

Guidance to commissioners:

The aim of this sample service specification is to support commissioners when commissioning wheelchair services for children, young people and adults (standard and specialist). Where necessary, it should be amended to reflect local variations in need and circumstances. It is non-mandatory and has been produced as a resource for commissioners to use if they wish.

It has been co-produced with service users and colleagues from across the health and social care system and is based primarily on the specification produced by NHS West Hampshire CCG with additions from other specifications from across the country, drawing upon the best examples in the field to ensure that wheelchair services are the best they can be and are truly service user focused.

The Template:

Local detail must be added below the mandatory green headings. Text in red is guidance and must be deleted before the service specification is included in the NHS Standard Contract. Text in black is suitable for inclusion in the NHS Standard Contract but may be varied locally by commissioners. The service specification documents should be read in conjunction with the [NHS Standard Contract](#) and the [NHS Standard Contract 2014/15 Technical Guidance](#).

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Wheelchair Service for Children, Young People & Adults (standard and specialist)
Commissioner Lead	
Provider Lead	
Period	

Date of Review	

1. Population Needs

1.1 National/local context and evidence base

It is estimated that there are 1.2 million wheelchair users in England – just over 2% of the population – with 72% of people aged over 60 years of age and some 825,000 regular users of NHS Wheelchair services (Source: Papworth Trust – Disability in the UK 2010).

For these individuals, their wheelchair is integral to living an independent life in the community and therefore, it is recognised that Wheelchair Services need to be responsive to individual needs and adopt a holistic approach to meeting these needs.

The equipment supplied has the potential to impact upon several of the determinants of public health such as: improving individual lifestyle by increasing independence, improving access to transport and leisure by increasing social and community networks and reducing social isolation and consequent depression (Source: Improving Services for Wheelchair Users and Carers – Good Practice Guide - December 2004).

The provision and maintenance of wheelchairs that appropriately meet users' mobility needs are a vital part of keeping people living as independently as possible. The timely provision of equipment is important to help people to improve their mobility or perform tasks in their daily living environment. This ensures ongoing independence and wellbeing, so reducing dependence on other health and social care services (Transforming Community Services 2011).

1.2 Local Context

The service must be open to all residents who are registered with a General Practitioner within the boundaries of the following GP led Clinical Commissioning Groups:

NOTE:

- List CCGS that are commissioning the service with a short synopsis of each CCG e.g. population breakdown by age, ethnicity.

NOTE: Commissioners may wish to insert details of their local demographics, other relevant information and data. The following prompts aims to assist an assessment of the current level of service coverage and forecast future needs:

- If relevant:** Based on the latest Indices of Multiple Deprivation (*insert latest data*), (*the area*) is ranked the **XX** most deprived local authority area in

England (of XXX within England) and as such has high levels of risk i.e. low income, unemployment, poor physical and mental health.

- Are there any local health indicators that may result in a higher than average demand for wheeled mobility or postural seating services e.g. an ageing population, prevalence of long term disabling conditions, a concentration of specialist schools?
- Using the national assumption that 2% of the population are wheelchair users would suggest there are approximately XXX wheelchair users in the area. However, not all of these users would be eligible for NHS care and may be self-funders from private providers.
- The number of children and young people with a disability in England is estimated to be between 288,000 and 513,000. The mean percentage of children with a disability (i.e. children with a Statement of Special Needs and in receipt of Disability Living Allowance) in local authorities is estimated to be between 3% and 5.4% (Thomas Coram Research Unit). **On this basis, the estimated number of disabled children living in XX is between Y and Z**
- How many users are registered with the existing wheelchair service?
- Future trends?
- Local arrangements for enabling and supporting choice and transferring between Providers
- Local commissioning arrangements i.e. alignment and joint working with Local Authorities and S75 agreements
- Any local evidence base e.g. Children's Plan.

Examples of service data:

- Waiting times: from referral to assessment and assessment to handover of equipment
- Length of waiting lists: number on the waiting list and the waiting time
- User involvement and evaluation of the service.

1.3 Evidence base

Interventions are based on current evidence and best practice guidelines laid down by various organisations and Department of Health policies. The service provided should meet relevant national and local standards for health care and adult's and children's services. The following list, which identifies the main policies and structures, is not exhaustive and will inevitably change during the period of the contract:

- NHS Outcomes Framework 2014/15
- National Clinical Guideline for Stroke 2012, 4th Edition (Royal College of Physicians)

- National Stroke Strategy 2013 (NICE)
- Equity and excellence: Liberating the NHS 2010 (DH)
- Guidelines for Osteoarthritis – The care and management of osteoarthritis in adults 2008 (NICE)
- The assessment and prevention of falls in older people 2013 (NICE)
- Every Child Matters: Change for Children 2004 (DfES)
- Every Disabled Child Matters 2006 (National Children's Bureau)
- Support and Aspiration: A new approach to special educational needs and disability 2011 (DfE)
- NSF for Long Term Conditions* 2005 (DH)
- Transforming Community Services Quality Framework
- Standards for Better Health
- Transition: getting it right for young people. Improving the transition of young people with long-term conditions from children's to adult health services (DH 2006).
- NSF for Older People 2001 (DH)
- NSF children, young people and maternity services 2004 (DH)
- Parkinson's Disease – Diagnosis and management in primary and secondary care 2006 (NICE)
- Management of Multiple Sclerosis in primary and secondary care 2003 (NICE)
- National Clinical Guideline for Stroke 2012, 4th Edition (Royal College of Physicians)
- Healthcare Standards for NHS Commissioned Wheelchair Services 2010 (National Wheelchair Managers' Forum)
- Transforming Community Services: Demonstrating and Measuring Achievement: Community Indicators for Quality Improvement DH 2011).
- Specialised Wheelchair Seating National Guidelines 2004 (British Society of Rehabilitative Medicine)
- Fully equipped: The provision of equipment to older or disabled people by the NHS and social services in England and Wales (Audit Commission: 2000).
- Demonstrating and Measuring Achievement: Community Indicators for Quality Improvement March (Transforming Community Services 2011).

*A Long Term Condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies. Examples of Long Term Conditions are diabetes, heart disease and chronic obstructive pulmonary disease.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	X
Domain 2	Enhancing quality of life for people with long-term conditions	X
Domain 3	Helping people to recover from episodes of ill-health or following injury	X
Domain 4	Ensuring people have a positive experience of care	X

Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	X
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2.2 Local defined outcomes

The Wheelchair Service will ensure that service users registered with a GP within the identified CCG boundaries, who have a long term illness or disability, have a better quality of life and are able to maximise their mobility through the provision of a wheelchair and specialist seating which meets their clinical needs. Where a service user moves out of area the new wheelchair service Provider will be contacted and case notes will be transferred.

The following are the outcomes which the Provider of the service needs to achieve:

- Improvements in the functional health **and** social needs of service users.
- Increased user choice and greater control
- Improved access and responsiveness of assessment, handover and on-going support services
- Opportunities for service user input into service development and re-design.
- Personalised care for all people accessing the service
- Higher levels of satisfaction from service users with the baseline taken from the start of the service.
- High levels of satisfaction from other health and social care professionals.
- Reduced social isolation and risk of consequent mental ill health **where related to a health need**
- Improved quality of life for service users and their families/carers

The service will have a focus on quality and value for money to ensure maximum benefit is accrued from resources.

The Provider will ensure the wheelchair service:

- Meets users' needs by ensuring that the user's experience is positive in terms of the service they receive through the use of the Wheelchair Service; that the service is accessible and delivers the right assessment, prescription and ensures the provision of a wheelchair and associated equipment that meets the user's clinical needs;
- Users receive a timely and efficient service in order to ensure that their mobility needs are met as quickly as possible, in accordance with the waiting time targets specified within this document;
- A holistic assessment is completed with each user and their carer/parent through the development and maintenance of close working links with social care;
- Works with acute and community hospitals in the facilitation of hospital discharge to ensure delayed discharges as a result of waiting for a wheelchair do not occur;
- Access to the service is coordinated to best meet the needs and circumstances of the users';
- Consistently evidence that user's (and their carer's), in receipt of the service, are happy with the service;

- Provides an appropriate wheelchair to prevent falls (Woollard 2005);
- Assists in the facilitation of independent living; by enabling users to live independently in the community, preventing ill health, aiding return to work and improving education options;
- Users receive a comprehensive assessment which will include identifying user and carer identified outcomes, assessment of expectation, proactive management of expectation and are provided with appropriate equipment where eligible;
- Provides a systematic proactive re-assessment programme for all users;
- Promotes long term mobility for users and carers;
- Promotes postural seating solutions thus enabling function and independence;
- Offers pressure care solutions for users through the provision of appropriate seating, including pressure distributing cushions;
- Provides a seamless wheelchair pathway for users including links with short term loan organisations for those user's requiring equipment for a short period.

2.3. Service principles

"People referred to the wheelchair service are entitled to first class wheelchair services, and to lead – as far as their condition will allow – healthy, active, independent lives" (Healthcare Standards for NHS-Commissioned Wheelchair Services May 2010).

The Provider will ensure the following key service principles underpin the delivery of the wheelchair service and be able to demonstrate they are being delivered:

Access to high quality, evidence based care, advice, assessment and delivery:

- Evidenced based, county-wide care pathways, clinical guidelines and procedures are in place for all key areas that enable users to have the most appropriate evidence-based care, developed and agreed by a partnership approach;
- Levels of provision appropriate to need are available and delivered by recognised appropriately qualified staff who are able to demonstrate ongoing competency and professional development;
- Children, young people and their parent/carers and adult users are supported to understand and be involved in each step of the pathway.
- Due regard is paid to the Equality Act 2010 and the Provider can evidence, where statutory obligations require, that they meet the needs of those covered by the requirements of the protected characteristics. The Provider must ensure that there is a single equality scheme impact assessment completed for the service to ensure equity of access, treatment and outcomes; and where there are barriers to put in place an action plan to resolve them.

Further information about the Equality Act 2010 and key supporting documents for reference can be accessed at www.equalityhumanrights.com

A service that responds to the needs of users which is available in an equitable manner across the defined geographical area:

- Wherever they live within the defined geographical area, and regardless of race, ethnicity, background, and age, users have access to the services that best meet their assessed needs;
- Hard to reach users and families are supported to access and engage with services.

An easily accessible service providing timely, accurate and appropriate information:

- Users of all ages are able to get clear information, in accessible and varied formats, about services that are available and how to access them including signposting to other available services;
- Users, carers, families, schools etc. are able to access advice and support at times and in locations that best suit their needs and balances the best use of

resources.

Early recognition of difficulties and intervening as soon as difficulties arise:

- Users of all ages at risk of difficulties are identified early and offered targeted support;
- People who work with children and young people are supported to develop appropriate skills and competencies to enable them to recognise those who would benefit from intervention and provide early support and advice to those children, young people and families.

Professionals work together to make sure the needs of users are central:

- Professionals work with users and their carers/parents to identify and agree outcomes;
- An assessment of expectation and proactive management of expectation;
- Services work together to provide holistic care that is in the best interest of each individual user and delivered in a timely manner;
- Users will receive individualised, seamless care across the levels of need including (in the case of children and young people) transition to adult services where appropriate;
- Children and young people are supported to access wider Children and Young People's services;
- Adults are supported to access wider adult services.

Users and their families are fully involved in their care:

- Users, carers and families are able to make informed choices about their care and treatment;
- Parents/carers will be supported to take responsibility as equal partners in therapy programmes by the development of shared goal setting and care planning;
- Parents and carers are supported to develop their knowledge and skills in relation to appropriate interventions for their child/young person/adult user.

The safeguarding of children, young people and adults is paramount at all levels of service delivery:

- The concerns of children young people and their parents/carers are heard, respected and acted upon;
- The concerns of adult users and their carer's are heard, respected and acted upon;
- Services are targeted to improve equity in outcome, to those most in need, e.g. Children in Care;
- Professionals work together across agencies to ensure that the needs of users at risk are communicated in their best interest.
- The Provider ensures that confidentiality can be maintained while also recognising the need on occasion to share information in the interests of service users, and to ensure that safeguarding requirements for dealing with young and vulnerable people are observed.
- The Provider ensures that all staff working with children and young people have undertaken an enhanced DBS check and that all staff have undertaken training appropriate for their professional role. The Services complies with the Child Protection Act (1999) and (2004) and local Safeguarding Children and Vulnerable Adults policies and procedures/Fraser guidelines.

User and their families will be treated with dignity and respect:

The provider should:

- Deliver the Services from an environment that treats every patient and carer as a valued individual, with respect for their dignity and privacy.

- Ensure that the provision of the Services and the premises protect and preserve patient dignity, privacy and confidentiality;
- Allow patients to have their personal clinical details discussed with them by a person of the same gender, where required by the patient and if reasonably practicable;
- Ensure that all Staff work professionally and with discretion towards all patients and visitors at all times.
- Ensure equity of access.

2.4 Provider requirements

Providers will ensure:

- Effective supply chain management - procurement strategy and stock management system for the sourcing of and supply of wheelchairs and associated equipment;
- Stock levels have been maintained for the planned level of demand;
- Wheelchair equipment has been delivered within the specified timeframe;
- Wheelchair equipment has been collected within the specified timeframe;
- Wheelchair equipment has been decontaminated and refurbished to a high standard and reissued wherever economical and possible;
- Planned preventative maintenance and repairs have been completed within the specified timeframe and to a high standard;
- A systematic proactive re-assessment programme for all users;
- Accurate records have been maintained on wheelchair equipment and/or wheelchair issued, loan period, returns and items decommissioned;
- Service costs have been maintained within set budgets and the Wheelchair Service is operated efficiently in order to maintain financial control and to maximise available resources;
- Waste and scrap has been disposed of responsibly;
- Framework provided to clinically assess users of all ages with a permanent mobility need;
- Wheelchair equipment, postural support and seating has been provided to facilitate safe mobility;
- The user and equipment have been supported for as long as is clinically required;
- The service and equipment are evaluated and improved on an on-going systematic and proactive basis.

3. Scope

3.1 Aims and objectives of service

The aim of the service is to maximise the health and wellbeing of all eligible adults, young people and children who have a long term physical/cognitive and/or degenerative condition which limits mobility, and where their quality of life is improved through increased independence and opportunities to participate in society.

Adults and children requiring specialised wheelchair services will have a complex and /or fluctuating medical condition and multiple disabilities which might include physical, cognitive, sensory and learning aspects. The aim of the specialised wheelchair service is to maintain independence and improve the quality of life for people living with a disability and for their carers through timely access to specialised assessment, provision and maintenance of equipment. The service should respond to changes in people's health conditions through regular review and deliver a service that patients perceive to be a good experience.

A complex specialised wheelchair and seating service will address the postural needs of adults and children facilitating comfort and function as well as their mobility needs. It will also provide the base to which other assistive technologies can interface e.g. communication aids or environmental controls.

The service will be required to provide a comprehensive (standard and specialist) wheelchair and specialist seating service for children over 2½ years of age and over, young people and adults, which will consist of all of the following core Service components:

- Provide the service in accordance with the Healthcare Standards for NHS Commissioned Wheelchair Services, (May 2010) and Transforming Community Services (TCS35): DH 2011.
- Provide appropriate wheelchair and custom seating equipment to maintain mobility, postural and functional management and quality of life for service users, their family and carers.
- Provide a timely and equitable complex specialist wheelchair and custom seating service for individuals with identified complex postural needs, requiring a level of individual design input.
- Provide the wheelchair in an acceptable timescale to the individual;
- Provide and promote postural management to reduce the risk of increased deformity (corrective orthopaedic surgery) and to encourage optimum sitting balance and manage/reduce pain levels caused by spasticity or other health problems.
- Provide guidance on pressure relief to assist with prevention of and recuperation from pressure sores and skin ulcers.
- Re-assess the service user within agreed timescale to ensure the wheelchair meets the persons possibly changing, needs;
- Provide a systematic and proactive re-assessment programme for all users
- Maintain up to date information on wheelchair types and variety;
- Provide on-going support to individuals in the use of their wheelchair;
- Provide an emergency repair and help line, and maintenance service to the wheelchair user, and replacement chair during any repair period;
- Provide a collection service once the wheelchair is no longer required;
- Provide a decontamination service on returned wheelchair;
- Provide a decommissioning service;
- Maintain accurate and up to information on wheelchair availability and variety;
- Maintain accurate and up to data records on assessment, provision, re-assessment, discharges, repairs and maintenance, collection and decontamination and decommissioned chairs.

The plans for service delivery must ensure that resources available are efficiently deployed. The service model will make best use of information management and technology systems in order to simplify the administration and communication processes within the service.

3.2 Overview of the wheelchair service

The service will provide a high quality and clinically safe integrated wheelchair service, including the assessment and provision of equipment, aftercare, maintenance and support for adults/and or children who have a physical/cognitive and/or degenerative long term condition which limits mobility. This may also include people who require end of life care. The service will be customer focussed and strive to ensure customer satisfaction through skilled and efficient assessment, handover, maintenance, and repair and call out arrangements.

The wheelchair service will assess users for the provision of wheeled mobility equipment for those with long term mobility needs, both powered and manual. Pressure relieving cushions and postural management equipment will also be provided to meet long term clinical need.

Assessment and provision will take into account the needs of both the user and the carer/parent and environment constraints. The service will offer a range of assessment by senior practitioners for users with complex needs prescribing bespoke equipment. All users will be offered assessments either by telephone and/or letter and either seen in a clinical, home, or work environment dependant on the users specified needs.

In relation to complex specialist needs, assessment should be undertaken in a specialist centre, equipped with appropriate equipment for physical examinations, driving assessments and pressure measurement plus suitable facilities for moving and handling. Trial wheelchair/seating equipment should also be available. Alternatively, individuals may be seen in other environments such as child development centres/schools for children or familiar/non-threatening surroundings such as a home for people with cognitive or learning difficulties.

The wheelchair service will act as a lead for advice on mobility equipment and seating. It will provide training in basic wheelchair prescription to staff and prescribers from acute and community based health staff and social care services in the area. The service's therapists will work in an integrated way with rehabilitation engineers and manufacturers to further product development to enhance future wheelchair design.

The service will be provided to adults, children and young people– covering a wide range of conditions including but not limited to :

- Musculoskeletal – peripheral joints, spinal injuries and arthritis;
- Orthopaedic – trauma;
- Birth Trauma;
- Head injuries;
- Congenital - Spina Bifida;
- Neurological - Cerebral Palsy, MS, Parkinson's, Stroke, MND;
- Learning Disabilities;
- Age related conditions.

3.2.1 Protocols and Standards

The Provider must have agreed protocols and standards for wheelchairs that include:

- Providing a comprehensive service that meets the needs of the child, young person or adult;
- Provision of clear information for professionals, parents, carers, children and young people and schools and adult users regarding access to wheelchair services;
- A single referral system for all;
- Quality Assurance Systems;
- Proactive re-assessment procedures. Review of the user's needs as a minimum on an annual basis in accordance with individual assessed needs
- Repair and maintenances procedures, (including planned preventative maintenance);
- Children under 6 years of age shall be reviewed on a six monthly basis in accordance with individual assessed needs;
- Excellent smooth transition into adult services.

3.2.2 Accessibility, Response Times and Prioritisation

Right assessment, right equipment, right first time

It is a requirement of this contract that the Provider will comply with the principles of 'Child in a Chair in a Day' <http://childinachair.innovation.nhs.uk/pg/dashboard/> throughout the service for all users.

'Child in a chair in a day' has come to mean that organisations have in place a referral process, an assessment of the child for the right equipment solution, so that equipment is delivered within a reasonable time-frame with the appropriate level of funding – **right assessment, right equipment, right first time**. This specification applies that principle to the entire service.

Referral to Provision Processing

NOTE: KPIs are set out at 5.1. These are currently being tested.

3.2.3 In Patient Care

For users who require a wheelchair prior to discharge, a five day fast track service will be offered from receipt of referral. If a bespoke or specialist wheelchair is required which cannot be sourced within two weeks, the service will provide a temporary wheelchair which best meets the needs of the user, this to be strictly in consultation with Wheelchair Therapists to ensure that clinical needs are met. In the event that discharge is delayed as a direct result of the delayed provision of a wheelchair and/or associated equipment/accessories, the Provider is expected to complete an investigation and provide a root cause analysis, action plan for improvement and implementation plan for each delay. The Provider is expected to work in an integrated manner with acute and community in-patient services to deliver proactive discharge planning processes.

3.2.4 Progressive Disorders and Terminal Illness

a) Progressive Disorders

For users with progressive neurological disorders, a five day fast track service will be offered from receipt of referral. If a bespoke or specialist wheelchair is required which cannot be sourced within five days, the service will provide a temporary wheelchair which best meets the needs of the user and carer, this to be strictly in consultation with Wheelchair Therapists to ensure that clinical needs are met.

b) End of Life Care

For users with a terminal illness, a 24 hour fast track service will be offered from receipt of referral. If a bespoke or specialist wheelchair is required which cannot be sourced within 24 hours, the service will provide a temporary wheelchair which best meets the needs of the user and carer, this to be strictly in consultation with Wheelchair Therapists to ensure that clinical needs are met.

3.2.5 Referral

Referrals can be made by a wide range of professionals to promote easy access and early support including:

1. Primary Health professionals/GP's
2. Occupational Therapists and Physiotherapists
3. Community Nurses
4. Rehabilitation Teams
5. SENCO/School Nurses
6. Community Paediatricians
7. Hospital In-Patient teams
8. Social Care Staff
9. Professional in specialist medical teams e.g. rehabilitation medicine, neurology, orthopaedics and paediatric teams.

Referrals within the NHS referral forms should include the minimum data set, which will include:

- Service users name
- Address including postcode (current and permanent)
- Contact telephone number, mobile and email address when available
- Date of birth
- Diagnosis
- Reason for referral
- GP name
- GP address and CCG
- Consultant (where appropriate)
- Referrers name
- Referrers address and telephone number
- Designation
- Contact person name and address
- Relationship
- Existing wheelchair provision
- Address for referral forms to be sent
- Date of referral
- Date of receipt of referral
- Ethnic origin

- NHS Number
 - War pensioner
 - Accredited assessor number (when appropriate)
- Referrals to the single point of access will be triaged by a multi-disciplinary team of Occupational Therapists, Wheelchair Technicians and Physiotherapists and a decision made whether to: offer advice and support and information only; signpost to other provision; request further information from the referrer; accept referral for assessment.
 - Referrals will be prioritised taking into account: clinical condition; prognosis; environmental and social circumstances and usage etc. The service user (family/guardian) will be kept informed of the progress of the referral.
 - The Provider will be responsible for establishing an effective and efficient referrals management system. Detailed referral criteria will be developed by the Provider in consultation with the CCG's.
 - An agreed and standardised innovative referral pathway should be developed during the mobilisation phase and adhered to, with transparency regarding prioritisation criteria.

3.2.6 Assessment

- This must be on an individual needs basis and flexible to meet the needs of the user and carer/parent (for adults throughout their life or service need and for children or young people throughout their childhood and transition into adulthood) and provided within the most suitable environment for the user;
- Users must be given an option to change their appointment if necessary e.g. to fit in around clinical appointments etc.;
- There must be the facility for users to trial equipment prior to the equipment being provided;
- Users must be able to use the equipment they need in all the places where they spend time, school, home, leisure pursuits and during respite care;
- Full assessment of the following will be required to be delivered by the Provider:
 - Transportation requirements of children and young people who use public or school transport;
 - School, college or work environment attended by the individual;
- To ensure an accessible assessment service to be delivered at a location appropriate to the user's needs with all equipment available in order to conduct a thorough assessment;
- Assessments must include consultation with social care staff to ensure holistic needs are considered, e.g. ramps for the wheelchair, timescales to housing modification;
- Assessments must be conducted by a qualified clinician to ensure that the user's needs are met in terms of ensuring that the wheelchair and seating/cushions provided supports the user's condition and will minimise the risk of the user's condition deteriorating;
- Assessors will have a recognised relevant qualification and experience in wheelchair assessment;
- Assessments must be coordinated with treating clinicians, especially for users who require specialised postural management, pressure care or have complex mobility problems;
- The clinician must ensure that a risk assessment is conducted as part of the assessment and recorded in relation to the equipment prescribed;
- Assessments will consider the clinical and lifestyle requirements of the user as well as any additional requirements of the carer;
- The outcome of assessments must be fully recorded, agreed and signed by the user, or the carer in respect of children or user's unable to sign for themselves. The user/carer must receive a copy of the assessment once the assessment is complete;
- The time allocation for assessment will be 45 minutes as a minimum, unless the Provider can demonstrate the need for a reduction or increase in this;

- Communication throughout the assessment must be with the user, as well as their carer where appropriate. User's must be encouraged to give their opinion and share their feelings, if they are able to do so;
- Following the assessment, the assessor will discuss the prescription requirements with the user/carers and go through the eligibility criteria in conjunction with the Voucher Scheme options;
- The user/carers must be given a copy of the Loan Agreement in order for them to read and understand the terms of loan prior to the delivery of equipment;
- The assessor will also ensure that the user/carers is signposted, where required, to other services, such as voluntary organisations and support groups, that may be of benefit to the user/carers;
- The service should provide a signposting and information point service for users;
- The Provider will ensure that DNA's are recorded;
- Proactive re-assessment procedures. Review of the user's needs as a minimum on an annual basis in accordance with individual assessed needs;
- The assessment must consider the predictable long term changes to and needs of the user and aim to provide equipment that can be adapted to meet predictable future needs.

3.2.7 Prescription

- The prescription that generates the product order must be produced by the Clinician;
- The prescription must be in accordance with the eligibility criteria;
- The prescription must be suitable to the user's/carers needs as defined in the assessment and must facilitate safe independent mobility;
- The prescribed wheelchair will be equipped with special seating and pressure cushions as defined in the clinical assessment, for user's that cannot be seated within standard wheelchairs so as to:
 - Provide postural support;
 - Minimise risk of pressure areas;
 - Maintain existing function;
 - Maintain/improve ability to interact with environment;
 - Minimise risk of worsening postural deformities.
- Wherever possible, user choice should be included within the prescription.

3.2.8 Purchase/Provision of Equipment

- The Wheelchair Voucher Scheme HSG [96]53 must be offered as an option to the user;
- The procurement of wheelchairs and equipment will be sourced from suppliers who have the ability to demonstrate quality and value for money. The Provider may wish to approach Providers currently accredited to the NHS Framework Agreements for the provision of wheelchairs and associated equipment;
- The Provider will ensure that procurement arrangements with suppliers will be negotiated in order to have agreed delivery timescales, for example through consignment stock arrangement. This will keep user waiting times to a minimum;
- The Provider must ensure that stock levels are managed in accordance with predicted activity whilst ensuring waste and cost are not incurred through excess stock holding;
- Wheelchairs may be provided from existing or hand-back stock. In this event, the product must be re-conditioned in full working order, with guidance and instructions available;
- The Provider will maintain an asset register incorporating the asset number/Unique Reference Number for each product and the manufacturer

information;

- Equipment must be labelled with details of ownership and contact number for return of equipment.

3.2.9 Equipment Delivery and Provision of Training

- Fully coordinate the delivery of equipment between the supplier and the user. The Provider must be the sole point of contact for the user and manage all communication in relation to the product with both the supplier and user;
- Ensure that the equipment is either delivered directly to the user's accommodation, or via the Provider. The Provider, in any event, must agree and confirm the delivery time with the user/carer;
- Training and information on use of the equipment, details of the repair and help line the planned preventative maintenance programme and wheelchair passport must be provided to the user and carer/parent and evidence gained that this is understood at time of delivery;
- The Technical Instructor, or equivalent, is responsible for agreeing with the user whether or not a follow up telephone call or a follow up visit is required. The Technical Instructor must ensure that this is logged with the administrative unit and action taken. The aim is for the user's needs to be met through the provision of one single visit. Follow-up visits will only be offered if there is a risk that the user may have difficulty using their wheelchair or if an adaption is required;
- The Technical Instructor, or individual delivering the wheelchair/equipment, must ensure that the user or their designated carer signs the Wheelchair Loan Agreement;
- Where the user requires a basic level of information in relation to the prescribed product, a basic training leaflet and/or checklist will be given;
- Parents/carers and other non-professionals to include schools must be offered appropriate and on-going training to assist them in meeting the needs of their child to include:
 - Appropriate training in the use of equipment;
 - Manual handling;
 - Assessment of child or young person ability to use the wheelchair in all places;
 - Flexible to meets the needs (changing) of the child or young person;
 - All staff providing a service to children are appropriately trained and hold an up to date Disclosure and Barring Service (DBS) certificate;
 - All staff providing a service to children and young people must be familiar with local safeguarding protocols.

3.2.10 Planned Preventative Maintenance (PPM)

- The Provider is required to include a Planned Preventative Maintenance Service in the overall contract price and conduct PPM's in the following way:

PPM is divided into 2 groups:

- PPM for manual wheelchairs;
- PPM for powered wheelchairs.
- The price for the inspection of wheelchairs/devices shall be deemed to include:

- All costs associated with travelling, labour, administration and providing all stationery associated with the inspection/testing of all wheelchairs/devices;
- The costs of supplying any replacement parts that are found to be required.
- PPM shall be carried out in accordance with the original manufacturer's recommendations.
- The Commissioners' Authorised Officer and the Provider will agree a proposed maintenance programme at the start of the contract. The Provider should conform to:
 - NHS Controls Assurance Standards for Medical Devices;
 - Managing Medical Devices, Guidance for healthcare and social services organisations, DB2006(05).
- On completion of an inspection, the Provider shall return a completed report to the Commissioners' Authorised Officer on a monthly basis.
- The progress of the maintenance programme shall be subject to a quarterly review.

Frequency of PPM

PPM's will be conducted annually in the following way:

- All newly issued wheelchairs, (whether new or refurbished), will be inspected within 12 months of being provided;
- All wheelchairs on issue at the start of the contract will be inspected before the anniversary of the provision date or the previous PPM date and thereafter within 12 month periods;
- Where a user or their representative makes a request for a repair and a PPM is not due, the Provider can take this opportunity to conduct a PPM and take this as the PPM date, but shall only log this as a PPM on the line order if the full PPM procedure/standard has been followed.

PPM Procedure/Standard

The Provider will conduct a full safety check, including any procedures in accordance with the original manufacturer's recommendations and carry out all necessary repairs:

- The cost of the parts is included in the overall maintenance cost;
- All travelling and labour costs associated with the inspection and testing of wheelchairs are included in the contract;
- PPM's of all powered equipment and its associated battery charger on issue shall be in accordance with SAB (91) 57 or any amendments hereafter;
- The Provider shall submit their proposed maintenance programme to the Commissioners' Authorised Officer at the start of the contract and thereafter in April of each year;
- The Provider will need to conform with:
 - MHRA Device Bulletin 'Managing Medical Devices' DB2006(05) November 2006 or any amendments hereafter.

3.2.11 Repair & Helpline

- In the event of a user's wheelchair requiring a repair, an emergency repair and helpline service must be available 24/7 including bank holidays. Carer's

must be provided with contact details in the event of an emergency repair being necessary;

- An emergency repair will only be permitted in the event that a user is rendered immobile;
- Non urgent repairs will be coordinated through the single point of access telephone number within core working hours;
- Timescales for conducting a repair must be in accordance with the waiting times within this document;
- Repairs will be conducted at a location convenient to the user/carer, providing it is within the boundaries of the service (for example school or work). Exceptions will be made where the user's home is outside of the service boundaries, but they are registered with a GP within the CCG boundaries;
- Where the repair has to be conducted in a workshop environment, or with the manufacturer, the Provider will ensure that the user receives a wheelchair of the nearest equivalent wherever possible, according to the prescription, at point of collection, to ensure minimum downtime and disruption to the user;
- Where a wheelchair requires repair this must be carried out with minimal disruption to the user's day to day living. Whilst the primary wheelchair is out of action another suitable alternative wheelchair must be provided. The user must be assessed for the alternative temporary wheelchair to ensure it is deemed a suitable temporary replacement.

3.2.12 Re-Assessment

- The time period for re-assessment will be decided between the clinical assessor, user/carer at the point of initial assessment;
- The re-assessment will be booked in advance;
- The time period for re-assessment will be dependent on the user's condition and the likelihood of their condition changing or deteriorating;
- The user/carer has the right to contact the service via the single point of access phone number to request an earlier assessment than that arranged if circumstances change;
- Where appropriate the Provider will link the re-assessment with other aspects of the user's care, for example, joint assessment, postural management reviews;
- In the event that the user develops a pressure sore, the service will make an urgent fast track reassessment service available.

3.2.13 Hand-back Arrangements

- The Provider will have systems in place to collect wheelchairs and equipment no longer needed by the user;
- The Provider will assess the condition of the returned wheelchairs and make an assessment in terms of the economic viability of repair, as opposed to disposal;
- The re-conditioning and disposal of equipment must be recorded and tracked in line with the Providers asset register;
- The Provider will ensure that the economic value of equipment, no longer fit for purpose, is realised and consideration given to residual value, in order that this can be reinvested back into this service;
- The Provider is required to ensure that the user or their representative signs a hand-back certificate, which must then be cross-referenced with the original Loan Agreement.

3.2.14 Exclusions

NOTE: Exclusions on the grounds of age or prognosis alone is unacceptable and discriminatory. Commissioners should ensure those wheelchair users who fall outside eligibility criteria are given the contact details of organisations such as SCOPE who may be able to advise them.

The Provider will adhere to the following exclusions from the provision of the service:

- The provision of a repair and PPM service does not apply where the Voucher scheme has been implemented under the Independent Option basis http://webarchive.nationalarchives.gov.uk/+/www.direct.gov.uk/en/disabledpeople/healthandsupport/equipment/dg_10038381;
- When the Voucher scheme is utilised for the provision of a wheelchair, a replacement wheelchair will only generally be provided every five years and the user will not be entitled to a new voucher until this period has expired. However if the user's needs change making the wheelchair that has been purchased unsuitable, the user will be eligible for a reassessment of their needs;
- Referrals into the service directly from users will not be accepted. Users can only refer in to the service for re-assessment once they have become a user of the service;
- Wheelchairs/buggies will not be provided as a static chair;
- Accessories that do not add to the functionality of the wheelchair will not be provided;
- Specialist chairs and associated equipment, such as for the purpose of sport, will not be fully funded within this Contract. A standard contribution will be made in accordance with the eligibility criteria and in accordance with the Voucher Scheme;
- Pressure cushions will only be provided for use in the wheelchair;
- The provision of mobility scooters is not included within this Contract;
- The provision of wheelchairs to Nursing/Care Homes for the purpose of portering and transit is not included within this Contract;
- A wheelchair will be provided to a Nursing/Care Home resident if there is an assessed clinical need and the wheelchair is for the sole purpose of that user;
- This service will not provide wheelchairs/buggies for the purpose of restraint owing to a behavioural or mental condition, if the user has the ability to walk;
- Powered wheelchairs will be supplied with a power pack as standard. If the user requires spare power packs, these will not be supplied by the service. The user/carer is responsible for charging the battery on their wheelchair;
- Wheelchairs will not be provided as part of a programme of rehabilitation, whether in hospital or at a specialised rehabilitation centre as these should be provided by the hospital or rehabilitation centre as part of the on-going treatment process. Once the long term clinical need is known, and the environment in which the wheelchair will be used on discharge, the Provider will conduct an assessment as part of discharge planning with the hospital or rehabilitation centre;
- Wheelchairs will not be provided for use solely in a work situation or solely in a school or other educational establishment.

3.2.15 Location(s) and Environment of Service Delivery

Satellite Clinics shall be situated to give ease of access to all within the boundaries of each of the commissioner localities. Any changes in location shall be agreed in advance with service commissioners. Provision shall be made for home assessments for users who are unable to attend a clinic location.

Clinic locations should have at a very minimum:

- a suitable environment for children and young people where appointments are available;
- Wheelchair access;
- Dedicated disabled parking in close proximity to the clinic entrance;
- Where necessary, assistance to help users from the transport to the clinical waiting area with access to refreshments and an information area;
- Wheelchair accessible toilets with facilities for people with continence problems including a changing area;
- A Minicom and an appropriate loop system for people with hearing impairment in the reception area;
- Sole use of assessment area during clinic sessions;
- Where confidential/individual assessments are required there should be a suitable private assessment area;
- Assessment area with a range of ground surfaces, ramps, stairs and curbs;

- Appropriate equipment such as hoists plinths etc. and a range of demonstration wheelchairs and accessories;
- The centre should have adequate storage space for a stock of wheelchairs and accessories for issue to service users following their assessments as appropriate.

3.2.16 Whole System Relationships

The Wheelchair Service is commissioned by **INSERT CCGs**. NHS **INSERT CCG** is the commissioning lead for this contract working on behalf of the partner CCG's.

The Provider is expected (at a minimum) to develop and maintain effective relationships and a joined up approach to care with Local Authorities, local acute and community hospitals, Community Health Teams, Primary Care and third sector organisations, in order to ensure that the user experiences the benefits of a service which is joined up with other parties to contribute to their care.

Assessments and reviews should incorporate social care teams and information to ensure a holistic approach is achieved.

The Provider must also work with other Providers across the wheelchair pathway including those which provide short term loans.

3.2.17 Interdependencies and Other Services

- The service is reliant on appropriate referrals being made by healthcare professionals such as GP's, District Nurses, Occupational Therapists, Physiotherapists, Social Services and Health Visitors;
- The service will work in an integrated manner with other services such as orthotics to ensure that equipment provided best meets the needs of the individual;
- Where the Provider has collaborative, partnership and/or sub-contracting arrangements in place, there must be joint working in order to ensure the sharing of best practice, user/carer consultation feedback and other intelligence. The Provider experience in using the service must be seamless;
- The Provider is responsible for ensuring the service is equipped with sufficient information about other services that the user may need input from, or signposting to.

3.2.18 Integration of Multi professional Workforce

All children, young people and adults are seen by all key specialists, in particular Paediatric Therapists, involved in their assessment and delivery of their wheelchair at one single multi professional appointment, where appropriate.

3.2.19 Communication

To ensure the needs of the user are met, the Provider will ensure that effective communication between health professionals, parents, carers, schools and the user is at all times seamless and is of top priority. The Provider must employ a continuous improvement approach to their communication processes.

3.2.20 Equipment

All equipment must be flexible, adaptable to meet the needs of the user. Emergency supply of wheelchairs must be made available when the designated wheelchair is not fit for purpose.

3.2.21 Information

Clear accurate information which is age, language and visual impairment appropriate is made easily accessible for all. Where services sit outside of this specification and are provided by another service, it is the Providers responsibility to ensure key professionals such as GP's, adults, children, young people, parents, carers etc. are signposted to the most appropriate services.

3.2.22 Training/Education/Research Activities

The Provider will ensure that staff in providing the service are supported to undertake Continuing Professional Development (CPD) opportunities. This may include both in-house and external courses and should, as a matter of routine, involve training on the features and benefits of equipment supplied by the service, as well as support to identify new and emerging products:

- Training requirements must be identified through the undertaking of Annual staff performance reviews and regular one to one supervision sessions. Knowledge and competency levels of staff will be kept up to date;
- Staff must be trained and qualified in accordance with their role;
- As a minimum, the following mandatory training must be given to all staff involved in the delivery of the service:
 - Induction (for new starters, including information about contractual and service requirements);
 - Fire Safety;
 - Basic Life Support (appropriate to role);
 - Moving and Handling;
 - Safeguarding Adults (appropriate level to role);
 - Safeguarding Children (appropriate level to role);
 - Basic Infection Control;
 - Health & Safety Training in accordance with HSE Regulations appropriate to role and function (including CoSHH);
 - Personal Safety (specific to role and working environment);
 - Managing Violence and Aggression;
 - Reporting of Complaints and Serious Untoward Incidents;
 - Emergency Plan Arrangements;
 - Data Protection and Confidentiality;
 - Use and storage of Personal Identifiable Information.
 - Equality and Diversity training.

3.3 Service description/care pathway

3.3.1 Support Service

- Wheelchairs are delivered or collected from homes or workplaces by Wheelchair Repair Service drivers/technicians;
- Wheelchairs are repaired and maintained by skilled technicians and reconditioned and recycled, wherever possible when economically viable;
- Repairs may take place in a client's own home, in a designated workshop, (individual circumstances are assessed prior to repair occurring);
- Maintenance and repair standards are to meet the minimum standards set out in the DH Controls Assurance Framework for medical devices;
- A planned preventative maintenance programme should be in place to reduce the number of repairs.

3.3.2 Service Model

- The service model for delivery of all aspects of the service is to be proposed by the Provider and agreed with commissioners prior to the commencement of the service. The service model must be fit for purpose in terms of ensuring access for users within the service location;
- The service model must be affordable within the contract value and the Provider must be able to demonstrate affordability in its' cost modelling. This must be in line with activity and waiting time targets;
- The plans for service delivery must ensure that resources available are efficiently deployed;
- The service model will make best use of information management and technology systems in order to simplify the administration and communication processes within the service.

3.3.3 Care Pathway

The Provider will produce a visual representation of the care pathway, in accordance with their proposed service model. The care pathway must reflect all key stages of the service as specified in the service description and ensure compliance with the maximum response times for each stage of the pathway.

3.3.4 Workforce

- It is a requirement of the contract for the Provider to ensure that there is a Manager dedicated solely to the delivery of this service. The manager must ensure that they have a presence in the service premises and will be responsible for, including but not limited to, the day to day running of the service, financial control, safeguarding lead, national and local engagement and networking, performance management, staff management, user satisfaction, service improvements and development, contract management and liaison with the commissioners;
- The staff structure must be incorporated into the service delivery model, along with the role, status, grade, qualifications and work base location. In order to deliver an effective service, the staffing complement needs to consist of individuals with the following qualifications and experience.

Adult Assessors (Occupational Therapists/Physiotherapists)

Essential qualifications: HCPC Registration (and appropriate specialist section), DipCOT or BscOT, and evidence of post graduate study/research. They should have at least 18 months experience working with adults in Wheelchair assessment, prescription and provision above standard equipment prescription.

Children/Young People Assessors (Occupational Therapists/Physiotherapists)

Essential qualifications: HCPC Registration (and appropriate specialist section), DipCOT or BscOT, and evidence of post graduate study/research. They should have at least 18 months experience working with children in Wheelchair assessment, prescription and provision above standard equipment prescription.

Technician Supervisors (or equivalent)

Essential Qualifications: Recognised engineering qualification, e.g. electrical, mechanical and welding. Evidence secondary education at GCSE level or equivalent. Experience in an engineering capacity and management/supervisory role; in leading a team and in using problem solving within working environment.

Technical Instructors (or equivalent)

Essential Qualifications: Evidence of relevant learning e.g. NVQ level 11, BTEC, GCSE or equivalent;
Experience: 18 months experience as a therapy assistant.

Rehabilitation Engineer (or equivalent)

Essential Qualifications: Engineering qualification to degree level or equivalent. Working towards State Registration as clinical technologist through Institute of Physics Engineering Medicine (IPEM). Working towards Certificate of Rehabilitation Engineering.

- The Provider must provide training opportunities to develop new and existing staff to ensure the workforce capacity and capability is fit for the future;
- Staff performing the service who are public facing and in direct contact with Users must ensure that they are wearing identification at all times;
- Staff must wear clothing appropriate to their role including protective clothing where appropriate.

3.3.5 Location(s) of Service Delivery

The service will be provided in the most appropriate environment in order to best address the service user's needs. This should include the full range of community settings which will include the following in addition to a wheelchair clinic:

- Home based;
- Mobile Assessment Facility;
- Hospital/Health Centre/General Practice facility;
- Schools;
- Local community facilities
- Specifically commissioned building(s) (rent/lease arrangement);
- Innovative solutions are welcomed by commissioners.

The geographical spread of the service shall take into account the locations of all users registered with a GP within the partnership Clinical Commissioning Groups remit. Where there are different providers for the assessment and provision service, then where possible, joint location is to be provided.

The service must continue to deliver an assessment service to the following schools for children with special needs:

NOTE: List the details of local schools for children with special needs in the relevant CCG areas.

Premises operated by assessment services as a minimum are to:

- Comply with the mandatory requirements of the Equality Act and Part M of the Building Regulations
- Have convenient ample supply of designated Disabled Parking close to the clinic, with help and a method of accessing help when assistance is required
- Have sign posting suitable for people with physical and sensory disabilities
- Have a reception/waiting area clearly identified
- Be easily accessible to local transportation systems
- Have suitable facilities and equipment available for the effective assessment of the service user's, their families and carers needs
- Have wheelchair accessible W.C. including changing facilities
- Have access to beverages, a telephone and food for service users and their carers
- Clearly display information on the service, and for information to be available to take away in appropriate formats
- Have suitable assessment facilities which must include:

- A plinth, a hoist and appropriate weighing facilities.
- Privacy and dedication of space for the duration of the clinic.
- Access to a range of ground surfaces, ramps, kerbs, floorings as appropriate.

It is essential to ensure that the necessary equipment and facilities are available at the time of assessment, in order that user's needs are met, specifically for those with serious mobility issues, in a fragile condition. Consideration to location, equipment availability and needs must be given at the time the appointment for assessment is made and the location decided.

3.3.6 Days/hours of Operation

The days and hours of operation for the service will ensure convenient access for service user's and their carers. The service must have availability at weekends and weekday evenings and the service delivery model may be flexible in terms of hours of provision within any day of the week.

The Provider will specify hours of operation for each element of the service and will be required to demonstrate how these hours of operation will maximise access. These will be agreed with the Commissioner prior to commencement of service and kept under review.

Opening the service on statutory public holidays is for the discretion of the Provider; however there will be a requirement for Providers to ensure users are notified in advance of closures and have access to the emergency service for the provision of emergency support and repairs.

The **Emergency Service** will operate as follows:

- In addition to the standard hours the wheelchair service shall offer an emergency service from 8.30am to 11.00pm, seven days a week (including public holidays). At all other times an answerphone should be available giving information on services, opening times and details of how to access the emergency support and repairs.
- The wheelchair service shall provide an emergency contact telephone number.
- The wheelchair service shall log all emergency calls stating the following:
 - Client's name
 - Reference number
 - Date and time of call out logged
 - Details of the incident
 - Action taken
 - Date and time of call out
- The wheelchair service shall submit a copy of the log to the Commissioner on a monthly basis.
- All replacement parts are to be of the correct specification and their quality and compatibility match those supplied by the original equipment manufacturer

(OEM) specification

- The wheelchair service shall only refurbish and reuse equipment where it is economically viable and the refurbished devices perform at an acceptable level and complying with European Association of Notified Bodies for Medical devices document: Recommendation NB-MED/2.1/Rec 5 [24]
- Service users and their families or carers shall always be made aware if they are being offered refurbished equipment
- Suitable loan equipment shall be provide in the event that repair cannot be effected immediately
- The wheelchair service shall maintain appropriate records relating to the repair and maintenance of equipment

Cover shall be arranged by wheelchair service in the event of staff illness, annual staff holidays, or other contingencies to maintain service levels during the standard hours and those of the emergency service.

3.3.7 Eligibility Criteria

Wheelchair user needs categories guidelines

GRADE	DESCRIPTION OF USER	EQUIPMENT NEEDS
1 (CAT4)	PART TIME USER SHORT TERM – Temporary requirement less than 6 months). Normally independently mobile. Immobile due to accident or operation (may include terminal care).	Pushed or self-propelling standard. Special chair may be required e.g. recliner for full leg plaster or hip spica.
2 (CAT3)	PART TIME USER LONG TERM – Ability to walk short distances. Requires wheelchair on regular basis for outdoor use or to enhance quality of life for User/carer.	Pushed standard or lightweight Self-propelling standard.
3 (CAT2)	PART TIME USER LONG TERM – Variable indoor walking ability due to fluctuating condition . High degree of independent life-style but requires wheelchair to	Self-propelling standard or lightweight.

	maintain level of independence and quality of life.	
4 (CAT1c)	FULL TIME USER LOW ACTIVITY – Limited or lack of ability to self-propel. Dependent for many daily living needs.	Pushed or self-propelling standard or buggy. Specialise chassis for custom-made seat.
5 (CAT1b)	FULL TIME USER ACTIVE – Unable to self-propel. Independent mobility with powered wheelchair. Degree of independence in daily living activities.	EPIC & EPIOC depending on availability/environment + motivation + transit Transit for travel.
6 (CAT1a)	FULL TIME USER ACTIVE – Independent mobility and lifestyle. Appropriate equipment reduces dependence on others and improves quality of life	Self-propelling standard of high performance (adjustable stability by change of wheel position).

Healthcare Standards for NHS-Commissioned Wheelchair Services (May 2010)

- Special pushchairs and/or special seating will be issued to children who have postural problems. This provision must be in line with the child's postural management programme in liaison with the user's clinical professionals and carer;
- If an electric powered wheelchair is prescribed, a manual wheelchair will also be supplied if the assessment determines a need;
- Electric powered wheelchairs will be prescribed following assessment for user's who are medically unable to walk, or self-propel, but are capable of independently controlling an electric powered wheelchair safely;
- Specialist seating will be provided in line with the assessment and in accordance with the user's condition. Specialist seating may be either modular or bespoke, required to either accommodate existing physical deformity, or to prevent further deterioration in user's with progressive degenerative conditions, helping to prevent secondary medical complications.

3.3.8 Referral Processes

- Referrals will be received from healthcare professionals such as GP's, District Nurses, Occupational Therapists, Physiotherapists, Consultants and Health Visitors (see list at 3.2.5).
- Existing users of the service may self-refer back into the service for a re-assessment only. The majority of short term loan referrals will come directly from the hospital;

- The Provider must ensure that protocols are developed with referrers to ensure a coordinated approach to the provision of wheelchairs.
- The referral process must incorporate the requirement to keep the user/carer informed in relation to the progress of their referral;
- The service may reserve the right to reject incomplete referral forms and return to the referrer, highlighting the reason for rejection. Where an existing user self-refers, the service will undertake to complete any necessary forms on behalf of the user/carer based on information currently in the system;
- Referrals will be screened by staff with knowledge to be able to ensure that the referral is appropriate in terms of eligibility and to be able to prioritise accordingly.

3.3.9 Equality and Accessibility

- The Provider will ensure equitable access to the Wheelchair Service for users by ensuring that the service is publicised in formats reflecting the needs of the community. The Provider will engage hard to reach groups by ensuring access to translation services and in ensuring that the information provided by the service is made available in a variety of formats and types;
- In order to ensure convenient access to the service for referrers, user's and their carer's, the Provider will ensure that the service operates on a Single Point of Access basis. In addition to access via the internet, the Provider will ensure that a single telephone number is made available which will deal with all enquiries;
- The telephone number must not be a number that generates a cost to the user, resulting in an income to the Provider, and must be charged at local rates (as a maximum);
- The Provider will ensure that users of the service are not given alternative telephone numbers to call. In the event the carer needs to speak to a particular individual, a call-back arrangement will be put into place;
- The Provider is required to put a protocol in place for ensuring that telephones are answered promptly and call-backs are made in a timely manner to maximise user experience.

3.3.10 Chaperone Policy

- All children and users, who are unable to act on their own behalf, must be accompanied by a supervising adult throughout all stages of the service. The supervising adult must be present during the entire assessment and their details must be entered onto the user's records.

3.3.11 Wheelchair Loan Agreement

- The Provider is responsible for producing a Wheelchair Loan Agreement for equipment issued by the service in consultation with the Commissioner;
- The Provider must ensure that a Wheelchair Loan Agreement is in place. The Loan Agreement must be signed by the user or their carer upon the release of a wheelchair and/or associated equipment. A copy must be retained by the user/carer and the Provider must also retain a signed copy;
- In the event that a wheelchair is provided to a user in a Care/Nursing Home, the authorised signatories to the Wheelchair Loan Agreement are the user themselves and/or nominated advocate (such as parent/relative or senior Care Home staff);
- The Loan Agreement, will include, but will not be limited to:
 - Conditions of Supply and Loan (such as user use only, disposal, adaptations);
 - General Care of the Wheelchair;
 - Basic Wheelchair Maintenance;
 - Returning Equipment;
 - Repair Information and Contact Details for Non-Emergency and Emergency Repairs;
 - Hand back arrangements in the event of no longer required and registering with a GP outside of the service area.

3.3.12 Voucher Scheme

A voucher scheme is also available, where clients are assessed for a wheelchair that meets their clinical needs, but are offered a voucher with monetary value to put towards the cost of a wheelchair of their choice from a private supplier authorised by the wheelchair service. This is one of the few NHS services that is permitted to supply finance in the form of vouchers rather than equipment. It permits a wider choice for the client, if the client opts for a voucher the scheme runs on 2 levels:

- **Independent** – the client has the voucher and purchases a wheelchair which remains their property and responsibility for repair, insurance and servicing;
- **Partnership scheme** – the voucher value is less and the chair remains NHS property but all servicing and maintenance is done by the NHS;
- The Wheelchair Voucher Scheme HSG [96]53 must be offered as an option to the User and/or carer. The Voucher Scheme is applicable to all wheelchair types including EPIC and EPIOC;
- The Provider is responsible for ensuring that administration arrangements are in place in order to manage the requirements of the Voucher Scheme;
- The Provider is responsible for producing an information leaflet that contains information for user's/carers about the Voucher Scheme;
- The value of the Voucher issued will be for the cost that would be incurred to the Service for the provision of the wheelchair as per the prescription;
- The Voucher Scheme is available for long term wheelchair provision only; it does not apply to short term loans.

3.3.13 Complaints and compliments

- The Provider must ensure that a robust complaints policy and procedure is in place and reflects the rights of patients and the public set out in the NHS Constitution. Complaints and issues raised by the users/carers of the service must be pro-actively dealt with by the Provider;
- Upon entering the Service, the Provider must ensure that the user/carers is aware of the complaints policy and procedures and the associated standards they should expect to receive. The user and their carer must be made fully aware of their right to complain and be advised of the process for doing this;
- All complaints must be fully investigated, recorded, and the results feedback to the complainant in a timely fashion.
- All complaints must be shared with commissioners at regular contract monitoring meetings
- The Provider must have processes in place to receive regular feedback from users and carers on the service e.g. annual patient surveys; surveys following each stage of the process e.g. after assessment.
- Complaints (and compliments) as well as feedback from patient surveys must be used by the Provider as part of a wider process of continuous service improvement.

3.3.14 Serious Untoward Incidents (SUIs)

- The Provider must have a robust policy, procedure and processes in place to investigate, record, report on and learn from any serious untoward incidents. This information will also be shared with commissioners at the time of the actual incident as well on a regular basis e.g. at monthly contract monitoring meetings.

3.3.15 Communication and Publicity

- The Provider is responsible for putting in place a communication plan with its users/carers. The communication plan must specify the different stages of communication with the user/carers throughout the provision of the service. The purpose of this is to ensure that the user/carers understands when they should be contacted and how they will be communicated with;

- The Provider must ensure that a publicity plan is in place in terms of ensuring referrers and user's/carers already using the service, are aware of the service and how to access it. The Provider will be required to share this plan with the Commissioner during the implementation stage of the service.

3.3.16 Information Management and Technology Systems (IM&T)

The service must be supported by effective IM&T systems. It is a requirement that, in order to ensure a fast and cost effective service, that IM&T is utilised for as much of the service as possible, including, but not limited to:

- Database held user information, equipment issue, asset register – Mandatory;
- Internet based referral;
- Internet based complaints;
- Internet based information for referrers, users and their carers – Mandatory;
- Electronic appointment booking and confirmation;
- Automated appointment confirmation text alerts;
- Electronic recording of assessments – Mandatory;
- Electronically produced prescriptions;
- IT based management of stock – Mandatory;
- Electronic ordering of goods;
- IT system for management of referral and tracking of progress along the prescribed pathway;
- Tracking and management of waiting times – Mandatory;
- Electronic reporting capability in line with performance targets – Mandatory;
- Electronic Invoicing Capability – Mandatory;
- Users and carers must be fully informed in relation to what personal information is stored, how it is stored, why it is kept, and what it is used for;
- The rules and regulations in terms of the Data Protection Act and Caldicott must be applied. The Provider must also comply with IGSOC Level 2;
- All staff with access to personal information must be training in Data Protection, Confidentiality and use and storage of Personal Identifiable Information;
- Personal information must only be stored where it has a purpose and any surplus information not specifically required for the provision of the Service must be discarded in accordance with the Data Protection Act;
- Personal identifiable information must only be shared with the permission of the user's/authorised carer and only when absolutely necessary;
- The Provider must ensure that information flow charts and information management procedures, for the storage and use of personal information, are in place;
- The database and associated reporting mechanisms must have the ability to differentiate between short term loans and long term provision;
- The database must also be able to identify where a referral into the service is a new user or a re-referral of a user already in the system.

3.3.17 Health & Safety

- Wheelchair Equipment

All equipment provided to the user must comply with medical devices legislation and CE regulations. All re-conditioned equipment must be certified as safe by a qualified technician in order to be able to put it back into circulation.

The equipment ordered will comply **as a minimum** to the following standards:

- All wheelchairs will be CE Marked in accordance with the Medical Devices Regulations SI 1994 No. 3017
- All wheelchairs shall comply as a minimum to the following standards as amended:
- BS EN 12182:1999, Technical aids for disabled persons – General requirements and test methods.
- BS EN 12183:1999, Manually propelled wheelchairs– Requirements and test methods.
- BS EN 12184:1999, Electrically powered wheelchairs, scooters and their chargers– Requirements and test methods.
- All materials shall be, **as a minimum**, fire retardant in accordance with ISO 7176 Part 16 “Resistance to ignition of upholstered parts – Requirements and test methods”.
- All wheelchairs shall be permanently marked in accordance with the requirements of clause 8 of BS ISO 7176-15:1996
- A comprehensive user guide must be supplied with each chair in accordance with BS ISO 7176-15:1996
- The manufacturer will be responsible for updating the technical documentation as required.
- Transportability statements shall be provided in accordance with MDA DB 2001 (03) June 2001 and MDA DB 2003 (03) March 2003 as amended.
- Decontamination of equipment prior to inspection, service and repair HSG(93)26
- The Medical Device Regulation 1994 SI 3017
- Manual Handling Operations Regulations 1992
- Equipment is purchased and maintained in accordance with statutory requirements including Medicines and Healthcare Products Regulatory Agency (MHRA) regulations and manufacturer’s handbooks.
- European council directive 93/42/EEC of 14th June 1993 concerning medical devices

Modifications and Adaptations:

- Mobility and equipment service may be required to arrange for equipment to be modified or adapted to ensure the equipment meets the service users needs
- Adaptation or modification are terms used to describe any work that results in alterations to a standard item or the manufacturer of a custom device rather than fitting of a standard item.
- Mobility and equipment service are required to meet the requirements of the Medical Device Directive 93/42/EEC and the guidance set out in “Device

Bulletin – Managing Medical Devices – Guidance for healthcare and social services organisations” (DB2006 (05) November 2006 – as amended or superseded)

- Modifications shall be specified, including the preparation of technical drawings as necessary, by appropriately qualified prescribing individuals. Modifications must be undertaken by suitably qualified individuals and must be submitted to the prescriber for validation against the specification. There is a requirement for bespoke engineering solutions to be fully documented in a technical file, as required by the EEC Medical Devices Directive
- PAS 900 Code of Practice for Wheelchair Passport Schemes

The Provider is expected to work with stakeholders to embed the PAS 900 Wheelchair Passport Scheme; <http://shop.bsigroup.com/en/ProductDetail/?pid=000000000030208965> in Hampshire. PAS 900 intends to unite the skills and disciplines of stakeholders in the provision of wheelchairs and their use in a transport environment.

The wheelchair passport is a means to relay key information to transport providers, drivers and passenger assistants. The passport relates to the provision of safe transport of users when being driven on roads. It aims to present the information in a consistent way, so it is easily accessible.

Each person directly involved in the provision of equipment for use in transport, be they the wheelchair prescriber, the user and/or their carer or escort, a transport manager, a vehicle driver and their assistant, needs to act together to create access to the information required to maximise the safety of wheelchair seated passengers.

It is intended that the passport is attached to a wheelchair and designed to hold pertinent details, presented in an easy-to-read, safe, reliable and durable format. The extent of information supplied will depend on the complexity of the individual's disability.

- Vehicles

Vehicles for the purpose of the service, owned or leased by the Provider, must be maintained in terms of ensuring that they are safe and fit for purpose. Records must be kept in relation to maintenance, repair, servicing and MOT's. Users and carers are not permitted to travel in vehicles.

- Assessment Equipment

Equipment must be available at the location of assessment to ensure that the assessment is carried out safely in accordance with the user's needs. For example, but not limited to, a hoist, plinth and weighing facilities. Specific requirements in terms of need must be ascertained prior to assessment to ensure that the location is prepared and ready to conduct the assessment.

All equipment used for the purpose of assessment must be certified in good working order and must be maintained in accordance with the manufacturer's instructions. An inventory of maintenance, repair and replacement of such equipment must be kept by the Provider.

- Premises

Where the Provider commission's specific premises for the conduct of assessments or repair, the premises must meet the standards as set out in Appendix 4 of the

Healthcare Standards for NHS-Commissioned Wheelchair Services.

A health and safety check must be carried out by a qualified individual prior to the commencement of service, including but not limited to, environmental and building safety standards, electrical hazards, fire equipment, fire exits and accessibility.

The Provider must ensure that staff are trained in safe working practices according to their function and in accordance with the environment in which they work.

The working environment must be fit for purpose and meet required HSE standards in accordance with the functions being carried out on the premises (for example, but not limited to, spray painting re-conditioned wheelchairs, welding use of electrical tools).

- Emergency Plan

The Provider must ensure that a documented emergency plan is in place in the event of an accident or incident involving the user. This must include emergency contact arrangements and access to medical support. All staff involved in the provision of the service must be aware of emergency plan arrangements as part of their induction and training.

Emergencies arising from a Serious Untoward Incident (SUI) must be reported and recorded in line with the SUI policy.

- Environmental Policy

It is expected that, in the performance of the service, the Provider will have due regard to the environment. The Provider will ensure that wherever possible practices are in place to ensure minimal negative impact on the environment. This will include, but not be limited to:

- Energy efficiency;
- Fuel efficiency;
- Planning to minimise unnecessary vehicle use;
- Recycling of products and waste;
- Re-use of equipment;
- IM&T based systems as opposed to paper.

3.3.18 Safeguarding

The Provider shall ensure the following:

- All staff with direct access to users, including sub-contracted parties, must have had an enhanced DBS check. DBS checks must be completed prior to staff having contact with the user. Staff with access to user identifiable information must also have a standard DBS check before commencing service;
- All staff must have training on Safeguarding Children and Safeguarding Adults within 3 months from the commencement of service, if their training is not already up to date;
- The Provider must ensure awareness of local Safeguarding Children's Board Policy and Procedures Manuals.

3.3.19 Clinical Audit

The provider shall have in place an agreed (with the commissioner) annual programme of clinical audit and effective systems to support audit, implement changes and share findings. The Annual Audit Plan and reports(s) is to be made available to the commissioner. The provider shall also have in place a system for clinical supervision agreed with the commissioner.

3.4 Population covered

All residents who are registered with a General Practitioner within the boundaries of the following GP led Clinical Commissioning Groups shall be covered by the service:

NOTE: List the details of the CCGs covered by this specification.

3.5 Any acceptance and exclusion criteria and thresholds

See Section 3.2.14 for Exclusions.

3.6 Interdependence with other services/providers

NOTE: Commissioners (CCGs) should commission wheelchair services as part of wider strategies to support independence. CCGs are the main commissioners of wheelchair services but they also have to work closely with other agencies to deliver integrated services. These other agencies include: social services, housing, education and the private and voluntary sector providers.

4.1 Applicable national standards (e.g. NICE)

There is no NICE guidance specifically for Wheelchair Services, although many NICE guidelines relating to Children, people with Neurological and Long term conditions as well as Older people are relevant due to the nature of the service user base.

However, the service will adopt the recommendations from those statutory and mandatory publications by appropriate professional and regulatory bodies which commissioners must adhere to such as NICE Technology Appraisals. Implementation of these (and other recommendations and guidelines the commissioner and providers may wish to jointly pursue) will be subject to discussion between commissioners and providers and will need to be considered alongside any relevant commissioning policies and the priorities set out by commissioners and providers in the commissioning intentions framework and the broader prioritisation process.

The provider will also work with the commissioner to review the service against published standards and guidance as they emerge to ensure the service is in line with the latest best practice.

Legislation

The service provider should be aware of the potential implications of EU legislation concerning:

- WEEE – Waste electrical and electronic equipment
- ROHS – Restriction of use of hazardous substances
- EEE - Electrical and electronic equipment

Other relevant legislation:

- Health and Social Care Act 2012
- Equality Act 2010
- Human Rights Act 1998
- The Carers Act 1995
- The National Health Services Act 1977 amended 2006
- Disability Discrimination Act 1995

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

As a minimum the service will be delivered in accordance with national statutory requirements and best practice guidance such as the **Health Care Standards for NHS Commissioned Wheelchair Services (2010)** and **Transforming Community Services: Demonstrating and Measuring Achievement: Community Indicators for Quality Improvement (DH 2011)**.

- National Clinical Guideline for Stroke 2012, 4th Edition (Royal College of Physicians);
- Specialised Wheelchair Seating National Guidelines 2004 (British Society of Rehabilitative Medicine);
- Healthcare Standards for NHS Commissioned Wheelchair Service, National Wheelchair Managers Forum , British Society of Rehabilitation Medicine, emPower, Posture & Mobility Group and Whizz Kidz, 2010;
- Transforming Community Services: Demonstrating and Measuring Achievement: Community Indicators for Quality Improvement (DH 2011).
- Innovation Health and Wealth accelerating adoption and diffusion in the NHS 2011
- Commissioning for Quality and Innovation CQUIN 2013/14 2012
- Wheelchair Guidelines Children and Adults with Muscular Dystrophy and other Neuromuscular Conditions best practice guidelines 2011
- Posture care protecting and restoring body shape 2011
- College of Occupational Therapist Codes of practice and conduct 2010
- College of Physiotherapist Codes of practice and conduct 2009
- Framing the contribution of AHPs 2008
- National Wheelchair Managers Forum Standards for Better Health 2004
- Assisting Independence – Fully equipped Audit commission 2002

4.3 Applicable local standards

NOTE: to be developed locally.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

NOTE: Suggested KPIs are set out below.

DN: these KPIs are currently being discussed and tested.

WHEELCHAIR SERVICE

Service :		Wheelchair Service - to address a person's enduring mobility problems through assessment and provision of a wheelchair and associated postural and pressure equipment			
Purpose (Outcome) Statement:		Outcome: Service users can access a range of environments whilst safety and comfort is maximised			
Ref.	Title	Indicator description	Threshold	Indicator type (max. 2)	
WC01	Referrals screened	The percentage of referrals accepted that are screened within two working days of receipt of the referral	95%	Responsiveness	
WC02	Referrals acknowledged	The percentage of referrers sent a written or electronic acknowledgement within five working days of the referral being received	95%	Responsiveness	
WC03	Referrals assessed	WC03a: The percentage of referrals accepted classed as 'urgent' whose assessment takes place within 10 working days	95%	Responsiveness	
		WC03b: The percentage of referrals accepted classed as 'routine' whose assessment takes place within 15 working days	95%	Responsiveness	
WC04	Tissue viability risk assessment	The percentage of assessments, including any prior nurse assessments, that include a documented tissue viability assessment	tbc	Safety	
WC05	Voucher provision	The percentage of service users registered with the service who have been offered a voucher	tbc	Equity	
WC06	Wheelchair delivery	WC06a: The percentage of service users prescribed a wheelchair who received delivery of their wheelchair within three weeks of their prescription being written (locally held stock)	tbc	Responsiveness	
		WC06b: The percentage of service users prescribed a wheelchair who received delivery of their wheelchair within six weeks of their prescription being written (standard manufacturer's equipment)	tbc	Responsiveness	
		WC06c: The percentage of service users prescribed a wheelchair who received delivery of their wheelchair within 12 weeks of their prescription being written (bespoke seating)	tbc	Responsiveness	
WC07	Handover certificate signed	The percentage of service users who sign a handover certificate to confirm receipt of a handover package (on or after delivery)	100%	Safety	
WC08	Friends and Family test score	Friends and Family test score	tbc	Patient experience	Social value
WC09	Community Equipment Patient Experience Survey	tbc		Social value	Patient experience
WC10	Single point of contact for repairs/concerns	tbc		Equity	Responsiveness
WC11	Completion of repairs	WC11a: The percentage of repairs completed within 24 hours (for emergency repairs)	95%	Timeliness	
		WC11b: The percentage of repairs completed within three working days (for non-emergency repairs)	95%	Timeliness	
WC12	Clinical review	WC12a: The percentage of wheelchair and equipment provision for children that is reviewed within one year of provision	95%	Timeliness	Safety
		WC12b: The percentage of wheelchair and equipment provision for adults that is reviewed within one year of provision	95%	Timeliness	Safety

6. Location of Provider Premises

The Provider's Premises are located at:

See section 3.3.5

7. Individual Service User Placement