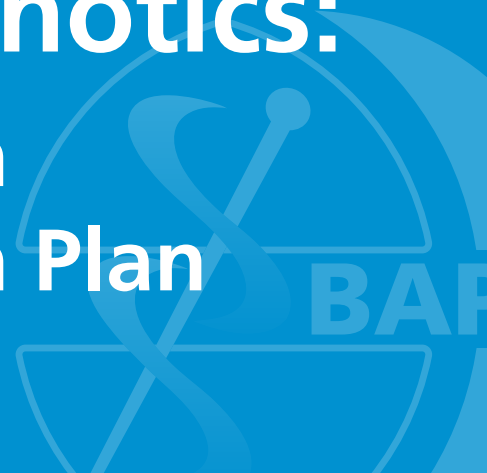




The British Association of
Prosthetics and Orthotics



Prosthetics and orthotics: Strategic alignment with England's 10-Year Health Plan



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A word from Ben Taylor

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"I welcome this report and the clear case it makes for the contribution our sector can make to England's 10-Year Health Plan. Its focus on prevention, innovation, community-based care, and meaningful outcome measurement reflects many of the issues we see across the sector. Industry has an important role to play in supporting implementation, sharing practical insight, and helping ensure patients have access to high-quality, effective P&O services."

Executive summary

England's 10-Year Health Plan represents a radical reimagining of the NHS built on three fundamental shifts: **hospital to community**, **analogue to digital**, and **sickness to prevention**. This guide demonstrates how prosthetics and orthotics (P&O) services are well positioned to support and accelerate these transformational changes.

The Plan identifies five strategic technology priorities (data, artificial intelligence, genomics, wearables, and robotics) as integral to the new model of care. Within the robotics priority, prosthetic limbs are explicitly mentioned as an application that will “transform patient care and support” alongside rehabilitation and continuous monitoring. P&O services can deliver measurable impact across multiple major objectives of the Plan, from reducing hospital dependence to enabling economic participation and supporting preventative care.



The growing need for prosthetic and orthotic services

Prosthetics and orthotics services support a substantial and growing patient population across England. According to NHS England, approximately two million people receive care from orthotic services, with demand projected to increase significantly due to demographic shifts.¹ For prosthetic services, NHS England's 2025 prosthetic service specification indicates that between 55,000 and 60,000 people have experienced amputation or limb difference, with NHS prosthetic services provided to approximately 25,000 individuals annually.¹

England's ageing population is driving unprecedented demand for P&O services. The Chief Medical Officer's (CMO) 2023 Annual Report highlights that the number of people aged 65 and over will increase from 10.4 million in 2020 to 13.4 million by 2030, with the 85+ population growing from 1.6 million to 2.6 million over the same period.^{2,3} Critically, this demographic expansion is occurring alongside a compression of healthy years. The CMO's report confirms that healthy life expectancy has stagnated and declined in recent years, falling by 1.3 years for males and 1.0 years for females between 2015-17 and 2018-20.^{2,4} This means people are living longer but spending an increasing proportion of their lives, now averaging 19 years for women and 16 years for men, with disability and mobility limitations² which often require P&O intervention.

The scale of preventable clinical need is substantial. Diabetes UK reports that 27,465 diabetes-related lower limb amputations were performed between 2015-2018, an 18.3% increase from the previous period.⁵ Research demonstrates that over 80% of diabetes-related amputations are preceded by foot ulcers, and evidence indicates that early intervention and multidisciplinary foot care services are associated with significant reductions in amputation rates.^{6,7} Timely offloading and orthotic interventions play a key role in ulcer healing and prevention, which are critical components of multidisciplinary strategies that reduce amputation rates. Stroke represents another major population: approximately 100,000 people experience stroke annually, with 1.3 to 1.4 million stroke survivors living with residual disabilities.⁸ Many require orthotic interventions for foot drop, spasticity management, and gait rehabilitation. Hip fractures claim over 76,000 people annually, accounting for 1.8 million hospital bed days⁹, with orthotic interventions proven to significantly reduce falls risk in older adults.¹⁰

Profound health inequalities compound this need, creating a compelling case for community-based P&O services. The CMO's report documents an 18.9-year gap in healthy life expectancy between the most and least deprived areas, with the poorest experiencing disability onset 19 years earlier than the wealthiest.^{2,4} Geographic disparities are stark: coastal and rural areas contain disproportionately older populations, with the CMO noting that coastal communities face a "triple jeopardy" of older age structures, higher deprivation, and poorer health outcomes.² Rural areas, while containing only 17% of England's population, have significantly older demographics, with many rural and coastal localities seeing over one-third of residents aged 65+.^{2,3} These peripheral communities experience compounded disadvantage, older populations, higher rates of chronic disease, lower healthy life expectancy, and greater distances to specialist hospital-based services.^{2,4}

Delivering P&O services closer to home in these under served communities directly addresses the 10-Year Health Plan's commitment to tackle geographic inequalities and shift care from hospital to community¹¹, particularly as service users accessing prosthetic and orthotic services are predominantly over the age of 60 years. The CMO's analysis demonstrates that people in deprived and coastal areas experience higher rates of diabetes, cardiovascular disease, falls, and mobility-limiting conditions, yet face worse access to specialist services.² Community-based P&O provision in rural, coastal, and lower socio-economic areas can reduce the compounding effect of travel burden on already disadvantaged populations, enable earlier intervention before conditions worsen, support independent living

and economic participation in areas with high health-related economic inactivity, and prevent avoidable hospital admissions that disproportionately affect deprived communities.¹¹ For older people living in England's geographical peripheries, local P&O services are not merely convenient, they are essential to achieving the Plan's goal of halving the healthy life expectancy gap between the richest and poorest regions.¹¹

Key findings from the 10-Year Health Plan

The three core shifts¹¹

From hospital to community

More care delivered on doorsteps and in homes, Neighbourhood Health Services in every community, Integrated multidisciplinary teams, Personalised care plans for 95% of people with complex needs by 2027.

From analogue to digital

Technology liberating staff from administration, patient-controlled NHS App for managing care, remote monitoring and wearables, AI-enabled care systems.

From sickness to prevention

Catching illness earlier, preventing conditions before they develop, making healthy choices easier, addressing social determinants of health.

Critical challenges identified

The Plan identifies an NHS facing its worst crisis in history.¹¹ Waiting lists have grown significantly for hospital and community care. Staff are demoralised, outcomes on major conditions have fallen behind other countries. People with long-term conditions and disabilities face fragmented care and rehabilitation often takes too long to begin after injury.

Five strategic technology priorities

The Plan identifies five transformative technologies as strategic priorities:

1

Data to deliver impact

2

Artificial Intelligence to drive patient power and productivity

3

Genomics and predictive analytics for personalised care

4

Wearable technologies to make care real-time

5

Robotics to support precision - explicitly including prosthetic limbs for recovery from neurological or musculoskeletal injuries

How prosthetics and orthotics align with the plan

SHIFT ONE: Hospital to community - P&O as a part of neighbourhood health services

ENABLING COMMUNITY-BASED CARE

The current challenge

The Plan notes that rehabilitation “often takes too long to begin” and care is concentrated in hospitals rather than communities.¹¹

The role of P&O

P&O services should be integrated into Neighbourhood Health Services to provide care closer to home. This requires the integration of prosthetists and orthotists into multidisciplinary neighbourhood teams, ensuring their skills are utilised fully and maximised to benefit patient care. Hospital visits can be reduced through community-based fitting, adjustment, and maintenance services for prosthetic and orthotic devices, supporting the shift from outpatient hospital appointments to neighbourhood-based care.

Challenges to be considered

A shift toward delivering prosthetic and orthotic (P&O) care within community settings offers significant potential benefits for accessibility and patient-centred care; however, several practical barriers must be acknowledged. In particular, the availability of appropriate infrastructure, including workshop facilities, and the capacity to provide urgent device repairs present important challenges when services move away from traditional clinical bases. Addressing these limitations will require careful planning and, critically, adequate and sustained funding for P&O services. Ensuring that services are properly resourced will enable providers to develop the facilities, staffing, and operational capacity necessary to deliver comprehensive, timely, and high-quality care within community environments.



Specific opportunities

PERSONAL HEALTH BUDGETS (PHBS) - The Plan commits to doubling PHBs to 360,000 by 2028-29 and reaching 1 million by 2030. Mobility aids are explicitly mentioned as appropriate PHB expenditure. P&O providers must explore how P&O can fit into the PHB framework to enable service users to exercise genuine choice in their mobility solutions.

Personal Health Budgets could support a range of practical needs for prosthetic and orthotic users that help ensure consistent and effective device use in everyday life. For example, funding could enable the provision of spare components, such as additional liners or straps, to prevent interruptions when parts wear out or require replacement. It could also facilitate access to assistive technologies that integrate with prosthetic or orthotic devices, including wearable sensors that support monitoring or rehabilitation. In cases where specialist services are not available locally, Personal Health Budgets could help cover travel costs to regional P&O hubs. In addition, they could fund training to promote safe and effective device use, including education sessions for parents, carers, and teachers. Support could also extend to education and guidance aimed at social reintegration, such as a prosthetist/orthotist visiting a school or workplace to provide practical advice and support.

INTEGRATED CARE FOR LONG-TERM CONDITIONS – Prosthetic and orthotic service users often access P&O services for life-long care, presenting with complex long-term conditions. P&O services are key to supporting people with diabetes, vascular disease, arthritis, and neurological conditions, preventing complications that lead to hospital admissions and enabling people to remain active and independent in their communities.

FRAILITY PREVENTION AND CARE HOME SUPPORT – Prosthetic and orthotic interventions have been demonstrated to prevent falls, support mobility for older adults to maintain independence and can prevent unnecessary hospital transfers through proactive prosthetic and orthotic management.

SUPPORTING PERSONALISED CARE PLANS

The commitment

95% of people with complex needs will have an agreed care plan by 2027.¹¹

The role of P&O

- Co-create care plans with service users, aligning with the Plan's emphasis on service user partnership.
- Incorporate mobility goals, functional objectives, and lifestyle aspirations.
- Coordinate with GPs, allied health colleagues, medics, and social care professionals.
- Use digital tools to track progress and adjust interventions.

SHIFT TWO: Analogue to digital - technology-enabled P&O services

DIGITAL PATIENT ENGAGEMENT

The vision

By 2028, patients will manage all aspects of their care through the NHS App.¹¹

P&O digital integration

NHS APP INTEGRATION - Enable patients to book P&O appointments through the NHS App. Integrate telehealth into P&O services. Share educational resources and self-care guidance. Ensure service users can communicate with their prosthetist/orthotist directly.

REMOTE MONITORING AND WEARABLES - Embed sensors in prosthetic and orthotic devices to monitor usage, gait patterns, and device performance. Alert clinicians to emerging issues before they become problems. Empower service users to enable proactive maintenance and adjustment where it is safe to do so. Provide real-time data to inform clinical decisions. Use technology to track mobility goals and outcomes.

AI-ENHANCED SERVICE DELIVERY - Use AI to analyse gait data and optimise device settings. Predict maintenance needs and device lifespan. Support clinical decision-making through data analytics. Automate administrative tasks to free clinician time.

CURRENT P&O DIGITAL INFRASTRUCTURE CHALLENGES

The reality

P&O services currently operate within a fragmented digital landscape that presents significant barriers to achieving the Plan's vision of integrated, digitally enabled care.

Key infrastructure issues

FRAGMENTED HEALTH RECORD SYSTEMS - P&O services utilise multiple disparate electronic record and ordering systems, varying significantly across providers and regions. With limited standardisation of data capture, clinical terminology, and outcome measurements. Inconsistent documentation practices that impede comparison and quality benchmarking.

ISOLATION FROM CORE NHS SYSTEMS - Many P&O services operate in isolation from main hospital Patient Administration Systems (PAS). Referral pathways frequently rely on paper-based or non-integrated electronic processes. Clinical information does not flow seamlessly between P&O services and referring consultants, GPs, or therapy services. Patient demographic updates and appointment information may not synchronise with central NHS systems.

PRIVATE SECTOR SERVICE DELIVERY COMPLEXITY - A significant proportion of NHS-commissioned P&O services are delivered by private sector providers. These providers often use proprietary patient record systems that are not interoperable with NHS infrastructure. Commercial considerations and data ownership arrangements can complicate information sharing. Variation in digital maturity across contracted providers creates inconsistent patient experiences and reduces visibility of patient care to the wider Trust/Health Board.

Implications for the 10-Year Plan

These digital infrastructure challenges directly undermine the core objectives of the Plan:

HOSPITAL TO COMMUNITY SHIFT: Without integrated records, community-based P&O services cannot effectively coordinate with neighbourhood teams.

DIGITAL TRANSFORMATION: Patients cannot access P&O information through the NHS App or manage their care digitally.

DATA-DRIVEN CARE: Fragmented systems prevent the aggregation of data needed for AI, quality improvement, and outcome measurement.

PREVENTATIVE SERVICES: Early intervention requires seamless communication between screening services and P&O providers.

Resolution requirements

To equip P&O services to meet the 10-Year Health Plan, urgent action is required to:

- Mandate interoperability standards for all P&O record systems, including those operated by private providers delivering NHS-commissioned services.
- Integrate P&O services into hospital PAS systems and the emerging Single Patient Record architecture.
- Establish clear data governance frameworks that enable information sharing while respecting commercial arrangements.
- Invest in digital infrastructure upgrades for P&O services, prioritising standardisation and NHS system connectivity.
- Ensure that all NHS contracts with private sector P&O providers include explicit requirements for digital integration and data accessibility.
- Develop national minimum standards for P&O clinical data capture to enable meaningful aggregation and analysis.

Without addressing these foundational digital infrastructure challenges, P&O services will remain unable to fully participate in the transformation envisioned by the 10-Year Health Plan, regardless of their clinical excellence, commitment to reform, or potential contribution to the NHS 10-Year Health Plan.

SINGLE PATIENT RECORD INTEGRATION

The Plan's goal

A unified health record accessible across all care settings.¹¹

P&O actions

- Ensure all P&O assessments, fittings, and outcomes are captured in the Single Patient Record.
- Enable seamless information sharing with GPs, hospitals, medics, and allied health professionals.
- Eliminate the need for patients to “constantly repeat themselves to professionals who have not talked to each other”.
- Address the current fragmentation by transitioning all P&O services, including those delivered by private providers, to interoperable systems that connect with NHS infrastructure.
- Establish P&O representation in national Single Patient Record development to ensure specialty-specific requirements are incorporated.

SHIFT THREE: Sickness to prevention - P&O in preventative healthcare

EARLY INTERVENTION AND COMPLICATION PREVENTION

The challenge

The Plan emphasises “reaching service users earlier, to catch illness before it spreads and prevent it in the first place.”¹¹

P&O preventative role

DIABETIC FOOT CARE – Orthotists are experts in the assessment and provision of custom orthotics to prevent ulceration in people with diabetes. They have a key role in screening high-risk patients proactively. Prosthetists and orthotists should be collaborating with podiatry and vascular services to reduce lower limb amputations through early orthotic intervention.

FALLS PREVENTION – Orthotists are experts in the assessment and provision of orthotic devices to improve stability and reduce falls. Prosthetists and orthotists have a key role in working with frailty services to maintain independence, prevent fractures, and hospital admissions in older adults.

MUSCULOSKELETAL HEALTH – Orthotists are experts in the assessment and provision of orthotic interventions for back pain, arthritis, trauma, and a wide range of musculoskeletal conditions to reduce pain, improve mobility, protect limbs and soft tissue, prevent progression of deformities, and support people back into the workplace and economic activity.

PREVENTING CHILDHOOD CONDITIONS – Early intervention for paediatric developmental conditions prevents lifelong disability through timely orthotic treatment, supporting healthy development and participation in education.

Given the important contribution that prosthetic and orthotic clinicians make across a range of clinical pathways, including diabetic foot care, falls prevention, and musculoskeletal services, it is essential that appropriate funding for P&O roles is prioritised within these areas. Doing so will help ensure that patients have equitable access to these highly skilled professionals, whose expertise is critical in the assessment, provision, and optimisation of devices that support mobility, function, and independence. Adequate investment in P&O roles within multidisciplinary services will strengthen clinical pathways, improve patient outcomes, and help ensure that individuals who could benefit from prosthetic and orthotic interventions are able to access timely and appropriate care.

ADDRESSING HEALTH INEQUALITIES

The Plan's commitment

Designed to tackle inequalities in both access and outcomes, particularly for people in working-class jobs, ethnic minority backgrounds, rural areas, and the homeless community.¹¹

P&O equity actions

P&O services should be available in underserved areas, providing outreach services to care homes, schools, and community centres and further eliminating geographical barriers through telehealth.

The shift from sickness to prevention does not require new theory within P&O services; it requires system-level support to scale what is already established. P&O services routinely prevent amputations, hospital admissions and long-term disability. To implement this preventative impact at scale, P&O clinicians should be embedded within diabetic foot, frailty, stroke and musculoskeletal pathways - including within community-based clinics in underserved areas. Empowered and integrated appropriately, P&O services can grow to be cost-effective preventative assets to the NHS.

WORKFORCE TRANSFORMATION: Allied Health Professionals as leaders

EXPANDING P&O WORKFORCE ROLES

The Plan's vision

"More clinical tasks performed by nurses and allied health professionals, backed by AI, liberating doctors to work to the top of their licence."¹¹

Current national workforce discussions, emphasise the evolving roles and scope of practice across the Allied Health Professional workforce. Within this context, it is important that prosthetics and orthotics is explicitly recognised and included in future workforce and scope discussions to ensure the profession is appropriately represented. As highly specialised clinicians who play a critical role in supporting mobility, independence, and long term condition management, prosthetists and orthotists bring expertise that is distinct yet complementary to other clinical professions. Ensuring that P&O is considered within these national conversations will help support a clearer understanding of the profession's skills, current scope of practice, and future potential, while also helping to ensure that workforce planning and service development enable patients to access the full benefits of prosthetic and orthotic care.

P&O workforce opportunities

ENHANCED SKILL-MIX – Continue to expand the role of prosthetists and orthotists into advanced, enhanced, and consultant practice. Utilise prosthetic and orthotic technicians and support workers in supporting the prosthetist and orthotist in patient facing roles. Utilise artificial intelligence, including technologies such as ambient clinical note generation, to support clinical decision making and reduce administrative burden, enabling specialist clinicians to dedicate more time to complex cases and direct patient care.

CLINICAL PATHWAYS - Ensure P&O are embedded into relevant clinical pathways so P&O care is timely, effective, and optimal. Ensuring P&O service users with complex disabilities have access to prosthetists and orthotists with the right skills.

INTEGRATION INTO NEIGHBOURHOOD TEAMS - Position P&O professionals as core members of multidisciplinary neighbourhood teams working alongside GPs, allied health professional colleagues, district nurses, and social care professionals. P&O professionals should be included in multidisciplinary case conferences and care planning where their prosthetic and orthotic knowledge and skills can improve the service user's outcome.

TRAINING AND EDUCATION REFORM - Update P&O curricula to include AI, digital tools, and community-based care models. Expand simulation-based learning. Promote generalist skills for neighbourhood health service delivery. Ensure continuous professional development is embedded into the contracts of commissioned services.

ADDRESSING WORKFORCE CHALLENGES

The current situation

Staff are "demoralised and demotivated" by "endless bureaucracy."¹¹

P&O solutions

- Use ambient AI and digital tools to reduce documentation burden.
- Streamline referral pathways and administrative processes.
- Create enhanced, advanced, and consultant level roles ensuring the P&O workforce can work autonomously and thrive.
- Recognise and reward excellence in P&O service delivery.
- Mandate and standardise relevant and reliable patient outcomes to measure the impact and success of prosthetic and orthotic treatment. Rewarding excellence mapped to patient care.

INNOVATION AND TECHNOLOGY: The strategic robotics priority

PROSTHETICS AND ORTHOTICS AS CUTTING-EDGE HEALTHCARE TECHNOLOGY

The Plan's explicit commitment

"Robotics will transform patient care and support - from continuous monitoring, to rehabilitation, to prosthetic limbs, to support recovery from neurological or musculoskeletal injuries."¹¹

Strategic positioning

LEAD THE ROBOTIC PROSTHETICS INNOVATION PROGRAMME - Position the UK as a global leader in advanced prosthetic technology. Collaborate with universities, technology companies, and innovators. Trial and adopt new myoelectric, bionic, and AI-enhanced prosthetic systems. Create partnerships to accelerate development and adoption of innovation.

RESEARCH AND DEVELOPMENT – Invest in and support clinical trials of next-generation prosthetic and orthotic devices. Contribute to the Health Data Research Service to enable innovation. Standardise, record, and publish outcomes data to drive continuous improvement and demonstrate the value of prosthetic and orthotic services.

SMART ORTHOTICS AND PROSTHETICS - Integrate sensors, actuators, and AI into devices. Enable real-time adjustment based on activity and environment. Connect devices to the NHS App and Single Patient Record. Use machine learning to personalise device function.

There is also a need to emphasise the importance of digital connectivity to ensure that advances in prosthetic and orthotic technology can deliver meaningful system level benefits. For robotic and AI enhanced prosthetic and orthotic devices to realise their full potential, device generated data and patient outcome data must be able to integrate with the Single Patient Record and other NHS digital systems. This connectivity would enable consistent data capture, support national evaluation of outcomes, and facilitate shared learning across services, helping to ensure that innovations in prosthetic and orthotic care translate into measurable improvements for patients and inform future service development.

OVERCOMING INNOVATION BARRIERS

The Plan identifies

The NHS has a "not invented here mentality" and applies "needless bureaucracy" to innovations.¹¹

P&O actions

- Recognise the importance of a research culture in P&O and invest in making it a reality.
- Advocate for streamlined adoption pathways for P&O innovations.
- Demonstrate value through robust outcome measurement.
- Build partnerships with industry while maintaining clinical governance.
- Share best practices across the NHS rapidly.

A prosthetic and orthotic service with a strong research culture is one that actively contributes to the generation and application of evidence to improve patient care. This may include participation in studies within the National Institute for Health and Care Research portfolio, routine collection and submission of validated clinical and patient reported outcome measures, and engagement in service evaluation and quality improvement initiatives. Such services often demonstrate collaboration with academic partners, support staff to participate in research and innovation activities, and embed data driven practice within routine care. Establishing these elements helps ensure that prosthetic and orthotic services contribute to the wider evidence base while continually improving the quality, effectiveness, and value of care delivered to patients.

ECONOMIC AND SOCIAL IMPACT: P&O as an engine for prosperity

SUPPORTING ECONOMIC PARTICIPATION

The Plan's goal

"Unlock broader economic benefits for the UK, helping to get people back into work."¹¹

P&O economic contribution

ENABLING EMPLOYMENT – P&O can provide prosthetic and orthotic devices that enable workforce participation. Support early return to work after injury or amputation. Prevent work-related musculoskeletal conditions. Reduce economic inactivity due to disability. P&O services must ensure that supporting people to remain in work, or return to meaningful employment, is recorded as a treatment outcome.

REDUCING NHS COSTS – P&O can contribute by preventing hospital admissions through proactive intervention. Reducing length of stay by accelerating rehabilitation. Avoiding complications that require expensive treatment. Shifting care from high-cost hospital settings to lower-cost community settings.

SUPPORTING SOCIAL MOBILITY – The Plan commits to making the NHS "a force for social mobility" – P&O services enable educational participation, employment, and independent living. Helping to break the cycle of disability-related disadvantage.

A VALUE-BASED APPROACH IN P&O

The Plan's framework

"Adopt a new value-based approach, that aligns resources to achieve better health outcomes."¹¹

A value-based approach to P&O commissioning is both achievable and necessary, but it requires a commissioning system capable of identifying and measuring the value that P&O services deliver. Currently, that system does not exist. Analysis of NHS P&O funding found that more than 62% of Trusts and Health Boards could not provide complete financial data for their P&O services when requested under the Freedom of Information Act.¹²

Per-capita spending on orthotic services varies by a factor of 44:1 across the UK, and prosthetic services show a consistent pattern of significantly lower per-capita allocation in rural and peripheral areas compared to major urban centres, with no transparent rationale for either disparity.¹²

Funding decisions of this consequence should not be made in the absence of data. NHS England acknowledged in 2015 that limited quality measures and data had hindered the effective commissioning of orthotic services, and committed to developing a national minimum dataset.¹³ Delivering on that commitment, within the framework the Plan now provides, is an immediate and practical priority.

Making value visible

- Routinely measure and report outcomes relevant to social and economic participation, aligned to the International Classification of Functioning domains, including employment (d840–d859), education (d820, d830), community life (d910), and mobility enabling participation such as moving around in different locations (d460) and using transportation (d470).¹⁴
- Demonstrate return on investment through reduced hospital use, prevention of complications, and workforce participation. The downstream savings generated by timely P&O intervention significantly exceed the cost of providing it, making the case for adequate investment fiscally sound as well as clinically compelling.
- Mandate transparent reporting of P&O funding received and allocated by all Trusts and Health Boards, so that resources intended for patient care can be tracked, benchmarked, and held to account.
- Align resources to high-impact interventions and use data to drive continuous quality improvement, shifting the commissioning from a procurement lens to a clinical lens, with patient outcomes at the heart of investment.

QUALITY AND TRANSPARENCY: Accountability in P&O services

PUBLIC TRANSPARENCY

The Plan's commitment

"A new transparency of quality of care" with "performance more open to public scrutiny and patient input than ever before."¹¹

Transparency in healthcare is only meaningful when the right things are being measured. For prosthetics and orthotics, that means moving decisively away from a commissioning model built around procurement metrics, unit costs, tariff compliance, contract spend, and toward one that holds services to account for what actually matters: the functional outcomes, quality of life, and independence achieved by patients.

The current procurement-focused lens has embedded a damaging logic into P&O commissioning. When contracts are awarded and evaluated primarily on price, and when success is defined by cost-per-device or throughput volumes, the system creates no structural incentive to invest in better clinical assessment, higher-quality devices, or longer-term rehabilitation support. Worse, it actively disincentivises them. Outcome-based commissioning breaks this cycle by making patient benefit, not unit price, the currency of accountability.

P&O Quality Framework

OUTCOME MEASUREMENT - Procurement-led commissioning has historically produced data about what was bought, not what was achieved. A genuinely accountable P&O service must shift to measuring what patients can do, experience, and sustain as a result of their care.

This means:

- Recording waiting times from initial assessment through to treatment delivery, understanding that delay in P&O intervention has direct consequences for rehabilitation, physical health, and return to independence.
- Recording patient-reported outcomes and quality of life measures at meaningful intervals, not as a compliance exercise, but as the primary signal of whether a service is performing.
- Tracking device performance, revision rates, and abandonment, which together reveal whether clinical decisions and device selection are delivering durable, appropriate results.
- Establishing national standards for prosthetics and orthotics that embed this outcomes logic, providing the profession and commissioners alike with a consistent framework against which services can be evaluated, compared, and improved.

An outcome-based framework also enables commissioners to understand value, not just cost. A device that costs more at point of prescription but reduces revision rates, prevents secondary complications, and sustains functional independence for longer is a better investment. That calculation is invisible under a procurement lens. Outcome data makes it visible.

PATIENT VOICE - Patients are the most direct source of evidence about whether a P&O service is delivering meaningful outcomes. Their experience, of access, of clinical quality, of whether their device genuinely meets their functional needs, is the most important accountability mechanism the system has, and it must be formalised rather than treated as supplementary.

This requires:

- Incorporating patient-reported feedback systematically into service design, not as a post-hoc satisfaction survey but as a structured input into how services are configured, resourced, and prioritised.
- Establishing patient advisory groups within P&O services and at commissioning level, ensuring that those who use these services have a genuine voice in decisions about how they are designed and evaluated.
- Responding transparently to complaints and concerns, with clear timelines and learning loops that allow patient feedback to drive improvement rather than simply be recorded.

Outcome-based commissioning depends on patient voice. Without it, outcome frameworks risk being constructed around what is easy to measure rather than what matters to the people living with the consequences of their care.

PROFESSIONAL STANDARDS - A shift to outcome-based commissioning only works if the professional and clinical infrastructure exists to deliver and evidence those outcomes. For P&O services, this means:

- Maintaining rigorous clinical governance, with clear lines of accountability for clinical decision-making, device selection, and rehabilitation planning.
- Active participation in national audits and quality improvement initiatives, contributing P&O data to system-wide learning and ensuring the profession is not invisible in national performance frameworks.
- Embracing peer review and professional regulation as mechanisms for driving consistency and raising standards.
- Committing to evidence-based practice, ensuring that device prescription and clinical pathways are grounded in the best available evidence, and contributing to that evidence base through outcomes recording and research.

Professional standards and outcome measurement are mutually reinforcing. Services that maintain strong clinical governance produce better outcomes. Outcome data, in turn, enables the profession to demonstrate the value of that governance and make the case for adequate investment.

THE NEW CHOICE CHARTER

The vision

Give patients “more power” and “create new incentives for improved service performance.”¹¹

P&O within the choice framework

The Choice Charter’s ambition, to put patients in a stronger position and to tie service improvement to genuine incentives, maps directly onto the case for outcome-based commissioning in P&O. Choice without quality is meaningless; incentives built around procurement metrics drive competition on price rather than performance. The two reforms are therefore inseparable.

Delivering on the Charter’s vision for P&O requires:

- Ensuring that prosthetic and orthotic services have recorded, meaningful treatment outcome measures that patients, referrers, and commissioners can access and understand, creating genuine transparency about service quality rather than service activity.
- Recognising and valuing clinical and service excellence in ways that are visible and meaningful, so that high-performing services are not simply rewarded with higher demand but with the investment and recognition that sustains quality.
- Creating structural incentives for P&O services to develop and evolve, through commissioning frameworks that reward improved outcomes, support innovation in clinical practice and device technology, and treat workforce development and quality improvement as investments rather than costs.

Fundamentally, the shift from procurement-focused to outcome-based commissioning is what makes the Choice Charter’s ambitions achievable in P&O. It changes the question commissioners ask from “did the service stay within budget?” to “did patients get better?” and in doing so, aligns the entire system around the right goal.

For these changes to be meaningful there must be national oversight for P&O services with identified accountability for how these services are performing, how they are measured, and what investment is required to meet patient needs.



Strategic recommendations for P&O services

Immediate actions Year 1-2

1 Ensure P&O is integrated into neighbourhood health services

- Establish P&O clinics within Neighbourhood Health Centres
- Join multidisciplinary neighbourhood teams
- Develop clear referral pathways from GPs and community services

2 Digital foundation and infrastructure reform

- ADDRESS FRAGMENTED SYSTEMS: Conduct urgent audit of current P&O record systems across all providers (NHS and private sector)
- MANDATE INTEROPERABILITY: Establish requirements for all P&O providers (including private contractors) to adopt systems compatible with NHS infrastructure
- PAS INTEGRATION: Connect P&O services to main hospital Patient Administration Systems
- DATA GOVERNANCE: Establish clear frameworks for information sharing between NHS and private sector providers
- Ensure P&O services are bookable through the NHS App
- Implement telehealth capability
- Begin capturing data in the Single Patient Record format
- Establish and adopt standardised and meaningful outcome measures

3 Personal health budget readiness

- Explore the possibilities for P&O provision for PHB recipients

4 Preventative services launch

- Embed orthotists into diabetic foot screening programmes
- Ensure prosthetists and orthotists are part of the MDT in falls prevention clinics
- Partner with frailty services
- Develop early intervention protocols for children

5 Workforce training

- Identify skills gaps for digital and community-based care
- Upskill the workforce on new technologies and care models
- Upskill the workforce to understand their role in public health

Medium-term development Year 3-5

6 Advanced digital integration

- Deploy smart sensors in prosthetic and orthotic devices
- Implement remote monitoring systems
- Use AI to optimise device settings and predict needs
- Fully integrate with Single Patient Record

7 Innovation partnerships

- Establish collaborations with universities and technology companies
- Participate in clinical trials of advanced devices
- Contribute to the Health Data Research Service
- Publish research and outcomes data

8 Preventative impact scaling

- Measure and report reductions in amputations, falls, and hospital admissions
- Expand services to all high-risk populations
- Demonstrate economic value and cost savings through impactful patient outcomes
- Secure investment based on proven impact

9 Workforce transformation

- Ensure P&O are core contributors to discussions on expanding roles, scope of practice and role regulation alongside other AHPs, nursing, and midwifery
- Implement enhanced, advanced, and consultant skill-mix models
- Deploy AI-augmented clinical decision support
- Establish P&O as essential allied health profession in all neighbourhood teams
- Create career pathways and professional development opportunities
- Recognise prosthetists and orthotists as key stakeholders within national workforce planning and professional development discussions, ensuring the profession is appropriately represented when decisions are made regarding role expansion, scope of practice, professional standards, and regulatory frameworks across the wider healthcare workforce.
- Ensure diversity of professional representation by removing barriers for prosthetists and orthotists to occupy senior leadership roles within the NHS and partner organisations.

10 Quality and transparency

- Publish comprehensive quality and outcome data
- Participate in national benchmarking
- Establish patient advisory mechanisms
- Achieve excellence in patient choice and experience

Long-term vision Year 6-10

11 Global leadership

- Position UK P&O services as world leader in technology integration
- Export innovations and care models internationally
- Attract international research collaborations
- Generate economic value through intellectual property and exports

12 Fully integrated care

- P&O seamlessly embedded in all relevant care pathways
- Universal access through neighbourhood services
- Proactive, preventative, personalised care as standard
- Elimination of geographic and socioeconomic access barriers

13 AI and robotics at scale

- Advanced prosthetic systems widely available
- AI-optimised orthotic interventions standard practice
- Continuous device monitoring and optimisation
- Predictive interventions preventing complications

14 Population health impact

- Measurable reduction in disability burden for P&O service users
- Increased economic participation of people with mobility impairments
- Reduced health inequalities for P&O service users
- Improved quality of life across all P&O patient populations



Key performance indicators for P&O services

To demonstrate alignment with the 10-Year Health Plan, P&O services should track:

Access metrics

- Waiting time from referral to first appointment
- Waiting time from assessment to device delivery
- Geographic distribution of services
- Uptake in underserved populations

Shift to community

- Barriers to providing community care
- Percentage of care delivered in community vs. hospital settings
- Number of home visits and outreach clinics
- Integration into neighbourhood teams (number of teams with P&O access)

Digital adoption and infrastructure

- **Digital infrastructure maturity:** Percentage of P&O services with systems integrated into NHS Single Patient Record
- **Interoperability compliance:** Percentage of providers (NHS and private sector) meeting NHS interoperability standards
- **PAS connectivity:** Percentage of P&O services connected to hospital Patient Administration Systems
- **Data standardisation:** Adoption rate of standardised P&O clinical terminology and data capture protocols
- Percentage of appointments bookable via NHS App
- Telehealth usage
- Remote monitoring enrollment

Preventative impact

- Ulcer incidence rate
- Falls rate
- Amputation rate trends
- Early interventions in children

Patient outcomes

- Patient-reported outcome measures
- Quality of life scores
- Functional mobility assessments
- Patient satisfaction ratings
- Device performance and durability

Economic impact

- Return to work rates
- Hospital admissions prevented
- Cost savings demonstrated
- Contribution to economic activity

Workforce

- Vacancies and retention rates
- Staff satisfaction
- Training completion rates
- Skill-mix evolution

Funding and investment opportunities

The 10-Year Health Plan commits £29 billion in extra investment to fund reforms, service improvements, and new technology.¹¹ P&O services should position themselves to access:

Capital investment

- Equipment for advanced prosthetic and orthotic manufacturing, for example, 3D printers, scanners, and carvers, to support the transition from analogue to digital
- Digital infrastructure (NHS App integration, remote monitoring)
- Community facilities for Neighbourhood Health Centres

Revenue investment

- Expanded P&O workforce
- Innovation and research collaborations
- Preventative service development

Transformation funding

- Pilots of new care models
- Digital health technology adoption
- Integration into neighbourhood teams
- Partnership development

Value-based commissioning

- Payment for outcomes rather than just activity
- Rewards for preventing complications
- Incentives for innovation and improvement



Conclusion

P&O services as healthcare transformation enablers

Prosthetics and orthotics services are not peripheral to England's 10-Year Health Plan, they can play a key role in its success. Every major strategic objective of the Plan can be advanced through high-quality, innovative, accessible P&O services:

Hospital to community

P&O services excel in community-based delivery

Analogue to digital

P&O is adopting cutting-edge technology, wearables, and AI

Sickness to prevention

P&O prevents complications, amputations, falls, and disability

The Plan explicitly mentions prosthetic limbs within its robotics strategic technology priority, stating they will "transform patient care and support" for recovery from neurological or musculoskeletal injuries. The Plan also recognises the importance of rehabilitation, mobility aids (specifically mentioned in the context of Personal Health Budgets), and allied health professionals in delivering the transformation.

By aligning P&O service development with the Plan's framework, the sector can:

- Secure investment and resources
- Demonstrate value and impact
- Contribute to reducing NHS waiting lists and hospital dependence
- Support economic growth and social mobility
- Improve health outcomes and reduce inequalities
- Position the UK as a global leader in prosthetic and orthotic innovation

The next decade presents an unprecedented opportunity. P&O services that embrace the Plan's vision, community-based, digitally enabled, preventatively focused, outcome-driven, and patient-centred; will thrive and transform lives.

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Appendices

Appendix A: Key Plan commitments relevant to P&O

95% of people with complex needs to have agreed care plans by 2027

Double Personal Health Budgets to 360,000 by 2028-29, reaching 1 million by 2030

NHS App to enable booking, communication, and care management by 2028

Neighbourhood Health Services in every community

“More care available on people’s doorsteps and in their homes”

Strategic investment in robotics, artificial intelligence, and wearable technologies

Focus on health inequalities and social determinants

Appendix B: Resources and further reading

Official Plan Document: [Full 10-Year Health Plan \(2025\)](#)

Related NHS Strategies: [Lord Darzi’s Investigation into NHS \(2024\)](#)

Glossary of Terms

This glossary defines key clinical, policy, digital, and workforce terms used throughout the BAPO report. Terms are listed alphabetically.

A

Allied Health Professionals (AHPs)

A group of regulated clinical professionals distinct from doctors and nurses, including prosthetists and orthotists, who deliver clinical services across health and care settings.

Ambient clinical note generation

AI-powered technology that automatically produces clinical documentation from spoken consultation, reducing the administrative burden on clinicians.

Artificial intelligence (AI)

Computer systems capable of performing tasks that typically require human intelligence, such as analysing gait data, predicting maintenance needs, or supporting clinical decision-making.

B

Bionic prosthetics

Advanced prosthetic devices that use electronic and mechanical components to replicate or enhance the function of a missing limb, often incorporating sensory feedback and motorised control.

C

Community-based care

Healthcare delivered outside hospital settings, in locations closer to where people live, such as GP practices, community clinics, and patients' homes.

Compression of healthy years

The phenomenon whereby people are living longer overall but spending a greater proportion of their lives in poor health or with disability.

Consultant practice

The most senior level of clinical practice for an Allied Health Professional, involving highly specialist clinical expertise, service leadership, research, and education.

D

Diabetic foot ulcer

An open wound or sore on the foot arising as a complication of diabetes, caused by nerve damage and poor circulation; a leading precursor to lower limb amputation.

Digital maturity

The extent to which an organisation has adopted and integrated digital technologies into its operations, clinical processes, and patient communication.

E

Electronic patient record (EPR)

A digital system for recording and storing patient clinical information, replacing paper-based notes.

F

Foot drop

A gait abnormality in which the forefoot cannot be lifted properly during walking, commonly caused by stroke or neurological injury, often managed with orthotic devices.

Frailty

A clinical syndrome of reduced physiological reserve associated with ageing, characterised by increased vulnerability to adverse outcomes including falls, hospitalisation, and loss of independence.

G

Gait

The pattern and manner of walking; assessed clinically to inform prosthetic and orthotic prescription and rehabilitation.

H

Health Data Research Service

A national infrastructure initiative enabling the secure linkage and analysis of health data to support research, innovation, and service improvement.

Health inequalities

Systematic, avoidable differences in health outcomes and access to care between population groups, including those defined by deprivation, geography, ethnicity, or disability.

Healthy life expectancy

The average number of years a person can expect to live in good health, free from limiting illness or disability, distinct from overall life expectancy.

HCPC (Health and Care Professions Council)

The statutory regulator for a range of health and care professionals in the UK, including prosthetists and orthotists.

I

ICB (Integrated Care Board)

NHS bodies responsible for planning and commissioning health services for a defined population area in England, established under the Health and Care Act 2022.

International Classification of Functioning, Disability and Health (ICF)

A World Health Organization framework for describing and measuring health and disability in terms of body function, activity, and participation in everyday life.

Interoperability

The ability of different digital systems and software to exchange, interpret, and use data seamlessly, enabling joined-up care across providers and settings.

L

Limb difference

A condition present from birth in which a limb is absent, incomplete, or structurally atypical.

M

MDT (Multidisciplinary team)

A group of clinicians from different professional backgrounds working collaboratively to assess and manage a patient's care; in P&O contexts, this typically includes surgeons, podiatrists, physiotherapists, nurses, prosthetists and/or orthotists, and social care professionals.

Myoelectric prosthetics

Prosthetic devices controlled by electrical signals generated by the user's residual muscle activity, enabling intuitive movement of the artificial limb.

N

Neighbourhood Health Services

A model set out in England's 10-Year Health Plan in which integrated, multidisciplinary teams deliver primary and community care at a local level, close to where people live.

NHS App

The official digital platform through which patients in England can access NHS services, including appointment booking, test results, and care records; set to become the primary interface for managing care.

O

Orthotics

The clinical speciality concerned with the assessment, prescription, manufacture, and fitting of orthoses (external devices applied to the body) to improve function, manage deformity, or reduce pain in people with musculoskeletal or neurological conditions.

Orthotist

A regulated healthcare professional specialising in orthotics; qualified to assess patients, prescribe orthotic devices, and evaluate their clinical effect.

Outcome-based commissioning

A contracting approach in which providers are held to account for the clinical and functional results achieved for patients, rather than the volume or cost of activity delivered.

P

Patient Administration System (PAS)

A core NHS IT system used to manage patient registration, referrals, appointments, and demographic data within hospital trusts.

Patient-reported outcome measures (PROMs)

Standardised questionnaires completed by patients to assess their own health status, functional ability, and quality of life before and after treatment.

Personal Health Budget (PHB)

An amount of NHS funding allocated to an individual patient to spend on health and care products or services that meet their agreed needs, giving them greater choice and control.

Preventative healthcare

Interventions designed to stop conditions from developing or worsening, reducing the burden of disease and the need for acute or secondary care.

Prosthetics

The clinical speciality concerned with the assessment, prescription, manufacture, and fitting of prostheses (artificial limbs or body parts) for people who have undergone amputation or have limb difference.

Prosthetist

A regulated healthcare professional specialising in prosthetics; qualified to assess patients, prescribe prosthetic devices, and manage rehabilitation.

R

Robotics

In the context of the 10-Year Health Plan, a strategic technology priority encompassing automated surgical systems, rehabilitation robots, and advanced prosthetic limbs controlled by AI and neural interfaces.

S

Scope of practice

The range of clinical activities, responsibilities, and decision-making authority considered appropriate for a regulated healthcare professional based on their training, competence, and registration.

Single Patient Record

A proposed unified digital health record that would be accessible across all NHS and care settings, enabling seamless sharing of patient information between providers.

Skill-mix

The combination of clinical roles, grades, and competencies within a workforce, reflecting how responsibilities are distributed across professionals to make best use of available expertise.

Spasticity

A condition of abnormal muscle stiffness and involuntary spasms, commonly occurring after stroke or spinal cord injury, which may require orthotic management.

T

Telehealth

The delivery of health services and clinical consultations via digital technology, including video calls and remote monitoring, enabling care to be provided at a distance.

Triple jeopardy

A term used in the Chief Medical Officer's 2023 Annual Report to describe the compounded disadvantage faced by coastal communities, which simultaneously experience older age structures, higher deprivation, and poorer health outcomes.

V

Value-based approach

A framework in which NHS resources are allocated and evaluated according to the health outcomes they achieve for patients, rather than the volume of activity delivered or costs incurred.

W

Wearable technologies

Digital devices worn on or integrated into the body that continuously monitor physiological data, such as movement, gait, or vital signs, to support real-time clinical decision-making and patient self-management.



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