

Model service specification for wheelchair and posture services

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Contact Details for further information	Sarah Smith Direct Commissioning Change Projects/Operations & Information NHS England Quarry House Leeds LS2 7UE england.wheelchairs@nhs.net

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Model service specification for wheelchair and posture services

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Prepared by: Sarah Smith, Direct Commissioning Change Projects,
Operations & Information Directorate

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1 Introduction

Wheelchairs provide a significant gateway to independence, well-being and quality of life for thousands of adults and children. They play a substantial role in facilitating social inclusion and improving life chances through work, education and activities that many people who do not need wheelchairs take for granted.

In many parts of the country wheelchair services are very good, but there is variation and some services commissioned by the NHS fall short of meeting the needs of wheelchair users. Children and adults with complex, long term conditions need to be able to access the right wheelchair, quickly, and with appropriate support. The timescales between referral and assessment and from assessment and delivery are of paramount importance. As is obtaining the correct prescription; all wheelchairs are not the same. Getting the wrong wheelchair leads to re-referrals and the development of other health complications.

Wheelchair users and their families rely on Clinical Commissioning Groups (CCGs) to commission, and for Providers to provide, a wheelchair service that ensures the provision of the right wheelchair at the right time. If this is done right, it will enable wheelchair users and their families to live as full a life as possible.

This model service specification has been developed with stakeholders and sets out the ambitions for excellent wheelchair service and provides CCGs with a framework for them to use with their service users, providers and suppliers to commission services that meet the needs of wheelchair users and their families.

1.1 Background and context

Following the two National Wheelchair Summits in 2014, NHS England committed to taking work forward to support CCGs to improving services locally, so that adults and children who need wheelchair services receive a more bespoke and responsive services and the right wheelchair is provided at the right time for every wheelchair user.

Providing CCGs with a model service specification was felt by many to be an important tool to enable a move to more consistency of approach to tackle the issue of variation in quality of services, whilst at the same time recognising that CCGs need to be able to commission services that meet the needs of their local population.

In addition to this model service specification, NHS England has focused on a number of key areas where we can provide most support from a national perspective, specifically:

1.2 National Wheelchair Data Collection

A new mandatory data collection was introduced in July 2015 and this can, for the first time, enable CCGs to benchmark their services and allow more detailed analysis of the best and worst performing areas. The data looks at waiting times at the various stages across the pathway and will allow CCGs to determine where blockages are to enable targeted improvement. The data collection questions and definitions to be used are attached to this document in Annex 1. The data can be found [here](#).

1.3 Including improving wheelchair access for children as a ‘must do’ for CCGs for 2017/18 - 2018/19

NHS Joint Planning Guidance 2017 – 2019 requires CCGs to develop improvement plans to ensure that all children who require a wheelchair will get one within 18 weeks.

1.4 Implementing Personal Wheelchair Budgets

Personal wheelchair budgets have been tested and developed through 2016/17 with a number of CCGs to deliver personalised integrated care at patient level, to develop care planning and a focus on people’s health and wellbeing outcomes within wheelchair services. This will support people to manage their own health and care, and have more choice and control of the wheelchair they are able to access. From April 2017 CCGs are expected to start to develop their local personal wheelchair budget offer to replace the existing voucher system as part of their personal health budget rollout plans. NHS England will continue to support CCGs to develop their local models in this area throughout 2017/18.

Further information is available on the [NHS England website](#) and guidance for NHS and local government professionals can be found on the [Personal Health Budgets Learning network](#).

1.5 Developing wheelchair tariff

NHS England and NHS Improvement have made a set of currencies available for wheelchairs which can be used in 2017/18 and will be collecting cost reference data to lead to developing a wheelchair tariff.

2 Scope

2.1 Why do we need to improve wheelchair services?

There are many reasons why Commissioners need to prioritise improvement to their wheelchair services. The latest national data collection (Q4 2016/17) tells us that around 25% of children are waiting over 18 weeks for a wheelchair and 17% of adults.

2.2 Impact of not getting the right wheelchair at the right time

If a service user gets the wrong wheelchair, or it takes too long to get them the right wheelchair, this can have a huge impact on:

- The clinical outcomes of the Service User
- The social outcomes of the Service User
- The health and wellbeing of carers
- The economic costs of additional services.

The costs incurred from not providing the right wheelchair can be considerable. Some studies suggest that up to half of all people who use a wheelchair will develop a pressure ulcer at some point during their life caused, in part, by ill-fitting or ill-equipped wheelchairs. The cost of treating the worst cases of a pressure ulcer can be as much as 16 total hip replacements. For every 182 wheelchair users not able to work, the benefits bill can increase by up to £1m, whereas the positive economic contribution when in work can be up to £4.7m. (Source: *Right Chair Right time Right Now*, eDigest, NHS Improving Quality, 2014)

2.3 Contribution of wheelchair services to other health and social care priorities

In commissioning wheelchair and posture services, the impact that the wheelchair services have on wider commissioning objectives should be considered, such as the reduction of hospital admission rates, A+E attendances and delayed discharges. Enabling people to remain independent in the community through use of appropriate wheelchairs is preferable to admitting them for treatment into other parts of the healthcare system. Investment in an appropriate wheelchair can result in reduced need for care services and less dependence on benefits. Commissioning should focus on quality and whole life costs.

Specific health related areas of 'invest to save' include:

- The provision of appropriate seating. Good pressure distribution products (e.g. cushions) and supportive seating is an important element of the service. They can improve independence, by reducing pressure ulcer problems and acquired disability later in the healthcare cycle of an individual and reduced costs associated with treating pressure ulcers.
- Timely and appropriate provision of a wheelchair impacting on the prevention of falls
- Integrating additional features such as tilt in space and risers into a wheelchair to improve circulation; reduce tone and spasticity and maintain respiratory, bowel and bladder functioning (and thereby reduce secondary complications resulting in hospital treatment and care).

3 Ambitions for Improving Wheelchair Services

Aim: Wheelchair services should aim to provide an efficient, cost effective service that is person-centred and supports individuals, their families and carers to achieve improved quality of life and independence through timely provision of the right wheelchair and associated equipment at the right time.

3.1 A Person Centred Service – What users tell us they want

- Involve the service user in the wheelchair selection and delivery
- Support independence by asking how the service user wants to live and what their goals are
- Transitions from child to adult services to enable lifestyle to be maintained

- On-site repair teams should also be mobile and able to visit service user to repair wheelchairs
- Service users to be able to give feedback and be involved in the evaluation
- After care and follow up and renewal of the equipment once it has been provided
- Ability to trial the wheelchair before being issued with it formally

3.2 A Person Centred Service – User Outcomes

- Service users, their families and carers have more choice and control over their wheelchair and associated equipment
- Service users have a wheelchair which allows them to be as independently mobile as their condition allows and take account of social, educational and employment needs.
- Service users have a choice of clinic times and locations thus providing more flexibility to fit in with their lifestyles (and potentially reducing DNAs)
- The wheelchair allows users to interact with their able-bodied peers, engage in recreation and maintain a healthy lifestyle and prevent secondary health problems
- Service Users feel they have an equal chance to contribute to society and enjoy the physical and mental stimulation that this can provide.

4 This Service Specification

This model specification has been developed to support commissioners in commissioning wheelchair services. The document specifies the provision of standard and specialised wheelchair and posture services from the Provider. It describes the role, function and responsibilities of these services. **It is non-mandatory.**

It seeks to describe how Clinical Commissioning Groups (CCGs) should commission wheelchair and posture services as part of wider strategies to support independence. CCGs are the main commissioners of wheelchair and posture services, but to do so need to work closely with other agencies to deliver integrated services, including social care, education and, where present, voluntary/third sector and/or independent sector providers, including wheelchair users themselves.

It is recommended that users and carers of wheelchair services should be involved in the development of local specifications to ensure services meet local circumstances and need.

The service specification document should be read in conjunction with the [NHS Standard Contract](#) and the [NHS Standard Contract \[2017/19\] Technical Guidance](#).

5 SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Wheelchair and Posture Services for children, young people and adults (standard and specialised)
Commissioner Lead	
Provider Lead	
Period	
Date of Review	

1. Population Needs

NATIONAL/LOCAL CONTEXT

NATIONAL:

Available data suggested that there are in the region of 1.2 million wheelchair users in the UK and the number of people using wheelchairs is expected to rise in the near future. (Source: 'Right Chair Right Time Right Now, eDigest, NHS Improving Quality 2014).

To help CCGs better understand the quality of their wheelchair services NHS England established a national data collection to enable the gathering and dissemination of data that can be used for benchmarking and improving the commissioning of wheelchair services and outcomes for wheelchair users and for CCG to better understand the quality of services being provided in their areas.

The data collected enables, for the first time, benchmarking in areas such as the volume, expenditure and access to services. CCGs can compare their services to others across the country. This should enable commissioners to have a comprehensive understanding of their wheelchair user population and identify where future service improvements, where appropriate, may need to be made.

The published data collection is available [here](#) and recent returns (Q4 2016/17) demonstrate that around 25% of children and 17% of adults are awaiting more than 18 weeks to receive their wheelchair.

NHS Planning Guidance (2017 – 2019) requires CCGs to develop improvement plans to ensure children get a wheelchair within 18 weeks of referral by 2019.

BEST PRACTICE

Core Principles for the integrated commissioning of wheelchair services

The Wheelchair Charter, developed by the National Wheelchair Leadership Alliance, identified a number of ambitions for wheelchair services which are appropriate to include in this service specification. These are supported by some of the 'core principles' identified by stakeholders through the work carried out following the Wheelchair Summits.

Commissioners should consider how they can work with users, providers and suppliers to design and deliver services which deliver these ambitions. These are described in more detail in Annex 2 and can be used by commissioners and providers as a check list to track progress with delivering:

1. A person-centred service that works in partnership with Service Users and their Carers and makes the Service User/Carer voice central to any design, innovation and service change
2. Entry to the service via referral from an appropriately skilled professional
3. Timely, standardised, holistic assessment process with co-produced (with Service Users/Carers/Provider) outputs and outcome measures
4. Time to assessment, whether for a new piece of equipment or re-assessment in response to changing need, should be as short as possible
5. Advanced prescribing is in place for Service Users with rapidly progressive conditions
6. Establish regular reviews with the Service User/Carer according to their individual needs
7. Prescriptions which take into account the current and future needs for all adults and children, including those of Carers
8. Innovative and flexible budgeting working with key partners to strengthen integration across health, social care, work and education. Thus enabling the accommodation of individual needs, independence, health and wellbeing including the utilisation of Personal Wheelchair Budgets
9. Recruitment of qualified Staff in respect of numbers and skills, with support for ongoing development and training
10. Supporting clinicians, manufacturers, and independent organisations working together to develop innovative, affordable products and solutions
11. Advocacy and peer support from appropriate local and national disabled people's organisations should be available to support people to make the right choices and have access to ongoing advice.

LOCAL CONTEXT: INSERT AS NECESSARY

NOTE FOR COMMISSIONERS:

- List CCGs that are commissioning the service with a short synopsis of each CCG e.g. population breakdown by age, ethnicity; future trends in demographics and estimates of possible future need for the wheelchair service; number of current service users in the area.

[Commissioners may insert local information of their local demographics and other relevant information and data.]

Data might include:

- How many users are registered with the wheelchair service?
- What is the age profile of the wheelchair service users?

- Number of users by age group?
- How is the current service performing compared to other wheelchair services?
- Waiting times – from referral to assessment and assessment to hand over of the equipment
- Length of waiting list – number of users on the waiting list and the waiting time
- User experience and satisfaction
- What is the resident population?
- What is the resident population age profile?
- Are there any local health issues that may result in a higher than average demand for wheelchair or posture services?
- Future trends
- Historic data e.g. indication of volume of training to be delivered (mentioned in spec below); indication of volumes of refurbishment and repair of wheelchairs

[To note: some of this information is available from the national wheelchair data collection]

2. Outcomes (mandatory inclusion)

2.2 Local defined outcomes

2.2.1 Commissioner Outcomes

(Note to Commissioners: Commissioners should agree local outcomes based on the specific needs of their population and the quality and accessibility of current service provision. Local outcomes are more likely to be relevant if they are developed with Service Users and their Carers and agreed by all partners. This service specification has been influenced by the Wheelchair Charter included in the ‘Core Principles’ listed in Section 1 and reflects what patients and users think. Commissioners should refer to these to determine appropriate local outcomes to deliver these ambitions. These are described in more detail in Annex 2 and commissioners and providers may wish to use these as a check list to track progress in delivering the ambitions)

The wheelchair services will ensure that all Service Users registered with a GP within **xxxxxx** CCG, who have a long-term illness or disability, have a better quality of life and are able to maximise their mobility through the provision of a wheelchair that meets their holistic needs.

3. Scope (mandatory inclusion)

3.1 Aims and objectives of service

The aim of the wheelchair and posture service is to maximise the mobility and independence and improve the quality of life for Service Users and their Carers, through timely access to appropriate assessment, provision and maintenance of equipment. The Provider should respond to changes in Service Users’ health conditions through regular review and deliver a service that Service Users perceive to be a good experience.

Scope

The Provider is required to provide a wheelchair and posture service for children, young people and adults registered with a GP located *[include local geography]*.

The Provider must:

- Provide a service in accordance with the Healthcare Standards for NHS commissioned wheelchair services (*National Wheelchair Managers Forum April 2015*)
- Involve the Service Users and their Carer in the provision of a wheelchair (and associated specialist seating) to meet the clinically identified need
- Provide the wheelchair, plus any required modifications, in an acceptable timescale to the Service User (Note: NHS Joint Planning Guidance requiring children to receive a wheelchair within 18 weeks from referral by Q4 2019)
- Re-assess the Service User within agreed timescale to ensure the wheelchair and seating continue to meet their individual needs
- Provide ongoing support and advice to Service Users (or Carers if appropriate) in the use of their wheelchair and seating
- Provide a repairs, modifications and maintenance service to the Service User's wheelchair, including providing an appropriate replacement wheelchair during any repair period
- Provide a collection service once the wheelchair is no longer required
- Provide a decontamination service on the returned wheelchair and any returned seating
- Provide a decommissioning service for equipment that can be disposed of
- Maintain accurate and up to date information on wheelchair availability and variety
- Maintain accurate and up to date records on assessment, provision, re-assessment, discharges, repairs and maintenance, collection and decontamination and decommissioned wheelchairs
- Manage stock to meet the needs of Service Users
- Recycle and refurbish redundant stock
- Meet all necessary requirements of the Medicines and Healthcare Products Regulation Agency and Medical Devices Directive

3.2 Service Overview

The Provider will assess Service Users for the provision of wheeled mobility equipment for those with long term mobility problems, both powered and manual. Pressure relieving cushions and postural management wheelchair equipment will also be provided to meet the Service User's long term clinical need.

The Provider must demonstrate to the Commissioner the readiness to meet essential features of Personal Health Budgets within the wheelchair service to support a local offer of Personal Wheelchair Budgets (*subject to wider roll-out following the national pilots*) which will ensure services are personalised and offer increased choice and control for Service Users accessing the service. The Provider must ensure that Service Users:

- Know up front how much money they have available for healthcare support
- Be enabled to choose the health and wellbeing outcomes they want to achieve
- Be involved in design of care plan

- Be able to request a particular model of budget that best suits the amount of choice and control with which they feel comfortable.
- Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.

Assessment and provision must take into account the needs of the Service User and Carers, as well as any environmental constraints.

The Provider must offer assessments by appropriate skilled and experienced practitioners particularly for Service Users with complex needs requiring bespoke equipment.

The Provider must assess all Service Users in a clinical, educational, home or work environment as appropriate to meet the Service User's specific needs.

The Provider will provide the Services to children, young people and adults with a wide range of conditions including but not limited to:

- Musculoskeletal (including peripheral joints, spinal injuries and arthritis)
- Trauma
- Birth trauma
- Head injuries
- Congenital conditions (e.g. Spina Bifida)
- Neurological conditions (e.g. Cerebral Palsy, MS, Parkinson's, Stroke and MND)
- Learning Disabilities
- Age related conditions.

The Provider must have agreed protocols and standards for wheelchair services that include:

- Providing a comprehensive service that meets the needs of the child, young person or adult.
- Provision of clear information for professionals, parents, carers, children and young people and schools and adult users regarding access to wheelchair services and the limitations of the NHS wheelchair service.
- A single referral system for all.
- Repair and maintenances procedures (including planned preventative maintenance).
- Adult Service Users' needs will be reviewed as and when requested by the user or in accordance with individual assessed clinical need.
- Children and young people shall be reviewed as and when requested by the parent/carer or in accordance with individually assessed clinical need.
- Defined transition processes and pathway for children to move into adult service if required.

SUPPORTING INPATIENT CARE

The Provider will maintain a minimum stock level of standard equipment to facilitate prompt discharge of Service Users with a long-term wheelchair need from inpatient care.

SUPPORTING SERVICE USERS WITH PROGRESSIVE DISORDERS

The Provider must offer a five day fast track service for Service Users with a progressive neurological disorder. If a specialist wheelchair is required which cannot be sourced within five

Operational Days, the provider will provide a temporary wheelchair that best meets the needs of the Service User. This is to be undertaken only after consultation with wheelchair therapists and other clinicians responsible for the care of the Service User to ensure that clinical needs are not compromised and are safe.

SUPPORTING SERVICE USERS WITH TERMINAL ILLNESS/AT END OF LIFE

For Service Users with a terminal illness a [24 hour] fast track service will be offered. If a bespoke or specialist wheelchair is required which cannot be sourced within [24 hours], the Provider will provide a temporary wheelchair which best meets the needs of the Service User. This is to be undertaken only after consultation with wheelchair therapists and other clinicians responsible for the care of the Service User to ensure that clinical needs are not compromised.

SUPPORTING CHILDREN UNDER 36 MONTHS OLD

The Provider will accept referrals for children under 3 years if they have postural support needs or functional wheelchair support needs which cannot be accommodated in a normal commercially available buggy that a parent would normally be expected to fund.

The Provider will issue a simple buggy where a child is developmentally delayed and is not able to walk distances. However, if the child has complex postural or medical needs (as identified through the assessment process), the Provider must assess whether a specialist buggy will be given on an individual basis. In all cases, the buggy will be age appropriate for the child.

The Provider will provide seatbelts and harnesses for postural support in the buggy and for those children with behaviour needs who require equipment to support safe outdoor mobility. They will not be issued for solely as a means of controlling a child's behaviour.

REFERRALS

New referrals and re-referrals can be made by a wide range of professionals to promote easy access and early support. The Provider will accept referrals from:

- Primary Care professionals/GPs
- Occupational Therapists and Physiotherapists
- Community Nurses (District Nurses/Community Matrons/Rapid Response Team)
- Rehabilitation Teams
- SENCO/School Nurses
- Community Paediatricians
- Hospital In-Patient Teams
- Appropriately qualified Social Care staff
- Self-referral by Service Users (and Carers) for follow up assessments after the initial referral from a professional has been actioned

The Provider must provide referrers with appropriate information regarding services offered to enable effective sign posting to Service Users to reduce inappropriate referrals.

The Provider must accept referrals via a single point of access and the Provider will triage referrals with a multi-disciplinary team of occupational therapists, wheelchair technicians and physiotherapists. The Provider will then decide whether to: offer advice and support and information to the Service User; signpost the Service User to other provision; request further information from the referrer; or accept referral for assessment.

The Provider will be responsible for establishing an effective and efficient referrals management system.

The Provider will prioritise referrals taking into account: clinical condition; prognosis; environmental and social circumstances and usage etc., and will keep the Service User (and/or their Carer) informed of the progress of the referral.

ASSESSMENT

The Provider will undertake the assessment process on an individual needs basis and be flexible to meet the needs of the Service User (for adults throughout their life or service need and for children and young people throughout their childhood and transition into adulthood) and must be undertaken within the most suitable environment for the Service User.

The Provider must adhere to the following principles when assessing the needs of the Service User, to ensure that the right equipment is provided at the right time to the Service User, to deliver defined outcomes:

- the holistic assessment is co-produced by appropriate members of the multidisciplinary/multiagency team, in which the Service User, Carer and/or family are equal members of the team
- The assessment considers the objectives all parties wish to achieve, with clear and agreed individual outcome measures.
- The assessment is carried out, and equipment and/or training provided, by a member of the Provider's staff with the required level of competency (see published Rehabilitation Engineers and Wheelchair Therapists competency documents).
- It will include an holistic assessment including clinical, employment, education, housing and leisure needs as appropriate
- There will be anticipatory interventions for the needs of Service Users with rapidly progressive conditions, and timely reviews built into care plans. There will be the ability to 'fast track' in certain circumstances to support Service User or Carer needs (e.g. rapidly changing or terminal conditions).
- All assessments support the Service User and their Carer and enable them to consider the health and wellbeing outcomes they wish to achieve, including the consideration of future need, and the health and wellbeing of the carer.
- Equipment and any adaptations will be provided in a timely manner, adhering to locally defined pathways and using response times as defined in the National Wheelchair Managers Forum's 'Healthcare Standards for NHS-commissioned Wheelchair Services', which reflects the Department of Health document, 'Allied Health Professional Referral to Treatment Revised Guide 2011', as a benchmark for best practice. (Note: NHS Planning Guidance requires children to receive a wheelchair within 18 weeks of referral by Q4 2019)
- The Provider will provide the necessary training to the Service User (and Carer) in the use of the wheelchair and equipment.
- The Provider will review the Service User's position and posture in lying and sitting, where clinically indicated, to maximise independence comfort and to inform the prescription. The Provider will refer the Service User to relevant health or social care practitioners as soon as possible, should further expert assessment be indicated

- The Provider must consider onward referral of the Service User for assessment to support employment, education, housing, transport, communication and environmental control needs.

PRESCRIPTION

The Provider will prescribe wheelchairs and specialist seating ensuring that:

- The Service User/Carer must be aware of all options for wheelchairs and specialist seating at the beginning of the prescription process
- The prescription that generates the product order must be produced by an appropriately trained and authorised clinician;
- The prescription must be suitable to the Service User's/Carer's needs as defined in the assessment and must facilitate and encourage safe independent mobility where appropriate;
- The prescribed wheelchair will be equipped with special seating and pressure cushions, as defined in the clinical assessment, for Service Users that cannot be seated within standard wheelchairs so as to:
 - provide postural support;
 - minimise risk of pressure areas;
 - maintain/improve existing function;
 - maintain/improve ability to interact with environment;
 - Minimise risk of worsening postural deformities.
- A collaborative approach to decision making should be employed to produce individuals' prescription and wherever possible, service user choice should be included within the prescription.
- During the transitional period and rollout of personal wheelchair budgets, the Provider must offer the Wheelchair Voucher Scheme HSG [96]53 as an option to the service user.

PURCHASE/PROVISION OF EQUIPMENT

- The Provider must ensure that procurement arrangements with suppliers are negotiated in order to have agreed delivery timescales in place, for example through consignment stock arrangement. This will keep Service User waiting times to a minimum.
- The Provider must ensure that stock levels are managed in accordance with predicted activity whilst ensuring waste and cost are not incurred through excess stock holding. For the avoidance of doubt, the Commissioner is not responsible payment for stock of equipment held by the Provider at the termination or expiry of the contract;
- Wheelchairs may be provided from existing or reconditioned stock. In the event of previously used items being re-issued, the product must be decontaminated, reconditioned and in full working order, with guidance and instructions made available to

the Service User and Carer;

- The Provider must maintain an asset register incorporating the asset number/unique reference number for each product and the manufacturer information;
- Equipment must be labelled, in a discrete location, with details of ownership and contact number for return of equipment.
- Once in stock wheelchairs should be made available within 2 operational days.

EQUIPMENT DELIVERY AND PROVISION OF TRAINING

The Provider must fully coordinate the delivery of equipment between the supplier and the Service User. The Provider must be the sole point of contact for the Service User and/or Carer and manage all communication in relation to the product with both the supplier and Service User. The Provider must:

- Ensure that the equipment is either delivered directly to the Service User's accommodation, or via the Provider. In any event, the Provider must agree and confirm the delivery time with the Service User/Carer.
- Deliver training and information on how to use and maintain the equipment at the point of delivery, leaving a guide on how to use and maintain the equipment with the Service User/carer at the end of the training session. The Provider must also leave written details in a format suitable for the Service User/Carer to enable them to understand how to seek advice and support (including emergency assistance) at the same time as delivering the equipment.
- Ensure that the member of Staff delivering the equipment agrees with the Service User whether or not a follow up with a phone call or whether a follow up visit is required. This must be logged appropriately and action taken.
- The Provider must offer Carers and other non-professionals, including schools, appropriate training to assist them in meeting the needs of the Service User to include:
 - Appropriate training in the use of equipment;
 - Manual handling;
 - Assessment of the user's ability to control the wheelchair in all places;
 - Flexible to meet the changing needs of the user
- All staff providing a service to children and vulnerable adults are appropriately trained and hold an up to date Disclosure and Barring Service (DBS) certificate together with any other relevant checks as appropriate
- All staff providing a service to children and young people and vulnerable adults must be familiar with local safeguarding protocols.
- All staff to wear name/organisation badges as formal identification to Service Users

REPAIR AND MAINTENANCE WILL INCLUDE (NOT EXHAUSTIVE) :

The Provider must:

- Provide a service that maintains and repairs wheelchairs and seating equipment in a

responsive, timely and effective manner.

- Responsibility for the collection, repair, and return of NHS issued wheelchairs to the Service User.
- Deliver a planned maintenance programme for all NHS issued wheelchairs in line with usage and manufacturers guidelines; some Service Users will have more frequent maintenance scheduled in line with their prescription
- Ensure all Service Users are able to directly report faults and their maintenance requirements simply and easily
- Provide a consistent, accessible and responsive in and out of hours repair service including contact within 4 hours for priority repairs and 1 working day for routine repairs. Emergency/urgent needs will be where a full-time active Service User is at risk/harm due to significant Equipment failure (complete immobility of the wheelchair or where there is risk of collapse of the Equipment and therefore harm to the Service User)
- Provide an appropriate alternative wheelchair when the existing wheelchair is deemed unsafe or beyond economic repair
- Highlight where Service User needs have changed and a review or reassessment is indicated

LOCATION OF SERVICE DELIVERY

The service will be provided in the most appropriate environment in order to best address the service user's needs. This should include a full range of community settings in addition to a wheelchair clinic e.g. home-based; Mobile Assessment Facilities; Hospital/Health Centres/General Practice facility; schools; Day Centres and Nursing Homes and unless at the user's place of residence, must be easily accessible by local transportation systems.

The geographical spread of the service shall take into account the locations of all Service Users registered with a GP within the CCG's remit. Where there are different Providers for the assessment and provision service, then where possible, joint location is to be provided.

Premises operated by assessment services as a minimum are to:

- Comply with the mandatory requirements of the Equality Act and Part M of the Building Regulations
- Have convenient ample supply of 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
- Clearly display information on the service, and for information to be available to take away in appropriate formats
- Ensure all service information is online including contact details, address, parking and other access facilities so service users can plan their visit appropriately
- Have suitable assessment facilities which must include:
 - A plinth, a hoist and appropriate weighing facilities.
 - Privacy and dedication of space for the duration of the clinic.
 - Access to a range of ground surfaces, ramps, kerbs, floorings as appropriate.

It is essential to ensure that the necessary equipment and facilities are available at the time of assessment, in order that Service Users' needs are met, specifically for those with serious mobility issues, or in a fragile condition. Consideration to location, equipment availability and

needs must be given at the time the appointment for assessment is made and the location decided.

DAYS/HOURS OF OPERATION

The days and hours of operation of the wheelchair service will ensure convenient access for Service Users and their Carers. (Note: The Provider must specify hours of operation for each element of the service and will be required to demonstrate how these hours of operation maximise access. These will be agreed with the Commissioner prior to commencement of service, be included in the specification and kept under review.)

INTEGRATION AND WHOLE SYSTEM RELATIONSHIPS

The Provider is expected to develop and maintain effective relationships and a joined up approach to care with Local Authorities, local acute and community hospitals, GPs, Community Health Teams, Healthwatch and third sector organisations including local Service User Groups, in order to ensure that the Service User experiences the benefits of a service which is joined up with other parties to contribute to their care.

PATIENT/USER/CARER ENGAGEMENT

The provider will establish and manage a range of forums and networks to encourage engagement with service users and their carers. These will take advantage of digital channels of communication to allow more widespread engagement. Such forums and networks should include representation from CCGs and other partner organisation and the provider should be willing to take on board appropriate suggestions for service improvement raised by service users.

TRAINING/EDUCATION/RESEARCH ACTIVITIES

The provider will ensure that staff performing the service are supported to undertake Continuing Professional Development opportunities. 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 supplied by the service, as well as support to identify new and emerging products.

SERVICE MANAGEMENT, SERVICE REPORTING AND DATA COLLECTION

The provider will have a named service manager dedicated solely to the delivery of this service. The manager will be responsible for ensuring that management and operational information is provided to the commissioner in a timely manner. This will include the data to respond to the mandatory quarterly national wheelchair data collection. The National Wheelchair Data Collection Guidance document sets out the requirements of the data collection and is available [here](#).

PROVIDER REQUIREMENTS

The provider must ensure:

- Effective supply chain management - procurement strategy and stock management system for the sourcing of and supply of wheelchairs and associated Equipment;
- Stock levels have been maintained for the planned level of demand;
- Wheelchair Equipment has been delivered within the specified timeframe;
- Wheelchair Equipment has been collected within the specified timeframe;
- Wheelchair Equipment has been decontaminated and refurbished to a high standard

and reissued wherever economical and possible;

- Planned preventative maintenance and repairs have been completed within the specified timeframe and to a high standard;
- A systematic proactive re-assessment programme for all service users. The time for a re-assessment will be discussed and agreed with the Service User;
- Accurate records have been maintained on wheelchair equipment and/or wheelchair issued, loan period, returns and items decommissioned;
- Service costs have been maintained within set budgets and the wheelchair service is operated efficiently in order to maintain financial control and to maximise available resources;
- Waste and scrap has been disposed of responsibly;
- Framework provided to clinically assess service users of all ages with a permanent mobility need;
- Wheelchair Equipment, postural support and seating has been provided to facilitate safe mobility;
- The service user and equipment have been supported for as long as is clinically required;
- The service and equipment are evaluated and improved on an on-going systematic and proactive basis.
- Service users are given choice through Personal Wheelchair Budgets

4. Applicable service standards (mandatory inclusion)

4.1 Applicable national standards (e.g. NICE)

Refer to NHS Standard Contract General Conditions:

<https://www.england.nhs.uk/wp-content/uploads/2016/11/3-general-conditions-fl-v2.pdf>

4.2 Applicable local standards

NOTE FOR COMMISSIONERS: to be developed locally.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

NOTE FOR COMMISSIONERS: to be developed locally.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

NOTE FOR COMMISSIONERS: CCGs may wish to insert shorter timescales.

6. Location of Provider Premises (mandatory inclusion)

The Provider's Premises are located at:

NOTE FOR COMMISSIONERS: information to be included

Annex 1 - National Wheelchair Data Collection: Questions and Definitions

QUESTIONS
1. (A) The total number of patients currently registered with the service – split by adults and children?
1. (B) The total number of open episodes of care (RTT) – split by adults and children?
2. (A) The number of new patients referred to the service within the reporting period – split by adults and children?
2. (B) The number of patients re-referred to the service within the reporting period – split by adults and children?
3. The number of patients (split by adults and children) whose episode of care was closed in the reporting period where equipment was delivered in: (A) 18 weeks or less? (B) 19 weeks plus? (C) No equipment prescribed?
4. The number of patient referrals (split by adults and children) whose prescription decision was made in the reporting period and is assessed as: (A) Low need (B) Medium need (C) High need (D) Specialist need (E) No equipment provided – patient is assessed as none required within the following timescales: 1 to 2 weeks (0-14 days), 3 to 4 weeks(15-28 days), 5 to 6 weeks(29-42 days), 7 to 8 weeks(43-56 days), 9 weeks plus(56 days+)
5. Following prescription decision, the number of service users (split by adult and children) which is assessed as: (A) Low need (B) Medium need (C) High need (D) Specialist need for which equipment was handed over to the patient in the reporting period within the following timescales : 1 to 2 weeks (0-14 days), 3 to 4 weeks(15-28 days), 5 to 6 weeks(29-42 days), 7 to 8 weeks(43-56 days), 9 weeks plus(56 days+)
6. What is the current expenditure on wheelchair services annually by the clinical commissioning group?
7. The number of official patient complaints received by the wheelchair service or Clinical Commissioning Group in the reporting period?
8. The number of official patient compliments received by the wheelchair service or Clinical Commissioning Group in the reporting period?

Annex 2 – Check list

Commissioners and providers may wish to use these to track progress in delivering the core principle ambitions.

<p>Core Principle 1: A person centred services that works in partnership with service users and their carers and makes the user/carer voice central to any design, innovation and service change</p>

<p>Commissioner and Providers involve users and carers in designing and planning services and all wheelchair service staff working effectively with individual users (and their carers) to make sure any equipment provided really meets their needs.</p>

<p>Core Principle 2: Entry to the service via referral from an appropriately skilled professional</p>
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<p>Users get timely access to the right service at the right time to minimise delay and have confidence in the advice they receive regarding their clinical needs.</p>
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<p>Core Principle 3: Timely, standardised, holistic assessment process with co-produced (with service users/families/providers) outputs and outcome measures</p>

<p>Users receive a comprehensive assessment which will include identifying user and carer identified outcomes, assessment of expectation, proactive management of expectation and provision of appropriate equipment where eligible</p>

<p>Core Principle 4: Time to assessment, whether for a new piece of equipment or re-assessment in response to changing need, should be as short as possible</p>
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<p>Service users receive timely, individualised, and seamless care across the levels of need.</p>

<p>Core Principle 5: Advanced prescribing is in place for people with rapidly progressive conditions</p>

<p>Service users receive the best possible holistic and multi-disciplinary care for their condition</p>

<p>Core Principle 6: Establish regular reviews with the user/carer according to their individual needs</p>

<p>Ensure ongoing health and wellbeing, pre-empting problems and providing timely adaptations for more complex cases.</p>

<p>Core Principle 7. Prescriptions which take into account the current and future needs for all adults and children including those of carers</p>
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<p>Users and their carers have a wheelchair and associated equipment that they can fully utilise, which anticipates future need and changes in their condition, development and environment.</p>
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<p>Core Principle 8. Innovative and flexible budgeting working with key partners to strengthen integration across health, social care, work and education, enabling the</p>
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accommodation of individual needs, independence, health and wellbeing including the utilisation of Personal Wheelchair Budgets

Users have more choice and control over their wheelchair and associated equipment to meet their health, social, education and employment needs. More efficient use of resource is achieved through partnership working.

Core Principle 9. Recruitment of qualified staff in respect of numbers and skills, with support for ongoing development and training

Services have the right level of staff with the right competencies and experience to deliver all aspects of the wheelchair service and staff feel supported to develop in their relative professions.

Core Principle 10. Supporting clinicians, manufacturers, and independent organisations working together to develop innovative, affordable products and solutions

Innovation drives the development of excellent services and involvement of all parties ensures it is fit for purpose.

Core Principle 11: Advocacy and peer support is available from appropriate local and national disabled people's organisations in the area of consultation, sales and training

Providers are well informed and therefore able to offer the best services available to service users

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact england.wheelchairs@nhs.net.

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