I recently joined the Rehabilitation Engineering Unit based in Swansea (ABMU HB), working closely with the South Wales Posture and Mobility Service. Although I have been qualified as an Occupational Therapist for over eleven years, this is the first time I have worked in such a specialist service, working with people of all ages with a wide range of complex seating and pressure ulcer prevention needs. I have worked in several different services including Community, In-patient and Out-patient settings, and this experience gave me a wider base of general knowledge, rather than the specialised nature of posture management. Entering into the field of specialist seating has caused some feelings of trepidation (naturally) but the confirmation of receiving a bursary to attend the PMG Conference, helped me to feel that I would have the opportunity to meet many skilled clinicians, company representatives and engineers, to hopefully impart some of their knowledge, expertise and enthusiasm. Being new to the field and attending the conference helped to increase my awareness of leading research, current projects and the different approaches to posture management.

From my three days at the conference, I attended many worthwhile presentations and spent time talking to several of the different professionals presenting their posters. It is difficult to pick out a few presentations of note, as the overall standard was very high, and all provoked interesting thoughts and discussion, but I will mention the presentation delivered by Alexandra Hadayah, Barts Health NHS Trust, London, Lynne Hatch, Regional Head of Clinical Services, Whizz Kids and Carol Karaca, Service Manager, Tower Hamlets Wheelchair Service: Joint Funded Seating. Their presentation talked about a pilot scheme currently underway in East London, where collaborative working and joint funding between Social Services and the Wheelchair Service, provides specialist seating in the form of a wheelchair. The funding of the wheelchair used the Social Care fund, but care and maintenance of the wheelchair was then taken over by the Wheelchair Service. Joint assessment by MDT members working for the NHS and Social Care helped to ensure the correct wheelchair was provided with the optimum level of postural support. Part of the scheme also encouraged the wheelchair users to consider their wheelchair as their main seating system, and to reduce the expectation that service users would have a wheelchair and a static seating system. Having direct experience of the issues raised by this pilot, I spoke to Carol after the presentation to ask if their service had met with any resistance to the change in providing both a wheelchair and static seating. Carol stated they had met very little resistance, if any, and felt it was often how the provision of one seating system was presented to the service user. Rather than focusing on the removal of the static seating, emphasise the benefits of having a wheelchair that provides the postural support that the individual requires. Wheelchairs set up specifically to support people with complex postural management needs can help to increase independence, conserve energy and manage fatigue, help to cope with pain, assist to maintain clear airways, aid digestion, reduce risk of pressure ulcers, promote social inclusion and engage in purposeful occupations/activities. By providing higher specification wheelchairs which can incorporate all of these factors, it can reduce the perspective that multiple seating options are required.

Whilst I do fundamentally agree with Carol and the approach of this pilot scheme, I can still think of several people who would be very reluctant to give up their static seating system, or their ‘comfy chair’. When this issue has arisen with my clients, they state that although they see their wheelchair as an invaluable mobility aid, they do not want to use it as their main seat, regardless of the benefits it can provide. When spending time with their families and friends, static seating can help them to feel as though their disability is less obvious. For less active users who need specialist seating on their wheelchair, but still spend large amount of their time in their home, a static seating system might be more appropriate for them.

There is no doubt as a clinician and a service we should be client led, but in this time of austerity, changes to budgets and restructuring, we, as clinicians are being made to consider the financial implications of service and equipment provision. If that means being more creative in our collaborative working and interventions we provide, then pilot schemes such as this one have a valuable part to play in identifying the best way forward for our clients and the services they receive.

This is one of the many thought provoking presentations I attended, and every presentation was valuable to my development, working within specialist posture and mobility services. I was also very proud of two of my colleagues Mark Bowtell (OxPUPIS – working collaboratively to improve patient outcomes) and Jennifer Bramley, who presented her MSc project, Evaluation of custom-made seat cushions: pressure relief characteristics. Thank you to PMG.

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