

# Joint Funded Wheelchair Project

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## Wheelchair Joint Funding Pathway

### Reasons to consider a wheelchair for joint funding pathway:

- Client meets Wheelchair Service Criteria
- Limited space in home environment
- Prevent multiple transfers/Ease of Care
- Accessories of wheelchair for/to increase function/independence participation
- Posture for function –wheelchair/ seating required for eating , drinking, education, play, work

### Wheelchair Service exclusion criteria for joint funding but can act as a purchasing agent if wheelchair required:

- Predominantly used for static seating
- Not used frequently and permanently
- Used as restraint
- Used as transport aid in nursing home
- In-patient/rehabilitation
- Sit to Stand chairs

Therapists highlight potential clients to their respective project leads , this may occur after their initial assessment

Project leads collate/discuss potential clients for Joint Funding Pathway at fortnightly meeting . Referrer to be informed of outcome of meeting

Joint Funding Pathway appropriate: Agree funding, ownership and determine if stock already available

Joint assessment undertaken if indicated , lead therapist will write up the assessment, prepare prescription

Handover by lead therapists with support from other organisations if required

### Organisations Funding Streams

1. Fully funded by one organisation
2. Various % funding agreed by project leads

### Ordering

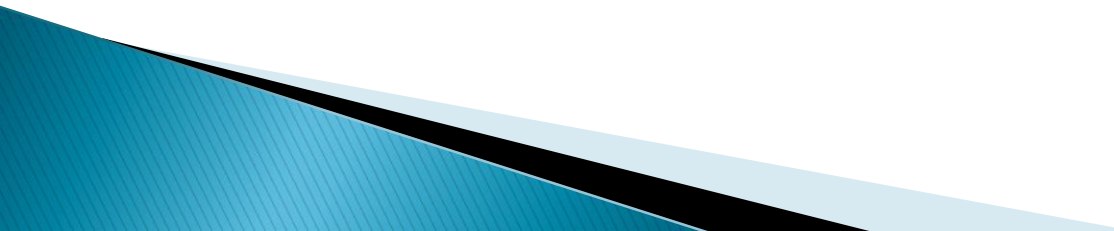
To be completed by Whizz-Kidz , other organisations invoiced for there % agreement

### Ownership

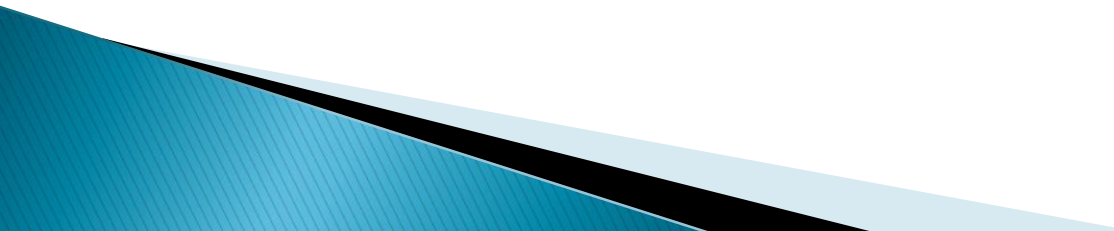
Project leads to agree ownership and ongoing maintenance

**Shared Documentation**  
1. Assessment  
2. Prescription  
3. Handover

# What are the benefits?

- Increased choice and control for person and their family – position
  - Better use of space in the home – small properties / overcrowding
  - Reduced number of transfers needed – between wheelchair and static chair
  - Reduced number of adaptations – less ceiling track hoists
  - Reduced need for other services – pain management/ physio
  - Improved joined up working – complex situations
  - Reduced costs to wheelchair Service and Social Care
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## Are there any issues?

- ▶ OT's happy to refer but reluctant to hand over (straightforward) joint funded wheelchairs
  - ▶ Some OT's concerned about person being sat in one seating option
  - ▶ The assessed person may refuse joint funded option
  - ▶ Managing expectations
  - ▶ Money coming across from Social Care
  - ▶ Requires regular meetings to talk through cases and agree funding
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# How do we decide the funding split?

Time in Wheelchair	Details	% split funding . Wheelchair Service/Social Services
100%	Wheelchair used solely for mobility	100% / 0%
100%	Wheelchair used for mobility 24/7 but added features to support social /educational needs , such as risers/ trays/ posture requirements to increase function/participation	80% / 20%
50%	Time is split equally between wheelchair and static seating . eg Wheelchair service would have issued a Breezy and social services issued a static seat	50% / 50%
10%	Wheelchair is only required for outdoor mobility, wheelchair service would have issued a standard basic wheelchair and social services static seating	20% / 80%
0%	Wheelchair not used outdoors, required to support living at home, eg used to transport from bedroom to living room, replaces static seating	0% / 100%

## Recent Developments.....

- Relaxation of the DFG through implementation of the Regulatory Reform Order, 2008
- Developing stronger links with Education department

### ..... And opportunities

- DFG used to fund the riser on a wheelchair rather than to adapt a kitchen
  - For education to contribute to a powered wheelchair with a riser for a student who would usually self propel  
e.g. to manage fatigue, be able to reach books in library, keep up with peers
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# Case study 1

**ATH** – 10 with a neurological condition.  
Full time powered wheelchair

## Issues:

- ▶ wheelchair bulky and younger sibling would climb on the back of it.
- ▶ outgrowing existing wheelchair
- ▶ Outgrowing Leckey Mygo (static seat). Mother has to move her about in it and she is prevented from interacting fully with her younger sibling

## Past provision:

Leckey Mygo static seat	£4,000 (est.)
Ceiling Track hoist in the living room	£2,000 (est.)
Powered wheelchair	£?

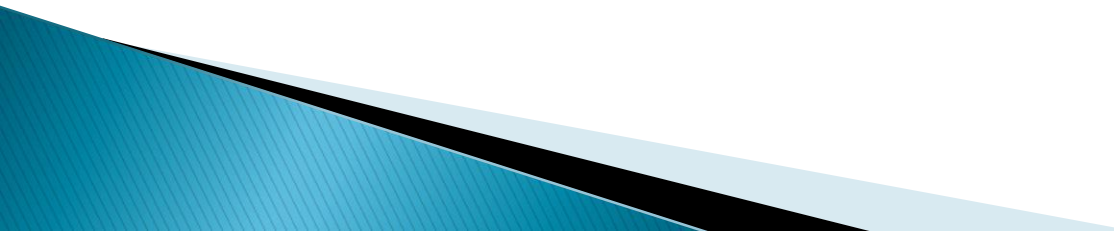
## What was provided:

Salsa wheelchair costing social service).	£4,000.00 (50% wheelchair service, 50%
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## Savings:

At least £4,000 to social care. Wheelchair services saved £2,000

## **Benefits:**

- ▶ Family moved to a purpose built wheelchair accessible property – ATH able to access her home independently.
  - ▶ Interacting with her younger sibling in a more positive way (sibling cannot climb on the back of the new wheelchair).
  - ▶ Reduced care input (hoisting / moving about) required from parents
  - ▶ ATH can participate more fully in the wider community.
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## Case study 2

JK – lower spinal injury

Lives alone in an adapted property

### Issues:

- ▶ Pain management
- ▶ Depression due to pain and social isolation
- ▶ Spending considerable time in bed

### Past provision:

Riser recliner?

Powered chair – Salsa M with tilt	£3475.00
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### What was provided:

Powered chair – Salsa M with tilt split)	£3475.00 (50:50
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Powered leg raisers split)	£ 500.00 (50:50
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## Cost savings

### Benefits:

- ▶ No longer needing physio input – can do stretches the chair reduced pain
  - ▶ reduced pain medication
  - ▶ increased choice and control
  - ▶ Increased independence and access to the community
  - ▶ Voluntary role in various organisations – would not have been able to do previously
  - ▶ Reduced GP visits
  - ▶ Pressure relief managed better.
  - ▶ Improved mental well being
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