

Fact Sheet 8

Health Service Guidelines

NHS Executive

HSG (96)34

May 1996

For action:

Chief Executives of Health Authorities

Chief Executives of Trusts

Wheelchair Service Managers

For information:

Directors of Social Services

Powered indoor/outdoor wheelchairs for severely disabled people.

Executive Summary

1. Ministers announced on 23 February 1996 that the NHS should provide powered indoor/outdoor wheelchairs for severely disabled people, including children who could benefit from them. This guidance describes the arrangements for the funding and supply of powered indoor/outdoor wheelchairs. It does not apply to scooters.

2. Health authorities should from the earliest date after 1 April 1996:

Agree with Regional Offices mechanisms for co-ordinating purchasing and placing the necessary contracts with wheelchair services.

Agree with providers, and possibly other health authorities, what arrangements will be made for contracts with wheelchair suppliers and approved repair contractor and rehabilitation engineering services.

Determine local eligibility criteria and arrangements for making these widely known.

Ensure availability of expert and consistent assessment and review.

Put in place monitoring arrangements.

3. NHS Trusts, together with managers of their wheelchair services, should;

Following agreement with Health Authorities, implement appropriate arrangements for the supply of powered indoor/outdoor wheelchairs and for approved repair contractor and rehabilitation engineering services

Work with Health Authorities on the development of eligibility criteria and ensure that they are understood by all staff.

Ensure availability of expert and consistent assessment and review.

Explain to each person assessed, (and /or their carer or representative) the outcome of the assessment.

Collect the necessary information to enable Health Authorities and Regional Offices to monitor implementation and manage performance.

Background

4. In addition to the announcement about the provision of powered indoor/outdoor wheelchairs. Ministers also announced that a voucher scheme would be introduced to give wheelchair users more choice. Implementation of the voucher scheme requires a change to legislation and guidance on this will be issued at a later date.

It is not intended that vouchers should be issued for powered indoor/outdoor wheelchairs in the short term although this may be reviewed once both schemes have become established.

Funding

5. Additional funding is being made available over the next four years to cover the costs to Health Authorities of enabling severely disabled people in their population who meet locally determined eligibility to be supplied with powered indoor/outdoor wheelchairs. £6.4 million is available nationally for 1996/97. In the first instance, this and subsequent allocations will be added as a non-recurring revenue addition to Health Authority baselines pro rata to population. It will be important that the additional funding should not be allowed to offset the level of funding which is needed for the basic service.
6. The funding needed for powered indoor/outdoor wheelchairs is expected to rise over the first three years to reflect not only take-up but also the increasing maintenance costs as more wheelchairs come into service. After that it should reduce as used wheelchairs become available for recycling. Funding will be made recurrent in 1999/2000.

7. In deciding the formula for distribution of funds to Health Authorities, an allocation based on total population has been considered to be the most appropriate. This will not take account of pockets of high numbers of severely disabled people – for example, where there are specialist residential facilities. Health Authorities will, therefore, be asked by Regional Directors of Performance Management to consider setting up purchasing consortia where this will help address-varying needs.

Action

Eligibility Criteria

8. Each Health Authority should assess local needs and determine local eligibility criteria for the supply of powered indoor/outdoor wheelchairs. This should be within the broad national framework that the severely disabled person;

Has difficulty in propelling a manual chair outdoors

Able to benefit from the chair through easier and increased mobility leading to improved quality of life.

Able to handle the chair safely after training

9. As it will take some time for the new arrangements to settle in, some flexibility may need to be exercised in setting, applying and possibly revising local criteria. It should be made clear to anyone applying for a powered indoor/outdoor wheelchair what the criteria are. **Where possible users and their representative groups, where these exist, should be involved in the development of local eligibility criteria.**
10. If, as a result of the review of operation of their continuing health care eligibility criteria, health authorities are revising published documents, they may wish to include criteria for powered indoor/outdoor wheelchairs.
11. If a person who has been provided with an indoor/outdoor wheelchair moves to an area where, under local eligibility criteria, they would not be eligible, the wheelchair should not be withdrawn unless there is a good clinical reason for doing so. Liaison between the wheelchair services concerned will be helpful.
12. Locally determined criteria should not include any reference to the user's income or any benefits they may be receiving even where, as in the case of Disability Living Allowance, the benefit may include a mobility component.
13. By way of example, the criteria at present in use in Scotland and Bradford are at Annexes A and B. These reflect factors that apply in those locations but they may provide a useful starting point for local discussion.

Assessment

14. Specialist assessment by an occupational therapist, physiotherapist or other qualified professional is essential to;
Judge eligibility
Decide, in partnership with the potential user and/or their carer or Representative which type of wheelchair is most appropriate
Arrange any necessary training and provide advice. Rehabilitation engineers will have an important role to play in the assessment and modification of powered indoor/outdoor wheelchairs for severely disabled people
15. 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 (such as the Muscular Dystrophy Group for example) may also be able to provide useful literature.

Reassessment and Review

16. Regular review will be necessary to ensure that the user continues to meet the criteria, for example safe use and measurable benefit, and is satisfied with the wheelchair and the service provided.

Maintenance

17. As with other types of wheelchair this will be the responsibility of wheelchair services and should be reflected in Health Authority contracts. NHS maintenance contracts should cover;

Modification, repair and maintenance services, including emergency
Call-outs

Stocking and delivering the range of NHS contract chairs and accessories

Collection and refurbishment of used chairs for reissue
18. The performance of repair contractors should be managed by rehabilitation engineers and service managers who monitor performance against contract standards, specify technical modifications required by individual users and approve writing off or disposal of redundant or obsolete stock.
19. Wheelchair services will need to ensure that the arrangements for repairs, maintenance or replacement are explained to users (and/or their carers or representatives). Written details should be provided – particularly about what to do in an emergency.

Contracts with Suppliers

20. The NHS supplies Authority is in the process of negotiating and restructuring the existing National Contracts for attendant controlled powered indoor/outdoor wheelchairs. The aim is to provide the NHS with better commercial terms and also expand the range of occupant controlled wheelchairs. Information about this will be made available shortly.
21. Health Authorities and wheelchair services may, however, decide their own arrangements for purchasing powered indoor/outdoor wheelchairs and negotiating contracts for supply and for subsequent maintenance and repair services.
22. Small services with insufficient space for the demonstration and storage of powered indoor/outdoor wheelchairs and who are likely to prescribe relatively small numbers of chairs, may wish to consider joint arrangements with other providers.

Staff and staff training

23. In managing the new arrangements wheelchair services may need to review their staffing and staff training needs. It is for services themselves to decide the level of resources that they allocate to this.
24. Those in charge of wheelchair services may find it helpful to refer to a report produced in 1993 by the Medical Services Directorate (now the Medical Devices Agency) called "Which One Should They Buy"? – A Powered Vehicle Prescription Guide For Therapists" (Number MDD/M93/01). This is a useful guide to the principles of assessment, preferred models for main disability groups, insurance, advice on battery safety etc.

Copies of the report are available from:

Department of Health
P O Box 410
Wetherby
LS23 7LN
Telephone: 01937 840 250
Fax: 01937 840 381

Liaison with Social Services Departments

25. There should be early consultation with local Social Services Departments. It will be important to enlist their co-operation in making arrangements for those powered wheelchair users who will require improved access, battery charging or storage facilities.

Performance Management

26. The changes announced by Ministers represent 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:

- How many residents have met their criteria for the supply of powered indoor/outdoor wheelchairs.
- How many of these wheelchairs have been supplied to their residents.
- At what cost.

Details of how this information will be collected have yet to be agreed.

27. Health Authorities will also be expected to monitor the quality of the service available to their residents.

Insurance

28. Powered indoor/outdoor wheelchairs issued by the NHS will remain the property of the NHS and users cannot be required to insure them. There is also no legal requirement for people using powered wheelchairs in public places to be insured, but users should be advised of the advantages of having third party insurance against personal liability in the event of an accident. It may be possible to add insurance against this liability to an existing House and Contents Policy for a small additional premium.

Complaints procedure

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

30. If you have any queries about the contents of this guidance, please contact;

Noel Turnbull
NHS Community Care Branch
Room 330, Wellington House
London SE1 8UG
Telephone: 0171 972 4120

31. Further copies of this document are available from:

Department of Health,
P O Box 410, Wetherby LS23 7LN.
Telephone: 01937 840 250. Fax: 01973 845 381.