

Developing wheelchair prescription guidelines at Birmingham Wheelchair Service

Laura Brown, Birmingham Community Healthcare NHS Foundation Trust

Additional authors: Amy Roberts and Neil Gregory

Summary

The purpose of this paper is to share local experience of developing a set of wheelchair prescription guidelines with the wider Posture and Mobility community.

Aims & Objectives

To develop an evidence-based set of wheelchair prescription guidelines, considering both technical properties and subjective experience, to aid clinical reasoning and protect clinicians' time for market research and developing reasoning in more complex cases. To document and share the collective clinical expertise in wheelchair selection of the team at Birmingham Wheelchair Service and improve each clinician's baseline knowledge in less familiar areas of work.

Background

Our development methodology was as follows:

- Policy created to define the process
- List of wheelchairs most regularly prescribed by the service collated
- Gaps in provision analysed (e.g. size, weight limit)
- Alternative wheelchair models identified to be included in evaluation
 - o Direct competitors to regularly prescribed wheelchairs
 - o Wheelchairs with the potential to fill gaps in provision
- Each clinician 'owns' a particular area of the prescription guidelines, e.g. manual tilt-in-space wheelchairs, or bariatric powered wheelchairs, with therapy and engineering input into each category
- Clinicians evaluate and document the technical properties of the wheelchairs within their 'area' and include any insights gained from past clinical experience. Clinicians have protected time to develop and document their expertise
- Whole team meets to share knowledge and develop consensus on equipment to include and discard from the guidelines
- Wheelchair evaluations are intended as living documents and maintain a record of information which can be drawn on to identify alternative options where availability of equipment changes, and can be used when inducting new staff members into the service

Discussion

The guidelines are intended to cover a sufficient range of equipment to meet the clinical needs of the majority of our clients. Limiting the range of equipment within the guidelines ensures that it can be well-supported by the clinical service and approved repairer.

The guidelines are intended to be supportive, rather than proscriptive, of clinical decision-making. The evidence base for the guidelines allows swift prescription of wheelchairs which are a 'known quantity' within the service. This protects clinical time for consideration of cases where there is a clinical need to go outside guidelines, and for development of more detailed clinical justification for equipment selection outside the guidelines.

The guidelines are intended as a living document under regular review, and incorporating new generations of equipment as it comes onto the market, in a controlled way.

As a clinical team, we have seen the benefits of going through the process to obtain prescription guidelines:

- Clinicians have an increased baseline familiarity with all the wheelchairs we prescribe
- Clinicians have increased confidence in the evidence base for prescription choices and can communicate this with patients
- Resource for clinicians entering the service to become familiar with our range of wheelchairs and add their own expertise
- Local 'experts' with deeper knowledge of each type of wheelchair who can be consulted in complex or unfamiliar cases.
- Defined evaluation process for including new generations of equipment into use
- Defines process and justification for removing equipment from guidelines

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Email: Laura.Brown111@nhs.net