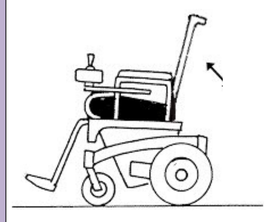

Looking at the Present to Shape the Future: An Analysis of Powered Wheelchair Provision in Motor Neurone Disease

NHS West of Scotland Mobility and Rehabilitation Centre (WestMARC)

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Background

MND is a degenerative and progressive condition which is life limiting (MND Association 2017). The rapid progression of this condition can be a challenge for wheelchair services as the needs of individuals with MND are ever changing. Due to the degenerative nature of this condition, any intervention completed should be done so in a timely manner, and an anticipatory approach is required to predict the future needs of the individual (Kent 2012).

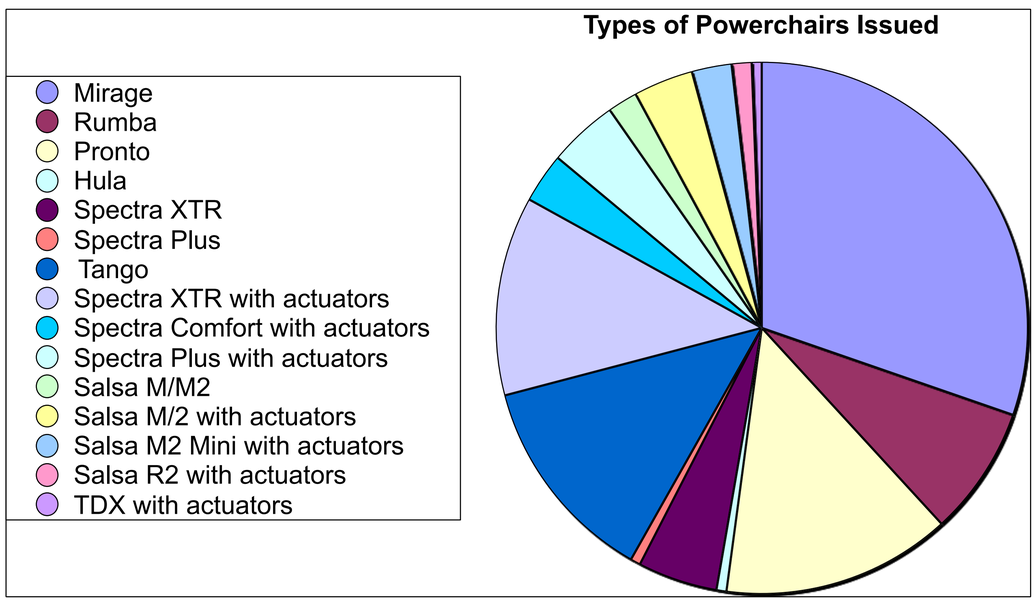
This poster is part of a larger scale audit completed by WestMARC, an NHS Wheelchair Service whose catchment area includes 52% of Scotland's wheelchair users; exploring all aspects of input relating to wheelchair provision. Previous research identified the survival rate of patient's with MND is significantly less than a control group of power chair users.

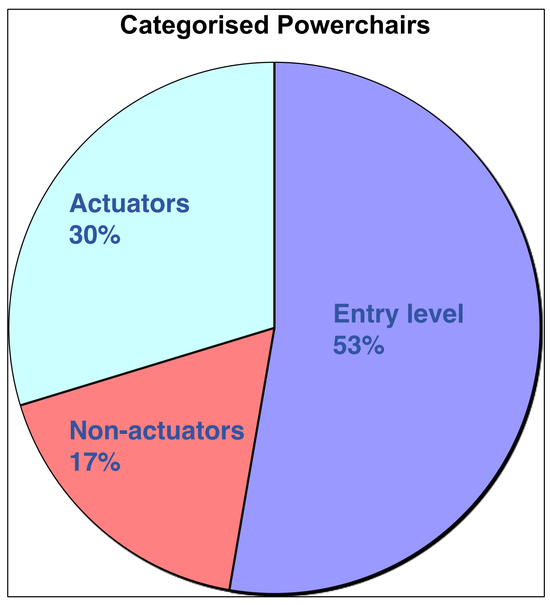
This section of the audit identifies equipment typically provided to this user group; the sub-types of diagnoses of patients, and establishes a time line of equipment provision.

Method

Data has been collected for all powered wheelchair users with MND known to the service over a 5 year period from 2012 to 2017 (n= 145), from initial referral to WestMARC. Data was gathered using ReTIS (Rehabilitation Technology Information Service). This information was collated using Microsoft Excel, recording the following:

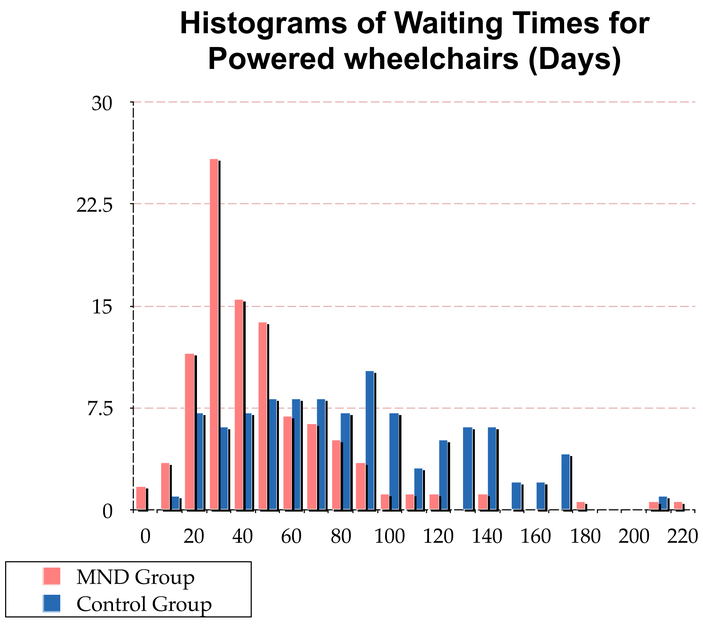
- Wheelchair and part provision; which was subsequently categorised
- Length of time from referral to provision
- Medical electronic databases were searched to obtain sub type diagnoses information

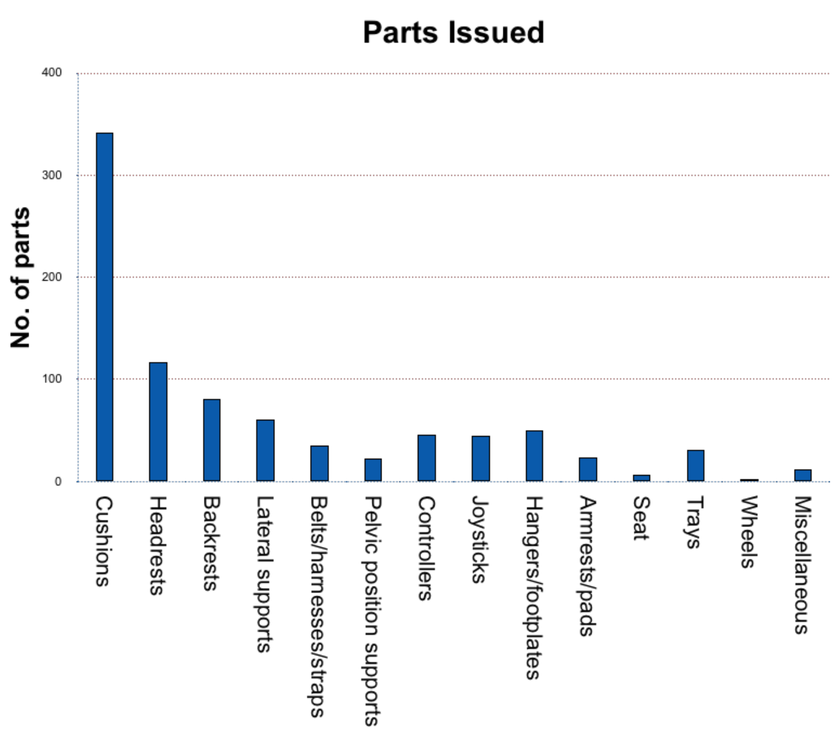




Results

- A range of power chairs are provided to accommodate a diverse patient population. Power chairs are grouped into: entry level, non actuator and actuator.
- MND patients are currently prioritised for assessment: for WestMARC's MND patients 80% of power chairs are provided within 70 days of first referral compared with 80% being provided within 130 days for matched control group (this is representative of WestMARC standard practice): a similar pattern is seen for parts retrospectively fitted to power chairs.





Discussion

The parts provided to this user group most frequently are those issued to improve comfort e.g. seat cushions, tension adjustable backrest, head rest and elevating leg rests.
This supports findings from the previous section of the audit that found the largest number of referrals to the service is for comfort issues.

Entry level power chairs are provided most often to this user group.

The frequent addition of dual controls and alternative joystick knobs indicates deterioration in patient's ability to drive/control power chair.

The histogram created indicates that patients with MND are provided with equipment quicker than the general population of power chair users.

Investigation into the sub types of diagnoses has proven more complex than expected. It was found that third party data is required to fully audit this.

Further work..

- Joint working with Care MND relating to sub type of diagnoses
- Identify suitable stock equipment for this user group
- Once stock equipment has been identified, determine if this has improved referral rates and the journey for powered wheelchair users with MND.

References

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