



Leeds Wheelchairs Commissioning Policy

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Produced on behalf of NHS Leeds West Clinical Commissioning Group, NHS Leeds North Clinical Commissioning Group and NHS Leeds South and East Clinical Commissioning Group

Executive Summary

This policy applies to all Individual Funding Requests (IFR) for people registered with General Practitioners in the following three Clinical Commissioning Groups (CCGs), where the CCG is the responsible commissioner for this treatment or service:

- NHS Leeds West CCG
- NHS Leeds North CCG
- NHS Leeds South and East CCG

This policy does not apply where any one of the Leeds CCGs is not the responsible commissioner.

The policy updates all previous policies and must (where appropriate) be read in association with the other relevant Clinical Commissioning Groups in Leeds commissioning policies, which are to be applied across all three CCGs, including but not limited to policies on cosmetic exceptions and non-commissioned activity.

All IFR and associated policies will be publically available on the internet for each CCG.

This policy relates specifically to the commissioning of Wheelchairs.

Contents

1	Introduction	4
2	Purpose.....	4
3	Scope.....	5
4	Definitions	7
5	Duties.....	7
6	Main Body of Policy	8
7	Equality Impact Assessment (EIA).....	9
8	Implications and Associated Risks	9
9	Education and Training Requirements.....	9
10	Monitoring Compliance and Effectiveness	9
11	Associated Documentation	9
12	References.....	9
	Appendices.....	10
A	Equality Impact Assessment (where applicable).....	10
B	Policy Consultation Process:.....	13
C	Version Control Sheet.....	13
D	Leeds Wheelchair Service Referral Guidelines.....	14

1 Introduction

The Clinical Commissioning Groups (CCGs) (NHS Leeds West CCG, NHS Leeds North CCG and NHS Leeds South and East CCG) were established on 1 April 2013 under the Health and Social Care Act 2012 as the statutory bodies responsible for commissioning services for the patients for whom they are responsible in accordance with s3 National Health Service Act 2006.

As part of these duties, there is a need to commission services which are evidence based, cost effective, improve health outcomes, reduce health inequalities and represent value for money for the taxpayer. The CCGs in Leeds are accountable to their constituent populations and Member Practices for funding decisions.

In relation to decisions on Individual Funding Requests (IFR), the CCGs in Leeds have a clear and transparent process and policy for decision making. They have a clear CCG specific appeals process to allow patients and their clinicians to be reassured that due process has been followed in IFR decisions made by the Non Commissioned Activity Panel, Cosmetic Exclusions and Exceptions Panel, or Non NICE Non Tariff Drug Panel (the IFR panels).

Due consideration must be given to IFRs for services or treatments which do not form part of core commissioning arrangements, or need to be assessed as exceptions to Leeds CCGs Commissioning Policies. This process must be equitably applied to all IFRs.

All IFR and associated policies will be publically available on the internet for each CCG. Specialist services that are commissioned by NHS England or Public Health England are not included in this policy.

2 Purpose

The purpose of the IFR policy is to enable officers of the Leeds CCGs to exercise their responsibilities properly and transparently in relation to IFRs, and to provide advice to general practitioners, clinicians, patients and members of the public about IFRs. Implementing the policy ensures that commissioning decisions in relation to IFRs are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of the CCGs.

The policy outlines the process for decision making with regard to services/treatments which are not normally commissioned by the CCGs in Leeds, and is designed to ensure consistency in this decision making process.

The policy is underpinned by the following key principles:

- The decisions of the IFR panels outlined in the policy are fair, reasonable and lawful, and are open to external scrutiny.
- Funding decisions are based on clinical evidence and not solely on the budgetary constraints.
- Compliance with standing financial instructions / and statutory instruments in the commissioning of healthcare in relation to contractual arrangements with providers.

Whilst the majority of service provision is commissioned through established service agreements with providers, there are occasions when services are excluded or not routinely available within the National Health Service (NHS). This may be due to advances in medicine or the introduction of new treatments and therapies or a new cross-Leeds Clinical Commissioning Group statement. The IFR process therefore provides a mechanism to allow drugs/treatments that are not routinely commissioned by the Leeds CCGs to be considered for individuals in exceptional circumstances.

3 Scope

Leeds CCGs *do not routinely commission* aesthetic (cosmetic) surgery and other related procedures that are medically unnecessary.

Providing certain criteria are met, Leeds CCGs will commission aesthetic (cosmetic) surgery and other procedures to improve the functioning of a body part or where medically necessary even if the surgery or procedure also improves or changes the appearance of a portion of the body.

Please note that, whilst this policy addresses many common procedures, it does not address all procedures that might be considered to be cosmetic. Leeds CCGs reserve the right not to commission other procedures considered cosmetic and not medically necessary. This policy is to be used in conjunction with the Individual Funding Requests (IFR) Policy for Leeds CCGs and other related policies.

Leeds CCGs routinely commission interventional procedures where National Institute for Health and Care Excellence (NICE) guidance arrangements indicate “normal” or “offered routinely” or “recommended as option(s)” and the evidence of safety and effectiveness is sufficiently robust.

Leeds CCGs do not routinely commission interventional procedures where NICE guidance arrangement indicates “special”, “other”, “research only” and “do not use”.

The commissioning statements for individual procedures are the same as those issued by NICE. (www.nice.org.uk).

An individual funding request (IFR) may be submitted for a patient who is felt to be an exception to the commissioning statements as per the Individual Funding Request Policy.

The CCGs accept there are clinical situations that are unique (five or fewer patients) where an IFR is appropriate and exceptionality may be difficult to demonstrate.

Whilst the Leeds CCGs are always interested in innovation that makes more effective use of resources, in year introduction of a procedure does not mean the CCGs will routinely commission the use of the procedure.

An individual funding request is not an appropriate mechanism to introduce a new treatment for a group or cohort of patients. Where treatment is for a cohort larger than five patients, that is a proposal to develop the service, the introduction of a new procedure should go through the usual business planning process. CCGs will not fund interventional procedures for cohorts over 5 patients introduced outside a business planning process.

Policy development and review: consultation and engagement

The policy was developed to:

- ensure a clear and transparent approach is in place for exceptional/individual funding request decision making; and
- provide reassurance to patients and clinicians that decisions are made in a fair, open, equitable and consistent manner.

It was originally developed in line with NICE or equivalent guidance where this was available or based on a review of scientific literature. This included engagement with hospital clinicians, general practice, CCG patient advisory groups, and the general public cascaded through a range of mechanisms.

The policy review was undertaken using any updated NICE or equivalent guidance, and input from clinicians was sought where possible. Engagement sessions with patient leaders were undertaken and all policies individually reviewed. Patient leaders were satisfied with the process by which the policy was developed, particularly in light of the robust process (including extensive patient engagement) by which NICE guidance are developed, and acknowledging their own local role in providing assurance. No concerns were raised with regard to the policy.

Endpoints

Following completion of the agreed treatment, a proportionate follow up process will lead to a final review appointment with the clinician where both patient and clinician agree that a satisfactory end point has been reached. This should be at the discretion of the individual clinician and based on agreeing reasonable and acceptable clinical and/ or cosmetic outcomes.

Once the satisfactory end point has been agreed and achieved, the patient will be discharged from the service.

Requests for treatment for unacceptable outcomes post treatment will only be considered through the Individual Funding Request route. Such requests will only be considered where a) the patient was satisfied with the outcome at the time of discharge and b) becomes dissatisfied at a later date. In these circumstances the patient is not automatically entitled to further treatment. Any further treatment will therefore be at the relevant Leeds Clinical

Commissioning Group's discretion, and will be considered on an exceptional basis in accordance with the IFR policy.

The CCGs in Leeds have established the processes outlined in this policy to consider and manage IFRs in relation to the following types of requests:

Wheelchairs

Leeds CCGs are committed to supporting patients to stop smoking in line with NICE guidance in order to improve short and long term patient outcomes and reduce health inequalities. Referring GPs and secondary care clinicians are reminded to ensure the patient is supported to stop smoking at every step along the elective pathway and especially for flap based procedures (in line with plastic surgery literature: abdominoplasty, panniculectomy, breast reduction, other breast procedures).

4 Definitions

The CCGs in Leeds are not prescriptive in their definitions. Each IFR will be considered on its merits, applying this Policy.

Routinely commissioned – this means that this intervention is routinely commissioned as outlined in the relevant policy, or when a particular threshold is met. Prior approval may or may not be required, refer to the policy for more information.

Exceptionality request – this means that for a service which is not routinely commissioned, or a threshold is not met, the clinician may request funding on the 'grounds of exceptionality' through the individual funding request process. Decisions on exceptionality will be made using the framework defined in the overarching policy 'Individual Funding Requests (IFR) Policy for the Clinical Commissioning Groups in Leeds'.

5 Duties

Whilst this policy and associated decision making policies will be applied on a cross- Leeds basis for patients from all three CCGs in Leeds, each individual CCG will retain responsibility for the decision making for its own patients. To this end, each CCG will delegate its decision making in relation to IFRs to a CCG specific decision maker for patients from that specific CCG, in accordance with its own Constitution.

This decision maker will attend the relevant IFR panel and will also have responsibility for approving the triage process for patients from their own CCG population. The triage process is the process of screening requests to see whether the request meets the policy criteria and which referrals need to be considered by an IFR panel; see sections on IFR panels for more information. The decision maker for each CCG is responsible for decision making solely for patients within their own CCG registered population. This will normally be the Medical Director or their designate. This will be detailed in the CCG Constitution as an Appendix.

In exceptional circumstances, when a CCG is unable to send a delegated decision maker to the IFR panel, the panel may discuss the case in their absence and may make a recommendation. However, the decision maker for the specific CCG must make the final decision whether or not to approve the IFR.

6 Main Body of Policy

Exceptionality funding can be applied for in line with the overarching policy through the IFR process if you believe your patient is an exception to the commissioning position. Please refer to the overarching policy for more information.

6.1 Wheelchairs commissioning

Status: routinely commissioned in line with 6.2 below following an assessment and recommendation made by a clinician working within the Wheelchair Service, or another agreed prescriber. Requests which are outwith this policy can be made to the IFR panel as an exceptionality request.

6.2 The provision of a wheelchair is appropriate as follows:

Equipment will be prescribed according to the patient's clinical need following an assessment by an appropriately qualified practitioner or prescriber (therapists or technicians who have completed training and have demonstrated competence in the assessment and prescription of a standard wheelchair) operating within or on behalf of the provider Wheelchair Service team. The patient must be registered with a Leeds GP, be lawfully entitled to reside in the UK and to receive NHS treatment. The patient must also have a long term mobility problem and be classified as unable to, or virtually unable to walk indoors or outdoors. The equipment must be required for longer than a 12 week period. Non-Leeds residents who are hospital inpatients or attending residential schools within the city are accepted if funding has been agreed with the relevant purchaser units.

Individual solutions will be provided based on the recognised needs of the user. The criteria for issuing each individual wheelchair type are listed in the Leeds Wheelchair Service Referral Guidelines (appendix D). Requirement for non-standard chairs will be assessed on an individual basis for users and carers, based on clinical need and locally agreed criteria. Supply will normally be made from a locally agreed range of chairs to fulfil the user's clinical needs. If a patient requests a suitable chair from outside the centre's preferred range, there is the option of the "Independent Voucher Scheme".

Equipment is prescribed and issued for the sole use of the individual user and to meet their clinical needs. Whilst every effort is made to take into consideration the user's views, the Wheelchair Service is sometimes unable to meet all extra requests of the user and the carer and a compromise/agreement may need to be reached following discussion.

Requests for equipment outside of the normally provided range or exceptional cases which do not meet the criteria for service provision must be referred to

the Individual Funding Request Panel which will consider and adjudicate on all such requests.

7 Equality Impact Assessment (EIA)

This document has been assessed, using the EIA toolkit, to ensure consideration has been given to the actual or potential impacts on staff, certain communities or population groups, appropriate action has been taken to mitigate or eliminate the negative impacts and maximise the positive impacts and that the and that the implementation plans are appropriate and proportionate.

Include summary of key findings/actions identified as a result of carrying out the EIA. The full EIA is attached as Appendix A.

8 Implications and Associated Risks

This policy and supporting frameworks set evidence based boundaries to interventions available on the NHS. It may conflict with expectations of individual patients and clinicians.

9 Education and Training Requirements

Members of the panels will undergo training at least every three years, particularly in relation to the legal precedents around IFRs. Effective policy dissemination is required for local clinicians.

10 Monitoring Compliance and Effectiveness

Each IFR panel will maintain an accurate database of cases approved and rejected, to enable consideration of amendments to future commissioning intentions and to ensure consistency in the application of the CCGs in Leeds Commissioning Policies.

The financial impact of approvals outside of existing Service Level Agreements will be monitored to ensure the Leeds CCGs identify expenditure and ensure appropriate value for money. Member Practice clinicians need to be aware that all referrals will ultimately be a call on their own CCG budgets.

11 Associated Documentation

This policy must be read in conjunction with the underpinning Leeds CCGs decision making frameworks.

12 References

Appendices

A Equality Impact Assessment (where applicable)

Title of policy	Wheelchairs Policy	
Names and roles of people completing the assessment	Fiona Day Consultant in Public Health Medicine, Helen Lewis, Head of Acute Provider Commissioning	
Date assessment started/completed	26.6.16	25.7.16

1. Outline

Give a brief summary of the policy	The purpose of the commissioning policy is to enable officers of the Leeds CCGs to exercise their responsibilities properly and transparently in relation to commissioned treatments including individual funding requests, and to provide advice to general practitioners, clinicians, patients and members of the public about IFRs. Implementing the policy ensures that commissioning decisions are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of the CCGs. This policy relates to requests for wheelchairs.
What outcomes do you want to achieve	We commission services equitably and only when medically necessary and in line with current evidence on cost effectiveness.

2. Evidence, data or research

Give details of evidence, data or research used to inform the analysis of impact	See list of references
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3. Consultation, engagement

Give details of all consultation and engagement	Discussion with clinicians and patient representatives on the principles of decision making. Discussion with patient leaders relating to changes in the content of the policy and advice on proportionate engagement.
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activities used to inform the analysis of impact	<p>The policy review was undertaken using any updated NICE or equivalent guidance, and input from clinicians was sought where possible. Engagement sessions with patient leaders were undertaken and all policies individually reviewed. Patient leaders were satisfied with the process by which the policy was developed, particularly in light of the robust process (including extensive patient engagement) by which NICE guidance are developed, and acknowledging their own local role in providing assurance. No concerns were raised with regard to the policy.</p> <p>Local clinical commissioning and clinical providers have had the opportunity to comment on the draft policies.</p>
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4. Analysis of impact			
<p>This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations</p>			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	No – same for any age		
Carers	Yes – taken into account		
Disability	Yes taken into account during the assessment.		
Sex	No		
Race	No		
Religion or belief	No		
Sexual orientation	No		
Gender	No		

reassignment			
Pregnancy and maternity	No		
Marriage and civil partnership	No		
Other relevant group	No		
If any negative/positive impacts were identified are they valid, legal and/or justifiable? Please detail.			

5. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions	Annual report of IFR activity reported through relevant committees to Governing Bodies of the 3 CCGs. A limited equity audit is undertaken as part of this. Complaints and appeals monitoring.		
Lead Officer	Simon Stockill	Review date:	Dec 2019

6. Sign off

Lead Officer			
Director on behalf of the 3 Leeds CCG Medical Directors	Dr Simon Stockill, Medical Director, Leeds West CCG	Date approved:	24.8.16

B Policy Consultation Process:

Title of document	Leeds Wheelchair Commissioning Policy
Author	S Tunnicliff, Leeds City Council
New / Revised document	New
Lists of persons involved in developing the policy	This guidance has been developed in consultation with the main provider for Leeds (Leeds Teaching Hospitals Trust). Diane Boyne, LSE CCG
List of persons involved in the consultation process:	see appendix a

C Version Control Sheet

Version	Date	Author	Status	Comment
1.0	14.7.16	S Tunnicliff	Draft	Based on existing criteria.

D Leeds Wheelchair Service Referral Guidelines



The Leeds Teaching Hospitals NHS Trust

Leeds Wheelchair Service

Referral Guidelines



Table Of Contents

1. Introduction	16	
1.1. Development Of Guidelines	16	
1.2. Evidence Of Cost Effectiveness	16	
1.3. National Context	17	
1.4. Background To The Leeds Wheelchair Service	17	
2. Aim Of The Service.....	19	
2.1. Objectives Of The Service	19	
3. Service Description	20	
4. Accessing The Service.....	21	
4.1. Referrals	21	
4.1.1. Referral Criteria	21	
4.1.2. Exclusion Criteria	22	
4.2. Prescription	22	
5. Standard Attendant Pushed Wheelchairs	23	
6. Standard Self-Propelling Chairs	24	
7. Non Standard Wheelchairs	25	
8. Wheelchairs For Plus Size People	27	
9. Wheelchair Provision For Children	28	
Tilt In Space Wheelchairs	30	
10. Powered Wheelchairs	30	
10.1. Electrically Powered Indoor Wheelchair (Epic)		31
10.2. Indoor/ Outdoor Powered Wheelchairs (Epiocs)		32
10.3. Attendant Outdoor Powered Wheelchair (Epac)		34
10.4. Dual Control Powered Wheelchairs (Dcc)		35
11. Seating Systems	36	
12. Pressure Relieving And Back Cushions	38	
13. Second Manual Wheelchairs.....	39	
14. Miscellaneous Items / Accessories.....	40	
15. Wheelchairs For Residents In Care Homes	42	
16. The Voucher Scheme.....	43	
17. Appendix 1 - Minimum Data Requirements	45	
18. Appendix 2 – Local Conditions Of Loan	46	
19. Appendix 3 - Definitions.....	48	
20. Appendix 4 - Alterations and Adaptations.....	35	

1. Introduction

Equipment will be prescribed according to the patient's clinical need following an assessment by the Wheelchair Service team. Individual solutions will be provided based on the recognised needs. Equipment is prescribed and issued for the sole use of the individual user and to meet their clinical needs. Whilst every effort is made to take into consideration the user's views the Wheelchair Service is sometimes unable to meet all extra requests of the user and the carer and a compromise/ agreement may need to be reached following discussion.

The Wheelchair Service reserves the right to review the eligibility criteria and provision on an annual basis.

1.1. Development of Guidelines

Presented here is an updated version of the Leeds Wheelchair Service Guidelines. These have been revised in consultation with the commissioners and providers.

These guidelines were originally developed by the Leeds Wheelchair Service. They were developed in accordance with current evidence and best practice guidelines. The following list identifies the most recent policies and guidelines, but is not exhaustive:

- Healthcare Standards for NHS Commissioned Wheelchair Services 2015 (National Wheelchair Managers' Forum)
- NHS Improving Quality, 2015, "Right Chair, Right Time, Right Now", <http://www.nhs.uk/mediaservices/2574411/edigest.pdf> (accessed 4/8/15)
- Wheelchair Leadership Alliance, 2015, "Wheelchair Charter", <http://www.nnpf.org.uk/wp-content/uploads/2015/07/The-Wheelchair-Leadership-Alliance-Charter.pdf> (accessed 4/8/15)
- Yorkshire and the Humber Posture and Wheeled Mobility Service, Service Specification (21 June 2013)
- NHS England Sample Wheelchair Services Specification (December 2014)

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 client base.

1.2. Evidence of cost effectiveness

A literature search was performed to find evidence of the cost effectiveness of commissioning wheelchairs. The search found some evidence of cost effectiveness of powered wheelchairs, however this is based on observational studies, rather than on high quality randomised trial evidence. No results were found for manual wheelchairs, and no results were found for children (<18s).

Two studies were identified:

1. Andrich R, Salatino C et al. (2015) "Cost-effectiveness of powered wheelchairs: findings of a study", *Studies in health technology and informatics*, 217:84-91.

A cross-sectional study with a sample of 79 powered wheelchair users in Italy. Users were surveyed on wheelchair use, effectiveness, usefulness and economic impact. The study found that the provision of a powered wheelchair generated savings in social costs for most of the users, on average about 36,000 Euros per person on a projected 5-years span. This estimate results from the comparison between the social cost of the intervention (sum of the costs of all material and human resources involved in the

provision and usage of the wheelchair) and the cost of non-intervention (the presumed social cost incurred in case no powered wheelchair had been provided and the user had to carry on with just a manual wheelchair).

2. Samuelsson K, and Wressle E, (2014) "Powered wheelchairs and scooters for outdoor mobility: a pilot study on costs and benefits", *Disability and rehabilitation. Assistive technology*, 9(4):330-334.

A prospective study with a sample of 24 participants who used powered wheelchairs for outdoor mobility. Users were surveyed before and after receipt of their powered wheelchairs on the effect of the powered wheelchair on occupational performance, social participation, health and life satisfaction. The study reported an economic saving to both society and to users of 6,227 Euros per user per year.

There is therefore limited low quality evidence to suggest that the use of powered wheelchairs may generate economic savings to society and to the individual users. However no robust high quality evidence was identified to support this and additional research is needed.

1.3. National Context¹

The provision of wheelchairs through the NHS falls under the National Health Service Act (1977), Sections 2 and 3, amended 2006.

The number of people with disabilities is large, highly diverse, rising and likely to increase. It can be assumed that the need for wheelchairs will increase. The leading disability charity, Papworth Trust, estimate (Disability in the UK, 2010):

- There are around **1.2 million wheelchair users in England – just over 2% of the population.**
- **825,000 are regular users of NHS wheelchair services**
- **Only 28% of wheelchair users are under the age of 60**
- About 770,000 children out of a population of 11.8 million children under the age of 16 have a disability; equivalent to **6% of the child population**

1.4. Background to the Leeds Wheelchair Service

The Leeds CCGs have an estimated combined population of 824,000. Using the national assumption that 2% of the population are wheelchair users would suggest there are approximately **16,280** wheelchair users in the area. However not all of these users would be eligible for NHS funding and may be self-funders from private providers.

There are currently (2016) 8,500-9,500 patients with a wheelchair issued by the Leeds Wheelchair Service. It is estimated that currently 2,000-2,500 wheelchairs are issued per annum.

Data for the Leeds Wheelchair Service for 2014/15 are presented below in Figure 1 (chairs supplied) and

Figure 2 (cushions and special seating supplied).

¹ Y&H Posture and Wheeled Mobility Service, Service Specification, 21 June 2013.

Figure 1: Chairs supplied 2014/15

	Adults	Paediatrics	Totals
Indoor powered	64	5	69
Indoor/outdoor powered	193	29	222
Non-powered	1974	227	2201
Totals	2231	261	2492

Figure 2: Cushions and special seating supplied 2014/15

	Adults	Paediatrics	Totals
Special seating	57	69	126
Cushions £0-£50	1787	46	1833
Cushions £51-£150	99	X	X
Cushions £151-£250	87	X	X
Cushions £250+	99	X	X
Totals	2129	126	2255

(X=small numbers suppressed)

2. Aim of the Service

The aim of the Wheelchair 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.²

This includes:-

- Assessment
- Provision
- Maintenance
- Review

2.1. Objectives of the Service²

- To assess the posture and mobility needs of people of all ages who have a permanent impairment or medical condition that affects their ability to walk and will need a wheelchair for more than 12 weeks. An exception to this is that the Service prioritises clients with rapidly deteriorating and life limiting conditions, in order to ensure that they receive wheelchairs within a clinically appropriate timeframe.
- To prescribe and provide wheeled mobility and postural support solutions to meet those essential needs.
- To promote function, comfort and independence while minimising the risk of complications.

² Y&H Posture and Wheeled Mobility Service, Service Specification, 21 June 2013.

3. Service Description²

The Service will provide a high quality and clinically safe integrated posture and mobility 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.

Any service users that are identified for wheelchair provision whilst receiving treatment at an out of area provider, or who are sent out of area for a specialist assessment, will have their assessment undertaken by the originating provider, but the local service will provide and maintain the equipment.

The Service will provide assessment and prescription of manual and powered wheelchairs, specialised seating and cushions, modifications and accessories that reflect the clinical needs of the user. This may require liaison arrangements with housing, welfare and educational services along with consideration of the requirement for and implications of other aids such as community equipment.

Assessment will where possible also consider the wider needs of those associated with the user, such as family, carers, guardians, teachers, allied healthcare professionals, etc., and the environment in which the user lives (including the home, education, work and leisure).

Whilst every effort is made to take user views into consideration, the Wheelchair Service is sometimes unable to meet all their, or their regular carer('s) requirements. Whilst every effort is made to be flexible sometimes a compromise may need to be reached.

The Service will provide equipment maintenance facilities and individual review programmes in keeping with nationally recognised standards i.e. as a minimum the Service will be delivered in accordance best practice guidance set out in the "**Health Care Standards for NHS Commissioned Wheelchair Services (2010)**" developed by the National Wheelchair Managers Forum, British Society of Rehabilitation Medicine, emPower, the Posture & Mobility Group and the charity Whizz Kidz.

4. Accessing the Service

A clinician working within the Wheelchair Service or an agreed prescriber (therapists who have completed training and have demonstrated competence in the assessment and prescription of a standard wheelchair) will undertake an assessment and recommendations will be made.

The Wheelchair Service can supply a wheelchair for use in their own home, free of charge to any person who is registered with a Leeds GP and is lawfully entitled to reside in the UK and to receive NHS treatment. The person must also have a long term mobility problem and be classified as unable to, or virtually unable to walk indoors or outdoors. The equipment must also be required for longer than a 12 week period.

The Wheelchair Service does not supply equipment for temporary or short term loan of less than 12 weeks. This type of loan/ supply of wheelchair is the remit of Leeds Community Equipment Service. A request for a short term loan wheelchair can be made by any health and social care assessor including GPs by completion of a LES 1 request. LCES main contact telephone number is 0113 3783282.

4.1. Referrals

Referrals are accepted from health care professionals and from GPs (using form WQN 751), medical consultants, and other health care professionals (using form WQN 046). The referrer must complete the minimum data requirements (see Appendix 1) on the wheelchair services referral form. Established users registered with the Wheelchair Service, the user and/ or their carer(s) can contact the Service directly for a re-assessment.

4.1.1. Referral criteria

Non Leeds residents who are hospital inpatients or attending residential schools within the city are accepted if funding has been agreed with the relevant purchaser units.

Referrals requesting the Voucher Scheme option for wheelchairs/ buggies should be administered in the same way as a routine referral (see 4.1 above).

Level 1 – Non-Complex Needs Acceptance Criteria³

- The individual has a long-term degenerative medical condition or permanent disability that is ongoing for more than 12 weeks and has limited or no walking ability.
- Children are aged over 30 months.
- Children under 30 months may be referred where it is clinically demonstrated that a standard use pushchair/buggy is unsuitable.
- Where the client is receiving end of life and or palliative care.

Level 2 – Complex Needs Acceptance Criteria³

- The individual has a long-term degenerative medical condition, permanent disability or a condition that impacts on their day to day performance of achievable mobility skills and requires a complex posture and mobility service. The complex case may be developmentally significant, or may include dependency on essential equipment such as oxygen, ventilator/suction units or environmental control and communication options.
- A complex case is likely to have a number of additional contributing factors that relate directly to the provision of appropriate and timely equipment. These may include; the identification of

³ Y&H Posture and Wheeled Mobility Service, Service Specification, 21 June 2013.

seating solutions for correct postural management, the assessment of a variety of switching and driving systems to accommodate functional difficulties and consideration of environmental, educational, ethnic, family and age appropriate social issues.

- People with a known long term condition who historically are known to have evolving postural conditions or reducing functional abilities are likely to be classified as complex. Such conditions that would fall into this group are cerebral palsy, muscular dystrophy, known genetic disorders, multiple sclerosis, motor neurone disease. Brain and or spinal injury etc.

4.1.2. Exclusion criteria

NHS wheelchairs are not provided for the following:-

- School use only (joint funding considered with Education Leeds)
- Work use only
- Sporting activities only
- In place of suitable static seating (joint funding considered with Continuing Care in Level 5 patient)
- Transportation purposes only
- Children who can be accommodated in a standard retail buggy, unless supportive seating is essential
- Electric Powered Occupant Controlled wheelchairs or scooters for outdoors only
- Patients weighing greater than 50 stone (317.5kg) for non-powered wheelchairs; or patients weighing greater than 35 stone (222kg) for powered wheelchairs (see p.27).
- A buggy or wheelchair will not be provided as a means of restraint (see p.19)
- Nursing/residential home pool/portering use only (see Appendix 2). A wheelchair will be provided to a residential/nursing care home resident if there is an assessed clinical need and the wheelchair is for the sole purpose of that service user to promote independent mobility or where there is a significant postural need that requires bespoke postural seating.
- The provision of a repair and PPM service does not apply where the Voucher scheme (see p.43) 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 (see p.43) is utilised for the provision of a wheelchair, a replacement wheelchair will only generally be provided every five years and the Service user will not be entitled to a new voucher until this period has expired. However if the Service user's needs change making the wheelchair that has been purchased unsuitable, the Service user will be eligible for a reassessment of their needs.
- 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 Leeds Wheelchair Service will conduct an assessment as part of discharge planning with the hospital or rehabilitation centre.

Exceptions to these guidelines may occur. These should be submitted to the Individual Funding Request (IFR) Panel for Leeds CCGs by the relevant Head of Service.

4.2. Prescription

Where a **standard** wheelchair is required, a prescription from an agreed prescriber (therapists who have completed training and have demonstrated competences in the assessment and prescription of a standard wheelchair) can be accepted.

Please Note:

A referral and assessment **does not** guarantee provision of either a wheelchair or related equipment. The user must still fulfil the conditions within these guidelines.

5. Standard Attendant Pushed Wheelchairs

Following an assessment by Leeds wheelchair service an attendant pushed wheelchair can be issued for individual use under the following criteria:-

1. The user has no, or significantly reduced, walking ability.
2. The user must demonstrate suitability through height, weight and posture for such a provision.
3. The user has a permanent or long-term medical condition which affects their ability to walk. Short term loan chairs for medical needs are supplied by Leeds Equipment Service.
4. The usage will be regular and provide significant improvement to quality of life.
5. There is sufficient evidence that the regular carer has the physical and cognitive ability for safe usage of equipment.
6. The user agrees to and complies with the locally determined Conditions of Loan.
7. Attendant propelled wheelchairs will not be supplied for hospital use only.

Transit chairs are intended to aid mobility – they must not be used as a substitute for an armchair.

In conjunction with this section, please refer to the guidance on page 42 – ‘Wheelchairs for Residents in Care Homes’.



6. Standard Self-propelling Chairs

Following an assessment by Leeds wheelchair service a self-propelling chair will be issued for individual use under the following criteria:-

1. The user has no, or significantly reduced, walking ability.
2. The user has a permanent or long-term medical condition which affects their ability to walk. Short term loan chairs for medical needs are supplied by Leeds Equipment Service.
3. The usage will be regular and provide significant improvement to quality of life.
4. The user demonstrates suitability through height, weight and posture for such a provision.
5. The user can demonstrate they are physically able to self-propel the wheelchair.
6. The user can demonstrate cognitive ability to self-propel.
7. The recommendation for a self-propelling chair has been made by a doctor or therapist, or medical approval has been requested following the clinical assessment.
8. The intended home environment for use is both 'safe' and 'suitable' for the supply.
9. The user agrees to and complies with the locally determined Conditions of Loan.
10. Standard self-propelling wheelchairs will not be supplied for hospital use only.



7. Non Standard Wheelchairs

The user must meet the basic criteria as outlined for attendant or self-propelling chairs (see pages 23 and 24).

Requirement for non-standard chairs will be assessed on an individual basis for users and carers, based on clinical need and locally agreed criteria. Assessments will be undertaken by a Wheelchair Service qualified assessor and supply would normally be made from a locally agreed range of chairs to fulfil the user's clinical needs. If a patient requests to have a suitable chair from outside the centres preferred range there is the option of the 'Independent Voucher Scheme' (see Page 43).

Additional considerations:

1. Assessment and the users past history show that the standard range of chairs do not adequately address the user's needs.
2. A non-standard chair will enhance or maintain the best level of independence where the 'standard' chair does not.
3. The user agrees to and complies with the locally determined Conditions of Loan (Appendix 2).



8. Wheelchairs for Plus Size People

Following an assessment by Leeds Wheelchair Service a bespoke wheelchair can be issued for individual use for patients who are too large (greater than 158kg (25 stones)) for a standard wheelchair. The criteria for commissioning an electric powered or manual wheelchair for such patients will be the same as those for patients of lower weights.

8.1. Non-Powered wheelchairs

For patients >25 stone (158kg) up to a maximum weight of 50 stone (317.5kg), the Topax wheelchair will be issued, or another suitable wheelchair. This is to be up to a maximum cost of £1,000 (not including accessories and adjustments).

For patients >50 stone (317.5kg), or for wheelchairs costing >£1,000, this will be considered exceptional, and an IFR must be submitted to the IFR Panel for Leeds CCGs by the relevant head of service.

8.2. Powered wheelchairs

For patients >25 stone (158kg) up to 35 stone (222kg), the Quantum wheelchair will be issued, or another suitable wheelchair up to a maximum cost of £3,500 (not including accessories and adjustments).

For patients >35 stone (222kg), or for wheelchairs costing >£3,500, this will be considered exceptional, and an IFR must be submitted to the IFR Panel for Leeds CCGs by the relevant head of service.

These wheelchairs have a more durable heavy duty frame and therefore have a heavier frame than the standard wheelchair. Referrals for this type of equipment require full investigation and risk assessment of proposed method of propulsion, medical fitness of client (if planned to self-propel), suitability of home for manoeuvrability and management of chair, carer management issues and risk assessment for use, in home and local environment.

9. Wheelchair Provision for Children

Following an assessment by Leeds Wheelchair Service, an appropriate wheelchair or specialised buggy (from an agreed range of medical devices) will be prescribed for the child on the recommendation of the wheelchair therapist or agreed prescriber. A buggy will only be provided if the child cannot be accommodated in a standard retail buggy.

The child will be required to meet the general criteria of issue for a standard wheelchair.



Additionally

1. Buggies will only be provided for children under 30 months old where there is a specific postural need that cannot be addressed by a standard retail buggy.
2. The child/ family/ carer agree to and comply with the Conditions of Loan (see Appendix 2).

Please Note:

- Only one wheelchair will be provided per child to be used in all environments, eg school or home. This does not include powered wheelchair provision where a manual wheelchair or buggy is also provided.
- Rain covers, parasols, cosy toes and shopping trays are not routinely supplied for buggies or special pushchairs, as they are not necessary for mobility. However they may be provided in special cases for specific clinical need identified by Wheelchair Service assessor. Parents/ carers can purchase accessories privately from the

supplying company or other retail outlets such as Mothercare or Argos. Universal rain covers suit most buggies.

- Where there is more than one child with mobility difficulties, or another child who is within the acceptable age range for normal transportation within a buggy, the parents may be offered an independent voucher. Clinical need of the identified 'main user' must take priority.
- Educational seating needs should be addressed by the Local Education Department.
- Communication aids may be fitted with prior agreement with the Wheelchair Service. The Service must be informed when communication aids are to be replaced to ensure compatibility as at first time of issue.
- A buggy or wheelchair will not be provided as a means of restraint. However equipment may be provided if health and safety issues are identified following a full risk assessment and must comply with the Department of Health guidelines "Guidance for restrictive physical interventions: How to provide safe services for people with learning disabilities and autistic spectrum disorder". Devices such as wheelchairs should never be provided for the purpose of preventing problem behaviour.
- Once a child reaches school age it is unlikely that a buggy will be considered, but alternative wheelchair provision may be considered if the child meets the requirements.

Tilt in Space Wheelchairs

Tilt in Space wheelchairs will be issued to facilitate multi-positional caring for dependent wheelchair users where:-



The user has met the basic criteria as outlined in 'Attendant Pushed Chairs' (page 23) and in 'Self-Propelling Chairs' (page 24).

Additionally:

1. The user has significant clinical and postural needs, which cannot be met in any other wheelchair.
2. The user demonstrates suitability through height, weight and posture for such a provision.
3. The user must be unable to mobilise and spend more than four hours per day in the system.
4. The user will spend a significant time using the variable tilt function on the chair.
5. The user must be able to gain significant improvements in their posture and mobility from the provision of a Tilt in Space system.
6. A standard wheelchair with semi-reclining back and wedge cushion should be considered as the first option where a user needs to sit in a tilted position.

Please Note:

- A user is not eligible for provision of this wheelchair as a substitute for provision of an appropriate supportive armchair or if the user is continuing to make progress in their posture and ability.
- The needs of the main carer will be considered as far as possible but the clinical requirements of the user are the main priority for provision of this equipment.

Hospitals and rehabilitation units are expected to supply their own Tilt in Space wheelchairs to be used during rehabilitation.



10. Powered Wheelchairs

Occupant controlled powered wheelchairs are **not** supplied solely for independent use outdoors.

The user must meet the following criteria for the models available. Scooters and Class 3 wheelchairs are not issued via the Wheelchair Service (For definition see "Mobility Scooters

and Powered Wheelchairs: The rules" <https://www.gov.uk/mobility-scooters-and-powered-wheelchairs-rules/overview>).

Only **one** powered wheelchair will be issued in addition to a standard non-powered wheelchair.

10.1. Electrically Powered Indoor Wheelchair (EPIC)

EPICs will be issued if the user meets the criteria of issue for a wheelchair, and the user must:-

1. Be unable to walk within their home environment effectively and unable to self-propel a manual wheelchair effectively indoors.
2. Have a long term need for indoor powered mobility, using the chair on a daily basis in order to increase mobility and independence around their home, leading to an improved quality of life.
3. Demonstrate the potential ability to use an EPIC safely and independently within their property, based on an agreed assessment procedure.
4. Be free from conditions causing loss of consciousness and epileptic seizures in waking hours within the past year.
5. Have a suitable home environment which will be assessed by the Wheelchair Service clinician and should include:
 - a. Adequate space for the movement of the wheelchair including footplates within their homes;
 - b. A suitable space, with a power supply for charging the batteries overnight.
6. Be able to charge the EPIC as recommended, or have support to do so.
7. Meet the weight limits stated in the manufacturers' specifications for the chair.
8. Agree to and comply with the Conditions of Loan (see Appendix 2).

Please Note:

An EPIC may be provided for use in a user's own home and must enable the user to obtain a significant improvement in independence, which would otherwise be denied. It is not intended for outdoor use but may be used within the confines of a garden if the outcome of the environmental assessment deems it safe to do so. It is emphasised however that eligibility must be based on providing independence within the home environment.

10.2. Indoor/ Outdoor Powered Wheelchairs (EPIOCs)

An electric powered indoor/ outdoor wheelchair may be provided which can be used by the occupant both indoors and outdoors to enable greater independence inside and outside the home, but the **main priority being for indoor use.**



The user must be eligible for the supply of a powered indoor wheelchair before consideration for this type of chair.

The following additional criteria also apply:-

1. The user must have adequate field and acuity of vision (120° in a horizontal plane and 20° above and below this plane, at least 6/18 ie approximately equivalent to being able to read a number plate at 20.5 metres) to be safe on public roads.
2. The user should be medically fit to independently control a powered wheelchair indoors and outdoors, i.e. free from:
 - conditions causing loss of consciousness and epileptic seizures in waking hours within the past year
 - Any combination of medical conditions and treatments likely to make independent powered wheelchair control unsafe for themselves, pedestrians or other road users.
3. The user should have demonstrated by means of a clinical assessment, driving test or by other means that they have the insight, intellectual capacity and dexterity to operate an indoor/ outdoor powered wheelchair safely and responsibly on their own without assistance. Users should also demonstrate the capacity to compensate for their sensory or physical impairment.
4. The user must meet the weight limit stated in the manufacturers' specifications for the chair to be supplied.
5. The user must have a suitable home environment which is compatible with the use of an electrically powered indoor/ outdoor chair subject to assessment by the Wheelchair Service, which will include:
 - A suitable area for storage of the wheelchair with a power supply for charging the batteries;
 - Adequate space for movement of the wheelchair (including the footrests) within the home;
 - Safe and appropriate access to the outdoors;
 - Local outside environment which is independently accessible and which is suitable for a powered indoor/ outdoor wheelchair.
6. The user should have the capacity to derive significant improvement in their independence and quality of life through the use of an indoor/ outdoor powered wheelchair.
7. The user agrees to and complies with the Conditions of Loan (see Appendix 2).

Users will be reviewed/ re-assessed at agreed intervals which are identified at their assessment, to ensure safety and continuing eligibility.

Requests will be given priority if the client meets the above criteria and requires the wheelchair because

- The EPIOC is needed for school, college or the workplace in addition to home;
- It will enable the user to maintain independent living;
- The user has carer's responsibilities for others.

10.3. Attendant Outdoor Powered Wheelchair (EPAC)

Attendant controlled powered wheelchairs may be provided to enable users who do not meet the criteria for supply of an occupant controlled electric powered indoor/outdoor chair and who have a regular carer that is medically unable to manage a manual chair effectively in the local environment.



1. The user must require fulltime use of a wheelchair and be unable to propel a manual wheelchair outdoors.
2. The user must require daily outdoor mobility.
3. The **attendant (regular carer)** must be experiencing difficulty in pushing the user for one of the following reasons:
 - a serious health or mobility problem; health may suffer as a result of pushing a manual chair – GP confirmation will be sought;
 - the weight of the user is excessive in relation to the weight and size of the regular attendant. Guideline - the combined weight of the patient and manual chair should be over 115kg (18st) and the attendant has a body weight at least 38kg (6st) less than the combined weight;
 - The local outside environment makes the use of a standard manual wheelchair extremely difficult but is accessible by an EPAC and compatible with its use

Please note: The attendant must not have any visual, cognitive or spatial problems which would make driving a wheelchair a danger to themselves, the user, pedestrians or road users

4. The user is able to derive significant improvement in quality of life.
5. The user must be able to ensure that the EPAC will be maintained adequately either personally or by their carer and have safe storage with a power supply for charging the batteries.
6. The user/ carer agrees to and complies with the Conditions of Loan (see Appendix 2)

Please Note:

Requests will be given priority if the user has no other form of transportation to access the local community i.e. own car or close family car.

Users in nursing/ residential homes, hostels or any other residential unit will not be eligible, as it is the nursing/residential unit's responsibility to provide the necessary/ suitable portering equipment and/ or staff capable of pushing a user.

10.4. Dual Control Powered Wheelchairs (DCC) (Occupant Control Indoors and Attendant Control Outdoors)

Dual control powered wheelchairs may be considered where a user meets the criteria for an occupant control electric indoor chair only and their regular carer meets the supply criteria for an attendant control electric outdoor chair.

An example of correct provision may be where a user has restricted vision but is safe using an electric indoor chair (EPIC) within their home environment, with which they are familiar, but are not able to outdoors. Their regular carer has heart problems and is unable to manage a manual chair –This is an example only and in all considerations for DCC chairs the users GP will be contacted for agreement of provision.

The user must meet with the eligibility criteria for the provision of an electric indoor (EPIC).

1. The attendant must meet with the eligibility criteria for the provision of an attendant operated chair EPAC).
2. The provision of a dual control chair (DCC) is the most efficient way of meeting the clinical needs of both.
3. The client and the carer agree to and comply with the Local Conditions of Loan (see Appendix 2).

11. Seating Systems



The user must have already met the criteria for wheelchair provision to meet their mobility needs and this should be the **primary** reason for a Seating System referral (ie special seating for use within the users wheelchair). Seating systems are not special seating to replace an armchair need, or purely to provide school seating or a transport system.

Additionally

1. The user has to be a permanent wheelchair user or should require the use of a wheelchair for 50% of their daily routine on a long-term basis and therefore be able to benefit from the positioning/ postural control that the seating system provides.
2. The user has a clinical, postural requirement, which cannot be achieved through provision of standard equipment.
3. The user should be “seatable” with appropriate equipment (using Chailey levels of seating).
4. The environment of intended use will be considered as far as possible but the requirements of the user are the main priority for provision of a seating system and chassis. The user’s environment should be able to accommodate the seating required.
5. The user agrees to and complies with the locally determined Conditions of Loan.

Please Note:

- Only **one** seating system will be provided.
- Please read in conjunction with criteria for ‘Pressure Relieving and Back Cushions’ (p.38).
- 24-hour postural management is essential and the wheelchair/ system is an integral part of this. It is advisable that all relevant parties are involved in the initial assessment and to discuss postural needs with the user’s community therapist.
- The seating system provided is intended only for use within the wheelchair/ base and should **not** to be used as a substitute car seat.
- It is recommended that children attending assessments should be accompanied by their parents and/ or carer, the referring therapist and any other relevant person closely involved with the child.

- It is not possible to provide a special seating system for use in a privately purchased wheelchair due to issues relating to ownership /responsibility and liability.
- Special Seating will not be provided as an alternative to appropriate static seating.

12. Pressure Relieving and Back Cushions

The user must have already met the outlined criteria for wheelchair provision to meet their mobility needs.

Additional information:

1. Pressure relieving and back cushions are only supplied for permanent wheelchair users registered with the Service following appropriate assessment by a Wheelchair Service assessor (including chairs supplied through the Voucher Scheme).
2. Cushions for postural support will be supplied to users who have difficulty in maintaining symmetrical positioning and are issued following appropriate assessment by a Wheelchair Service assessor.

User preference will be considered but identified clinical need will take priority.

Please Note:

- Pressure cushions are not supplied from the Wheelchair Service to people for use in armchairs or in cars – these can be accessed by other health care professionals through the Leeds Community Equipment Service. High Risk Foam cushions can be accessed by health and social care assessors (except GPs) using a LES 1 request and other types of pressure relieving cushions by OTs and community nurses using a LES2.
- Cushions may be issued for private wheelchairs but the following conditions must be met:-
 - The user must be eligible for the issue of a wheelchair by the Centre;
 - The private wheelchair must be deemed to be the most appropriate model for their needs;
 - The cushion shall not be determined by the user but will be identified by the Wheelchair Service therapist following assessment.

(Where a cushion is issued, the user must follow the Wheelchair Service's policy on care, maintenance and review procedures.)

Please read in conjunction with the guidance on page 36 – 'Seating Systems'.



13. Second Manual Wheelchairs

The user must have met the outlined criteria for wheelchair provision to meet their mobility needs.

Additionally

1. The user is wheelchair dependent and requires access and mobility on the upper floor of their home and has no appropriate means of transporting their existing chair to the upper floor.
2. The user agrees to and complies with the locally determined Conditions of Loan (see Appendix 2) APPENDIX 2 – Local Conditions of Loan.
3. The second manual chair would be a basic model deemed suitable to meet the user's individual needs.

14. Miscellaneous Items / Accessories

The following listed items are only supplied in accordance with assessment for clinical need to use with the wheelchair issued by the Wheelchair Service. All accessories must be used in accordance with manufacturers' and/ or MHRA guidelines.

14.1. Trays

- will be supplied to enhance independence. It is not advisable to transport hot liquids and food in open containers;
- will only be supplied as part of the seating system to enhance posture and communication;
- will not be supplied solely to replace desks in schools, dining tables in day centres or care homes etc.

14.2. Headrests

- will only be supplied as part of a seating system for postural control;

14.3. Elevating Leg Rest Supports (ELRS)

- will be supplied if there is an identified clinical need for leg(s) to be raised up to a maximum of 180° or the user finds it difficult to position feet on standard footplates;
- a stability test may be required.

14.4. Harnesses

- will only be supplied for postural or health and safety needs following a full assessment and must comply with the DOH guidelines "Guidance for Restrictive Physical Interventions";
- cannot be provided for transportation only;
- cannot be provided for restraint.

14.5. Belts

- Lap belts will be offered with all wheelchairs;
- Postural belts will be offered if a clinical need is identified
- are not to be used for transportation only. Separate, appropriate tie down/ seat belts should be available within the transporting vehicle;

14.6. Medical Equipment Carriers

- may be fitted on to wheelchairs provided from the wheelchair service to accommodate portable equipment subject to a risk assessed by the Leeds wheelchair service technician/rehabilitation engineer.

14.7. Foot Straps

- will only be supplied to meet an identified clinical need and must comply with the DOH guidelines "Guidance for Restrictive Physical Interventions";
- cannot be supplied as a means of restraint or behaviour control.

14.8. Footboards

- will be supplied when the user has difficulty positioning feet on standard foot plates or the user's feet are extensively unsupported by standard footplates.

14.9. Amputee Boards

- will be provided according to specific clinical need.

14.10. Spoke Guards

- will be provided if there is an identified risk of injury such as catching fingers in rear wheel spokes.

14.11. Privately Purchased Accessories/adaptations

- may be fitted subject to a risk assessment by a Leeds Wheelchair Service technician/rehabilitation Engineer See Appendix IV

Please Note:

- Rain covers or sun shades are not supplied by the Wheelchair Service.

15. Wheelchairs for Residents in Care Homes

The Wheelchair Service will **only** issue a wheelchair to users who are resident within a nursing home or care home if this enables the user to achieve independence and they meet the criteria as specified in 'Self-propelling Chairs' and 'Electric Powered Indoor Wheelchairs'.

Attendant pushed wheelchairs may be issued if the resident fulfils the basic criteria and a standard portering/ pool wheelchair is unsuitable due to an individual's postural problems or bariatric requirements.

The user must agree to and comply with the locally determined Conditions of Loan (see Appendix 2).

Please Note:

- It is a requirement that Care Homes must provide an adequate number of their own portering/ pool wheelchairs for general purposes for use by staff, relatives or friends, this includes transit within the home and for day trips, outings, hospital visits.
- Chairs cannot be issued as-
 - a substitute for the provision of an armchair or dining room chair;
 - a means of controlling behaviour;
 - a 'portering/pool' wheelchair.
- Specialist chairs cannot be issued for occasional use.

15.1. Existing Users

Wheelchair users moving into nursing or residential care will be able to transfer their existing wheelchair on issue with them into the care setting. However any wheelchair on loan to an individual by the Wheelchair Service is for the user's sole use and cannot be used as a "portering/ pool" wheelchair. Chairs which are found to be used for this purpose will have to be withdrawn immediately. It will then be the responsibility of the home to provide an appropriate wheelchair for the user.

16. The Voucher Scheme

The Voucher Scheme was introduced by the Government in 1998 to give people greater choice in the selection of their manual wheelchair. It offered the user greater choice with the option of staying within the standard NHS provision or to receive a voucher towards the cost of an alternative suitable wheelchair.

16.1. General Conditions

- The scheme applies to manual and powered wheelchairs. (Class 2 only. For definition see “Mobility Scooters and Powered Wheelchairs: The rules” <https://www.gov.uk/mobility-scooters-and-powered-wheelchairs-rules/overview>)
- The user must be assessed as meeting the criteria for provision of a wheelchair by the NHS before they can apply for a voucher.
- The Wheelchair Service will continue to provide specialised assessment for seating needs, as special seating and pressure relief are not included in the scheme and remain the responsibility of the Wheelchair Service.
- All wheelchair users should be offered the choice of either accepting the wheelchair prescribed for them by the centre or exercising the option of the Voucher Scheme.
- The Wheelchair Service will only redeem the voucher to the approved supplier if the wheelchair purchased meets the user’s clinical need.
- The voucher period is determined by a wheelchair therapist. This period is usually for either 3 or 5 years taking into consideration of the user’s diagnosis, clinical need and usage.
- Power packs may be fitted to chairs provided using the independent Voucher Scheme subject to manufacturer’s guidance.

Please Note:

A NHS wheelchair will not be issued as an interim measure if the user is pursuing the Voucher Scheme.

Once a voucher wheelchair has been supplied any previously loaned standard NHS equipment must be returned to Leeds Wheelchair Service.

16.2. Standard Option

- The Service user accepts the free NHS chair.
- Maintenance and repair are undertaken by the NHS, free of charge, by an appointed agent/ repairer.
- The chair remains the property of the Wheelchair Service.

16.3. Independent Option

- The user will receive a voucher to the value of their prescribed chair plus a calculated amount for maintenance.

- The user takes the voucher for the prescription to the Wheelchair Service approved suppliers and selects a chair of their choice, which fits their clinical need as identified by the Wheelchair Service prescribers.
- The user contributes to the cost and will be responsible for maintenance and repair thereafter.
- This option covers a period of time of up to 5 years, or as agreed at the point of assessment.

17. APPENDIX 1 - Minimum Data Requirements

Patient's Details:

Full name
Title
Date of birth
NHS number
Language spoken
Address
Postcode
Contact telephone number
Diagnosis
Type of wheelchair
Any special requirements eg minicom, interpreter
GP practice details

Referrer's Details:

Name
Base
Speciality
Contact telephone number
Signature
Date referred

18. APPENDIX 2 – Local Conditions of Loan

The wheelchair and all associated equipment is issued by the Wheelchair Service to meet the patient's assessed clinical needs and is loaned on the conditions shown below:-

- All equipment is **loaned** to an individual for their use only; it must not be loaned to any other person.
- The equipment on loan must be kept in a clean condition, be safe and secure at all times and protected from damage at all times during both use and storage.
- The wheelchair must not have any attachments fitted or any alterations made **without prior agreement** with the Wheelchair Service, as this might compromise safety and would also affect the manufacturer's warranty.
- The Wheelchair Service is **not** responsible for the transportation of the equipment, but advice is available with regard to the transportation of wheelchairs on buses etc.

The Wheelchair Service must be notified if:-

- The user changes address or contact telephone number or intends to move out of the area. This will enable us to pass the information on to the next local Wheelchair Service.
- The equipment is lost, damaged or stolen. (NB: a crime reference number is required before a replacement wheelchair can be considered.)
- The loaned equipment is involved in an accident.
- The user no longer requires the equipment.
- There is a major change in the user's weight
- the user is experiencing problems with the wheelchair
- The user feels that their needs have changed.
- If the loaned equipment is in need of replacement the user will be re-assessed by a member of the Wheelchair Service. However, the centre's repair service may be asked to visit and overhaul the wheelchair in the first instance and following this visit the repair service will inform the Wheelchair Service of the outcome of the visit.
- The user intends to emigrate.
- Repair and maintenance costs for the user's NHS wheelchair are free of charge with the UK (if these are deemed to be fair wear and tear). However, it is the responsibility of the user to contact the approved repair service to request such repairs and maintenance.
- The user must agree to allow access to enable the wheelchair's annual safety inspection (if needed).

18.1. Other information

Insurance

We would strongly recommend that you make provision in your household insurance or through an alternative policy for any third party liability, loss or damage to the equipment on loan.

Transport issues

The Wheelchair Service advises you to always transfer from your wheelchair to a seat in a vehicle for travel purposes. However, if you do remain in your wheelchair whilst travelling please ensure that the appropriate tie down system is being used in the vehicle. (NB: Please consult your manufacturer's guidelines in your handbook or contact the Wheelchair Service for further information). **By not using the appropriate system, your safety could be at risk.**

Travelling abroad

If you intend to take the wheelchair abroad we recommend that your equipment be included on your holiday insurance as the Wheelchair Service cannot be held liable for equipment lost, stolen or damaged. Please inform your travel agent/airline of your intentions prior to travelling.

Re-assessment and advice

The Wheelchair Service is available to provide you with advice and re-assessment. Please contact your local service by telephone or letter whenever you feel our advice is required.

Children attending schools outside area

The Wheelchair Service is to be advised before placement commences.

Compliments and complaints

All Wheelchair Services have local procedures in place please contact the centre to discuss or the Leeds teaching Hospital complaints department via PALS (Patients Advisory and Liaison Services).

19. APPENDIX 3 - Definitions

Agreed prescriber	A therapist who has completed training and have demonstrated competence in the assessment and prescription of a standard wheelchair
Standard Chairs	Wheelchairs which are normally bulk purchased and available in stock
Non Standard chairs	Prescription based items
Attendant controlled	Chair is pushed or controlled by an identified carer/ family member etc.
Self propelled	Chair is propelled by the occupant/ user of the chair
EPIC	Powered chair for use indoors and within the boundaries of property only. Controlled by occupant/ user
EPAC	Powered chair controlled by a regular carer etc, for use in outdoor environment
EPIOC	Powered wheelchair controlled by user/ occupant in both an indoor and outdoor environment
DCC	Powered wheelchair controlled by the occupant/ user whilst indoors and by identified carer/ family member etc when used outdoors
Accessories	Miscellaneous items which may be added to chair to support posture, assist with comfort or pressure relief to facilitate safe and comfortable use of equipment.
Regular Carer	A family member or unpaid carer providing the majority of care on a daily basis

20. APPENDIX 4 – Alterations and Adaptations

All requests for alterations or the fitting of attachments to NHS wheelchairs by a third party must be submitted in writing or via email to the Leeds Rehabilitation Engineering Team (leedsth-tr.wheelchairs@nhs.net) for consideration. The following information will be required and should be included in the written request:

- Full printed technical details of alterations to be made or item to be fitted. This information is to include details of how the part will be fitted to the wheelchair, which must not involve the welding, drilling or other fixation, apart from clamping.
- Written information to demonstrate that the modification or item to be fitted is compatible and safe to use with the specific model of chair on issue to the client from Wheelchair Services, i.e. risk assessment, test results, compatibility statement. It must also confirm that the modification or item to be fitted will not add any unreasonable stress to the frame of the wheelchair.
- Written details of the company or person that will carry out the work.
- Written information to demonstrate that the person/company is fully qualified to carry out the work, i.e. approval from, and/or registration with the supplier of the item, and/or recognised training course.
- Written understanding from the client that should the modification cause or otherwise reduce the expected life of the wheelchair, approval may not be given for the modification to be carried out on any replacement chair.

On receipt of the written request the Leeds Rehabilitation Engineering team will consider all the relevant information that is presented to them. Once they have evaluated, carried out a risk assessment and approved the modification, then the wheelchair can be altered or the attachment fitted.

If the wheelchair is altered or attachment fitted without approval, then Wheelchair Services can refuse to continue the maintenance of the wheelchair, or insist on the removal of the equipment/modification at the client's expense. The client may be charged for any additional repairs/expenses deemed by wheelchair services to have been incurred as a result of the alteration.