

Livewell Southwest

**Orthotic Services  
Operational Policy**

Version No.1  
Review: September 2019

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of LSW intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.**

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**Asset Number:** 934

## Reader Information

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### Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0:1	New policy	August 2016	Prosthetic and Orthotic Services Manager	New policy
1	Amendments	September 2016	Prosthetic and Orthotic Services Manager	Amendments following PRG meeting September 2016

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# Orthotic Service Operational Policy

## 1. Introduction

- 1.1 The Orthotics Service is based at the Local Care Centre, Mount Gould Hospital, Mount Gould Road, Plymouth. PL4 7PY.
- 1.2 The service provides treatment for patients from Plymouth, South Hams and West Devon who are registered with a GP within the commissioned geographical area.
- 1.3 The service is also commissioned separately to provide a service to Cornish patients who are residing, as in-patients, at Plymouth Hospitals NHS Trust or Livewell Southwest wards; those who are under a Plymouth Child Development Centre physiotherapist and those who attend one of four pre-agreed specialist schools.
- 1.4 Clinics are held at the Local Care Centre, Mount Gould Hospital, South Hams Hospital, Plymouth Child Development Centre, Derriford Hospital, Dame Hannah Rogers School, Millford School, Cann Bridge School. Domiciliary Visits are also undertaken (within the Livewell Southwest serviced area).
- 1.5 This is a “live” working document that will be continually evolving in light of changes and developments within the Orthotic Service. It will be continually reviewed and updated when appropriate at the monthly Orthotic Team Meetings.

## 2. Purpose

- 2.1 The Livewell Southwest Orthotics Service is based at the Local Care Centre, Mount Gould Hospital in Plymouth and sees patients of any age who require a comprehensive, biomechanical assessment with a view to the provision of appropriate orthoses for people with a temporary or permanent condition that compromises their health or activities of daily living.
- 2.2 The service is involved in several MDT clinic settings, as well as liaising closely with a range of other health care professionals and medical teams, in order to meet the health and social needs of its users, aiming to help prevent or reduce length of in-patient stay, prevent or delay the necessity for surgical intervention, optimise surgical outcomes, prevent or delay deterioration of deformity and maximise function and prevent harm.
- 2.3 The service provides and maintains orthotics equipment, responding to changing medical and social needs of orthotics users, with provision of different orthoses when necessary.
- 2.4 This includes consideration of comfort, posture, function, pressure relief and cosmesis.

### 3. Definitions

#### 3.1 National Institute for Health and Clinical Excellence (NICE) Guidance:

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

Have responsibility for evidence based clinical effectiveness.

#### 3.2 Care Quality Commission (2009):

The Care Quality Commission (CQC) regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisation. It also protects the interests of people detained under the Mental Health Act.

#### 3.3 ISO 9001

The International Organisation for Standardisation is a quality management system which is designed to meet the requirements of **BS EN ISO 9001 : 2008**.

### 4. Duties and Responsibilities

4.1 This Policy was devised by the Management Team, Clinicians, Technicians, Clinic Assistants and the Administrative Team all based within the Orthotic Service.

4.2 The **Chief Executive** is ultimately responsible for the content of all Policies and their implementation.

4.3 **Directors** are responsible for identifying, producing and implementing NHS Policies relevant to their area.

4.4 The **Locality Managers** will support and enable operational Clinical Leads and Managers to fulfil their responsibilities and ensure the effective implementation of this Policy within their speciality.

4.5 The **Service Manager and Clinical Lead** will ensure the effective implementation of this Policy.

4.6 **Clinical, Technical and Administrative Staff** have a responsibility for ensuring they have read, understood and adhere to local Protocols and Policies.

### 5. Service Objectives

- Provide Orthotic provision and lifelong review for patients that have been referred via the Orthotic Service Referral Process (See Appendix A – Referral Form and Appendix B - Access Criteria) in the

commissioned catchment area.

- Provide advice and support to those patients considering elective surgery via an MDT approach.
- Assess and triage all referrals to the service.
- Clinicians to complete appropriate referrals to other clinicians/agencies for onward treatment/ rehabilitation and actively work in partnership with them to achieve the best rehabilitation outcome for the patient.
- Patients to be seen within the specific timescale for Referral To Treatment and other commissioning requirements.
- Provide responsive treatment for patients who report issues with their orthoses, therefore working to reduce likelihood of developing more complex issues.  
Patient's triaged as requiring urgent input will be offered one of the protected emergency slots for clinical assessment/review.
- Patients to be provided with the most appropriate advice or orthoses suiting their condition/presentation within agreed provision (see Appendix B).
- Provide appropriate Orthotic prescriptions linked and measured to patients activity, mobility levels and outcome measures, operating within service budget.
- Adhere to NICE guidelines and other best practice guidelines appropriate to speciality within service
- Adhere to Livewell Southwest Policies relevant to practice and area of service provision including but not limited to Confidentiality Policy and Data Protection legislation in accordance with the Data Protection Act (1998), Consent to Treatment and Clinical Record Keeping Policy.

## **6. Philosophy**

### 6.1 Patients can expect to be:

- Treated with dignity and respect.
- Cared for safely and to have a treatment plan based on their individual needs.
- Provided with care that is person centred, and which does not discriminate against their culture, ethnicity, gender, age, sexuality, religion and / or disability.

- have their experiences of and feedback about the service sought, listened to and acted upon, where appropriate.

Staff are expected to act in the best interests of the patients in line with professional Codes of Conduct, Organisational Policies, Protocols and Guidance.

Patients can expect to be listened to, and to have any concerns taken seriously and addressed promptly.

Patients have a right to privacy.

The department will provide a service for as long as the individual needs one.

The department welcomes service user and carer involvement and suggestions.

Patients can expect the service to be well led and responsive to their needs.

## **7. Scope of the service**

- 7.1 The service will provide lifelong care for patients of all ages who require intervention from the Orthotics Service.
- 7.2 The service will receive referrals for:
  - New patients (adult or children) meeting the commissioned referral criteria.
  - Existing patients requiring on-going treatment of an established condition.
  - Existing patients requiring new intervention for a new condition.
  - In-patients meeting the commissioned referral criteria (see Appendix B).
- 7.3 New referrals are made using the Orthotic referral form. (See Appendix A).
- 7.4 Once a patient has had a referral accepted by the service they can request access to the service, within a two years of their last contact with the service, without needing to be re-referred by a healthcare professional, as long as their request relates to the issue that patient was initially referred for.
- 7.5 If a secondary area of the body is affected then a separate referral from a healthcare professional detailing the issues etc. would need to be received.
- 7.6 There is a system in place for the identification and management of patients from Clinical Commissioning Groups (CCGs) 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 second opinions and treatment transfers. All such referrals will be dealt with outside the normal contracting arrangements.

7.7 The service will be provided by a specialist team with training in the field of Orthotics, these include:-

- Orthotists
- Limited Orthotic Practitioner
- Orthotic technicians

7.8 The service will also interact and liaise with local and community services to ensure patients receive the most appropriate care in the most appropriate location. The Orthotics Service provides Orthoses to residents within the commissioned area (see Appendix B).

## 8. Orthoses Provision

8.1 An orthosis is an orthopaedic appliance or apparatus used to support, align, prevent, or correct deformities or to improve function of movable parts of the body. They can either be complex or quite simple.

8.2 There are 3 elements that need to be addressed when providing an orthosis. The orthosis needs to be comfortable, provide the desired function and be as cosmetic as possible.

8.3 The Orthotics Service provides for:

**Rehabilitation needs** – consultant or Allied Health Professional led rehab programmes, either as an inpatient or out patient.

**Changing needs** – As children grow a device may need to change. Some progressive conditions mean that the person changes and the orthosis provision needs to change too.

**Long term condition needs** – on-going provision of orthoses that meet the needs of the individual to allow them to maintain an optimum lifestyle. (See Appendix B).

## 9. Referral Criteria and Process

9.1 The Orthotic referral form can be found on the website for the [Orthotics Service](#): or Appendix A of this document. The service accepts new referrals from all Health Professionals, using this form. We need to have a minimum amount of information as part of the referral. Incomplete referrals will be returned to the referrer with advice.

9.2 Patients that have been known to the service previously can make a verbal or written request for further intervention for the existing orthosis within a two year period. However, a new referral will be needed following this two year period or for a different issue.

- 9.3 All referrals will be recorded on to SystmOne and then triaged by a clinician. (See Appendix C).
- 9.4 Orthotic clinicians will have the ultimate decision as to when the individual is ready to proceed with an Orthosis.
- 9.5 If the request for involvement does not meet the team's eligibility criteria (see Appendix B) the reasons for this will be discussed with the referrer and advice or suggestions will be given to alternative provision.

## **10. Confidentiality**

- 10.1 The Orthotics Service will adhere to the Organisation's Confidentiality Policy and all Data Protection legislation in accordance with the Data Protection Act (1998).

## **11. Working Relationships**

- 11.1 The orthotic staff are committed to ensuring that patients are given the opportunity, within the limitations of service resources and prescription guidelines, to achieve their full potential in terms of mobility and independence.
- 11.2 The service has a dedicated team of professionals including Orthotists, Limited Orthotic Practitioners, Orthotic Technicians, Orthotic assistants, management team and administrative staff. Members of this team will meet fortnightly to discuss patient specific issues.
- 11.3 Once a month there is a whole team meeting to share issues of governance and training & development. Also once a month there is a clinical team meeting to share and discuss clinical issues leading to team and individual training and development. Meetings are used to review, monitor and implement service improvement. Service User feedback is integral to such meetings.
- 11.4 As a Livewell Southwest operated service, Orthotics has access to a variety of allied health professionals as well GPs and consultants. All service users and new referrals will be initially allocated to a specific orthotic practitioner who will be responsible for the care of that individual. The orthotic practitioner can change depending on service needs and availability of staff and service users.
- 11.5 The service will liaise with referrers, carers and community care teams to ensure seamless care provision. All clinical interactions and verbal communications with patients will be recorded on the service patient database system.

## **12. Training**

- 12.1 All Livewell Southwest staff are required to attend mandatory training and

essential training as deemed necessary by Livewell Southwest. All staff are involved in a yearly appraisal process whereby a PDP (Personal Development Plan) is identified which may include some specific training issue. These are monitored at regular 1-2-1 meetings.

**All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.**

**The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.**

**The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.**

Signed: Director of Operations

Date: 15<sup>th</sup> December 2016

APPENDIX A

**REFERRAL TO PLYMOUTH ORTHOTIC SERVICE**

**To: Orthotic Services**  
**Local Care Centre, Mount Gould Road**  
**Mount Gould, Plymouth PL4 7PY**  
**Tel: 01752 434229**  
**Fax: 01752 314774**



**THIS REFERRAL SHOULD BE SENT BY EMAIL ONLY TO:**  
**Livewell.PlymouthOrthotics@nhs.net**

**Please read the Access Criteria Guide for Referral to Orthotic Services prior to sending request. Please note that only patients who fall within the access criteria will be considered for referral:**

Mr / Mrs / Miss / Master/ Other <b>Patient Surname:</b>  <b>Patient Forenames:</b>	<b>Hospital No:</b>  <b>NHS No:</b>  <b>Date of Birth:</b>	<b>GP Practice:</b>
<b>Address:</b>	<b>Transport:      Yes      No</b>  <b>Car / Ambulance / Escort / Tail Lift Stretcher / Wheelchair</b>	<b>In-patient Ward:</b>  <b>Out-patient Clinic:</b>
<b>Post Code:</b>	<b>Telephone:</b>	<b>Consultant:</b>

**ETHNICITY:**

**Has Patient been considered for or had a Waterlow assessment performed:**  
**Yes/No**

**PRIMARY DIAGNOSIS: (We require medical / clinical details if the patient is to be considered for a priority appointment)**

**Relevant symptoms:**

**Known allergies:**

**Previous relevant interventions:**

**ORTHOSIS OBJECTIVES:**

**Follow-up required by:**

Orthotist    Therapist    Consultant    General Practitioner    Podiatrist  
Other

**COMMENTS:**

Referrer Print Name: .....  
Location.....  
Contact number.....

Referrer signature:.....Referrer Designation:  
.....Date: ...../...../.....

**Please note: Incomplete forms will be returned to the originator**

## Appendix B

<b>Service Specification No.</b>	
<b>Service</b>	<b>Orthotic Service</b>
<b>Commissioner Lead</b>	<b>Specialist Commissioning NHS England (South)</b>
<b>Provider Lead</b>	<b>Livewell Southwest</b>
<b>Period</b>	<b>1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016</b>
<b>Date of Review</b>	<b>January 2015</b>

<b>1. Population Needs</b>
<p><b>1.1 National/local context and evidence base</b></p> <p>The Orthotic service helps to manage and rehabilitate patients by providing an orthosis to aid movement, prevent, correct or accommodate deformity and relieve discomfort, as well as providing protection from injury.</p> <p>An orthosis is a device used to support, align, prevent or correct deformities, or to improve movement in parts of the body. It's designed to remedy or relieve a medical condition or disability, and may prevent the development of more disabling conditions.</p> <p>The recommendations for the design and commissioning of orthotic services are defined by the following publications:</p> <p><i>Orthotic Service in the NHS: Improving Service Provision(2009)</i></p> <p><i>The Orthotics Review: British Healthcare Trades Association: The economic impact of improved Orthotics Services Provision (2011)</i></p> <p><i>Fully Equipped Audit Commission (2000)</i></p> <p><i>Fully Equipped Audit Commission Update (2002)</i></p> <p><i>Arthritis Research UK report: Providing better footwear and foot orthosis for people with rheumatoid arthritis (2012)</i></p> <p><i>Retrospective Cohort Study of the Economic Value of Orthotic and Prosthetic Services Among Medicare Beneficiaries. Dobson and DeVanzo (2013)</i></p> <p><i>Orthotic Pathfinder: NHS PASA (2004)</i></p>

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

### 2.2 Local defined outcomes

The following key services outcomes will be expected of the service and will form a part of the on-going contract performance management programme:

- Enhanced patient experience, independence, satisfaction with service received and quality of life.
- Delivery of a service that enables patients and their carers to obtain information, knowledge and skills to facilitate on going health improvement and wellbeing.
- Responsive and timely access to the service with a robust process of identifying those who require urgent care.
- Encourage service user feedback via patient survey.
- Provide a knowledge resource for other healthcare professionals who have an involvement with treatment pathways where there is an orthotic element.

## 3. Scope

### 3.1 Aims and objectives of service

The aim is to provide a comprehensive, patient-centred, easy to access Orthotic service in the community that delivers high quality, efficient services in line with national guidance and local requirements. The service is for the provision of assessment, treatment and management Orthotics in line with the acceptance and exclusion criteria and service requirements outlined in this specification. Orthotics is not a diagnostic service.

The Orthotic service objectives are

- To provide improved access to services closer to home.
- To reduce waiting times to access the service and deliver treatment which will enable patients to reach their individual treatment goals sooner. This could include an improved quality of life, return to work, more manageable pain.
- To deliver clinically effective treatments, that reduces the demand on secondary care services and reduces the need for more costly surgical interventions.

### **3.2 Service description/care pathway, referrals and follow up**

#### **3.21 Service description**

The Orthotic service incorporates a package of care including:

- Initial assessment;
- Issue of orthoses or onward referral as appropriate
- Repair of orthoses and adapted footwear
- Follow up appointments as appropriate to clinical need;

The service will provide input to Multi-disciplinary Team assessments as part of the secondary care management of the patient in:

- Rheumatology
- Diabetes
- Paediatrics
- Orthopaedics
- Special schools/Learning disability teams

The service will also undertake orthotic assessment and provision as per the departmental in-patient protocol

The service covers a wide range of clinical areas where it is likely to provide health benefits including:

- Orthopaedics – pre and post-operative joint support
- Rheumatoid arthritis and osteoarthritis – pain relief from custom bracing, preventing

deterioration of joints and prescription of footwear. (specialist OT input may be required for Hand Splints)

- Stroke – improving independence
- Elderly medicine – improving mobility
- Diabetes – reducing ulceration and amputation rates
- Sports injuries – joint rehabilitation ( we do not provide orthotics for sports use)
- Cerebral palsy – contracture prevention, improving mobility and independence
- Polio limb dysfunction – improve independence and mobility
- Trauma – post op/post injury bracing
- Vascular complication – pressure relief
- Other musculo-skeletal complications such as knee instability, spinal fractures, ankle replacements – support and pain relief during rehabilitation
- Foot and ankle deformities such as cavovarus, hyper mobile flatfeet and drop foot.
- Biomechanical alignment for pain relief and prevention from deterioration of associated joints.
- Neurological condition- stabilisation and proprioception feedback
- Falls prevention
- Adults with Learning Disability – contracture prevention, improving mobility and independence.
- Leg Length Discrepancy

### **3.22 Service Care Pathway**

The Orthotic service incorporates a package of care including:

Initial assessment;

Issue of orthoses or onward referral as appropriate

Repair of orthoses and adapted footwear

Follow up appointments as appropriate to clinical need;

The service will also provide input to Multi-disciplinary Team assessments as part of

the secondary care management of the patient in:

- Rheumatology
- Diabetes

- Paediatrics
- Orthopaedics
- Special schools/Learning disability teams

The service will also undertake orthotic assessment and provision as per the departmental in-patient protocol

### **3.23 Referrals**

A patient is eligible for referral to the service if they present with one of the conditions mentioned on page 3 of this document and not listed in the exclusion criteria.

Referrals are accepted from Consultants, Extended Scope Practitioners (as part of a multi-disciplinary team); Physiotherapists, Podiatrists and Occupational Therapists. Referrals are also accepted directly from General Practitioners where the requirement for an Orthotic opinion has been identified or when a repeat or replacement device is required.

Referrals to the service can be made using the recognised electronic referral form, which can be downloaded by accessing the LSW Orthotics website.

This will be forwarded to the LSW Orthotics inbox. In exceptional circumstances written or telephone referrals may be accepted. Patients who have accessed the service within 24 calendar months may self-refer by telephone or letter.

### **3.24 Referral Category**

'Urgent': When assessments are categorised as urgent all reasonable steps will be taken to see the patient for assessment within 2 weeks. Discharge dependent in-patients will be seen for an assessment within 2 working days.

'Priority': When assessments are categorised as priority all reasonable steps will be taken to see the patient for assessment within 6 weeks.

'Routine': When assessments are categorised as routine all reasonable steps will be taken to see the patient for assessment within 12 weeks.

### **3.25 Follow Up**

Follow up appointments for fitting of devices will be dependent on the complexity of the condition and/or prescription but the patient will normally be offered an appointment within two weeks of the department taking receipt of the device. Patients are not routinely followed up for post fitting review for simple devices/routine cases or when the patient is being followed up by another team; access to follow up is at patient request. Patients with complex devices are offered follow up appointments in line with individual needs.

For all referrals that are accepted, the provider will provide a package of care consisting of the necessary treatment required to meet the individual clinical

needs of the patient.

Any treatment offered as part of the package of care must have robust, evaluated clinical evidence. Treatments may include, but not be limited to, the following:

- Assessment of disorder and requirement for orthotic device.
- Issue of device where it will alleviate discomfort, improve mobility, prevent further deformity etc.
- Exercise programmes;
- Advice on self-care for example, where to purchase footwear if custom footwear not required.

It is anticipated that the treatment will consist of, on average 2 follow-up sessions, however the duration of treatment should be appropriate to clinical need, and therefore where patients require more sessions this should be provided as part of the package. The intervals between sessions should be consistent with good practice and appropriate for individual patient needs. Where cure is not achievable and long term dependence on orthotics devices is required patient self-referral for follow up and review is anticipated.

The issue of orthoses are limited – see Appendix A: Product Provision. Exceptional process exists for issue for more than the stated allowance. One orthotic device will be fitted initially and replaced when worn or the condition changes. Patients will be informed of the limitations and advised of appropriate care of the device. Lost devices or those used inappropriately may be subject to a charge. Some devices (where a follow up appointment is not required) will be posted out to GP practices for collection by patients.

### **3.3 Domiciliary Visit Criteria**

The Service will only see in the Domiciliary setting those who are bedbound 24/7, or are temporarily too ill to travel and where urgent input is required. The orthotics service does not provide a domiciliary service unless there is a specific referral request and:

- Patient confined at all times to home
- Patient meets the general orthotic access criteria

### **3.4 Ward Visit Criteria**

The aim of the orthotics in-patient service is to enable rehabilitation to facilitate discharge, or protect from deterioration during in-patient stay – e.g. contracture management or wound care. In-patient visits will not be undertaken when these criteria are not met.

Certain simple devices should where appropriate be provided directly by the therapy team or nursing staff. In addition the therapy team will assist with measurement and ordering of certain pre agreed items such as prescribing raises for LLD, measuring for hip braces, TLSO's. The orthotics team will still fit and supply these devices in conjunction with the therapy teams where appropriate. The orthotic clinical team will provide an ongoing educational

programme to facilitate this provision.

### **3.41 In Patient Provision**

It is expected that the conditions listed in exclusion criteria would also be excluded from in-patient provision. In addition post-operative footwear such as forefoot off-loaders etc. should continue to be provided via wards and or plaster room.

The therapy team will provide measurement and prescription of raises for leg length discrepancy, hip abduction braces for management of hip dislocation as well as collars and spinal supports in the management of spinal fractures. This will be supplemented by an education program provided by the orthotics department. The orthotics team will provide input with the supply/fit of hip abduction braces and spinal supports where appropriate as well as input to assessment/measurement in complex cases when there is concern around selection of the appropriate device.

### **3.5 Footwear Provision in Ulcer Prevention**

Referrals will be deemed to be at **intermediate risk** if a patient is being referred with any of the following conditions in isolation.

- Deformity + underlying condition such as Diabetes, Rheumatoid arthritis etc.
- Neuropathy
- Peripheral vascular disease
- Severe callus formation + underlying condition such as Diabetes, Rheumatoid arthritis
- Diabetic nephropathy

Referrals will be deemed to be at **high risk** if a patient is being referred with a history of ulceration or amputation or any combination from the previous list of co-morbidities or when in combination with being registered as partially sighted/blind.

### **3.6 Discharge from service**

Patients should be discharged from the service when the desired clinical outcomes have been reached and/or it is deemed that a patient could derive no further benefit from continuing the course of treatment.

Patients who have not accessed the service for more than 24 calendar months will normally be discharged and re-entry via the standard referral process.

Patients should be invited to complete the post-treatment PROM questionnaire and patient experience questionnaire on discharge from service.

Within a calendar month of discharge from the service the provider will supply a discharge letter to the patient, and their GP.

### **3.7 Population covered**

The service will cover Plymouth, South Hams and West Devon. This will include Plymouth hospitals or LSW in-patient wards from the commissioned area that fit the access criteria.

The orthotics service is commissioned separately to provide a service to Cornish patients who are residing as in-patients at Plymouth hospitals or LSW in-patient wards, who are under a Plymouth child development centre physiotherapist or attend one of four pre-agreed specialist Schools

### **3.8 Product Provision**

#### **Adult footwear provision**

The orthotics service will provide orthopaedic footwear to assist in the prevention of ulcer formation in those deemed to be at intermediate or high risk. In addition orthopaedic footwear will be provided to accommodate and prevent progression of deformity in the presence of co-morbidities or certain long term conditions including neuropathy, ischemia, Polio, Spina Bifida, rheumatoid arthritis etc. The service will not provide footwear to patients with foot deformity without underlying co-morbidities, instead signposting to commercially available alternatives. This would exclude patients with Hallux Valgus deformity, hammer/claw toe deformities etc. from orthotic footwear provision. Patients with additional underlying risk factors such as peripheral neuropathy, ischemia, peripheral vascular disease or previous ulceration would still be entitled to provision.

Whilst every effort will be made to supply boots or shoes that are cosmetically acceptable, the patient will be made aware that this is not fashion footwear. The patient will retain the right to decline orthotic treatment, in which case the referrer will be notified of their decision.

Patients who receive orthopaedic footwear without any prescribed sole adaptation shall be expected to source appropriate levels of repair themselves and at their own cost. There is no fixed time for renewing footwear. We do not replace footwear on an annual basis, rather they will be replaced when there is a clinical need or it is no longer economically viable to repair them.

If Patient's feel their footwear needs to be replaced they should bring it to the orthotics department for examination.

#### **3.81 Paediatric footwear provision**

The service will only provide shoes for children where there is a clear clinical need for bespoke or semi-bespoke footwear. Specialist supportive boots for children will be provided when there is a defined clinical need. As children are growing so quickly, it is usually impractical to provide two pairs of footwear. In those circumstances children's footwear which are in good condition but too small will be replaced if the clinician considers there to be an ongoing clinical requirement.

#### **3.82 Idiopathic Toe Walking/forefoot adductus**

There will be no provision of paediatric orthopaedic footwear for the treatment of idiopathic toe walking or Forefoot adductus for new referrals. There is a lack of evidence to support this area of treatment.

### **3.83 Ponsetti Management**

The provision of bracing systems used in Ponsetti management will be undertaken by the specialist paediatric therapy team. The orthotics service will still provide a support service to the team to undertake joint review to manage encountered problems with the use of the standard bracing system.

### **3.84 Upper Limb Management**

There will be no provision by the orthotics service for the management of the wrist and hand. This provision will be undertaken by specialist therapy teams or signposted for self-purchase where appropriate.

Provision of stock elbow and shoulder supports should be undertaken by specialist therapy teams where appropriate. The orthotics department will consider referrals for provision of these items in complex cases and/or when bespoke provision is required.

### **3.85 Provision for recreational activities**

The department will not offer any assessment or provision of orthoses for recreational activity. Exceptions to this may be made if it is relevant to another treatment pathway for example weight management or cardiac management in the presence of a prescribed exercise program.

### **3.86 Lower Limb Orthoses**

The orthotics department will undertake assessment and where appropriate provision of lower limb orthoses in complex cases. This would include the provision of (insoles), ankle braces, AFO's Knee Braces and KAFO's in the presence of a complex long term condition and/or musculo-skeletal deformity requiring specialist assessment or bespoke provision as per the referral criteria.

Provision of a range of simple stock devices should be undertaken by therapy and podiatry teams where appropriate. This should include

Stock Ankle braces for inversion injury.

Stock AFO's for flaccid foot drop.

Simple knee braces for mild OA, patella dislocation etc.

See Appendix A for further detail

### **3.87 Orthosis/Footwear repair or replacement**

There is no set timescale for the repair or replacement of issued orthoses or footwear. Instead items will be replaced as they become beyond economic repair or there is a clinical need. This will include replacement when an item is outgrown in the case of children. If high volumes of repairs for any individual are noted it is likely that a review with the individual will be requested in order to confirm the suitability of the prescription. We do not repair footwear with standard soles and heels.

## **3.9 Exclusion criteria, out of scope, hours of operation and thresholds**

### **3.91 Exclusion Criteria**

**Patients who meet any the following conditions are not appropriate for referral and therefore not covered in this service:**

- Patients requiring compression hosiery (Primary Care provision)
- Patients requiring simple devices/splints (Consultant/OT/Physio/Primary Care provision)
- Patients requiring a surgical opinion
- Patients with active Charcot joints, who are not under the management of orthopaedics or the diabetic MDT
- Patients with open ulcerated feet where the patient is not already under the care of an MDT, podiatry or nursing service.
- Patients that do not meet referral criteria.
- Patients who are not registered with a GP within the designated Clinical Commissioning Groups geographical area.
- Suspicions of serious pathology– urgent referral to secondary care or as per locally agreed pathways.
- Patients who it is recognised at point of referral / initial assessment have little or no potential for further or sustained improvement through undertaking a course treatment.
- Forefoot deformity with no co-morbidity
- Recurrent Patella dislocation
- Flexible flat feet with no associated symptoms and with no co-morbidity
- Routine Ponsetti management
- Patients requiring bracing for the wrist and hand
- Idiopathic toe walking
- Forefoot adductus with no co-morbidity
- Hallux valgus/ rigidus with no co-morbidity

### **3.92 Excluded Product Provision**

Footwear/orthoses for recreational activities such as golf shoes, running shoes and other leisure footwear. Signposting will be provided for self-funded provision.

Safety footwear or adaptation of safety footwear for work: It is the responsibility of the individual's employer to provide appropriate personal protective equipment, Signposting will be provided for self-funded provision.  
Lycra garment provision for proprioceptive use

### **3.93 Simple devices excluded from provision.**

It is expected that for certain conditions when no specialist clinical input is required from the orthotics team that patients will either be signposted by primary/secondary care for self-purchase of certain items or that simple stock solutions will be provided by primary/secondary care.

This should include:

- Off the shelf(OTS) insoles for plantar fasciitis/metatarsalgia in the absence of co-morbidities
- OTS Ankle braces for ankle inversion injuries
- OTS AFO's for flaccid foot drop, when the foot drop is in isolation and the patient has an available ankle range to at least 90 degrees
- Simple heel offloading devices for use at rest
- OTS soft knee braces for recurrent patella dislocation or Osgood schlatters etc.
- OTS soft knee braces in the presence of mild osteo-arthritis and/or mild valgus/varus deformity
- OTS contracture management devices – Specialist Therapy teams
- Any wrist/hand provision
- Epicondylitis clasps
- Any stock elbow or shoulder device unless complex assessment is required

Please note that if it is felt that any of the above conditions are not appropriate for a simple OTS solution, for example when accompanied by other conditions such as peripheral neuropathy, gross oedema, peripheral vascular disease fixed deformity, referral for an opinion may be made.

Although the expectation is that where appropriate these devices will be provided outside of a referral to the orthotics service, it does not preclude the orthotics clinical team from issuing such devices if deemed appropriate following specialist assessment

### **3.94 Days/Hours of operation**

The Orthotic Service is provided Monday to Friday 8.30am to 4.30pm. The service is provided by appointment only except for emergency repairs and pre-arranged support to outpatient medical clinics.

### **3.95 Out of scope**

All diagnostic tests are out of scope for this service. If additional diagnostic tests are required, the provider will pass this request to the referring clinical team or

GP as appropriate

### **3.96 Patient Transport**

Patient transport arrangements do not form part of this service specification. Patients will be expected to make their own travel arrangements to any appointment the provider offers. House bound patients and those patients who are entitled to assistance with transport under existing NHS arrangements will be able to access this as per local arrangements.

### **3.97 Did Not Attend (DNA)**

If the patient does not attend a follow up appointment then they may be discharged at the discretion of the service as per the organisations DNA policy. The patient will be sent a copy of their self-care management plan upon discharge from service, and the GP sent a discharge letter.

## **4. Applicable Service Standards**

### **4.1 Applicable national standards (e.g. NICE)**

Nice CG10 type II Diabetes foot problems

Nice CG162 Stoke Rehabilitation

Nice CG145 Spasticity in children with non-progressive brain disorders

National service Frameworks for Diabetes, Long term Conditions, Musculoskeletal Service, Children etc.

### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

HCPC Standards of proficiency for Prosthetists and Orthotists

BAPO Standards for best practice

BAPO ethical Code

### **4.3 Applicable local standards**

The service will comply with all local policies and procedures.

The service will work with the Specialised Commissioning Group in order to effectively manage forensic mental health secure hospital placements

## **5. Applicable quality requirements and CQUIN goals**

N/A

## 6. Location of Provider Premises

### The Provider's Premises are located at:

Local Care Centre  
Mount Gould Hospital  
Mount Gould Road  
Plymouth

The provider will provide clinics in a number of locations including South Hams Community hospital, Plymouth Child Development Clinic and special needs schools within the Plymouth and South Hams geographical boundary.

Provider outlets and facilities should be accessible both in terms of public transport links and parking facilities and compliant with all relevant local and national laws, regulations and service requirements.

### Product Provision and Repair

**Insoles** – 1 pair with replacement when beyond economic repair

**Children's Footwear** – 1 pair with replacement when beyond economic repair or outgrown

**Adult footwear** – 2 functional pairs with replacement when beyond economic repair

**Footwear Adaptation** – 2 pairs per year on approval by orthotist.

**Ankle braces/Ankle Foot Orthoses** – 1 or 1 pair, with replacement when beyond economic repair

**Knee Braces** - 1 with replacement when beyond economic repair

**Knee Ankle Foot Orthoses** – 2 with replacement when beyond economic repair

**Soft goods** – 2 issued for hygiene purposes: Example: cervical collar, abdominal corsets, foam limb supports.

**Repair** – Any items sent for repair may be reviewed by the clinical team. If it is deemed that there is insufficient wear to warrant repair, the items may be returned un-repaired. If high volumes of repairs for any individual are noted it is likely that a review with the individual will be requested in order to confirm the suitability of the prescription. The service does not repair footwear with standard soles and heels.

## **APPENDIX C:**

### **Clinical Triage referral guidelines**

To be read in conjunction with the Orthotic service users referral criteria chart that was effective from July 2015

**Frequency:** One 30 minute slot per day will be allocated to one clinician for triage purposes. This will be the first slot of each day.

#### **Categories Guidelines**

##### Urgent

- Patients with new or long term ulceration
- Conditions with rapid deterioration - e.g. Motor Neurone Disease (MND), active Charcot foot etc.
- Patients who are regularly falling or suffering injury
- Spinal Fractures/Hip dislocations etc.
- Post surgery where lack of intervention would have a marked detriment to the effects of surgery etc.

##### Priority

- Patients at high risk of ulceration/infection
- Patients at high risk of falls and/or injury
- End of life patients
- Patients who are deteriorating
- Post Op patients

##### Routine

- Patients at risk of deterioration e.g. tib post dysfunction, drop foot, Rheumatoid arthritis, contracture management
- General musculoskeletal/biomechanical problems
- Footwear for deformity only with no co-morbidities

60 minute appointment guidelines

New Ankle Foot Orthoses, reviews likely to require a cast

More than 1 site – e.g. knee + footwear

Knee Ankle Foot Orthoses

People with complex communication issues or behavioural difficulties etc.

Spinal Braces

Complex footwear/new ulceration on diabetic feet as detailed in referral

Complex conditions – e.g. New Spina bifida, MND, Cerebral Palsy, Multiple Sclerosis