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| Stakeholder Response FormCRG Product Testing |
|  |
| Date |  |
| Respondent’s Name |  |
| Are you replying on behalf of an organisation? | Yes/No |
| If yes, which organisation (state in full)? |  |
| Document responding to: | Policy proposition  |
| Relevant Clinical Reference Group | Rehabilitation & Disability |
| **Multi-grip prosthetic hands** |  |
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| **Do you support the proposal for myoelectric multi-grip hand to be available for individuals with either congenital upper limb deficiency or upper limb amputation through routine commissioning based on the evidence review and within the criteria set out in this document?** |
| 1. YES
2. NO
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| **Do you believe that there is any additional information that we should have considered in the evidence review? If so, please give brief details.** |
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| **Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available? If so, please give details.** |
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| **Do you have any further comments on the proposal?** |
| 1. YES
2. NO
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| **If Yes, please describe below, in no more than 500 words, any further comments on the proposed changes to the document as part of this initial ‘sense check’.** |
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| **Do you support the Equality and Health Inequalities Impact Assessment?** |
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| **Does the Patient Impact Summary present a true reflection of the patient and carers lived experience of this condition?**  |
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| **Please declare any conflict of interests relating to this document or service area.** |
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