


Eligibility Criteria

for the Hull and East Riding of Yorkshire Wheelchair Service



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Contacting the Wheelchair Service

You can contact the Hull and East Riding of Yorkshire Wheelchair Service using the details below. The service operates as a single point of contact for all wheelchair needs, including referrals, assessments, repairs and maintenance.

Telephone: 0808 175 3969

Email: ajm.ery-hullwheelchairservice.nhs.net

The Service is available during the following times:

Day	Service available
Monday to Sunday (excluding bank holidays) 08:00 to 20:00 hours	Core (full) service
Monday to Sunday (including bank holidays) 20:00 to 08:00 hours	Out of hours

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1. Introduction

This document is for the benefit of service users, parents, carers and health care and social care professionals to clearly outline the services and equipment choices that our users are eligible to receive. It is also an essential reference document for clinicians working within the wheelchair service.

The contents of this document have been agreed by the NHS Humber and North Yorkshire Integrated Care Board, which is the organisation responsible for commissioning the Wheelchair Service.

The Wheelchair Service is a single entity which provides clinical assessments, repairs, and maintenance for wheelchairs. The Service is provided for the NHS by AJM Healthcare, an independent company.

The wheelchair service is provided for people who are any of the following:

- Registered with a General Practitioner within Hull or East Riding
- Ordinarily resident within the Hull and East Riding geographical boundaries
- Resident in HM Prison Hull or HM Prison Wolds. The Service is responsible for the provision of wheelchairs and associated equipment which meet the health and safety requirements of the Prisons.

Under the current regulations, visitors to the UK are liable to pay for NHS hospital treatment. Treatment in A&E is free but once a person is made an inpatient, or given an outpatient appointment, all treatment is chargeable. People from outside of the East Riding of Yorkshire and Hull wheelchair service will be treated in accordance with [‘Who Pays?: Establishing the Responsible Commissioner’](#) and other Department of Health guidance relating to patients entitled to NHS care.

National Health Service (NHS) hospital treatment is free for people who live in the United Kingdom (UK) and is not based on British nationality or the past or present payment of National Insurance contributions or UK taxes.

Staff members working for the wheelchair service and other health care professionals referred to in this document include:

- Service Operations Manager (SOM), the AJM Healthcare member of staff with overall responsibility for delivering the wheelchair service.
- Wheelchair Clinical Lead (CL), the AJM Healthcare member of staff with responsibility for the Wheelchair Service’s clinical team and processes.
- Occupational Therapist (OT)
- Rehabilitation Engineer (RE)
- Physiotherapist (PT)
- Rehabilitation Engineering Technician (RET)
- Clinical Scientist (CS)
- Rehabilitation Assistant (RA)
- Wheelchair Service Clinician (who may be a CS, OT, PT, RA, RE or RET)
- General Practitioner (GP)
- Advanced Wheelchair Approved Prescriber (AWAP)
- Wheelchair Approved Prescriber (WAP)

2. General Considerations and Referral Process

- 2.1 The Wheelchair Service will accept referrals from appropriately qualified health or social care professionals. This includes, but is not limited to:
- Primary Care professionals/GPs
 - Occupational Therapists and Physiotherapists
 - Community Nurses (District Nurses/Community Matrons/Rapid Response Team)
 - Rehabilitation Teams
 - SENCO/School Nurses
 - Community Paediatricians
 - Hospital In-Patient Teams
 - Active recovery/Intermediate Care teams
 - Appropriately qualified Social Care staff
- 2.2 Referrals must be made using the service referral form, which is available from the service website. It is important that all sections of the form are completed as accurately as possible; omissions will result in the form being returned to the referrer for completion and delays for the service user. Referrers should take care to ensure they are using the most current version of the form.
- 2.3 Reviews and self-referrals will be accepted from those service users who are already in possession of a prescribed wheelchair. Existing service users can self-refer for a re-assessment or review based on change in need.
- 2.4 Existing service users may self-refer by contacting the Wheelchair Service in their preferred manner. They do not need to complete a referral form.
- 2.5 Previous provisions of mobility device and/or accessories deemed clinically appropriate at the time does not mean that criteria for provision will still be met at time of review.
- 2.6 The Wheelchair Service will accept referrals for assessment provision for service users who meet the following criteria:
- a. The person must be registered with a Hull or East Riding GP. If the person is not registered with a GP, they must be permanently resident within the Hull or East Riding geographical boundaries.
 - b. Lawfully entitled to reside in the UK and to receive NHS treatment for use in their own home.
 - c. The equipment is primarily for daily indoor mobility covering significant periods of use.
 - d. People experiencing reduced mobility through injury or surgery will be eligible for a short-term loan of six months or less; people with a long-term condition/illness where mobility is compromised will be eligible for long term loan of six months or more.

- e. Referrals for children: the wheelchair service will accept referrals for children from the age of 36 months. For children under 36 months, the Wheelchair Service will only accept referrals for children who have significant postural and mobility needs which cannot be met by commercially available buggies or those who are likely to become long-term users of powered wheelchairs (see section 12).
 - f. Referrals for people with non-visible disabilities: these will be considered when the person may be at risk of serious harm or pose a risk of serious harm when walking to themselves or any other person (see section 13).
- 2.7 Any requests made for the supply of equipment are subject to approval by the Wheelchair Clinical Lead/AJM Healthcare Service Manager. Any specialist non-standard stock equipment will be subject to approval by the Wheelchair Specials Panel.
- 2.8 Any equipment issued by the Wheelchair Service is for use by the named user only and cannot be transferred to another user. If this situation occurs, then the person making this decision will take responsibility in the case of an accident or injury.
- 2.9 If any equipment is no longer required by the user, for whatever reason, it must be returned to the Wheelchair Service. A collection can be arranged by contacting the wheelchair service, or equipment can be returned to the service centres.
- 2.10 Repair and maintenance of wheelchair service-issued equipment should be requested by contacting AJM Healthcare. Equipment should not be repaired or modified by other means without prior permission from the Wheelchair Service (see sections 15 and 16).
- 2.11 The NHS will maintain wheelchairs issued by the Service but will not maintain accessories fitted to the wheelchair by users or other agencies. The NHS will be responsible for maintaining and repairing essential parts/accessories supplied. Any additional features e.g., phone holders and embellishments, will be the responsibility of the user to maintain and repair.
- 2.12 The Wheelchair Service reserves the right to take appropriate action should it be apparent that a privately fitted accessory has contributed to a fault in the wheelchair or compromised safety. This action may include the withdrawal of the wheelchair or a charge for any repair costs which have been incurred.
- 2.13 The Wheelchair Service will not replace any lost or stolen items; therefore, users are advised to take out the appropriate insurance cover. The Wheelchair Service reserves the right to make a claim against the user for lost or stolen equipment. For example, if a wheelchair is lost or damaged during a holiday, we may ask you to make a claim on your insurance.
- 2.14 Equipment issued by the Wheelchair Service may be recycled equipment that has been reconditioned to a high standard.

3. Service Prioritisation and the Referral to Treatment Pathway

- 3.1 Referrals are added to the waiting list in date order. There are specific cases that will be considered for prioritisation dependent on individual presenting problems and identified risk.
- 3.2 The Service aims for referrals to be triaged within 2 working days of receipt of the referral.
- 3.3 The following will be categorised as urgent:
 - a. Any client with pressure care issues or at risk of developing pressure care issues which cannot be managed without an appointment or home visit.
 - b. Any client with significant postural issues, for example falling out of chair etc.
 - c. Anyone who is living alone and requires a manual or powered wheelchair for essential daily living activity.
 - d. Any client with a rapidly deteriorating neurological conditions.
 - e. Equipment required for hospital discharge.
 - f. Any service user receiving palliative care or on an end-of-life care plan.
 - g. Where there is a safety concern in need of attention.
- 3.4 From referral to provision of wheelchair the Service is monitored against an 18-week target for delivery, assessment, and provision; performance data is shared with NHS England on a quarterly basis.

4. Personal Wheelchair Budgets (PWB)

- 4.1 The personal wheelchair budget model offers a clear framework for Integrated Care Board (ICBs) to commission wheelchair services that are based on the health and wellbeing outcomes that people want to achieve, as well as care that is integrated around the person and their family. Personal wheelchair budgets enable postural, and mobility needs to be included in wider care planning and can support people to access a wider choice of wheelchair. This can be done by pooling the money provided by the NHS to meet all the assessed clinical need with money from a range of health and social care as well as Access to Work grants.

With a personal wheelchair budget, wheelchair users should expect to have the following:

- A personalised assessment where they are supported to identify the health and wellbeing outcomes they wish to achieve.
- A care plan which captures the health and wellbeing outcomes identified, which may be part of any wider care plans the person requires for their care, for example an Education, Health and Care (EHC) plan.

- Care that is integrated, meaning that different agencies work together to support their postural and mobility needs and achieve their health and wellbeing outcomes.
- Information provided upfront about the amount of money available in their personal wheelchair budget and the options available to them locally to use it.
- Information about the repair and maintenance of wheelchairs, if the option to purchase a wheelchair outside of the NHS commissioned Service is taken.

4.2 All service users who meet the eligibility criteria will be offered a Personal Wheelchair Budget.

4.3 A Personal Wheelchair Budget will not be offered for a Short-Term Loan Wheelchair.

4.4 **Calculating a personal wheelchair budget:**

- The Notional PWB amount will be based upon what it would cost the NHS to meet the person's assessed postural and mobility needs via the wheelchair service currently commissioned by their ICB.
- For people who wish to meet their wider health and wellbeing needs through their wheelchair provision, the personal wheelchair budget could be pooled with funding from other statutory services (if this is agreed as meeting the person's assessed needs by all services involved and is cost effective). People can also choose to access non-statutory funding that may be available via voluntary, charitable organisations both nationally and locally or can contribute towards the additional cost themselves.

4.5 Types of Personal Wheelchair Budgets:

- **Notional Personal Wheelchair Budget:** This is where the person chooses the wheelchair identified and offered by the wheelchair service to meet their mobility and postural needs. The wheelchair remains the property of the NHS and any maintenance and repair is undertaken by the wheelchair provider.
- **The Notional plus Contribution Personal Wheelchair Budget:** This option provides the opportunity for contributions to be made to the value of the notional chair provided by the NHS to enable access to an alternative NHS wheelchair. This contribution may come from an integrated package with other agencies such as education, social care, a voluntary or charity organisation, or through self-pay. If the Notional with contribution option is chosen, the wheelchair is maintained and serviced by the wheelchair provider but any additional features will have to be maintained and repaired by you; the wheelchair remains the property of the NHS.
- **Third Party Personal Wheelchair Budget:** This is where the person chooses to use their personal wheelchair budget outside of NHS-commissioned services. An independent provider receives the personal budget via invoicing the Wheelchair Service. This may also be contributed to as above. A third party personal wheelchair budget will only be agreed if the provision is deemed clinically appropriate by the wheelchair service. A third party personal wheelchair budget will include a contribution for repairs and maintenance, as the chair will be owned by you and will not qualify for NHS repairs.

4.6 Eligibility for Personal Wheelchair Budgets:

Personal wheelchair budgets may not be right for everyone. Once a person has been found eligible for a wheelchair, the Healthcare professional/ Wheelchair Services clinician will discuss with them the options for how this can be provided. Everyone should have an assessment focused on the health and wellbeing outcomes and goals they wish to achieve and have the opportunity to have their wider needs considered.

The Service will make every effort to provide a personal wheelchair budget to everyone who meets local wheelchair service eligibility criteria and who wants one. In some circumstances, it is not appropriate to offer all the options for managing a personal wheelchair budget. For example, it may not be clinically appropriate for someone with rapidly changing or very complex needs, to use their personal wheelchair budget outside of NHS-commissioned services as regular adaptations and changes may be required, which would be likely to require close monitoring and adjustment. They could, however, be offered a notional budget. Such decisions will be made on a case-by-case basis rather than using set criteria that restrict people with certain conditions or diagnoses from accessing the full range of options.

5. Criteria for Manual Wheelchairs

- 5.1 **Standard wheelchairs:** standard wheelchairs are supplied from a range of chairs held in stock by the Wheelchair Service. These will be provided following triage of written referrals or ordered by a Wheelchair Approved Prescriber (see section 18). These may be subject to assessment by a Wheelchair Service Clinician when required.
- 5.2 **Non-standard wheelchairs/special bespoke wheelchairs:** this range of equipment will only be supplied following an assessment by a Wheelchair Clinician when primary clinical needs cannot be met by standard equipment.
- 5.3 **Accessories:** all accessories must be used in accordance with manufacturers' or MHRA guidelines and will only be supplied following approval by a Wheelchair Clinician. Wheelchair Approved Prescribers have access to a limited number of accessories for direct issue.
- 5.4 **Trays:** will be provided when required for postural reasons as determined by the Wheelchair Service staff. However, trays may also be provided where this is essential to support and maintain independence. If a tray is required for education, work or day hospital etc. this provision can be considered as part of a personal wheelchair budget and the referrer should approach the appropriate authority for funding.

6. Criteria for Active User Wheelchairs

- 6.1 Active user chairs have a more flexible set-up than the standard chairs and can be adjusted to meet the individual requirements of the user so that they can achieve greater independent mobility. They have quick-release wheels and multiple axle positions. These chairs lend themselves to modification to maximise posture.
- 6.2 Rigid-frame wheelchairs have the attributes of an Active user chair. However, they are lighter weight with the ability to set in a very active position in compromise with stability to enable users to achieve maximum amount of independent mobility.
- 6.3 Equipment of this category will be considered for issue when a service user is clinically assessed as having:
 - A full-time need that requires additional adjustability
 - A need to maintain self-propelling for those at risk of losing their ability to self-propel
 - A high level of capability and therefore requires the improved performance characteristics that are not available in a standard wheelchair.

7. Criteria for Powered Wheelchairs

- 7.1 All users will be subject to an assessment by a Wheelchair Clinician to determine if the user meets the eligibility criteria. This assessment will include physical ability, medical safety and mental agility required to drive a powered chair safely.
- 7.2 Attendant-controlled power wheelchairs will not routinely be provided. Exceptions to this will require to be clinically appropriate on a case-by-case basis and approved by the Commissioner.
- 7.3 Outdoor powered chairs only are not provided by the wheelchair service unless they meet criteria for indoor powered chairs. Powered chairs from the NHS are designed primarily for use indoors; most are also suitable for use outdoors on smooth, firm surfaces. Those designed primarily for use outdoors are less or unsuitable for indoor use, so are generally excluded from NHS provision. However, in some cases they may be considered as part of a personal wheelchair budget.
- 7.4 Mobility scooters are not provided through the wheelchair service and service users should consider the provision of these through Motability.
- 7.5 The Service offers to supply a basic manual wheelchair as a back-up to any powered wheelchair prescription. Alternative specifications for back-up wheelchairs could be sought through personal wheelchair budgets. Wheelchair services will endeavour to provide the bracketry required to swap any postural seating between the two wheelchairs.

- 7.6 Indoor powered wheelchairs are subject to the following criteria:
- a. Significantly restricted mobility which includes the inability to walk consistently and functionally or propel manual wheelchair or be medically at risk to do so.
 - b. Have sufficient visual, cognitive, perceptual ability, and no recurring loss of consciousness that would impede safe use of a power chair. Exceptions to this will require to be clinically appropriate on a case-by- case basis and approved by the Commissioner.
 - c. Have a residential environment that is appropriate for/can be adapted for the use of the chair.
 - d. Have the ability to demonstrate, through a wheelchair driving test, that they have the insight, cognitive ability, and suitable independent ability to operate a power chair safely and independently without assistance. Supervised use will be assessed on a case-by-case basis.
 - e. Be able to ensure that the power chair will be maintained adequately either personally or by a carer. This includes the charging of the batteries.
 - f. Agree to the wheelchair service terms and conditions of supply

- 7.7 Indoor/outdoor powered wheelchairs are subject to the following conditions and criteria:
- a. Meet the criteria for an indoor powered wheelchair as above with the exception of 7.6c or is awaiting rehousing.
 - b. Have no medical conditions that would pose a danger to the user, pedestrians, or other road users and can comply with current DVLA requirements for motor vehicle drivers regarding the loss of consciousness.
 - c. The user should have the visual acuity to be able to safely negotiate the environment within which the powered wheelchair will be used.
 - d. Have suitable facilities to enable independent access to the outdoor environment (e.g., a ramped access) and access to a safe and secure area to store and charge.
 - e. Have a local outside environment that is accessible to a power chair and is compatible with its use. For example, a safe surface to drive the chair on, such as tarmac or concrete.
 - f. Have the ability to operate a power chair without assistance, including ascending 5cm (2 inch) kerbs and dismounting kerbs backwards where appropriate.
 - g. Have the capacity to derive significant improvement in independence and quality of life using a power chair (e.g., to regularly go out for social engagements or shopping).
 - h. If, subsequently, the user fails to meet any of these criteria, the wheelchair will be withdrawn. This will be determined by regular review.

- i. The assessor may seek further medical advice about individual users from their GP or consultant if necessary.
- 7.8 Dual Access controls may be considered by the wheelchair service if clinically indicated due to the needs of the client. For example, if they became unable to use the controls for short periods.
- 7.9 **Power Packs**
The wheelchair service will consider the provision of attendant-controlled power packs if the following criteria is met:
- a. Carer must be able to take power pack on/off – unless explicitly stated that chair does not need to fold and will not be used on transport.
 - b. Where pushing the wheelchair is compromised because of the ability of the carer and the presentation of the client. Power packs will not be provided to residents within care homes.
- 7.10 **Paediatric Powered Provision**
The wheelchair service will consider the provision of powered mobility to young children who might not otherwise meet the driving skills, safety criteria and/or other criteria set out for adult users. This provision may initially be a short-medium term loan supplied by a third-party organisation (e.g. a charity) supported by the wheelchair service and other local teams (e.g. education or paediatric occupational therapy/physiotherapy services). Consideration will be given where:
- The user will be supervised while using the equipment.
 - There is a suitable environment for the user to safely use the equipment available (e.g. a school therapy room or gym).
 - The user is likely to benefit from a developmental learning continuum involved in the provision of independent mobility and a suitable plan is in place to review the impact of the provision to determine if a longer-term provision is appropriate.
 - For children under 36 months who are likely to become long-term users of powered wheelchairs.

8. Criteria for The Supply of More Than One Wheelchair

- 8.1 The Wheelchair Service will only provide one wheelchair to meet the essential clinical needs. On occasions where the user requires a wheelchair upstairs and there is no through floor lift, the wheelchair service may offer a secondary basic wheelchair.
- 8.2 Service users who are issued a powered wheelchair will usually receive a basic backup manual wheelchair – exceptions to this will require clinical justified on a case-by-case basis and approved by the Commissioner.
- 8.3 The Service is not funded to supply wheelchairs purely for use in education and/or the workplace. The exception to this will be via a Personal Wheelchair Budget with pooled contributions from other agencies. It is the responsibility of the Education Authority to fund equipment which is solely to enable the service user to access the curriculum and Access to Work may support with employment.
- 8.4 If a second wheelchair is requested, the Wheelchair Service cannot offer advice on private purchases however they can support the service user to purchase via the Personal Wheelchair Budgets (PWB) process or can signpost users and their carers to other agencies. The Wheelchair Service will liaise with appropriate stake holders to access charitable funding or engagement with Access to Work and Education.

9. Criteria for Modifications

- 9.1 Modifications to the wheelchair will only be completed following an assessment by a Wheelchair Clinician and may also be subject to a Risk Assessment carried out by the Wheelchair Clinician.
- 9.2 Where clients require a supportive seating system, or modifications for postural support, these should be compatible with the wheelchair that is prescribed. If this is not possible then a compromise may have to be reached, and a more standard wheelchair issued, or a Personal Wheelchair budget considered.
- 9.3 Where third-party organisations wish to make a modification to a wheelchair a written requests from the referrer must be made to the Wheelchair Clinician with a confirmation of compatibility from company completing the modification (see section 15).

10. Criteria for Cushions

- 10.1 Basic cushions will be supplied as required and non-standard cushions will be supplied after assessment.
- 10.2 Pressure redistributing cushions are provided to be used in wheelchairs only, and not in furniture such as armchairs. Cushions for use in armchairs can be obtained from the Community Care Equipment Service via an authorised prescriber (Nurse, Occupational Therapist or Physiotherapist).

- 10.3 Requests for a pressure-redistributing cushion to be provided direct from triage will require an appropriate pressure risk assessment (Waterlow, Braden or PURPOSE-T), which will be used in conjunction with the other information on the referral form. The needs of the user will be assessed, and if clinically appropriate the requested cushion will be issued. Alternatively, a Wheelchair Clinician may undertake a further assessment. Wheelchair clinician's reserve the right to issue a suitable alternative cushion. Cushions for all risk levels may be issued. The cushions can be issued for use in NHS or privately purchased wheelchairs.
- 10.4 Requests from a referrer for the issue of a replacement cushion can be accommodated if equipment is a like for like replacement which has been clinically triaged. If a deterioration in condition has been identified, a referral from either a District Nurse or Tissue Viability Nurse with a Waterlow, Braden or PURPOSE-T risk assessment is required prior to issue or a further assessment by wheelchair services is needed.
- 10.5 Users in care homes will be issued with non-standard cushions to suit their individual needs only for use in a wheelchair. Standard cushions shall be provided by the care home at their own cost. Care home staff (or community nursing when applicable) will be responsible for pressure care risk management and regular review of Waterlow, Braden or PURPOSE-T risk assessments. Care home staff should be encouraged to contact the Wheelchair Service if needs change.
- 10.6 If a cushion is no longer required by the user, for whatever reason, it must be returned to the Wheelchair Service . It should under no circumstances be used in an armchair or given to another person or wheelchair user as this may be detrimental to their health and well-being.
- 10.7 Clients will only be provided with one cushion. Additional covers may be considered if deemed clinically appropriate.

11. Criteria for Postural Supportive Seating

- 11.1 Posturally supportive seating will be provided when the user has a clinical, postural requirement, which cannot be achieved through provision of standard equipment.
- 11.2 Clinically appropriate postural management related to wheelchair provision and mobility, will be provided to any client eligible for, or in receipt of an NHS wheelchair, a wheelchair provided through the PWB route or a privately purchased wheelchair.
- 11.3 Posturally supportive seating is divided into two sections:
- Standard and non-standard wheelchairs with postural off-the-shelf support.
 - Custom contoured seating systems fitted to a wheelchair chassis.
- 11.4 Custom-contoured seating will only be supplied when off-the-shelf solutions are unable to meet the user's needs. Assessment by a Wheelchair Clinician is required.

- 11.5 Only one posturally supportive seating system will be supplied at any one time. Where the user is eligible for a second wheelchair, the Service will endeavour to make the seating system transferrable between both wheelchairs.

12. Guidelines for Provision for Children and Young People

- 12.1 **Pushchairs and Buggies:** These will not generally be issued to children under 36 months of age, except when:
- The child requires significant postural support, for example, when a child's posture or postural control is not in line with developmental milestones.
 - The child requires a significant amount of medical equipment which cannot be safely mounted on a commercially available pushchair or buggy.
- 12.2 **Fully reclining buggies/wheelchairs:** fully reclining backs will only be provided where clinically indicated (this needs to meet complex medical needs such as significant seizures or epilepsy activity). Fully reclining buggies cannot be issued for personal care or sleeping purposes only.
- 12.3 **Standard wheelchairs for children:** These will be supplied following a referral in accordance with the wheelchair criteria. Assessment by a Wheelchair Clinician will be undertaken where deemed appropriate. Once a child reaches school age, it is unlikely that a buggy will be considered, but an alternative wheelchair provision may be considered if the child meets the requirements.
- 12.4 **Double/tandem Buggies:** These will only be supplied, alongside any necessary postural support, if both children have a disability affecting their mobility and meet the criteria for issue. When parents request a double buggy for a child with a disability and a second child, a personal wheelchair budget may be offered. However, parents must be made aware of the significant environmental restrictions when using a double buggy. The clinical need of the identified 'main user' must take priority.
- 12.5 Accessories for buggies and specialist seating will be provided where those that are available commercially will not fit the provided equipment.
- 12.6 **Powered wheelchairs:** Please see section 7 for criteria relating specifically to powered wheelchair provision to paediatric users.
- 12.7 **Mobility equipment for use in education only:** Mobility equipment for use to access the curriculum only is the responsibility of the Education Authority and not of the Wheelchair Service; however, this should be considered under a personal wheelchair budget. This includes additional accessories such as trays needed for accessing the curriculum.
- 12.8 **Assessment visits to schools:** School clinics/ postural management clinics may be arranged subject to demand and where clinically required. A list of each child to be assessed must be provided by the school to the Wheelchair Service/ School Therapist before the visit,

together with full and relevant data on each child to be seen. The school/therapist will be responsible for informing the child's parents or guardian of the intention to assess/ reassess their child. In some circumstances, it may be more appropriate for the child and parents, therapist and/or guardian to be seen in the clinic at the Wheelchair Service or at home, in which case a separate appointment will be made for this.

13. Guidelines for Provisions for Non-Visible Disabilities

- 13.1 In situations where there are no mobility-related requirements, the expectation is prior to assessment that all other options in relation to safety and alternative equipment has been considered and investigated and can be evidenced, such as walking harnesses and behavioural therapy, and there is clear evidence of this being the method of least restriction. The referrer will be responsible for ensuring consideration to liberty protection safeguarding, best interest and mental capacity requirements are considered before the referral.
- 13.2 Referrals must be part of a holistic assessment by healthcare/multiagency professionals and the need for a wheelchair should have been considered as part of a wider needs-led management programme.
- 13.3 Previous provisions of mobility device and/or accessories deemed clinically appropriate at the time does not mean that criteria for provision will still be met at time of review.
- 13.4 To qualify under the criterion an applicant must have any enduring (lasting for at least three years) and substantial disability that means they are, during a journey, at risk of harm, when walking, or pose, when walking, a risk of serious harm to themselves or any other person. The wheelchair services expects that, in the context of disabilities that are predominately non-visible in nature, a risk of serious harm to self or others could manifest as one or more of the following behaviours:
- Becoming physically aggressive towards others, possibly without intent or awareness of the impact their action may have.
 - Refusing to walk altogether or dropping to the floor.
 - Wandering off or running away, possibly without awareness of surroundings or their associated risks (e.g. nearby roads, car park environments).
 - Disobeying, ignoring and /or being unaware of clear safety instructions.
 - Experiencing severe or overwhelming anxiety (e.g. through hypervigilance).
 - Experiencing an overwhelming sense of fear of public/open/busy spaces.
 - Experiencing serious harm or causing harm to others.
 - Avoiding some/all types of journeys due to the kinds of experiences listed above.

This list is not exhaustive, and wheelchair services / referring agency will need to

satisfy themselves that the risk of serious harm to self/ others when walking, during the course of a journey, is caused by an enduring and substantial disability. In this context it is recognised that some of the listed behaviours as well as others, may be exhibited ordinarily by children who do not have any enduring or substantial disability. It is therefore important for Wheelchair Services to consider the extent of any such behaviours and/ or difficulties experienced by an applicant in relation to common developmental milestones

14. Guidelines for Provision to Care Homes

- 14.1 In accordance with CQC guidance, care homes have a responsibility for equipment provision where required to meet the residents' needs. This equipment should be provided by the care home if its residents require it as part of its statement of purpose/ registration. The care home must therefore:
- Provide equipment which is suitable and sufficient to meet a variety of care needs, including variations in height, weight and size.
 - Provide a range of equipment that relates to the care for which the care home is registered; including meeting the health and safety needs of their staff in going about their routine daily duties.
- 14.2 Self-propelling and powered wheelchairs will be provided by wheelchair services for permanent and substantial use due to a long-term condition, after trauma or short-term palliative care for a named individual to use and following an assessment by a qualified therapist only.
- 14.3 Attendant-propelled wheelchairs will only be issued if the resident has significant postural needs or significant modifications are required to the wheelchair.
- 14.4 The criteria in section 2, General Considerations, and section 7, Powered Wheelchairs, shall apply to any provision.
- 14.5 **Exclusions:** the wheelchair service will not supply equipment for the following purposes:
- Wheelchairs for transferring residents around the care home (portage).
 - Wheelchairs for use in place of suitable static seating.
 - Wheelchairs to take residents on outings by staff, relatives or carers on an ad hoc basis.
 - Pressure-relieving cushions for use in armchairs.
- 14.6 Wheelchairs will only be repaired when they are recorded as being issued by the Wheelchair Service to the resident currently using the wheelchair.
- 14.7 It is the responsibility of the care home to notify the Wheelchair Service when a wheelchair is no longer required or when a repair is required.

- 14.8 If any equipment is no longer required, for whatever reason, it must be returned to the Wheelchair Service. It should under no circumstances be given to another person or wheelchair user as this may be detrimental to their health and well-being.
- 14.9 The Wheelchair Service cannot be held responsible if equipment is used by anyone other than the named resident for whom it was supplied. If this situation occurs, then the person making this decision will take responsibility in the case of an accident or injury.

15. Attaching Communication & Additional Aids to Wheelchairs

- 15.1 Third-party providers prescribing additional aids (e.g. mounting brackets, communication or feeding aid and environmental control switches) are responsible for fitting these onto wheelchairs.
- 15.2 Agencies assessing users for additional aids must inform and liaise with the Wheelchair Service to ensure users' needs are met appropriately. If any other agency fits a device, then the agency must take responsibility for checking the stability.
- 15.3 If an additional aid has been attached to the wheelchair it is essential that the wheelchair undergoes a stability check within the manufacturer's guidelines and recommendations for safe set up. It is therefore not recommended to use the wheelchair until this is completed.
- 15.4 If the wheelchair requires additional features, equipment or modification to ensure its stability following the attachment of any additional aids, the costs of these must be met by the prescribing authority or Service.
- 15.5 The prescribing authority or Service will be liable for any damage caused by the installation of additional aids.
- 15.6 Maintenance and repair of any additional aids shall remain the responsibility of the prescribing authority or Service.

16. Repair and Maintenance

- 16.1 The Wheelchair Service will repair and maintain any equipment it issues. Repairs or maintenance can be requested by contacting the Wheelchair Service.
- 16.2 Exclusions apply to equipment purchased using a personal wheelchair budget, as detailed in section 4:
- Additional features purchased using a Notional Personal Wheelchair Budget with Contribution will not be repaired or maintained by the Wheelchair Service. The Wheelchair Service will only repair and maintain the NHS-issued components.
 - Equipment purchased using a Third Party Wheelchair Budget will not be repaired by the wheelchair service.
- 16.3 The service user must make the equipment available for repairs and maintenance at a mutually agreeable time when requested to do so, e.g. for any annual maintenance plan.
- 16.4 The core operating hours and contact details for the Service are included at the front of this document.
- 16.5 Urgent repairs will be undertaken within 24 hours of the Wheelchair Service receiving the repair request. If the request is received outside of the core operating hours for the Service, the Wheelchair Service will contact the service user or carer within four hours.
- 16.6 A repair request will be classed as urgent if:
- The service user is in a vulnerable position either at home or in the community (powered/manual wheelchair).
 - The service user is in danger of causing harm to themselves due to the broken components, e.g. snapped Wheels, insufficient brakes, sharp edges, etc.
- 16.7 Routine repairs will be completed within three working days of receiving the request. If the request is received outside of the core operating hours for the Service, the Wheelchair Service will contact the service user or carer within 24 hours.
- 16.8 Where possible, repairs will be carried out in the service user's home or place of use. Where not possible to affect a repair within either an agreed timescale or when the wheelchair/ equipment needs to be removed for repair, a suitable alternative/ replacement wheelchair/ equipment is to be left with the service user whilst the repair is being carried out and after discussion with service user and assessor/prescriber.
- 16.9 Urgent repairs and maintenance will be provided to service users who are not normally resident in Hull and East Riding if:
- They are a UK resident.
 - They are registered with a Hull or East Riding GP as a temporary resident.
- The NHS Humber and North Yorkshire Integrated Care Board (ICB) will re-charge the appropriate ICB which is ordinarily responsible for the wheelchair.

- 16.10 If a service user requires repairs or maintenance whilst travelling outside of the Hull and East Riding service area, the service user may be able to get assistance from a local service if they participate in the National Wheelchair Managers Forum's "Right to Travel" Campaign. Service users can contact the Wheelchair Service to find out if the local Service participates.
- 16.11 If a service user has moved into Hull and East Riding from another area, the Wheelchair Service will take over responsibility for repair and maintenance of their existing NHS-issued wheelchair and equipment, upon receipt of a request from their previous provider.
- 16.12 Repairs and maintenance will only be conducted in the user's home or agreed location. The Wheelchair Service does not provide repairs or maintenance outside of the Hull and East Riding service area.
- 16.13 The Wheelchair Service does not provide road-side assistance or a recovery service. The Service recommends that service users consider private insurance if they require this.

17. Lost, Stolen or Damaged Equipment

- 17.1 Any equipment supplied by the Wheelchair Service remains the property of the NHS and is loaned to the service user, excluding:
- Additional features purchased using a Notional Personal Wheelchair Budget with Contribution.
 - Equipment purchased using a Third Party Personal Wheelchair Budget.
- 17.2 Equipment provided by the Wheelchair Service is loaned in accordance with the terms and conditions of supply. These terms and conditions are provided to service users when equipment is handed over and can be requested at any time from the Wheelchair Service.
- 17.3 Any equipment issued by the Wheelchair Service is for use by the named user only and cannot be transferred to another user. If this situation occurs, then the person making this decision will take responsibility in the case of an accident or injury.
- 17.4 If any equipment is no longer required by the user, for whatever reason, it must be returned to the Wheelchair Service. A collection can be arranged by contacting the wheelchair service, or equipment can be returned to the service centres.
- 17.5 It is strongly recommended that the service user obtain appropriate insurance cover before travelling, which will be at their own expense. The service user will be responsible for paying any costs arising from damage, loss or repair during travel, especially outside the UK.
- 17.6 When travelling the service user will need to comply with the conditions and regulations specified by any carrier concerned. It is advisable to inform the airline in advance as they can offer help and advice.

- 17.7 Insurance cover is recommended to all service users as they will be responsible for any claim made by a third party in respect of an accident or any damage involving the chair.
- 17.8 The service user is responsible for protecting the chair against damage, and ensuring that it is cleaned, stored, and maintained on a regular basis.
- 17.9 The service user will notify the Service directly when a fault or a repair is thought to be necessary.
- 17.10 The service user must notify the Service immediately if the chair supplied is involved in an accident, or is lost, stolen, or damaged in any way. If the equipment is stolen, the incident must be reported to the police and a crime number obtained.
- 17.11 In the event of accidental damage or theft, every effort will be made to loan the service user an appropriate alternative wheelchair. However, the replacement chair may be to a different specification, but where possible it will be a close technical equivalent to the original prescription.

18. The Wheelchair Approved Prescribers (WAP) Programme

- 18.1 Therapists who have undertaken training and have demonstrated competences in the assessment and prescription of a standard wheelchairs have access to prescribe and order a range of standard wheelchairs and accessories.
- 18.2 Advanced Wheelchair Approved Prescribers (AWAP) have undertaken additional training and demonstrated competences in the assessment and provision of wheelchairs to meet a higher level of postural needs than can be provided in a standard chair. These prescribers have access to prescribe a higher specification of wheelchair.

19. Appeals

- 19.1 If a service user wishes to appeal this eligibility criteria, they should first appeal to the Wheelchair Service itself. The Wheelchair Service has an established process for handling cases which fall outside of the eligibility criteria. The service user should state the reason for their appeal and provide any supporting information for their appeal.
- 19.2 On receipt of the appeal, the Wheelchair Service will discuss the case with the responsible Commissioners and other clinicians, as appropriate. The case will be discussed at the Wheelchair Special Orders and Personal Wheelchair Budgets Panel Meeting, which takes place regularly.
- 19.3 The outcome of this appeal will be communicated by the Wheelchair Service to the service user.
- 19.4 If the service user does not feel the matter is resolved, they have the right to make a complaint via the NHS Humber and North Yorkshire ICB's complaints process. The Wheelchair Service can provide further information on this process.