***One Child One Chair***

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Attending the PMG conference 2018 was a highly educational experience and excellent networking opportunity. I have been a qualified Occupational Therapist since 2002 working within the NHS. I recently joined the Northamptonshire wheelchair service as clinical lead occupational therapist for Millbrook Healthcare. The opportunity to attend PMG enabled me to develop my knowledge with a view to implement my learning within the wheelchair service. Caroline Desjardins, clinical lead for wheelchairs and specialist seating talked about her research and implementation of “One child one chair”. The one child one chair project was a service development project carried out over an 18 month pathway. The service development focused on children with complex physical disabilities who have mobile and static seating at home or school. The children selected for the “one child one chair” were identified as functioning at or to the gross motor classification system (GMFCS) for CP level 3-4.

Caroline Desjardins advised that often these children can have up to 5 seating solutions funded by the NHS, educational settings or private purchase. The seating solutions did not always meet the child’s clinical and postural needs. So it was agreed that the paediatric community team, wheelchair service and Blatchford’s specialist seating would work together to jointly fund one chair that would aim to meet all of the child’s postural and seating needs. The project was approved and supported by the commissioner whose close personal work with the families was highlighted as a major contributor to its success.

Caroline Desjardins advised that the piolet included 10 young people between the ages of 3-18 years. All the children who met the inclusion criteria completed a postural management assessment, including evaluation of; sitting, lying, range of movement and record of lower limbs. Inclusion criteria also included children undergoing a 24 hour postural management observation. It was necessary to establish that clients did not have commercial static or mobile seating that was meeting their clinical needs and therefor new provision was required. Also assessed was the level of need for the client to have an appropriate vehicle or method of travel.

Following this selection, clients were assessed with the support of specialist seating manufacturers and a customised seat was identified that WOULD meet the child’s postural needs, these included static and mobility base units. All parties involved in the child’s care worked closely to agree on the customised seating which was then jointly funded as part of the ‘one chair’ project. Once the equipment was issued outcome measures were used to identify the effectiveness of the “one chair”. The family and clinician scored the child on comfort and posture in existing and customised seating at handover. A telephone interview with the family was conducted one month after the equipment was issued to ensure the chair remained suitable for comfort, posture, ADL, manual handling and support when used in different environments. A questionnaire was also completed with school/educational establishments.

The project identified a gap in the provision of static seating with children with complex postural needs. The financial cost over the pilot significantly reduced the financial spend through the jointly funded piolet. The previous cost of equipment was £380,280,25 and the cost saving was identified as £181,041,08 (47.6%). Moreover, the findings reported significant improvements in posture and comfort. Families and education reported positive feedback. An example of this being the reduction of accompanying equipment with the customised seating offering more space within the home and educational settings. Families and carers also highlighted less need for manual handling due to less transferring from one seating solution to another.

Naturally, Caroline did highlight that there were some challenges during the piolet scheme however, the overall “one chair” project was a very positive one. The piolet lead to increased partnership working among the key stakeholders and the increased involvement of the wheelchair service proved to be of significant value to the scheme. It was certainly accepted that the outcomes collated had changed the approach to best practices for specialist seating provision. The success of the ‘One Chair’ service development has led to additional funding being granted for further work to be completed within the adult population with complex postural needs.

The pilot was very interesting and offered a reduction in financial cost to the NHS. After the talk at PMG I discussed the pilot with the Northamptonshire wheelchair service clinical team. We have continued to develop on our collaborative working with the paediatric team who work both with children at home and within the educational setting. The universal benefits shown by the ‘one chair’ project stand as a source for motivation to the staff at the children’s occupational therapy service and Northamptonshire wheelchair service.

I would like to thank PMG for providing me with a bursar to attend the conference and look forward to implementing the knowledge gained within the Northamptonshire wheelchair service and further service development.