports this move which has a direct positive result on patient experience.

4.3 Self Referrals

The direct access model means that patients are able to refer themselves to a service (self-referral)

Orthoses will not be supplied where:

There is no specific clinical or biomechanical need

Many orthotic service users may be identified as vulnerable persons and do not have the foresight to identify that they need regular repair or replacement or an Orthosis. There is responsibility on the clinical team for safe care of the user by ensuring that they have financial provision of orthoses were appropriate.

Product Group	Standard NHS Provision when Clinically required
Orthotic Footwear	<p>Period of rapid change in size or clinical need One pair</p> <p>Period of slow change in growth or clinical need Two pairs of serviceable boots or shoes supplied after the trial period completed</p> <p>Replaced immediately when no longer clinically effective or patient has outgrown.</p> <p>For patients clinically at risk of harm or deterioration the Orthotist may consider exceptional circumstances.</p> <p>It is issued at regular intervals. It is recommended a locally agreed <i>Standard Operating Procedure or policy</i> is in place detailing how footwear can be repaired, and who is responsible for the cost.</p> <p>Footwear provided to the patient are the property of the hospital and patients must ensure footwear issued are maintained. However, replacements must be issued when beyond economic repair still clinically required</p>
Footwear adaptations raises, rockers, sockets for callipers	<p>Period of rapid change in size or clinical need One pair</p> <p>Period of slow change in growth or clinical need Two pair at any given time.</p> <p>Stable clinical presentation Three in the first year following the initial referral to department. One in consecutive years thereafter.</p> <p>Replacements should be issued if size or clinical circumstances change</p>
Foot Orthoses	<p>One or one pair at any given time</p> <p>It is expected that patients transfer their Foot Orthoses into alternative shoes as required.</p> <p>Activity, patient weight, shoe design, material choice and insole thickness influence longevity. Patients should be advised (at supply) of the expected lifespan of their orthoses. They should also be advised on how to seek repair or replacement when the current orthoses no longer meet their needs.</p> <p>For patients at high risk the Orthotist may consider exceptional circumstances.</p>
AFO	<p>One orthosis or One pair depending on clinical presentation.</p> <p>Patients who require long term input, have no changing clinical need</p>

	<p>and are unable to cope with daily activities without, may be issued with a second AFO to ensure servicing and safety. The timescale is dependent on condition and circumstance and therefore should be decided by the Orthotist.</p> <p>They will be replaced when beyond economic repair, outgrown or no longer clinical effective.</p>
KAFO	<p>Two per limb as required at any given time. Second supplied after first period completed.</p> <p>They will be replaced when beyond economic repair, outgrown or no longer clinical effective.</p>
Temporary devices (wrist splints, stock fabric AFOs, temporary footwear, etc.)	<p>One orthosis. Due to the breadth of clinical input the Orthotist should exercise their right of autonomy to ensure patients are safe and provided with cost effective treatment.</p>
Graduated Compression Hosiery* * If applicable to service	<p>Two per limb as required initially and then discharged to GP care to be managed by the Orthotic service long term. Two per limb every 6 months (i.e. four per limb per year)</p>
Abdominal Supports, Fabric belts & Truss	<p>If used throughout the day, on a regular basis: Two at any given time If used infrequently or sparingly: One at any given time</p>
Repairs	<p>As required. If repairs seem too frequent then consideration is given to changes to specification. Please see 5.1 for further guidance</p>

5.1 Repairs

A system should be in place to ensure repairs are completed as quickly as possible to minimise delays whether the device or footwear are sent away or repaired locally. Services should ensure only experienced staff review and arrange the repair of Orthoses or footwear. All qualified staff have a duty of care to raise concerns of unusual wear or breakages. Clinicians have a duty of care to ensure supporting staff are competent in making these decisions.

5.2 Replacements

Replacements will only be provided when the device is beyond economic repair or a change of device required following assessment due to clinical need or change.

6. Private purchase of Orthoses

NHS Orthotic Services are delivered for NHS patients only and should run separately to private provision for transparency. Private patients should not be seen within the working hours of an NHS service unless the NHS receives reimbursement for use of resources. It is however recognised that many patients wish to purchase orthoses over and above their NHS liability. In these circumstances, additional orthoses may be purchased directly from the manufacturer/ supplier. The NHS Orthotic department may be able to assist the patient by;

- Supplying an appropriate contact name

- Referencing previous orders raised with the supplier

- Completing a VAT exemption declaration (Appendix A) where applicable

It is the suppliers/manufacturers responsibility to liaise with the patient concerning payment and details. NHS Trusts cannot be involved with any other administration. The supplier/manufacturer also has a duty not to deviate from the clinical specifications provided to the patient through their NHS assessment provision.

If the orthosis is produced by an in-house workshop or it is not possible for a patient to order directly, NHS departments may be able to offer a system in which orthoses can be bought and/or manufactured by the department on behalf of the patient. Each trust will need a robust system in place to ensure that the process is equitable and fair, and that there is no additional cost to the service provider/commissioner.

NHS prescription charges do not apply for orthoses purchased by a patient as they are not within the scope of NHS treatment.

7. Lost or stolen Orthoses

Patients are required to maintain and take all reasonable precautions to protect their orthoses from loss or stolen. The Trust cannot be held responsible for the loss or damage of an orthosis while in the patient's possession. The circumstances of patients who require a replacement orthosis will be treated individually. If a patient cannot demonstrate reasonable precautions from loss or theft, they may be liable for the full cost of replacement as outlined in section 6.

Appendix A

(description of services and goods)

* the following services of installation, repair or maintenance of goods:
(description of services and goods)

for the intended use of the prescribed person

..... (Signature)

..... (Date)

*Delete words not applicable

Note

You should keep this declaration for production to your VAT officer. The production of this declaration does not automatically justify the zeroing of the supply. You must ensure that the goods and services you are supplying qualify for zeroing.

Which equipment and services can be bought without paying VAT?

If you have a long-term illness or you're disabled, you won't have to pay VAT when you buy any of the following items:

- adjustable beds, chair lifts, hoists and sanitary devices
- auditory training aids
- low vision aids
- medical and surgical appliances designed solely for the relief of a severe abnormality or a severe injury
- alarms
- motor vehicles, boats and other equipment and appliances designed solely for use by chronically sick or disabled people

You also won't have to pay VAT on any charges made for the installation, repair and maintenance of these items, or on any spare parts and accessories needed for them.

References

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- ⁱ <http://archive.audit-commission.gov.uk/auditcommission/sitecollectiondocuments/AuditCommissionReportNationalStudies/olderpeopleorthotics.pdf>
- ⁱⁱ York Health Economics Consortium, July 2009
- ⁱⁱⁱ <http://www.hcpc-uk.org/aboutus/>
- ^{iv} [The NHS Constitution for England](#)
- ^v http://www.hpc-uk.org/assets/documents/10000522Standards_of_Proficiency_Prosthetists_and_Orthotists.pdf
- ^{vi} <https://www.england.nhs.uk/commissioning/wpcontent/uploads/sites/12/2015/11/orthcsfinal-rep.pdf>
- ^{vii} [Diabetic foot problems: prevention and management, NICE guideline \[NG19\] published January 2016](#)
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