

**WHEELCHAIRS IN SOMERSET**

**GUIDANCE FOR PRESCRIBERS AND REFERRERS FOR  
PROVISION OF WHEELCHAIRS**

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Name of Originator/Author:	Simon Edwards / Sue Glanfield
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<b>Sponsoring Director:</b>	Paul Goodwin
<b>Author(s):</b>	Simon Edwards / Sue Glanfield
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# WHEELCHAIRS IN SOMERSET

## GUIDANCE FOR PRESCRIBERS AND REFERRERS

### 1 INTRODUCTION

- 1.1 This document has been produced to support the staff working for Somerset Wheelchairs, the NHS Commissioned Service for Somerset. It also provides guidance to Allied Health Professionals (AHPs) who undertake low to medium level assessments and who prescribe wheelchair equipment.
- 1.2 The details in this guidance may be shared with service users and carers to help them understand more about wheelchairs and equipment that may be funded by the NHS and supplied by Somerset Wheelchairs. This document provides details of the criteria against which decisions are made and how these criteria are applied
- 1.3 Generally, provision of wheelchairs is the responsibility of the individual, their carer or family and not the NHS, and there are a number of retail outlets and charities where a chair can be hired or purchased. Details about these services can be found on the internet or at:
- *Somerset Choices* – <https://www.somersetchoices.org.uk/adults/api/cms/search/dosearch?q=wheelchairs&pc=>
  - *NHS Choices* - <http://www.nhs.uk/conditions/social-care-and-support-guide/pages/mobility-equipment-wheelchairs-scooters.aspx>
- 1.4 NHS funded wheelchairs will only be provided where it can be demonstrated that the service user has a substantial health need that affects daily life. This means that NHS funding for the provision of wheelchairs is limited and appropriately targeted. The NHS will support people with disabilities whose need for a wheelchair is permanent. In a limited number of circumstances it may also support people with a temporary need (see paragraph 2.2).
- 1.5 Somerset CCG, the Commissioner, has worked collaboratively with local health and social care staff to interpret national guidance for the needs of its local populations. This collaborative approach has reviewed eligibility, the types of wheelchairs to be supplied, and the timescales for assessments and equipment delivery.
- 1.6 This Guidance document focuses on those individuals who meet the Somerset requirements for NHS eligibility. It sets out the clear limitations of the service, details the types of equipment that are appropriate to meet service users' specific needs and identifies who should be responsible for prescribing this equipment. Where chairs are supplied they will be maintained free of charge to the service user.

1.7 For service users with low level need and where these criteria are not met, the expectation is that this is not the responsibility of the NHS and alternative provision should be sign-posted by health and social care professionals (see paragraph 1.3).

## 2 GENERAL GUIDANCE FOR NHS WHEELCHAIR SERVICE PROVISION

2.1 NHS funded equipment will be considered where the person:

- is registered to a GP in Somerset
- has a health condition that significantly affects their mobility which impacts on their ability to participate in essential everyday living tasks; this may include people with fluctuating conditions, those receiving end of life and palliative care and those with postural support requirements
- is able to self-propel with no medical contra-indications to this activity
- is unable to self-propel, but has a regular carer who can push the wheelchair safely
- is able to drive a powered chair, if applicable
- can demonstrate at assessment, or has the potential to safely use, the equipment in the intended environment; the safety assessment will be undertaken jointly between the clinician, the person and their carer to ensure there is a clear understanding of how to use the chair

2.2 Short-term loans will be considered for a person with a self-limiting condition, that is, the medical condition is temporary for example, post-surgery or fracture. The NHS will provide a wheelchair on a temporary basis if the condition results in the person having no mobility, or an inability to mobilise within their own home. Short term loans for external mobility can be accessed via a number of agencies including the [British Red Cross](#), or else purchased by the individual. See paragraph 1.3 above for other suggested links.

2.3 There is no age restriction for provision, however equipment will not be provided for babies and children (under 18 years of age) whose postural and mobility needs can be met by commercially available equipment. Referrals will not be accepted to meet purely behavioural needs.

2.4 Provision includes:

- Wheelchairs to meet basic mobility, postural and pressure care needs, some of which may be prescribed by appropriate professionals in the community

- Complex and custom built wheelchairs, specialist seating and pressure relieving cushions, powered chairs for both indoor and outdoor use and support
- An NHS Voucher Scheme to enable individuals to choose different specifications or models to suit individual preferences

2.5 The criteria for the provision of all equipment supplied by Somerset Wheelchairs have been agreed by Somerset CCG, working with health and social care colleagues.

2.6 The NHS in Somerset does **not** issue:

- chairs for occasional use, such as for social and leisure activities (rather than essential activities of daily living)
- more than one wheelchair, unless the service user is in receipt of a powered chair, in which case a manual back up chair will be supplied, or if there are exceptional circumstances, such as:
  - a double amputee has a stair lift in their house and is able to self-propel on the ground floor - a second self-propel chair would be required upstairs to enable the service user to get around upstairs
  - an active service user can self-propel but is functionally deteriorating - a power chair would be negative in maintaining functionality so it may be possible to provide e-motion wheels
  - bariatric equipment on the matrix does not support needs of either weight or size so there will be a need to go outside of matrix
  - children that may suffer seizures brought on by sunlight, wind and rain - rain covers are not supplied through the service without clinical justification from the service user's GP
- when provision of the wheelchair has contra-indications to the person's medical condition
- when the provision of the wheelchair contra-indicates the person's safety
- sit to standing wheelchairs
- high / low wheelchairs
- mobility scooters
- e-motion assisted hand-rim systems

- rain covers, sunshades, or comfort items, unless there is a clinical recommendation
- wheelchairs / buggies where they could be used as a restraint or a static chair
- wheelchairs / buggies for transit use only (e.g. portering within nursing homes)
- specialist sporting equipment
- equipment where the home environment is not suitable for wheelchair use (adaptations may be required to ensure the person's safety and to maximise accessibility such as doorway widening)

### **3 CATEGORIES OF NHS FUNDED EQUIPMENT AND ASSOCIATED CRITERIA**

3.1 This falls into several categories covered in the sections below:

Section 4 Manual Wheelchairs and Buggies

Section 5 Powered Wheelchairs

Section 6 Accessories

Section 7 Specialist Seating

### **4 MANUAL WHEELCHAIRS AND BUGGIES**

#### **Standard wheelchairs and buggies (Low Need<sup>1</sup>)**

4.1 The majority of basic wheelchairs and buggies will be supplied following an assessment by local AHPs, but also occasionally by Somerset Wheelchairs following a more complex assessment. Equipment will be prescribed and delivered direct to the person where:

- the assessment detail indicates that the criteria have been met, and
- the prescription is for standard, basic equipment

#### **Non-standard wheelchairs and buggies**

4.2 In circumstances where the individual needs cannot be met by the basic wheelchair or buggy range, and the complexity of assessment is beyond the skills of the local AHP, a specialist assessment can be requested from Somerset Wheelchairs.

4.3 This range of equipment will only be supplied where there are clear clinical, functional and mobility management reasons for provision.

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<sup>1</sup> Refer to Section 13 Definitions

4.4 Types of wheelchair and buggy equipment requiring further assessment include:

- a) **Self-propelling configurable wheelchairs (Medium Need<sup>2</sup>)** - these wheelchairs offer more adjustability and range of size options than are available in the standard wheelchair range and can be prescribed by Somerset Wheelchairs staff and prescribing AHPs
- b) **High specification energy efficient manual wheelchairs (Medium Need<sup>2</sup>)** - assessment for this range of equipment is undertaken by Somerset Wheelchairs staff and will be considered for provision when:
  - the service user's clinical and mobility needs cannot be met by another wheelchair of lower specification within the range available
  - the service user is a full time wheelchair user, where lifestyle needs and ability is such that maximum independence and mobility will be gained by provision of an energy efficient wheelchair
  - the service user has demonstrated adequate control of static and dynamic stability of the wheelchair necessary for their likely environment and planned usage
- c) **Manual wheelchairs and buggies with a tilt-in-space and/or recline facility (Medium Need<sup>2</sup>)** - these will be supplied where the person requires postural support and regular changes in positioning within their wheelchair and where their needs cannot be accommodated in any other wheelchair type through the addition of accessories. This equipment can be prescribed by Somerset Wheelchairs staff and prescribing AHPs.
- d) **One arm lever or dual rim self-propelling wheelchairs (Low Need<sup>2</sup>)** - these will only be issued to people who can demonstrate the ability to use this type of wheelchair. These wheelchairs should only be prescribed by Somerset Wheelchair staff that will need to assess the service user's level of cognition and associated power required to use these chairs.
- e) **Double buggies (Low Need<sup>2</sup>)** - the main responsibility of the NHS is provision of appropriate seating and mobility within a single buggy / wheelchair required by the child meeting the criteria. Somerset Wheelchairs staff will assist families in making a suitable choice. Provision of a double buggy will only be considered where **both** children meet the main criteria for the provision of wheelchair service equipment.

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<sup>2</sup> Refer to Section 13 Definitions

Where only **one** child meets the criteria, an Independent Voucher (see Section 11) will be offered to parents / guardians and the buggy will then be the responsibility of the voucher holder. The buggy chosen by the family must meet the postural needs of the disabled child requiring wheelchair provision and accommodate the weight of both children.

Somerset Wheelchairs staff must be given detailed information on the buggy of choice to confirm that the basic requirements set out in the Voucher are met and if additional postural support is required, the Somerset Wheelchairs therapist will provide advice and assistance.

f) **Bariatric wheelchairs (Low to Medium<sup>2</sup>):**

- All wheelchairs have a weight limit established by the manufacturer. Chairs to address a greater weight limit will be assessed on an individual basis and will usually need to be ordered specifically. There may be delays in supply for this range of equipment.
- These wheelchairs have a more durable heavy duty frame and are therefore heavier than the standard wheelchair; the additional weight may impact on the individual's or carer's ability to propel the chair.
- Referrals for this type of equipment require full investigation and a risk assessment on the proposed method of propulsion, medical fitness of the person (if planned to self-propel), suitability of the home environment for manoeuvrability and management of the chair, identification of carer management issues and risk assessment for use in the home and local environment.
- Regular weight checks are required by prescribers in order to ensure the chair continues to meet the patient's needs.
- Routinely these should be prescribed by Somerset Wheelchairs staff, or in consultation with Somerset Wheelchair staff.
- A power pack can be prescribed as an assisted device only and will require approval through the Virtual Equipment Panel<sup>3</sup> process; see Appendix 2 for the application form and associated guidance.

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<sup>2</sup> Refer to Section 13 Definitions

<sup>3</sup> Virtual Equipment Panel – a panel of SCC and SomPar staff to oversee approval of all power pack orders

## 5 POWERED WHEELCHAIRS

### Electrically Powered Indoor Wheelchair (EPIC)

- 5.1 Assessment for this type of equipment will be undertaken by Somerset Wheelchairs clinical staff and AHPs as most cases will involve a full clinical and functional assessment.
- 5.2 If the service user decides to accept this type of wheelchair, further training from the prescriber team should be made available to ensure the service user has the ability to safely control the EPIC independently within the home environment.
- 5.3 This type of chair is **not** suitable for use in schools.
- a) **EPIC criteria** - an EPIC may be supplied under the following circumstances:
- the person meets the Somerset Wheelchairs general criteria for the provision of equipment
  - the person is unable to walk, or the walking is not functional within the home environment
  - the person has a minimal ability to walk or self-propel around the home but there are medical and/or functional contra-indications to them continuing to do so, such as breathing difficulties or a high risk of fall
  - the person is unable to self-propel a wheelchair, or there are medical issues that limit the consistent ability to self-propel or provide a significant risk of injury to the person
  - the person has a residential environment that is compatible with the use of an EPIC, that is, there is:
    - adequate space for the movement of the EPIC including leg rests/foot plates within the home; and
    - a suitable area with power supply for charging the batteries
  - the person can demonstrate an ability or reasonable potential to control the chair
  - the person can demonstrate that the EPIC will be used on a daily basis to increase mobility and independence around the home, contributing to an improved quality of life

- the person is willing to accept and agree to the conditions of supply of the EPIC as fully discussed at the initial assessment stage
  - the provision of an EPIC must enable the user to obtain a level of independence within the home which would otherwise not be achieved
- b) **EPIC assessment**
- The person's home environment and their ability to manage the chair safely within this setting will be assessed by an AHP
  - An EPIC is not intended for outdoor use
  - Electrically powered indoor / outdoor wheelchair (EPIOC) provision may be considered at a future date but will require a new referral for change of circumstances in order to triage the prioritisation onto the waiting list for a full assessment
- c) **Contra-indications to supply** - Somerset Wheelchairs will seek advice from GPs or other health professionals if, prior to or at assessment, actual or potential risks to the health and safety of the person and others are identified. This will be done with the consent of the person.
- d) **Additional information**
- EPIC provision is not considered to allow mobility solely for use within the workplace; for this usage the person should contact Access to Work for advice:
    - Access to Work [atwosu.london@dwp.gsi.gov.uk](mailto:atwosu.london@dwp.gsi.gov.uk)  
Telephone: 0345 268 8489  
Textphone: 0345 608 8753
  - A standard manual transit wheelchair (Low Need) will be provided as a backup and for outdoor mobility use when an EPIC is supplied (see Section 5)
  - An annual service check (planned preventative maintenance check) will be arranged and carried out by Somerset Wheelchairs
- e) **Indoor power chairs (EPICs) for use by children** - these will be issued to children who are unable to walk or self-propel functionally, but are capable of independently controlling a powered wheelchair safely.

- g) **Indoor power chairs (EPICs) used by Care Home residents –**  
(See Section 8)

### **Electrically Powered Indoor / Outdoor Wheelchair (EPIOC)**

5.4 EPIOC provision can be prescribed by **Somerset Wheelchairs staff only** and will only be considered where the person is dependent on a powered wheelchair for **all** mobility within their residential environment initially. EPIOCs have a maximum speed of 4 mph and are for pavement use only.

- a) **EPIOC criteria** - EPIOC applicants must meet **all** of the following criteria before they can be considered eligible for assessment for the provision of an EPIOC. They must:
- have a medical reason for severely and permanently restricted mobility, requiring the permanent need for an EPIOC
  - be able to demonstrate that they have the potential to benefit from an EPIOC and will derive significant benefit to an improved quality of life through increased independent mobility
  - be medically fit to independently control a powered wheelchair both indoors and outdoors
  - pass a visual and perception test
  - be free from conditions causing loss of consciousness and/or epileptic seizures within the last 12 months, in line with the DVLA requirements for motor vehicle drivers - see [www.dvla.gov.uk](http://www.dvla.gov.uk) for more information on medical requirements (**NOTE:** the service user may continue to use the EPIOC indoors on their own, but will require dual controls outdoors shared with a carer and only after an assessment has taken place).
  - be free from any combination of medical conditions and treatments likely to make independent powered wheelchair control unsafe for themselves, pedestrians or other road users with whom they will come into contact in the public domain
  - have an adequate field and acuity of vision to be safely aware of the outdoor environment including:
    - a visual acuity of at least 6/60 (can read a number plate at 27 feet) and
    - a visual field of 120 degrees in a horizontal plane and 20 degrees above and below this plane (equivalent to class 3 vehicle user standards) - see [www.dvla.gov.uk](http://www.dvla.gov.uk) for more information on visual requirements

- be able to demonstrate during a driving/chair management assessment that they have the insight, intellectual capacity and dexterity to operate an EPIOC both safely and responsibly on their own, without assistance (consideration is given to age appropriate skills)
  - have a suitable home / residential environment which is compatible with the use of an EPIOC including:
    - adequate space for storage with an accessible power supply for battery charging
    - secure storage space that is protected from the elements
    - adequate space for movement of the chair within the home and
    - safe and easy access to the outdoors, including use of ramps, if required
  - Have a local environment which is accessible and compatible with safe EPIOC use
  - Be able to ensure that the EPIOC will be maintained either personally or by a carer
  - Agree to Somerset Wheelchairs' conditions of loan, including the recommendation to take out appropriate insurance cover
- b) **Assessment** - this will involve a review of the current power chair use within the home, if applicable, a visit to the person's home to review environment suitability for EPIOC use, and a driving and chair management assessment. For school age service users the assessment will also include a visit to the school.
- **Home / environmental assessment:**
    - this will involve a visit to the home / school to review current power chair use, if applicable, and to ensure that the environment is proving suitable for current equipment on issue and to identify whether there are any implications for any change of equipment that may be required
    - this will include access; manoeuvrability around the home, any home adaptations that may be necessary, storage, charging and any other relevant factors to ensure the criteria is met
    - for school age service users the assessment may include liaison with the community therapists as they may have a clearer picture regarding the environments the child has to

manage in and/or any future proposed changes for example Disabled Facilities Grants

- the assessor is required to identify the make and model of chair which most suits the individual's needs and any accessories or modifications that are required
- **Driving assessment** – this will usually be carried out in the home environment as this needs to be suitable:
  - to assess the service user's abilities to safely drive and manage the wheelchair both indoors and outdoors, with consideration given to age-appropriate skills; at this appointment eyesight, cognitive and perceptual issues will also be reviewed
  - to undertake training within a public environment when required
- d) **Contra-indications to supply** - there may be medical, visual or management issues that will contra-indicate assessment and/or provision of an EPIOC. Further advice and information may be sought, if appropriate, with the consent of the service user. Reasons for non-provision will be fully explained.

### **Powered tilt-in-space wheelchairs**

5.5 Assessment for powered tilt-in-space wheelchairs is usually carried out in the home environment as this needs to be suitable:

- powered tilt-in-space wheelchair will be supplied to service users who have difficulty maintaining their posture, or who need to change their position for pressure relief
- for tall service users this will ensure footplates are adjusted to cater for cambers in the local environment
- powered tilt-in-space wheelchair will also be supplied to aid stability when an EPIOC is being used in an outdoor environment with gradients in excess of 7 to 10 percent

### **Wheelchairs with dual control**

5.6 Wheelchairs with dual control can only be prescribed by Somerset Wheelchairs specialist staff.

5.7 Dual controls will be supplied for service users who meet the criteria for the supply of an EPIOC and are able to drive safely, but are likely to suffer fatigue when out for long periods allowing a carer to take over the driving

of the EPIOC. It may also include service users, such as those with epilepsy, who may need their carer to take control outdoors.

### **Powered assistance (power packs)**

- 5.8 All orders for power packs from AHPs, with the associated justification, require prior approval through Somerset County Council's Virtual Equipment Panel process (see Appendix 2 for further guidance and the application form). Pre-approval is not required for power pack orders placed by Somerset Wheelchairs staff.
- 5.9 Power packs can be prescribed by Somerset Wheelchairs staff and AHPs for service users who meet the following criteria:
- the service user's weight exceeds the attendant's weight by a significant amount, meaning the attendant is unable to push the service user
  - the attendant's health results in an inability to push the service user
  - the area where the service user lives is unduly hilly, making it impossible for the attendant to push the service user safely
  - a suitable charging point must already exist in the service user's accommodation, together with an appropriate place protected from the elements to securely store the wheelchair
- 5.10 An attendant-controlled electric powered outdoor chair will be supplied for service users where a power pack could fail due to the following reasons:
- The user's weight exceeds the performance of the power pack
  - The gradient of the immediate external environment is too steep for the capabilities of the power pack
- 5.11 This service is **not** funded for the provision of powered wheelchairs for use outdoors only; this includes scooters.

## **6 ACCESSORIES**

- 6.1 Accessories are generally off the shelf parts that are available from the manufacturer. These will be supplied following an assessment and recommendation from an AHP or Somerset Wheelchairs therapist.
- 6.2 Accessories must be justified with clear clinical reasoning for their provision.
- 6.3 Criteria for issue of the following accessories are as follows:
- a) **Risers and powered Elevating Leg Rests (ELRs)**

- Somerset Wheelchairs may consider provision of powered ELRs if a service user's medical condition is such that they need to have their legs elevated but are unable to move the ELRs themselves
- Somerset Wheelchairs may consider the provision of a riser if a service user's medical condition is such that they need to be able to raise the chair, for example to access cupboards or workspace and adaptations to the home environment have been considered already, or in some cases to drive

b) **Headrests**

- Somerset Wheelchairs provide headrests for service users sitting in wheelchairs or seating systems where it is a clinical need e.g. to meet postural needs
- they are not supplied to meet transport needs alone
- it is the responsibility of the transporters to consider provision of a headrest as part of the safe transportation of a service user in a wheelchair

c) **Trays** - the supply of trays to fit NHS funded wheelchairs will be considered in the following situations:

- To assist postural support management (i.e. to support service users' arms, to encourage trunk extension or to facilitate fitting of anterior trunk support)
- To allow mounting of power chair controls to facilitate independent management of the power chair.

It is advised that the tray should be removed from the wheelchair and stored for transit if the service user is transported in a vehicle (refer to wheelchair manufacturers guidelines on transporting the wheelchair and occupant).

Trays are **not** supplied where school tables are neither accessible nor suitable; it is the responsibility of the school to provide suitable working surfaces to meet education needs within the school environment.

If the tray is privately purchased, fitting and its use are the responsibility of the service user or their advocate.

d) **Postural belts and harnesses** will be supplied to aid postural support for safety when seated in the wheelchair. They are **not** supplied as a form of restraint and are **not** suitable as a vehicle seatbelt when being transported in a vehicle.

- e) **'Ankle huggers'** will be supplied to aid postural support for safety when seated in the wheelchair. They are **not** supplied as a form of restraint and a Deprivation of Liberty Assessment will be required prior to issue for service users without mental capacity.
- f) **Pressure relieving cushions** - Provision of a pressure relieving cushion will be considered by Somerset Wheelchairs staff or AHPs where:
- the service user meets the NHS general criteria for provision of equipment
  - the service user is a full time wheelchair user, with either a manual wheelchair or a powered wheelchair as their main means of mobility

Provision for service users with privately purchased wheelchairs will be considered on an individual basis, however to receive a pressure cushion the service user must still meet Somerset Wheelchairs criteria for the issue of equipment.

Pressure relieving cushions will be selected according to the cushion's performance and an assessment of the patient's Waterlow score. The Waterlow Risk Assessment is included on the Wheelchair Application Form and should be completed by the AHP and forwarded to Somerset Wheelchairs.

**Exclusions** - pressure relieving cushions must only be used in the wheelchair for which the assessment has been made and will **not** be provided:

- for use in armchairs or any other form of seating;
- for use in a privately owned wheelchair where it is assessed that the addition of the cushion compromises safety

## **7 SPECIALIST SEATING**

- 7.1 Specialist seating may be in the form of either off the shelf / bespoke equipment or individual moulded systems that are fitted to a wheelchair chassis, such as Matrix, and carved foam seating units.
- 7.2 Assessments will be carried out by Somerset Wheelchairs staff and may involve contractors from manufacturers of the equipment used.
- 7.3 The provision of specialist seating will be considered where the service user meets all the general service criteria and has a postural positioning

need that cannot be addressed through the provision of standard equipment.

- 7.4 **Note:** specialist seating is provided for use within a wheelchair to meet mobility needs and is **not** supplied to replace armchair provision in the service user's place of residence or purely to provide school seating or a transport system.

## 8 CARE HOMES (NURSING AND RESIDENTIAL)

- 8.1 To be eligible for issue of equipment, the resident must meet the general wheelchair service criteria for the provision of equipment.
- 8.2 Attendant-controlled transit wheelchairs will only be issued for the purposes of taking a resident out of the nursing / residential home (including the grounds) if this is on a regular basis by a relative or friend or care staff, and this chair should not be used by another individual.
- 8.3 The **NHS is not responsible** for provision of transit chairs within the nursing / residential home setting. It is the responsibility of the Care Home to supply equipment to transfer residents around the home in order to socialise, access meal facilities, access the immediate Care Home environment, garden, etc.
- 8.4 The **NHS wheelchair service is not responsible** for seating within the nursing / residential home setting. It is the Care Home's responsibility to ensure that the service user has a suitable armchair or dining room chair to manage their comfort, postural and pressure care requirements.
- 8.5 Residents wishing to go on outings or to the shops with staff, relatives or friends on an occasional basis should use the British Red Cross or other short-term loan provider to hire a wheelchair (see paragraph 2.2 above).
- 8.6 Self-propelling wheelchairs and accessories, including pressure relieving cushions, may be issued to meet criteria to any resident who:
- Has a permanent disability, which prevents him/her from mobilising independently within the home
  - Is physically fit and able to self-propel a wheelchair
  - Is motivated to use the equipment for independent mobility
- 8.7 Residents who, prior to admission have a wheelchair on issue, will be able to retain the equipment for their own personal use within the care setting. It is the responsibility of the Care Home staff to inform Somerset Wheelchairs if the equipment is no longer required by the named individual.

- 8.8 It is the responsibility of the Care Home staff to notify Somerset wheelchairs or the community therapists of any changes for the service users, for example weight or posture.
- 8.9 If a resident requires a reassessment of their wheelchair needs within the care setting, general service conditions will apply.
- 8.10 Pressure relieving cushions are not issued for use in armchairs or non-NHS supplied wheelchairs. Care Homes are expected to provide this equipment themselves.
- 8.11 Indoor power chair (EPIC) provision may be supplied if the Care Home resident meets the general wheelchair service criteria for provision of equipment and the main EPIC criteria (see paragraph 5.3 above)
- 8.12 Electrically powered indoor / outdoor wheelchair (EPIOC) provision to Care Home residents requires the main criteria for EPIOC provision to apply (see paragraph 5.4 above)

## **9 ISSUING OF STANDARD EQUIPMENT IN NON-ROUTINE CIRCUMSTANCES**

- 9.1 Individuals may benefit from the supply of additional equipment over and above what would normally be provided. This should only ever happen where there are clear clinical justifications for doing so and will follow a specialist assessment by Somerset Wheelchair staff. The rationale for supporting the service user's case is likely to be linked to housing, education or employment needs when identified and provided in collaboration with other agencies.
- 9.2 Equipment may include (the list is not exhaustive):
- Mountings for communication aids
  - Powered chairs with a capacity of more than 4 mph
  - Second wheelchairs, including individuals that require a non-standard manual back-up chair

## **10 ADDITIONAL INFORMATION RELATED TO PROVISION FOR CHILDREN**

- 10.1 The general criteria apply in equipment provision for children.

### **Equipment provision related to school attendance**

- 10.2 Wheelchairs and buggies supplied to children are for school and home use (see manual and power chair equipment provision above).

- 10.3 The wheelchair service will consider provision of an indoor electric wheelchair (EPIC), for indoor school use only, where a child is able to self-propel or walk at home but needs a powered wheelchair to be independent over the larger distances in the school environment. For most children an Electrically Powered Indoor/Outdoor Wheelchair (EPIOC) would be more appropriate.
- 10.4 The EPIOC can be used in playgrounds and between classrooms providing the gradient and surfaces are compatible with the chair. It cannot be taken off the school campus other than to transport home.
- 10.4 If Somerset Wheelchairs is made aware that the child will be transported to school in their equipment, efforts will be made to ensure, where possible, that the equipment on issue or to be supplied is declared as being transportable by the manufacturers. However, it should be noted that transport to school is not the responsibility of Somerset Wheelchairs.

## **11 ALTERNATIVE FUNDING ARRANGEMENTS**

### **NHS voucher scheme**

- 11.1 The NHS Voucher Scheme was introduced by the Government as a means to extend client choice in relation to the provision of wheelchairs and complies with the requirements of the NHS Executive document HSG (96) 53. The two options, Independent and Partnership, are explained below.
- 11.2 Applicants must be assessed as meeting the criteria for the supply of a wheelchair by Somerset Wheelchairs staff before they can apply for a voucher. Vouchers cannot be issued for equipment where the service user does not meet the criteria and is not available for seating or pressure cushions.
- 11.3 Vouchers will be valued at the cost of the chair to the NHS that would have been prescribed after assessment. The value can be put towards the cost of a chair bought independently or in partnership with the NHS.
- 11.4 Vouchers are limited to one issue in a 5 year period for adults and one issue in a 3 year period for children unless there is a clinical reason to review within these timeframes.
- 11.5 **Independent Option** - This option allows the user to become independent of the NHS and to purchase equipment privately with some financial support from the NHS.
- 11.5.1 The independent option means that the equipment is owned by the service user and it is their responsibility to maintain and to fund any repairs required during the period of issue.

- 11.5.2 The Independent Voucher value is decided following the assessment and is based on the cost of the standard equipment to the NHS that Somerset Wheelchairs would supply and includes an element for maintenance for the lifespan of the voucher.
- 11.6 **Partnership Option** - The voucher value is based on the cost of the standard equipment that Somerset Wheelchairs would supply following an assessment **minus** an amount for maintenance for the lifespan of the voucher.
- 11.6.1 The partnership option allows the service user to contribute to the cost of the equipment to have a higher specification chair (and accessories that would not be deemed part of the prescription) but enables them to remain dependent on the NHS for maintenance of the equipment.

### **Risers and accessories**

- 11.7 If a school or charity funds a riser or accessory then maintenance of these items will be passed back to the school or charity to fund but would be ordered by Somerset Wheelchairs on prescription and the agreement would be sent breaking down equipment costs. These items become the property of whoever funded them at the end of the life of the chair.

### **Joint funding initiatives**

- 11.8 Joint funding will be considered with other organisations and by means of the partnership top up funding option.
- 11.8.1 Service Users entering into this arrangement will be asked to complete the Wheelchair Partnership Voucher Scheme Agreement at Appendix 3.
- 11.8.2 Somerset Wheelchairs' responsibility extends only to the wheelchair itself. Any additional equipment funded under the partnership option will remain the responsibility of the Service User, including its maintenance, repair or replacement.

### **Self-pay**

- 11.9 Self-pay is an option for people who do not meet the eligibility rules for NHS funded equipment.
- 11.9.1 This will include service users with low level need and where the eligibility rules for NHS funded equipment are not met.
- 11.9.2 Alternative provision should be sign-posted by health and social care professionals (see paragraph 1.3 above).
- 11.9.3 Where the service user has been referred to Somerset Wheelchairs for assessment, the staff will also provide information on the retail options available.



## 12 EXCEPTIONALITY

- 12.1 There may be a small number of service users with extremely complex needs. These 'exceptional' cases may fall outside of the product tariff structure and need to be brought to the attention of the Somerset Wheelchair staff for assessment.
- 12.2 The Somerset Wheelchair Clinical Lead or Service Manager will be responsible for submitting an application to the Individual Funding Review Panel<sup>4</sup>, using the standard application form which can be found on the Somerset CCG website <http://www.somersetccg.nhs.uk/about-us/how-we-do-things/individual-funding-requests> (see Appendix 1)
- 12.3 Exceptionality will have to be demonstrated on the grounds that funding for the service user is justified on the basis of clinical factors that set the service user apart from other service users in the same service user group, who are not being funded in this way.
- 12.4 In making a case for special consideration, the prescriber will need to demonstrate:
- the service user is significantly different to the general population of service users with the condition in question, which the prescriber will be expected to define
  - the service user is likely to gain significantly more benefit than might be normally expected for service users with the same condition
- 12.5 The fact that the equipment is likely to prove effective for the service user is not, in itself, a basis for exceptionality.

## 13 DEFINITIONS<sup>5</sup>

### Low Need

- Occasional users of wheelchair with relatively simple needs that can be readily met
- Do not have postural or special seating needs
- Physical condition is stable, or not expected to change significantly
- Assessment does not typically require specialist staff (generally self-assessment or telephone triage supported by health / social care professional or technician)
- Limited (or no) requirement for continued follow up / review

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<sup>4</sup> Individual Funding Review Panel – a panel to review requests for funding not normally provided by the NHS

<sup>5</sup> NHS England “Developing a Wheelchair Tariff Pilot Programme” July 2016 Appendix 2

- Equipment Requirements - Basic wheelchair (self or attendant-propelled) / standard cushion / up to 1x accessory / up to 1x modification

### **Medium Need**

- Daily users of wheelchair, or use for significant periods most days
- Have some postural or seating needs
- Physical condition may be expected to change (e.g. weight gain / loss; some degenerative conditions)
- Comprehensive, holistic assessment by Somerset Wheelchairs staff or AHPs required.
- Regular follow up / review
- Equipment requirements - Configurable, lightweight or modular wheelchair (self-or attendant propelled) / low to medium pressure relieving cushions / basic buggies / up to 2x accessories / up to 2x modifications

### **High Need**

- Permanent users who are fully dependent on their wheelchair for all mobility needs
- Complex postural or seating requirements (e.g. for high levels of physical deformity)
- Physical condition may be expected to change / degenerate over time
- Very active users, requiring ultra-lightweight equipment to maintain high level of independence
- Initial assessment for all children
- Comprehensive, holistic assessment by Somerset Wheelchairs staff required
- Regular follow up / review with frequent adjustment required / expected
- Equipment requirements - Complex manual or powered equipment, including tilt-in-space chairs, fixed frame chairs, seating systems on different chassis / high pressure relieving cushions / specialist buggies / multiple accessories / multiple and / or complex modifications / needs are met by customised equipment

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## SCCG INDIVIDUAL FUNDING REQUESTS PANEL (IFRP) **GENERIC APPLICATION**

This form must be completed when applying for interventions not normally funded by Somerset CCG. Please refer to the policies prior to completing this application form which can be accessed on the GP Pathway Navigator & the SCCG website

<http://www.somersetccg.nhs.uk/about-us/how-we-do-things/individual-funding-requests/>

(Note: Failure to complete all sections of this form could result in a delay whilst the information is being sought from the referrer)

PATIENT INFORMATION							
<b>Does this case need to be reviewed urgently due to clinical need?</b> <i>If yes, please explain:</i>		<input type="checkbox"/> YES  <input type="checkbox"/> NO	<i>(i.e. What is the window of opportunity/timescale required for optimum treatment?)</i>				
Name				Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Address				Post Code			
Date of Birth			NHS Number				
Please tick if the patient <b>does not want</b> to receive communication by letter							<input type="checkbox"/>
Patient Consent: The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the Panel.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
REFERRER'S DATA:							
Name							
Address				Post Code			
Telephone			Email				
GP Details (if not referrer)							
Name			Practice				
<b>GP &amp; Secondary Care Clinicians:</b> <ol style="list-style-type: none"> <li><input type="checkbox"/> I have discussed alternatives to this intervention with the patient where relevant (parent/guardian if appropriate)</li> <li><input type="checkbox"/> I have informed the patient this intervention is not routinely funded and discussed the published criteria</li> <li><input type="checkbox"/> I have attached all the relevant supporting information (e.g. clinical correspondence/photographs)</li> <li><input type="checkbox"/> The patient has provided a statement</li> <li><input type="checkbox"/> Photographs have been provided to support this application</li> <li><input type="checkbox"/> If you are a registrar/locum/nurse practitioner please tick to confirm this application has been discussed with a GP who has knowledge of the patient and they support the application. Please provide the GP name:  Dr.</li> </ol>							
<b>Secondary Care Clinician only:</b> <ol style="list-style-type: none"> <li><input type="checkbox"/> I have advised the patient of any side effects and risks of this intervention, and if appropriate used a 'Decision Making Aid'</li> <li><input type="checkbox"/> I have informed the GP of this application for funding</li> <li><input type="checkbox"/> The patient has provided a statement and/or photographs to support this application</li> <li><input type="checkbox"/> I have attached the relevant meeting minutes relating to the application. <i>It is essential that appropriate governance systems are in place <b>before</b> an application for exceptional funding is made for a new intervention for the <b>requested indication</b>. Providers and Acute Trusts must therefore confirm that this intervention has been considered by their Clinical Effectiveness/ Drugs &amp; Therapeutics Committee (or equivalent) which supports this intervention as appropriate.</i></li> </ol>							
Clinician Signature:				Date:			
Print Name:				Role/Job Title:			

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**GP's to complete Q1–Q6 & Q15 if appropriate - Secondary Care Clinicians to complete Q1– Q15**

<b>Q1</b>	What intervention are you requesting			
<b>Q2</b>	Expected patient benefit of proposed intervention			
<b>Q3</b> (a)	Brief relevant health history			
(b)	Clinical Need			
<b>Q4</b> (a)	Patient's BMI if applicable to criteria		Date Recorded by Clinician	
(b)	Smoking Status if applicable to criteria			

**Q5 - TREATMENT HISTORY RELEVANT TO THIS CASE - What treatment has the patient tried?**

Date	Intervention	Reason for stopping/Response achieved

<b>Q6 - EXCEPTIONALITY OF <u>THIS</u> PATIENT</b>	<b>It is crucial that you answer this question comprehensively; Otherwise the panel will be prevented from considering this application fairly.</b>
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**Exceptionality:** Are there any clinical factors over and above those set out which need to be considered and would set this patient out as exceptional? Exceptionality - this is best expressed by the question

- 'On what grounds can the CCG's justify funding a particular patient over and above others from the same patient group who are not being funded?'

***In making a case for special consideration, it needs to be demonstrated:***

- *the patient is significantly different to the general population of patients with the condition in question*
- *the patient is likely to gain significantly more benefit than might be normally expected for patients with the same condition*

*The fact that the treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality.*

*Please include all relevant clinical correspondence from primary care/secondary care and/or photographs when requested in the policy.*

**This is the most IMPORTANT PART of the application, SCCG expect the most detail to be included here**

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<b>Q7</b>	What is the standard care pathway for patient's with this condition		
<b>Q8</b>	Are there alternative interventions/devices available	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Describe:</i>
<b>Q9</b>	If yes is the alternative intervention/device commissioned	<input type="checkbox"/> YES <input type="checkbox"/> NO	<i>Why is this alternative not appropriate?</i>
<b>Q10</b>	Please provide details And/or duration of proposed intervention		
<b>Q11</b>	Please provide costs of intervention/device if known, including administration of intervention/device		
<b>Q12</b>	If available the NNT (number needed to treat) for example if the NNT is 20 then 20 patients will need to be treated before one patient will benefit		
<b>Q13</b>	What will be the impact of refusal on the patient  How will this be managed if funding is refused		
<b>Q 14 - COHORT</b>			
	(a) How many patients with this condition would you expect to see per annum in a population of one million		
	(b) Would this cohort of patients all benefit from this intervention/device  <i>Provide details:</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	(a) How severe is your patient's condition in relation to this cohort		

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**Q15 - EVIDENCE OF EFFICACY & COST EFFECTIVENESS**

Evidence of efficacy, safety & cost effectiveness of the intervention/device:

(e.g. NICE/Scottish Medicines Consortium/ASW Cancer Forum/All Wales Medicines Strategy/London New Drugs/journals/publications) (attach additional sheet(s) if necessary) please attached PDF versions of articles if available

*Please list below and attach full journal articles or NICE guidance;*

The completed form should be forwarded in confidence with any other supporting documents to:

Secure & Confidential email address for Somerset CCG staff/GP Practices/Taunton & Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust to Somerset CCG [ifrp@somersetccg.nhs.uk](mailto:ifrp@somersetccg.nhs.uk)

*Upon receipt of a completed and signed application form with all the supporting evidence attached Somerset CCG IFR Team aims to review within 6 weeks of receipt*

Providers outside of the Somerset CCG area e.g. RUH/Bristol/London should only use an @nhs.net email account and email to [ifrsomerset@nhs.net](mailto:ifrsomerset@nhs.net)

**or Post to:**

NHS Somerset Clinical Commissioning Group  
IFR Team, Wynford House, Lufton, YEOVIL, BA22 8HR

Use only if no access to email:  
*Confidential Fax Line: 01935 381993*

**In order to comply with information governance standards**

**emails containing identifiable patient data should be sent securely**

**i.e. from an @somersetccg.nhs.uk account to [ifrp@somersetccg.nhs.uk](mailto:ifrp@somersetccg.nhs.uk)**

***Outside of area providers only email from an @nhs.net account to [ifrsomerset@nhs.net](mailto:ifrsomerset@nhs.net)***

Please email form to Hannah Bagatelas: [HLBagatelas@somerset.gov.uk](mailto:HLBagatelas@somerset.gov.uk) (when unavailable an out of office message will detail an alternative recipient)

**Virtual Equipment Panel - Wheelchair Service Authorisation Form**

<p><b>Name of Individual:</b></p> <p><b>AIS number:</b></p> <p><b>NHS No:</b></p> <p><b>DOB:</b></p> <p><b>Address and postcode:</b></p>	<p><b>Prescriber Name:</b></p> <p><b>Profession:</b></p> <p><b>Office Base:</b></p> <p><b>Telephone:</b></p>
<p><b>Medical Condition:</b></p>	
<p><b>Clinical Reason for provision of a power pack (include carer information):</b></p>	
<p><b>Other options tried and considered:</b></p>	
<p><b>Have other funding options been considered?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Do they have Continuing Health Care funding:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>OT TM or IRT Team leader signature:</b></p>	
<p><b><u>Panel use only</u></b></p> <p><b>Authorisation:</b> Approved <input type="checkbox"/> Denied <input type="checkbox"/></p> <p><b>Reasons:</b></p>	
<p><b>Signed :</b></p>	<p><b>Date:</b></p>

Please email form to Hannah Bagatelas: [HLBagatelas@somerset.gov.uk](mailto:HLBagatelas@somerset.gov.uk) (when unavailable an out of office message will detail an alternative recipient)

### **Guidance on Filling in the Form**

**Please note: Requests need to be submitted by 4pm on Tuesday in order to enable the panel attendees to view the request prior to the panel taking place the next day (Wednesday).**

**Medical condition:** What is the individual's medical background? Provide as much information as possible on how the individual's medical condition affects them.

**Clinical reasoning:** The reason why the equipment is needed. Include relevant carer information.

**Other options tried:**

List all other options tried, why they were not successful and any other relevant information.

**The panel will consist of the following:**

ASC SOM OT Lead  
ASC OT Team Manager (rotate)  
ASC Policy and practice Development OT  
Somerset Partnership IRT team manager

**CHC funded Individuals:** A virtual panel request will need to be submitted prior to gaining authorisation from CHC. The CHC team are aware of the virtual panel and its functions. Once agreement is obtained from the virtual equipment panel, the prescriber should forward on the request form to CHC for their records and authorisation.

**Team Manager Agreement (ASC OT TM/Somerset Partnership TM):** All virtual panel requests must be discussed and agreed by your team manager prior to submitting the request. Please indicate the name of the TM on the request form.

**Response**

- Majority agreement
- 1 panel for whole of Somerset
- Carried out via a conference call weekly, set up by the SOM OT Lead with a 48 hour response after the panel

**Outcome:** You will be informed within the 48 hours of the panel taking place. If the request is agreed you will need to place the order with Millbrook wheelchair service and attach the Virtual Equipment Panel's response to evidence your request has been approved. If your request is refused, alternative stock items/problem solving may be recommended.

**WHEELCHAIR PARTNERSHIP VOUCHER SCHEME AGREEMENT  
Agreement with the User under the Partnership Option**

I ..... (name of wheelchair user)

of ..... (Address of wheelchair user)

.....

.....

**understand and agree that:**

Following Millbrook Healthcare’s assessment of my clinical needs and their prescription of the wheelchair which would meet my needs, I have requested additional equipment to be fitted to the wheelchair that Millbrook are not authorised to supply and/or maintain as agreed with Somerset Commissioning Body.

I understand by entering into the partnership scheme, I will be invoiced for the following equipment ..... by Millbrook Healthcare, and agree to pay the sum of £.....

Millbrook accepts no responsibility for maintaining, repairing or replacing the above equipment, and I agree that if work is required, to inform Millbrook of any adaptations or repairs that affect the wheelchair before instigating any work with other organisations.

If I arrange any form of loan, hire purchase, or any other financial arrangement in order to be able to pay for repairs to the equipment that I have purchased, that will be a matter between myself, the supplier and any third party involved. Millbrook will have no liability for meeting the cost of my contribution.

Millbrook is not liable for advising me on the terms and conditions which the supplier imposes on the supply of the equipment which I purchase. This is entirely a matter between the supplier and myself.

**I accept these terms.**

**Signed** ..... **Date** .....

**I confirm that Millbrook Healthcare agrees to the issue of a voucher on the above terms.**

**Signed** ..... **Date** ..... **Ref No** .....  
**For Millbrook Healthcare**