

Health and Adult Social Care Overview and Scrutiny Committee

20 August 2025

Prosthetics Limb Service

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Summary

The prosthetics service for Medway, Kent, and Southeast London has historically been provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT) at Medway Maritime Hospital, with 20% of patients living in Medway. The service supports people of all ages with limb loss and congenital limb deficiencies. In 2023, KMPT served notice on their contract, prompting a provider selection process, driven by a need to identify a future provider as well as future facing estate.

An extensive patient, carer, and staff engagement programme was developed with, and supported by, national charities, informing the local requirements in the provider selection process, while also supporting the evaluation of bids received. Hugh Steeper Limited was successfully awarded the contract with plans to begin delivery by the end of 2025. The future location of the service will be within Kent and Medway, and patient, carer and staff engagement will continue as part of the mobilisation plan. All partners involved have committed to minimising disruption and maintaining high-quality care during the transition.

1. Recommendations

1.1. The committee is asked to note this report.

2. Budget and policy framework

2.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

3. Background

- 3.1. Currently, Kent and Medway NHS and Social Care Partnership Trust (KMPT) provide the Prosthetics Service, at Medway Maritime Hospital, run by Medway NHS Foundation Trust, for adults and children in Medway, Kent, and Southeast London.
- 3.2. The Disablement Services Centre (DSC), originally known as the ALAC, (Artificial Limb and Appliance Centre), has been located on the Medway hospital site since 1964 and was under the jurisdiction of the Department of Health (DoH). It then became the DSC within the National Health Service, in 1991. The Environmental Control Service was devolved from the DoH, in 1995.
- 3.3. Originally the service was provided by Medway Health Authority in 1990, however following a number of organisational changes, the DSC became part of the Kent and Medway NHS & Social Care Partnership Trust.
- 3.4. The service is led by a consultant in Rehabilitation Medicine therefore it offers amputee rehabilitation and prosthetics services, including artificial limbs to amputees and those with congenital limb deficiency and design and manufacture bespoke aids to daily living.

4. Patients, pathways and service activity

- 4.1. The Prosthetics Service is an all-age service that provides support from prenatal diagnosis and advice of limb deficiency through to support for children, adults, and veterans.
- 4.2. There are 35 NHS England commissioned prosthetics services in England, and all of these order prosthetics via NHS supply chain. This process provides quality assurance on the products and consistent prices across the NHS, ensuring that all patients have equal access to the most appropriate prosthesis for their specific condition. There is no change to the kind of prosthesis available for NHS patients and that is out of scope of this work, which is focused on the change to the provider and location of this specific service.
- 4.3. Patients from Southeast London as well as Kent and Medway access the site at Medway Maritime Hospital. There are just under 1100 patients on the service list, with the majority of patients (73%) from Kent and 20% from Medway. Patients include approximately 40 children and 38 attributable veterans¹.

¹ Attributable Veterans are patients that are entitled to a higher, enhanced specification limb following approval the National Veterans prosthetic panel

4.4. Patients can be referred by consultants, GPs, Allied Health Professionals or self-refer. In 23/24, there were 177 new referrals to this service. Once referred, patients are assessed at the clinic and an individual care plan is discussed and agreed. The most important aspect of a patient's care is a good fitting socket; therefore, the most work centres do, is to ensure patients have a well fitted socket. This is all done locally at the onsite workshop at the KMPT service.

5. Commissioning of the service

- 5.1. The NHS Prosthetic Limb service has been commissioned by NHS England's South East Regional Specialised Commissioning team, on behalf of the ICBs. This is one of 70 specialised services for which Integrated Care Boards (ICBs) assumed commissioning responsibility in April 2025, following delegation from NHS England. In 2023, KMPT served notice on providing the contract.
- 5.2. As described above, the current prosthetics service is provided from a building at Medway Maritime Hospital which KMPT leases from Medway NHS Foundation Trust. As the building requires significant upgrading, it was decided that as part of the provider selection process, identifying a new location at this time could future proof the service in terms of service provision and the estate.
- 5.3. In order to identify a new service provider, the NHS Provider Selection Regime competitive process was used. Through this process, as commissioners, we share the National Service Specification, so providers are clear what they need to provide as a minimum and alongside that, clarify any local requirements of the service which are important for our local population.
- 5.4. In order for the local requirements to be specific for the patients and carers of this service, we knew we needed to hear directly from patients, carers, and staff. To do this, the Specialised Commissioning team worked very closely with the patient group, the ICB and the three national charities, LimbPower, Limbless Association and Blesma, who support individuals with limb loss and their carers together, design a robust engagement strategy. The objective was to help us understand what is important about a good prosthetics service, what is liked about the current service and what change would be received well in a new service. Questions about what is important in a future location of a service were also asked.
- 5.5. Thanks to the patient group, stakeholder support and the existing provider, the Specialised Commissioning team ran an online survey for all existing patients and carers. Recognising the demographic of this group, copies of the survey were printed and posted to **all** on the patient list, with **free-post return envelopes**, to encourage responses. The survey ran for a six-week period from 13 September to 28 October 2024 and received 277 responses by the deadline. Based on the size of the mailshot, the response rate was 25.6%.
- 5.6. Questions focused on how patients travel to their appointments, what was important in a future service and what works well in the existing service they

receive. So as not to worry patients, the accompanying patient letter made clear that the service would continue at the existing site, "until a new provider and location for the service were identified."

Key themes:

- Importance of ground floor location
- Good parking
- Patients want a quick turnaround on things like socks and sleeves
- Onsite repair service
- A combination of virtual and face to face appointments should be available
- Patients are contacted for annual review appointments
- Empathy from all staff
- Access to clinical, prosthetists, and physio staff in any single appointment
- Continuity of care, seeing the same healthcare professional, is preferred.

5.7. When asked about what a good location and estate would look like, people specified themes such as:

- a. ample parking is important – both blue badge and non-blue badge.
- b. Ideally somewhere central to Kent and Medway - people would like the service to be up to an hour's travel time.
- c. would like a ground floor building.
- d. the building needs to be large enough to accommodate a gym, workshop as well as the other clinical requirements.

5.8. Staff survey and listening event

5.8.1. A separate anonymous survey was shared with staff to complete, and the specialised Commissioning team attended a staff listening event, to ensure all questions could be answered about the process as well as enable us to hear key questions, priorities and concerns. There was good engagement via both processes and some staff showed enthusiasm toward the new opportunities that a new provider would bring.

5.9. You said, we did

5.9.1. We designed the patient survey with the help of the current provider as well as Voluntary, Community and Social Enterprise (VCSE) organisations to ensure that we were asking the right questions about what was important in terms of patient experience for those using the service.

5.9.2. The Specialised Commissioning team have used the insights from the patient, carer, staff and stakeholder engagement to write the local requirements of the service, develop the Invitation to Tender (ITT) questions as well as to help guide in effectively score bidders as part of the provider selection process.

- 5.9.3. Recognising previous conversations with Chairs of Scrutiny Committee, the Specialised Commissioning team did write it into the local requirements that the future estate would need to be within the Kent and Medway geography.
- 5.9.4. The three charities who supported the engagement also were formally part of the evaluation panel in the provider selection process, ensuring that the patient voice was carried through.
- 5.9.5. The final engagement report has been shared with the future provider to support them with mobilisation. Blesma, one of the national charities who worked with the Specialised Commissioning team have commented that:

“Being invited to be part of the engagement process was encouraging as it showed a commitment to seeking views of patients (via charity representation). Having the opportunity to feed into this process has provided some confidence in the process and I hope that this engagement continues as the service develops”

Brian Chenier MBE MIHSCM, Representative from Blesma

6. Future provider

- 6.1. The successful bidder, Hugh Steeper Limited have been awarded the contract for the Prosthetics service and have already visited the existing service to speak with staff and talk through the next steps and way forward.
- 6.2. During the Provider Selection process, their mobilisation plan was well articulated, and the Specialised Commissioning team will continue to monitor the service implementation, with plans in place to begin delivering the service by the end of 2025.
- 6.3. The prosthetics service has a unique set of requirements in terms of the building, equipment, ventilation, gym and workshop facilities etc so we do not anticipate the move to happen overnight. Working closely with KMPT, Hugh Steeper Limited will continue to ensure that patient, carer and staff insights are at the forefront of this work to achieve the best possible outcome.
- 6.4. As an organisation, Hugh Steeper Limited have experience of moving services between estates, and the Specialised Commissioning Team will be assuring that process as part of the workplan on behalf of the ICB. Hugh Steeper Limited are committed to update patients and staff at key milestones, and the Specialised Commissioning team will work with key stakeholders to provide additional support as necessary.

7. Conclusion

- 7.1. We wanted to make sure you were aware of the work done to date and the process ahead, as all partners involved, recognise its significance for those who use it.

7.2. For this reason, the specialised commissioning team have undertaken significant engagement to ensure that information from key stakeholders was available, to make the most informed decisions of behalf of our population.

7.3. We understand that any change to the prosthetics service may cause some concern, but working together, all NHS partners as well as Hugh Steeper Limited, the identified provider, are all committed to making sure there is a smooth transition with minimal disruption to patient care and colleague wellbeing.

23/24 Limb Activity

LIMB ACTIVITY (Total, not by individual patient)	23/24 FULL YEAR	LIMB ACTIVITY												23/24 FULL YEAR				
		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Q1	Q2	Q3	Q4	
Primary referral	177	14	11	12	16	28	11	21	18	14	14	11	7	37	55	53	32	177
Primary attendance	189	17	17	18	14	14	13	17	23	11	17	15	14	52	41	51	46	189
Other attendance	4,143	354	397	370	318	335	359	373	235	301	402	333	366	1,121	1,012	909	1,101	4,143
DNA (both)	143	13	19	10	7	10	11	21	12	13	22	11	14	42	28	46	27	143
Issues																		
Lower	153	19	17	6	12	8	11	8	11	16	13	25	7	42	31	35	45	153
Upper	35	3	3	3	0	0	4	0	3	7	3	8	1	9	4	10	12	35
Repairs																		
Lower	2,296	207	245	200	252	209	133	191	219	184	143	167	146	652	594	594	456	2,296
Upper	75	8	8	6	4	4	8	5	7	3	5	6	10	23	16	15	21	75

Referrals Per Year															
LIMB ACTIVITY	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Primary referral	183	172	178	186	196	175	165	217	182	181	152	131	192	210	177

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8. Risk management

8.1. There are no risks for the Council arising from this report.

9. Financial implications

9.1. There are no direct financial implications for the Council arising from this report.

10. Legal implications

10.1. There are no direct legal implications for the Council arising from this report.

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Appendices

None

Background papers

None