

## APPENDIX A

### SECTION B PART 1 - SERVICE SPECIFICATIONS

<b>Service Specification No.</b>	
<b>Service</b>	Wheelchair Service
<b>Commissioner Lead</b>	
<b>Provider Lead</b>	
<b>Period</b>	
<b>Date of Review</b>	

#### 1 Population Needs

The purpose of the Wheelchair Service is to provide assessment for, and arrange provision of, complex postural management equipment (bespoke or commercially available), and or pressure relief within the wheelchair seating and wheelchairs for the residents of Sefton North. This service supports hospital discharges particularly from the Spinal Injuries Unit at Southport and Ormskirk Hospitals NHS Trust. The service also provides postural management, advice and support to client's families and carers.

##### 1.1 Aims

The aim of the Wheelchair Service is to provide an assessment and arrange provision of complex postural management seating, pressure relief within the wheelchair and wheelchair requirements for people of any age within Sefton North to promote independence. A population of 5000 service users are served by this service.

Wheelchair Service is a commissioned service in Sefton South provided at University Aintree NHS Hospital Trust.

##### 1.2 Evidence Base

All Therapists within the Wheelchair Service work to the professional codes of conduct and standards as set out by the British Association of Occupational Therapists (BAOT) publications and Chartered Society of Physiotherapy (CSP) respectively:

- College of Occupational Therapists Code of Ethics and Professional Standards (COT, 2005)
- Chartered Society of Physiotherapy Core Standards of Physiotherapy Practice (2005)
- Chartered Society of Physiotherapists Rules of Professional Conduct (Second Edition) (CSP, 2002)

National Service Framework (NSF)'s,

- NSF for Older People (DH, 2001)
- NSF for Longer Term Conditions (DH, 2005)
- NSF for Children, young people and maternity services (DH, 2004)

National Clinical Guidelines and Policy documents

- National Clinical Guidelines for Stroke (Royal College of Physicians, 2007)
- National Stroke strategy (DH, 2007)

National Institute for Health and Clinical Excellence (NICE) Guidance.

- NICE Clinical Guideline CG08 Multiple Sclerosis (NICE, 2003)
- NICE Clinical Guideline CG21 Falls (NICE, 2004)
- NICE Clinical Guideline CG035 Parkinson's Disease (NICE, 2006)

- NICE Clinical Guideline CG029 Pressure ulcer Management (NICE, 2003)

Every Child Matters: Change for Children (DH,2004)

### 1.3 General Overview

The specialist Wheelchair Services have been developed following policy directives related to both Adult and Children's Services.

The policy document Our Health, Our Care, Our Say (DH, 2006) emphasized the government's drive to refocus health and social care within the community. The key messages included shifting care closer to people's homes to support independence, treating people more efficiently and responding to their needs and expectations. This policy document builds upon the themes set out in the documents Saving Lives: Our Healthier Nation (DH, 1999), The NHS Plan (DH, 2000), The NHS Improvement Plan (2004) and Creating a patient-led NHS (2005).

The policy document Every Child Matters: Change for Children (DH, 2004) emphasised the government's drive to reform Children's Services by way of joint working between health and local authorities. The aims of the reforms are for all children to achieve good outcomes across five key areas: to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being. This calls for services to understand the compelling need to tackle inequalities for the most vulnerable, and to improve the whole range of outcomes for children and young people (DH, 2006).

The framework for these improvement is well established in the policy Every Child Matter: Change for Children (DH,2004), National Service Framework for children, young people and maternity services (DH, 2004) and Our Health, Our Care, Our Say (DH, 2006). These reforms are underpinned by The Children Act (DH, 2004) and Childcare Act (DH, 2006). The Children's Plan (DH, 2007) builds on the reforms and sets out the plans for the next decade to achieve world class standards.

### 1.4 Objectives

- To assess for, and arrange provision of, complex postural management equipment and wheelchair requirements in collaboration with the patient and significant others.
- To assess clients with complex postural needs for provision of off-the-shelf seating solutions.
- To arrange provision of equipment from locally held stock of equipment to meet assessed needs of clients when appropriate.
- To assess clients with complex postural needs for the fabrication by service of bespoke postural management systems.
- To assess for and design modifications to recommended equipment to meet identified needs outside normal range.
- To assess clients pressure relief needs within wheelchair and seating system.
- To provide continuous review of the needs of long term service users and intervene as appropriate.
- To work in partnership with other AHPs, Nurses, GPs, Social Services and Acute staff involved in the clients treatment and management.
- To adhere to all provider organisation policies and procedures, and to be accountable to the Assistant Director of Adult Services.

### 1.5 Expected Outcomes

Assurance that residents of Sefton are able to access a timely, high quality service for assessment, provision and review of complex postural management seating, pressure relief within the wheelchair and wheelchair requirements for people of any age.

### **Therapists and support staff work to:**

- Improve independence
- Improve participation in an individual's social context, within the community and society.
- Widen access to employment, family and social life.
- Improve engagement in occupation and community
- Improve quality of life as affected by emotional distress, activity level, overall health and severity of movement dysfunction and functional dependence

Also:

- Education and support for carers and families including signposting to voluntary and community agencies.
- Provision of specialist reports outlining a comprehensive patient centred and holistic assessment including subjective, objective and risk elements.
- Incorporate health promotion providing education and support to help patients make life changes to optimise health and signposting on to relevant services e.g. smoking cessation, physical activity, alcohol awareness, counselling, sexual health, dietetics.

## **2 Outcomes**

### **2.1 Service Description**

The Wheelchair Service is delivered to residents within Sefton North by a small team comprising Occupational Therapists, a Physiotherapist, a Technical Instructor and admin support. The service user may be assessed within the Wheelchair Centre, day centre, residential nursing home, education and the service users own home. The Wheelchair Service runs specialist seating clinics in conjunction with manufacturer representatives, rehabilitation engineer from the regional centre as well as consultant-led clinics. All Therapy has a health promotion component.

#### **2.1.1 Direct Intervention:**

- Assessment, diagnosis, therapeutic intervention and case management of clients with complex postural management and wheelchair requirements.
- Assessment, diagnosis, therapeutic intervention in conjunction with other appropriate professionals in a multi-disciplinary setting.
- Assessment, diagnosis, therapeutic intervention via provision of specialist posture and mobility equipment and where indicated advice for specific conditions e.g. Neurological, Mobility, Postural impairments.
- Intervention can focus on mobility, transfers and activities of daily living, occupation, leisure, cognition and perception, or a combination of these aspects.
- Provide information and advice on 24hr postural management.
- Advice to patients, carers and professional colleagues via telephone, face to face contact or written report.
- Cognitive interventions may be used to investigate and provide a baseline for complex interventions.
- Health promotion advice and signposting to relevant services.
- Provision of equipment to maximise safety, facilitate rehabilitation or compensate for reduced abilities.
- Promotion of social inclusion through facilitation and rehabilitation to access local community resources and restore or develop meaningful roles and support networks.
- Provision of specialist multidisciplinary assessments and reviews to maintain functional independence thereby helping to avoid hospital admissions, need for care packages or admission to long term care establishments.

- Assessment of clients pressure needs within wheelchair and seating system and intervention to aid treatment tissue viability issues.

## 2.2 Accessibility/acceptability

The Wheelchair Service is committed to provide an accessible service to all residents regardless of age and has adapted to the changing population within Sefton. For example service appointment letters and information leaflets can be adapted in line with the applicants' age, disability and nationality.

## 2.3 Whole System Relationships

The Wheelchair services work in partnership with NHS Sefton Community services, Children's Services, Sefton Advocacy, NHS Sefton PALS department, Health and Social Care.

Work closely with Acute trust multidisciplinary team colleagues to facilitate discharge from hospital

Liaise with specialist teams from Alder Hey children's hospital to facilitate discharge post orthopaedic surgery.

## 2.4 Interdependencies

- Southport and Ormskirk Hospitals NHS Trust and University Hospital Aintree
- Regional Spinal Injuries Unit SDGH
- Stroke Unit SDGH
- Medical and Surgical wards SDGH
- Orthopaedic wards SDGH
- Orthotics department SDGH
- General Practitioners Sefton North
- Community practitioners Sefton North
- Members of the multidisciplinary team, particularly Physiotherapists, Speech and Language Therapists and Dieticians
- Professional colleagues within other agencies particularly Social Services, Mersey Care Learning Disability Team
- Support workers with Stroke Association, Multiple Sclerosis Society etc.

## 2.5 Relevant networks and screening programmes

National Wheelchair manager Forum  
 North West Wheelchair Managers Forum.  
 Posture and mobility Group  
 North West Wheelchair Therapist Group

## 2.6 Sub-contractors

Ross Care (Authorised Repairer)

# 3 Service Delivery

## 3.1 Service model

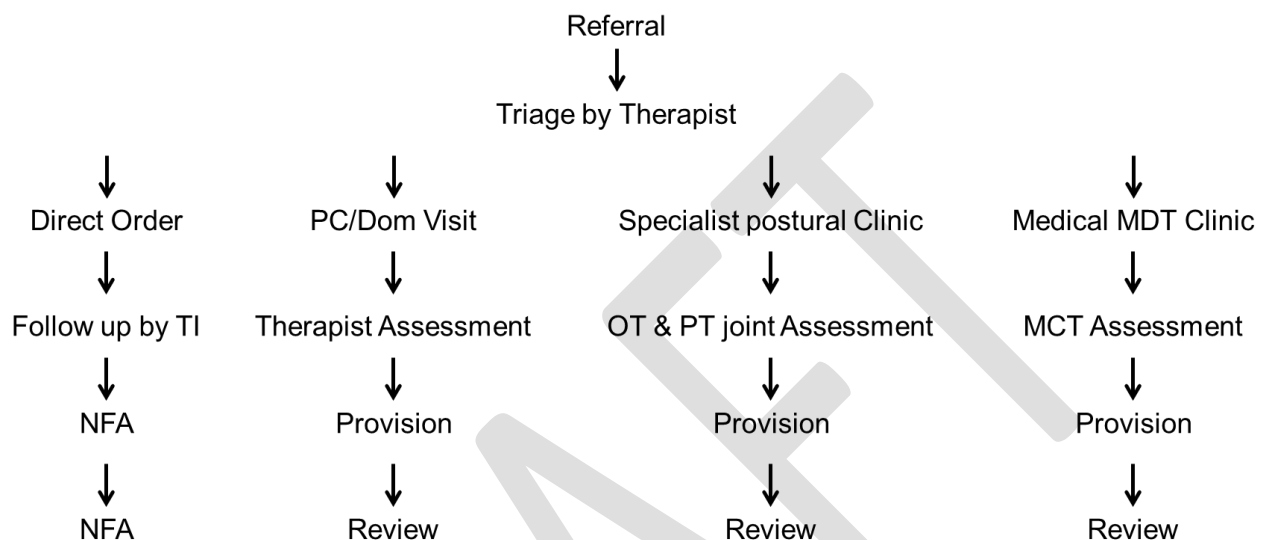
The core pathway includes the following stages

1. Referral management
2. Triage

3. Face to face clinical assessment
4. Provision
5. Review
6. Discharge

These steps do not have to follow a numerical order and the need for 3, 4 and 5 will vary for each service user.

### 3.2 Care Pathways



## 4 Referral and Acceptance Criteria

### 4.1 Geographic coverage/boundaries

Sefton North covering geographically Southport, Ainsdale and Formby. Also for residents registered with Sefton PCT General Practitioners (GPs) residing in outlying areas.

Wheelchair Service is a commissioned service in Sefton South provided at University Aintree NHS Hospital Trust.

### 4.2 Referral criteria & sources

Patients from birth upwards may be referred with any condition that physically impacts on their mobility registered with Sefton PCT General Practitioners (GPs). Referral is open to health and social care professionals, the independent sector and the public. The patient's consent to referral is required regardless of the source of referral.

Referrals are accepted from GPs, health care professionals, health visitors, district nurses, social workers, social services professionals, voluntary agencies. Self referrals are also accepted.

### 4.3 Referral route

Referral is made by completing a Wheelchair service assessment referral form and submitting by post or fax to department.

### 4.4 Exclusion criteria

Clients with short term mobility needs i.e. wheelchair need is for less than 6 months short term loan wheelchairs are provided via Sefton Equipment Stores.

Wheelchairs requested to manage a clients' challenging behaviour.

The service does not provide Electric powered wheelchairs for outdoor use only. A client is assessed for and provided with a wheelchair for indoor or indoor-outdoor mobility.

The service does not provide attendant controlled electric powered wheelchairs. A client is assessed for and provided with a wheelchair for independent mobility.

Clients for Electric powered Indoor- Outdoor wheelchairs must meet the service criteria.

#### 4.5 Response time & detail and prioritisation

##### 4.5.1 Priority 1

Within 5 working days

- **Recent or awaiting discharge from Hospital.**
- **Palliative Care**
- Postural Dysphagia.
- Acute tissue viability problems.
- Frequent respiratory infection.
- Deteriorating complex posture.
- Living alone

##### 4.5.2 Priority 2

Within 8 weeks

- Individuals who are not at immediate risk but a risk may develop without early intervention.
- Individuals who will deteriorate without timely intervention. For example at risk of developing pressure area. Chronic Pain. Asymmetrical posture. Growth in children with complex seating needs. Individuals requiring wheelchair to remain in their home environment

##### 4.5.3 Priority 2

Within 16 weeks

- Individuals who have no apparent risk present.
- Provision of equipment will improve or maintain functional skills.
- Reassessment of chronic condition.
- Assessment or review of individuals in nursing and residential care

## 5 Discharge Criteria & Planning

Clients are usually not discharged from the Wheelchair service, as clients have a long term need. Clients with postural, pressure relief needs are placed on a review schedule. In addition the service has a contractual obligation as part of the provision to maintain and repair equipment that has been issued however these clients are cases closed to Therapy staff at Wheelchair service.

## 6 Self-Care and Patient and Carer Information

On receipt of referral letter sent to client advising that referral has been received and that appointment will follow. Appointment letter sent advising date time and venue of assessment.

Instructions are given to clients on

- Voucher scheme,
- Conditions of loan of equipment
- Service/maintenance contract
- 24hr postural care issues as appropriate
- Self referrals & Reviews

## 7 Applicable Service Standards

### 7.1 Equality & Diversity

- To collect and act upon/analyse patient experience data and seek views from *relevant* protected and vulnerable groups and need to demonstrate how this supports service improvements. This could form part of the eq5d contract monitoring KPI and could form part of the role of EPEG – Jan 2016.
- To be cognisant of their statutory duties to involve, consult and meet the relevant Equality Duties if the provider proposes further changes to service delivery. The commissioner will need to be notified of changes and have assurances that changes to delivery are done in line with these statutory requirements. The equality Assessment needs to form part of the future discussions when changes to care models are discussed between providers and commissioners – Post April 2016.

## 8 Managing Risk

**The provider will carry risk** for the defined delivery of service provision within the financial agreement for the service-line as outlined in this specification.

This includes but is not exclusive to the following:

- Staffing provision and complement of adequately trained and available staff
- Clinical risk of negligence and harm including provision of sufficient indemnity
- Adequate mandatory and specialist training, upkeep and development of necessary skills for both improvement and service delivery
- Communication
- Overhead support costs
- Information technology & equipment
- Information governance
- Safeguarding
- Staff support
- Estates management

The provider will escalate risks, active issues and incidents regarding this service in a timely manner to the commissioner for aspects of service delivery that may impact on:

1. Equity
2. Efficiency
3. Effectiveness
4. Timeliness
5. Safety
6. Person-centered care

**Risks** should be graded in the standard approach (e.g. 5x5 / likelihood x impact).

**Incidents** should be graded regarding standard reporting (e.g. potential harm/ actual harm, severity scale negligible, minor, moderate, severe, catastrophic).

**Serious incidents** must be reported in line with the CCG quality policy for reporting serious incidents. This includes the definition, determining if an event is a serious incident, timely reporting serious incidents, comprehensive investigation and system improvement as a part of the learning process.

## 9 Applicable quality requirements and CQUIN goals

<i>Quality Performance Indicator</i>	<i>Threshold</i>	<i>Method of measurement</i>	<i>Consequence of breach</i>	<i>Report Due</i>
Infection Control				
Service User Experience				
Improving Service Users & Carers Experience				
Unplanned admissions				
Reducing Inequalities				
Reducing Barriers				
Improving Productivity				
Access				
Care Management				
Outcomes				
Additional Measures for Block Contracts:-				
Staff turnover rates				
Sickness levels				
Agency and bank spend				
Contacts per FTE				

## 10 Location of Provider Premises

### 10.1 Location(s) of Service Delivery

Wheelchair Assessment Centre  
 The Hesketh Centre  
 51-55 Albert Road  
 Southport PR9 0LT  
 Tel: 01704 383017  
 Fax: 01704 383077

### 10.2 Days/Hours of operation

	Mon	Tue	Wed	Thurs	Fri
From	<b>8.30</b>	<b>8.30</b>	<b>8.30</b>	<b>8.30</b>	<b>8.30</b>
To	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>5.00</b>	<b>4.30</b>

The above services do NOT operate on bank holidays or weekends