

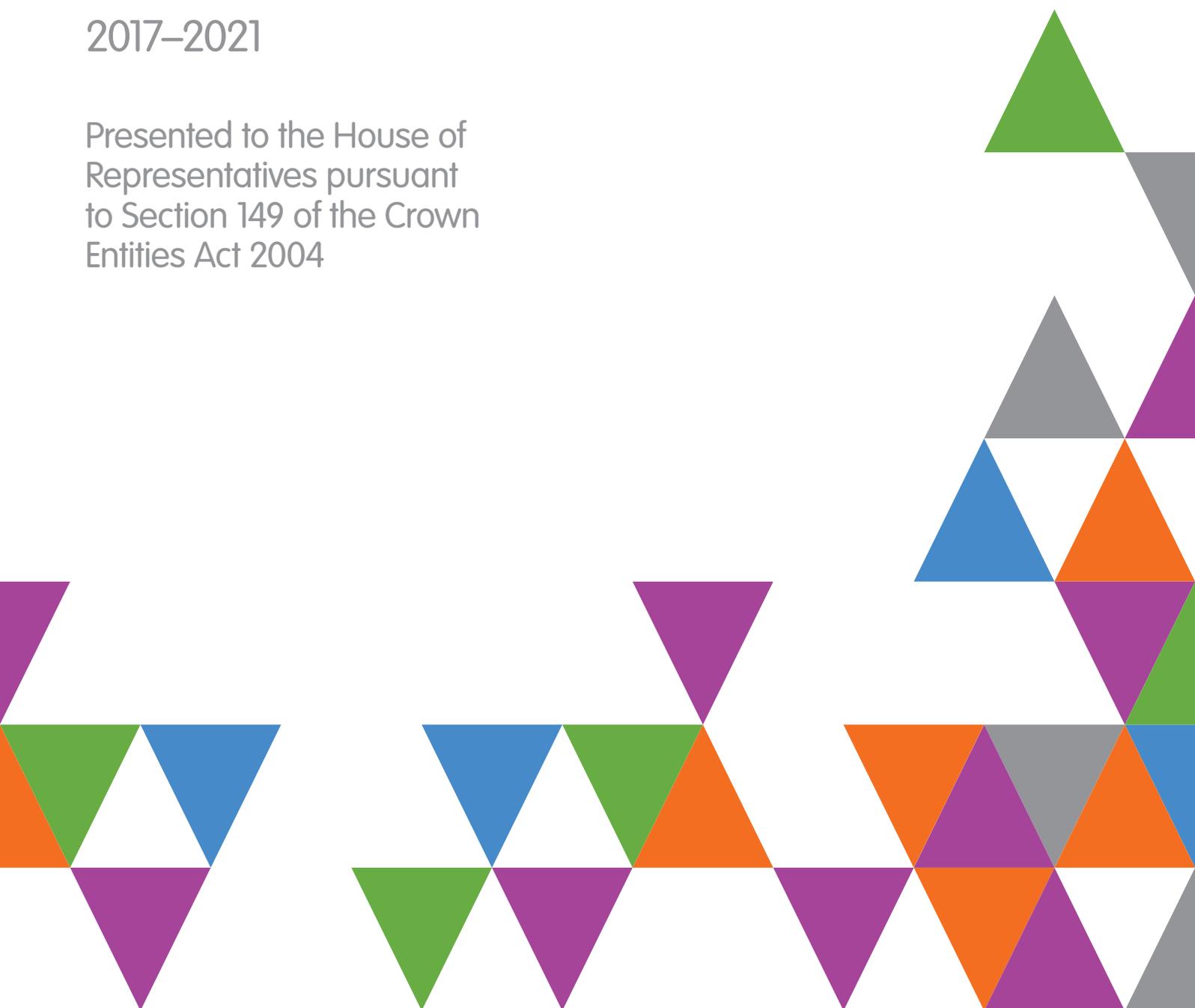
NZALS

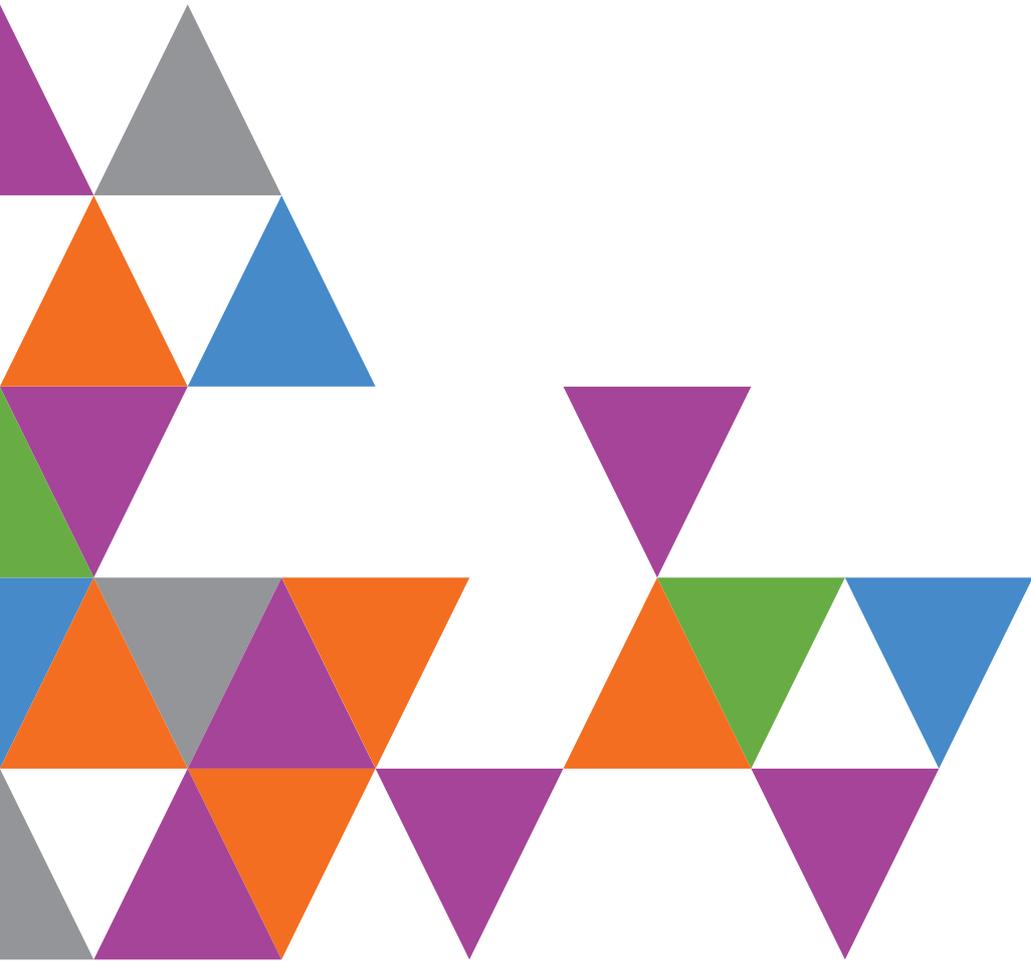
New Zealand Artificial Limb Service

Peke Waihangā, Aotearoa

Statement of Intent 2017–2021

Presented to the House of
Representatives pursuant
to Section 149 of the Crown
Entities Act 2004





NZALS

New Zealand Artificial Limb Service

Peke Waihanga, Aotearoa

Vision

Independent and productive lives for our amputees

Matakitenga

Kia motuhake me te whaihua ngā oranga o ō tātou tūrora

Mission

To enable amputees 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

Statement of Responsibility

This Statement of Intent has been prepared to meet the requirements of sections 139(1) and 141 of the Crown Entities Act 2004.

The Board of the New Zealand Artificial Limb Service is responsible for the preparation of this Statement of Intent and for the setting of its four-year strategic direction.

Specific financial and non-financial targets will be reported on an annual basis in the New Zealand Artificial Limb Service's Statement of Performance Expectations which will be published each year on the Service's website. Performance against these targets will be reported each year in the New Zealand Artificial Limb Service's Annual Report.



George Reedy
Chair
30 June 2017



Paula Tesoriero
Deputy Chair
30 June 2017

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Foreword



Our patients as always, are at the centre of everything we do at NZALS, and our strategy leading up to 2021 is no different. That being said, the environment we work in has changed dramatically over the past few years. Still our overarching goal remains as it always has: to provide a world-class service that delivers exactly what patients need at every stage of their journey.

We are seeing changes in expectations, with a higher demand for localised services and patient-focused care. If we are to continue as a leading health service provider then NZALS needs to change its thinking from a 'servicing centre' to 'services across a region' and working collaboratively with other health service providers to achieve the best outcomes. We must have a significant focus on rehabilitation for patients, not just as a limb provider and ensure our ownership model optimises our positive impact.

NZALS prides itself on an expert workforce that is responsive and able to develop, adapt and adopt innovation and technology to continually improve the service we offer. To deliver on a world-class service, NZALS needs to invest heavily in its workforce through establishing a robust performance management framework that will ensure training investment is maximised and career paths are created.

In today's society, technology is playing an ever increasing role in patients' lives and they are learning about the rapid evolution of prosthetic technology from the internet. It is therefore crucial that NZALS adapts and customises available technology. It is our responsibility to understand, assess and bring patients the best technology solutions and initiatives that our budgets allow. I strongly believe that NZALS needs to:

1. Be receptive and quick to implement new technology that benefits our patients
2. Embrace rehabilitation evidence as the drivers for prosthetic prescription

One of NZALS' key foundations is supporting equitable patient access to technology and services based on need, but we don't always get it right. A common complaint we hear from patients is around coordination of care. A goal for the NZALS 2021 strategy is to focus on improved outcomes for patients and reporting those outcomes.

I strongly believe that our new 2021 strategy and organisational design will ensure we are nimble, flexible, responsive and able to develop and adapt to whatever the future holds.

A handwritten signature in black ink, appearing to read 'George Reedy'. The signature is fluid and cursive, with a long horizontal line extending to the right.

George Reedy
Chair

Strategic Objectives

Recently, NZALS engaged and consulted widely with patients; patient consumer groups; staff and key stakeholders. These efforts resulted in a comprehensive analysis of NZALS' internal and external business environment. This analysis was then used by NZALS' Board with management input, to develop the following four 2021 NZALS Strategic Objectives.



Ngā Whāinga Rautaki mō te tau

I roto i āna mahi whakawhanake i ēnei whāinga rautaki, ka whai wāhi, ka whakawhitiwhiti whānui a NZALS ki ngā tūroro, ngā rōpū kiritaki ā-tūroro me ngā kaiwhaipanga matua. Ko te tuinga iho, i puta he tātari matawhānui o te taiao pakihi ā-roto, ā-waho hoki o NZALS. He mea whakamahi taua tātari e te poari o NZALS me ngā kaiwhakahaere ki te whakawhanake i ngā Whāinga Rautaki 2021 e whā a te NZALS.

Te ratonga

Ko ā mātou tūroro te pūtake o ā mātou mahi katoa, ā, ka whiwhi i a NZALS ngā ratonga tūroa tonu, tino pai rawa e whakarato ana i tā rātou e hiahia ai i ngā wā hanga katoa o tō rātou ara hauora.

Te Hunga Mahi Mātanga

He urupare tō mātou hunga mahi, ā, ka taea te whakawhanake, urutau me te whakatinana i ngā mea hou me te hangarau ki te whakapai tonu i te ratonga me ngā putanga ki ngā tūroro.

Te Hangarau, te Rangahau me te Whakawhanaketanga

Ko tā mātou he urutau me te whakarite ake i te hangarau hei panoni i ngā oranga o ngā tūroro. Ko tō mātou takohanga tonutanga ki ngā tūroro ko te mātou haere ki ngā rongoā me ngā hangarau e tino pai rawa mā rātou, te whai wāhi me te whakarato i ēnei i runga āno i ngā herenga o te pūtea a NZALS.

Te tōkeke

Ka tautoko a NZALS i te āheinga tokeke o te tūroro ki ngā hangarau me ngā ratonga e ai ki tō rātou hiahia.



Service

Our patients are at the centre of everything we do, receiving from NZALS whole-of-life, world-class services that deliver what they need at each stage of their journey.

To deliver on our Service objective, we will focus our efforts in the following ways:

1. Developing a better continuum of care for patients; a wrap around service
2. Ensuring better communication with patients; asking what they want at the right time
3. Creating connectivity among medical and service providers at the start of the patient journey and strengthening the linkages between surgeons and rehabilitation efforts
4. Implementing innovative delivery methods that allow flexibility and include regional outreach to improve accessibility
5. Collaborating with other service providers to develop packages of care and better information and skill sharing
6. Improving patient integration into the community
7. Aligning reporting to all patient touch points and the patient's own goals
8. Improving post limb fitting support assessment processes
9. Improving DHB referral pathways
10. Developing strategies for managing patient expectations while actively striving to deliver on their aspirations
11. Using patient management software to enhance patient services
12. Upgrading the IT system and processes within NZALS
13. Addressing cultural issues in service delivery
14. Delivering on a property strategy that supports service delivery and better patient outcomes through collaborative co-location of services and ease of access
15. Becoming a centre of excellence in patient support and services
16. Actively encouraging prevention; providing access to services, resources and education



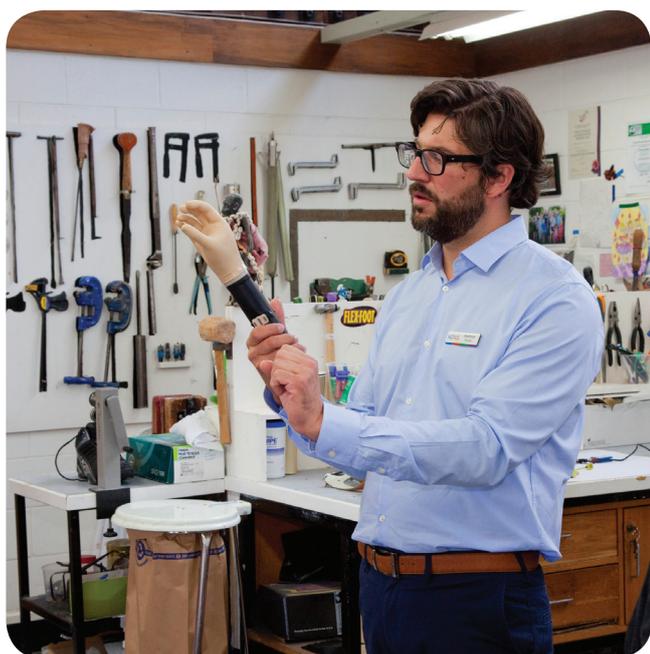
In March 2017, a number of Social Services Select Committee members attended a tour of the NZALS Auckland Centre. As part of the tour, they heard from patient Ken Te Tau (picture left).

Expert Workforce

Our NZALS expert workforce is responsive and able to develop, adapt and adopt innovation and technology to continually improve the service and outcomes for patients.

To deliver on the Expert Workforce objective, we will focus our efforts in the following ways:

1. Implementing staff succession planning and future proofing the workforce
2. Building better peer support and collaboration
3. Providing appropriate education and training opportunities for our team
4. Developing a culture that embraces innovation
5. Exploring opportunities to collaborate and share skills and information across the sector and with other industries
6. Providing breathing space for the team to explore new technologies and service delivery options
7. Embracing technology to train staff
8. Establishing mechanisms for training and technology collaboration and knowledge transfer
9. Evolving non-traditional career pathways for our team



NZALS Southern Regional Manager, Matthias Blattner, demonstrating a myoelectric hand.



Workshop Lead, Geoff Goddard, NZALS Wellington Centre, preparing a patient's check socket by draping a hot plastic sheet over a mould of the patient's stump.

Technology and R&D

We adapt and customise technology to change the lives of patients. We are responsible to patients for understanding, accessing and bringing them the best technology solutions and initiatives that NZALS' budgets allow.

To deliver on the Technology and R&D objectives, we will focus our efforts in the following ways:

1. Exploring new technology and its potential applications to limb making
2. Understanding the wider medical technologies ecosystem in New Zealand and how NZALS can contribute, in particular the Med-Tech Centre of Research Excellence
3. Seeking to develop strategic relationships with technology companies in related areas, including robotics and where possible generate new income streams
4. Collaborating with other technology developers and users, including staff exchanges, career development, and better technology solutions for patients
5. Implementing a focused spend on technology to maximise the value to New Zealand and seek to generate new income streams
6. Investing in research that will benefit our patients
7. Providing a collaborative pathway to transfer technology from an idea to delivery and outcome



The above designs and inspiration photos are works from the 2016 Summer Scholars collaboration with Design School, Victoria University Wellington. This project is looking at design aspects of the prosthetic foot and how it might be delivered using 3D printing.

Equity

NZALS supports equitable patient access to technology and services based on need.

To deliver on the Equity objective, we will focus our efforts in the following ways:

1. Retaining contracts with the DHB's and ACC
2. Developing new agreements with funders and collaborators to support innovative service delivery
3. Developing social impact value propositions for new funding to address inequity
4. Focusing on individual patient needs, not ACC versus Ministry of Health
5. Establishing protocols for aligning patient assessment with the investment in their artificial limb
6. Delivering our services within agreed budgets and ensure decision-making is supportive of optimal and equitable outcomes for all our patients
7. Providing healthy and safe places for services and work
8. Ensuring the on-going sustainability and equity of the service



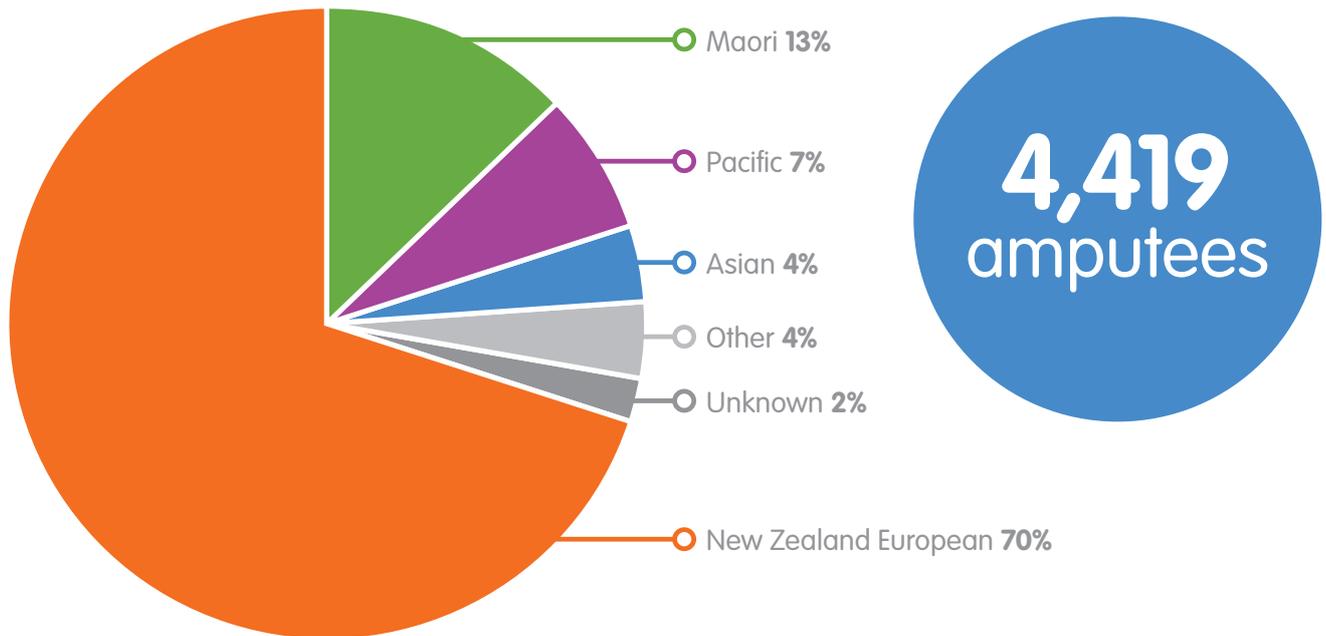
Jude Doherty, NZALS Clinical Prosthetist, and Philippa Williams, NZALS Physiotherapist, fitting a young patient's prosthetic limb.



Sandeep Uppal, NZALS Clinical Prosthetist taking a patient with their prosthesis for a test walk.

2016 Statistics

Below is a snapshot of key NZALS statistics from 2016. NZALS has a complex service delivery model where changes in patient statistics can have a significant impact on the service. We are constantly reviewing these statistics to understand the impact and how the service needs to respond.



349
new amputees

57% diabetes
or vascular
amputations

26% trauma
amputations



Future Service

Through the recent stakeholder engagement and strategy development by NZALS, the current state and future state service model diagrams to the right were developed.

These diagrams conceptually show the current status of NZALS' services and our future aspirations for the service. To deliver on the future state, NZALS will need to be flexible and respond to the regional opportunities that may see NZALS:

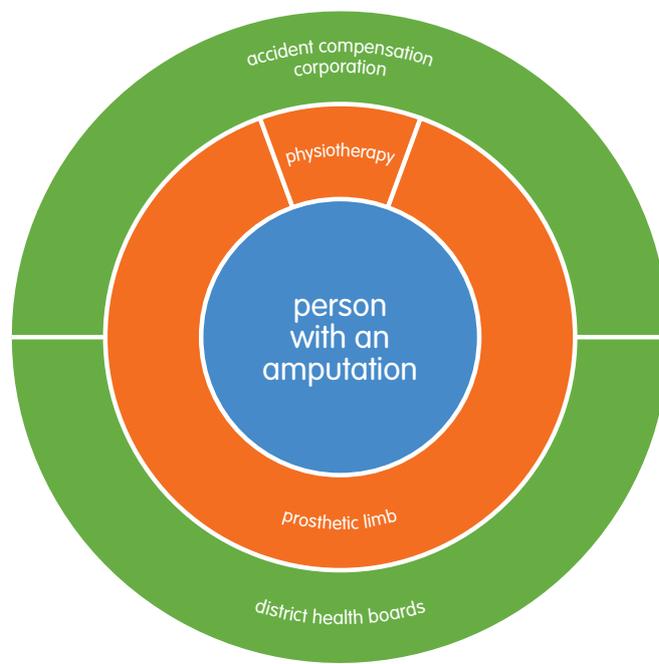
1. Providing the service
2. Collaborating with other services
3. Referring patients to other services

With the 'patient at the centre of everything we do', we would like to move the service from the making of prosthetic limbs and the provision of the initial physiotherapy, to a more holistic and wrap around service.

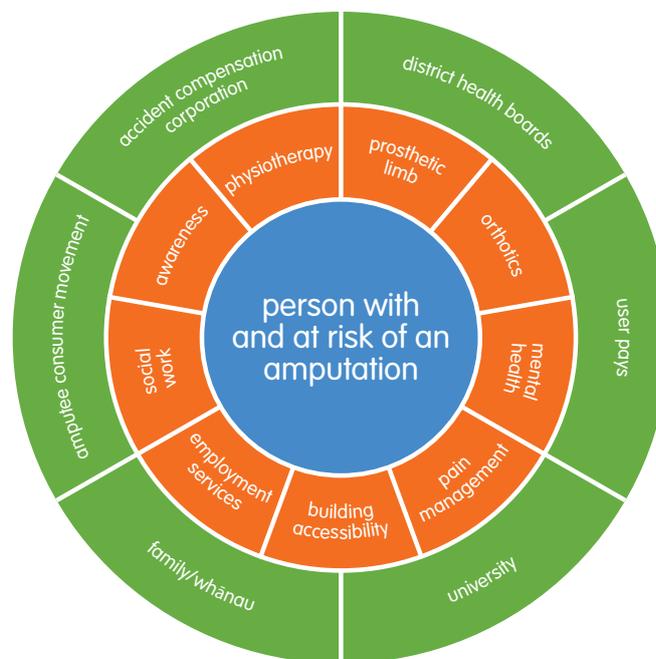
In the future, we include 'the person at risk of amputation' in the centre of our services. This decision relates to 57% of new amputations occurring due to diabetes and vascular related complications. If NZALS can responsibly prevent an amputation; this becomes a considerable benefit to the patient, as well as reducing the pressure on our bulk-funding arrangements for health services.

There is much collaboration NZALS can create to improve outcomes for the patients we care for. This means more than just contracted services. For example, projects with universities looking to innovate; support staff development; driving new technology adoption for patients; and providing peer support. NZALS will look to foster relationships that our patients value.

current state



future state



Key

- BLUE** The person we provide services to
- ORANGE** Services for the person in our care
- GREEN** Value contributors which include payment and in-kind support

Nature and Scope

mission – to enable amputees to achieve independence

2020 strategy

outputs

881 new limbs

18,165 jobs

2,710 rehab sessions

13,991 appointments

1,510 centre days

67 regional clinic days

7,888 website visitors

Service



Technology and R&D

team – **11** orthopaedic surgeons/rehabilitation physicians **9** physiotherapists
2 peer support volunteers **8** amputee service coordinators
1 privacy and complaints officer **1** HR and workforce planner

values – challenging fair impartial

vision – independent and productive lives for NZ amputees

ance by delivering prosthetic and rehabilitation services

ic objectives



Expert Workforce

Equity

98% overall service satisfaction

80% limb function

70% limb look

80% patient involvement

patient satisfaction*

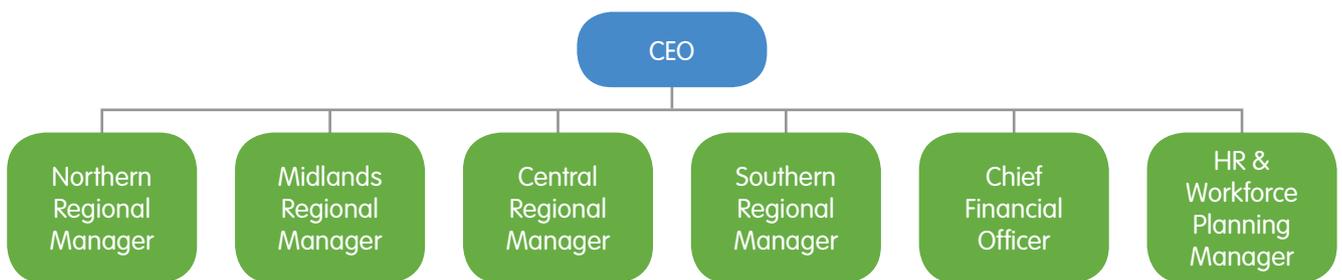
physiotherapists 21 clinical prosthetists 18 prosthetic technicians
ators 1 chief executive officer 1 chief financial officer
ning manager 3 support people 4 regional managers

ial responsive trustworthy quality

* 2015 Independent Service Review, 400 amputees, scale 0 worst possible satisfaction and 10 best possible satisfaction level.

Function and Operations

NZALS implemented a new organisational design in August 2016. The new structure builds on a great foundation and is a key milestone on our journey to deliver on our strategy. This new organisational structure (seen below) will enable NZALS to promote an expert workforce, clarify decision rights and responsibilities, strengthen accountability and improve innovation and flexibility.



Governance

The Board is responsible and accountable for managing the NZALS governance function. The Board leads the overall strategy of NZALS.

Business Management and Development

The Chief Executive Officer is responsible and accountable for the business management and development function of NZALS. The Chief Executive Officer leads the overall implementation of the NZALS' strategy and the Technology and R&D strategic objective.

Service Delivery

The Northern, Midlands, Central and Southern Regional Managers are responsible and accountable for managing NZALS' service delivery in their respective regions. The Regional Managers collectively lead the Service strategic objective.

Human Resources

The Human Resources and Workforce Planning Manager is responsible and accountable for managing the NZALS' human resources function. The Human Resources and Workforce Planning Manager leads the Expert Workforce strategic objective.

Financial, Operational and Analysis

The Chief Financial Officer is responsible and accountable for managing the NZALS' financial, operational and analysis functions. The Chief Financial Officer leads the Equity strategic objective.

Organisational Health and Capability

NZALS manages its organisational health and capability by focusing on the following nine vital efforts:

1. Setting a clear direction.
2. Developing leadership that inspires others to act.
3. Driving a culture of shared beliefs based on the following NZALS 6 core values:

 challenging

 impartial

 trustworthy

 fair

 responsive

 quality

4. Empowering individuals with appropriate responsibility and accountability.
5. Enabling coordination and control practices.
6. Ensuring capability by having the right people in the right jobs.
7. Providing a motivational and empowering work place.
8. Encouraging ownership of NZALS' efforts by external stakeholders.
9. Embracing innovation and sharing our learnings.

Equal Employment Opportunity (EEO)

The NZALS is aware of the key elements of being a 'good employer' and, as such, we have an Equal Employment Opportunities plan. We have a very low workforce turnover and our EEO plan focuses on issues relating to the current workforce. These include Tikanga training, a balanced workforce profile, opportunities for continued professional development, appropriate remuneration and the development of relevant HR policies. We increasingly provide flexible and part-time work hours, which are taken into account in NZALS' workforce planning and resourcing.

Assessing Performance

The Service will assess its performance in the following ways which are aligned to the 2021 NZALS Vision and Strategic Objectives.

Outputs

1. Number of business days and regional clinics that services are available
2. Number of days that information is available to patients through the NZALS website
3. Clinical and technical employees hold recognised certification and/or qualifications

Impact/Outcomes

1. Patients who positively rate the service
2. New amputees gain improved independence and mobility
3. Number of collaborative research projects undertaken on issues designed to improve the provision of services to patients
4. Ensure patients with similar needs have access to the same technology

Note:

The specific measures for these outcomes will be defined in the Service's annual Statement of Performance Expectations.

Operating Environment

Diverse and changing/increasing patient needs

The prosthetic needs for those amputees with trauma, cancer, infection and congenital amputations are similar. There is considerable inequity between these amputees due to the funding of the respective national service contracts with NZALS. For example:

1. An ACC funded individual trauma above knee amputee can be appropriately prescribed with a \$115k microprocessor knee (MPK) prosthetic limb; vs
2. DHB bulk funding does not provide sufficient funds to make basic microprocessor knee available to cancer, infection or congenital above knee amputees.

Note: NZALS has recently invested \$1 million from retained earnings to see 50 DHB amputees access MPK technology.

NZALS provides services to 347 amputees with multiple limb loss. These patients have very complex and time consuming prosthetic and rehabilitation needs which are difficult to provide within the current DHB bulk funding arrangement. Additionally, for the small number of young amputees with multiple amputations and their families, it is even more complex and difficult as they need to advocate and re-educate service providers at each step of the young amputees journey. Getting young people active is very important to their overall current and future physical and mental health. Evidence suggests when a young person is provided with a second limb for sports, they may use it 80% of the time and considerably increase their activity. The current DHB bulk funding does not stretch to the provision of a second limb for these priority patients.

Fifty seven percent of new amputees referred to NZALS are due to complications from diabetes and vascular disease. The clinical team are seeing diabetes and vascular disease amputees presenting with more complex needs and comorbidities. This is demonstrated in the hours of service provided to diabetes and vascular DHB patients, increasing by approximately 25% over the last five years. The hours of service provided to all DHB patients has also increased by approximately 20% over the last five years. Additionally, NZALS has been absorbing the cost of service delivery to DHB amputees and has used considerable retained earnings to fund DHB amputee services over this period.

Property

At the presentation of this Statement of Intent, NZALS is not responsible, nor funded for the property costs of our Centres. AECOM has undertaken an independent assessment on outstanding repair and maintenance issues and has estimated approximately \$5 million is required to bring the Centres up to a 'fit-for-purpose' standard. We are looking to resolve this situation by addressing the ongoing and significant property issues associated with our service Centres. It is intended that NZALS will become responsible for the Centres and associated on-going costs which will be reflected appropriately in our service contracts. The outcome of this approach will see a fair and equitable cost allocation and this will be required to ensure NZALS can operate in a sustainable way.

Service Factors

Patient-Centred Care

There is a growing body of evidence that patient-centred care leads to improved patient outcomes, for example:

1. Better coordination of care can improve the quality of service.
2. Approaches that use reliable data to identify the patients most at risk of deterioration to access the right type of care and services.
3. Patients that have a low income, are vulnerable and/or from minority groups may suffer most from under-coordination of care. Avoidable deterioration of at risk groups can lead to improved outcomes and potential savings to the health system.
4. Research shows that improvements in coordination of care can improve efficiency and reduce costs to the health system.

“Changes in payment systems, regulation, professional education and codes of practice are needed to counteract the increasing fragmentation and pressures to neglect coordination. Cost and saving sharing agent organisations will be needed for situations where one provider gains from another provider’s spending on coordination improvement.”

Does clinical coordination improve quality and save money? Volume 1: A summary review of the evidence, Dr John Øvretveit, June 2011

Rehabilitation

In 2014, the ‘Call for a National Rehabilitation Strategy’ by the Australasian Faculty of Rehabilitation and New Zealand Rehabilitation Association states the following:

“Scientific advances over the last 50 years have provided evidence-based rehabilitation practice and treatment possibilities for people with disability that are cost effective and provide optimal patient outcomes. Unfortunately, delivery of rehabilitation services has not kept pace, and is basically provided within the same scope as it was 40 to 50 years ago. Many New Zealanders are therefore not achieving the health outcomes that are possible and realistic.”

“States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their optimum level of independence and functioning.”

World Health Organization (WHO) General Assembly, UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities, Standard Rules, Rule 3

Expert Workforce Factors

Changing Workforce

The changing requirements of our workforce is summarised in the 'Health of the Health Workforce Report 2015' that states:

"Allied health, science and technical (allied health) professions have evolving scopes of practice to provide more responsive and integrated care, both within hospital systems and closer to home. New health pathway coordinator roles are emerging, as are health information, communication and technology (ICT) and informatics roles."

Professional Development

The prosthetic and orthotic profession has a range of people who practice in this complex area of patient services. There are those with many years of on-the-job training and experience and others with master's degrees in prosthetics and orthotics. This provides a diversity of problem solving approaches to complex patient needs.

There are no courses or tertiary qualifications in prosthetics and orthotics currently available in New Zealand. There is, however, some very good and aligned prosthetic and orthotic work occurring in New Zealand, within our universities and the Med-Tech sector. This presents NZALS with an opportunity to innovate and collaborate within the New Zealand university and Med-Tech sector to:

1. Help students have meaningful and real world projects for their studies.
2. Provide world leading/cutting-edge professional development and training for our staff.
3. Ultimately deliver on better outcomes for our patients.

Note: The above links robustly into the NZALS R&D/Technology strategic objective.



A 'check socket' being manufactured. A mould of the patient's stump has a very hot plastic sheet draped over it using suction.



Parallel bars and alignment mirrors used in the fitting and alignment of the patient's prosthetic and/or orthotic. These tools are also used in the patient's rehabilitation.

Technology and R&D Factors

Technology Advancements

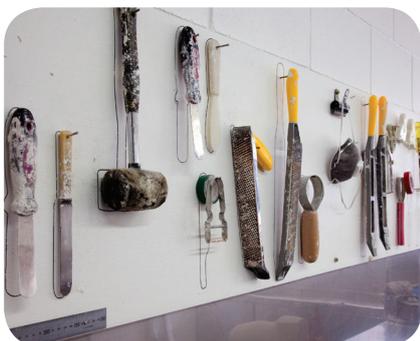
There are many significant technological advances occurring in prosthetics and orthotics that could improve outcomes for our patients. These advances can be categorized in four ways:

1. **New materials and design approaches** present opportunities to improve the actual device and the interface between the device and the patient
2. **Higher costs** in components, training and accreditation. For example, a basic knee costs approximately \$2,000 and the best microprocessor knee can cost up to \$115,000.
3. **Disruptive** to traditional services models. In the early stage of development, new technologies often lack the necessary evidence to support funding and prescription decisions. For example, 3D printing has the potential to significantly evolve the service experience of patients. This opportunity needs to be developed in a considered way that balances the benefits and risks of this new technology. NZALS is working with the Design School at Victoria University to ensure appropriate implementation of 3D printing technology into service delivery.
4. **Service support** and operating equipment that improves the patient's service experience and provides management with good decision-making information. For example, given the unique combination of manufacturing a medical device for an individual patient and integrating that with rehabilitation services; there is no off-the-shelf software that can meet our needs, as such, NZALS continues to invest in our existing patient management system 'Manaaki'.

Centres of Research Excellence (CoRE)

CoREs have a mission to maximise the value of research and research training in New Zealand by sharing knowledge among disciplines and fostering a culture of international excellence. There are currently 10 CoREs with the Medical Technology CoRE being of the most relevance to NZALS.

The Medical Technologies CoRE will apply bioengineering technologies to healthcare by producing new knowledge of physiological processes in health and disease; by developing novel bio-instrumentation and computational physiological models; and by designing innovative medical devices and technologies using these results to improve healthcare and to create economic opportunities for New Zealand companies.



Contrasting technologies required to make prosthetics and orthotics today. Specifically, the far left picture shows the tools used to shape the plaster mould and the just left picture is of the scanner used to digitise the patient's stump for carving.

Equity Factors

2016 Key Statistics

National Service Contracts	ACC	DHB
2015/2016 Revenue	\$5.4 million	\$4.9 million
Amputees	1,784	2,937
Contract Characteristics	Funds patient needs on a case by case basis	Bulk fund amount to be allocated across all patient needs
Average \$ per patient in 2015/2016	\$3,026	\$1,668

Investment Approach

The NZ Health Strategy and NZ Disability require NZALS to take a long-term approach by investing in the patient whole of life service needs. The NZ Health Strategy states:

“An investment approach takes into account the long-term impact of current government spending on people’s lives. Investment in the health sector that results in people having a greater ability to participate in education and employment and a lower prevalence of, for instance, alcohol and drug dependency, family violence or mental health conditions, has a positive long-term financial impact for the social sector. It also has nonfinancial benefits as people experience longer lives, lived in better health and independence, with greater educational achievement and with dignity. As a specific funding mechanism, ‘investment funding’ gives providers an incentive to focus on these long term impacts and value them alongside immediate, short-term gains.”

NZALS Legislative Function

1. To manufacture, import, export, market, distribute, supply, fit, repair, and maintain artificial limbs and similar devices.
2. To provide rehabilitative and other services to persons in connection with artificial limbs and similar devices.
3. To carry out research and development in relation to artificial limbs and similar devices.
4. To advise the Minister on matters relating to artificial limbs and similar devices.

Strategic Factors

New Zealand Health Strategy – Future Direction

The Minister for Health released this strategy in 2016. It has five strategic themes

1. People-powered
2. Closer to home
3. Value and high performance
4. One team
5. Smart system

The NZ Health Strategy can be found here: www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf

New Zealand Disability Strategy 2016–2026

The Minister for Disability Issues released this strategy in 2016. It has three key principles:

1. Te Tiriti o Waitangi
2. The Convention on the Rights of the Person with Disabilities
3. Ensuring disabled people are involved in decision-making that impacts them

NZALS strategic objectives are aligned to NZ Health Strategy and the NZ Disability Strategy. Additionally, NZALS is taking a whole of life approach to our service by putting the patient at the centre of everything we do. We are in a privileged position and we take this responsibility seriously. Aligning our strategy to these government strategies is critical to independent and productive lives for patients.

Environment

NZALS operates in a complex legislative and regulatory environment including Health and Disability Code of Rights, Privacy Act, Medicines Act, Health and Safety Act, Official Information Act and Crown Entities Act.

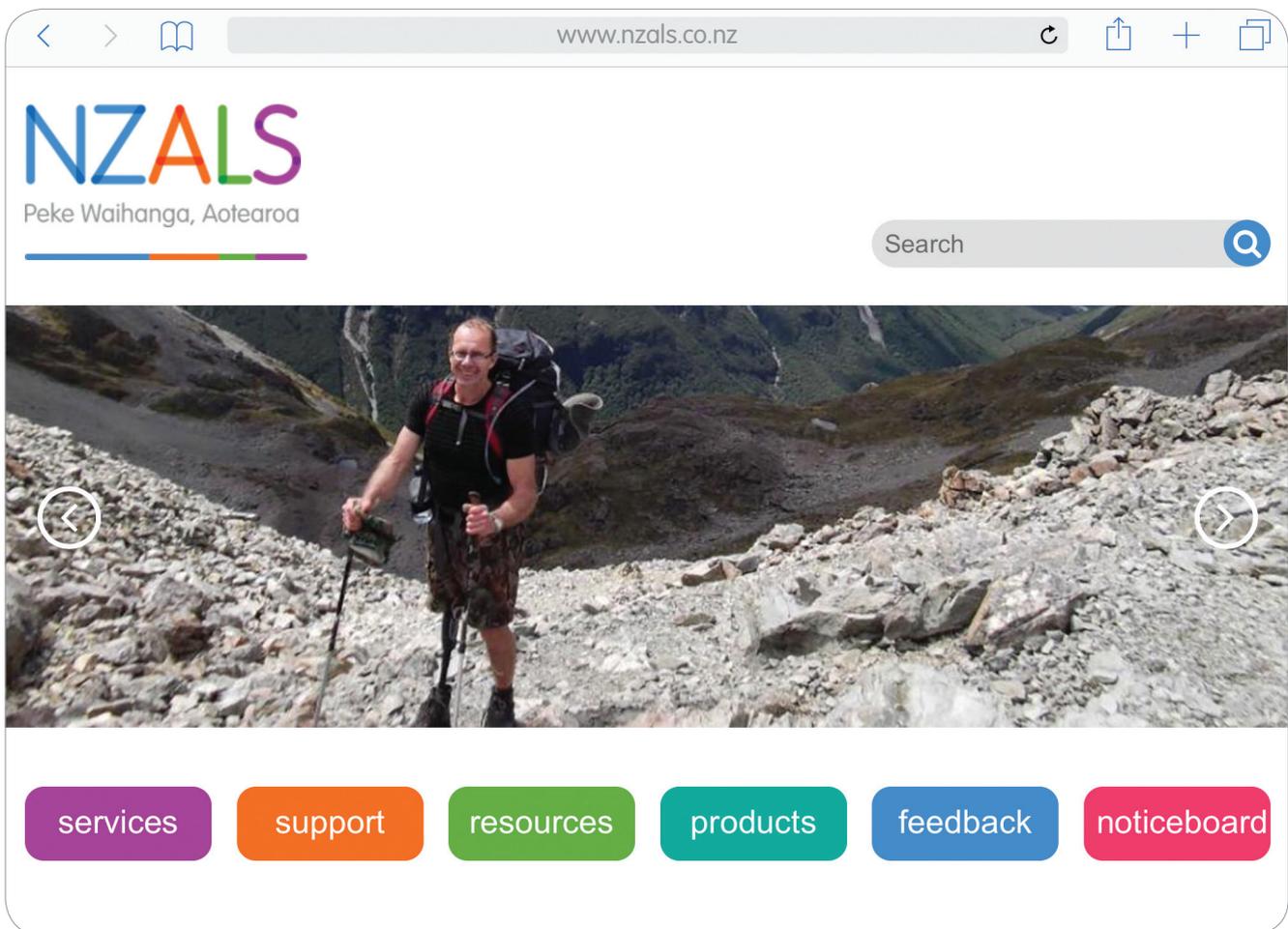
Manufacturers of prosthetic devices are required to sponsor, list and maintain the listing of internationally sourced prosthetic components on the MedSafe WAND electronic notification system. Due to the highly individualised nature of manufacturing artificial limbs, NZALS has approximately 6,000 components.

Governments Better Public Service

The key to doing more with less lies in productivity, innovation, and increased agility to provide services. Agencies need to change, develop new business models, work more closely with others and harness new technologies in order to meet emerging challenges.

This is a key point for NZALS' ownership model considerations.

For more information about
our service please visit
www.nzals.co.nz



Copyright Statement

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- there is no copyright or other intellectual property rights in this Statement of Intent in New Zealand; and
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The New Zealand Artificial Limb Service will not be liable to you, on any legal basis (including negligence), for any loss or damage you suffer through your use of this material, except in those cases where the law does not allow us to exclude or limit our liability to you.

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