

## What do we do?

We care for New Zealand people living with amputation, and more recently those with deteriorating health and disability conditions including those at risk of amputation.

4389  
amputees

15% māori 6% pacific 3% asian  
73% male 27% female

250,000 at risk of amputation due to diabetes<sup>1</sup>

**Patient Journey** (stages in green added over last 5 years)

-  **Prevention efforts** to avoid deterioration of health and disability conditions including amputation; mainly through the provision of supportive orthotic devices and intervention services.
-  **Pre-amputation and post amputation support** we discuss post-amputation rehabilitation and identify any psychological and/or peer supports that the patient and/or their whānau may need to help adjust to the loss of a limb.
-  **Peer support** is provided to patients by patients who lived through a similar experience, and meet the recruitment/training requirements.
-  **Rehabilitation and therapy interventions** with early therapy interventions we ensure patients are physically prepared and supported to progress through the device assessment and fitting.
-  **Assessments** are a comprehensive process to determine the appropriateness of a device to meet an individual's functional and mobility needs.
-  **Rehabilitation plans** outline the ongoing support that will be provided to patients and updated following review appointments.
-  **Fabrication and fitting** of device provide a custom made, high quality medical device to suit the patient's needs. We also perform Post Fitting Reviews to support patients to achieve their rehabilitation outcomes.
-  **Community supports** are identified and where appropriate, referrals provided to support the patient journey of rehabilitation and return to independence.
-  **Annual follow-up** to check that patients are receiving the support that you need, ensure that the patient's device is fully functioning, fits well, and resolve any issues related to their device that may have a detrimental effect on their wellbeing and/or rehabilitation.

## Who are we?

New Zealand Artificial Limb Service (Peke Waihanga) is an autonomous Crown Entity under the Crown Entities Act 2004 and exists due to the New Zealand Artificial Limb Service Act 2018. We are also required to comply with the Public Finance Act 1989.

### Vision

Independent and productive lives for our patients.

### Matakiteanga

Kia motuhake me te whaihua ngā oranga o ō tātou tūrora.

### Mission

To enable our patients to achieve independence by delivering prosthetic, orthotic and rehabilitation services.

### Koromakinga

Kia noho motuhake te tūrora mā te whakarato i ngā ratonga peke waihanga me te whakarauora.

We are fully funded through ACC and DHB service agreements with an operating revenue of \$19.6m and net equity of \$12.6m.

### Key contacts

George Reedy, Chair - appointed 1/3/2011, expires 11/10/2021  
Sean Gray (CEO) – appointed 15/1/2015

### Expert Workforce

- 4 Rehab Physicians
- 4 Orthopaedic Surgeons
- 1 General Practitioner
- 24 Prosthetist/Orthotists
- 15 Physiotherapists & Occupational Therapists
- 2 Nurses
- 19 Device Technicians
- 1 Digital Technician
- 71 Peer Support Volunteers
- 16 Service Coordination & Support



## How do we do it?

We are experts at manufacturing and providing individualised medical devices (prosthetics and orthotics) with an integrated rehabilitation and coordination of care service.



The above diagram shows the progression of a patient's limb through stages and our service elements which provide the following devices that are individual prescribed:

**Orthotic devices<sup>2</sup>** - Externally applied device used to modify the structural and functional characteristics of the neuromuscular and skeletal systems

**Prosthetic devices** - Externally applied device used to replace wholly or partly an absent or deficient limb segment.

### Our priorities

1. Continue to evolve and improve our high quality service for the people we care for; focusing on outreach and processes.
2. Renegotiate our national DHB Prosthetic Service to address inequity between ACC and DHB patients; contract expires 30 June 2021.
3. To be contracted by more DHB's for their orthotic services to support and fund amputation prevention strategies.
4. Obtain Ministerial approval to borrow \$5m to rebuild our Christchurch Centre and replace the roof on our Auckland Centre – business case already submitted.
5. Gain Budget Bid to establish a Whangārei facility and mobile outreach service for our patients.
6. Consult and gain approval for our Statement of Intent.
7. Update our legislation to reflect contemporary orthotic and prosthetic services.

<sup>1</sup> <https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/diabetes>

<sup>2</sup> As per the New Zealand Artificial Limb Service 2018 Act, Orthotic devices and services are considered 'similar devices'.



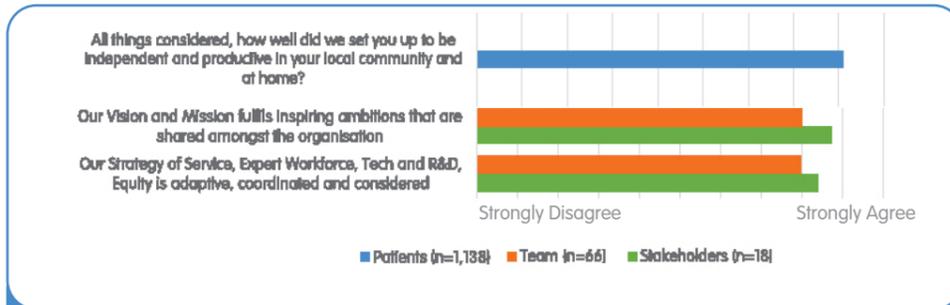
**Ratonga | Service** - Patients are at the centre of everything we do, receiving from Peke Waihanganga 'whole of life', world-class services that deliver what they need at each stage of their journey.

**Hunga Mahi Mātanga | Expert Workforce** - Peke Waihanganga's Hunga Mahi Mātanga (Expert Workforce) is responsive and able to develop, adapt and adopt innovation and technology to continually improve the service to and outcomes for amputees.

**Hangarau, Rangahau me te Whakawhanake | Technology/R&D** - We adapt and customise technology to change the lives of our patients. We are responsible to our amputees for understanding, accessing, and bringing to them the best technological solutions budgets and our initiatives will allow.

**Mana Taurite | Equity** - Peke Waihanganga supports equitable access to technology and services based on need.

## Future Statement of Intent

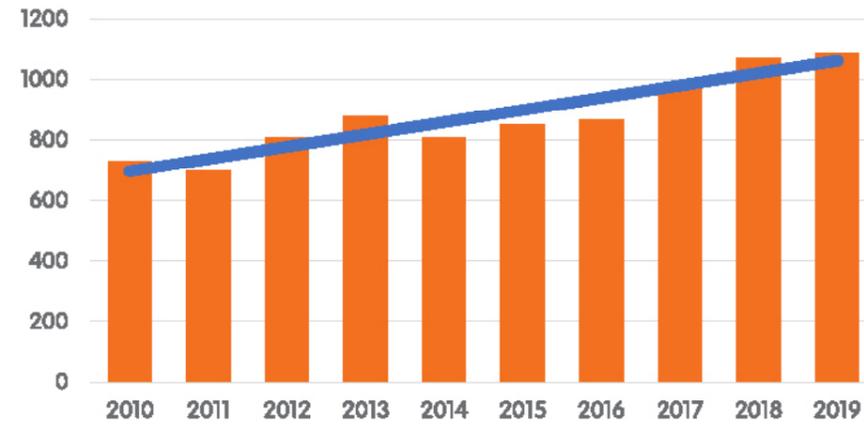


The above graph shows our:

1. Patients strongly agree that we are delivering on our vision; under the current strategic objectives.
2. Team and stakeholders strongly agree that our vision and strategy is appropriate.

Our Statement of Intent, including our strategic objectives expires in 2021. As such, we are in the process of developing our 2021-2024 Statement of Intent and look forward to the Ministers input and guidance. Given the above support for the existing vision and strategic objectives, we are looking to rollover our current vision and strategic objectives with consideration to any improved language for clarity, and to reflect any changes to our operating environment.

## Diabetes amputations



The above graph shows all the amputation procedures reported to the Ministry of Health where the patients is known to have diabetes has increased by 50% over the last 10 years.

In 2012-2014, the Ministry of Health reported Māori men were over 3 times more likely than that of non-Māori to have an amputation due to diabetes.

Diabetes Australia state up to 85% of diabetes related amputations are avoidable. Plus there is a large body of evidencing supporting appropriate orthotic provision is a good amputation prevention strategy.

Over half of all new amputee referrals to our service are due to diabetes and vascular disease, who are increasing in complexity of clinical need over time. This is putting significant pressure on our bulk funded DHB prosthetic service.

The above points summarise why we are actively pursuing orthotic service contracts with DHB's in an effort to prevent diabetes amputations. This primary and secondary amputation prevention strategy will reduce the burden of disease on our service and the wider health and disability health system.

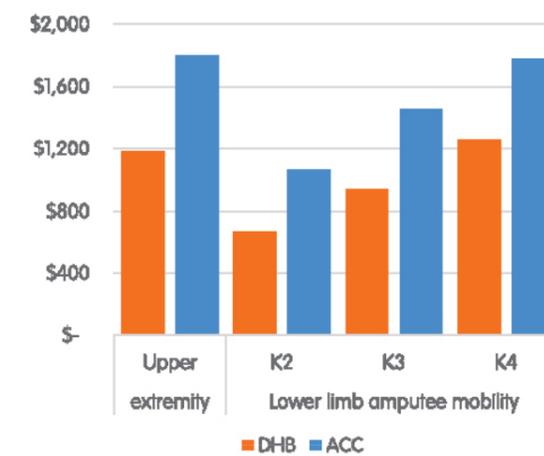
**Note:** We have orthotic service contracts with ACC, Waikato DHB and West Coast DHB's.

## Expert workforce development

There are no orthotic and prosthetic qualifications in New Zealand, and there is limited amputee care training in Allied Health Professional courses. This requires us to make significant workforce investments e.g. average 10 professional development days per staff member per year and orthotic/prosthetic international scholarships.

## Property

The nature of our services require significant property infrastructure to provide timely and high quality services for the people we care for. Four of our Centre's leased from MSD had a range of significant issues. Through pragmatic negotiations with MSD, ACC and DHB's we have taken ownership responsibility for our Auckland, Hamilton and Wellington Centres from MSD with the transfer of the Christchurch Centre conditional on our ability to obtain funding, to rebuild it and replace the Auckland Centre roof.



## Inequity in service

This graph compares the ACC and DHB average prosthetic job cost of upper limb and lower limb at different levels of mobility. It shows ACC amputees get significantly more service and technology; 41-61% more for upper extremity and lower limb.

## Health and Disability Systems Review

Peke Waihanganga is uniquely positioned to support this work as one of the few government organisations that works across all parts of the health and disability system; ACC, DHB's, MoH and MSD.

## Demand for new technology and research

Options for our patients are rapidly changing. They are providing significant opportunities for the people we care for to live independent and productive lives. And can provide a cost benefit to the health and disability system. For example, upper extremity pattern recognition robotic hands and custom prosthetic devices for finger loss.



For more information, please see our Annual Report at [www.nzals.co.nz/about-us/annual-report](http://www.nzals.co.nz/about-us/annual-report)

### Service

131% Increase in service and technology provision over last 5 years; Revenue \$8.5m to 19.6m

Awarded new 10 year ACC Artificial Limb Service contract from competitive tender process.

### Expert workforce

81% reduction in patients cared for by prosthetist reaching retirement in the next 5 years.

Clinical and Technical staff gender equality (females:males) 2015: 7:27 to 2020: 36:35

### R&D/Technology

Participated in and/or funded \$58k of R&D to benefit the people care for

Microprocessor knee programme improved patient functional outcomes by 108%

### Equity

Demonstrated equitable Māori and Pacific outcomes for service access and outcomes

Introduced and secured funding for an evidence based Peer Support Service.