

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification No.</b>	
<b>Service</b>	Provision of Wheelchair and Postural Seating Services for Adults and Children
<b>Commissioner Lead</b>	
<b>Provider Lead</b>	
<b>Period</b>	September 2024 – September 2029
<b>Date of Review</b>	TBC

#### 1. Population Needs

##### 1.1 National/local context and Evidence Base

There were at least 586,000 users registered for English NHS wheelchair services in Quarter 3 of 2021-22<sup>1</sup>.

In North East London ICB, there were 23,519 patients registered with the wheelchair service in their area between April and June 2023.<sup>2</sup>

The wheelchair is vital to living an independent life and it is recognised that Wheelchair Services need to be responsive to individual needs and adopt a holistic approach to meeting these needs. The equipment supplied has the potential to impact upon several of the wider determinants of health such as:

- improving individual lifestyle by increasing independence,
- improving access to transport and leisure by increasing social and community networks
- reducing social isolation and consequent depression

The provision and maintenance of wheelchairs that appropriately meet users' mobility needs are a vital part of keeping people living as independently as possible. The timely provision of equipment is important to help people to improve their mobility or perform tasks in their daily living environment. This ensures on-going independence and wellbeing, so reducing dependence on other health and social care services.

##### 1.2 Local context

There is a wide spectrum of disabilities that can affect children and adults which can be categorised into physical and learning disabilities, although these two can overlap. Other conditions such as chronic disease can also impact on their development or their ability to participate fully in physical activities.

<sup>1</sup> <https://www.motability.org.uk/media/zsjnh4un/wheelchair-economic-study-final.pdf>

<sup>2</sup> <https://www.england.nhs.uk/statistics/statistical-work-areas/national-wheelchair/national-wheelchair-data-collection-quarterly-publication-files-2023-24/>

## Waltham Forest

	Adults	Children	Total
Number of patients registered with the service	2646	1276	11862
Number of review assessments (existing clients)	311	115	426

	Adults	Children	Total
New Referrals	318	52	370

Number of new chairs ordered	Total
Low	207
Medium	84
High	53
Special	4
<b>Total</b>	<b>348</b>

## Tower Hamlets

Current service users registered with the wheelchair service:

- 7313 patients in Tower Hamlets (6757 Adults and 407 children) as at June 2023. Of which 6% relates to Children and 94% relates to Adults.

There were 7048 in Tower Hamlets (TH) patients on the wheelchair service's caseload at the end of 2022/23 shown in the table below.

	Adults	Children	Total
Number of patients registered with the service	6636	412	7048
Number of review assessments (existing clients)	537	334	871

The following patient referrals were made for 2022/23:

	Adults	Children	Total
New Referrals	302	18	320

Total number of new chairs ordered in 2022/23 by type:

Wheelchair Service	2022/23
Level 1 - No postural support needs	357
Level 2 - Low - partial postural support needs	Not recording this in TH
Level 3 - Medium Low - partial support needs	87
Level 4 - Medium High - Partial postural support needs	55

Level 5 - High - Full and complex postural support needs	28
Level 6 - Very High - Full and highly complex postural support needs	9
<b>Total</b>	<b>536</b>

### **Barking and Dagenham, Havering and Redbridge (BHR)**

	Adults	Children	Total
Number of patients registered with the service 22/23	6169	1034	<b>7203</b>
Number of review assessments (existing clients) 22/23	902	363	<b>1265</b>

	Adults	Children	Total
New Referrals 22/23	940	119	<b>1059</b>

Number of new chairs ordered 22/23	Total
Low	354
Medium	372
High	241
Special	38
<b>Total</b>	<b>1005</b>

### **All**

National estimates of disability prevalence suggest the percentage of patients with severe disabilities is small, in contrast with adults where the proportion of severe disabilities is much greater.

### **1.3 Legislation**

- The National Health Service Act 2006
- Health and Social Care Act 2012
- Equality Act 2010
- Carers (Recognition and Services) Act 1995
- Human Rights Act

## 2. Outcomes

### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	No
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

### 2.2 Local defined outcomes

The Wheelchair Service will ensure that users registered with a GP within Waltham Forest, Tower Hamlets, Barking and Dagenham, Redbridge and Havering 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 and specialist seating which meets their clinical needs.

Specific outcome measures are included within the Schedule 4 of this specification and encompass the following:

- Improvements in the functional health needs of users
- Improved access and responsiveness of assessment, handover and on-going support services
- Personalised care for patients accessing the service
- Increased levels of satisfaction from users with a baseline taken from the start of service
- Reduced social isolation
- Improved quality of life for users and their families/carers
- Children and young people are able to maximise their mobility, education and socialisation through the provision of a wheelchair that meets their clinical needs
- Provides quality of life for the service user by regarding social model of disability and 'whole life' needs;
- Reduces risk and likelihood of preventable injuries, e.g. falls, pressure ulcers, untoward incidents and fatalities;
- Provides a comfortable mobile seating solution to meet the clinical needs of clients;

In addition, the Provider will be expected to deliver services to achieve the outcomes defined by CECOPS, set out in Appendix A.

### 2.3. Service principles

The service will ensure:

- Users receive a timely and efficient service in order to ensure that their mobility needs are met as quickly as possible, in accordance with the waiting time targets within this document. 'Chair in a day' principle is applied to service users who require standard or locally held stock
- A holistic assessment is completed with each user and their carer/parent (as appropriate) through the development and maintenance of close working links with Social Care, and where

appropriate, Education. The assessment will take into account the needs of the user and the carer/parent and environmental constraints, and will include identifying user and carer identified outcomes.

- Assessment is carried out in the most appropriate environment, dependent on the user's specific needs, ensuring accessibility, comfort and respect of individuals' privacy
- In relation to complex specialist needs, assessments should be undertaken in a specialist centre, equipped with appropriate equipment for physical examinations and pressure measurement plus suitable facilities for moving and handling. Trial wheelchair/seating equipment should be made available. Alternatively, individuals may be seen in other environments such as child development centres/schools for children or familiar/non-threatening surroundings such as home for people with cognitive or learning disabilities.
- Where possible equipment is issued at the time of clinic attendance
- The specific needs of children and young people and the impact of mobility and postural provision on their social, emotional, educational and physical outcomes is recognised
- Adequate arrangements are in place for the delivery and collection of equipment from service users' homes, ensuring that there are appropriate demonstration and handover checks;
- A training programme for local accredited prescribers is provided, in keeping with National Occupational Standards and local provision policy (including registration audit, risk and ongoing development programme) and taking account of all national standards such as **Standards for Better Health 'Health Care Standards for Wheelchair Services under the NHS'**
- Service users are involved in the ongoing improvement of the service and there is a forum for sharing, discussing and agreeing issues regarding the service. Formal minutes of these fora/meetings will be shared with commissioners.
- Services are delivered in accordance with relevant standards and guidelines, including:
  - Medical Devices Management policies
  - Management of Purchasing and Supply
  - Decontamination of re-usable medical devices.
- Staff working within the service are appropriately qualified and receive ongoing professional development to maintain their skills in a changing clinical environment
- Staff carrying out assessments are aware of and knowledgeable about the user's condition that affects their mobility
- Works with acute and community hospitals in the facilitation of hospital discharge to ensure delayed discharges as a result of waiting for a wheelchair do not occur
- The service assists in the facilitation of independent living; by enabling users to live independently in the community, preventing ill health, aiding return to work and improving education options
- Patients will be able to self refer to the service for self propelled wheelchairs, or chairs where they can be assisted by a carer

The service will be expected to be delivered in line with the recommendations of CECOPS, the independent standards body for disability equipment and wheelchair services.

### 3. Scope

#### 3.1 Aims and objectives of service

The service will provide a high quality and clinically safe integrated wheelchair service, including the assessment and provision of equipment, aftercare, maintenance and support for adults and children who have a physical/cognitive and /or degenerative long term condition which limits mobility. This may also include people who require end of life care.

The principal aims of the service are to provide:

- A comprehensive quality assessment, prescription and review service to meet the postural and independent mobility needs for patients registered with a GP in the contracted areas (even if they do not live in this contracted area but live in NEL)
- Specialist seating and rehabilitation engineering services
- Repair and maintenance services
- A service responsible for managing and co-ordinating the requirements of all users with permanent mobility needs.

The Provider may sub-contract parts of the service to ensure that a comprehensive range of services is available to meet the specific and personal needs of each service user. However, where parts of the service are sub-contracted, the Provider shall remain accountable to the Commissioner, to ensure that a seamless service is provided to Patients, their carers and healthcare professionals. Service users/carers will be offered a single point of access for queries.

The objectives of the service are:

- To provide comprehensive and clinically-led assessments and prescriptions to address and meet service users' mobility and associated seating/postural management needs.
- The service will be provided to children, young people and adults – covering a wide range of conditions including but not limited to:
  - Musculoskeletal – peripheral joints, spinal injuries and arthritis;
  - Orthopaedic – trauma;
  - Birth Trauma;
  - Head injuries;
  - Congenital - Spina Bifida;
  - Neurological - Cerebral Palsy, MS, Parkinson's, Stroke, MND;
  - Learning Disabilities;
  - Age related conditions
- To liaise with associated specialist services in order to provide access to a comprehensive range of services to meet the requirements of users with complex mobility and/or postural management needs
- To offer service users ongoing reviews of their long term mobility and associated postural management needs and provide maintenance support for the equipment issued to them
- To provide a timely and responsive service which minimises the waiting times for assessment and provision of equipment. This should take account of the specific needs of children who quickly out-grow equipment provided for them.
- To deliver training and education on wheelchair services to local health and social care economy
- To provide a responsive maintenance and repair service, which ensures the safety of all equipment provided and minimises the time spent with reduced mobility and postural discomfort for the service user.

### 3.2 Service description

The provider shall assess for and supply wheelchairs according to criteria set out in Appendix B.

#### Referrals

Referrals can be made by a wide range of professionals including:

- Primary Health professionals/GPs
- Occupational Therapists and Physiotherapists
- Community Nurses
- Rehabilitation Teams
- School Nurses
- Community Paediatricians
- Hospital In-Patient teams
- Social Care Staff
- Professionals in specialist medical teams
- Marillac Neurological Care Centre (Brentwood)
- Other relevant clinics as agreed with the ICB

Referrals to the single point of access are prioritised taking into account: clinical condition, prognosis, environment and social circumstances etc. The service user and/or family/carer will be kept informed of the progress of the referral.

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

Patients may self-refer for a self-propelled or carer assisted push chair. The provider will have appropriate processes in place to support patients who self refer to access the service.

Existing users of the service may self-refer back into service for a re-assessment if required.

Referrals will be screened by staff with knowledge to be able to ensure that the referral is appropriate in terms of eligibility and prioritise accordingly. The service may reserve the right to reject incomplete referral forms and return them highlighting the reasons for rejection. Incomplete referrals will be returned to the referrer for completion.

In the case of self-referrers, there will be clear instructions available to patients on how to complete the referral form. The referral form will use clear wording, be available in other languages (including braille) and also available in Easy Read.

#### Assessment

- This must be on an individual needs basis and flexible to meet the needs of the user and carer/parent
- Users must be given an option to change their appointment if necessary
- There must be the facility for users to trial equipment prior to the equipment being provided.
- Users must be able to use the equipment they need in all places where they spend time (school, home, leisure pursuits and during respite care).
- Full assessment of the following will be required to be delivered by the Provider:
  - Transportation requirements of children, young people and adults who use public and school transport. The Provider is expected to establish effective working links with Local

Authorities related to the contracted areas (i.e. Waltham Forest, Tower Hamlets, Barking and Dagenham, Havering and Redbridge) and work together to ensure the transport needs of children attending school are met safely and efficiently.

- School, College or work environment attended by the individual if appropriate
- Home environment, including space restrictions
- Assessments will consider the clinical and lifestyle requirements of the user as well as any additional requirements of the carer (clinical need will take priority)
- To ensure an accessible service is delivered at a location appropriate to the user's needs with all equipment available in order to conduct a thorough assessment
- Assessments must include consultation with other professionals involved with the service user to ensure holistic needs are considered. This may involve joint assessment sessions with the relevant clinicians or social care staff.
- Assessments must be conducted by a qualified clinician with a recognised and relevant qualification and have experience in wheelchair assessments.
- The clinician must ensure that a risk assessment is conducted as part of the assessment and recorded in relation to the equipment prescribed.
- The outcome of assessments must be fully recorded, agreed and signed by the user, or the carer in respect of children or user's unable to sign for themselves. The user/carer must receive a copy of the assessment once completed.
- Sufficient time must be allocated for the assessment.
- The assessment must consider the predictable long term changes to and needs of the user and aim to provide equipment that can be adapted to meet predictable future needs
- Carry out an assessment of all wheelchair users who require specialist seating modifications to be made to the wheelchair, with due regard to the requirement of the Medicines and Healthcare Products Regulatory Agency (MHRA) and the equipment manufacturers guidelines and instructions
- Where necessary, produce engineering drawings and manufacturing instructions for proposed modification adaptations (with due regard to the requirements of MHRA and the equipment manufacturers guidelines and instructions)
- Carry out environmental assessments, including the production of a report of the visit
- Assist in the moving and handling of patients as and when required, using lifting equipment as appropriate
- Participate in teaching patients, and where necessary the carers, on the use and care of the prescribed equipment
- Be able to transport equipment in their vehicles as necessary to make domiciliary visits
- Contribute to any redesign, service development or in-house training programme
- The service provider must arrange wheelchair accessible taxi or patient transport service. This will be available for patients who would ordinarily have had access to a hospital patient transport service to attend a hospital based wheelchair clinic.



## **Provision of Rehabilitation Engineering Support**

The wheelchair service will be responsible for providing or purchasing this service to ensure that appropriate engineering and technical support is provided for assessment of complex mobility needs and the design and provision of wheelchairs, mobility equipment, modifications and adaptations. The service will be responsible for ensuring that this aspect of the service is provided by appropriately registered and accredited staff. It will also be responsible for ensuring that these staff have appropriate clinical and technical supervision, training and continuing professional development

### **Prescription**

- The prescription that generates the product order must be produced by a clinician
- The prescription must be in accordance with the eligibility criteria
- The prescription must be suitable to the users/carers needs as defined in the assessment and must facilitate safe independent mobility
- The prescribed wheelchair will be equipped with special seating and pressure cushions as defined in the clinical assessment, for user's that cannot be seated within standard wheelchairs so as to:
  - Provide postural support
  - Minimise risk of pressure areas
  - Maintain existing functional ability
  - Maintain/improve ability to interact with environment
  - Minimise risk of worsening postural deformities
  - Wherever possible, user choice should be included within the prescription

### **Purchase/Provision of Equipment**

- The Provider shall ensure that all equipment is purchased and maintained in accordance with the guidelines and statutory requirements set out in:
  - Managing Medical Devices Regulations DB2006 (MHRA, November 2006)
  - The Controls Assurance Standards of the DHSSPS for Medical Devices and Equipment (April 2010) and Management of Purchasing and Supply (April 2006)
  - The manufacturers' technical and users handbooks for the use of the equipment
- The procurement of wheelchairs and equipment will be sourced from suppliers who have the ability to demonstrate quality and value for money
- The Provider is expected to take the lead in developing standardised stock which meets the eligibility criteria set in Appendix B. The development of the stock list will be based on a balance of cost which considers the whole life value and quality of the items.
- The Provider will ensure that procurement arrangements with suppliers will be negotiated in order to have agreed delivery timescales to keep users 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

- Where possible, wheelchairs will be provided from existing or hand-back stock. In this event, the product must be re-conditioned in full working order, without evidence of previous use, with guidance and instructions available
- The Provider will 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
- The Provider will be expected to utilise any stock remaining with the existing Provider, owned by the Commissioners, prior to purchase of new equipment.
- Remain informed of all new wheelchairs, accessories and equipment as they become available, updating Wheelchair Service staff as appropriate. Provide technical comparative analysis and advice on new equipment to be supplied by the Wheelchair Service
- Be responsible for assessing risks when modifications to wheelchairs are commissioned and documentation in line with the NHS Risk Management Procedures and specifically the Controls Assurance Standard for Medical Devices
- Raise Adverse Incident reports on defective wheelchairs, replacement parts and associated items and liaise with the Adverse Incident Centre when appropriate
- Liaise with the Wheelchair Service and the Wheelchair Repair Service regarding warranty on goods/hardware issues
- Follow up and audit repair work carried out by the Wheelchair Repair Services
- As required, unpack, set up and carry out a pre-delivery inspection of equipment delivered to the Wheelchair Service
- Any equipment owned by the Commissioner shall remain the property of the commissioner throughout the lifetime of the contract

#### **Wheelchair Voucher Scheme HSG (96) 53 (to be replaced with the Personal Wheelchair Budget)**

Service users will be offered the option of acquiring equipment through a Personal Wheelchair Budget (PWB). The budget will be set based on the needs of the user and associated cost. In addition 10% will be provided for repairs and maintenance. It will be the user's responsibility to ensure that items are insured, however the service must provide clear information about the PWB so that users are able to make informed decisions and understand their responsibilities from the beginning.

The service will work with the ICB to revise and review as required guidelines for PWBs and a recommended list of suppliers. Should a service user want to purchase an item from a supplier not on the recommended list, the service will carry out an assessment of suitability (i.e. value for money, reliability, etc.) so that the supplier can be added to the list.

The service will provide final authorisation before a sale is completed, to ensure the user's needs are met and the equipment meets the prescription provided by the clinician as part of the assessment.

## **Equipment Handover**

- Before handover of the equipment it must be checked by an appropriately qualified person who will provide training to the individual and carers as required
- Information on the use of the equipment, details of the repair and help line and explanation of the planned preventative maintenance programme to be given to the user and carers.

## **Repairs and Maintenance**

- The Wheelchair and Special Seating Service shall be required to provide an appropriate service for the repair, maintenance and modification of wheelchairs on issue in the community.
- Pre-planned maintenance (PPM) will take place annually or as per the manufacturer's guidance, in line with PUWER regulations. This will include all Powered wheelchairs and wherever possible manual chairs.
- Arrangements should be in place to ensure that repairs can be carried out in a variety of locations within the geographical area covered by Waltham Forest, Tower Hamlets, Redbridge, Havering and Barking and Dagenham.
- Urgent repair services should be available 07.00 – 23.00 7 days a week, including bank holidays.

The provider will deliver an 'on street' repair callout for patients where equipment issues/failures occur outside of the home/care setting.

The Provider shall ensure that all requests for repair of equipment are carried out in the following timescales:

- Urgent requests – assessment and repair within 24 hours of receipt of the request. If the complexity of repairs do not allow this timeframe to be met, then all repairs within 5 days.
- Non-urgent requests – within 3 days of receipt of the request. Where requests are received over the weekend or bank holiday, the Provider shall ensure that where possible, and if the user is a full-time user, the patient is provided with an alternative wheelchair for their use, while repairs are carried out

Where repair or replacement is not an immediate option, procedures must be in place to ensure that service user is made safe until the equipment can be repaired.

For users with posturally supportive or complex wheelchairs, the need for a repair may indicate the user's needs have changed and therefore a review would be required.

## **Review**

Proactive re-assessment procedures must be in place to review user's needs.

Timescales will be dependent on the needs and condition of the user. The following would be considered high risk and should therefore be reviewed annually:

- Children where needs may change rapidly as the child grows
- Users with conditions that are subject to more rapid deterioration, particularly where inappropriate support can accelerate deterioration

- In the case of powered wheelchairs where users' capacity to drive the equipment may become impaired, putting him/herself, or others, at risk.

A user or carer shall be able to contact the service to request an earlier assessment if their needs have changed. The review will include whether the outcomes identified in the patient's assessment are being met.

Users must be made aware that they can contact the service at any time if they feel they need a review or require advice.

### **Handback Arrangements**

- The Provider will have a system in place to collect wheelchairs and equipment no longer needed by the user
- The Provider will assess the condition of the returned equipment and make an assessment in terms of the economic viability of reconditioning, as opposed to disposal

### **Recycling**

- The re-conditioning and disposal of equipment must be recorded and tracked in line with the Provider asset register
- Decontamination must be thorough, safe and have no negative impact on the environment.
- Reconditioned equipment must offer the same standards of safety and functionality as new equipment.

### **Continuous Improvement**

Services will be registered with CECOPS upon contract award and will be expected to work towards accreditation with CECOPS Code of Practice, within 9 months of contract award. This organisation has developed the only comprehensive and recognised service specific guidance available for public sector commissioners and providers of disability equipment, wheelchair and seating services, which is designed to help providers to deliver high quality and safe services. As part of this, providers will also be expected to demonstrate a commitment to self-evaluation and continuous improvement.

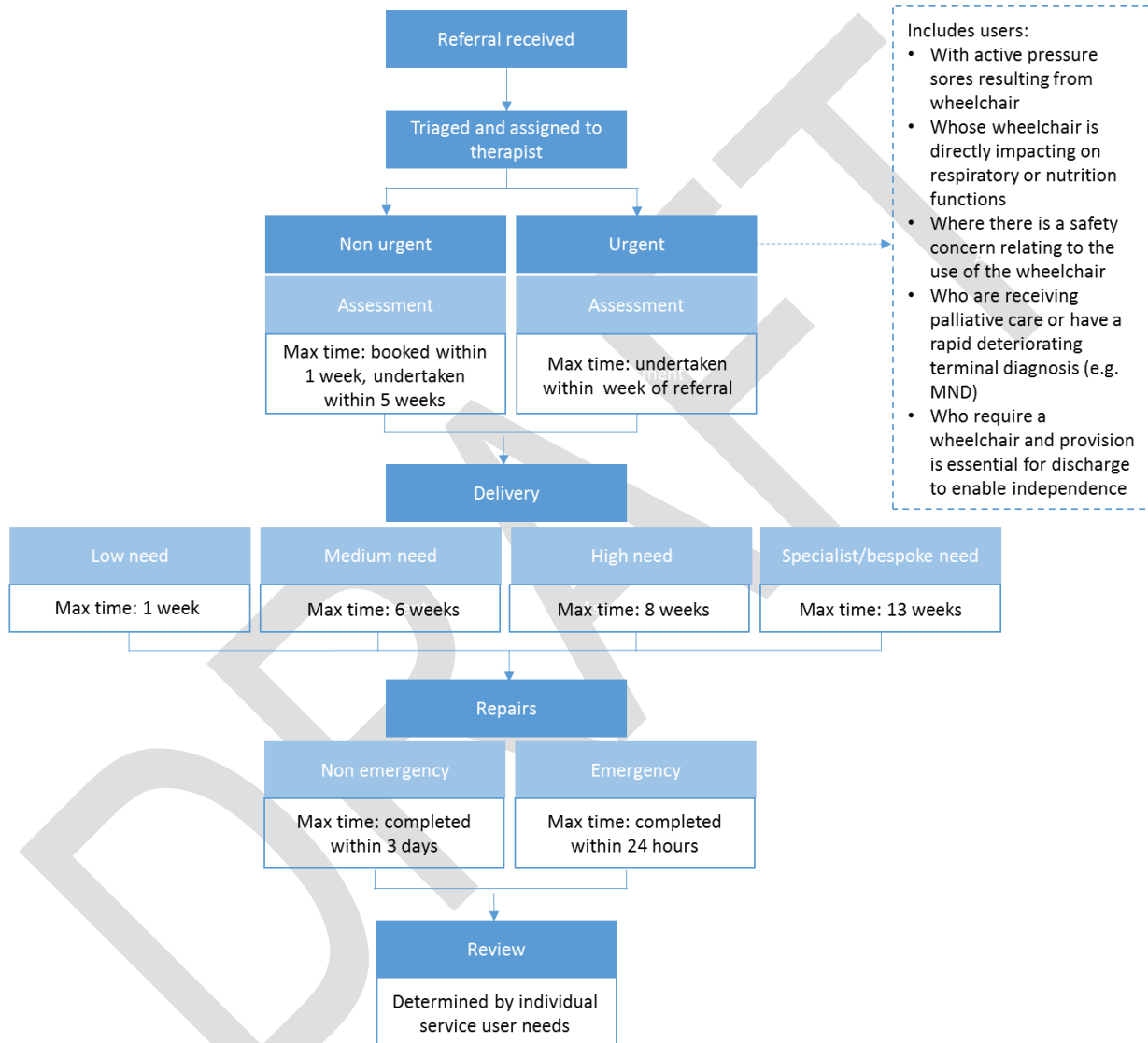
As well as reporting on outputs with regards to activity and performance, the provider must work towards and report on the outcomes listed in the CECOPS' Code of Practice for Disability Equipment, presented under Appendix A.

### **Managing multiple assessments across health and social care**

Where service users are receiving a range of equipment and receive multiple assessments from different clinical teams, disciplines and services, wherever possible, a single holistic assessment should take place to minimise the number of contacts for service users.

The provider will develop in the first 6 months of the contract a multi-agency protocol which reflects the approach to be taken where different pieces of equipment are needed to meet a range of needs.

### 3.3 Service Pathway



Maximum response times are specified in the flow diagram above. DoH categories of need are shown below.

### 3.4 Data Collection

National Wheelchair Operational Data Collection	
Definitions – low and medium need	
Low Need	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.
	Equipment Requirements – <ul style="list-style-type: none"> <li>• Basic.</li> <li>• Non-modular wheelchair (self or attendant-propelled).</li> <li>• Standard cushion.</li> <li>• Up to 1x accessory.</li> <li>• Up to 1x modification.</li> </ul>
Medium Need	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.
	Equipment requirements – <ul style="list-style-type: none"> <li>• Configurable.</li> <li>• Lightweight or modular wheelchair (self-or attendant propelled).</li> <li>• Low to medium pressure relieving cushions.</li> <li>• Basic buggies.</li> <li>• Up to 2x accessories.</li> <li>• Up to 2x modifications.</li> </ul>
High Need	Permanent users who are fully dependent on their wheelchair for all mobility needs.
	Complex postural or seating requirements (e.g. for high levels of physical deformity).
	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.
	Equipment requirements – <ul style="list-style-type: none"> <li>• Complex manual or powered equipment.</li> <li>• Fixed frame chairs.</li> <li>• High pressure relieving cushions.</li> <li>• Specialist buggies.</li> <li>• Up to 3x accessories.</li> <li>• Up to 3x modifications.</li> <li>• Needs are met by customised equipment.</li> </ul>
Specialist	Permanent users who are fully dependent on their wheelchair for all mobility needs.
Need	Highly complex postural or seating requirements (e.g. for high levels of physical disability) and/or are at greatest risk to their health and wellbeing.
	Physical condition may be expected to change / degenerate over time.
	Have complex and /or fluctuating medical conditions and multiple disabilities, which may include physical, cognitive, sensory and learning aspects.
	They are likely to require 24 hour postural management due to; poor trunk control, inability to sit without support, limited upper limb function, possible spinal curvature and joint contractures.
	They are at high risk of secondary complications due to their levels of disability such as pressure ulcers, contractures, chest infections and respiratory diseases.
	The most common diagnoses for people who need specialist wheelchair services are: cerebral palsy, muscular dystrophy, multiple sclerosis, brain injury, motor neurone disease, high level spinal cord injuries.
	Regular follow up / review with frequent adjustment required / expected.
	Comprehensive, holistic assessment by skilled assessor required.
	Equipment requirements – <ul style="list-style-type: none"> <li>• Highly complex powered equipment with specialist controllers.</li> <li>• Tilt in space chairs.</li> <li>• Seating systems on different chassis.</li> <li>• Complex manual wheelchairs with integrated seating systems.</li> <li>• 4 or more accessories.</li> <li>• 4 or more modifications.</li> <li>• Highly complex modifications that needs are met by bespoke equipment.</li> <li>• Specialist controls.</li> <li>• Devices that require Integration with other assistive technology drivers.</li> </ul>

### 3.5 Operating times

The service must offer an efficient and effective service that is convenient and accessible for people, their families and carers, and must operate Monday to Friday between 08.30 to 17.30, exclusive of bank holidays

Repair services must operate between the hours of 08.00 – 17.00 and have out of hours cover that runs from 07.00 – 23.00 seven days a week, including bank holidays.

### 3.6 Population covered

Patients registered with a GP within the boundaries of Waltham Forest, Tower Hamlets, Redbridge, Havering and Barking and Dagenham.

In the event of a user moving between wheelchair services or agencies, the equipment should transfer with the client. The receiving Service should be notified of the transfer and a copy of the full client notes (Electronic or paper) should be forwarded in a secure and timely manner. The user should be informed of the new maintenance arrangements.

Where a service user moves boroughs within the 5 local areas which make up this contract, the patient's equipment and care records should move with them/be accessible within the provider's system, to reduce the need for patients to tell their story again.

The provider will continue to provide wheelchair services for patients with a GP in the contracted areas, even if they move to another NEL borough (i.e. City and Hackney or Newham) or neighbouring boroughs

### **3.7 Any acceptance and exclusion criteria and thresholds**

#### **Acceptance criteria**

A wheelchair is provided to individuals who have a permanent disability or medical condition impacting significantly on the person's mobility, their activity levels and participation. Users' mobility impairment must affect their ability to walk or they must have a medical condition that means that walking could adversely affect their health.

In addition to the wheelchair, modifications and accessories may be provided to address specific health, mobility and / or postural needs (i.e. postural support accessories, pressure care items, trays, harnesses, belts). This will require an assessment by a Wheelchair Service Therapist.

Special seating will be provided when there is a clearly identified postural need (assessed by the Wheelchair Service Therapist). To be eligible for special seating, a client must meet the general eligibility criteria and there must be a clear health benefit from the positioning / postural support the special seating provides.

The home environment needs to be suitable for wheelchair use. Adaptations may be needed to ensure the user's safety and to maximise accessibility (e.g. widening of doorways or re-arranging furniture.) This is not the responsibility of the Wheelchair Service, but clinical staff in the service will liaise with other agencies to facilitate adaptations / alterations. Where adaptations cannot be made and alternatives to issuing a wheelchair are unavailable, limitations around the use of the chair may have to be imposed. Where adaptations are waiting to be undertaken a suitable alternative interim chair may be considered to increase independence; however, if an interim wheelchair would not be appropriate, the referral will not be processed until the adaptations are completed. The client will be informed accordingly.

Generally only one wheelchair will be issued to an individual, however, every user whose prescribed need is for a power chair will automatically be offered a basic manual chair as back-up in case of breakdown. Two manual chairs may also be provided where this is required, for example, due to environmental constraints, which cannot be overcome (such as stairs in the house).

Where a client has a privately purchased wheelchair, or a wheelchair purchased via a Personal Health Budget, the service will provide accessories and seating systems if there is a clear health need (such as tissue viability issues / postural need). However, this will require an assessment by a Wheelchair Service Therapist to establish the clinical need, safety and compatibility. Modifications affecting a manufacturer's warranty will not be considered for privately purchased equipment, including those purchased under the Independent Voucher Scheme/Personal Wheelchair Budget.

#### **Exclusion criteria**



- Wheelchairs / buggies will not be provided as a restraint or as a stationary chair to manage behaviours that challenge
- Equipment will only be replaced if it ceases to meet the clinical or life style needs, if it is beyond economical repair or if it is obsolete, so that spares are not available. In the conditions of loan issued at handover the client will agree to look after the equipment. The Wheelchair Service will not take responsibility for replacing wheelchairs due to abuse / violence / neglect.
- Provision of attendant pushed wheelchairs for general use within care home settings by a number of individuals.
- Wheelchairs for 'portering' purposes i.e. transferring residents from room to room etc. within care home settings.
- Equipment to specifically meet work or education needs will require joint working with other organisations (i.e. it is unlikely that it will be wholly funded by the ICB) and will be considered on an individual basis.
- The ICB will not fund specialist sporting equipment, however, the Wheelchair Service should provide information to the service user as to sources of funding and appropriate equipment.
- Pressure cushions will only be provided by the Wheelchair Service for use in the wheelchair, and pressure mapping will only be carried out in relation to wheelchair seating and associated postural support.
- Mobility scooters, accessories not related to health / mobility needs, such as i-Portal mountings and mountings for communication aids will not be provided by the service.

**Equipment that may be provided under exceptional circumstances includes:**

- Powered chairs with a capacity of more than 4mph
- Additional special seating systems (i.e. more than one)
- Rain covers, sunshades, trays or comfort items, unless there is an identified health / postural need established through a clinical assessment
- Mountings for oxygen cylinders, suction machines etc.
- Lights on powered chairs
- Power-assist devices (such as E-Motion wheels and E-Fix)

The service must be able to demonstrate sufficient clinical reasoning for items issued under exception.

### **3.8 Interdependence with other services/providers**

The Provider must demonstrably work collaboratively with primary care, secondary care and other stakeholders in the local health economy to develop protocols and communication channels to ensure that users receive joined-up care. These services will include:

- GPs, clinicians and physiotherapists in Acute Hospitals, including relevant wards, such as amputee wards (provision of wheelchair stock to relevant wards)
- Allied Health Professionals, i.e. Community Physiotherapists, Community Occupational Therapists, District Nurses, Health Visitors, Community Paediatricians , Children's Community Nurses
- Children and Adult Social Care
- Other Voluntary Sector Agencies
- Education providers

- Mental health services
- Tertiary/specialised service providers
- Marillac Neurological Care Centre (Brentwood)
- Other relevant clinics as agreed with the ICB

The service will also be expected to operate under very clear agreements in respect of providing wheelchair services to residents in residential homes, care homes and those with continuing care arrangements.

### 3.10 Workforce

The wheelchair service workforce model must meet all the requirements of the service specification and be flexible enough to deal with fluctuations in demand and capacity without detriment to service delivery. All staff members will be 'competent' with the right skills, training and experience required undertaking their role. It is expected that the service will be fully-staffed throughout the contract with the appropriate skill mix of clinicians, managers, and administration staff.

### 3.12 IT

The provider will install and maintain an IT system to capture clinical patient records and data for reporting purposes across the whole wheelchair services. The IT system will enable secure storage and transfer of information between providers in the care pathway. This will include, but is not limited to:

- Computer hardware, software, and networking that are secure and used only for clinical case management purposes.
- Use of NHS.net mail to ensure the secure transfer of patient information.
- Training for all staff in information governance and confidentiality.
- Ensuring controls for access to systems are managed effectively in line with national standards for registration (and smartcards where appropriate) so that permissions are allocated and withdrawn as necessary.

The IT system should have the following functionality

- Be able to generate all necessary performance related reports
- Be available 24/7 to assessment, repair and replacement services
- Be able to monitor and self-regulate compliance against requirements of the contract and other relevant quality, safety and performance standards and outcomes
- Audit and governance
- Ability to track the location of equipment in the event of recall
- Retain certification and prompt renewal dates
- Appropriate NHS standards on security location of storage

The Provider will have completed, and supply evidence of, the NHS Data Security and Protection Toolkit.

<https://www.dsptoolkit.nhs.uk/>

Standards on data quality will be agreed between the commissioning and the provider, and will reflect the advice of the IT provider. The provider will also be expected to demonstrate an effective approach to data cleansing and data migration during service mobilization.

### 3.13 Safeguarding

The provider shall ensure the following:

- All staff with direct access to Service Users, including sub-contracted parties must have had an enhanced DBS check. DBS checks must be completed prior to staff having contact with the Service User. Staff with access to Service User identifiable information must also have a standard DBS check before commencing service.
- All staff must have training on Safeguarding Children and Safeguarding Adults within 3 months from the commencement of service if their training is not already up to date.
- The provider must ensure awareness of local Safeguarding Children's Board Policy and Procedures Manuals.
- The provider must ensure awareness of local Safeguarding Adult's Board Policy and Procedures Manuals.

#### **4. Applicable Service Standards**

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

The following standards and policies describe best practice:

- Healthcare Standards for NHS Commissioned Wheelchair Services (April 2015)
- Better Standards for Health 2006
- NHS improvement plan
- Child in a Chair in a day(NCB)
- Disability discrimination act (2010)
- Operational Guidance to the NHS – extending patients choice of provider (July 2011)
- My wheelchair is my shoes – making the case for wheelchair reform – All Parliamentary Group for Paediatric wheelchair reform (June 2011)

##### **4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

As a minimum the service will be delivered in accordance with national statutory requirements and best practice guidance outlined in the National Wheelchair Managers Forum Operating Model for NHS Commissioned Wheelchair Services (formerly Healthcare Standards for NHS Commissioned Wheelchair Services)<sup>3</sup>:

- Model Service Specification for Wheelchair and Postural Services 2017 (NHSE)<sup>4</sup>
- Demonstrating and Measuring Achievement: Community Indicators for Quality Improvement (DH 2011).
- National Clinical Guideline for Stroke 2016 5<sup>th</sup> Edition (Royal College of Physicians);
- Specialised Wheelchair Seating National Guidelines 2004 (British Society of Rehabilitative Medicine);
- Healthcare Standards for NHS Commissioned Wheelchair Service, National Wheelchair Managers Forum , British Society of Rehabilitation Medicine, emPower, Posture & Mobility Group and Whizz Kidz, 2010;
- Transforming Community Services: Demonstrating and Measuring Achievement: Community Indicators for Quality Improvement (DH 2011)<sup>5</sup>.
- Innovation Health and Wealth accelerating adoption and diffusion in the NHS 2011

<sup>3</sup> <https://www.wheelchairmanagers.org.uk/downloads/Operating-Model-for-NHS-Wheelchair-Services-April-18.pdf>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2017/07/wheelchairs-model-service-specification.pdf>

<sup>5</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/215624/dh\\_126111.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/215624/dh_126111.pdf)

- Data Provision Notice: National Wheelchair Data Collection, 2022<sup>6</sup>
- Wheelchair Guidelines Children and Adults with Muscular Dystrophy and other Neuromuscular Conditions best practice guidelines 2011<sup>7</sup>
- Posture care protecting and restoring body shape 2011
- College of Occupational Therapist Codes of practice and conduct version 2, 2021<sup>8</sup>
- Chartered Society of Physiotherapist Standards of Proficiency 2013
- Framing the contribution of AHPs 2008
- National Wheelchair Managers Forum Standards for Better Health 2004
- Assisting Independence – Fully equipped Audit commission 2002

The service must ensure the following requirements are met:

- Ensuring that equipment is purchased and maintained in accordance with the statutory requirements including Medicine and Healthcare Products regulatory Agency (MHRA) regulations and manufacturers handbooks
- Complying with the requirement of other relevant statutes e.g. Disability Discrimination Act and the Equality Act
- The Manual Handling operations regulations (1992)
- Decontamination of Equipment prior to inspection, service and repair HSG (93) 26
- European Council Directives 93/421/EEC (1993) concerning medical devices
- The medical Device Regulation (1994)
- Safety notice MDA SN 01 January (issued annually) reporting adverse incidents relating to medical devices

#### 4.3 Applicable local standards

The Provider must be able to demonstrate the following Quality Standards:

- Involvement of service users and carers in the ongoing improvement of the service
- Commitment to maximising independence and choice
- Meeting the needs of users in a responsive and timely manner
- Provision of advice and information to service users to enable them to maintain independence, choice and control
- Expertise in equipment use and maintenance where equipment is issued as part of the service

The provider shall maintain and regularly review a full range of policies and procedures relevant to the service including but not limited to:

- Infection control and decontamination of equipment
- Decommissioning and disposal of equipment
- Maintenance and repair of equipment
- Handover of equipment to service user
- Stock control
- Staff training, development and safe recruitment
- Business continuity
- Information Governance
- Environmental policy
- Safeguarding Adults and Children
- Quality Assurance

<sup>6</sup> <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/directions-and-data-provision-notices/data-provision-notices-dpns/national-wheelchair-data-collection-data-provision-notice>

<sup>7</sup> <https://www.wheelchairmanagers.org.uk/downloads/Wheelchair%20Guidelines.pdf>

<sup>8</sup>

file:///C:/Users/kbriggs/Downloads/RCOT%20professional%20standards%20for%20OT%20practice%20conduct%20and%20ethics%20v3.pdf

- Serious Incidents
- Complaints

#### 4.4 Clinical Audit

The provider shall have in place an agreed (with the ICB or their delegated agent) an annual programme of clinical audit and effective systems to support audit, implement changes and share findings. The Annual Audit Plan and Report(s) will be made available to the commissioner.

The service shall provide education and training to other professionals when required in particular to those working in care homes for children, young people and adults.

### 5. Location of Provider Premises

#### 5.1 The Provider's Premises are located at:

It is expected that the provider will source suitable premises within Waltham Forest, Redbridge, Havering, Barking and Dagenham and Tower Hamlets. Ideally this will be easily accessible from all parts of these borough.

Premises must be fully compliant with UK and NHS standards and must provide a safe environment for staff, patients and visitors.

#### The Wheelchair Centre shall have:

- Wheelchair access
- Dedicated disabled parking in close proximity to the clinic entrance
- Assistance to help service users from the transport to the clinic, where required
- Waiting area (with access to refreshments and an information area)
- Wheelchair accessible toilets with facilities for people with continence problems
- A changing bench or plinth in a private room as appropriate
- Minicom and an appropriate loop system for people with hearing impairment in the reception area
- A suitable private assessment area for confidential/individual assessments
- Assessment area with a range of ground surfaces, ramps, stairs
- Appropriate equipment such as hoists, plinths etc and a range of demonstration wheelchairs and accessories, and adequate storage space for a stock of wheelchairs and accessories for issue to service users following their assessments as appropriate.

## SCHEDULE 4 – QUALITY REQUIREMENTS – **TO BE REVIEWED**

### Key Performance Indicators

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence
Percentage of patients on caseload with a pressure ulcer of grade 2 or higher	To be determined during mobilisation	Reported through monthly activity data set	As per General Clause 9	Monthly
Child in a chair in a day (also applies to adults)	To be agreed for year 2 of contract based upon year 1 baseline assessment	% of users provided with a wheelchair on day of assessment, reported through monthly activity data set		Monthly
Rate of appointments cancelled by the service	Year 1 less than 10% of total in any one month Year 2 less than 5%	Reported through monthly activity data set		Monthly
DNA Rates	Year 1 10% Year 2 8%	Reported through monthly activity data set	As per General Clause 9	Monthly
All adverse incidents involving any equipment provided to NHS Users are reported to the MHRA in accordance with the guidelines.	100%	All incidents reported to the MHRA are also reported to Commissioners and any advice and guidance that is recommended by the MHRA is implemented by the provider		Monthly
% of urgent assessments done within 1 week	95%	Reported through monthly activity data set	As per General Clause 9	Monthly

<b>Quality Requirement</b>	<b>Threshold</b>	<b>Method of Measurement</b>	<b>Consequence of breach</b>	<b>Timing of application of consequence</b>
% of standard assessments done within 6 weeks	95%	Reported through monthly activity data set	As per General Clause 9	Monthly
% of bespoke equipment provided within 13 weeks	95%	Reported through monthly activity data set	As per General Clause 9	Monthly
% of chairs provided within 8 weeks of referral to service.	95%	Reported through monthly activity data set	As per General Clause 9	Monthly
% of chairs provided within 18 weeks of referral to service.	100%	Reported through monthly activity data set	As per General Clause 9	Monthly
% of Urgently required repairs (where the chair is unusable) should be provided on the same day at the location of the wheelchair user	90%	Reported through monthly activity data set	As per General Clause 9	Monthly
% Non-urgent repairs (where the chair is damaged but still safely usable) should be repaired within a maximum of 3 days.	90%	Reported through monthly activity data set	As per General Clause 9	Monthly
Evidence of compliance against CECOPS standards and outcomes	Year 1 95% Year 2 98%	To be agreed with commissioners and reported annually, or in line with national standards and regulations		Annually, or in line with national standards and regulations

## Patient Outcomes

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence
Users to have an up to date agreed personalised care plan, with agreed objectives/goal setting and where necessary this will be multi-agency and integrated	Year 1 95% Year 2 98%	% users with care plans and agreed objectives/goals  % of follow ups to ensure equipment meets needs	As per General Clause 9	Monthly
Users feel they have been treated with dignity and respect	95%	% of users who reported they have been treated with dignity and respect. Questionnaire or face to face contact		6 monthly
Delivering a high quality service	90%	% of users rated the quality of the service as good or excellent. Questionnaire or face to face contact		6 monthly
Improvements to the user's posture through the provision of a new wheelchair and / or specialist seating system.	85%	% of users reporting significant improvements to their posture as a result of receiving the new wheelchair and / or specialist seating system. Questionnaire or face to face contact		6 monthly
Increased independence, choice and greater control		% of users reporting an increased level of independence through using their new wheelchair and / or specialist seating system. Questionnaire or face to face contact  % of users offered a PWB, reported through monthly activity data set		6 monthly  Monthly



## SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS – **TO BE REVIEWED**

In addition to the national datasets submitted to UNIFY, the following data is required:

Local Requirements Reported Locally	Reporting Period	Format of Report	Timing and Method for delivery of Report	Application
<b>Referrals</b>				
1. Total number of referrals <ul style="list-style-type: none"> <li>a. No. of new clients</li> <li>b. No. of new clients requiring w/chair service assessments</li> </ul> 2. Number and percentage of referrals accepted by the service (reasons for rejection recorded) <ul style="list-style-type: none"> <li>a. No. of new clients</li> <li>b. No. of new clients requiring w/chair service assessments</li> </ul>	Monthly	Dashboard	To be agreed	To be agreed
<b>Clients</b>				
3. Number of registered users by: <ul style="list-style-type: none"> <li>a. Age</li> <li>b. Gender</li> <li>c. Diagnosis</li> <li>d. Needs Categories</li> </ul>	Monthly	Dashboard	To be agreed	To be agreed
<b>Assessments</b>				
1. Total number of assessments booked 2. Average waiting time from referral to assessment by category (low, medium, high, complex) 3. Number of initial assessments for new service users	Monthly	Dashboard	To be agreed	To be agreed

4. Number of follow up assessment for current users 5. Number of assessment cancellations by: a. User b. Service 6. Proportion of each complexity category (low, medium, high, complex) seen within service 7. Number of chairs available at assessment service for users to try out 8. Percentage of users who are assessed to standard stock equipment 9. Number of assessments carried out by: a. Wheelchair Service Therapist b. Rehabilitation Engineer c. Wheelchair Service Therapist & Rehabilitation Engineer d. Wheelchair Service Technician/Assistant e. Special Seating Team 10. Number of DNAs 11. Percentage of users offered a PWB 12. Percentage of users accepted a PWB (of those offered)				
<b>Equipment</b>				
13. Number of chairs issued a. Number of manual chairs issued b. Number of powered chairs issued c. Number of chairs issued to existing users d. Number of chairs issued to new users 14. Average waiting time from assessment to delivery of equipment by category (low, medium, high complex) 15. Percentage of patients provided with a wheelchair on day of assessment 16. Reasons for failing to deliver equipment within agreed timescales.	Monthly	Dashboard	To be agreed	To be agreed

17. Percentage of returned or used equipment that is refurbished and restocked 18. Percentage of chairs returned to the service after 10 days of receiving chair 19. Number of reviews carried out a. Planned b. Requested by client 20. Number of cushions issued a. Standard b. Medium pressure relieving c. High pressure relieving d. High pressure relieving with Postural support				
<b>Handover</b>				
21. Percentage of clients provided with instructions on safe use, cleaning, and maintenance of wheelchair 22. Percentage of clients provided with information on what to do in event of repair/maintenance	Monthly	Dashboard	To be agreed	To be agreed
<b>Repairs &amp; Maintenance</b>				
23. Percentage of repair requests seen within 3 days 24. Percentage of repair cases over 24 hours offered a temporary wheelchair 25. Average number of days from repair case opened to case closed 26. Percentage of repairs fixed on the first appointment 27. Percentage of preventative maintenance checks performed on chairs that are due for a maintenance check	Monthly	Dashboard	To be agreed	To be agreed

<b>Other</b>				
28. Percentage of patients on a caseload with a pressure ulcer of grade 2 or higher 29. Number of collections made 30. Number of unfilled staff vacancies within the service 31. Number of complaints made to the service 32. Percentage of complaints followed up on by service	Monthly	Dashboard	To be agreed	To be agreed
<b>Service Feedback</b>				
33. Service user survey 34. Survey collecting feedback from colleagues including primary and secondary care	6 monthly Annually	To be agreed	6 monthly Annually	To be agreed

## **APPENDIX A**

### **CECOPS' Code of Practice for Disability Equipment, Wheelchair and Seating Services.**

#### **Operational Management**

##### **OUTCOME**

All operational and contract management responsibilities are clearly defined with designated leads.

#### **Quality Management Systems**

##### **OUTCOME**

Quality management systems are built into the service provider's business practice.

#### **Training and Qualifications**

##### **OUTCOME**

All staff are appropriately trained in relation to the tasks they are required to undertake.

#### **Information Technology and Information Management**

##### **OUTCOME**

Information is meaningful, produced in a timely manner and suitable format, and managed and communicated appropriately.

#### **Health and Safety Management**

##### **OUTCOME**

The health and safety of service users, carers, family and staff is promoted at all times, supported by clear policy, procedure and guidance.

#### **Transportation**

##### **OUTCOME**

All equipment is safely transported.

#### **Decontamination**

##### **OUTCOME**

Service users and staff are kept safe and free from contamination or infection by ensuring decontamination of all equipment, medical devices, facilities and vehicles is properly managed.

#### **Performance Management**

## **OUTCOME**

Performance is linked to and can be measured against individual and organisational aims and objectives.

### **Emergency and Out of Hour Cover**

## **OUTCOME**

Service users or their carers will at all times have access to emergency repairs or replacement of equipment, where appropriate.

### **Stock Management**

## **OUTCOME**

Stock is managed efficiently whilst ensuring optimum output is achieved.

### **Recycling**

## **OUTCOME**

Equipment lifespan and levels of recycling are maximised through efficient collection procedures, appropriate servicing, maintenance, decontamination and refurbishing of equipment.

### **Assembling, Fitting, Demonstrating and Trialling Equipment**

## **OUTCOME**

Equipment is safely assembled, fitted and demonstrated by competent staff, and is trialled appropriately in a suitable environment.

### **Manual Handling**

## **OUTCOME**

Manual handling processes are in place to ensure risks are minimised and safety is a priority for staff, carers and service users.

### **Medical Device Management**

## **OUTCOME**

Equipment is safe and effective, and risks to service users and others through use of equipment are minimised.

### **Assessing the Service User's Equipment Needs**

## **OUTCOME**

There is a clear, comprehensive, easy to follow, and consistent service user assessment procedure in place which enables all service users' equipment needs to be identified satisfactorily.

### **Managing Multiple Assessments**

#### **OUTCOME**

Multiple assessments are co-ordinated and, where possible, reduced to avoid duplication and delays, and to minimise the number of contacts for service users.

### **Assessing the Home and Environment**

#### **OUTCOME**

Assessments of the home and environment are carried out thoroughly, in a clear, timely and consistent manner.

### **Selecting and Purchasing Equipment**

#### **OUTCOME**

There are clear clinical criteria and a consistent process used for selecting and acquiring equipment, which take into consideration both the organisation's and the service user's needs.

### **Equipment Related Risk Assessments**

#### **OUTCOME**

Risks and potential hazards relating to equipment are identified, prevented or reduced, documented, communicated and managed in a timely and systematic manner.

### **Reviewing Equipment and Equipment Needs**

#### **OUTCOME**

As long as the service user is in possession of equipment, and has a requirement for it, it is safe and continues to meet the service user's needs.

### **Managing Equipment Budgets**

#### **OUTCOME**

Resources are managed effectively through clear financial and budgetary authorisation processes and controls.

### **Complex, Specialist and Children's Equipment**

#### **OUTCOME**

Service users requiring complex, specialist or children's equipment are assessed appropriately, and provided with suitable equipment in a safe and timely manner.

### **Alternative Funding Options for Equipment**

#### **OUTCOME**

Anyone obtaining equipment via an alternative payment route will do so in a straightforward and timely manner; they will also be given clear guidance relating to ownership responsibilities, including breakdown, maintenance and disposal.

### **Establishing Links between Assistive Technology Related Services**

#### **OUTCOME**

Organisations communicate effectively and collaborate formally with other assistive technology related services, to reduce delays and duplication for service users.

### **Third Party Contractors**

#### **OUTCOME**

All third party contractors have their quality and performance related requirements clearly communicated and documented, and these are closely monitored and reviewed on a regular basis.

### **Involvement of Service Users and Carers**

#### **OUTCOME**

The planning, design, performance standards, product selection of equipment and review of services, involves service users and/or carers as a matter of course.



## **APPENDIX B**

### **Criteria for Provision of Loan of Wheelchairs**

#### **Definitions:**

##### **Occasional Loans**

Occasional loans of wheelchairs are up to three consecutive days and can be a self-referral, or by GP, Consultant, District Nurse, Physiotherapist, Occupational Therapist or Fracture Clinic.

##### **Short Term Loans**

Short term loans are usually required for less than 6 months and will be available for exceptional circumstances i.e. to aid discharge or to support end stages of life

##### **Permanent Use Loans**

The patient must have a permanent disability which seriously impairs their ability to walk, or a medical condition which could adversely affect the patient's health or lead to deterioration through walking.

The patient requires the wheelchair for regular use i.e. at least three times a week.

In all circumstances the patient must agree to adhere to terms and conditions of use of the wheelchair. The Provider shall obtain consent and approval of the ICB for their proposed terms and conditions of use for the supply of equipment.

The service is to provide Short Term and Permanent use wheelchairs. Occasional use loans are available in exceptional circumstances. This will be at provider discretion.