

# Fact Sheet 10

## Health Service

### Guidelines

### NHS Executive

### HSG [96]53

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#### **For Action:**

Chief Executives of Health Authorities  
Chief Executives of Trusts  
Wheelchair Service Managers

#### **For information:**

Directors of Social Services

### Wheelchair Voucher Scheme

#### **Introduction**

1. On 23 February 1996 Ministers announced that an NHS voucher scheme would be introduced to give wheelchair users more choice. This guidance sets out the principles of the scheme and the arrangements for operating it.

#### **Background**

2. The McColl report "A Review of Artificial Limb and Appliance Centre Services" (1986) made a number of recommendations on how the quality and management of these services could be improved. Following implementation of the main recommendations, principally the transfer of responsibility to local level. Ministers considered two remaining recommendations (1) that powered indoor outdoor wheelchairs should be available for severely disabled people who met certain criteria and (2) that disabled people should be able to enhance the provision available from wheelchair services.
3. Both these recommendations have now been accepted.  
HSG (96) 34 (issued in May 1996) deals with the provision of powered indoor/outdoor wheelchairs. This guidance sets out the arrangements for phased implementation of a voucher scheme.

## Aims

4. The aim of the scheme is to give disabled people more **choice** of wheelchairs within the NHS by offering them three options:
  - a. to accept the wheelchair prescribed, as at present

**or**

  - b. to contribute to the cost of a more expensive wheelchair of **their choice**. They will own the wheelchair and be responsible for its maintenance and repair. This will be called **the independent option**

**or**

  - c. to contribute to the cost of a more expensive wheelchair of **their choice** from a range selected by the local wheelchair service. The NHS will own the wheelchair and be responsible for its maintenance and repair. This will be called the **partnership option**.

## Principles

5. The key principles of the scheme are:
  - a. universal eligibility – anyone assessed as meeting the local eligibility criteria for wheelchair may apply
  - b. assessment and review of needs by the wheelchair service and prescription of a suitable wheelchair in **consultation** with the **user** (and, where appropriate, **their carer** or representative)
  - c. supply of the wheelchair through agreed suppliers
  - d. continued access to NHS provision of special seating/pressure-relieving cushions if needed.

## Definitions

6. In this guidance the term “wheelchair user” means anyone who, in the opinion of an NHS trust, requires the use of a wheelchair. The term “wheelchair service” means a local wheelchair service provided by an NHS trust. The term “agreed supplier” means a supplier that the wheelchair service consider acceptable as set out in paragraph 7 below. The term “suitable wheelchair” is used to mean a wheelchair that meets the user’s clinical needs having regard to other needs such as those of a carer. Where there is reference to “an NHS therapist or other qualified professional” this means an occupational therapist, physiotherapist, consultant in rehabilitation medicine, rehabilitation engineer or other suitably qualified person.

### Choice of Supplier

7. Wheelchair services will need to negotiate arrangements with local wheelchair suppliers who are willing to participate in the voucher scheme. It will be for the wheelchair services to decide the standards they expect local suppliers to meet. Minimum standards should reflect the supplier's ability to offer a choice of products, have demonstration stock, local showroom and repair capability, including adequate stocks of locally held spare parts. Membership of a Trade Association with minimum entry conditions that cover the above criteria, should serve as an adequate indication of acceptability.

### Voucher

8. A voucher will be issued representing the cost **to the NHS** of providing a new wheelchair that, in the opinion of the NHS therapist or other qualified professional, would meet the clinical needs of the user – that is, the “standard” wheelchair as defined in the Regulations (see para 11 below). The term “standard” should not be taken to imply that there is a basic model of wheelchair supplied by the NHS nationally or locally. The voucher will form part of a letter from the wheelchair service to the supplier setting out the required user specification and asking the supplier, on receipt of the user's contribution, to provide a wheelchair that meets that specification.
9. On completion of the transaction the supplier will be able to recover from the wheelchair service the value of the voucher. The user will not be able to cash in the voucher or present it to anyone other than an agreed supplier.
10. It is not intended that vouchers should, to begin with, are issued for powered wheelchairs.  
**This should, however, be reviewed locally once the voucher scheme has become established.**

### Legal Basis

11. The legal provision enabling the supplier to redeem the value of the voucher is Section 23 of the National Health Service Act 1977: and to collect the user's contribution the National Health Service (Wheelchair Charges) Regulations (S1 1996 No. 1503). The latter defines the “standard” wheelchair as a “wheelchair which is no more expensive than that which is, in the opinion of the NHS trust, clinically necessary for the user”.

### Voucher Period

12. The voucher period means the length of time that a user is expected to have use of the wheelchair supplied under the voucher scheme before needing another wheelchair. Decisions on the voucher period will be a matter for local determination, taking account of individual circumstances, such as the length of time spent in the chair and the conditions under which the chair is used. An average period may be about five years.

**However, the user's clinical condition should always be taken into account in deciding an appropriate period for the voucher.**

### **How the voucher will operate**

13. As now, anyone referred to wheelchair service will be assessed by an NHS therapist or other qualified professional and offered a wheelchair that meets their clinical needs. This will be provided free on loan for as long as it is needed and the NHS will meet any maintenance and repair costs.
14. If someone wishes to take advantage of the voucher scheme, they have two choices;

### **Independent option**

15. The user can choose a wheelchair they would like from an agreed supplier. If the wheelchair service is satisfied that the wheelchair would meet the user's clinical needs and is safe and suitable, an agreement will be drawn up between the wheelchair service and the user. This will set out that the user will;

- a. receive a voucher amounting to the value of the "standard" wheelchair plus an estimated cost of maintenance and repairs of that wheelchair over a specified period [ie the voucher period].
  - b. be given a letter to present to an agreed supplier authorising the supplier, on payment of the balance of cost by the user, to provide a wheelchair which meets the user's needs as prescribed under the NHS as well as any additional requirements the user may have.
  - c. become, on payment of the balance of cost to the supplier, the owner of the wheelchair
  - d. be responsible for maintenance and repairs (outside any arrangements that may be part of the sales agreement)
16. Arrangements with the supplier as to the user's contribution, terms of supply, guarantees, deferred payments etc., will be a matter between the supplier and the user. The wheelchair service should, however, ask for confirmation from the user that the wheelchair supplied is satisfactory before the supplier is reimbursed the value of the voucher. Arrangements for insurance, maintenance and repair will be a matter for the user.

### **Partnership option**

17. Where a user wishes to have the security of NHS maintenance and repair services, they can choose to contribute to the cost of a wheelchair from a range of wheelchairs selected by the wheelchair services. The NHS will own the wheelchair. The range available will depend on the wheelchair service's need to include these wheelchairs in their maintenance and repair contracts and also secure value for money.

18. Under this option an agreement will be drawn up between the wheelchair service and the user. This will set out that the user will;
- a. receive a voucher to the value of the “standard” wheelchair determined by the wheelchair service
  - b. be given a letter to present to an agreed supplier authorising the supplier, on payment of the balance of cost by the user, to provide a suitable wheelchair to an agreed user specification.
  - c. agree that if the wheelchair is returned the user will not be entitled to reimbursement of their contribution. In exceptional circumstances – for example, where there is a sudden and unexpected deterioration in the user’s condition which makes the wheelchair unsuitable – the NHS may consider making a discretionary payment.
- 19 Model agreements and letters of authorisation including vouchers are at annexes A to D. Local information will need to be added and arrangements made for stationery that takes into account the need for copies, serial numbers etc. The size of type should be large enough for people with impaired vision to read.

### **General conditions**

20. In all cases the NHS will be responsible for assessment, training and, if considered clinically necessary, the provision of special seating/pressure-relieving cushions.
21. A user whose needs or circumstances change may apply at any time to be reassessed. It will be for the wheelchair service to decide if a different wheelchair should be prescribed or a new voucher issued.

### **Making arrangements with the user**

22. The wheelchair service will be responsible for explaining to the user the terms and conditions under which the wheelchair is provided including the arrangements for maintenance and repair, and the questions of ownership, insurance and replacement. The Wheelchair service will also be responsible for drawing up the agreement between the user and the wheelchair service, authorising supply, issuing the voucher, arranging payment when the voucher is presented by the supplier, and keeping records of all transactions.
23. Before finalising arrangements the wheelchair service should be satisfied that the user (and, if appropriate, their carer or representative) understands the terms of the agreement they are signing. The user should be given :
- two copies of the agreement (one to be returned confirming satisfactory supply of wheelchair)
  - a letter authorising supply to present to the agreed supplier.

## **Funding**

24. Additional funding is being made available to meet the cost to Health Authorities of introducing the voucher scheme. £2 million is available nationally for 1996-97. This will rise progressively to £8 million by 1998-99, reflecting that not all wheelchair services will wish, or be in a position to participate in the first year. However, Ministers are committed to introducing the scheme as soon as possible and all wheelchair services will be expected to be operating the voucher scheme or have firm plans for doing so by 1998-99.

25. 1996-97 and 1997-98 allocations will be added as a non-recurring revenue addition to the baseline allocations of participating Health Authorities pro rata to population. Funding will be made recurrent in 1998-99.

26. In deciding the formula for distribution of funds to Health Authorities an allocations based on total population has been considered to be the most appropriate. Health Authorities are being informed separately of their indicative allocations.

## **Bidding for funding**

27. In 1996-97 it will be for Health Authorities, in consultation with wheelchair services, to determine how soon they will be able to participate in the voucher scheme. When they have made an estimate of the costs likely to be incurred in 1996-97 and set a timetable for implementation, Health Authorities should bid for the funding needed and which they forecast they will be able to spend within the current year up to the maximum of their indicative allocation.

28. Where consortium arrangements exists the lead purchaser should bid for the total of the individual Health Authority allocations unless there is any likelihood of the total allocation not being used within the current year. However, the amount of each individual bid making up the total should be shown.

29. Bids on the form at Annex E should be sent by Health Authorities to the NHS Executive no later than 17 January 1997 for the current year. Even if no bid is being made for funding in the current year the form should still be returned explaining why and indicating when arrangements are likely to be in place to start implementing the scheme. The form also asks for an indication of levels of bids for 1997-98 and 1998-99.

## **Performance Management**

30. As with the provision of powered indoor/outdoor wheelchairs, the introduction of the voucher scheme represents a significant commitment to improving NHS services for wheelchair users. It will, therefore, be important to be able to report locally and nationally on progress. Health Authorities will be expected to be able to provide information on :

- the number of people assessed
- the number of vouchers issued (a) under the independent option (b) under the partnership option
- the total value of the vouchers issued under each option.

### **Staffing and staff training**

31. In managing the new arrangements wheelchair services may need to review their staffing and staff training needs. It is for services themselves, in consultation with their Health Authorities, to decide the level of resources that they allocate to this.

### **Voluntary organisations**

32. Wheelchair services are encouraged to use, or consult, the specialist staff of voluntary disability organisations who may have particular expertise in dealing with people with specific disabilities. Voluntary organisations may also be able to provide useful literature.

### **Complaints procedure**

33. Anyone who is dissatisfied with the service provided under the voucher arrangements should use the normal NHS complaints procedure.