

Wheelchair and seating services modernisation

Action Plan



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INVERNESS

DUNDEE

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Wheelchair and seating services modernisation

Action Plan

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FOREWORD



I am delighted to support this plan. It sets out the actions that must be implemented in the NHS in Scotland to take the wheelchair and seating services forward through a programme of change and service modernisation. Responding to the independent review 'Moving Forward' (2006), this action plan outlines the key activity needed in the NHS and other agencies to meet recommendations made and to develop the NHS wheelchair and seating services for the future. This must continue to be done in partnership with wheelchair users and their carers.

The Scottish Government and the NHS in Scotland are committed to ensuring that people are not only partners in their care, but also partners in service development and change. Taking into account the experience people have of the care and the service they receive will inform the programmes of improvement that the wheelchair and seating services are undertaking. NHS rehabilitation and assistive technology services provide a valuable resource of expertise needed to support people in their care. Responding positively to the changing needs of the people they serve will ensure that the quality of this service is continuously improving.

The £16m central investment identified for this 3-year modernisation project has been prioritised within the plan to key areas agreed by the Project Board that will make an early and lasting improvement for people who use the NHS wheelchair and seating services. I have tasked the Project Board with ensuring this action plan delivers these improvements and I will take an active interest in the progress made.

I would like to take this opportunity to thank all of those people, wheelchair users and their carers, voluntary agencies and our health and social care staff who have given of their time to assist the Scottish Government in developing this action plan and to thank in advance, those who will continue to be active in its implementation.

A handwritten signature in black ink that reads "Shona Robison". The signature is written in a cursive, flowing style.

Shona Robison, MSP
Minister for Public Health

INTRODUCTION

There are five wheelchair and seating centres in Scotland that provide multidisciplinary assessment and provision to wheelchair users and their carers in Scotland. These centres are located in Inverness, Aberdeen, Dundee, Edinburgh and Glasgow. Each service is based in one NHS Board and provides wheelchairs and specialist wheelchair seating services to other NHS Boards to serve the people in that area. Each individual NHS Board is responsible for clinical services provided to their own populations and this includes wheelchair and seating services even although the WSS centres as providers may be hosted in another NHS Board area. The level of service provided by each of these centres to each NHS Board is agreed between the NHS Board, the Wheelchair and Seating Service (WSS) centre and their host NHS Board.

Services that provide equipment that enable mobility and independent living are crucial to shifting the balance of care. They support people with long-term conditions to remain at home and enjoy a quality of life that is meaningful to them. These services need to feature in interagency working and planning approaches, should be visible in health and social care strategies and be obvious to the user.

In 2006 the independent review of wheelchair and seating services, 'Moving Forward'¹ was published. As a result of the Scottish Government's response to this, a Wheelchair and Seating Services Project Board was established to take forward the development of this action plan.

This plan lays out the direction of travel for the Wheelchair and Seating Services (WSS) in Scotland over a 3-year period. It forms a programme of service modernisation, introducing service and practice change in keeping with patient-centred approaches. These are core to the Scottish Government's commitment to developing health services with patients and service users as partners.

Changes to mobility and postural support bring challenges to people living with a variety of conditions and these can be life-long and life-limiting. These impairments affect some of our most vulnerable citizens and can impact on their ability to lead active and full lives with dignity and autonomy. Assistive technology and wheelchair mobility can enable wider participation in work, education and society as a whole.

NHS wheelchair and seating services in Scotland offer a vital service in providing technological assistance for enabling users and their carers to live full and healthy lives.

The changing demography of the Scottish population offers challenges to all health, education and social care services as well as those that provide enabling technology. It is essential that these services form an integral part of care pathways within and between agencies to ensure the support they provide offers smooth and seamless provision for users and carers.

This action plan incorporates key recommendations that were made in the 'Moving Forward' review and these are featured throughout the document at the bottom of each table containing actions for ease of reference.

¹ *Moving Forward: A Review of Wheelchair and Seating Service in Scotland* (SEHD March 2006)

SECTION 1 – PARTNERSHIPS AND COLLABORATIONS

1.1 Policy Context

The modernisation agenda for NHSScotland (NHSS) applies to all areas of service provision. Including patients and public as partners in health service change and development forms the basis of a mutual health service. Person-centred approaches to care and care planning provide core principles for working with patients and service users at an individual and personal level as partners in their care. These principles also apply to local service planning and individual service design, consistent with *Better Health, Better Care* (Scottish Government (SG) 2007).

This mutual approach needs to be reflected in all aspects of the NHS in Scotland as an organisation, and replicated in the services it provides. The wheelchair and seating services in Scotland are no exception and embrace this approach in the current modernisation process. Developing services that are provided locally but deliver to national standards of quality will make services more accessible and responsive to the needs of users and their carers which supports this mutual approach.

Collaboration and participation are central to redesigning services around the patient journey or pathway and to ensure seamless transitions between all public service agencies that contribute to an individual's care and wellbeing.

Public Partnership Forums are already contributing to and shaping local planning and service improvement for Community Health Partnerships (CHPs). They have a contribution to make in managing demand and preventing unnecessary hospital admissions. Anticipatory care approaches within NHSS are becoming more established; the wheelchair and seating services are also looking to move from a service that reacts to an immediate need to one that is anticipatory and preventative.

For the most vulnerable members of our communities who suffer mobility and postural loss and for the people who care for them, this is of particular importance. Ensuring care close to home that is provided through multiple agencies is a key role for CHPs and local authorities who have responsibility to provide other equipment, housing and adaptation services. Joined-up approaches to service delivery are needed at all levels.

The *Delivery Framework for Adult Rehabilitation* (Scottish Government 2007)² provides a structure and process to enable patients and their carers to live full and fruitful lives. It advocates a coordinated approach to care and rehabilitation ensuring rehabilitation services are provided to the right people at the right time. This framework also supports self-care and self-management and provides a suitable framework for rehabilitation and assistive technology services in which to operate.

Actions relating to partnerships and collaborations are shown in Tables 1 and 2.

2 <http://www.scotland.gov.uk/Publications/2007/02/20154247/0>

I.2 Patient and User Involvement

Improving service delivery and changes to models of service need to be undertaken in partnership with patients, carers and other appropriate stakeholders. This is core to NHSS policy and is the starting point for service modernisation and service redesign.

NHS Boards have statutory duties to jointly meet health and social care needs of the people in their areas and these include equality and disability duties. CHPs already have local partnership fora that involve and engage local communities in developing solutions for local health, education and social care services. These partnerships have a role to play in informing and planning local developments for wheelchair and seating services and in informing local disability strategies, making these services visible to people who use them.

Each NHS Board has a duty to engage with and ensure patient and user involvement in the planning and development of health services, wheelchair users and their carers need to feature within these structures and processes to inform planning, development and provision of wheelchair services to meet the needs of local users within Board areas. Wheelchair user groups in each NHS Board will help to inform the planning, commissioning and delivery of wheelchair and seating services that are based on the needs of local populations. Creative solutions to involving wheelchair users should be sought where groups are not appropriate. Equal consideration should be given to wheelchair users from gypsies/travellers, black and minority ethnic communities.

Supply contracts for NHSS are agreed and managed by National Services Scotland (NSS) National Procurement. They work in collaboration with WSS providers, and this determines the variety and range of wheelchair and seating products available for NHS issue. There is potential for local wheelchair user groups to provide a network of advice for National Procurement to inform the range of products available and to assist in the process of providing feedback to manufacturers. This does not preclude patients and service users from exercising personal choice and seeking equipment to purchase independent of the NHS or statutory services if they wish to do so. However, people who choose to purchase privately should be advised to take out repair and maintenance contracts as their purchase will not be covered by the NHS clinical service.

Table 1

Action	Who	By When
Each NHS Board must establish a wheelchair user and carer group or network as part of their PFPI structures and processes	NHS PFPI ³ Leads; wheelchair users and their carers	June 2009
National Procurement as part of NSS will include wheelchair users' views and feedback to inform product selection for national contracts in accordance with PFPI	NHS NSS, National Procurement, Commodities Advisory Manager	September 2009
Each CHP will ensure that wheelchair users and their carers are appropriately represented in their local partnership forum to inform local service planning and development	NHS Boards; CHP managers and their partners	June 2009

Moving Forward Recommendations

18, 40

1.3 Rehabilitation Services

Framework for Rehabilitation

The *Delivery Framework for Adult Rehabilitation* (SG 2007)⁴ identifies three main groups of people who access rehabilitation services and these include people requiring vocational rehabilitation, older people and people living with long-term conditions. The new model of rehabilitation advocates a single point of entry to rehabilitation services that aims to ensure service coordination.

This future model also identifies three distinct stages in the rehabilitation process as:

- Specialist rehabilitation teams utilising case management
- Locally-based rehabilitation and maintenance teams
- Self-management population.⁵

Wheelchair users and their carers should experience a seamless journey through the pathway of care that ensures they receive the right intervention at the right time. Changes to mobility and posture are managed as part of the rehabilitation process and it is essential that WSS are integral to this and are closely aligned to rehabilitation structures.

The process of tailoring services to individual needs is described as care management in social care settings. Assessment forms an integral part but is only one of a number of core tasks that make up the whole process.

³ See Glossary

⁴ *The Delivery Framework for Adult Rehabilitation* (SEHD 2007)

⁵ *The Delivery Framework for Adult Rehabilitation Framework*, p16, (SEHD 2007)

Care management is a cyclical process in which needs are assessed, services are delivered in response and needs are then re-assessed, leading to a changed service response.⁶

Case management⁷ is the term more commonly used by health care professionals and has been defined as:

'A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.'

In essence, both describe the same service and user and carer involvement is at the centre of this process. Case management will be used here in line with the *The Delivery Framework for Adult Rehabilitation*.

Multidisciplinary team (MDT) working and case management approaches adopted in health and social care settings need to ensure that wheelchair and associated seating needs are evident in care planning. This should also be reflected in the services provided for children and young people where assistive technology has a particularly important role in maximising development and potential.

Communication pathways need to be strengthened between children's services and WSS centres to ensure a holistic approach is adopted throughout childhood and at key transition points in children and young people's lives.

The wheelchair centres offer specific expertise in rehabilitation and assistive technology as well as biomechanical solutions to posture and mobility difficulties. They also have expert product knowledge linked to risk and safety issues and can represent a dispassionate view of the product lines available. Collaboration with local rehabilitation services is essential to ensure that wheelchair mobility and postural needs are managed effectively as part of rehabilitation and that technological solutions are provided in a timely and effective way. The outcome of this is the enhancement of daily living and quality of life.

Case management approaches that are currently in place in health and social care for people with multiple and higher levels of need should include mobility and wheelchair provision as an integral part. It is essential that the WSS centres establish clear links with their health, education and social care partners to develop and embed this within their service provision.

Some wheelchair users, children, young people and adults have progressive conditions that change rapidly over time. Anticipatory approaches to provision are needed to ensure enabling equipment is made available to accommodate these. There is an opportunity to develop assessment and prescribing capacity for clients with specific conditions in partnership with other specialist services.

⁶ National Training Framework for Care Management (SEHD 2006)

⁷ Case Management Society of America <http://www.cmsa.org/Default.aspx?tabid=104>

Adaptations to home environments and home access may be required to enable wheelchair use and independent living. The Scottish Government has consulted on proposals for improving the system by which disabled people can apply to their local authority for financial assistance with adaptations. If implemented, the new provisions will come into force during 2009. The assessment process, normally led by social work, is likely to involve input from housing colleagues. This can include advice on wider housing options, technical advice on what adaptations are feasible, and guidance on entitlement to financial assistance.

Overall packages of care provided by health and social care services can include a number of other pieces of equipment in addition to a wheelchair. Meaningful partnerships need to be established between wheelchair and seating centres and their local authority partners responsible for equipment provision and adaptations to support case management. CHPs provide the structure to facilitate this and better alignment of services locally is needed to support improved coordination of equipment provision and delivery,

A review of current guidance for equipment and adaptations is being undertaken by the Scottish Government and this is expected to be issued in 2009 following a public consultation period. The guidance aims to build on current good practice in health and social care settings.

Joint working with other statutory equipment providers needs to be established to maximise uplift, storage and decontamination of equipment. WSS centres must work with Joint Equipment Stores (JES) to establish Best Value in relation to these aspects of service delivery and explore ways of reducing the carbon footprint of statutory services.

Patient Information

The majority of wheelchair users are never seen by the WSS centre staff and do not require planned clinical review by them. They self-manage their own mobility and postural needs. They will access the repairs and maintenance branch of the service as required and are free to request a clinical review or assessment when they feel they need it.

Information relating to wheelchair use and self-management approaches needs to be developed in order to support people. The expertise and knowledge of wheelchair users and their carers should be harnessed in partnership with voluntary organisations that have particular interest and expertise in this area to inform the content. Self-management information for mobility and postural management is consistent with enabling approaches and this information needs to be developed within the context of the rehabilitation Managed Knowledge Network (MKN) and be supported by information technology. Any information produced must be made available in accessible formats, taking into consideration user's age and any specific needs of minority and/or ethnic communities.

In addition, each wheelchair centre needs to have up-to-date local information for users and their carers about the services they offer that includes their right to request a review and this information should be available from the wheelchair and seating centres and a variety of other outlets.

Table 2

Action	Who	By When
WSS centres will be aligned to Rehabilitation structures outlined in <i>The Delivery Framework for Adult Rehabilitation</i> .	Nominated Board Lead for Rehabilitation; CHP managers	March 2009
WSS centres will develop referral pathways and protocols in partnership with other rehabilitation service providers to enhance MDT working	WSS centre managers; CHP managers; Rehabilitation Coordinators;	January 2010
WSS centres will form partnerships with local health, education and social care services with a view to establishing case management approaches	CHPs managers; WSS centre managers; Rehabilitation Coordinators	June 2010
WSS centres will develop communication pathways in partnership with young people's services to support key transitions within case management approaches	WSS centre managers, CHP managers	June 2010
Best value reviews will be carried out with JES providers to maximise capacity locally for managing wheelchair storage, decontamination and uplift of equipment	WSS centre managers; CHPs managers; Joint Equipment Stores	December 2009
Patient information will be developed in partnership with service users, providers and voluntary agencies	WSS centre managers; wheelchair users; voluntary organisations; Rehabilitation MKN	December 2009
WSS centres will develop local information about the services they provide	WSS centre managers	December 2009

Moving Forward Recommendations

3, 6, 7, 8, 10, 11, 12, 14, 15, 16, 21, 23, 40

SECTION 2 – SERVICE MODERNISATION

2.1 Service Redesign

Patient Experience

As a result of the independent review of wheelchair and seating services in Scotland carried out in 2005/06, NHS wheelchair and seating centres are engaged in redesign activity to improve the efficiency and transparency of the processes that support their service delivery. Redesign in NHSS is patient-centred and focuses on the patient pathway through the whole journey of care. Improving the patient experience of the services needs to be embedded in all changes and related improvements measured.

Activity

Activity is all the work done, the throughput of the service. Adopting and implementing lean principles⁸ to managing the flow of activity through the centres will remove unnecessary activity and waste. Each WSS centre in Scotland shares a similar patient pathway through the clinical and repairs and maintenance branches of the service and a high-level national pathway should be developed and implemented in each centre.

Demand and Capacity

Understanding and managing demand and capacity is central to efficient delivery. The demand is all referrals into the service from all sources and the capacity is all the resources required to do the work, including staff and equipment. Each WSS centre needs to actively manage the demand for their services to reduce waiting times for users and their carers and to utilise their capacity to best effect. The national referral to treatment target (RTT) of 18 weeks is for the entire patient journey and the WSS centres should align their service response times to this. WSS centres may form part of this journey and need to ensure their contribution to an episode of care supports the objective of meeting the overall 18-week target.

Capability

Capability is the skills and competencies required to carry out the activity. In order to ensure the right person with the right level of skill is carrying out the appropriate activity, an analysis must be undertaken of tasks carried out by clinical and non-clinical staff in the centres. This will form a basis for informing the education and training needs of staff as well as informing workforce plans through a competence-based approach to service delivery. Education and training needs will be identified and actions relating to scientific staff will be taken forward within the context of *Safe, Accurate and Effective: An Action Plan for Healthcare Science in NHSScotland* (SG 2007).⁹ Competence-based approaches and skills maximisation will also provide information on which to base more efficient use of resource and for enriching the skill mix through developing and extending roles of all staff to improve the service delivered to users, their families and carers.

⁸ See Glossary

⁹ *Safe Accurate and Effective; An Action Plan for Healthcare Science in NHSScotland*, (SG 2007)

Sharing Learning

Redesign methodology has patients and service users at the centre and wheelchair and seating centres need to implement this, using the tools available.¹⁰ They need to develop a culture of continuous quality improvement and the capability within the staff to achieve this. The improvement cycle contains many activities and promotes the implementation of evidence-based practice. It seeks improvement in the six dimensions of quality¹¹ keeping patients at the centre. Using validated approaches and agreed methodology to redesign services ensures that this happens in a consistent fashion.

Meeting the learning needs of staff in using improvement tools is central to embedding continuous improvement in each centre and each will develop a local action plan to underpin this. Information, knowledge and instances of best practice should be widely shared and made available to all staff.

Sharing the learning between centres from improvement activity and sharing outcomes will support the spread of improvement across Scotland. This will inform the national standards for Scotland that the wheelchair and seating centres are in the process of developing. Service standards need to be responsive to the 'patient and carer experience' and be aligned to national indicators and HEAT targets such as 18-week referral to treatment¹². Improvement outcomes should be measured using improvement measuring tools and associated improvements must be spread across and between centres and services.

Rehabilitation and Assistive Technology Services

The NHS offers other rehabilitation and assistive technology services including Orthotics, Prosthetics, Electronic Assistive Technology Services (EATS) and other equipment customisation that require both clinical and technological expertise and knowledge. Prosthetics and orthotics services have a similar patient pathway to that of the wheelchair services and some patients may be treated by more than one of these services at the same time. In addition, these services utilise similar light engineering and fabrication workshops. The staff who work in these areas share technical skills and this offers potential for WSS centres to maximise skills and resources to optimise clinical service provision. All improvements in service delivery should be supported by efficiency and productivity measures where productivity is measured in terms of time released to care and cash-releasing savings.

Actions relating to service redesign are shown in Tables 3 to 9.

¹⁰ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement>

¹¹ See Appendix I

¹² <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets>

Table 3

Action	Who	By When
Each WSS centre will have completed a rapid improvement event in one area of their service	WSS project manager; NHS Redesign Leads; WSS centre managers	March 2009
Learning and outcomes of the rapid improvement events will be shared between centres and teams	WSS centre managers; WSS project manager NHS Redesign Leads	June 2009
A learning needs analysis for staff development in improvement tools and techniques will be developed by each centre	WSS centre managers	June 2009
The education and training needs of technical and scientific support staff in wheelchair services will be identified and developments linked to support worker and assistant practitioners in healthcare science	Chief Health Professions Officer; NHS Education for Scotland; WSS centre managers	June 2011
Training needs for registered clinical and scientific staff in WSS will be identified and education and training programmes developed in line with the national agenda for developing healthcare scientist education and training	Chief Health Professions Officer; NHS Education for Scotland; NHS Board Clinical Leads; WSS centre managers	December 2010
To support development and behavioural change, each WSS centre will develop a local action plan for service redesign	WSS centre managers; NHS Redesign Leads	June 2009
Each WSS centre will carry out a skill mix review that includes medical, technical, therapy, administrative and scientific staff to identify training needs and skills maximisation	WSS centre managers; National Workforce Unit; NES	March 2009
NHS Boards will prepare a plan to optimise their rehabilitation technology services through shared use of resources across all assistive technology services	NHS Boards Clinical Leads; WSS centre managers; Assistive technology services	December 2010
WSS centres will work to national service standards for referral to treatment that are aligned to the overall RTT of 18 weeks	WSS centre managers	March 2011
A high-level patient pathway will be developed and introduced to all wheelchair and seating centres	WSS centre managers; WSS project manager	March 2009

2.2 Building Capacity

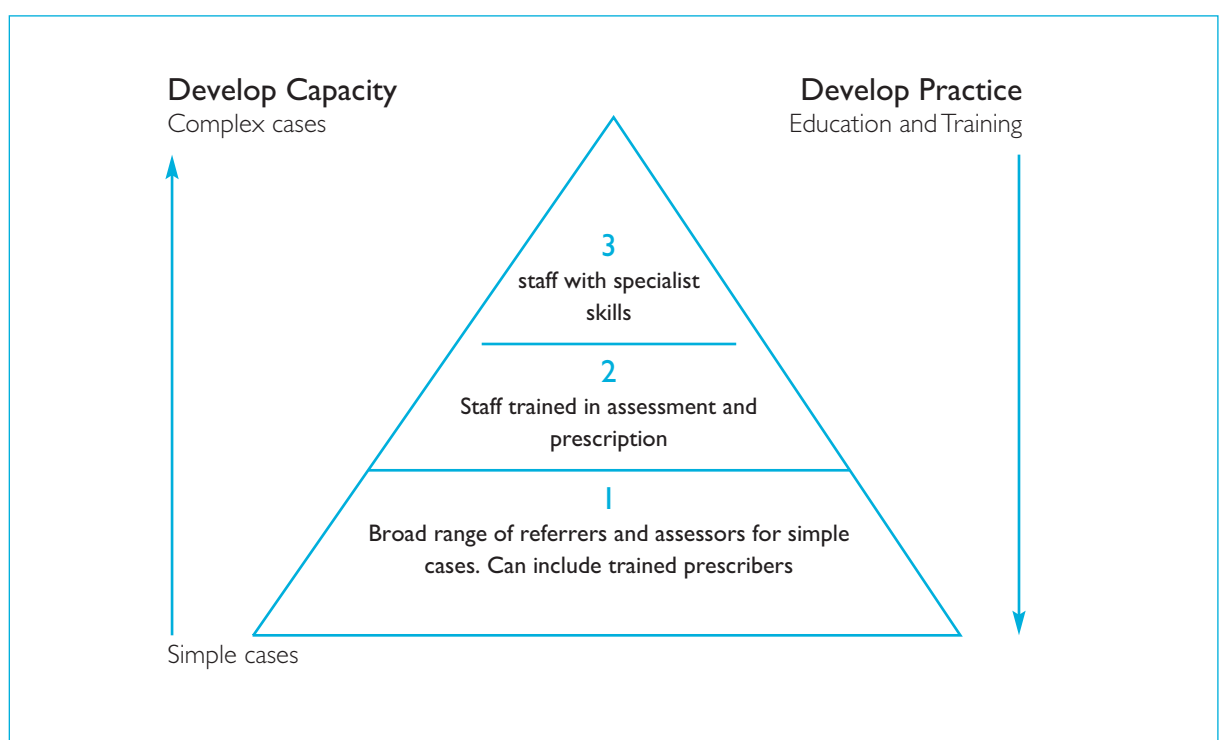
Building the capacity of the workforce, developing its skills and knowledge within health and social care will offer an opportunity to develop career paths for those working in wheelchair and seating services as well as contributing towards sustainable services. Wheelchair and seating services have challenges with recruiting and retaining staff and it is crucial that career pathways are formed to support succession and sustainability. National approaches to developing education and training that is accessible and sustainable will be developed for wheelchair and seating services.

Developing local wheelchair and seating clinics and the local expertise to support these will increase capacity as well as provide services closer to home. Local clinics are held in some areas already, supported by centre staff, and the number and type of clinics needs to be increased. This model of service delivery needs to be underpinned by education and training to support staff development both in the assessment of need, referral and prescription. The wheelchair centres have a key role in supporting this.

Developing practitioners with a special interest provides the framework to develop others in response to changing demand and changing services. Local service provision will be enhanced by practitioners with agreed levels of clinical, technical and product knowledge who can directly refer, order and/or prescribe wheelchairs from the centres. Some centres operate this model already and have trained prescribers or 'preferred prescribers' who prescribe wheelchairs for some cases from an agreed range of products.

Tiered Model

A tiered model of skills progression provides an illustration of supporting the way forward:



Supporting Definitions

Tier 1 – Simple cases

- basic cases
- standard issue chairs
- standard cushion
- no adaptations

Tier 2 – Moderate cases

- specialist lightweight chairs
- some degree of modification to the seat or the chair
- currently assessed by specialist staff (centre-based)

Tier 3 – Complex cases

- significant postural difficulties
- major seating requirements
- require assessment and treatment by specialist staff (centre-based)
- require planned review

This tiered model supports a case management approach and identifies differing levels of expertise and knowledge needed to deliver safe and effective services and can be aligned to different points on the patient journey. The development of local expertise will build the capacity and capability to introduce wheelchair prescribing roles at local level. Prescribing roles are in place already in some parts of Scotland and this model should be further developed and extended across all areas.

In order to develop the health workforce and to provide services locally with reference to a tiered approach, local pathways and protocols will need to be created and introduced to support these new ways of working. Identified professional leadership already exists in those NHS Boards that host a WSS centre, however, changes in practice within health and social care services will require the necessary professional and clinical leadership to take this forward in all Boards.

Physiotherapists and Occupational Therapists are the two principal professional groups who manage clients' mobility issues and function in environments and nurses in the community and General Medical Practitioners form part of the team who identify need for wheelchairs and refer to the centres. Occupational Therapists (OTs) and Physiotherapists (PTs) form part of the Allied Health Professions grouping and OTs are also employed in local authorities. Strategic clinical leadership should be identified in Board areas in relation to wheelchair mobility and associated postural management to support local service delivery, sustainable services and to promote evidence based practice.

Staff employed to deliver clinical services to children need to be appropriately trained in child development. Through a joint approach to assessment, clinical services will be child-centred and actively support transitions through school and from child to adult services by being responsive

to individual needs and ensuring that wheelchair equipment is provided in a timely fashion. This is particularly important for children as delays to provision for children can have a disproportionate effect.

WSS centres need to work towards anticipatory approaches to care and this is of particular importance not only for children and young people but also for those with progressive conditions. Introducing planned review for those who need it, developing capability in others and being part of case management approaches will facilitate this.

Local Clinics

Wheelchair and seating clinics need to be developed locally for adults and for children, ensuring that age-appropriate care is provided within suitable environments. Additional consideration must also be given to cultural and religious differences of wheelchair users and their families.

Providing local access and local clinics requires accommodation that meets the needs of service users and staff and that can be accessed with patient transport. This is especially important in rural areas where service users should not be disadvantaged by location. Facilities need to include wheelchair access, toilet facilities, appropriate waiting areas, space for storing wheelchair stock and space for clinical assessment. The WSS centres should have this as standard to deliver their service and have appropriate accommodation identified for the provision of local clinics.

Improved access for wheelchair users to centres and to local clinics needs to be underpinned by suitable transport. The WSS centres, local authority and health partners need to work in collaboration with the Scottish Ambulance Service (SAS) and other transport providers, such as Shop Mobility, Dial a Journey and Local Authority taxi card schemes, to ensure that wheelchair users and their carers have appropriate and timely access to clinics. Regional transport partnerships provide a mechanism to support this.

Table 4

Action	Who	By When
Strategic professional and clinical leadership for wheelchair, seating and postural management services will be established in each NHS Board	Chief Executive Officers NHS Boards	January 2009
Each NHS Board will put in place local wheelchair and seating clinics for children and for adults	NHS Boards; WSS centre managers	January 2010
Satellite or local clinics will be developed and supported by WSS centres to ensure local delivery and equity of service in rural areas	Chief Executive Officers NHS Boards; CHP managers; Rehabilitation Coordinators	January 2010
NHS Boards will work in partnership with transport providers to ensure adequate transport arrangements are in place for access to wheelchair clinics	NHS Boards; WSS centre managers; SAS; Voluntary Organisations; Community planning groups; Regional transport partnerships	December 2009
Local protocols for assessment and issue of wheelchairs will be developed to support the delivery of local wheelchair and seating clinics	WSS centre managers; Rehabilitation Coordinators; CHP managers	December 2009
Protocols for assessment and issue of wheelchairs will be developed with a specific view to reduce waiting times for users with progressive conditions	Rehabilitation Coordinators; WSS centre managers; CHP managers; users and carers	January 2010
Practitioners with a special interest will be developed to provide clinical expertise locally	AHP Directors in partnership with WSS centre managers	December 2010
Training and education to support the development of career paths for wheelchair and seating service and related staff within the NHSScotland Career Framework will be identified	Chief Health Professions Officer; NHS Education for Scotland; WSS centre managers	December 2010

Moving Forward Recommendations

4, 33, 36, 37, 38, 24, 25, 22, 35

2.3 Referral, Assessment and Provision

Referral

Referrals to the WSS centres are accepted from a variety of registered healthcare professionals including Occupational Therapists, Physiotherapists, other Allied Health Professionals, Nurses, General Practitioners and hospital medical consultants. The practice of needing approval of referral from a GP or hospital doctor will be discontinued.

Integrated approaches to referral pathways for other health and social care services will be developed. In particular, referral/assessment for wheelchair provision will be considered concurrently with environmental and adaptation needs through multi-disciplinary and multi-agency approaches. Training for referrers will be developed to facilitate this. In addition, integrated pathways for onward referral from WSS centres to other clinical and/or social care services need to be clearly established for people who need them.

Table 5

Action	Who	By When
WSS centres will accept referrals from registered healthcare professionals and registered Occupational Therapists in social care without approval from a medical doctor	WSS centre managers; CHP managers	March 2009
Integrated pathways to other health and social care services will be developed for those who need them	WSS centre managers; CHP managers	December 2010
Training for referrers to the WSS services will be developed in partnership with them	WSS centre managers; CHP managers	March 2009

Moving Forward Recommendations

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Assessment

The initial identification of need for a wheelchair is currently made by health care staff such as, Community Nurses, Occupational Therapists, Physiotherapists and General Practitioners, who then make a request to the WSS centre for the supply of a wheelchair. These practitioners identify a need for wheelchair assisted mobility, measure the client and make decisions as to whether a more in depth or specialist assessment is required. If a specialist assessment is required or if mobility needs cannot be met by a standard chair, then this is indicated on the referral form to the centre. Many healthcare practitioners are currently assessing need for wheelchair mobility and within good clinical practice, they should follow up the client to ensure that the equipment provided meets the needs identified by them. Any assessment carried out by health and social care staff will be undertaken by people with the appropriate skills and any assessment and review will be consistent with best practice and equality and diversity duties.

Accurate and clear information needs to be provided to the WSS centre to ensure optimum outcomes for the client and reduce unnecessary delays and additional relevant information should be provided where appropriate.

Alternative pathways for issuing standard equipment for people who do not need a specialist assessment from the WSS centre staff should be considered in partnership with other local health and social care equipment providers and form part of best value reviews.

The WSS centre staff have specialist knowledge and skills and assess people who require additional or more complex technological solutions to address their mobility and associated seating needs. This includes power chair provision and those who require special wheelchair seating for postural support. Assessment and fitting for non-standard wheelchairs and special seating may require more than one attendance.

It is essential that specialist assessment and review for people with additional and/or complex health and social care needs is part of a multidisciplinary approach to care planning. The WSS centre contribution to the care plan in this context ensures that information is provided as needed and their contribution recognised. Multidisciplinary approaches increase transparency and provide clarity of where the duty of care lies, whether planned review is to be offered and by which service.

The assessment carried out by centre staff, needs to be standard, support decision making, be outcome-focused with goals agreed with the user. The assessment of mobility needs to be made within a framework of the social model of disability¹³ and be responsive to clinical needs.¹⁴ The outcome of assessment will be shared with the user and/or their carers who will receive a copy indicating the equipment that will be supplied and information of planned review if indicated. Outcomes will be monitored and audited as part of clinical case recording within the clinical governance framework. Summary information will be shared with other teams and agencies as needed, including any intention for review. Information will be shared within agreed data sharing frameworks.

Should the wheelchair user not agree with the outcome of the assessment, they have the right to request the decision be reviewed by their Health Board and an assessment from any other WSS centre in Scotland can be requested.

The single shared assessment and the national minimum information standards provide a mechanism for identifying carer need. Carers with regular or substantial caring responsibility have a right to an independent 'carer assessment' of their needs for support, including issues relating to carer need that impact on their ability to care. Issues directly relating to wheelchairs should form part of this and be addressed through case management.

¹³ See Glossary

¹⁴ World Health Organisation 'International Classification of Functioning, Disability and Health'
<http://www3.who.int/icf/icftemplate.cfm>

Table 6

Action	Who	By When
Wheelchair and seating services will develop a national standard assessment tool. This will be based on social models of disability	WSS centre managers; Professional leads; wheelchair users and carers	January 2010
The outcome of assessment will be shared with the user and/or their carers who will receive a copy indicating the equipment that will be supplied and information of planned review if indicated	WSS centre managers	December 2009
Outcomes will be monitored and audited as part of clinical case recording within the clinical governance framework	WSS centre managers	December 2009
MDT approaches to assessment and care planning will be introduced in partnership with health and social care teams	WSS centre managers, CHP managers	March 2010
Alternative pathways for provision of standard issue equipment will be evaluated in partnership with other health and social care equipment providers through best value reviews	CHP managers; WSS centre managers; Joint Equipment Store managers	March 2010
The needs of carers with substantial caring responsibility will be identified by carer assessment and addressed through case management	WSS centre managers, CHP managers	September 2009

Moving Forward Recommendations

8, 10, 11, 14, 15, 16

Provision

The outcome of the wheelchair and seating assessment will identify the type of equipment required. Decisions made for product selection need to be transparent to users and their carers and based on clear assessment criteria. The provision of equipment will take into account the lifetime costs of the chair and the costs associated with not providing a suitable wheelchair to meet user/carer needs.

NHS wheelchair services are based on the principle of universal provision of a wheelchair to meet mobility needs that is free to all. Statutory services that provide equipment have underpinning criteria for issuing it and the application of eligibility criteria occurs after an assessment is carried out. This practice needs to be consistent between all statutory equipment providers, including wheelchair services. The criteria applied may be financial or clinical or both. Criteria for the issue of wheelchairs will be reviewed within the context of other health and social care equipment provision taking account of the pathway of care, social models of disability¹⁵ and joint assessment of need and be based on standard assessment.

¹⁵ See Glossary

Nursing and care homes should provide some health and personal care equipment for general, non-specific use such as mobile hoists, wheelchairs for occasional use and bathlifts as a shared facility for the care group resident in the home. However, Nursing Home providers should also be advised to take out repair and maintenance contracts as their independent purchase of occasional use wheelchairs will not be covered by the NHS clinical service.

WSS centres could enter into service level agreements with nursing and care home providers to arrange for provision and maintenance of wheelchairs for occasional use to meet this need for their residents.

Wheelchairs are selected from the agreed range of products on the NHS national contract and this range of equipment needs to reflect the needs of users and their carers. In exceptional circumstances, wheelchairs that are not on the national contract can currently be provided to meet specific clinical needs. Criteria to underpin product selection must include non-financial criteria that can assist assessors in their decision making for product selection as well as providing useful information and feedback to national procurement, their suppliers and manufacturers. It is essential that wheelchair users are directly involved in this process of product selection.

Table 7

Action	Who	By When
National eligibility criteria will be reviewed within the context of other health and social care equipment provision	Scottish Government	March 2010
Decision making relating to product selection will include wheelchair users and be supported by evidence of the non-financial aspects of equipment provision	NHS NSS, National Procurement Commodities Advisory Panel; WSS centre managers	December 2009

Moving Forward Recommendations

9

Delivery

Timescales for equipment delivery will be given at the time of assessment and recipients will be informed of any unforeseen delays. On delivery of the equipment, a mechanism for checking the total order supplied and associated information for wheelchair users and their carers should be provided as routine. This should include explanation and a means of demonstration of equipment.

The core information provided to users will comply with the Scottish Accessible Information Forum (SAIF) recommendations and be provided in alternative formats consistent with equality and diversity duties. It shall include as minimum:

- Manufacturer and user information for their wheelchair
- Conditions of supply
- Guidance on transporting their wheelchair on public and in private transport
- What the user should do if the wheelchair should need repair.

Table 8

Action	Who	By When
Core information as agreed with users and carers must be provided on delivery of equipment and must comply with SAIF and meet individual needs	WSS centre managers; wheelchair users and carers	December 2009
Information and demonstration of equipment use must be provided on delivery	WSS centre managers, users and carers	December 2009

2.4 Equipment, Repairs and Maintenance

Equipment

Refurbishing equipment and reissuing it is standard practice in health and social care equipment services. Recycling equipment can be a cost-effective way to manage stock and reduce waste but there is a danger that it slows down or prevents proactive approaches to introducing new models and enhancing the fleet modernisation process. The WSS centres need to develop a model for refurbishment and equipment renewal that is based not only on sound financial criteria but also on advances in technology and changes in demand. Current practices vary across Scotland in relation refurbishment levels and a unified model of fleet and equipment renewal needs to be agreed and introduced.

WSS providers need to introduce more modern and lightweight equipment to their NHS stock. Modern design and improved technology has allowed a wider range of options to be considered and introduced as mainstream issue. Active stock control and management is essential to limit waste and support fleet and equipment renewal in response to these advances.

A model of fleet renewal and the introduction of new technology as standard linked to costs needs to be developed by the centres to ensure that equipment and fleet modernisation is proactively managed in a consistent fashion.

Planned preventative maintenance (PPM) programmes and repairs and maintenance services provide mechanisms for introducing new products and ensuring patient safety.

Repairs

Repairs services are provided by each centre for NHS supplied wheelchair and associated seating products. Each centre currently delivers their repair service with locally determined response times. National service standards are being developed that include national response times for repair to ensure equity of service. These services are currently provided during office hours only and an extended hours service will be explored to meet local demand.

Maintenance

A planned approach to maintenance and repair of wheelchairs and seating will be introduced in the interest of patient safety for a defined range of wheelchairs in the first instance. This will involve an annual service of chairs within the defined range.

Table 9

Action	Lead Responsibility	By When
WSS centres will implement a national programme of equipment and fleet renewal in response to technological advances	WSS centre managers	March 2009
Planned Preventative Maintenance programmes will be introduced to all centres for power, heavy use and active use chairs	WSS centre managers	December 2009
NHS wheelchair repair and maintenance services should introduce extended hours repairs services in response to local need	NHS Boards workforce and staff partnerships; WSS centre managers	December 2009

Moving Forward Recommendations

5, 10, 12, 13, 21, 28, 29, 30, 31, 32

SECTION 3 – INFORMATION AND QUALITY

3.1 Information Management and Technology

Any information management system within health services needs to support the delivery of care and the patient pathway. It needs to ensure clinical case recording and reporting is available and that data complies with national clinical standards and data definitions. The measurement of demand, activity and throughput that provides information for workload and skill mix to support workforce planning are features of a flexible system.

Any software system to support the WSS centres in service delivery will therefore need to include clinical case recording and reporting as well as modules for the repairs and maintenance service, remote access, procurement and robust stock management and equipment tracking programmes. It will need to interface with other health and social care systems to maximise efficiency, support clinical care and implement the universal use of the CHI number.

National data standards and definitions have been developed for many health services and need to be developed and introduced for the wheelchair and seating services in Scotland. Implementing national data standards will enable benchmarking of services against national service standards as well as providing consistency in the information used to inform workforce and service planning.

Actions relating to information and quality are shown in Tables 10 and 11.

Table 10

Action	Who	By When
An initial scoping report of IT support needs will be carried out	WSSPB; NSS NISG	January 2009
A national eHealth action plan will be agreed with NHS Board eHealth Leads to take forward work identified in the NISG scoping report	Nursing, Midwifery & Allied Health Professions (NMAHP) national eHealth Lead; WSS project manager ISD; NHS eHealth Leads; WSS centre managers	March 2009
Clinical data standards and data definitions will be developed for wheelchair and seating services	NMAHP national eHealth Lead; NCDDP; WSS centre managers	December 2009

Moving Forward Recommendations

9, 10, 16, 22, 23, 32

3.2 Quality and Governance

Each wheelchair and seating centre is located in a single Health Board and forms part of the organisational structure. Each complies with NHS financial, clinical and staff governance standards as do all other health services. As part of this, complaints mechanisms are also in place and complaints from a wheelchair user or their carer should be addressed through the complaints mechanism of their local NHS Board and action will be taken by them to address it in accordance with local procedures.

Funding and provision of wheelchairs and associated seating services should be based on reliable and valid local information regarding levels of need and extent of demand and this should be reflected in detail within service level agreements.

As part of service improvement, the WSS centres will develop national service and clinical standards reflecting key points in the user pathway. Standards developed for wheelchair and seating services will reflect the improvement outcomes identified through the modernisation process and be based on clinical evidence. They will be adopted by all centres in order to ensure a consistent quality service is provided throughout Scotland. Clinical leadership is essential to take forward this development from within the service and each WSS centre should identify, within their current clinical establishment, a clinical lead for quality to support the development of evidence-based standards.

Service improvements will be aligned to national indicators and relevant HEAT¹⁶ targets. There is an identified need to generate an evidence and research base for wheelchair and seating services to inform clinical standards and models of service delivery.

A national network approach to support the delivery of evidence-based national standards and service improvements needs to be maintained in order that WSS centres continue to develop in a coordinated way and to ensure equity of provision across Scotland. Best practice needs to be shared and adopted between centres to support this.

Table 11

Action	Who	By When
Each WSS centre will identify a clinical lead for quality to support standards development and implementation	WSS centre managers	March 2009
National service and clinical standards will be developed for WSS	WSS centres clinical lead for quality; WSS project manager; service users and carers	March 2010
The WSS centres and their health and social care partners will contribute to research to ensure interventions are clinically effective	WSS centre managers; Practice Development networks	December 2009
Improvement outcomes identified through the modernisation process will be spread across and between services	CEOs NHS Boards; WSS project manager; WSS centre managers	March 2010
Detailed service level agreements for wheelchair and associated seating provision from each WSS centre must be in place	CEO NHS Board; NHS Board Clinical Lead; NHS Finance Directors	December 2009

Moving Forward Recommendations

2, 17, 18, 20

¹⁶ <http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets>

GLOSSARY

Community Health Partnerships (CHPs) and Community Health and Care Partnerships (CHCPs) manage a wide range of local health services delivered in health centres, clinics, schools and homes.

Clinical Effectiveness

An approach to actively improve the quality of treatments and services through involvement in audits and improvement projects as part of promoting good clinical practice.

eHealth

eHealth is the use of information, computers and telecommunications in support of meeting the needs of patients and the health of citizens.

<http://www.scotland.gov.uk/Publications/2008/08/27103130/2>

HEAT Targets

The key objectives, targets and measures that reflect Ministers' priorities for Health.

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets>

ISD

Part of NHS National Services Scotland, the Information Services Division (ISD) is Scotland's national organisation for health information, statistics and IT services.

Joint Equipment Store (JES)

A comprehensive resource that provides a single point to source health and local authority equipment services.

Lean principles

Lean is an improvement approach to improve flow and eliminate waste that was developed by Toyota. Lean is basically about getting the right things to the right place, at the right time, in the right quantities, while minimising waste and being flexible and open to change.

Managed Knowledge Network (MKN)

A body of evaluated knowledge relating to a specific topic or area of practice indexed and managed to enable focused access to relevant knowledge and that supports exchanges allowing the sharing of organisational knowledge and examples of best practice. An e-based resource supported by NHS Education for Scotland.

Multidisciplinary team (MDT)

A team of health and social care professionals involved in the assessment, treatment and care of people.

National Clinical Data Standards and Definitions Programme (NCDDP)

A programme within ISD to create Data Standards to support the three purposes of health and care data: Care, Share and Compare. Clinical Data Standards are different from Clinical Standards. Clinical standards are derived from best practice recommendations and represent the expected care for a patient with a particular problem. They may be used as a monitoring tool for quality assessment and improvement. Clinical Data Standards support this process by providing the means to record care in a consistent manner.

National Information Systems Group (NISG)

Part of NHS National Services Scotland

Patient Focus Public Involvement (PFPI)

A framework for putting people at the centre of their health care and care services.

<http://www.scotland.gov.uk/Publications/2001/12/10431/File-1>

Preferred Prescriber

A term used by the Wheelchair and Seating Services in Scotland to describe a healthcare professional with higher level knowledge and skills relating to wheelchairs available and their use and who is a recognised prescriber of wheelchairs. A preferred prescriber may/may not be employed by the WSS centre and can directly raise orders for specified models of wheelchair.

Rapid Improvement Event (RIE)

Rapid improvement events are part of the Lean toolkit and provide a mechanism for making radical changes to current processes and activities within very short timescales.

Referral to Treatment (RTT) 18 weeks – HEAT TARGET

Deliver 18 weeks' referral to treatment from 31 December 2011. No patient will wait longer than 12 weeks from referral to a first outpatient appointment from 31 March 2010. No patient will wait longer than 12 weeks from being placed on a waiting list to admission for an inpatient or day case treatment from 31 March 2010.

Rehabilitation Coordinator

A person appointed to support multi-agency working between health and social care for rehabilitation services supporting the redesign of services in line with *The Delivery Framework for Adult Rehabilitation in Scotland* (SG 2007).

Rehabilitation Technology

A collective term used to encompass devices such as wheelchairs and seating, prosthetic (artificial replacements for body parts) and orthotics devices (use of special devices that support weakened or abnormal joints and limbs), and environmental control systems. This term also covers related equipment and developments in electronic assistive technology and customisation of equipment to meet a person's specific needs.

Single Shared Assessment (SSA)

Single Shared Assessment is for people with community care needs seeking help from social work, health or housing authorities, and who may require the services of more than one professional discipline or agency.

Social Model of Disability

The social model of disability provides a framework for assessment of mobility and it makes an important difference between 'impairment' and 'disability'. It suggests that many problems faced by people with impairments are caused by the way society is organised rather than the impairments themselves. It provides an alternate way of understanding access issues and social exclusion and sees the problem as a 'disabling world'. This model explores why society does not treat all its members as equal. The International Classification of Function developed by the World Health Organisation uses the distinctions identified in the social model of disability as its base.

WSS Centre

A wheelchair and seating centre is a central NHS resource where people can have specialist assessment and fitting for wheelchairs and special wheelchair seating systems. These centres also manage the provision and delivery of the equipment and operate repairs and maintenance services for the NHS wheelchairs they provide.

APPENDIX 1

Six Dimensions of Quality¹⁷

Patient-centred	Providing care that is responsive to individual patient preferences, needs and values and assuring that patient values guide all clinical decisions
Safe	Avoiding injury to patients from care that is intended to help them
Effective	Providing services based on scientific knowledge
Efficient	Avoiding waste, including waste of equipment, supplies, ideas and energy
Equitable	Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status
Timely	Reducing waits and sometimes harmful delays for both those who receive care and those who give care

¹⁷ Better Health, Better Care: Action Plan (Scottish Government 2007)

APPENDIX 2

Action Plan

By When	Who	Action
January 2009	WSSPB; NSS NISG	An initial scoping report of IT support needs will be carried out
	Chief Executive Officers (CEOs) NHS Boards	Strategic professional and clinical leadership for wheelchair, seating and postural management services will be established in each NHS Board
March 2009	Nominated Board Lead for Rehabilitation; CHP managers	WSS centres will be aligned to Rehabilitation structures outlined in <i>The Delivery Framework for Adult Rehabilitation</i>
	WSS centre managers; CHP managers	WSS will accept referrals from registered healthcare professionals and registered Occupational Therapists in social care without approval from a medical doctor
	NMAHP national eHealth Lead; WSS project manager ISD; NHS eHealth Leads; WSS centres	A national eHealth action plan will be agreed with NHS Board eHealth Leads to take forward work identified in the NISG scoping report
	WSS centre managers	Each WSS centre will identify a clinical lead for quality to support standards development and implementation
	WSS project manager; NHS Redesign Leads; WSS centre managers	Each WSS centre will have completed a rapid improvement event in one area of their service
	WSS centre managers; National Workforce Unit; NES	Each WSS centre will carry out a skill mix review that includes medical, technical, therapy, administrative and scientific staff to identify training needs and skills maximisation
	WSS centre managers; WSS project manager	A high-level patient pathway will be developed and introduced to all wheelchair and seating centres
	WSS managers; CHP managers	Training for referrers to the WSS service will be developed in partnership with them
	WSS centre managers	WSS centres will implement a national programme of equipment and fleet renewal in response to technological advances

By When	Who	Action
June 2009	WSS centre managers; WSS project manager NHS Redesign Leads	Learning and outcomes of the rapid improvement events will be shared between centres and teams
	WSS centre managers	A learning needs analysis for staff development in improvement tools and techniques will be developed by each centre
	WSS centre managers; NHS Redesign Leads	To support development and behavioural change, each WSS centre will develop a local action plan for service redesign
	NHS PFPI Leads; wheelchair users and their carers	Each NHS Board must establish a wheelchair user and carer group or network as part of their PFPI structures and processes
	NHS Boards; CHP managers and their partners	Each CHP will ensure that wheelchair users and their carers are appropriately represented in their local partnership forum to inform local service planning and development
September 2009	NHS NSS, National Procurement, Commodities Advisory Manager	National Procurement as part of NSS will include wheelchair users views and feedback to inform product selection for national contracts in accordance with PFPI
	WSS centre managers, CHP managers	The needs of carers with substantial caring responsibility will be identified by carer assessment and addressed through case management
December 2009	NHS Board Strategic and clinical leads	NHS Boards will seek to optimise their rehabilitation technology services through shared use of resources across all rehabilitation technology services
	NHS NSS, National Procurement Commodities Advisory Panel; WSS centre managers	Decision making relating to product selection will include wheelchair users and be supported by evidence of the non-financial aspects of equipment provision
	WSS centre managers; wheelchair users and carers	Core information as agreed with users and carers must be provided on delivery of equipment and must comply with SAIF and meet individual needs
	WSS centre managers; users and carers	Information and demonstration of equipment use must be provided on delivery

By When	Who	Action
December 2009 (cont'd)	WSS centre managers	WSS centres will develop local information about the services they provide
	WSS centre managers; CHPs managers; Joint Equipment Store managers	Best value reviews will be carried out with JES providers to maximise capacity locally for managing wheelchair storage, decontamination, and uplift of equipment
	WSS centre managers	Planned Preventative Maintenance programmes will be introduced to all centres for power, heavy use and active use chairs
	NHS Boards workforce and staff partnerships; WSS centre managers	NHS wheelchair repair and maintenance services should explore mechanisms to provide an extended hours service in response to local need
	NMAHP national eHealth Lead; NCDDP; WSS centre managers	Clinical data standards and data definitions will be developed for wheelchair and seating services
	NHS Boards; WSS centre managers; SAS; Voluntary Organisations; Community planning groups; Regional transport partnerships	NHS Boards will work in partnership with transport providers to ensure adequate transport arrangements are in place for access to wheelchair clinics
	WSS managers; Rehabilitation Coordinators; CHP managers	Local protocols for assessment and issue of wheelchairs will be developed to support the delivery of local wheelchair and seating clinics
	WSS centre managers	The outcome of assessment will be shared with the user and/or their carers who will receive a copy that will note the equipment to be supplied and information of planned review if indicated
	WSS centre managers	Outcomes of assessment will be monitored and audited as part of clinical case recording within the clinical governance framework
	WSS centre managers; Practice development networks;	The WSS centres and their health and social care partners will contribute to research to ensure interventions are clinically effective
	CEO NHS Board; NHS Board Clinical Lead; NHS Finance Directors	Detailed service level agreements for wheelchair and associated seating provision from each WSS centre must be in place

By When	Who	Action
January 2010	WSS centre managers; CHP managers; Rehabilitation Coordinators	WSS centres will develop referral pathways and protocols in partnership with other rehabilitation service providers to enhance MDT working
	NHS Boards; WSS centre managers	Each NHS Board will put in place local wheelchair and seating clinics for children and for adults
	CEOs NHS Boards; CHP managers; Rehabilitation Coordinators	Satellite or local clinics will be developed and supported by WSS centres to ensure local delivery and equity of service in rural areas
	WSS centre managers; Professional leads; wheelchair users and carers	Wheelchair and seating services will develop a standard assessment tool. This will be based on social models of disability.
	Rehabilitation Coordinators; WSS centre managers; CHP managers; users and carers	Protocols for assessment and issue of wheelchairs will be developed with a specific view to reduce waiting times for users with progressive conditions
March 2010	WSS centre managers, CHP managers	MDT approaches to assessment and care planning will be introduced in partnership with health and social care teams
	CHP managers; WSS centre managers; Joint Equipment Stores	Alternative pathways for provision of standard issue equipment will be evaluated in partnership with other health and social care equipment providers through best value reviews
	Scottish Government	National eligibility criteria will be reviewed within the context of other health and social care equipment provision
	WSS centres clinical lead for quality; WSS project manager; service users and carers	National service and clinical standards will be developed for Wheelchair and Seating services in NHSScotland
	CEOs NHS Boards; WSS project manager; WSS centre managers	Improvement outcomes identified through the modernisation process will be spread across and between services

By When	Who	Action
June 2010	WSS centres; CHPs; local authority partners, Rehabilitation Coordinators	WSS centres will form partnerships with local health, education and social care services with a view to establishing case management approaches
June 2010	WSS centre managers, CHP managers	WSS centres will develop communication pathways in partnership with young people's services to support key transitions within case management approaches.
December 2010	Chief Health Professions Officer; NHS Education for Scotland; WSS centre managers	Training needs for registered clinical and scientific staff will be identified and education and training programmes developed in line with the national agenda for developing Healthcare Scientist education and training
	Chief Health Professions Officer; NHS Education for Scotland; WSS centre managers	Training and education to support the development of career paths for wheelchair and seating service and related staff within the NHSScotland Career Framework will be identified
	AHP Directors in partnership with WSS centre managers	Practitioners with a special interest will be developed to provide clinical expertise locally
	WSS centre managers; CHP managers	Integrated pathways to other health and social care services will be developed for those who need them
	WSS centre managers; wheelchair users; voluntary organisations; NES rehabilitation MKN	Patient information to support self-management will be developed in partnership with service users, providers and voluntary agencies
	NHS Boards Clinical Leads; WSS centre managers; Assistive technology services	NHS Boards will prepare a plan to optimise their rehabilitation technology services through shared use of resources across all assistive technology services
March 2011	WSS centre managers	WSS centres will work to national service standards for referral to treatment that are aligned to the overall RTT of 18 weeks
June 2011	Chief Health Professions Officer; NHS Education for Scotland; WSS centre managers	The education and training needs of technical and scientific support staff in wheelchair services will be identified and developments linked to support worker and assistant practitioners in health care science

APPENDIX 3 – PROJECT BOARD

Wheelchair and Seating Services Modernisation Project Board (WSSPB)

Richard Carey	Chief Executive, NHS Grampian – Chair
Brian Archibald	Policy Officer, Patients and Quality Division, Scottish Government Health Directorate (Secretariat)
Geoff Bardsley	Head of Service, TORT, NHS Tayside
Dr Gordon Birnie	Medical Director, NHS Fife
John Colvin	Head of Service, WESTMARC, NHS Greater Glasgow and Clyde
Andrew Daly	Head of Financial Planning and Allocations, NHS Greater Glasgow and Clyde
Hazel Dykes	AHP Director, NHS Dumfries and Galloway
Linda Fennessey	Policy Manager, Patients and Quality Division, Scottish Government Health Directorate
Janet Garcia	Wheelchair and Seating Services National Project Manager, Patients and Quality Division, Scottish Government Health Directorate
Anne Harkness	Director of Rehabilitation and Assessment, Southern General Hospital, NHS Greater Glasgow and Clyde
Jill Pritchard	COSLA Representative
Liz Rowlett	Policy, Information and Parliamentary Officer, Scottish Disability and Equality Forum
Sylvia Shearer	Head of Blood and Rehabilitation Equipment Branch, Patients and Quality Division, Scottish Government Health Directorate
Ron Skinner	Service User Representative
Roseanne Urquhart	Head of Healthcare Strategy, NHS Highland (Chair of ReTSAG)

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