

Standards for Better Health

HEALTH CARE STANDARDS FOR WHEELCHAIR SERVICES UNDER THE NHS

Agreed by the National Wheelchair Managers Forum with the British Society of Rehabilitation Medicine, emPOWER, National Forum of Wheelchair User Groups, NHS Purchasing and Supply Agency, Posture & Mobility Group and Whizz-Kidz

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Foreword

People with severe mobility impairments are entitled to first class wheelchair services. 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 review, with our sights firmly set on still further improving performance, and the quality and safety of care.

Background

High quality wheelchair services are a vital key to the independence of people of all ages, with severe mobility impairments. Until 31 March 1991 the Disablement Services Authority (DSA), established following a review commissioned by the Department of Health and Social Security in 1989, managed the NHS Wheelchair Service in England. With the termination of the DSA, management of the Service was devolved in England on 1 April 1991 to 151 local Health Authorities and Trusts. (In Scotland, Wales and Northern Ireland various other organisational changes and arrangements currently exist.) There emerged forthwith inequitable variations in prescribing, management structures, staffing, criteria, funding, costs and levels of services, all with us today. It is therefore not surprising that, previously, no national minimum standards have existed.

Introduction

Reflecting the needs of Users, and in accord with legal requirements, the following minimum national standards and best practice framework have been agreed for NHS Wheelchair and Specialised Services throughout the UK. **They assume the provision of adequate resources and continued professional development, to enable members of the healthcare professions, with the Users, to “get it right first time, and to keep it right.”** Users should not be discriminated against, for example with regard to age in provision. It is also important that children and young people are assessed for their developmental needs and educational requirements, as well as their clinical/physical needs. This may involve meeting any individual’s needs through partnership working and funding.

Definition

The wheelchair services 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 client’s changing needs.

The service provides clinically based assessment and prescription of manual and powered wheelchairs, specialised seating and cushions, modifications and accessories. Assessment will also include those associated with the client, such as family, carers, guardians, teachers, allied health care professionals, etc.

Due to the nature of the client base the wheelchair service will also provide equipment maintenance facilities and client review programmes in keeping with nationally recognised standards

These National Standards must be read within the context of the Department of Health’s “National Standards , Local Action - Health & Social Care Standards & Planning Framework” and support the implementation of National Service Frameworks, guidance from the National Institute for Clinical Excellence and performance assessment by the

Healthcare Commission. All staff will be registered with their relevant professional body and meet the National Occupational Standards as appropriate. This will include continual professional development to ensure the future development of service provision.

1. Aim of Service

Each Wheelchair Service (hereinafter referred to as “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**).

2. Access to Service

The service is open to all NHS residents within a defined catchment area, as defined in the DOH document ‘Establishing the Responsible Commissioner’ 2002.

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. Minimum Response times are given in **Appendix 2**. These are minimum acceptable standards accepted by national user groups as being fair and reasonable.

3. Publicity and Information

The Service will publicise widely, in accessible formats, information about the services and facilities it provides, including eligibility criteria, 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.

4. Eligibility Criteria

Each service should develop eligibility criteria in conjunction with the service commissioners and local users. Eligibility criteria should include clinical and lifestyle needs and the ability of the client to use the specified wheelchair safely. Exclusions on the grounds of age or prognosis alone are unacceptable and discriminatory. Eligibility criteria should be subject to ongoing review.

Services should consider, in appropriate circumstances, joint funding with other agencies.

5. Referrals

Within the NHS referral forms should include the minimum national data set in **Appendix 3**, and its use by non-NHS personnel/organisations is to be encouraged. Incomplete referrals will be returned to the Referrer. Existing clients to the service may self-refer.

Service approved personnel will screen all referrals. All referrals will be prioritised using such measures as Condition, Prognosis, Social situation, Usage, etc (prioritisation by age shall be deemed as discriminatory). The referrer and client (family/guardian) shall be informed of the receipt and expected waiting time.

In the case of new client’s information about the assessment process, the service and any exploratory information required from the client, family, key workers or other stakeholders will be sent prior to the first appointment.

6. Assessment

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

Every Assessor for the Prescribing of wheelchairs will have a recognised qualification and appropriate current experience in wheelchair assessment as identified in the National Occupational Standards related to job function. 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 to provide a holistic approach to client total needs.

The assessment process will comply with clinical audit requirements and national 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 guidelines in **Appendix 5**.

7. Prescription

Effective and economical deployment of limited resources, giving the greatest good for the greatest number, requires prescription of the least expensive solution which will meet the applicant's assessed clinical and lifestyle needs. (Service should give consideration to whole life costs of equipment)

The Prescriber will be a named individual, to whom that responsibility has been formally delegated, and who may or may not be the Assessor.

8. Equipment Provision and Procurement

The range and specifications of all equipment, sufficient to meet assessed needs, will be determined by the local focus group which should include Commissioners, Service staff, Users and Carers. The purchasing strategy will ensure that clinical need is met whilst providing value for money and compliance with the Trust's procurement strategy.

The Service will ensure that it is cost effective and achieves value for money when purchasing equipment.

Stock levels will be set to achieve the standard time from referral to delivery.

Usage figures will be checked to determine min/max levels of stock, on the whole range of equipment.

All min/max levels will be constantly reviewed.

Systems will be in place to order 'non-stock' items quickly.

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

The Service will collaborate positively and proactively with the NHS PURCHASING AND SUPPLY AGENCY in all relevant aspects of that Agency's services. The Service will collaborate positively and proactively with the MEDICINES AND HEALTHCARE PRODUCTS REGULATORY AGENCY in all relevant aspects of that Agency's work including Disability Equipment Evaluation, and Adverse Incident Investigation.

9. Handover

Handover will be the responsibility of named qualified staff in accordance with the National Repair and Maintenance Contract Template attached as **Appendix 6**. The client/carer training content will accord with original manufacturer's instructions, and will meet risk management and controls assurance requirements as developed during the assessment \ prescription stages. Necessary information will be provided on use, adjustment and limitations of the wheelchair, including the manufacturer/s handbook. (Reconditioned equipment must be issued with appropriate documentation.) and client responsibilities regarding due care of equipment. As part of the handover process the client or authorised carer will be advised how to obtain repair & maintenance for the equipment. This shall include details on ongoing support from the wheelchair service. The client will be required to sign to agree the completion of the handover. In the event of a client moving between wheelchair services, the equipment should transfer with the client. The receiving service should be notified of the transfer , the client notes should be forwarded in a secure and timely manner and client should be informed of the new maintenance arrangements.

10. Repair and Maintenance Contracts

All contracts for Repair & Maintenance will adhere to the National Standards Local Action 1st domain (safety), 3rd domain (governance), Medical Device and Equipment Management for Hospitals and Community based Organisations (MHRA DB 9801) and current best practice.

11. Training and Performance

Funding will be made available to support Continual Professional Development, Services staff education and training, including in-house training and external courses. All training requirements resulting from the annual performance review with each member of Service staff will be fully resourced and implemented.

12. Documentation and Records

All records will comply with the Trust'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 should be obtained and recorded.

13. Statistics

Services will support the development of a clinical and managerial database of wheelchair users. Statistical information and reporting frequency should be based on an agreed data set (**Appendix 7**).

14. Evaluation

Wheelchair Services are encouraged to carry out annual audits and continued evaluation of processes and procedures against standards and timescales set out in this document. This shall include budget and resource requirements to meet the future trends of the service. Wheelchair services should conduct regular audits of clinical outcomes and user satisfaction. (**Appendix 8**)

15. User/Carer Involvement

Involvement of Users of all ages and/or Carers in the commissioning and development of the Service will be actively encouraged and supported. This may be through Wheelchair User Groups or through local focus or project groups.

Legal Requirements For NHS Provision of Wheelchairs

National Health Service Legislation

The main piece of legislation underpinning the provision of wheelchairs by the National Health Service is the *National Health Service Act 1977* (NHS Act).

The provision of wheelchairs stems from s29 NHS Act that places a duty on all health authorities to make arrangements with appropriate practitioners to provide medical services for people in their catchment areas. These services are usually referred to as 'general medical services'.

Health authorities set up statutory arrangements with GPs to provide general medical services. The *National Health Service (General Medical Services) Regulations 1992 Schedule 2, paragraph 43* sets out GP's duties to prescribe items of equipment and appliances that are included on the 'appliance list'. Wheelchairs for permanent use are on the appliance list.

In practice it is local NHS Wheelchair Services who actually arrange for the provision of wheelchairs and not GPs. The prescription of wheelchairs must be undertaken by an expert prescriber, i.e. someone who is an accredited or recognised therapist for example an occupational therapist. Sometimes specialised nurses, hospital consultants or GPs will prescribe wheelchairs although this is fairly unusual.

NHS wheelchairs are supplied and maintained free of charge to disabled people whose need for a wheelchair is permanent and indoor/outdoor electric chairs can be provided to disabled people who cannot propel a manual chair. Each health authority sets its own eligibility criteria which will take into account individual need and local resources. All eligibility criteria must be set within the broad national framework.

Voucher Scheme

The Voucher Scheme was introduced in 1996 and the principles governing this scheme are set out in HSG(96)53. Essentially this scheme enables disabled people to use their own money to buy wheelchairs not normally provided by the NHS with the assistance of a voucher for the value of an NHS wheelchair.

Disability Discrimination Act 1995

The *Disability Discrimination Act 1995* (DDA) may impact on the provision of wheelchairs given that the NHS and Wheelchair Services are service providers for the purposes of the DDA. Part III of the DDA states that service providers must not treat people less favourably for a disability related reason. This includes altering discriminatory policies, practices and procedures and providing auxiliary services in some circumstances. From October 2004 service providers have a duty to make reasonable adjustments to discriminatory physical features.

An important point to note is that disabled people will not be able to use the DDA to challenge the statutory provisions and rules governing wheelchair provision because DDA s59 effectively exempts service providers from DDA duties when the service is carried out in compliance with a statutory duty. The DDA may be used to protect

disabled people if they have been treated less favourably in other ways by the NHS or Wheelchair Service, for example not being given information about wheelchairs in an accessible format (e.g. on tape or in braille).

Carers (Representation and Services) Act 1995

The Carers (Representation and Services) Act 1995 entitles carers to request an assessment of their own needs when the needs of the person being cared for are assessed for community care services or services for children. The results of the carers' assessment should be taken into account when decisions are made about services to be provided to the user. Carers are defined as adults (aged 18 or over) or children/young people (aged under 18) and parents of disabled children who provide or intend to provide a substantial amount of unpaid care on a regular basis. NHS staff need to be aware of the provision of the Act, to know the arrangements for referral and ensure that carers are aware of their rights and encouraged to seek an assessment where appropriate. They should also contribute directly to the assessment where necessary e.g. to assist in an assessment of a carer's ability to provide and to continue to provide care.

Health and Social Care Act 2001

Section 11 of the 2001 Health and Social Care Act places a duty on all health and social care organisations to consult and involve service users in all aspects of service planning delivery and scrutiny. All concerned will therefore need to ensure patient and carer involvement, and appropriate resources must be made available.

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.

National Standards, Local Action , Health & Social Care Standards & Planning Framework, 2005/2006-2007/2008.

Wheelchair Services provided must meet the core standards set out in the document and reflect the local development standards.

National Service Frameworks.

Practices and Protocols should be updated in line the requirements of current and future the National Service Frameworks.

Response Times (to Client)
(wds = working days)

The following standard minimum response times are required:

Referrals

All referrals will be screened by approved personnel within the service 2 wds

Referrals will be acknowledged to the referrer 5 wds

Incomplete referrals will be returned to the referrer 2 wds

From receipt of referral to assessment 15 wds

From prescription to delivery for following categories of equipment:

Cat.1 Locally held stock. 15 wds

Cat.2 Orders from manufacturers 30 wds

Cat.3 Made to measure 30 to 65 wds

For Cat 3. the Service will obtain an estimated date of delivery from the manufacturer and inform the client within 5 wds

Non-emergency Repairs will be completed in 3 wds

Emergency Repairs/Responses will be within 24 hours

Deliveries will be completed within 5 wds

Collections should be completed within 5 wds

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)

Access By 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 and food for diabetic clients.
- 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.

WHEELCHAIR USER CATEGORIES GUIDELINES**Appendix 5**

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	PART TIME USER SHORT TERM - Temporary requirement. Normally independently mobile. Immobile due to accident or operation. (May include terminal care) NB NOT INCLUDED IN WHEELCHAIR CONTRACT	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 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

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

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 criteria.

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

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

(Reported as per Trust requirements, by Priority /No. of weeks/Type:EPIOC/Manual/Paed/Voucher)

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
to NHS PASA for contractual non compliances.

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.

The National Wheelchair Managers' Forum are trying to collect a sample of data relating to wheelchair services performance against the targets set out in Appendix 2 in the Standards document published in March 2004 and available on the NWMF **website (<http://www.wheelchairmanagers.nhs.uk/pubs.asp>)**.

Services are requested to undertake a sample survey against each of the targets set out above. These results will then be consolidated with the results from other services around the country to provide some feedback on the achievement of the targets within the standards. The results of the consolidated survey will be published on the Forum's website.

Results from individual services will be anonymised.