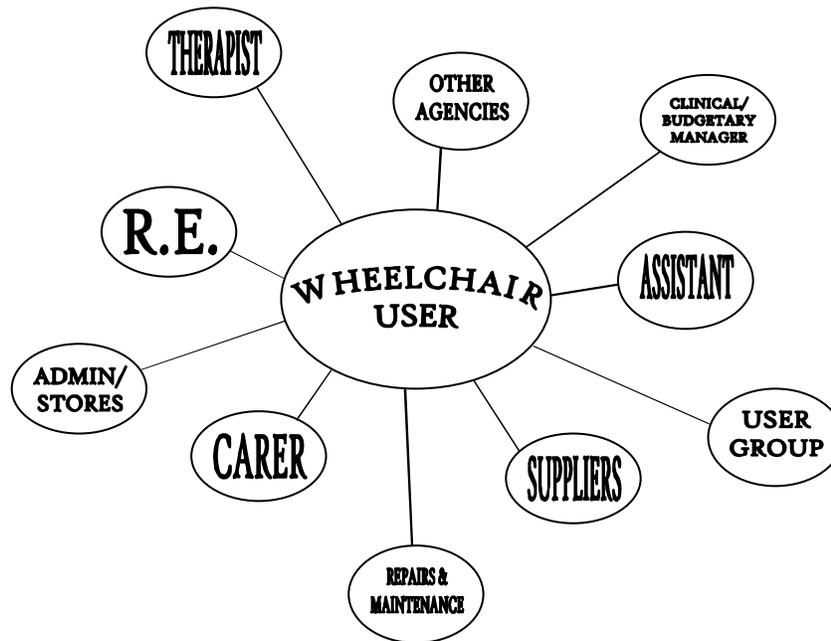


NATIONAL NHS WHEELCHAIR SERVICE DEFINITION



*Recommended by National Wheelchair Managers Forum
(For further discussion)*

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INTRODUCTION

Since the devolvement of Wheelchair Services to District level following the McColl Report, the level of wheelchair provision nationally has varied considerably as each District has found ways of managing within limited resources. This has resulted in an inequity of service across the country, which the managers of the Wheelchair Services wish to address. Through discussions at the National Wheelchair Managers Forum it was felt that a clear guidance by commissioners of the services was lacking and that the revisiting of service specifications was necessary.

Many services have little or no direction or meaningful dialogue with commissioners to establish an adequately resourced appropriate service delivery contract. In addition, the term 'basic mobility needs' has been used to indicate the parameters of the contract. Increasingly, the boundaries of 'basic need' are being challenged and it was felt that a more appropriate statement regarding the provision of mobility equipment through NHS Wheelchair Services required further clarification and up dating.

Unfortunately, the following document does not at present reflect current practise, and many services will identify gaps within their services which have been created through a lack of ongoing investment. This document represents a minimum requirement in order to achieve a responsive service delivery for wheelchair users, and also offers a national benchmark to which services can be measured and form a basis for service developments. It is anticipated that the following definition can form the basis of renewed contract discussions with commissioners in order to establish reasonable parameters for provision via the NHS.

Wheelchair Services should embrace the concept of universal eligibility based on clinical need. It is recognised that clinical need varies considerably, however certain groupings can be identified based on particular mobility problems, along with functional requirements, carers needs and their environment.

In order to meet ever-increasing needs through improvements in health care and advances in medical and surgical techniques, a system of prioritisation has been developed, to ensure urgent clinical need is addressed in a timely fashion. The system of prioritisation has been broadly approached using a combination of clinical and functional need. The main categories are: -

Permanent Clients who require a wheelchair for all mobility, both indoors and outdoors - these clients would have no independent walking mobility either with or without walking aids.

Semi-Permanent Clients who have a need for a wheelchair indoors occasionally, usually due to a relapse in their condition, in conjunction with or without walking aids.

Regular Clients who have indoor independent mobility, but require wheeled assistance outdoors to access Day Services, Care Package facilities etc.

Occasional Clients who have indoor independent mobility, but require a wheelchair to access outdoor activities with reference to shopping, holidays, social activities.

DEFINITION

ASSESS – PROVIDE – SUPPORT - EVALUATE

The Wheelchair Service will provide the framework to clinically **assess**, and then **provide** appropriate wheelchairs with associated equipment to clients with a long-term mobility need. Once provision is established, the Wheelchair Service will **support** the equipment provided and continue to **evaluate** the clients' needs.

AIMS

1. The Wheelchair Service will provide the framework to clinically **ASSESS** clients of all ages with a permanent mobility need.
2. The Wheelchair Service will **PROVIDE** wheelchair equipment, postural support and seating to facilitate safe mobility.
3. The Wheelchair Service will continue to **SUPPORT** both client and equipment as long as necessary.
4. The Wheelchair Service will **EVALUATE** on an ongoing basis the service and equipment it provides.

FRAMEWORK

In order for the aims to be achieved the following basic elements will be in place.

STAFFING

A dedicated management structure for the service is required, which will include a clinical lead in a managerial grade with relevant experience, and budgetary management. This will ensure positive clinical management to assure clinical best practice, and a budgetary lead to direct best value, highlighting service pressures to commissioning bodies.

Therapeutic staff should be of an appropriate skill mix to meet the clinical needs of the client. This is likely to include Occupational Therapists, Physiotherapists, Rehabilitation Engineers and Clinical Assistant support.

Support staff in the form of administrative staff, storekeepers, drivers, technicians etc.

PREMISES

Suitably located, accessible accommodation is required to offer sufficient office space for administrative tasks including secure storage of client information, dedicated storage space for wheelchair equipment and a clinical area. The Wheelchair Service Clinic requires a reception, waiting area, confidential clinic room offering sufficient space to manoeuvre a wheelchair and assess for any postural requirements, space for assessment equipment and access to larger areas for powered assessments, both indoors and outdoors.

ASSESSMENT EQUIPMENT

A comprehensive updated range will be available to offer an element of choice both to the user and the assessor.

DISTRIBUTION

An efficient, suitably resourced delivery/collection service is required.

REPAIRS/MAINTENANCE

The repair service will require sufficient engineers and workshop space to carry out repairs, hold spares and suitable substitute wheelchairs for clients when their wheelchair is in repair. These elements are necessary in order to accommodate the users requirements, along with transport for wheelchairs and the ability to complete repairs at users premises.

INFORMATION TECHNOLOGY

A suitable system is required to maintain a database of clients accessing the service, record equipment provision to facilitate traceability and maintenance, and generate necessary administrative procedures with regard to ordering, stock control and management/budgetary information. Access to current national agreements should be a standard feature.

FINANCIAL RESOURCES

Sufficient budgetary provision is required to facilitate a responsive, effective service. This must take the form of recurrent, dedicated funding with provision to improve service delivery along with technological advances, affording the opportunity to enhance user provision through a programmed replacement policy in order to introduce current equipment, thus improving the quality of the products supplied.

ASSESSMENT

Provision can only be facilitated when the following processes have been completed. In order to achieve a satisfactory assessment result, a clinically led process is required to identify which elements need to be in place, actively involving client/carers/other agencies as appropriate through all the stages of the process.

Sufficient information at the referral stage is required for a lead clinician to make a considered decision as to the most suitable assessment process. This may take the form of: -

- a) An outcome to provide, by assessing the information available on the documentation and/or discussions with the user/carer/colleagues/other agencies involved.
- b) A physical assessment where the assessment process will be carried out in the most suitable environment dependent on the user's specific needs as identified and agreed with the client/carer by a lead clinician. This could include any of the following: -
 - Home Environment
 - Hospital
 - Work
 - Education
 - Day Centre
 - Residential/Nursing Home
 - Wheelchair Service Clinic
- c) Identifying the most suitable clinical expertise required to complete the assessment.
- d) A range of assessment equipment with the facilities to transport to clients' assessment location as required.
- e) Consideration to be given to joint assessments with other agencies involved.
- f) Possible referral to other services where more specific expertise may be required.

A system of programmed re-assessments for all clients accessing the service should be offered, the time-frame of which will be dependent on the clinical/functional need and determined at the assessment process. The principal of one referral for life should be adopted as the mechanisms for ongoing care is established.

PROVIDE

Following the assessment, the method of provision will be discussed with the client/carer offering a choice with regard to the concluding recommendations. This will take the form of supply from existing stock, the use of the Voucher Scheme, private financing, accessing charitable funding. Regardless of the method chosen the supply of equipment/services will be actioned in a timely manner. To achieve this the following elements, which may be contracted out to specialist providers, will need to be in place: -

- a) Premises – adequate office areas for retention and process of users details, with suitable communication technology.
- b) Staffing – sufficient administrative staff to carry out processes required and Storekeeper/Technicians to identify and prepare equipment required.
- c) Storage – areas need to be identified to store sufficient stock in order to achieve the service delivery standards required.
- d) Deliveries – suitable transport is required to ensure the equipment is conveyed to the user in a timely fashion according to their needs.
- e) Information on equipment usage, contact telephone numbers etc.

NHS Wheelchairs are not exclusively provided for the following: -

- a) School use only
- b) Work use only
- c) Sporting activities only
- d) In place of suitable static seating
- e) Transportation purposes only
- f) Children who can be accommodated in a standard retail buggy, unless supportive seating is essential
- g) Powered scooters specifically designed for outdoor use only.

However, Wheelchair Services will offer appropriate advice, joint assessments and referrals to other funding agencies as required. Every Wheelchair Service will have information on Statutory/Charitable funding which can be accessed locally for the above.

SUPPORT

EQUIPMENT SUPPORT

This will include supporting the ongoing efficiency of any equipment provided, by the availability of a dedicated repair and maintenance service, following timely service standards. Current accurate user information regarding equipment provision/changes should be available to the repair service in order to trace all equipment in the event of product recalls and to provide a service history. Planned, preventative maintenance on all equipment provided will ensure regular mechanical checks are carried out, anticipating any potential problems prior to an incident.

Equipment should not be used beyond its safe, working life and therefore likely replacements should be identified at provision stage.

CLINICAL SUPPORT

Continual support will also be offered for users as their needs change, which can take the form of accessible telephone advice, re-assessment, regular clinical reviews and ongoing peer support through the establishment of user groups.

EVALUATE

This will be a continual process, involving all elements of the service, ensuring user satisfaction and taking into account developments in technology which can improve service delivery.

Outcome measures and auditing of services will be required to identify changing needs.

Continual professional development will also be identified to ensure assessment processes and optimum equipment identification can be achieved by all staff members, taking into account Evidence Based Practice, or developing this where it is not available.

Informed Wheelchair User Groups will be accessed to ensure the service delivery is maintained and improved.