

# West Hampshire, Southampton & Isle of Wight Wheelchair Service

## Eligibility Criteria for Provision of NHS Wheelchairs:

### A Guide for Referring Practitioners

1<sup>st</sup> July 2024

**Note:**

*At the time of writing this document the wheelchair service is funded solely by the NHS with no integrated budget solutions in place. It is anticipated that a broader range of wheelchair equipment and accessories may be obtained via the service in the future; however, this is subject to the development of an integrated budget offer as part of the Personal Wheelchair Budget agenda.*

*This document is therefore subject to review during the mobilisation phase and may be amended prior to service commencement, and subsequent sharing with members of the public*

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## 1 Introduction

- 1.1 These eligibility criteria for NHS provision of wheelchairs and wheelchair accessories have been produced for the benefit of referrers to, and users of, the Wheelchair Service.
- 1.2 The Wheelchair Service has a responsibility to meet the mobility and related postural and pressure care needs of the local population in the most cost effective way, which includes initial purchase, repairs, and re-conditioning of equipment for use. The efficient operation of the service, its ability to maintain financial control and to maximise available resources is a service requirement. This is to ensure public money is managed effectively within the NHS with as little waste as possible.
- 1.3 To ensure equipment is provided in the most responsive manner, wheelchairs will be prescribed from an equipment product matrix. Equipment outside of this range may only be provided in exceptional circumstances where the individual's needs cannot be met from within.
- 1.4 All equipment issued by the Wheelchair Service belongs to the NHS, except in the instance of Third Party Personal Wheelchair Budgets (previously Third Party vouchers) and some items provided via Top-up Personal Wheelchair Budgets. When no longer required, equipment must be returned to the service to enable it to be reconditioned and provided to other service users, wherever possible.
- 1.5 Provision may be via a number of routes as determined by the Wheelchair Service in order to achieve a timely but clinically safe outcome. These routes include:
  - 1.5.1 Direct issue (manual chairs only),
  - 1.5.2 External prescriber request, or
  - 1.5.3 Assessment by a Wheelchair Service clinician

## 2 Scope

- 2.1 The West Hampshire, Southampton & Isle of Wight Wheelchair Service is primarily commissioned to meet the mobility needs of the local population and, within the mobility provision, the postural and pressure care needs of service users. **Equipment is provided to named individual service users who have a long term mobility need (i.e. over 6 months).**
- 2.2 The Wheelchair Service is an NHS-commissioned service to provide for needs set out in 2.1 only. A prescription will therefore be based on the wheelchair or equipment that best meets these needs.

- 2.3 In line with NHS England's model specification for Wheelchair and Postural Services (a non-mandatory tool to assist ICBs in commissioning wheelchair services:

<https://www.england.nhs.uk/wp-content/uploads/2017/07/wheelchairs-model-service-specification.pdf>), the provider assesses eligible service users for the provision of wheeled mobility equipment, both powered and manual. Pressure-relieving cushions and postural management wheelchair equipment will also be provided to facilitate the use of the wheelchair as a mobility device.

- 2.4 The service aims to undertake holistic assessments with all its service users, and wherever possible will take into consideration the individual's other health and lifestyle needs when prescribing a wheelchair. However, mobility is the primary reason for referral, and non-mobility related health and lifestyle needs will not take precedence over that. The service is not commissioned to prescribe any wheelchair, or wheelchair accessory to exclusively meet any of the following needs (however, the wheelchair service may be able to provide information as to sources of funding and appropriate equipment):

- Behaviour management
- Functional needs with no associated postural need (for example, power recline to enable eating and drinking)
- Pressure care (not related to the wheelchair)
- Comfort (not related to the wheelchair)
- Other health conditions not related to posture or mobility (e.g., oedema management, pain relief)

### **3 Accessing the Wheelchair Service**

- 3.1 In order to be eligible for assessment and prescription of a wheelchair all individuals must:

3.1.1 Be permanently registered with a General Practitioner (GP) within the three PCNs (South West Hampshire, Southampton, and Isle of Wight), or, if not registered with any GP nationally, be usually a resident within the above 3 PCN areas, as per NHS England's "Who Pays?" guidelines ([NHS England » Who Pays?](#)) and,

3.1.2 Require the support of a wheelchair for permanent use, defined as for longer than six months. (Shorter loan periods will be considered in support of terminal illness and palliative care with a prognosis of less than 6 months, depending on clinical and lifestyle needs).

3.1.3 Require the support of a wheelchair as an aid to mobility on a frequent basis, defined as more than four hours/day on more than four days/week.

3.1.4 Meet the other specific eligibility criteria set out in this document

- 3.1.5 Live in an environment that is compatible with safe use of the wheelchair (see 4.9).
- 3.1.6 Demonstrate that, where their wheelchair is used in transport Best Practice Guidelines (PMG BPG1 Transportation of People Seated in Wheelchairs v. 2.2 April 2020) are followed.
- 3.1.7 Agree to the Wheelchair Service terms and conditions of loan (see 4.8)
- 3.2 Individuals new to the wheelchair service must be referred by an Accredited Prescriber, GP or HCPC-registered therapist using the correct referral form. The form must be fully completed.
- 3.3 Existing service users can re-refer themselves directly by phone or in writing but only for replacement / review of the **same category/classification** of wheelchair.
- 3.4 Eligible service users who require a new or replacement wheelchair or buggy may be offered a Personal Wheelchair Budget (see Section 19).

## 4 General Service Conditions

- 4.1 **Modifications and accessories** may be provided to address specific mobility and/or postural needs in the wheelchair (e.g., postural support accessories, pressure care items, harnesses, and lap belts). This may require further assessment by a Wheelchair Service therapist, Rehabilitation Engineer (RE) or RE Technician, or an accredited prescriber, but only if agreed by a Wheelchair Service therapist.
  - 4.1.1 Accessories are generally ‘off the shelf’ parts, or readily available from the manufacturer (e.g., lapbelts, headrests).
  - 4.1.2 Standard modifications which are clinically justified may be requested by a trained referrer or recommended and supplied following an assessment by a Wheelchair Service clinician. This includes out rigging of armrests, adjustments of seat sizes, changing of wheel sizes or wheel position etc.
  - 4.1.3 Belts and harnesses will not be supplied solely to manage behaviour.
- 4.2 The term “**special seating**” includes both complex modular seating and custom seating. In all cases, to be eligible for special seating, a service user must meet the general wheelchair eligibility criteria. Custom special seating will be provided when there is a clearly identified postural need to facilitate mobility that cannot be met by off-the-shelf products, as assessed by the Wheelchair Service therapist. Special seating may require input from specialist third party providers, which restricts the availability of appointment times. Similarly, custom seating is not an in-house service and only takes place on certain days of the month.
- 4.3 Where a service user has a privately purchased wheelchair or a wheelchair purchased through the Personal Wheelchair Budget (formerly the voucher scheme), see section 19, that meets the criteria for provision and suits the service user’s clinical need, the service may provide postural accessories and cushions as if the whole provision was under the NHS. However, this will require an assessment by a Wheelchair Service therapist to establish clinical need, safety and compatibility. Even where there is a clinical need, modifications affecting a manufacturer’s warranty will not be undertaken for privately purchased equipment, including those purchased under the Third Party Personal

Wheelchair Budget (formerly the Independent Voucher) Scheme.

- 4.4 As with the majority of NHS-funded Wheelchair Services, the West Hampshire, Southampton & Isle of Wight Wheelchair Service works from an equipment product matrix which is regularly reviewed. Following a holistic assessment of the service user's needs, the service will offer a wheelchair from the equipment product matrix to meet the service user's mobility and postural needs, taking account of other health and lifestyle needs wherever possible. Should the service user wish to have another chair model (for example, a more expensive model, which may have additional features over and above their NHS eligibility), they can take up one of the Personal Wheelchair Budget options.
- 4.5 Features such as tilt-in-space (i.e., where the seat frame can be tilted so that the front of the seat is higher than the rear) and recline (i.e., variable seat-to-backrest angle) are only provided to assist with posture and accommodating joint range of movement. They are not provided for resting, sleeping or management of other health conditions such as urgent post-seizure assistance or respiratory life support.
- 4.6 The service user and/or their carers will need to demonstrate that they can safely use the equipment in the intended environments. This will be established at assessment or in a separate appointment. Environment, lifestyle and care setting may affect which wheelchairs are considered for each individual.
- 4.7 Equipment will only be replaced by the service if it ceases to meet the service user's mobility or postural needs, if it is beyond economical repair (but not if this is due to misuse), or if it is obsolete, such that spare parts are no longer available. This includes all equipment provided via any Personal Wheelchair Budget option. Equipment age alone will not be a reason for replacement.
- 4.8 In signing the conditions of loan issued at handover, the service user agrees that they will look after the equipment and use it according to the manufacturer's instructions. If the service user declines to sign the conditions of loan document they will not be eligible for NHS provision. Service users must notify the wheelchair service if there is any change in their medical condition or other circumstances which affect the safe use of their wheelchair. The Wheelchair Service will not take responsibility for replacing wheelchairs that are in poor condition due to abuse/violence/neglect, or because medical conditions have not been managed through service user choice (e.g. incontinence). The Wheelchair Service reserves the right to withdraw equipment that has been subject to misuse, or used in an unsafe way, as per the conditions of loan agreement.
- 4.9 The home environment, including access to the home environment, must be suitable for wheelchair use. Adaptations may be needed to ensure the service user's safety (e.g., fitting of approved ramps) and to maximise accessibility (e.g., widening of doorways or re-arranging furniture). This is not the responsibility of the Wheelchair Service, but clinical staff in the service will liaise with, or signpost users to, other agencies to facilitate adaptations and alterations. As the home environment is integral to the prescription of a wheelchair, the clinical pathway cannot be taken to conclusion until adaptations are completed. It may be necessary to repeat previous elements of the service user assessment (e.g., driving assessment, information from the GP); especially where medical conditions are known to deteriorate or medication may have changed.

- 4.10 Equipment will be issued to meet the mobility need of the service user, not the environmental dimensions; specifically, equipment to fit into the environment will not be issued if it puts the service user at risk.
- 4.11 If a service user has been provided with a powered wheelchair and moves to a new home inside the registered service area, the service user or their representative would be expected to contact the Wheelchair Service to request assessment of the suitability of the new environment. If the new environment is not suitable the service user will be re-assessed, and in the interim period, if it is deemed the continued use of the original wheelchair would put the service user at risk, the Wheelchair Service reserves the right to withdraw the wheelchair or restrict its use.
- 4.12 The Wheelchair Service operates within the context of several pieces of legislation (for example, the Equality Act 2010, Health and Safety at Work Act 1974, Human Rights Act 1998 & Care Act 2014), that affect service provision and equipment choice.
- 4.13 The service user must ensure that the wheelchair will be adequately cared for and maintained and charged either personally or by a carer.

## **5 Criteria for transit or attendant-propelled manual wheelchairs**

- 5.1 Manual wheelchairs are Class 1 type invalid carriages. In addition to the criteria stated earlier in 3.1, for transit wheelchairs the service user must:
- 5.1.1 Require the support of a wheelchair as an aid to mobility indoors and/or outdoors
- 5.2 Low need wheelchairs are provided from a core range supplied by the Wheelchair Service. These may be supplied following an assessment by a trained referrer (i.e., a healthcare professional with HCPC or appropriate registration who has completed prescriber training provided by the Wheelchair Service).
- 5.3 Medium, high and specialist need wheelchairs will only be supplied following an assessment by a Wheelchair Service clinician. This may be one of our Occupational Therapists (OTs), Physiotherapists (PTs), or Rehabilitation Engineers (REs).

## **6 Criteria for self- or occupant-propelled manual wheelchairs**

- 6.1 Manual wheelchairs are Class 1 type invalid carriages. In addition to the criteria stated earlier in 3.1, for self-propelled wheelchairs the service user must:
- 6.1.1 Require the support of a wheelchair as an aid to mobility indoors and/or outdoors
- 6.1.2 Be able to self-propel functionally without this being detrimental to their development or their medical condition. The advice of other healthcare professionals may be sought in relation to this.

- 6.2 Low need wheelchairs are provided from a core range supplied by the Wheelchair Service. These may be supplied following an assessment by a trained referrer (see 5.2)
- 6.3 Medium, high and specialist need wheelchairs will only be supplied following an assessment by a Wheelchair Service clinician (see 5.3) and the service user must require their wheelchair for both indoor and outdoor mobility.
- 6.4 Manual propulsion is for mobility, not for exercise. The Wheelchair Service will not issue self-propelling wheelchairs for the purpose of exercise or fitness of the individual

## 7 General criteria for provision of electrically powered wheelchairs

- 7.1 The term electrically powered wheelchair refers to both electrically powered indoor- only wheelchairs (EPICs) and electrically powered indoor-outdoor wheelchairs (EPIOCs)
- 7.2 In order to be eligible for the provision of a powered wheelchair, the service user must meet the following criteria **in addition** to the standard criteria in 3.1:
  - 7.2.1 The service user must need to use the powered wheelchair for all their mobility needs.
  - 7.2.2 The service user must be unable to walk or self-propel functionally inside their own home or have been advised that walking or self-propelling is contra-indicated on medical grounds
  - 7.2.3 The service user must live in a permanent residential environment where the wheelchair can access all relevant facilities required for daily living
  - 7.2.4 The service user must demonstrate the ability to use a powered wheelchair safely and **independently** (without supervision, except in the case of age-appropriate supervision of children), without endangering themselves and other people.
  - 7.2.5 The service user must be able to charge the wheelchair, using carer support for this if necessary.
  - 7.2.6 Their home environment must have a suitable space with a power supply for charging the batteries.
- 7.3 Driving a powered wheelchair requires a high level of skill to interact with both the powered chair and the external environment safely. In order to be considered as safe to drive a powered wheelchair, the service user will need to demonstrate the following at the wheelchair assessment:
  - 7.3.1 adequate vision
  - 7.3.2 adequate visuo-spatial perception
  - 7.3.3 adequate hearing
  - 7.3.4 attention and concentration for the whole time the powered wheelchair is used

- 7.3.5 memory skills
  - 7.3.6 insight and understanding of risk
  - 7.3.7 good judgement
  - 7.3.8 ability to use adaptive strategies
  - 7.3.9 good reaction time relevant to the intended use and be able to cope with the unexpected (e.g. behaviour of other people and animals)
  - 7.3.10 planning and organisation
  - 7.3.11 self-monitoring skills
  - 7.3.12 sensation
  - 7.3.13 muscle power
  - 7.3.14 control and coordination
- 7.4 Given these requirements, it follows that many body systems need to be functional for safe driving. Injury, disease or medical treatment can affect a service user's ability to drive safely. A service user must disclose any medical conditions (including medical treatment or medication) that affect consciousness or that affect visual, cognitive, visuo-spatial or other higher cortical functions or any other medical conditions that would put them or others at risk (including but not limited to epilepsy, seizures, Narcolepsy). Referrals which indicate the service user has one of these conditions will require further investigation and may mean that they will not be considered for a powered wheelchair.
- 7.5 It is the responsibility of the Wheelchair Service to determine whether or not an individual can operate a powered wheelchair proficiently and safely. Wheelchair Service clinicians will base their assessments on the DVLA guide 'Assessing fitness to drive – a guide for medical professionals' February 2024: [Assessing fitness to drive – a guide for medical professionals \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/100000/assessing_fitness_to_drive_-_a_guide_for_medical_professionals.pdf). With reference to conditions which involve the loss of consciousness, the Wheelchair Service adopts the Motor Vehicle (Driving Licenses) Regulations 1999 (as amended) that govern the way in which epilepsy is prescribed as a relevant disability for group 1 drivers, but applies to any condition which may affect driving ability, including the use of medication.
- 7.6 In addition to the above, in line with DVLA notification requirements and the wheelchair service conditions of loan, the service user is required to notify the service immediately of any conditions that may affect their ability to drive, even if already using an NHS powered wheelchair so that their medical eligibility can be reviewed. If the service user is no longer able to operate their powered wheelchair independently and safely based on the above guide, the powered wheelchair may have to be withdrawn.
- 7.7 Assessors may need to seek further medical advice about individual service users from their referrers, carers, other health or social care professionals, GP or consultant if appropriate. If consent is not given for further medical advice to be sought, the referral cannot be processed. If a powered wheelchair has already been issued and changes occur to the service user's condition, such that medical eligibility is in question, the Wheelchair Service will apply the same decision making.
- 7.8 If the service user fails to meet any one of these criteria, deteriorates medically, or

their driving skills are deemed to be dangerous, the powered wheelchair may need to be withdrawn, and their manual wheelchair utilised. This will be determined by reviews set on an individual basis, dependent upon their presenting needs and their diagnosis / prognosis.

- 7.9 Safe use of a powered wheelchair issued by the NHS must be independent. No powered wheelchair will be issued with the intention that the service user be supervised during use, except for example, age appropriate supervision of children, such as crossing the road. Unsafe use of a powered wheelchair may result in its withdrawal.
- 7.10 The service user will need to demonstrate by a driving test conducted by the Wheelchair Service all the skills required to independently operate an electrically powered chair safely and responsibly, without endangering themselves and/or other people.

## **8 Criteria for provision of Electrically Powered Indoor Wheelchairs (EPICs)**

- 8.1 These wheelchairs are intended for indoor use only (i.e. behind the service user's own front door). Limited use of the wheelchair outside, such as in the garden, will be discussed and may be agreed with the service user and their carer following a risk assessment by the Wheelchair Service. Any EPIC used beyond the threshold of the home must be suitable for the environment (e.g., stability). A Wheelchair Service clinician will review the environment in which the user needs or *intends* to use the wheelchair at handover. They must not be used in any indoor public environment e.g., shopping centres.
- 8.2 In order to be eligible for the provision of an EPIC, the service user must meet all of the criteria set out in 7, and the following:
- 8.2.1 As a result of a medical condition, the service user must be severely and permanently restricted in mobility, and will need to use the powered wheelchair for all their mobility needs.
- 8.2.2 Be unable to walk or self-propel inside their own home
- 8.2.3 The service user must require a wheelchair to enable movement within an indoor environment (i.e., inside their own home) in excess of one individual room and be unable to self-propel a manual wheelchair to do so.
- 8.2.4 The supply of the EPIC will significantly improve the service users' independence and quality of life indoors (e.g., access to the toilet).
- 8.2.5 The service user is able to demonstrate the ability to use an indoor powered wheelchair safely and independently, without endangering themselves and other people.
- 8.2.6 The service user must have a suitable home environment including adequate space to drive the wheelchair (including the footplates) in the home, and a suitable space with a power supply for charging the batteries.

- 8.3 This equipment will not be issued for use **solely** in the school, college, work or day centre environment. However, the wheelchair service may be able to provide information about appropriate equipment and sources of funding even though the service will not be able to provide or issue the equipment itself.

## 9 Criteria for Electrically Powered Indoor/Outdoor Wheelchairs (EPIOCs)

- 9.1 It should be noted that although EPIOCs can be used outdoors, primary use of NHS provision must be indoors. NHS provision is limited in terms of speed and weight of the equipment and usage.
- 9.2 The eligibility criteria in 7 apply. **In addition:**
- 9.2.1 The local outside environment must be accessible in an EPIOC (e.g., slopes must be within the permitted degree of incline for safety), and must be compatible with its use.
- 9.3 There are two classifications for powered wheelchairs (known as invalid carriages in law). Only a person with a valid reason to do so may use a power chair in a public area (i.e., someone with a disability, or someone demonstrating the equipment to the service user); all powered wheelchairs provided by the Wheelchair Service are for pavement and pedestrian use.
- 9.3.1 Class 2 wheelchairs travel under power up to a maximum speed of 6km/h (4mph) and must have an unladen weight of less than 113.4kg (248lbs) unless there is a defined clinical need. Class 2 wheelchairs are not suitable for use on the road (except where there is no pavement access or the pavement is blocked, or to cross a road), and this is the maximum classification that can be used by someone under 14 years.
- 9.3.2 Class 3 wheelchairs travel under power up to a maximum speed of 12.8km/h (8mph) and must have an unladen weight of less than 150kg (330lbs), unless there is a defined clinical need, and measure less than 0.85m (33") across. If they are driven on the pavement, speed must not exceed 6km/h (4mph). If they are driven on the road additional equipment (lights/horn/mirror) is required. **Class 3 wheelchairs are not provided by the NHS Wheelchair Service.**
- 9.4 The service user will need to have a residential environment that is appropriate for the use of an indoor/outdoor powered wheelchair and have suitable facilities to enable independent access to the outdoor environment (e.g., a permanent floor fixed ramped access, this does not include portable ramps). The local outside environment must be accessible in an EPIOC (e.g., slopes must be within the permitted degree of incline for safety) and must be compatible with its use. Referrals for service users who do not have the required residential environment will be closed, and the user advised that they are not eligible. To minimise delays, please refer service users for indoor-outdoor powered wheelchair when home adaptations are in place

## **10 Guidelines regarding attendant-controlled powered wheelchairs**

- 10.1 The Wheelchair Service does not supply attendant controlled powered wheelchairs, nor does it supply add-on power-pack units to manual wheelchairs (either attendant or occupant controlled).
- 10.2 The Wheelchair Service may allow privately purchased attendant controlled power-pack units to be fitted to manual wheelchairs supplied by the Wheelchair Service; however written permission must be sought and obtained from the Wheelchair Service. Any power-packs fitted to the wheelchair must be compatible with the make and model of the wheelchair, and not affect the warranty, integrity or durability of the equipment.
- 10.3 The purchase, fitting or repair of any privately purchased power chair or power-pack is not the responsibility of the Wheelchair Service.
- 10.4 The Wheelchair Service reserves the right to take appropriate action should it become apparent that a privately fitted power pack is affecting the integrity of the wheelchair. This action may include withdrawal of the wheelchair or a charge for incurred repair costs.
- 10.5 Where specialist controls are fitted for use by the service user (i.e., micro-joysticks, chin controls, head controls etc.), a standard joystick will be included for use by attendants in exceptional circumstances only – this may include driving into vehicles or narrow spaces that require a higher degree of control than may be possible with the specialist controls. However, if it is discovered that the service user is not using the specialist controls due to deterioration in their condition, and mobility is reliant on a carer using the standard controls, the power chair will be withdrawn.

## **11 Guidelines for other “add-ons”**

- 11.1 It is acknowledged that privately-purchased equipment is available that, when attached to wheelchairs, increases their versatility, but that the nature of the NHS provision may be changed. For that reason, the fitting of “add-ons” to NHS wheelchairs is controlled and must not affect the integrity or safe use of the wheelchair. The Wheelchair Service will not be responsible for any fitting or repairs of ‘add-on’ equipment.
- 11.2 Communication aids or brackets may be fitted to the wheelchair with the Wheelchair Service permission.
- 11.3 Provision of NHS loaned equipment will not exceed that of the clinical need in order to facilitate the fitting of any add-ons.
- 11.4 The fitting of vehicle docking-systems can only be with the full written permission of the Wheelchair Service, the equipment must be fully compatible with the wheelchair on loan, and the fitting must not affect the integrity of the wheelchair. NB: provision of the wheelchair on loan will not exceed that of the service user’s clinical need in order to facilitate a docking system, and the Wheelchair Service will not be responsible for any repairs to the docking system.

- 11.5 The fitting of cheaper docking station alternatives (i.e., not compatible with the wheelchair on loan) will not be accepted and must be removed; if not removed, the wheelchair on loan will be withdrawn

## **12 Criteria for the provision of special seating systems**

- 12.1 Special seating will only be prescribed for use with a manual or powered wheelchair following assessment by a Wheelchair Service clinician, and will only be supplied if it will be used as part of a 24-hour postural management programme.
- 12.2 “Special seating” is a broad term used in reference to seating requirements when standard off-the-shelf accessories are no longer adequate to support the service user’s posture to enable mobility in the wheelchair.
- 12.3 Special seating may refer to modular systems, or to fully bespoke systems such as carved foam, or moulded seating. Special seating is designed to be extremely close fitting to help hold a service user’s posture upright against gravity in the least destructive pattern, which may be difficult for some people to tolerate
- 12.4 Special seating may not be suitable for service users who are capable of completing standing transfers or slide board transfers, or who have a high degree of active movement or functional ability, but needs are assessed on an individual basis.
- 12.5 It should be noted that special seating is not therapeutic (e.g., it does not provide stretch for soft tissues) but is provided to enable mobility. Provision by the Wheelchair Service is secondary to a mobility need.
- 12.6 Care will be taken in selecting the system which best meets the needs of the service user on a long-term basis, taking into account cost-effectiveness.
- 12.7 The effectiveness of complex seating systems depends on a number of factors, such as the level of the service user’s active movement, functional ability, carers’ precision in hoisting and positioning the service user, etc. For this reason, it may be necessary to investigate changing other community equipment provision and/or increasing a care package (for example to provide a second person for hoisting), in order to increase the likelihood of success with the seating. Without investment in effective positioning equipment and service user/carer training, the seating will not be effective and the service user may be uncomfortable and at additional risk if not correctly positioned.
- 12.8 It may be necessary to compromise on the seating or the intended outcome in some cases. An example may be where over-support of posture limits function, and either posture or function must therefore be compromised.
- 12.9 Only one seating system will be supplied.
- 12.10 The Wheelchair Service will assess on an individual basis the appropriateness of fitting NHS special seating systems to private wheelchairs. In all cases it must be deemed by the Service that the user is eligible for the private wheelchair in accordance with the NHS provision (for example, seating and postural accessories will not be provided for outdoor only powered chairs).

Eligibility must be documented in the service user's notes and permission for provision must be sought from the team leader or manager of the Service.

### **13 Criteria for paediatric provision**

- 13.1 Children are eligible for provision of buggies, manual wheelchairs or powered wheelchairs depending on their needs. They must meet the same eligibility criteria as adult service users except in relation to powered wheelchairs where the level of independent use should be age-appropriate
- 13.2 Assessment for provision and handover of a wheelchair/buggy and associated equipment will be carried out in the presence of the parent/guardian or designated other, the Wheelchair Service therapist agrees that it is acceptable for the parent / guardian to be absent (e.g., at school and only for provision of small accessories or minor reviews). In these cases, the clinical appointment will only take place with written consent from the parent / guardian. The referrer will be invited to attend.
- 13.3 Specialist buggies will not be supplied to children under 36 months if their mobility and postural needs can be met by a standard buggy that a parent would normally be expected to purchase for a child of that age.
- 13.3.1 The Provider will accept referrals for children under 3 years if they have postural support needs or functional wheelchair support needs which cannot be accommodated in a normal commercially available buggy that a parent would normally be expected to fund. Acceptance for provision will be supported by a local clinical decision making matrix for buggy provision to be undertaken in collaboration with community children's therapy services.
- 13.3.2 The Provider will issue a simple buggy where a child is developmentally delayed and is not able to walk distances. However, if the child has complex postural or medical needs (as identified through the assessment process), the Provider must assess whether a specialist buggy will be given on an individual basis. In all cases, the buggy will be age appropriate for the child.
- 13.3.3 The Provider will provide seatbelts and harnesses for postural support in the buggy and for those children with behaviour needs who require equipment to support safe outdoor mobility. They will not be issued for solely as a means of controlling a child's behaviour.
- 13.4 Specialist buggies and special seating systems are issued to children or young people who have met the eligibility criteria for mobility and have postural problems. Use of this equipment must form part of a 24-hour postural management programme.
- 13.5 Buggies will not be issued after a child's 5th birthday, or full-time school age, whichever is sooner. The buggy should be age-appropriate for the child and their needs.
- 13.6 Double (twin) buggies will only be supplied where there is a second child who is close in size, who also has a disability. The model of double (twin) buggy chosen and any necessary postural support within it will be provided to meet the needs

of both children. These will be sourced on a case-by-case basis due to the limitations in range of product.

- 13.7 West Hampshire, Southampton & Isle of Wight Wheelchair Service does not provide a wheelchair for sole use in the educational or social care setting. However, if the equipment provided by the service for use at home/in the community also meets the needs of the child or young person at school/college, the wheelchair may be used in both locations.
- 13.8 Indoor/outdoor powered wheelchairs will be issued to children or young people who are unable to walk or self-propel but are able to independently control a powered wheelchair safely. The child will need to use the powered wheelchair constantly, indoors and outdoors as a form of mobility and meeting the safe driving requirements in Section 7. Up to the age of 14, there is a limit to the class of wheelchair that can be provided (see section 7).
- 13.9 For children and young people who are at an end-of-life stage (i.e., with a prognosis of less than 6 months' life expectancy), a 24-hour fast track service will be offered. If a bespoke or specialist wheelchair is required which cannot be sourced within [24 hours], the Provider will provide a temporary wheelchair which best meets the needs of the Service User. This is to be undertaken only after consultation with wheelchair therapists and other clinicians responsible for the care of the Service User to ensure that clinical needs are not compromised.
- 13.10 For Children Looked After (CLA) or children transferred out of area, management will be on a case-by-case basis involving multi agency professions.

## **14 Criteria for provision of more than one wheelchair**

- 14.1 Generally, only one wheelchair will be issued to an individual, however, when a powered wheelchair is issued, a back-up manual wheelchair will also be provided.
- 14.2 Requests for more than one wheelchair will be considered under special circumstances. For example, a second wheelchair may be issued to allow the service user to access the upstairs of their property but not to support accessibility outside of the individual's permanent place of residence. The second wheelchair may not be the same model as the primary wheelchair.

## **15 Criteria for the issue of a wheelchair that is lighter and more configurable than a standard wheelchair**

- 15.1 Standard wheelchairs, when fully set up, typically weigh around 16 kg (35lbs), but this is reduced when the hangers, footplates, and the wheels are removed. Difficulty in pushing a wheelchair is rarely related to the weight of the wheelchair itself, but to the weight of the occupant and the set-up of the wheelchair (e.g. wheelbase length, mass distribution or how the service user is positioned).
- 15.2 Lightweight wheelchairs typically weigh around 14 kg (31lbs) when fully set up, and again, this weight is reduced when the items are removed from the seat

frame.

- 15.3 Ultra-lightweight wheelchairs typically weigh around 11kg (25lbs), and this weight may not be reduced, as this type of wheelchair does not have items that can be removed from the frame.
- 15.4 Provision of configurable wheelchairs that are lighter than standard wheelchairs will be on a clinical basis, for active full-time users:
- 15.4.1 to facilitate maximum independence and mobility for a full-time wheelchair user,
  - 15.4.2 to facilitate self-propelling over long distances
  - 15.4.3 to facilitate manoeuvres such as 'wheelies', in which case the service user must have the physical and cognitive ability to manage a wheelchair that is designed to be used in a less stable configuration.

Note that these wheelchairs are not suitable for service users with certain medical conditions, especially those that are deteriorating and where posture is typically affected. Backrest heights are low and push handles are not usually provided.

## **16 Criteria for the provision of pressure relieving cushions**

- 16.1 A range of wheelchair cushions is available for all levels of risk. The cushion provided by the Wheelchair Service can be used in an NHS-provided or privately-purchased wheelchair for which the service user would be eligible.
- 16.2 A pressure-relieving cushion will be issued for use within the wheelchair as an essential part of an individual's 24-hour pressure care prevention plan and not as an alternative to an appropriate care package or pressure care regime such as correct positioning/re-positioning or changing position by spending periods out of the wheelchair during the day.
- 16.3 Provision of higher risk pressure relieving cushions will only be considered after all other pressure management techniques have been considered; cushions with higher pressure relieving properties will not be provided in order to facilitate a service user sitting out for longer periods than are safe, or to reduce care packages.
- 16.4 Pressure mapping will be carried out when clinically justified (e.g. demonstrating pressure relieving techniques to a service user)

## **17 Pathway-specific criteria**

### **17.1 Nursing and Residential Homes**

- 17.1.1 Service users in Nursing or Residential Homes may be provided with self-propelling manual or powered wheelchairs to enable them to become independently mobile.
- 17.1.2 Wheelchairs to be pushed by a carer indoors are not provided. It is the responsibility of the home to provide wheelchairs for transit purposes, general portering and nursing use within the home.

- 17.1.3 Appropriate supportive static seating (available on wheels/castors) should be provided by Nursing and Residential Homes for residents who are not independently mobile, rather than wheelchairs. For safety and comfort, residents who are not independent wheelchair users should not spend long periods of time sitting in a wheelchair but should sit in a supportive armchair instead.
- 17.1.4 Where the service user has a need for postural support, provision of a wheelchair will only be considered if the service user will be taken off the Nursing/Residential Home grounds at least four times a week for four hours each day (as per the standard service criteria). The Wheelchair Service will require proof that a family member or carer will be available to do this.
- 17.1.5 Tilt-in-space wheelchairs will not be issued in nursing homes, care homes or residential homes unless there are postural issues and are part of a 24-hour postural management plan and the service user is taken off the premises at least four times a week. Tilt-in-space wheelchairs will not be provided in lieu of the service user not having an appropriate static seat.
- 17.1.6 Service users should be referred to the service by an Occupational Therapist, Physiotherapist or their GP.
- 17.1.7 It should be noted that the Wheelchair Service does not provide equipment for restraint, but for postural control (i.e. in the case of lap belts to hold the pelvis in position). If Nursing Homes are not prepared to use lap belts or other equipment issued by the Wheelchair Service as prescribed by the Wheelchair Service, the wheelchair will be withdrawn.

## **17.2 Hospital discharge**

- 17.2.1 The Wheelchair Service will establish and maintain effective liaison with Acute Hospitals to support the prompt discharge of service users with a long-term wheelchair needs. The Wheelchair Service will maintain a minimum stock level of ring-fenced standard wheelchairs, wheelchair cushions and accessories.

## **17.3 Complex discharge pathway**

- 17.3.1 To support discharges following neuro orthopaedic procedures which require the client to have a hip orthosis to enable abduction, the Wheelchair Service will maintain a small stock of wheelchairs that support fixed abduction. A three month short term loan period would be anticipated for this type of patient post- surgery.

## **17.4 Spinal Surgery**

- 17.4.1 The Wheelchair Service will maintain a small stock of medium/high need wheelchairs for patients following spinal surgery, including wheelchair cushions and accessories. These may be sited at the University Hospital Southampton (UHS) and/or Salisbury District Hospital (SFT) if requested.
- 17.4.2 The wheelchair service will support SFT in procuring highly configurable wheelchairs as recommended by SFT Clinicians. To facilitate discharge, SFT may loan wheelchairs from their own stock; The wheelchair service will deliver the required provision to the service user and return the loaned wheelchair to SFT.

17.4.3 The sub-store at UHS will contain:

- Dedicated wheelchairs suitable for spinal patients e.g. Rea Azalea in junior, small, medium and large.
- Wheelchairs to have tilt in space and recline functions, headrest and laterals.
- Junior, small, medium and large sizes to be held in store and provider to replenish the sub-store once issued by hospital prescriber.
- Accessories: headrests, foot rests and laterals.

## 17.5 Amputees

17.5.1 As requested, the Wheelchair Service will maintain stock of low/medium need wheelchairs with appropriate wheelchair cushions and accessories (e.g. amputee supports) to support amputees post-surgery in the University Hospital Southampton (UHS) or the Royal Hampshire County Hospital (RHCH). Equipment may be sited in a sub store at these hospitals if requested.

17.5.2 The sub-store to contain:

- A minimum of 10 self-propelling wheelchairs in a variety of sizes,
- A variety of pressure cushions.
- Short and long stump boards.
- Different coloured footplates to be available for patients with sight impairment.

## 17.6 Rehabilitation inpatient placements

17.6.1 In addition to meeting the service's general eligibility criteria, individuals must have completed their rehabilitation goals before a referral for high/specialist need wheelchair provision can be processed by the Wheelchair Service.

17.6.2 As the home environment is integral to any wheelchair provision, the Wheelchair Service can only provide a wheelchair once the individual's permanent discharge destination is known.

17.6.3 The five day fast track service (and conditions above) applies to discharge from Inpatient Rehab Units if the two points above have been met

## 17.7 Rapidly Progressive Disorders and End of Life

17.7.1 The Wheelchair Service is expected to have good working processes in place to anticipate the needs of and provide timely provision for individuals with progressive disorders.

17.7.2 The Wheelchair Service will offer a five-day fast track service for service users with a rapidly-progressing neurological disorder. This is to be supported by ring-fenced stock for this patient cohort.

17.7.3 If the service user requires a highly-specialist wheelchair that cannot be sourced within five operational days, the Wheelchair Service will provide a temporary wheelchair that best meets the needs of the Service User. This is to be undertaken only after consultation with wheelchair therapists and other clinicians responsible for the care of the Service User to ensure that clinical needs are not compromised and are safe.

17.7.4 For service users with a prognosis of less than 6 months' life expectancy

a 24-hour fast track service will be provided. The Wheelchair Service will have appropriate stock to support timely provision.

- 17.7.5 If a bespoke or specialist wheelchair is required which cannot be sourced within 24 hours, the Wheelchair Service will provide a temporary wheelchair which best meets the needs of the service user. This is to be undertaken only after consultation with wheelchair therapists and other clinicians responsible for the care of the Service User to ensure that clinical needs are not compromised.

## **18 Personal Wheelchair Budgets**

- 18.1 The Wheelchair Service will actively promote the use of Personal Wheelchair Budgets to support personalisation of the service and offer increased choice and control for service users accessing the service. Service users should:
- 18.1.1 Know up-front the value of their Personal Wheelchair Budget.
  - 18.1.2 Be supported in identifying the health and wellbeing outcomes they want to achieve using their wheelchair.
  - 18.1.3 Be involved in their care plan as it relates to wheelchair use.
  - 18.1.4 Be supported to identify the Personal Wheelchair Budget option that best suits the amount of choice and control with which they feel comfortable.
  - 18.1.5 Be supported to understand the relevant steps in the Personal Wheelchair Budget process.
  - 18.1.6 Be able to spend the money in ways and at times that make sense to them, as agreed in their plan.
- 18.2 Subject to the progression of conversations with other organisations such as Social Services, District Councils, Education, Access to Work etc., the Wheelchair Service will work jointly with other agencies to develop processes that facilitate provision of equipment via joint funding mechanisms with minimal administrative delay.

## **19 Exclusions**

- 19.1 The service aims to undertake holistic assessments and, wherever possible, will take into consideration the individual's other health and lifestyle needs when prescribing a wheelchair. However, mobility is the primary reason for referral and non-mobility related health and lifestyle needs will not take precedence over that. In all cases whereby there are clinically exceptional circumstances, the referring clinician can make an independent funding request for provision with additionality to meet the service user's clinical needs (please see section 20 below).
- 19.2 Wheelchairs are provided by the NHS to meet the mobility needs of the service user; for this reason:
- 19.2.1 The Wheelchair Service cannot over-prescribe the equipment in order

to meet the needs of the carer.

- 19.2.2 The Wheelchair Service cannot prescribe off-roading or all terrain equipment as this is not considered part of the NHS wheelchair provision
- 19.2.3 The wheelchair prescribed must be used for the intended purpose. For example they must not be used to carry individuals, such as up or down stairs, or in the gym, or in combination with fitness equipment such as foot cycles or weights.
- 19.3 The service cannot provide a wheelchair for service users with diagnoses of conditions such as frailty or autism unless there are underlying chronic mobility needs. In this instance, the referrers and service user will be signposted accordingly.
- 19.4 The service is not commissioned to prescribe any wheelchair, or wheelchair accessory to exclusively meet any of the following:
  - 19.4.1 Behavioural challenges (e.g., related to autism)
  - 19.4.2 For use as a restraint or as a replacement for, or use as, a static chair
  - 19.4.3 Functional needs with no associated postural need
  - 19.4.4 Pressure care (not related to the wheelchair). Pressure mapping will only be carried out in relation to the wheelchair seating
  - 19.4.5 Comfort (not related to the wheelchair)
  - 19.4.6 Sporting/off-road activity requirements including specialist sporting equipment
  - 19.4.7 Wheelchairs for sole use in the educational, work or social care setting
  - 19.4.8 Other health conditions not related to posture or mobility

The wheelchair service may, however, be able to assist by providing information about sources of funding and appropriate equipment.

- 19.5 Attendant (transit) propelled wheelchairs will not be provided to residential, care or nursing home residents, unless the individual has a postural need that would mean a standard wheelchair provided by the care home for portering would be unsuitable, plus the service user must be taken off the premises at least four times a week.
- 19.6 Tilt-in-space wheelchairs will not be issued in nursing homes, care homes or residential homes unless there are exceptions, see section 17.
- 19.7 Attendant controls will not be provided by the Wheelchair Service on powered wheelchairs, nor can privately purchased attendant controls be fitted on NHS funded wheelchairs (including on voucher) for use when the service user is tired or fatigued; use of the power chair must be independent.
- 19.8 The Wheelchair Service will not supply and fit, or allow the fitting of E-fix wheels, or occupant controlled power-packs to NHS loaned wheelchairs. This would essentially turn a manual wheelchair into a powered wheelchair, and therefore

the service user would need to be eligible for a powered wheelchair; if the service user is eligible for a powered wheelchair, a standard EPIC/EPIOC will be issued.

#### 19.9 The Wheelchair Service does not supply:

19.9.1 Trikes

19.9.2 Mobility scooters

19.9.3 Class 3 powered wheelchairs (see 9.3.2)

19.9.4 Power-assist devices for manual wheelchairs (see 10)

19.9.5 Attendant-controlled powered wheelchairs (see 10)

19.9.6 Accessories whose only function is to provide backrest recline. Where a wheelchair has backrest recline as a standard feature, the recline angle will be set to accommodate a service users hip range and allow for a more open hip angle, however once set, the recline is locked to prevent accidental or unintended changes to the backrest angle.

19.9.7 Powered elevating leg rests

19.9.8 Powered recline

19.9.9 Extremes of tilt (e.g. 50 degrees)

19.9.10 Tilt, recline and elevating leg rests to manage oedema, pain or other health conditions, or to increase comfort.

19.9.11 Provision to ease moving and handling, and transfers in and out of the wheelchair.

19.9.12 Accessories not related to mobility or postural needs, for example:

- Mountings for communication aids,
- Trays, baskets or under seat trays for anything other than medical equipment
- Loopwheels or Softwheels (although permission may be sought from the Wheelchair Service for service users to supply and fit their own)
- Bluetooth capability
- Accessories specifically for safe transportation in public/private transport (e.g. headrests, harnesses, ankle huggers, hub brakes)
- Equipment for decoration rather than function
- Second ("spare") cushion covers except in the case of frequent incontinence despite proactive management.
- Riser elements on powered wheelchairs (NB individuals can make contribution to have this as additional function in their provision; conditions apply)
- Lights and indicators on powered wheelchairs
- Rain or sun covers for buggies / children's provision, including where the service user has sensitive skin or other skin conditions, unless there is an identified postural need established through a clinical assessment

## **20 Equipment provided under exceptional circumstances**

- 20.1 Occasionally, the wheelchair service may provide equipment for individual clients that would not usually be provided on the matrix. This will only happen when there are clear clinical reasons for doing so. Approval from the clinical team and clinical panel will be required prior to issue. For items costing over £6000 approval from the service commissioners will also be required.
- 20.2 Equipment that may be provided under exceptional circumstances includes:
- 20.2.1 Powered wheelchairs capable of travelling faster than 4mph to comply with DVLA legislation.
  - 20.2.2 Additional special seating systems (more than one)
  - 20.2.3 Second chairs (other than routinely issued manual backup chairs)
  - 20.2.4 Wheelchairs, cushions and accessories outside the equipment product matrix
  - 20.2.5 Rear facing seats on buggies.

## **21 Individual Funding Review Panel (IFR)**

- 21.1 Where eligibility criteria are not met and the referring clinician or OT wishes to pursue a specific item for the service user, an Individual Funding Request might be considered. This must be clinically-led and the referrer must demonstrate that there are clinically exceptional circumstances related to the service user and/or they would have an exceptional capacity to benefit from the item.
- 21.2 Note that if meeting a different health need would be detrimental to the core purpose of the wheelchair (e.g., hinders functional mobility, detracts from good posture or increases risk of pressure ulcers), the Wheelchair Service is not obliged to approve the addition of IFR funded equipment to the wheelchair.
- 21.3 All details / resources related to this process can be accessed via the following link: [Clinical Policy Implementation Service – Clinical Policy Implementation Service \(CPI\) \(scwcsu.nhs.uk\)](https://www.scwcsu.nhs.uk/clinical-policy-implementation-service)

## Appendix 1

Glossary Term	Definition
Low Need	<p>Relates to occasional users of wheelchairs with relatively simple needs that can be readily met. They do not have postural or special seating needs. Their physical condition is stable, or not expected to change significantly.</p> <p>Generally self-assessment or telephone triage supported by health/social care professional or technician.</p>
Medium Need	<p>Relates to daily users of wheelchairs, or those who use their wheelchairs for significant periods most days. They may have some postural or seating needs and their physical condition may change (e.g., weight gain / loss; some degenerative conditions).</p> <p>Comprehensive, holistic assessment by skilled assessor required.</p>
High Need	<p>Relates to users who are fully dependent on their wheelchair for all mobility needs.</p> <p>This may include very active users, requiring lightweight equipment to maintain a high level of independence</p> <p>Other high need service users may have moderate postural, pressure care or seating needs. Their physical condition may change / degenerate over time.</p> <p>Comprehensive, holistic assessment by skilled assessor required.</p>
Specialist Need	<p>Permanent users who are fully dependent on their wheelchair for all mobility needs. <b>And</b></p> <ul style="list-style-type: none"> <li>• Highly complex postural or seating requirements (e.g., for high levels of physical disability) and/or are at greatest risk to their health and wellbeing <b>and</b></li> <li>• Physical condition may be expected to change/degenerate over time <b>or</b></li> <li>• Have complex and/or fluctuating medication and conditions and multiple disabilities which may includes physical, cognitive, sensory and learning aspects <b>or</b></li> <li>• They are likely to require 24 hours postural management due to; poor trunk control, inability to sit without support, limited upper limb function, possible spinal curvature and joint contractures <b>or</b></li> <li>• They are at high risk of secondary complications due to their levels of disability such as contractures, chest infections and respiratory diseases</li> <li>• The most common diagnoses for people who need specialist wheelchair services are: cerebral palsy, muscular dystrophy, multiple sclerosis, brain injury, motor neurone disease, high level spinal cord injuries</li> <li>• Comprehensive, holistic assessment by skilled assessor required.</li> </ul>
Equipment product matrix	<p>An agreed range of wheelchairs and accessories provided by the service. The range is based upon the needs of the local population and reviewed as necessary.</p>

Visuo-spatial perception	The ability to process and interpret visual information about where objects are in space. Without adequate visuo-spatial perception it is difficult to move around and orientate oneself within any environment.
Invalid carriages	<p>Manual and powered wheelchairs and mobility scooters are medical devices and in law are referred to as 'invalid carriages'</p> <p>There are three types of 'invalid carriage' defined in 'The Use of Invalid Carriages on Highways Regulations 1988':</p> <p>Class 1 - manual wheelchairs, either self-propelled or attendant-propelled/transit;</p> <p>Class 2 - powered wheelchairs and mobility scooters, intended for footpath or pavement use only, with a maximum speed of 4 mph;</p> <p>Class 3 - powered wheelchairs and mobility scooters for use of the road with a maximum speed of 8mph but with the facility to drive at 4mph on a footpath or pavement.</p>