



Operating Model for NHS-Commissioned Wheelchair Services



## Operating Model for NHS-Commissioned Wheelchair Services

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### Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date Consultation concluded
National Wheelchair Managers forum	NWMF	April 2015 and April 2017
Rehabilitation Engineers Managers Group	ResMag	April 2015

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

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## Operating Model for NHS-Commissioned Wheelchair Services

### Section 1 INTRODUCTION

This document was originally developed in 2005 by The National Wheelchair Managers Forum, British Society of Rehabilitation Medicine, emPower, Posture & Mobility Group and Whizz Kidz and subsequently reviewed in 2010. The 2015 review and update was completed on behalf of all partners by National Wheelchair Managers Forum and the Rehabilitation Engineers Managers Group (ResMag).

This more detailed 2018 review includes additional subjects not previously covered.

#### **1.1 Foreword**

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

This national operating model, supported by the people who use and provide Wheelchairs, underpin the collective determination to ensure a first class service. This document will be kept under regular review in order to improve performance, quality and safety of care.

It is expected that, as a minimum, all providers of NHS wheelchair services will adopt and adhere to these National Operating Model.

#### **1.2 Core Principles**

Reflecting the needs of users, and in accord with legal requirements, the following minimum requirements and best practice have been agreed for NHS Wheelchair and Seating Services throughout the UK.

They assume:

- The provision of adequate resources including premises, staffing and equipment
- On-going staff professional development
- An expectation of service improvement and innovation
- A commitment to provide a service for the clinical and holistic (lifestyle, social, educational) needs of the individual user
- A solution focused on addressing the clinical needs, including anticipating changes in requirements and child development for equipment selection, encompassing life time costs and value for money.
- A commitment to maintain and repair equipment issued in accordance with statutory requirements
- Adoption of the Operating Model for NHS-Commissioned Wheelchair Services

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

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### 1.3 Service Description

All staff involved in the provision of the Service will meet the statutory requirements of their profession. In addition, due to the specialist nature of the service, staff should demonstrate their competency to practice by completing the relevant competency tools developed for their role. This will require continued professional development to ensure their on-going fitness to practice and development of the service.

The Service provides assessments and prescriptions of manual and powered wheelchairs, specialised seating and cushions, modifications and accessories that address 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**)

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### Section 2 PROVISION OF THE SERVICE

#### **2.1. Service Delivery**

The pluralistic nature of NHS services means that the Service may be delivered from a range of service providers, depending on the requirements of CCG 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 statutory guidelines for provision of NHS Wheelchair Services.

#### **2.2 Commissioning**

It is expected that the Service will be commissioned by Clinical Commissioning Groups (CCGs). Effective commissioning will play a key role in ensuring the Service meets (or exceeds) the requirements in this document; reflects (and is responsive to) the needs of users, and provides good value for money.

Commissioners should:

- Adopt the principles outlined in the Wheelchair Charter produced by the Wheelchair Leadership Alliance (Right Chair, Right Time, Right Now)
- Set the parameters of the service provision guidelines
- Provide adequate funding for the Service to ensure the needs of all users are met
- Evaluate information on existing service provision, including number of users, number of referrals, equipment spends 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, taking into account whole life costs and invest to save opportunities
- 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

- Explore joint commissioning arrangements across public sector and independent 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 can emerge



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### **2.3 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 holistic needs of the user in conjunction with the clinical needs (including social, educational, lifestyle and family/carer requirements). This should include commissioning agreements and joint funding across the health, education and social care economy.

### **2.4 Access to the Service**

The service is open to all UK residents with a General Practitioner registered within a defined catchment area, as specified by current National Commissioning agreements. The service may be provided as a totally in house service, or may be contracted out depending on local resources, geographical location and the presence of other rehabilitation services.

The Commissioner should develop guidelines in conjunction with their service providers and local users. These should include lifestyle, clinical needs and the ability of the client to use the specified equipment safely. The guidelines should be subject to on-going review. Services should consider, in appropriate circumstances, joint funding with other statutory and voluntary agencies. Exceptional circumstances should be reviewed through appropriate commissioning routes e.g. Veterans Fund, Continuing Health Care.

### **2.5 Publicity and Information**

The service provider 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.

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### Section 3 SERVICE USER JOURNEY

#### **3.1 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 for an assessment review as personal circumstances change. Service approved personnel will screen all referrals. All referrals will be prioritised taking into account;

- Clinical condition
- Prognosis
- Development needs of children & young people
- Discharge and Rehabilitation needs
- Environmental & Social circumstances
- Usage

The screening process will identify the relevant assessment required and clinical expertise necessary to address the users' issues.

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

#### **3.2 Assessment**

The service will provide a holistic assessment that considers the lifestyle and clinical requirements of the user. This will include the examination of the disabling condition and the impact on:

- effective mobility
- posture
- tissue viability
- anticipated medical deterioration
- development needs
- growth
- the user's goals
- environment
- care needs.

Where appropriate, the assessment will be carried out in conjunction with the wider multidisciplinary team (MDT), and other appropriate agencies i.e. charities, equipment suppliers.

Assessments should be carried out in the most appropriate environment in order for the user and assessor to achieve a fully informed outcome.

Every assessment will ensure users or their representatives have their goals considered and discussed, advice and user options detailed e.g. NHS option, private purchase or the voucher

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scheme. Available options will be dependent on the outcome of the assessment, following which agreement and consent is obtained to continue with any further intervention.

The assessment will be recorded, including objectives agreed with the user, complying with local clinical audit requirements and risk management policy. All assessment reports shall identify clinical and equipment review frequency. In order to help to identify local user trends a classification of each user should be recorded as per the example in **Appendix 4**.

### **3.3 Prescription**

The prescription of the equipment forms part of the assessment process and should reflect the agreed objectives.

User choice regarding provision of equipment from the service, accessing a voucher, charity funding or private purchase should be discussed following the outcome of the assessment.

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).

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 lifestyle and clinical needs of the user in a cost effective manner.

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

### **3.4 Personal Wheelchair Budgets**

Personal Wheelchair Budgets are currently in development and vary across the country. This section will be updated once the project has evolved.

### **3.5 Handover and care of equipment provided to service users.**

Handover will be the responsibility of named qualified staff in accordance with **Appendix 5**

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 the 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 on-going support from the Service.

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The user/carer will be required to sign a condition of supply document to agree the completion of the handover.

### **3.6 User training**

Training needs should be identified as part of the assessment process. This could be conducted through a range of providers or material 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.

Further guidance available at: <http://www.wheelchairmanagers.nhs.uk/services2.ht>

### **3.7 Repair and maintenance contracts**

All equipment will be repaired and maintained in accordance with the original manufacturer's instructions and the latest Medicines & Healthcare Products Regulatory Agency (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 The Disclosure and Barring Service (DBS) clearance as necessary.

### **3.8 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 (Electronic or paper) should be forwarded in a secure and timely manner. The user should be informed of the new maintenance arrangements.

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### Section 4 SERVICE MANAGEMENT

#### **4.1 Premises and Access**

Assessments should be carried out in the most appropriate environment, in order to best assess the user's 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.
- Have a reception/waiting area clearly identified.
- Have access to local transportation systems.
- Have wheelchair accessible W.C. including changing facilities.
- Have access to refreshments
- Clearly display information on the service, available to take away in appropriate formats.
- Ensure clinic space is separated from the waiting area and have:
  - a plinth
  - a hoist
  - appropriate weighing facilities
  - suitable static seating
  - 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.

#### **4.2 Safe Staffing Levels**

Every assessor prescribing wheelchairs and associated equipment will have a recognised relevant professional qualification and / or appropriate current experience in wheelchair assessment, working to their current skill level as indicated in the relevant competency frameworks. Administrative staff within services are vital to help the assessment process and the timely progress of the user journey, ensuring that clinician's time is maximised to deploy their specialist skills to benefit the user.

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### Staff Resources

A generalised recommendation regarding staff numbers was unfeasible due to the many variances in service delivery therefore a rudimentary Capacity & Demand guide has been produced. This was developed by the formation of a group comprising of 3 different wheelchair services. The group represented services from a rural, urban and inner city background in an endeavour to ensure any guide produced represented different service needs and models in terms of demographic, dependency, activity, geography and service delivery.

An audit tool was produced using the NHS England Wheelchairs Data Collection User Needs Categories (**Appendix 4**), and completed by each service for a 2 week period to capture demand. Some assumptions regarding clinical/admin time to manage demand were agreed below:-

<b><u>Activity/Category</u></b>	<b><u>Time</u></b>
Triage	30mins
Med/Low Contacts	45mins
Spec/High Need	60mins
Reports, prescriptions etc. post face-to-face clinical contacts	30mins

Using these assumptions the group were able to calculate the clinical/admin time required each week to manage demand. Caveats are required regarding travel time and other responsibilities as these were not included and also some services' admin team may carry out triage. However initial calculations using this process could offer services a quick guide regarding whether the service has sufficient staff hours, regardless of banding to meet service demands.

### Staffing profile

Each service should identify the staff skill mix required to meet demand and the necessary capacity be developed by local management to meet the volume and complexity of work. An indication of this can be achieved using the accumulated activity data collected from the suggested Audit Tool (**Appendix 8**).

### Staff training / Continuing Professional Development

Resources should be made available to support Continuing Professional Development, education and training of Service and contractor staff. This may include both in-house and external courses/training to ensure that staff meets the required competencies.

Further guidance available at: <http://www.wheelchairmanagers.nhs.uk/pubs.html>

### **4.3 Equipment Procurement**

The specifications of all equipment, sufficient to meet assessed user needs, will be determined by stakeholders such as commissioners, service providers, users and carers.

The service provider will adopt a purchasing strategy that:

- Ensures total clinical and holistic needs are met while providing value for money and compliance with the provider's procurement strategy

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- 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
- Works 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.
- Agrees a range of equipment that meets the needs of the majority of users. 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.
- Ensures all new equipment purchased will comply with the essential requirements of the CE marking regulations.
- Collaborates 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.

### **4.4 Documentation and records**

All records will comply with the Commissioner’s and Service provider’s Record Management Policy; 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) and documented assessment details e.g. timeliness of the report and justification of future actions.

Where there are differences between the planned and actual outcomes, these will be recorded.

Consent to treatment must be obtained and recorded.

### **4.5 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 6**). The Service should also

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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.

### **4.6 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 including Professional guidelines/standards and benchmarked 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 7** shows an example).

### **4.7 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.



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### Appendix 1

#### Legislation In Relation To Wheelchairs

##### 1 THE HEALTH SERVICE ACT 2006

a. The main provisions in relation to wheelchairs are included in paragraphs 9 – 11 of Schedule 1 to the National Health Service Act 2006.

b. 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.

c. 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.

d. The NHS (Wheelchair Charges) regulations 1996/1503 (statutory Instrument 1996/1053) (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, and may include maintenance and repair, (e.g. Voucher Scheme).

##### 2 HEALTH AND SOCIAL CARE ACT 2012

The Health and Social Care Act 2012 abolished PCTs and established clinical commissioning groups (CCGs) alongside NHS England. CCGs commission local services whilst NHS England commission specialised services. Wheelchair provision is currently commissioned through CCGs.

##### 3 THE EQUALITY ACT 2010

a. The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

b. It repealed in full previous anti-discrimination laws with a single Act, including The Disability Discrimination Act 1995.

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c. Disability is a protected characteristic under the Equality Act 2010 and defined as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on ability to do normal daily activities.

d. Under the Equality Act 2010 disabled people are protected from discrimination when accessing public services (schedule 19 of the Equality Act 2010) through the introduction of the public sector equality duty.

### 4 THE CARE ACT 2014

a. The Care Act 2014 sets out carers' legal rights to assessment and support. It came into force in April 2015. The local authority has responsibility to assess whether the carer has needs and what those needs may be. 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.

### 5 HUMAN RIGHTS ACT 1998

a. 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.

### 6 NHS (PROCUREMENT, PATIENT CHOICE AND COMPETITION ) (No. 2) REGULATIONS 2013 (SI 2013/500) (THE NHS PROCUREMENT REGULATIONS)

a. The NHS Procurement Regulations are adopted further to section 75 of the Health and Social Care Act 2012 (the Act). Section 75 refers to the purpose of securing that, in commissioning NHS healthcare services, the NHS Commissioning Board (NHSCB) and clinical commissioning groups (CCGs);

- Adhere to good procurement practice.
- Promote and protect patient choice.
- Do not engage in anti-competitive behaviour which is against patient interests.

b. Commissioners must consider the option of competing the wheelchair service contract they commission; there is no specific duty to open the contract out to competition

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### Appendix 2

#### **Response Times (to Client)**

The following standard minimum response times are recommended, subject to local commissioning:

#### **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 requests 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
- Date of referral
- Date of receipt of referral
- Ethnic origin
- NHS number
- War pensioner
- Accredited assessor number (when appropriate)

The NWMF acknowledges the Equality Act 2010 references to the 9 protected characteristics in relation to data collection. As this information requirement will vary in each Commissioned Wheelchair and Seating Service the local requirements can be added as required. The full list is;

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- gender
- sexual orientation

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### Appendix 4

#### Wheelchair User Needs Categories

(NHS England Wheelchairs Data Collection, NHS Tariff Implementation)

#### User Needs

Specialist Need

High Need

Medium Need

Low Need

LEVEL	DESCRIPTION OF USER	INTERVENTION	EQUIPMENT NEEDS
Specialist Need			
High Need	<p>Permanent users who are fully dependent on their wheelchair for all mobility needs.</p> <p>Complex postural or seating requirements (e.g. for high levels of physical deformity)</p> <p>Physical condition may be expected to change/degenerate over time.</p> <p>Very active users, requiring ultra-lightweight equipment to maintain high level of independence</p> <p>Initial assessment for all children.</p>	<p>Comprehensive, holistic assessment by skilled assessor required.</p> <p>Regular follow up/review with frequent adjustment required/expected.</p>	<p>Equipment requirements</p> <ul style="list-style-type: none"> <li>- Complex manual or powered equipment, including tilt in space chairs, fixed frame chairs, seating systems on different chassis/high pressure relieving cushions/specialist buggies/multiple accessories/multiple and/or complex modifications/needs are met by customised equipment.</li> </ul>
Medium Need	<p>Daily users of wheelchair, or use for significant periods most days. Have some postural or seating needs.</p> <p>Physical condition may be expected to change (e.g. weight gain/loss; some degenerative conditions).</p>	<p>Comprehensive, holistic assessment by skilled assessor required.</p> <p>Regular follow up/review</p>	<p>Equipment requirements</p> <ul style="list-style-type: none"> <li>- Configurable, lightweight or modular wheelchair (self-or attendant propelled)/low to medium pressure relieving cushions/basic buggies/up to 2x accessories/up to 2x modifications.</li> </ul>
Low Need	<p>Occasional users of wheelchair with relatively simple needs that can be readily met.</p> <p>Do not have postural or special seating needs.</p>	<p>Assessment does not typically require specialist staff (generally self-assessment or</p>	<p>Equipment Requirements</p> <ul style="list-style-type: none"> <li>- Basic wheelchair (self or attendant-propelled)/standard cushion/up to 1 x</li> </ul>

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	Physical condition is stable, or not expected to change significantly.	telephone triage supported by health/social care professional or technician). Limited (or no) requirement for continued follow up/review.	accessory/up to 1 x modification.
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### Appendix 5

#### 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 present wheelchair 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.

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### Appendix 6

#### **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
- Gender
- Diagnosis
- Needs Categories

#### **Number of Assessments Carried Out**

By;

- Wheelchair Service Therapist.
- Rehabilitation Engineer.
- Wheelchair Service Therapist & Rehabilitation Engineer.
- Wheelchair Service Technician/Assistant.
- 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.



## Operating Model for NHS-Commissioned Wheelchair Services

### 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
- Service to client.
- Repair. / Collections

### Adverse Incidents 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.
- Planned Preventative Maintenance (PPM)

### 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.

## Operating Model for NHS-Commissioned Wheelchair Services

### Appendix 7

#### Wheelchair Services Outcomes Survey (an example)

Tool for measuring

### Satisfaction and outcomes at time of follow-up of assistive technology

Section with identification of respondent (if not on a separate page).

1. What assistive device is followed up? \_\_\_\_\_

2. How long ago did you get it? \_\_\_\_\_

3. Do you currently use the assistive device?  Yes (Skip to 5)  No

4. If No, why do you not use it? \_\_\_\_\_

(Skip the remaining questions if you answered question 4.)

**Now come some questions about how much problem you may have at present to carry out activities where you live. This includes assistance from other people and the use of assistive devices.**

5. To what extent do you have problem to use transportation as a passenger to move around?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No problem	Mild problem	Moderate problem	Severe problem	Complete problem	Not applicable

6. To what extent do you have problem to do housework like washing or cleaning?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No problem	Mild problem	Moderate problem	Severe problem	Complete problem	Not applicable

7. To what extent do you have problem to go to school and study?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No problem	Mild problem	Moderate problem	Severe problem	Complete problem	Not applicable

8. To what extent do you have problem to get and keep a job?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No problem	Mild problem	Moderate problem	Severe problem	Complete problem	Not applicable

9. To what extent do you have problem to participate in recreational and leisure activities such as sports, games, arts and crafts, dance, music, etc.?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No problem	Mild problem	Moderate problem	Severe problem	Complete problem	Not applicable

## Operating Model for NHS-Commissioned Wheelchair Services

10. To what extent do you have problem to participate actively in religious activities?

- No problem     Mild problem     Moderate problem     Severe problem     Complete problem     Not applicable

**Now come some questions about how satisfied you are with the assistive device.**

11. How satisfied are you with its size? (How big it is?)

*(Do not ask this question about computer programs.)*



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

12. How satisfied are you with its weight? (How heavy it is?)

*(Do not ask this question about computer programs.)*



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

13. How satisfied are you with how easy it is to move from place to place?

*(Do not ask this question about computer programs.)*



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

14. How satisfied are you with how it looks?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

## Operating Model for NHS-Commissioned Wheelchair Services

15. How satisfied are you with how easy it is to use?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

16. How satisfied are you with the time it takes to set up?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

17. How satisfied are you with its reliability?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

18. How satisfied are you that it meets your needs? (Does it do everything that you want it to do, within a reasonable time?)



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

**Now come some questions about how satisfied you are with the way you got the assistive device.**

19. How satisfied are you with the advice given on what technology would be best for you?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

## Operating Model for NHS-Commissioned Wheelchair Services

20. How satisfied are you with the time it took to get?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

21. How satisfied are you with the help given if it is not working properly?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

22. How satisfied are you with the help and advice you were given on how to use it?



Terrible



Unhappy



Mostly  
dissatisfied



Mixed



Mostly  
satisfied



Pleased



Delighted

**Now come some questions about your experiences of using the assistive device.**

23. Think about how much you used your present assistive device over the past two weeks. On an average day, how many hours did you use it?

None

Less than 1  
hour a day

1 to 4  
hours a day

4 to 8  
hours a day

More than 8  
hours a day

24. Think about the situation where you most wanted to perform or do better, before you got your present assistive device. Over the past two weeks, how much has the assistive device helped in that situation?

Helped  
not at all

Helped  
slightly

Helped  
moderately

Helped  
quite a lot

Helped  
very much

25. Think again about the situation where you most wanted to perform or do better. When you use your present assistive device, how much difficulty do you STILL have in that situation?

Very much  
difficulty

Quite a lot of  
difficulty

Moderate  
difficulty

Slight  
difficulty

No  
difficulty

## Operating Model for NHS-Commissioned Wheelchair Services

26. Considering everything, do you think your present assistive device is worth the trouble? (Do the benefits you get from using the assistive device outweigh any difficulties storing, maintaining, transporting or using the device?)

Not at all worth it       Slightly worth it       Moderately worth it       Quite a lot worth it       Very much worth it

27. Consider the difficulties that led you to get an assistive device. Over the past two weeks, with your present assistive device, how much have those difficulties affected the things you can do?

Affected very much       Affected quite a lot       Affected moderately       Affected slightly       Affected not at all

28. Consider the difficulties that led you to get an assistive device. Over the past two weeks, with your present assistive device, how much do you think other people were bothered by those difficulties?

Bothered very much       Bothered quite a lot       Bothered moderately       Bothered slightly       Bothered not at all

29. Considering everything, how much has your present assistive device changed your enjoyment of life?

Worse       No change       Slightly better       Quite a lot better       Very much better

### Sources:

WHO International Classification of Functioning, Disability and Health (ICF).

QUEST 2.2. Modified from the QUEST 2.1: Children's Version by Sonya Murchland 2011.

IOI-HA. Cox RM, Stephens D, Kramer SE (2002). Translations of the International Outcome Inventory for Hearing Aids (IOI-HA). International Journal of Audiology 41(1):3-26.

## Operating Model for NHS-Commissioned Wheelchair Services

### Appendix 8

#### Capacity & Demand Activity Audit 2017 (EXAMPLE)

Indicate joint assess with initials of colleague in brackets i.e. 1 (MHS)

<u>Category</u>	<u>Assess Week Beg 23rd Jan 2017</u>	<u>Assess Week Beg 30th Jan 2017</u>
Specialist Need	7 Therapist 5 Therapist & RE 2 Therapist & Assistant/Technician 5 RE  <b>19patients/26 clinical hours</b>	3 Therapist 7 Therapist & RE 2 Assistant/Technician  <b>12 patients/21 clinical hours</b>
High Need	1 Therapist 2 Therapist & RE 1 RE  <b>4patients/6 clinical hours</b>	1 Therapist 8 Therapist & RE 1 RE 2 Assistant/Technician  <b>12 patients/22 clinical hours</b>
Medium Need	7 Therapist 3 Therapist & RE 1 Therapist & Assistant/Technician 22 Admin  <b>33 patients/15 clinical hours</b>	3 Therapist 7 Therapist & RE 14 Admin 2 Assistant/Technician  <b>26 patients/19.5 clinical hours</b>
Low Need	4 Admin  <b>4 patients/3 clinical hours</b>	3 Admin  <b>3 patients/2.25 clinical hours</b>
Triage/Screening	18 Therapist 47 Admin  <b>65 patients/32.5 clinical hours</b>	30 Therapist 42 Admin  <b>72 patients/36 clinical hours</b>

## Operating Model for NHS-Commissioned Wheelchair Services

### Breakdown

<u>Clinicians</u>	<u>Specialist Need</u>	<u>High Need</u>	<u>Medium Need</u>	<u>Low Need</u>	<u>Triage/ Screening</u>	<u>TOTALS</u>	<u>Percentage</u>
Therapist	10	2	10		48	22	20%
RE	5	2				7	6%
Assistant/Technician	2	2	2			6	5%
Therapist & RE	12	10	10			32	28%
Therapist & Assistant/Technician	2		1			3	3%
Admin Screening			36	7	89	43	38%
<b><u>TOTAL</u></b>	<b>31</b>	<b>16</b>	<b>59</b>	<b>7</b>	<b>137</b>	<b>113</b>	<b>100%</b>
<b><u>TOTAL Clinical Hours</u></b>	<b>31</b>	<b>16</b>	<b>44.25</b>	<b>5.25</b>	<b>68.5</b>	<b>165 clinical hours</b>	
<b><u>Percentage</u></b>	<b>19%</b>	<b>10%</b>	<b>27%</b>	<b>3%</b>	<b>41%</b>	<b>100%</b>	

### Assuming:-

<u>Activity/Category</u>	<u>Time</u>
Triage	30mins
Med/Low Contacts	45mins
Spec/High Need	60mins

The above example suggests this service requires 165 clinical hours over 2 weeks = 82.5 hours per week.

Assuming this is required every week of the year to manage/maintain demand this is equal to:  $82.5 \times 52$  (weeks of the year) = 4290 clinical hours

Taking into account staff annual leave/training/other possible absence and therefore working on a 42 weeks year this equates to:  $4290/42 = 102$  clinical hours per week. This enables a service to complete a quick sense check on terms of whole time equivalent clinical availability vs the number of clinical hours indicated as required.

**NB: this does not include meetings, supervision, travel etc**