

## **SCHEDULE 2 – THE SERVICES**

### **A. Service Specifications**

<b>Service Specification No.</b>	TBC
<b>Service</b>	Wheelchair Services for Children, young people and adults across Hertfordshire.
<b>Commissioner Lead</b>	Herts Valleys CCG and East and North Herts CCG
<b>Provider Lead</b>	TBC
<b>Period</b>	TBC
<b>Date of Review</b>	

### **1 Population Needs**

#### **1.1 National context:**

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. They enable many people to live fuller lives.

For people with complex, long term conditions, being able to access the right wheelchair, quickly, and with appropriate support, is of paramount importance:

- There are currently around 1.2 million wheelchair users in the UK. Two thirds of them are regular users.
- Many wheelchair users face delays in getting their chair – 70% waiting more than three months, 30% face a delay of more than six months with 15% waiting more than 12 months.
- 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 chairs. The cost of treating the worst cases of a pressure ulcer can be as much as 16 times a total hip replacement.

The Wheelchair Charter developed by the National Wheelchair Leadership Alliance identified a number of ambitions for wheelchair services. These were developed with service users and sets out the things that matter the most to them. The provider of the Hertfordshire Wheelchair Service will actively work with service users, other relevant organisations and commissioners to provide a service that achieves these ambitions.

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.

More detail on these outcomes is available in annex 2.

## 1.2 LOCAL CONTEXT:

The Hertfordshire Wheelchair Service (HWS) covers the whole of Hertfordshire. This service is jointly commissioned by Herts Valleys CCG (HVCCG) and East and North Herts CCG (ENHCCG) on behalf of their respective populations of 660,000 and 610,000 people\*. The county of Hertfordshire includes a diverse population spread geographically across both populated cities and rural communities.

For the financial year 2019/20, the service received 3,708 referrals, broken down into the following categories;

Financial Year 2019/20	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total	%
Re-referrals	182	223	224	211	183	211	202	200	167	194	194	176	2367	64%
New referrals	105	122	104	134	100	110	135	105	87	125	114	100	1341	36%
<b>Total</b>	<b>287</b>	<b>345</b>	<b>328</b>	<b>345</b>	<b>283</b>	<b>321</b>	<b>337</b>	<b>305</b>	<b>254</b>	<b>319</b>	<b>308</b>	<b>276</b>	<b>3708</b>	<b>100%</b>
Female	137	213	162	170	151	174	167	164	118	157	155	146	1914	52%
Male	150	132	166	175	132	147	170	141	136	162	153	130	1794	48%
<b>Total</b>	<b>287</b>	<b>345</b>	<b>328</b>	<b>345</b>	<b>283</b>	<b>321</b>	<b>337</b>	<b>305</b>	<b>254</b>	<b>319</b>	<b>308</b>	<b>276</b>	<b>3708</b>	<b>100%</b>
Children	49	52	56	53	39	53	48	55	42	45	49	35	576	16%
Adult 18+	238	293	272	292	244	268	289	250	212	274	259	241	3132	84%
<b>Total</b>	<b>287</b>	<b>345</b>	<b>328</b>	<b>345</b>	<b>283</b>	<b>321</b>	<b>337</b>	<b>305</b>	<b>254</b>	<b>319</b>	<b>308</b>	<b>276</b>	<b>3708</b>	<b>100%</b>

For the financial year 2019/20, the service undertook 3,470 assessments broken down into the following categories;

Assessment type	Assessment complexity	Adult	Child	Total
First assessments	Low	228	16	244
	Medium	566	103	669
	High	355	96	451
	Specialist	170	105	275
	<b>Total</b>	<b>1,319</b>	<b>320</b>	<b>1,639</b>
Follow-up assessment	Low	185	28	213
	Medium	637	103	740
	High	441	123	564
	Specialist	192	122	314
	<b>Total</b>	<b>1,455</b>	<b>376</b>	<b>1,831</b>
<b>Grand total</b>		<b>2774</b>	<b>696</b>	<b>3,470</b>

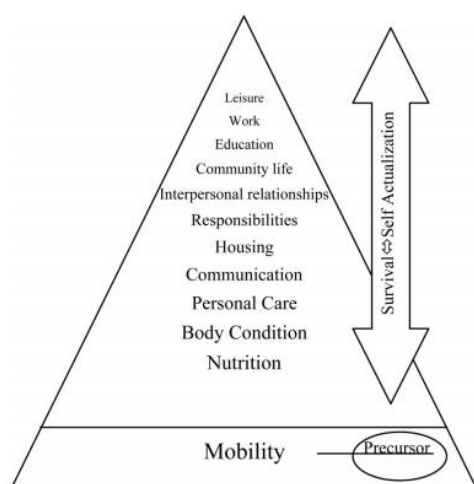
Commissioners anticipate that a waiting list backlog may transfer with the service and that a number of service users will have had an open episode of care close to or exceeding 18 weeks. As part of the mobilisation of the service, the provider will work with Commissioners to develop a plan to manage this waiting list backlog. This plan will prioritise children, those with more urgent needs and those that have been waiting the longest.

**\*Data source: NHS digital Hertfordshire Population figure October 2020.**

### 1.3 Social Economic and Environmental values:

Efficient mobility could be a prerequisite to carrying out many daily activities and social roles including social participation. Electric and manual wheelchairs provide a means to achieve independence and increased social participation for users with upper and lower body impairments. A recent study on the economic and social impact of having a wheelchair shows increased desire on the probability of employment, increase in time allocated to working activities by users, increase in weekly income and in distance travelled. Rousseau et al. (2009) \* find that people with disabilities are as likely as those without disabilities to express the desire for a job but are less likely to be actively looking for a job. His study showed that a wheelchair may be a catalyst for the physically disabled to increase the level of job participation.

Providers to create awareness of the impact of wheelchair services to the local economy, support with job creation through apprenticeship schemes and partnership working with the wider local stakeholders to reduce carbon footprint.



#### Hierarchy in life habits

The wheelchair's primary function is to compensate for a disability linked to the 'locomotion' aptitude and minimize the presence of a handicap situation in the 'mobility' category of life habits. As proposed by the Relational Model of Wheeled Mobility by Routhier et al. [17], the wheelchair and the related acquisition process impact on mobility and consequently on social participation.

As mobility is required for many life habits and is very useful in performing most of them, we can assume that a life habit hierarchy probably exists and that mobility could be at its base as a prerequisite to carrying out others. Following this rationale, the use of a mobility assistive device, such as a wheelchair to mitigate locomotion disabilities would thus ensure greater social participation for the individual, not only in terms of mobility but also across the entire spectrum of life habits.

**\*Impact of wheelchair acquisition on economic and social participation- K. Rousseau-Harrison et.al 2009**

## 2 Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
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Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X

The Provider will ensure that service user and carer outcomes are prioritised and are at the heart of the service. The Provider will work with Commissioners to implement or maintain the use of appropriate tool/methods to measure Service User outcomes (e.g. the Wheelchairs Outcomes Assessment Tool for Children jointly commissioned by NHS England and Bangor University – details within annex 4).

### 3 Scope

#### 3.1 Aims, local outcomes and objectives of service

##### 3.1.1 Scope

The wheelchair services will ensure that all Service Users registered with a GP within the 2 Hertfordshire CCGs (HVCCG and ENHCCG), 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.

N.B. the service commissioned by HVCCG and ENHCCG does not cover residents registered with a Royston GP. Cambridgeshire and Peterborough CCG are responsible for commissioning a wheelchair service for these residents. The service will include patients who live in Hertfordshire but are not registered with a GP.

##### 3.1.2 Aims and Outcomes

Wheelchair Service Users and their Carers rightfully expect a high quality and caring service. The Hertfordshire WCS will deliver such a service in an efficient and cost-effective way. In order to achieve this, at a minimum, the Service will;

- Improve the pace of delivery of children's wheelchairs. Majority of children will receive their wheelchair within 14 weeks and, in line with the nationally mandated requirement, no child should have to wait longer than 18 weeks for their wheelchair and any associated accessories.
- Improve the pace of delivery adult's wheelchairs. Majority of adults will receive their wheelchair within 14 weeks and no adult should have to wait longer than 18 weeks for their wheelchair and any associated accessories.
- A focus on continuous service improvement. The Provider will proactively identify opportunities to improve the quality, speed and efficiency of the service. They will also be responsive to issues and challenges, taking remedial actions that address both the short term and long term aspects of any issues faced.
- Improve the timeframes to assessment by ensuring that there is capacity within the service for any fast track assessments to be completed within 24 hours, all urgent assessments to be completed within 2 weeks of referral, and the majority of standard assessments to be completed within 6 weeks of referral.

- Improve the stock control and procurement of wheelchairs, accessories, parts, and bespoke seating, so that for the majority of Service Users, basic stock items are handed over within 2 weeks of prescription, orders from suppliers are handed over within 6 weeks of prescription, and bespoke items are handed over within a maximum of 12 weeks of prescription.
- Implement a step change in patient choice and control, through the articulation of a clear NHS offer and eligibility criteria, the mainstreaming of Personal Wheelchair Budgets, service user recorded outcome measures, and consistent use of Service User engagement and feedback.
- Ensure that the right data is captured, in the right way and at the right time, so that service development and future commissioning decisions are taken in the most informed and robust way possible.
- The Service will deliver a 'chair in a day' scheme, so that as many patients as possible are provided with a suitable wheelchair at their first appointment. This scheme must be implemented within the first twelve months of the contract period.
- The Service will implement a model for personal wheelchair budgets, so that all children and young people, and all adults have access to a personal wheelchair budget. (See Section 3.1.15 for further information). For agreed national definitions of low, medium, high and specialist need, please refer to annex 3.
- The Service will 'shadow' the use of the non-mandatory currencies and tariffs for wheelchairs services developed by NHS England and currently being piloted. This information will be made available to commissioners on a monthly basis. For more see the 2020/21 NTPS Consultation note available [here](#).

### 3.1.3 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 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:

- 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 or on request 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 procedures (including planned preventative maintenance).
- Provide a collection service once the wheelchair is no longer required
- Ensure service user and parent/carer feedback is obtained, collated and utilised for the purpose of service development and improvement. This will include the provider leading six-monthly service user forums aimed at children, young people and their parents and a separate forum for adult and carers that will support engagement and shape services for the future.
- Work proactively to identify opportunities for service improvement and development. This will include timely and appropriate engagement with commissioners.
- Provide support to patients with the potential to drive powered wheelchairs, to maximise their ability to drive safely
- Provide advice, information and signposting to wheelchair users, and those who feel a wheelchair would improve their quality of life, about options to rent and purchase wheelchairs privately, and charities that can provide financial assistance
- Provide information, advice and training to staff working in health and social care, to ensure that they have a good understanding of the needs of wheelchair users, can assess for and prescribe low need wheelchairs for adults in a competent manner, and can make high quality referrals to the Wheelchair Service
- 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
- Have a single referral system for all.
- Have a defined transition processes and pathway for children to move into adult service if required.
- Use the Clock/pause stop start to monitor service users on the 18-week pathway
- Embed the learning and transformations from the Covid19 pandemic to improve the service. Eg Use of virtual assessments in the service.

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

#### **3.1.4 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.

#### **3.1.5 Supporting Service Users with Terminal Illness / 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.

### **3.1.6 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.

### **3.1.7 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.

Referrals will be electronic.

All re-referrals must be screened by a qualified clinician.

Where a referral or re-referral contains omissions or errors, it will be returned to the referrer within 2 working days of receipt, with a request to re-submit a fully and accurately completed referral or re-referral.



There should be regular reviews (at least 6-monthly) of the level of inappropriate or incomplete referrals and remedial actions put in place which may include, for example, upskilling and training for those referring into the service.

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.

Referrals will be categorised as 'Urgent' or 'standard'. Patients with a rapidly deteriorating progressive neurological disorder, or are at the end of life stag, will be treated as urgent. Where clinically appropriate, there must also be an option to 'fast track' the Service User to assessment and provision of their wheelchair (see 3.1.5 and 3.1.6).

### **3.1.8 Assessment**

Assessment will be led by an appropriately qualified clinician, and will include:

- The views, wishes and desired outcomes of the patient, and their parents/carers if relevant – using any agreed outcome measure frameworks
- Clinical needs
- Environmental factors
- Consideration of carer needs
- Consideration of holistic needs, and any specific requirements to enable the patient to participate in education and/or employment
- Anticipation of any changes in the patient's clinical presentation or circumstances that may be relevant
- Consideration of longer appointment slots for people with learning disabilities and communication needs
- 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.
- 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

Where appropriate, the service shall assess the service user's ability to use Electrically Powered Indoor wheelchairs (EPIC) and/or Electrically Powered Indoor/Outdoor wheelchair (EPIOC). Where driving assessments are used, the wheelchair provided for the assessment must be appropriate for the patient, and the criteria used for making judgements must be transparent.

The Service will deliver the assessment process in such a way that the maximum number of patients attend only one clinic appointment and patients are provided with their wheelchair and accessories at that appointment. This is referred to as the 'chair in a day model'.

### **3.1.9 Prescription**

Following assessment, the Service will produce a prescription, setting out the technical requirements of any equipment that is to be provided. Prescriptions must be completed and signed off by a qualified professional employed or contracted by the Service. Under no circumstances will a prescription be completed by a representative of a wheelchair supplier.

The Service will supply wheelchairs and associated accessories in line with the service's Eligibility Criteria (attached as annex 1).



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: o provide postural support; o minimise risk of pressure areas; o maintain/improve existing function; o maintain/improve ability to interact with environment; o Minimise risk of worsening postural deformities.

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.

The Eligibility Criteria will be reviewed and agreed with the Provider following contract award and prior to the Service commencing, to ensure that it is 'owned' jointly by the provider and the commissioners. The Eligibility Criteria will then be reviewed at annual intervals and will consider trends in equipment prescribed, any gaps in provision, developments in technology and joint funding opportunities.

### **3.1.10 Care Planning**

The Service shall ensure that every patient has an individualised care plan, developed and agreed in partnership with the patient (and their parent/carer as appropriate), which is outcome focused, reflective of their identified health and wellbeing needs and in an appropriate format. All patients shall be provided with a copy of their care plan, alongside any health, social care or education professionals involved in working with the patient. The care plan must contain:

- the patient's agreed objectives, including a quantifiable outcome measure
- the agreed prescription for posture and mobility equipment to meet the patient's longterm mobility and associated postural management needs
- the patients Personal Wheelchair Budget
- the agreed schedule for future follow up/review appointments, based on assessed need and identified risks
- a named point of contact for any subsequent enquiries including details of on-going support from the Service and what to do if the patient's condition and/or needs change
- contact details of the repair and maintenance service, including emergency response targets and any planned preventative maintenance arrangements
- all wheelchair and associated equipment documentation, including any risk management details associated with the original assessment/prescription
- the patient's responsibilities regarding due care of the wheelchair and associated equipment
- a copy of the signed handover certificate.
- The care plan must be accessible and understandable to the individual, including ensuring children and young people being actively involved in their care.

### **3.1.11 Response Times**

The below outlines the what the service will achieve at a minimum. Every effort should be made to provider Service Users with their wheelchair sooner than the timeframes outlined.

#### **Referrals**

- All referrals will be screened by approved personnel within the service within 2 working days
- Incomplete referrals will be returned to the referrer with explanation and advice for completion and re-referral within 2 working days
- Referrals will be acknowledged within 3 working days from receipt

#### **Assessment**

- From receipt of referral to assessment (Urgent) 2 weeks
- From receipt of referral to assessment (Standard) 6 weeks

Fast Track (see 3.1.5 and 3.1.6)

- From receipt of referral to assessment (24 hr fast track) 1 working day
- From receipt of referral to assessment (5 day fast track) 5 working days

Provision of equipment (from prescription)

- Locally held stock to be provided within 3 weeks
- Orders from manufacturers to be provided within 6 weeks
- Made to measure (Bespoke seating) to be provided within 6 to 12 weeks

Repairs and collections

- Non-emergency Repairs will be completed within 5 working days
- Emergency Repairs/Responses will be within 24 hours
- Collections should be completed within 5 working days

Complete pathway

- In most cases the pathway is expected to be completed in under 14 weeks
- Children and adults' complete pathway to be completed within a MAXIMUM of 18 weeks

### **3.1.12 Review**

The Service will agree with each patient the timescales for reviewing their assessment and prescription. All children and young people aged under 18 must have their needs reviewed at least every two years. For children aged 5 and under, and any child or young person with postural support needs, reviews will take place at a minimum of six-monthly intervals. All adults with medium, high and specialist need wheelchairs must have their needs reviewed at least every three years.

The Service will have a system in place to ensure that low need wheelchairs on loan to adults are still needed, in line with the Eligibility Criteria. This will happen to a maximum of 3 yearly intervals.

### **3.1.13 Discharge Criteria and Planning**

The service shall discharge wheelchair users when there is no longer a clinical need for the wheelchair. Wheelchairs, associated seating equipment and accessories will be returned to the Service, or collected, as part of discharge from the Service where there is no longer a clinical need.

If patients cease to be the commissioning responsibility of HVCCG or ENHCCG, they will be transferred to the service commissioned by the responsible CCG. The Service will complete any open episode of care before completing the transfer. Any equipment the patient has on loan will be transferred with the patient.

### **3.1.14 Personal Wheelchair Budgets**

On 2nd December 2019 the legal 'right to have' a Personal Health Budget was extended to all service users that are eligible for NHS wheelchair provision as a Personal Wheelchair Budget. This is now the default position for all new referrals to the wheelchair service and all eligible reassessments. Following on from a shared decision-making conversation to increase choice and control, all service users can expect to benefit from a personalised care and support plan and the option of either a notional, notional with contribution or third party PWB.

All children and young people aged under 18, and all adults aged 18 and over who have been prescribed a wheelchair will have a Personal Wheelchair Budget (subject to meeting eligibility criteria). With a Personal Wheelchair Budget, wheelchair users should expect to have:

- A personalised assessment where they are supported to identify the health and wellbeing outcomes they wish to achieve.
- A care plan which captures the health and wellbeing outcomes identified, which may be part of any wider care plans the person requires for their care
- Care that is better integrated, meaning that different agencies work together to support their postural and mobility needs and achieve their health and wellbeing outcomes
- Information provided upfront about the amount of money available in their personal wheelchair budget and the options available to them locally to use it
- Information about the repair and maintenance of wheelchairs, if the option to purchase a wheelchair outside of the NHS commissioned service is taken.

The Service will implement the system for Personal Wheelchair Budgets during the first six months of the contract period. By the end of year three of the contract period, all applicable patients will have a Personal Wheelchair Budget.

Direct payments for Personal Wheelchair Budgets are currently not routinely available, and guidance is expected on whether direct payments issued as a Personal Wheelchair Budget only (rather than as a wider, integrated care and support payment) can be 'topped up' with either personal or charitable funding. The provider will make direct payments available when guidance on this is issued nationally.

### **3.1.15 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 for payment to suppliers of stock or 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.

All returned/collected equipment must be inspected and identified for either re-conditioning, use of parts, or scrappage, depending on which is the most viable and cost-effective option, within 1 calendar month. The identified course of action must be completed within 1 calendar month of having been determined.

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 with details of ownership and contact number for return of equipment.

Once in stock wheelchairs should be made available within 2 operational days.

### **3.1.16 Equipment Delivery and Provision of Training**

The Provider must fully coordinate the delivery of equipment to the Service User at a time and location they have jointly agreed.

Appropriate training, information and materials on how to safely use and maintain equipment will be provided to the Service User/carer at the point of delivery. This will include considerations of the service user and the carer's situation, environmental and intended use. The Service User/Carer will also be

provided written details of how to get advice, support or emergency assistance in relation to their equipment.

The decision of whether or not a follow up is face to face or via the telephone will be jointly agreed on delivery. The member of staff must have a process to log the decision for future action.

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 is responsible for producing a Wheelchair Loan Agreement for equipment issued by the service.

The Loan Agreement must be signed by the user or their carer upon the release of a wheelchair and/or associated equipment. A copy must be retained by the user/carer and the Provider must also retain a signed copy.

If a wheelchair is provided to a user in a Care/Nursing Home, the authorised signatories to the Wheelchair Loan Agreement are the user themselves and/or nominated advocate (such as parent/relative or senior Care Home staff).

### **3.1.17 Repair and Maintenance**

The Provider must take full responsibility for ensuring the repair is undertaken in a responsive, timely and effective manner that meets the needs of the Service User and/or Carer. If a Service User is left without a chair as a result of a repair, the Provider will offer a temporary chair until a permanent solution or resolution is available. Any repairs or maintenance must include a review or assessment of whether or not the Service User needs have changed.

Planned maintenance should and will be in line with usage and manufacturers guidelines; some Service Users will have more frequent maintenance scheduled in line with their prescription.

Service Users and Carers must be well informed of how they can report faults and maintenance requirements. This process must be simple, convenient and easy.

It is essential that the Patient be advised of the maintenance schedule/timetables. It will be desirable if the provider can issue automatic notifications and/or appointments when maintenance needs to be carried out.

The Provider will ensure 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.

Priority referrals 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).

Repairs to broken wheelchairs and associated equipment within the warranty period will be carried out in accordance with the manufacturer's warranty and without charge to the service and/or commissioner.

Repairs outside the warranty period are the responsibility of the Service. If the cost of repairing an item exceeds the cost of a new replacement item, it will be deemed 'beyond economical repair' and the item will be scrapped.

### **3.1.18 Collection**

The Service will ensure that all patients and their parents/carers are aware of how to return equipment no longer required. The Service will encourage patients and their parents/carers to return equipment which is no longer required to a suitable service venue.

The service shall have systems in place to collect wheelchairs and equipment from patient's homes if required.

### **3.1.19 Refurbishment, Recycling and Scrappage**

Refurbishment and recycling of wheelchairs/equipment ensures a cost-effective and efficient service. Where possible wheelchair parts and equipment that can be reclaimed should be and decontaminated for future use.

Wheelchairs and associated equipment items collected, which on initial inspection seem no longer fit for purpose, are to be placed on a 'scrap list'. If the cost of repairing an item exceeds the cost of a new replacement item it will be deemed 'beyond economical repair' and will be responsibly and appropriately scrapped. This will be recorded on the 'scrap list' which must be available to Commissioners on request.

### **3.1.20 Legacy Equipment**

Where equipment requiring maintenance is already in use at the commencement of the contract period, the Provider will be responsible for the ongoing routine and urgent repair and maintenance of that equipment.

### **3.1.21 Support to Develop Safe Powered Chair Driving Skills**

The Service will ensure that all patients (including children and young people) who have been assessed as having the potential to safely drive a powered chair by clinicians employed by the Wheelchair Service, and all those patients (including children and young people) who have been prescribed a powered chair, have access to a range of support to develop their wheelchair driving skills. This will include group-based driving lessons.

### **3.1.22 Information Management and Technology (IM&T)**

The Service shall have a single IMT system in place that will:

- Maintain a full asset register/inventory to enable tracking of wheelchairs and associated equipment, and swift recall of any items subject to a Product Recall Notice issued by the manufacturer or MHRA
- Record service users' details including assessment, prescription, individual care plan, wheelchair and associated equipment on loan, scheduled clinical reviews and timescales for any planned, preventative maintenance
- Ensure effective management, performance and financial data collation and reporting requirements, as outlined in Schedule 6 of the draft contract issued alongside this tender
- Maintain full record of the cleaning, decontamination, maintenance and re-allocation of equipment for audit purposes
- Enable the ordering and tracking of wheelchairs, accessories, modification, and repairs
- Enable appropriate sharing of relevant clinical assessment data with approved clinicians in designated partner health and social care organisations in order to ensure the best possible care for service users
- Conform to the specifications set out in the NHS Interoperability Toolkit

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](#).

Each patient must have an electronic care record, the details of which will be decided with commissioners during mobilisation.

Electronic care records must conform to all appropriate statutory and mandatory requirements relating to the provision of NHS IT systems, in particular meeting all GDPR requirements. Acceptance of the proposed electronic care record is subject to NHS Clinical Safety and appropriate Information Governance (IG) processes.

### **3.1.23 Workforce**

The staff group delivering the clinical aspects of the Service must include qualified Occupational Therapists and Rehabilitation Engineers, but may also include other clinical roles. The clinical team must include staff with a demonstrable specialism in working with children and young people.

The Provider must have procedures in place to ensure that the skill-mix is put to best use and is considered, along with Service User complexity, when assigning staff to service users for any given appointment.

The Provider must have contingency plans to manage any long term vacancies so that service disruption is minimised. These plans will address both short term cover and the approach to ensuring appropriate workforce capacity is recovered and maintained long term. The Provider must monitor the direct impact on service users and wait times that result from the vacancies. Vacancies, contingency plans and the service impact must be communicated to commissioners in a timely fashion.

The provider will have a system in place to ensure that all staff who need to be registered with the Health and Care Professions Council are registered, and their registration is maintained and kept up to date.

The provider will ensure that staff performing the service are supported to undertake Continuing Professional Development opportunities and are up to date with their Mandatory and Statutory core skills training. 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.

The provider will ensure 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 have up to date training in line with both Intercollegiate Document and be familiar with local safeguarding protocols.

Staff should have specific and up to date Disability Awareness Training.

All staff must wear name/organisation badges as formal identification to Service Users.

### **3.1.24 Self-Care and Wheelchair User and Carer Information**

The Service will provide information in a range of accessible formats for patients, which must include as a minimum:

- How to safely maintain their equipment
- Insurance for wheelchairs
- Emergency breakdown cover
- Sources of charitable/other funding for wheelchairs

- Purchasing or renting safe, quality assured wheelchairs and equipment privately
- Information on safe, quality assured assistive and labour-saving accessories (e.g. table-to, cup holder, etc.) for use by the wheelchair users'

### **3.1.25 Patient Engagement and Feedback**

The Service will ensure that there are a range of methods in place to seek feedback from all patients, and parents/carers. This must include specific methods which are appropriate to children and young people.

The Service will use the NHS 'Friends and Family' test to seek feedback at each patient contact.

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.

The Service will conduct an annual survey with patients who have had meaningful contact with the Service over the previous year, to seek feedback and comments on proposed changes or innovations. The content of the survey must be agreed in advance with the commissioners and include any questions the commissioners wish to seek feedback on. The Service will be responsible for analysing the data generated from the survey, but will also make the anonymised raw data available to the commissioners.

The provider will explore technological solutions to encourage engagement and will ensure there is an 'in person' forum held at least 6-monthly with adequate notice to attendees.

### **3.1.26 Exit Arrangements**

Twelve months prior to the end of the contract the service shall work with the Commissioners to provide full details of stock, contracts and staffing. This will be updated monthly. The service shall work with any new providers to ensure a smooth transfer of stock and staff where applicable.

## **3.2 Service Model**

### **3.2.1 Location(s) and Environment 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.

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

It is key that equity of access exists for both HVCCG and ENHCCG registered patients. Equity of access extends to different groups and, satellite clinics or pop-up sites might be appropriate for hard to reach service users. Accessibility of services will be assessed throughout the contract.

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.



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
- Have appropriate changing and toilet facilities
- Have access to refreshments for those waiting
- Consider the needs of children and young people waiting and whether a separate 'child friendly' waiting area is required
- 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.

The provider administrative support functions that have direct Service User contact (e.g. call centre) will maintain an up to date and intimate knowledge of the particulars of the Hertfordshire contract and geography.

### **3.2.2 Exclusions and Acceptance Criteria**

The Service will supply wheelchairs and associated accessories in line with the service's Eligibility Criteria (attached as annex 1). The Eligibility Criteria will be reviewed and agreed with the Provider following contract award and prior to the Service commencing, to ensure that it is 'owned' jointly by the provider and the commissioners. The Eligibility Criteria will then be reviewed at annual intervals, in particular to take account of trends in equipment prescribed, any gaps in provision, developments in technology and joint funding opportunities.

### **3.2.3 Out of area children or young people including Looked After Children placed in-area**

Looked After Children placed in area will be seen on the basis of clinical need and flagged using appropriate processes. If a child is accepted into the provider from out of area the necessary arrangements will be made to recharge the responsible CCG for recovering the cost of this activity.

If a child currently known to the service becomes looked after and moves to another area the service will make a referral to the appropriate local service and ensure that information is shared with the local team.

### **3.2.4 Days and hours of operation**

The days and hours of operation of the wheelchair service will ensure convenient access for Service Users and their Carers. The service must be available, as a minimum, 5 days a week, for 37.5 hours.

Additionally, there must be an out of hours' service, seven days a week (including public holidays) for emergency repairs. At all other times an answerphone should be available giving information on services, opening times and details of how to access the emergency support and repairs.

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.

### **3.2.5 Integration and System Working**

The Provider is expected to take a proactive approach and 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, Non-Emergency Patient Transport Services and third sector organisations including local Service User Groups and Charities, 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.

A key point of contract must be provided to the key parties listed above.

An area of particular focus will be engaging with organisations that provide postural management advice and services to ensure a joint approach to Service User care.

### **3.2.6 Transformation and Continuous Improvement**

At least annually, the Provider must work with the Commissioner to identify what the key areas for service improvement and transformation are and jointly develop a plan with priorities.

The Provider must operate as a learning organisation which seeks to proactively and continuously improve. There must be a focus spent on ongoing service development in collaboration with commissioners.

The Provider must be innovative with their use of technology and the resources available to them. They should explore models that, for example;

- utilise enhanced referrals and community prescribers
- Technology enabled non-face to face communication
- Online user forums
- Service User portals and online booking
- 'Amazon style' stock management
- Alternative forms of correspondence and appointment booking/reminders

The Provider will continually reassess the suitability of such innovations and discuss them with commissioners.

### **3.2.7 Quality Standard Certification**

The Provider is required to have at least one nationally or internationally recognised quality standard certification and be able to demonstrate effectiveness and compliance to this standard / these standards at any point during contract delivery.

### **3.2.8 Sustainability Policy**

The Provider will ensure that the service has an environmental and sustainability policy. The Provider will actively monitor compliance with the policy and will proactively identify areas for continuous improvement.

### **3.2.9 Sub-contractors**

The Service will be delivered on a sole provider or lead provider basis. If the Service is provided on a lead provider basis, the lead provider must ensure that there are sufficiently robust sub-contractual arrangements in place to fully meet the requirements of this specification. The lead provider is accountable for delivering all aspects of this specification to the standards outlined. The lead provider will be held accountable for any inadequate performance of partners or sub-contractors.

All partnership and sub-contracting arrangements must be approved by the commissioners in advance, including any variation to initial contracts/agreements.

## **4 Applicable service standards**

### **4.1 Applicable national standards (e.g. NICE)**

Inclusive of but not exhaustive standards:

- Code of Practice for Disability Equipment, Wheelchair and Seating Services: A Quality Framework for Procurement and Provision of Services (2015)
- Managing Medical Devices, MHRA, 2015.
- The Furniture and Furnishings (Fire) (Safety) Regulations SI 1324 1988 as amended by SI 2358 1989. Goods shall be labelled in the manner set out in Schedule 7 Part II of the Regulations.
- The Control of Substances Hazardous to Health Regulations 1988, as amended.
- The Manual Handling Operations Regulations 1992.
- Decontamination of Equipment Prior to Inspection, Service and Repair HSG (93) 26.
- European Council Directive 93/421/EEC of 14 June 1993 concerning Medical Devices
- The Medical Device Regulation 1994 SI 3017
- Department for Health and Department for Education: SEND code of practice 0-25 years (2015)

### **4.2 Applicable local standards**

#### **4.1.1 Special Educational Needs and Disabilities (SEND)**

- Statutory targets must be met with regards to contributing to the assessment of SEND process. The service will feed back to Education, Health and Care Plans for 0-25 year olds within the agreed and negotiated timescales.
- The service will ensure that it is accurately represented on the Hertfordshire SEND Local Offers for 0-25 year olds and that this information is kept up to date. Families will clearly be able to understand the eligibility criteria and arrangements for access to the service.

#### **4.1.2 Dignity and Respect**

The Service shall:

- Ensure that services are carried out with due regard to user's individual needs and circumstances which may include, but not be limited to cognitive impairment, memory loss and disorientation, and physical disability.
- Ensure that all personnel carry out the service with due respect to users, their property and belongings.
- Carry out the service with due regard to the holidays, festivals and traditions of the users and their carers.
- Use additional communication services as required to provide alternative means of communicating (e.g. mini-com, short messaging service (SMS), email etc.) with users and carers in accordance with their individual needs.
- Provide staff with appropriate training/guidance for bereavement; to support the collection of equipment when family members of a deceased service users requests equipment collection.
- Use additional support services where necessary which may include but are not limited to Learning Disability Facilitators, BSL interpreters, language interpreters or telephone services

#### **4.1.3 Safeguarding**

The Service shall:

- Have appropriate policies and procedures in place to meet their safeguarding responsibilities which are compatible with the policies and procedures of the Local Children and Adult Safeguarding Boards. The service shall assist the statutory authority in the performance of its duties with respect to the safeguarding of adults at risk and children, including working with other agencies.

- Ensure that their staff immediately inform their supervisor or manager where they suspect that a user, adult at risk, child or other person may be experiencing or at risk of experiencing any form of abuse or neglect.
- Have systems and processes in place to respond to any concern, allegation or disclosure about potential abuse or neglect involving an adult at risk, or a child/young person.
- Ensure that all staff working within the service shall undertake appropriate training commensurate with their role.
- If children and young people do not attend appointments consistently this is likely to have a significant longterm impact on their development and outcomes. It is therefore vital that where a child is not brought to an appointment (WNB's) by parents/carers, there must be an escalation process. In all cases the referrer should be made aware of the failure of the parent/carer to bring the child for the appointment.

#### **4.1.4 Risk Assessment and Management**

The Service shall:

- Ensure that appropriate risk assessment and risk management systems are in place.
- Recognise situations which involve risk of actual or potential danger or personal injury to any person on the provider premises or any premises on which the provider are obliged to work (including users' locations). Risks could include spillages, loose materials, slip and trip hazards, electrical safety and defective equipment. Where appropriate and without personal risk, staff shall make these situations safe or withdraw from the situation and alert the appropriate bodies.
- Comply with Manual Handling Regulations and with the Health and Safety at Work Act 1974.
- Provide Users with the following information:
  - Verbal and written instructions on how to use the equipment;
  - Verbal and written instructions on how to maintain the equipment;
  - A written explanation of responsibilities regarding maintenance of equipment;
  - A demonstration of the equipment;
  - Details of how to return equipment; and
  - An emergency telephone contact number in case the equipment fails.
- Service staff shall undertake risk assessments on activities relating to themselves, prior to undertaking work/duties. Where it is believed that there could be a risk to any person, they should immediately seek further instructions from an appropriate person before undertaking that activity.

#### **4.1.5 Health and Safety**

The Service shall comply with the requirements of the Health and Safety at Work Act 1974 and any other existing/future related and relevant legislation. The service shall:

- Assess all the significant risks faced by the service staff (e.g. lone working, violence and abuse and manual handling capability) and implement procedures addressing these risks;
- Ensure that appropriate systems and procedures are in place and implemented to comply with prevention of cross-infection and Health and safety procedure.
- Ensure that product recalls are actioned within the timescales set by the MHRA.
- The Service shall undertake Health and Safety inspections either as part of the recycling process or as part of their Pre-Planned Maintenance, whichever is sooner.

#### **4.1.6 Accidents and Incidents**

The Service shall:

- Keep a record of all incidents involving any personal injury or death or significant risk of personal injury or death of or to any person arising out of the Provider discharging the duties set out in this specification, detailing:
  - The member of staff or other person notifying the incident or accident;

- The name and address (if known) of each and every member of staff, the user, carer, visitor or other person involved in the incident or accident;
- The nature and extent of the incident or accident including details of any personal injury or death actually suffered;
- The date and time of the incident or accident.
- Ensure incidents involving personal injury or death are reported direct to the lead commissioner.
- Ensure that their entire staff report all such incidents or accidents.
- Ensure that the record of incidents and accidents shall be open to inspection by the nominated officer at any time. If the record is computerised the nominated officer shall be notified of all necessary access codes.
- Keep a copy of the complete record of incidents and accidents which shall be supplied to the nominated officer on their written request within 10 working days of that request.
- Immediately notify the prescriber should any equipment issued be misused, abused or removed from any private residence to which it has been delivered without the approval of the prescriber.
- Immediately notify the prescriber if a user has refused to accept delivery of equipment.

## **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 – Current Eligibility Criteria**

The below outlines the current eligibility criteria which will be reviewed and agreed with the Provider following contract award and prior to the Service commencing, to ensure that it is 'owned' jointly by the provider and the commissioners. The Eligibility Criteria will then be reviewed at annual intervals, in particular to take account of trends in equipment prescribed, any gaps in provision, developments in technology and joint funding opportunities.

## **1 Provision of wheelchairs and associated equipment**

The Hertfordshire Wheelchair Service provides equipment to meet assessed clinical needs. All persons referred to the service will only be assessed for a wheelchair where the following general criteria are met.

- Referred individual has a permanent impairment or medical condition that seriously impairs their ability to walk
- Referred individual is registered with a GP registered within East and North Hertfordshire or Herts Valleys CCGs (please note this excludes Royston GP practices which are covered by services commissioned by Cambridge and Peterborough CCG).
- Referred individual requires the use of a wheelchair for a period in excess of six months unless they require palliative care
- Referred individual intends to make regular use of a wheelchair
- The referral, prescription or assessment request is received by the Wheelchair Service on a dedicated and recognised form
- Equipment will be provided solely as an aid to mobility. Other sources of funding should be explored where elements of the wheelchairs' features are required to meet work, education or sporting requirements
- Provision of equipment is subject to the referred individual agreeing to the current conditions of loan
- Equipment will only be replaced if it ceases to meet the assessed clinical needs of the client or is beyond economical repair
- The client or their carer must demonstrate safe use of the equipment in the intended environment. This will be established at assessment.

### **1.1 Criteria exclusions**

- People living in a residential or nursing home – see section 3
- Referrals for people living in a residential or nursing home that are funded by a Health or Social Care Agency outside the geographical boundaries of the Primary Care Trust served by the Wheelchair Service will only be accepted for assessment once the funding has been agreed and confirmed by the funding Commissioner.
- Clients who are able to walk but for various reasons refuse to do.
- Short term periods; less than 6 months use  
When wheelchair provision has contra-indications to the client's medical condition or safety.

### **1.2 Equipment not provided**

- Equipment for sole use within educational establishments, work environments and leisure facilities.
- Equipment for the sole use of accessing transport.

- Tricycles or bicycles.
- Scooters and electrically powered outdoor chairs (EPOC).
- Add on power packs, power assisted wheels and stair climbers. (In most cases these items are not allowed to be fitted to a chair provided by the service. See page 13 or contact local service for clarification)
- Trike attachment. Hertfordshire Wheelchair Service does not allow the attachment of a trike unit to any wheelchair issued by the service.
- Wheelchairs that enable a person to stand up or have facilities that enhance functional ability as opposed to mobility.
- Wheelchairs to be used in place of more appropriate static seating.
- Accessories and modifications over and above those that have been clinically prescribed which cannot be easily removed or operated independently from the wheelchair provided by the Wheelchair Service.
- Wheelchairs required only for occasional use less than 3 times a week.

Hertfordshire Wheelchair Service maintains an approved range of equipment list. This list gives details of all equipment which can be prescribed in the following categories.

- Attendant propelled manual wheelchair
- Self-propelling manual wheelchair
- Electrically powered indoor chair (EPIC)
- Electrically powered indoor/outdoor chair (EPIOC)
- Wheelchairs to be used with special seating systems
- Paediatric equipment
- Reclining back and/or tilt
- Pressure relieving cushions
- Accessories

## 2 Specific Criteria

Specific criteria for each of these categories are found on the following pages.

### 2.1 Criteria for the supply of an attendant propelled manual wheelchair

- Referred individual complies with the general criteria and exclusions
- Referred individual has a carer who is able and willing to push the wheelchair
- The prescribed wheelchair is used as an aid to indoor and/or outdoor mobility and is not used in place of an armchair or static seating system.

### 2.2 Criteria for the supply of a self-propelling manual wheelchair

- Referred individual complies with the general criteria and exclusions
- Referred individual is assessed as being medically fit to self-propel and self-propulsion is not detrimental to their medical condition. In some instances, the referred individual will be assessed as able to self-propel in an indoor environment only in order to give a limited increase in function and independence
- Where a carer is required to push the wheelchair outdoors, the referred individual has a carer who is able and willing to push the wheelchair outdoors



- In exceptional circumstances consideration will be given to issuing a self-propelling manual wheelchair where the referred individual is unable to self-propel but the carer would gain benefit from the features a self-propelling wheelchair provides
- Consideration will be given to whether the referred individual needs an energy efficient self-propelling wheelchair based on whether they have an assessed medical condition that results in reduced strength and/or major excessive activity would result in deterioration of the medical condition. This referred individual would have to have been assessed as being a fulltime user whose level of functional independence would significantly increase with the issue of a lightweight or energy efficient wheelchair
- Consideration will be given to whether the referred individual needs a highly active wheelchair based on whether their level of functional independence would significantly increase with the issue and whose needs are not met through the issue of an energy efficient self-propelling wheelchair.

### 2.3 Criteria for the supply of electrically powered indoor chairs (EPIC)

- Referred individual must either be unable to walk, or self-propel a manual wheelchair effectively within their home environment or have written confirmation from their GP that these activities are detrimental to their medical condition
- Through frequent and regular use of an EPIC the referred individual has the potential to benefit from increased mobility and independence in terms of activities of daily living
- Referred individual is medically fit to independently control a powered wheelchair indoors, free from conditions causing loss of consciousness or epileptic seizures in waking hours within the last year and free from any combination of medical conditions and/or treatments likely to make independent control of powered wheelchair unsafe
- Referred individual has a home environment which is compatible with the use of a powered chair and which includes a suitable storage area with a power supply for a battery charger
- Referred individual has demonstrated in a driving test and by other means that they have the insight, intellectual capacity and dexterity to operate an EPIC safely and responsibly on their own without physical assistance and verbal instruction. Provision of powered chairs is subject to periodic review of driving ability
- Referred individual must agree to members of the Wheelchair Service contacting other medical parties to obtain appropriate medical information which may affect the individual's ability to safely operate a powered wheelchair.

### 2.4 Criteria for the supply of electrically powered indoor/outdoor chairs (EPIOC)

- Referred individual complies with the criteria for issue of an EPIC and has been safely using an EPIC for a period of 6 months. Wheelchair service therapists and technicians will reserve the right to upgrade EPICs to EPIOCs within the 3-month period when deemed appropriate

- Referred individual has safe and easy access into and out of their home and can demonstrate that they can independently access the outside environment. They have a local outside environment which is compatible with the safe use of an EPIOC.

## 2.5 Criteria for the supply of wheelchairs with special seating systems

- Referred individual uses a wheelchair for a significant part of the day and requires special seating as part of a postural management programme
- Referred individual is unable to maintain a safe sitting posture in a standard wheelchair even when issued with off the shelf posture corrective accessories
- Referred individual is unable to maintain a safe sitting posture in a non-standard wheelchair
- Referred individual has both a home environment able to accommodate the seating required and carers who are able to operate the system safely
- Special seating systems will be mounted onto the most appropriate wheelchair or buggy base that complies with current crash testing regulations
- Special seating is primarily supplied to meet the postural and mobility needs of the referred individual. Where possible consideration will be given to other demands placed on the seating system. It is not always possible to meet all the individual's specific needs especially in terms of education and feeding requirements
- Clients issued with custom made postural seating system will agree to be regularly reviewed
- Special seating will not be provided where it is assessed that the clinical needs and comfort of the referred individual would be better served by the provision of a posture supportive commercially available armchair or where the provision of such equipment is mainly required in order to overcome moving and handling/hoisting issues.

## 2.6 Criteria for the supply of paediatric equipment

- The service will assess and provide equipment for children from any of the types of equipment mentioned provided that the general and individual criteria for prescription are complied with. The minimum age for referral is usually 30 months. Younger children will be assessed where it has been clinically demonstrated that there are complex postural needs
- Children will be assessed for provision of a wheelchair or buggy depending on their assessed clinical need and age appropriateness
- Double buggies will only be supplied where both children meet the criteria for provision
- The Wheelchair Service is unable to meet the needs of children who require provision for behavioural issues or those without degenerative disease who solely require the wheelchair for occasional long distance outdoor mobility. However, clinical reasoning will be applied on a case by case basis in exceptional circumstances as part of the assessment process.
- The Wheelchair Service is unable to meet the needs of children without degenerative disease who require a wheelchair or buggy for occasional longer term outdoor mobility.

## 2.7 Criteria for the supply of a reclining back and/or tilt

- Referred individual is a full-time user with a clinical diagnosis for which a wheelchair with recline and/or tilt is appropriate
- Carers can operate the system safely, access transport and detach/reattach component parts for the safety of the client
- Following assessment by a wheelchair therapist, the referred individual would benefit from provision of a mobile system as opposed to a static seating system
- Hertfordshire Wheelchair Service is unable to provide wheelchairs with a recline and/or tilt facility where the provision of a posture supportive commercially available armchair would meet the referred individuals clinical need or if the equipment is solely required in order to overcome moving and handling/hoisting issues
- Recline and/or tilt cannot be supplied where the referred individual is an inpatient within a hospital or rehabilitation unit and is continuing to show improvement in their posture and mobility.

## 2.8 Criteria for the supply of pressure relieving cushions

- Cushions are only supplied for use within a wheelchair and are provided to achieve comfort, satisfactory posture, increased stability and as an aid to pressure ulcer prevention and management
- A vinyl covered foam comfort cushion of a 2" or 3" depth will be issued as standard with all wheelchairs
- Alternative cushions will be issued to users following assessment by either a therapist or technician working within the Hertfordshire Wheelchair Service or by an approved prescriber (using cushions from a product list as agreed with the Wheelchair Service)
- Where the cushion provided has a removable cover only one cover will be provided. Referred individuals with specific ongoing continence issues may be referred on to the continence service
- Following assessment, postural and pressure relieving cushions can be issued for use in wheelchairs that have been purchased by an individual privately or through the NHS Voucher Scheme. Cushions provided will be from the standard range as offered
- Pressure relieving cushions are not issued for use within transit wheelchairs or where provision of a cushion is mainly required in order to overcome moving and handling/hoisting issues.

## 2.9 Criteria for the supply of accessories and modifications

- Accessories will only be provided following an assessment of clinical need, risk assessment and at the discretion of the Hertfordshire Wheelchair Service
- Modifications will only be undertaken following a risk and clinical assessment and only in accordance with manufacturers guidance and C.E. marking legislation
- Modifications deemed as affecting a manufacturer's warranty will not be considered where the wheelchair has either been privately purchased or purchased using the NHS Voucher Scheme
- Hertfordshire Wheelchair Service is unable to supply accessories such as crutch holders, rain covers and sunshades.

## **2.10 Criteria for the fitting of add on power packs, power assist wheels and stair climbers**

- Hertfordshire Wheelchair Service recognises that wheelchair users may wish to take advantage of the benefits offered by a power pack, power assist wheels or a stair climber by fitting a privately purchased unit to a wheelchair issued by the service.
- Wheelchairs provided by the service are not routinely tested or approved for the fitting of commercially available power packs, power assisted wheels or stair climbing devices and therefore permission must be sought from the service before attempting to fit a privately purchased unit. Requests will be dealt with on an individual basis taking into account all potential risks for users, carers and the equipment provided by the service.
- Individuals who wish to fit this equipment should ensure that they obtain advice from the supplier with regard to the suitability of fitting the unit to their wheelchair. They should supply the Wheelchair Service with full brochure and technical details of what they are requesting to fit to their wheelchair.
- Before fitting this equipment, the client must obtain written agreement from the Wheelchair Service. Any additional costs incurred in fitting this equipment will not be met by the Wheelchair Service.
- Where it has been noted that extraordinary costs have been incurred due to the use of the equipment the Wheelchair Service reserves the right to withdraw prescribed equipment from issue or consider charging the individual for repair costs. Upon its return to the service, the cost of converting the chair back to the manufacturer's specification may be charged to the user.

## **2.11 Criteria for the supply of multiple wheelchairs**

- Consideration will be given where a wheelchair is required for both upstairs and downstairs use. The wheelchair provided for upstairs use will be provided with a standard cushion and may not be the same make or model as the primary chair
- Where a powered wheelchair has been issued, an attendant propelled manual wheelchair will be issued in case of breakdown or power failure preventing use of the issued powered chair
- Hertfordshire Wheelchair Service is currently unable to supply second wheelchairs for use within educational establishments, to satisfy work related requirements or to be used solely for leisure or transportation purposes.

## **3 Criteria for the supply of wheelchairs to residents within nursing and residential homes**

- Residents within residential and nursing care homes are entitled to be assessed in the same way that referred individuals residing in their own homes are. However, Hertfordshire Wheelchair Service is unable to provide residents with attendant controlled transit wheelchairs in which they will be pushed from room to room in. Provision of these portering purpose wheelchairs is the responsibility of the individual care home
- Consideration will be given to individuals within residential and nursing care homes who have relatives, carers or friends who are committed to visiting and taking the referred individual on regular outings. The referral in this instance,

should be completed by the relative, carer or friend who will be able to comply with the conditions of loan

- Hertfordshire Wheelchair Service does not condone the use of wheelchairs in place of static seating (armchairs) therefore a wheelchair will not be provided where the provision of a posture supportive commercially available armchair would meet the referred individual's clinical need
- Hertfordshire Wheelchair Service will not provide equipment where provision of such equipment is mainly required in order to overcome moving and handling/hoisting issues or is requested in order to assist in overcoming behavioural issues

## Annex 2 – Check list of Core Service Principles of The Wheelchair Charter

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

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

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.

### **Core Principle 2: Entry to the service via referral from an appropriately skilled professional**

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.

### **Core Principle 3: Timely, standardised, holistic assessment process with co-produced (with service users/families/providers) outputs and outcome measures**

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

### **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**

Service users receive timely, individualised, and seamless care across the levels of need.

### **Core Principle 5: Advanced prescribing is in place for people with rapidly progressive conditions**

Service users receive the best possible holistic and multi-disciplinary care for their condition

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

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

**Core Principle 7. Prescriptions which take into account the current and future needs for all adults and children including those of carers**

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.

**Core Principle 8. Innovative and flexible budgeting working with key partners to strengthen integration across health, social care, work and education, enabling the 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

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**Annex 3 – National Definitions of Low, Medium, High and Specialist need**

Source Document: Guidance for using Wheelchair Currency  
 Author: NHS England  
 Publication Date: 22 March 2017

Categorisation and Definition			
Unit	Activity	Definition	Examples
Per of Care Episode	Low Need - Assessment	Limited need allocation of clinical time. Majority of the activity was expected to fall in this category	Occasional users of wheelchair with relatively simple needs that can be readily met. Do not have postural or special seating needs. Physical condition is stable, or not expected to change significantly. Assessment does not typically require specialist staff (generally self-assessment or telephone triage supported by health / social care professional or technician). Limited (or no) requirement for continued follow up / review.
	Medium Need - Assessment	Higher allocation of clinical time including the use of more specialist time	Daily users of wheelchair, or use for significant periods most days. Have some postural or seating needs. Physical condition may be expected to change (e.g. weight gain / loss; some degenerative conditions) Comprehensive, holistic assessment by skilled assessor required. Regular follow up / review.



	High Need - Manual - Assessment	This currency involves a higher allocation of clinical time than the medium currency. This also includes the use of a higher and more specialist skillset of staff.	Permanent users who are fully dependent on their wheelchair for all mobility needs. Physical condition may be expected to change / degenerate over time. Very active users, requiring ultra-lightweight equipment to maintain high level of independence. Initial assessment for all children. Comprehensive, holistic assessment by skilled assessor required. Regular follow up / review with frequent adjustment required / expected.
	High Need - Powered - Assessment		
Categorisation and Definition			
Unit	Activity	Definition	Examples
Per Chair Issued	Low Need - Equipment	A basic wheelchair package which includes a standard cushion and one accessory and modification	Equipment Requirements - Basic wheelchair (self or attendant- propelled) / standard cushion / up to 1x accessory / up to 1x modification.
	Medium Need – Equipment	A higher allocation of equipment and modifications	Equipment requirements - 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.
	High Need - Manual – Equipment	More Complex and customised	Equipment requirements - Complex manual or powered equipment, including tilt in space chairs, fixed frame

	High Need - Powered – Equipment		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.
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Annex 4 – Wheelchairs Outcomes Assessment Tool for Children



WATCH Assessor Info  
FINAL information for

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