Healthcare Standards for NHS-Commissioned Wheelchair Services

May 2010

1. Development Note

This document was developed by The National Wheelchair Managers Forum , British Society of Rehabilitation Medicine, emPower, Posture & Mobility Group and Whizz Kidz. The 2010 review and update has been completed on behalf of all partners by National Wheelchair Managers Forum, Whizz Kidz and emPower.

2. Foreword

People referred to the wheelchair service are entitled to first class wheelchair services, and to lead – as far as their condition will allow – healthy, active, independent lives.

These national minimum standards, supported by the people who use and provide wheelchairs, underpin the collective determination to ensure a first class service. They will be kept under regular review in order to improve performance, quality and safety of care.

Regardless of the organisational form and structure of the provider it must not be a barrier to the quality of service provision. It is expected that, as a minimum, all providers of NHS wheelchair services will adopt and adhere to these National Service Standards.

3. Introduction

Reflecting the needs of Users, and in accord with legal requirements, the following **minimum** national standards and best practice have been agreed for NHS Wheelchair and Seating Services throughout the UK.
They assume:

- **the provision of adequate resources**
- **continued professional development**
- **an ongoing expectation of service improvement and innovation**
- **a commitment to provide for the clinical and holistic (lifestyle, social, educational) needs of the user**
- **a focus on value for money rather than lowest cost**

4. Definition

Wheelchair and Seating Services (hereinafter referred to as "the Service") have been developed to provide essential mobility and associated postural management based on the needs of the referred client. A continuing review and provision process allows the Service to best meet the user's changing needs.

The Service provides assessment and prescription of manual and powered wheelchairs, specialised seating and cushions, modifications and accessories that reflect the clinical and wider, holistic needs of the user. Assessment will also consider those associated with the user, such as family, carers, guardians, teachers, allied healthcare professionals, etc., and the environment in which the user lives (including the home, education, work and leisure).

The Service will also provide equipment maintenance facilities and client review programmes in keeping with nationally recognised standards. **(Better Standards for Health 2006)**

All staff involved in the provision of the Service will meet the statutory requirements of their profession. This will include continued professional development to ensure the ongoing development of the service.

5. Commissioning

It is expected that the Service will be commissioned by Primary Care Trusts (PCTs) on a periodic basis. Effective commissioning will play a key role in ensuring the Service meets (or exceeds) the National Service Standards; reflects (and is responsive to) the needs of users, and provides good value for money.

Commissioners should:

- Provide adequate funding for the Service to ensure the needs of all users are met (reflecting service provision guidelines)
- Assess information on existing service provision, including number of users, number of referrals, equipment spend etc.
- Accurately identify the level of service provision required including determining the level of unmet need:
- Reflect the requirements of users in the specification of the service to be provided
- Seek value for money, rather than lowest cost
- Commissioning frameworks should support supplier and market development to improve quality in the long term as well as in the short term
- Commission the Service so as to improve its quality and the efficiency and effectiveness of its provision including partnership arrangements.
- Recognise the low volume and highly specialised nature of the Service and use improvements in efficiency and effectiveness of its provision to reinvest in the Service itself to improve outcomes for users
- Explore joint commissioning arrangements between PCTs and across public sector organisations to create integrated services that cater for the clinical and non-clinical needs of disabled people
- Explore opportunities to collaborate across existing organisational boundaries to create services of sufficient size that economies of scale and greater efficiencies emerge

6. Aims of the Service

The Service will provide a comprehensive service for people of all ages with long term mobility problems and associated postural needs in accordance with statutory requirements (see **Appendix 1**)

The service will provide for the clinical needs while considering the holistic needs of the user (including social, educational, lifestyle and family/carer requirements). This will be dependent on local commissioning agreements and joint funding across the health, education and social care economy.

7. Provision of the Service

The pluralistic nature of NHS services means that the Service may be commissioned from a range of service providers, depending on the requirements of PCT Commissioners. Minimum response times are recommended in **Appendix 2** as being best practice as directed by DoH Transforming Community Services Allied Health Professional referral to treatment guide (March 2010) . There are no national provision guidelines for NHS wheelchair services

8. **Access to the Service**

The service is open to all NHS residents with a General Practitioner registered within a defined catchment area (PCT), as defined in the DoH document "Establishing the Responsible Commissioner" 2005. The service may be provided as a totally in house service, or may be contracted out in part or full depending on local resources, geographic location and the presence of other rehabilitation services.

Each service should develop guidelines in conjunction with their service commissioners and local users. These should include clinical and lifestyle needs and the ability of the client to use the specified equipment safely. The guidelines should be subject to ongoing review. Services should consider, in appropriate circumstances, joint funding with other statutory and voluntary agencies. Exceptional circumstances should be reviewed through appropriate commissioning routes.

9. Publicity and Information

The Service will publicise widely, in accessible formats, information about the services and facilities it provides, including provision guidelines, and the NHS complaints procedure. Users and carers will receive clear and appropriate information about the Equipment supplied, full tuition and a single point of contact for any subsequent enquiries.

10. Referrals

Service providers operating within the NHS should use referral forms that include the minimum national data set (Appendix 3). Incomplete referral forms will be returned to the referrer. Existing users of the service may self-refer.

Service approved personnel will screen all referrals. All referrals will be prioritised taking into account:

- Clinical condition
- Prognosis
- Environmental & Social circumstances
- Usage, etc

The client (family/guardian) shall be kept informed of the progress of their referral.

11. Assessment

The service will provide a holistic assessment that considers the clinical and lifestyle requirements of the user, as well as any additional, reasonable requirements of family and carers as appropriate.

Assessment should be in an appropriate environment (see **Appendix 4**).

Every assessor for the prescribing of wheelchairs and associated equipment will have a recognised relevant qualification and / or appropriate current experience in wheelchair assessment.

Every assessment will be recorded, including objectives agreed with the user. Where appropriate, the assessment will be carried out in conjunction with the multidisciplinary team (MDT). Joint assessments with other appropriate agencies should also be encouraged.

The assessment process will comply with clinical audit requirements and risk management policy. All assessment reports shall identify clinical and equipment review frequency. In order to help to identify local client trends a classification of each user should be recorded with regard to the guideline example in **Appendix 5**.

12. Prescription

The resources of the NHS are limited. While Commissioners must ensure adequate funding for the Service, providers must ensure value for money in service provision, and the prescription of equipment that meets the clinical and lifestyle needs of the user in a cost effective manner.

Consideration should be given to the whole-life costs of equipment (including costs of recycling versus refurbishment/reuse) and tangible benefits that may accrue both within and beyond NHS budgets (e.g. prevention of avoidable complications such as pressure sores; reduced requirements for classroom assistant support).

Commissioners and Service providers must work with other providers of mobility equipment (e.g. education) to ensure cost effective provision of equipment that meets the needs of users.

The prescriber will be a named individual, to whom that responsibility has been formally delegated and who may (or may not) be the assessor.

13. Equipment Provision and Procurement

The specifications of all equipment, sufficient to meet assessed needs, will be determined by stakeholders such as Commissioners, Service staff, users and carers. The Service provider will adopt a purchasing strategy that:

- Ensures total clinical and holistic needs are meet while providing value for money and compliance with the provider's procurement strategy
- Is responsive to the needs of the user as the end customer of the service
- Is cost effective and achieves value for money when purchasing equipment; the impacts of the cost of capital associated with large stockholdings on value for money should be considered
- Service providers should work with suppliers and manufacturers to review the balance between stockholding and delivery of equipment on a "just in time" basis
- Secures commitments (e.g. in the form of service level agreements) with suppliers and manufacturers to provide non-stock items within a maximum of 4 weeks from receipt of order.

An agreed range of equipment that meets the needs of the majority of users should be adopted. However, such an approach must not be used by Service staff /management to constrain prescription where this is necessary to meet an individual's clinical needs.

All new equipment purchased will comply with the essential requirements of the CE marking regulations.

The Service will collaborate positively and proactively with the Medicines and Healthcare products Regulatory Agency (MHRA) in all relevant aspects of that Agency's work, including the Disability Equipment Evaluation and Adverse Incident Investigation.

14. **Handover and care of service users.**
Handover will be the responsibility of named qualified staff in accordance with **Appendix 6**.

Any risk management requirement identified at the assessment stage will be incorporated at the handover process in accordance with local guidelines.

At handover, necessary information will be provided on use, adjustment and limitations of the equipment. The user will be provided with the manufacturer's handbook; in the case of reconditioned equipment, appropriate documentation will be provided. The Service provider will explain and document the user's responsibilities regarding due care of equipment.

Information will be provided to the user/carer on how to obtain repair and maintenance support for the equipment, including details of ongoing support from the Service.

The user/carer will be required to sign to agree the completion of the handover.

15. User training
Training needs should be identified as part of the assessment process. This could be conducted through a range of providers according to the identified needs of the individual.

User training should be provided in a timely manner, and where appropriate should involve carers and family members.

16.Transition between services
In the event of a user moving between wheelchair services or agencies, the equipment should transfer with the client. The receiving Service should be notified of the transfer and a copy of the full client notes should be forwarded in a secure and timely manner. The user should be informed of the new maintenance arrangements.

17. Repair and maintenance contracts
All equipment will be repaired and maintained in accordance with the original manufacturer's instructions and the latest MHRA guidance for maintenance of medical devices. It will be the wheelchair services responsibility to ensure that all staff working within subcontracted repair services can demonstrate appropriate levels of competence and are CRB cleared as necessary.

18. Staff training / Continuing Professional Development

Funding will be made available to support Continuing Professional Development, education and training of Service staff. This may include both in-house and external courses and should, as a matter of routine, involve training on the features and benefits of equipment on the Service's agreed range, as well as support to identify new and emerging products.

Training requirements identified in Service staff performance reviews and supervision sessions will be reviewed with each staff member. Knowledge and competency levels of contractor staff will be maintained up to date.

19. Documentation and records

All records will comply with the Commissioner's and Service provider's Record Management Programme; the Data Protection Act (1998); current National Professional Body Guidelines; and clinical governance requirements.

The records will include the desired outcomes that are agreed with the client (and/or carer where appropriate).
Where there are differences between the planned and actual outcomes, these will be recorded.
Consent to treatment must be obtained and recorded.

20. Statistics and Performance Management

The Service will support the development of a clinical and managerial database of wheelchair users and will ensure all relevant details relating to the user and their care are logged (including, but not limited to, demographic details; date of referral; date of assessment(s); date of prescription; date equipment ordered; date equipment delivered; date of handover).

Statistical information and data relating to the performance management of the Service and reporting frequency should be based on an agreed data set (**Appendix 7**).

Where possible the Service should also record information about users who have been referred to third parties for all or part of their care, and other necessary information to build an accurate picture of unmet need and/or private/charitable supplementation of the Service that should be used to inform future commissioning decisions.

21. Evaluation & Outcomes

The Service is encouraged to carry out annual audits and continued evaluation of processes and procedures against standards and timescales set out in this document and against other Service providers.

This shall include budget and resource requirements to meet the current and likely future needs of the Service. The Service should conduct regular audits of clinical outcomes and user satisfaction (**Appendix 8 shows an example**).

22. User/Carer Engagement

Involvement of users of all ages and/or carers in the commissioning and development of all elements the Service is actively encouraged and supported. This may be through user groups, local focus or project groups.

Appendix 1

LEGISLATION IN RELATION TO WHEELCHAIRS

1. **The National Health Service Act 1977** was repealed in its entirety by the National Health Service (Consequential Provisions) Act 2006. The main provisions in relation to wheelchairs are now included in paragraphs 9 – 11 of Schedule 1 to the National Health Service Act 2006.

2. Paragraph 9 states that the Secretary of State may provide vehicles (including wheelchairs) for persons appearing to him to be persons who have a physical impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. Paragraph 10(2) states that the Secretary of State may adapt the vehicle to make it suitable for the circumstances of the person in question, maintain and repair the vehicle, take out insurance policies relating to the vehicle and pay any duty with which the vehicle is chargeable under the Vehicle Excise and Registration Act 1994 and provide a structure in which the vehicle may be kept, and provide all material and execute all works necessary to erect the structure.

3. Paragraph 10(3) states that the Secretary of State may make payments by way of grant towards costs incurred by a person mentioned in paragraph 9 in respect of any of the matters referred to in paragraph 10(2), the purchase of fuel and the taking of instruction in the driving of the vehicle. The above powers may be exercised on such terms and subject to such conditions as the Secretary of State may determine.

4. The Secretary of State has directed PCTs to exercise the above functions under the NHS (functions of Strategic Health Authorities and PCTs and Administrative Arrangements) (England) Regulations – SI 2002/2375 - so PCTs must provide the wheelchairs. The Secretary of State has also directed PCTs to exercise his power under section 12 of the

NHS Act 2006 to enter arrangements with third parties, for those third parties to provide or assist in the provision of services.

5. The NHS (Wheelchair Charges) regulations 1996/1503 (which have effect as if made under the National Health Service Act 2006) provide for charges to be made and recovered by an NHS trust or NHS foundation trust for the supply, at the request of a user, of a wheelchair of a more expensive type than in the opinion of the trust is clinically necessary for the user. The amount of the charge shall be the difference in cost between the wheelchair supplied to the user and the standard wheelchair.

6. The National Health Service (General Medical Services) Regulations 1992 were revoked by S.I. 2004/865 with the functions of providing vehicles for people with physical disabilities being exercisable by PCTs under S.I. 2002 Regulations.

THE DISABILITY DISCRIMINATION ACT

7. The Disability Discrimination Act 1995 (the 1995 Act) has been repealed in full by the Equality Act 2010. The main provisions of the Equality Act are due to come into force in October 2010.

8. Until these provisions come into force, the 1995 Act continues to apply. While the provision of wheelchairs under the statutory powers detailed above is not made unlawful by any provision in the 1995 Act, there are nonetheless provisions in the 1995 Act which providers must have regard to. For example under section 19 of the 1995 Act, it is unlawful for a provider of services (which includes the provision of any goods or facilities) to discriminate against a disabled person in the standard of service which he provides to the disabled person or the manner in which he provides it to him or in the terms on which he provides a service to the disabled person.

THE CARERS (RECOGNITION AND SERVICES) ACT 1995

9.This Act makes provision for individuals who provide, or intend to provide any care on a regular or substantial basis to have the legal right to request and to have an assessment of their needs carried out by local authorities. These provisions mean that Wheelchair Service staff may be required to contribute to the local authority's assessment of a carer's ability to provide and to continue to provide care.

HUMAN RIGHTS ACT 1998

The Human Rights Act 1998 ensures that public authorities act in ways that are compatible with the basic rights enshrined in the European Convention on Human Rights (ECHR). The NHS and Wheelchair Services would be classed as public authorities. ECHR Article 2 guarantees the right to life and could be used to protect disabled people who face life threatening situations unless an appropriate wheelchair is prescribed. Similarly Article 3, which protects people against inhuman or degrading treatment, and Article 8, which provides the right to private and family life may be relevant to disabled people in the provision, or non-provision, of wheelchairs.

Appendix 2

Response Times (to Client)

The following standard minimum response times are recommended:

Referrals

All referrals will be screened by approved personnel within the service	2 wds
Incomplete referrals will be returned to the referrer for completion	2 wds
Referrals will be acknowledged.	1 week
From receipt of referral to assessment (Urgent)	2 weeks
From receipt of referral to assessment (Standard)	6 weeks

From prescription to delivery for following categories of equipment:

Locally held stock.	3 weeks
Orders from manufacturers	6 weeks
Made to measure (Bespoke seating)	6 to 12 weeks
Non-emergency Repairs will be completed in	3 wds
Emergency Repairs/Responses will be within	24 hours
Collections should be completed within	5 wds

The 18 week Referral to Treatment Standard will apply to services differently depending on their organisations commitment to the standard. Where the 18 week standard is applicable the following definitions apply:

Clock starts – receipt of completed referral at the Wheelchair Service
Clock stops - receipt of wheelchair equipment by the client
Clock may be paused by the client e.g. DNA, admission to hospital, holiday, other wishes to delay.

Appendix 3

Client Data Set

A minimum data set should be established for each referred client including:

- client name
- address including postcode (current and permanent)
- contact telephone number
- date of birth
- diagnosis
- reason for referral
- G.P. name
- G.P address & PCT
- Consultant (where applicable)
- referrers name
- referrers address and telephone number
- designation
- contact person name and address
- relationship
- existing wheelchair provision
- address for referral forms to be sent
- date of referral
- date of receipt of referral
- ethnic origin
- NHS number
- war pensioner
- Accredited assessor number (when appropriate)

Appendix 4

Access for people with disabilities

Assessment should be carried out in the most appropriate environment, in order to best assess the clients needs. This should include the full range of community settings in addition to the wheelchair clinic.

The wheelchair clinic should: -

• Comply with the mandatory requirements of the Disability Discrimination Act and Part M of the Building Regulations.
• Have convenient, designated Disabled Parking close to the clinic, with help and a method of accessing help, when assistance is required.
• Have sign posting suitable for people with physical and sensory disabilities. A reception/waiting area clearly identified.
• Access to local transportation systems.
• Have wheelchair accessible W.C. including changing facilities.
• Have access to beverages, a telephone.
• Clearly display information on the service, available to take away in appropriate formats.
• The clinic space should be separate from the waiting area and have:
    - a plinth, a hoist and appropriate weighing facilities.
    - space to accommodate 6 or 7 people and assessment equipment
    - full range of current assessment equipment
    - privacy and dedication of space for the duration of the clinic
    - access to a range of ground surfaces, ramps, kerbs, floorings.

Appendix 5

WHEELCHAIR USER NEEDS CATEGORIES GUIDELINES (an example)

High Performance A wheelchair with adjustable stability i.e. Wheel positions and possibly seat positions and seat angle
Full Time User People who have no other form of mobility
Pushed Wheelchair A transit wheelchair that is pushed by an attendant rather than the user

GRADE	DESCRIPTION OF USER	EQUIPMENT NEEDS
1 **(CAT 4)**	PART TIME USER **SHORT TERM** - Temporary requirement. Normally independently mobile. Immobile due to accident or operation. (May include terminal care) **NB NOT INCLUDED IN SOME WHEELCHAIR CONTRACTS**	Pushed or self-propelling standard. Special chair may be required e.g. recliner for full leg plaster or hip spica
2 **(CAT 3)**	PART TIME USER **LONG TERM** - Ability to walk short distances. Requires wheelchair on **regular basis for outdoor use** or to enhance quality of life for user/Carer	Pushed standard or lightweight Self propelling standard, Buggies for children
3 **(CAT 2)**	PART TIME USER **LONG TERM** - Variable indoor walking ability due to **fluctuating condition.** High degree of independent life-style but requires wheelchair to maintain level of independence and quality of life	Self propelling standard or lightweight
4 **(CAT 1)**	**FULL TIME USER** **LOW ACTIVITY - Limited or lack of ability to self propel.** Dependent for many daily living needs	Pushed or self propelling standard or buggy. Specialist chassis for custom-made seat
5 **(CAT 1)**	**FULL TIME USER** **ACTIVE** - Unable to self propel. **Independent mobility with powered wheelchair.** Degree of independence in daily living activities	EPIC , & EPIOC depending on ability/environment + motivation + transit Transit for travel
6 **(CAT 1)**	**FULL TIME USER** **ACTIVE - Independent mobility and lifestyle** Appropriate equipment reduces dependence on others and improves quality of life	Self propelling standard or high performance (adjustable stability by change of wheel position)

Priority Levels
Category 1 – Fulltime Wheelchair User & Terminally Ill
Category 2 – Part-time Regular User
Category 3 – Part-time Occasional User
Category 4 – Short Term User

Appendix 6

Handover Guidelines

Any handover procedure must consider the following:

1. Ensure the wheelchair and/or accessories are in accordance with the prescription and delivery instruction.

2. Ensure that all equipment is in working order.
   - Service provider's staff to establish their identity by showing ID cards and stating the reason for the call
   - Transfer of modifications from old chair if appropriate.

3. Demonstrate to the user and other stake-holders the maintenance requirement for the equipment.

4. Provide detailed information regarding the service's responsibility and procedure for equipment maintenance.

5. Demonstrate the use of the equipment to the user and other stake holders. This shall include any safety issues and adjustable features.

6. Present all equipment documentation.

7. Review any risk management details associated with the original assessment\prescription and any change in user environment.

8. The service shall provide a handover certificate that identifies those actions taken by the service representative during the handover and the user's responsibilities regarding the equipment provision.

9. The service representative and user/user representative shall acknowledge the completion and content of the equipment handover by signing the handover certificate

Appendix 7

Management Information

Statistical information should be recorded and reported as per local requirements. The following information can be used to formulate service direction:

Referrals

Total No. of referrals
No. of referrals not meeting assessment guidelines
No. of new clients.
No. of new clients requiring w/chair service assessments.
No of reassessments.
No. of reviews carried out.

Clients

Number of registered users by:

- Age
- Weight
- Sex
- Diagnosis
- Needs Categories

Number of Assessments Carried Out

By wheelchair Service Therapist.
By Rehabilitation Engineer.
By wheelchair Service Therapist & Rehabilitation Engineer.
By wheelchair service technician.
By Special Seating Team.
Total No. of assessments
Total No. of domiciliary visits
Number of DNA's
Number of Independent Vouchers issued.
No. of Partnership Vouchers issued.
Number of compliments / complaints rec'd.

Waiting Times

Reporting performance against the 18 week standard is required by most organisations.
No. of persons waiting.
No. of weeks waiting. according to local policy.

- Receipt of request to initial intervention.
- Initial intervention to clinical assessment.
- Prescription to ordering of equipment.
- Monitoring from ordering to delivery at Repair Contractor or Wheelchair Service.
- Monitoring from receipt of equipment at Repair Contractor or Wheelchair Service to client.
- Repair. / Collections

Faulty Equipment and Supplier Non-Compliance

- occurrence by quantity
- reporting procedures to MHRA for adverse incidents

Repair Contractor (Nos. & average times)

- Deliveries
- Repairs
- Collections
- Out of Hours callouts.

Staffing profile

The service needs to identify that the staff mix may be different for each service and that the capacity will need to be developed by local management to meet the volume of work. This would be achieved using the accumulated activity data taking into account such factors as

- user disability
- staff contact time
- client classification
- complexity of prescription
- user review frequency
- complexity of assessment (skill mix)

Unmet need

Services should identify areas of unmet needs and associated trends. This information should be used to develop a business case for local commissioners to consider additional funding.

Appendix 8

Wheelchair Services Outcomes Survey (an example)

What equipment have you received from your wheelchair service?
Manual Wheelchair

Powered Wheelchair

Were you assessed for this equipment by your local wheelchair service?

Yes / No

Please circle one answer for each question:

Has the equipment made your life easier?	Yes	No	Not relevant
Has the equipment helped you to need less help from others?	Yes	No	Not relevant
Has the equipment made you safer?	Yes	No	Not relevant
Has the equipment given you more control over your life?	Yes	No	Not relevant
Has the equipment given you any problems or difficulties? If so, please detail below:	Yes	No	

If there is a family member or friend helping with your care, this question is for them:

Has the equipment helped you in any way?	Yes	No