

WHEELCHAIR CHARTER



www.rightwheelchair.org.uk

 @Rightwheelchair

RIGHT CHAIR RIGHT TIME WHEELCHAIR CHARTER

RIGHT NOW

It is estimated that 2% of our population use wheelchairs to get to work, go to school, buy their groceries, look after their children, contribute to our society and achieve their goals. Sadly many of them don't fulfil their aspirations because the current wheelchair services fail to meet their needs.

Currently we see great variation in ability to access assessment and obtain service provision, delays in repairs and equipment, poorly thought through provision plans and patient pathways, confusing information, restrictive and inflexible funding and minimal integration of services.

And throughout all of this are the service users struggling to carve out the kind of lives they would wish to lead.

As a group, the Wheelchair Leadership Alliance has committed to make the kind of changes that will truly improve the lives of these service users and their families. But we cannot do this alone - we need your help.

By signing up to this charter as service users, providers, voluntary sector organisations, commissioners, clinicians and members of the public we will together be able to start the change and commit to better services and an improved quality of life for every wheelchair user.

By signing this charter you are pledging to support the development of an NHS wheelchair service that can really deliver a fair and effective service for all people who need to use it.

We pledge our commitment to:

- 1 A person centred service that works in partnership with service users and their carers and makes the user/carer voice central to any design, innovation and service change.
- 2 Equality of access and provision for all, irrespective of age or postcode and including essential user skills training as standard.
- 3 Entry to service via referral from an appropriately skilled professional. The time from referral to delivery will be at least within the constitutional right of 18 weeks with further substantial improvements by 2016/17 for all people using the service.
- 4 Assessments for all wheelchairs and associated postural support within nationally mandated timescales and priorities taking into account all aspects of individual needs including those of carers.
- 5 Establishing regular reviews with the user/carer according to their individual needs.
- 6 Prescriptions which take into account the current and future needs for all adults and children including those of carers.
- 7 Delivery, maintenance and emergency backup provided to nationally mandated timescales.
- 8 Innovative and flexible budgeting working with key partners to strengthen integration across health, social care, work and education, enabling the accommodation of individual needs, independence health and wellbeing.
- 9 Recruitment of qualified staff in respect of numbers and skills, with support for on-going development and training.
- 10 Supporting clinicians, manufacturers and independent organisations working together to develop innovative, affordable products and solutions.

Signature:

Representing:

Date:



WHAT DOES THIS MEAN?

1. A person centred service that works in partnership with service users and their carers and makes the user/carer voice central to any design, innovation and service change.

All wheelchair service staff working effectively with individual users (and their carers) to make sure any equipment provided really meets their needs. This principle also requires commissioners and providers to commit to proper user/carer input when planning and making changes to the services

2. Equality of access and provision for all, irrespective of age or postcode and including essential user skills training as standard. The end of the postcode lottery in terms of both ability to access the service and provision of equipment. This would prevent confusion and disadvantage when education needs mean a user moving to another area and/or changing GP. It enables acceptance of equipment prescriptions issued in other areas and an end to arbitrary age discrimination. This is especially the case where very young children may or may not be provided with chairs depending solely on where they live.

3. Entry to the service via referral from an appropriately skilled professional. The time from referral to delivery will be at least within the constitutional right of 18 weeks with further substantial improvements by 2016/17 for all people using the service. An end to eligibility criteria based on rationing and replaced with usual NHS referral methods where appropriate clinicians refer to the service because of clinical need, irrespective of whether for manual or powered chairs or postural support. An immediate recognition of the constitutional right for users to have their needs met within 18 weeks, with the necessary data collected to ensure it happens. Recognition of urgent need and activation of speedy referral to delivery times to meet it. Commitment to making substantial reductions in the referral to delivery times by the next financial year for everyone who uses the service and to collecting and monitoring the data to ensure it happens.

4. Assessment for all wheelchairs and associated postural support within nationally mandated timescales and priorities, taking into account all aspects of individual needs including those of carers. Everyone referred gets a timely assessment, which takes account of their individual needs as well as those of their immediate carers. Assessments would be measured against nationally agreed timescales, priorities & standards and the practice of denying assessment in certain circumstances because of rationing eligibility criteria would cease.

5. Establishing regular reviews with the user/carer according to their individual needs. Ensuring health and wellbeing, pre-empting problems and ensuring timely adaptations for more complex cases. Allowing easy access to users and their carers without them having to be re-referred and start the process all over again

6. Prescriptions which take into account the current and future needs for all adults and children including those of carers. Prescriptions that really provide for individual users, both in terms of meeting their needs in the short term and anticipating likely changes. This includes making sure wheelchairs are light enough to ensure full use by the user and their carers, or equipped to anticipate changes in condition, development or changing environments. It would also include posture support as well as type of chair and/or any add-ons e.g. risers, facilities for communication aids, head supports etc. As well as meeting individual needs, it would be much more cost effective over a longer period of time as it would eliminate the waste of an unused chair or the extra costs of assessing and providing adaptations which could have been predicted and provided initially, at an overall lower cost.

7. Delivery, maintenance and emergency backup provided to nationally mandated time scales. Ending unnecessary delays by working to agreed national timescales to ensure the right chair is provided as soon as possible. It would also bring the reassurance of rapid turnaround times in both emergency and routine maintenance and prevent the isolation and physical restrictions many wheelchair users confront when a chair is unavailable to them. Development of strong links with manufacturers & regional wheelchair services and closer working together to provide effective solutions and shorter timescales for delivery.

8. Innovative and flexible budgeting working with key partners to strengthen integration across health, social care, work and education, enabling the accommodation of individual needs, independence, health and wellbeing. Cutting through the rationing of provision by: a) Collecting the data and costs so that numbers are accurately known and can be properly resourced. b) Proper integrated working across all current funding agencies to maximise efficiency and provision effectively and quickly. Integration is a key component which can maximise efficiency of resource allocation for the service providers whilst enabling wheelchair users to access what they need to function effectively. c) being creative with funding e.g. shared costs, allowing individual contributions or voluntary sector partnerships whether for particular chairs or additional functions e.g. risers. d) working across CCGs regionally or nationally to negotiate large scale and well-priced contracts and reaping the benefits to provide what is needed to enable wheelchair users to function effectively and embracing newer technologies at affordable prices. e) Budgeting flexibly. Short-term spend on better chairs can lead to long-term saving both in other NHS areas (avoided surgery, pressure sores and mental health treatment) and beyond NHS budgets (reduced assistance in education and in welfare benefits; increased employment). Consider costs over the equipment's lifetime, rather than its impact only in the year in which it is prescribed.

9. Recruitment of qualified staff in respect of numbers and skills, with support for ongoing development and training. Resourcing the services with the right number of staff to meet standards. Making sure that training is in place to support existing staff and to develop new trainees, whether by supporting outside training courses, or developing in house or pan-regional courses. This needs to be for all staff, specialist therapists, engineers and technicians, providing a career structure and recognising their need for continuing professional development.

10. Supporting clinicians, manufacturers and independent organisations working together to develop innovative, affordable products and solutions. Developing and supporting strong links between all agencies involved in providing services and products and fostering integrated working to bring about advances and new technologies and create affordable advanced solutions. This means supporting specialist therapists, engineers and manufacturers to work closely together and giving them the opportunity to explore new technologies and new ways of doing things.

CHARTER PRINCIPLE 1

A person-centred service that works in partnership with service users and their carers and makes the user/carer voice central to any design, innovation and service change.

LISTENING TO USERS

"Sunderland's inter-agency strategic partnership has a lay chair and strong parent carer representation and this has helped everyone focus on the important issues. It also gives them a sense of urgency – carrying on the way we have done things just because we did it in the past, accepting long waits and slow delivery, is not good enough for parent carers".

"You can't go far wrong if you start by listening to what matters to service users and then build the pathways around that. There is so much that can be done within resource by just looking afresh at the whole pathway and bringing in disabled children, young people and parent carers, listening to them, looking at what the needs are in the locality and how the resources that are there can be used to better advantage."

Karen

www.rightwheelchair.org.uk/index.php/resources/case-studies/101-karen

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) NHS England case study: Improving wheelchair services through service user engagement - (2015)
- 3) RIGHT CHAIR, RIGHT TIME, RIGHT NOW case study - 'Karen' (2014)
- 4) Muscular Dystrophy campaign, (2013). Get Moving: the case for effective wheelchair services
- 5) Anderson C (2014) Changing Minds, Changing Lives: A Parents Perspective
- 6) Local innovations in wheelchair and seating services (DOH)
- 7) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015
- 8) Marjorie's story – PLYMOUTH WHEELCHAIR SERVICE – from terrible to excellent
- 9) CECOPS code of practice for Disability Equipment, Wheelchair & Seating Services

Numbered reference links on back pages

CHARTER PRINCIPLE 2

Equality of access and provision for all, irrespective of age or postcode and including essential user-skills training as standard.

WORKING TOGETHER

"She commends the local wheelchair services who have worked closely with her over the past 16 years to resolve any problem she faces, and who recognise the importance of Paula maintaining her independence. The fact they have got to know her so well over that time and really understand her needs is a big factor in this.

But her bigger frustration is that no-one seems to offer adults any training in how to use a wheelchair – it's just assumed they will pick it up. "If you're a child you get training as to how to use your chair but most people start using their chair as an adult and adults mostly don't get training."

She would like to see every potential user receive basic training in things like turning, getting around a corner and getting up and down curbs. She still sees many users who have great difficulty lining up their chair to get through a door. "Haven't they got a right to make the most of how to use a chair, to learn how to do the simple things that will make life with a chair easier?"

Paula

www.rightwheelchair.org.uk/index.php/resources/case-studies/99-paula

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) The NHS Constitution (2013) Department for Health.
- 3) Rica – Powered Wheelchair user Survey (2014).
- 4) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
- 5) From the Front Line - Reporting on the UK's disabled children's equipment provision.
- 6) National MND Wheelchair Pathway.
- 7) All Party Parliamentary Group for Paediatric Wheelchair Reform: My wheelchair is my shoes.
- 8) CECOPS code of practice for Disability Equipment, Wheelchair & Seating Services.

Numbered reference links on back pages

CHARTER PRINCIPLE 3

Entry to the service via referral from an appropriately skilled professional. The time from referral to delivery will be at least within the constitutional right of 18 weeks with substantial improvements for urgent referrals immediately and by 2016/17 for everyone using the service.

DELAYS AFFECT LIVES

Ellie is 18 years old and has quadriplegia cerebral palsy. During her life she has undergone a series of operations and is now PEG fed. Her wheelchair is her main link to the outside world. Among the biggest frustrations felt by her family are the long waits they can face between assessments and fittings and then actually getting a new chair. On one occasion they waited months after the assessment with no sign of a fitting appointment for a new chair. Ellie's father Garry had to contact their local MP before things started to move. But, as Jayne says, "no-one should have to go to those levels for something so critical".

More recently Ellie was hospitalised for back surgery and then had to wait eight weeks for an appropriate chair. In the meantime she had to make do with inadequate seating and was extremely uncomfortable. By the time the new seating was ready she had developed problems with her hips.

"Ellie doesn't have good posture," says Jayne. "I don't know how much of this is related to the fact that over the years she's had to wait a long time for correct seating. If the gaps were shorter in between it would definitely have helped."

Jayne

www.rightwheelchair.org.uk/index.php/resources/case-studies/100-ellie-and-jayne

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) Newlife Foundation for disabled children (2012). From the Front Line – Reporting on the UK's disabled children's equipment provision.
- 3) National MND Wheelchair Pathway.
- 4) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
- 5) Local innovations in wheelchair and seating services (DOH).
- 6) Get Moving: the case for effective wheelchair services.
- 7) From the Front Line - Reporting on the UK's disabled children's equipment provision.

Numbered reference links on back pages

CRITERIA SET SOLELY TO SAVE COSTS, DENY THOSE IN REAL NEED

CHARTER PRINCIPLE 4

Assessment for all wheelchairs and associated postural support within nationally mandated timescales and priorities, taking into account all aspects of individual needs including those of carers.

"Hannah was assessed by a therapist in March 2014 who agreed that Hannah was experiencing 'passive disability' and that a powerchair would allow her access to a more independent and fulfilling life. However, although acknowledging the nature of Hannah's condition, (progressive and muscle wasting) and Hannah's lack of ability to self-propel a manual chair, the therapist concluded that Hannah could not be offered a powerchair as she did not meet the criteria. The 'box' that we did not tick was that she could still walk. Hannah needed to be completely confined to a chair, having lost all ability to walk before she could be considered for a powerchair.

The fact that Hannah's ambulance is only of therapeutic value was completely overlooked. The potential impact of Hannah not having a powerchair to her health, her social and emotional well-being was completely unfactored and dismissed.

'Disabled children and young people must be enabled to be as independent as possible to be able to take full and active part in every day life.' **UN Convention on the Rights of the Child.**

The emotional impact on Hannah and me, indeed on our whole family has been immeasurable. Managing and living day in day out with a complex condition like Muscular Dystrophy is hard, the last year being the hardest on Hannah yet. Lack of support by Wheelchair Service has caused a lot of anxiety around Hannah's health. No parent should have to suffer the way I have the last year; watching your child struggle with their health, watching them deteriorate, knowing that a provision that is desperately needed (a powerchair) is not accessible because we don't tick a box.

There is a need for greater clarity and uniformity regarding the criteria and appeal process for wheelchairs. Anyone deserving and in need should not be denied a wheelchair or powerchair."

Naima Ali-Khan

www.rightwheelchair.org.uk/index.php/resources/case-studies/105-hannah

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) Rate and Review of your wheelchair service at IWantGreatCare.
- 3) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
- 4) Local innovations in wheelchair and seating services (DOH).
- 5) Get Moving: the case for effective wheelchair services
- 6) From the Front Line - Reporting on the UK's disabled children's equipment provision.
- 7) National MND Wheelchair Pathway
- 8) CECOPS code of practice for Disability Equipment, Wheelchair & Seating Services.

Numbered reference links on back pages

CHARTER PRINCIPLE 5

Establishing regular reviews with the user/carer according to their individual needs.

SIMPLE SOLUTIONS NOW PREVENTS COST LATER

"It's vital that the wheelchair user has quick access to the service and that any problem is resolved rapidly. It can also save money in the long run because it avoids a potential breakdown in the individual's health.

"It means that if I have got a concern about seating, for example, I can speak to them before the mark on my skin becomes a pressure sore which then costs the NHS even more money. It's a no brainer – if you look after the simple things you can prevent more complex things happening."

Paula

www.rightwheelchair.org.uk/index.php/resources/casestudies/99-paula

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
- 3) Local innovations in wheelchair and seating services.
- 4) NHS Calderdale, Greater Huddersfield & North Kirklees CCGs Wheelchair Services Engagement Report.
- 5) Get Moving: the case for effective wheelchair services.
- 6) From the Front Line - Reporting on the UK's disabled children's equipment provision.

Numbered reference links on back pages

CHARTER PRINCIPLE 6

Prescriptions which take into account the current and future needs for all adults and children including those of carers.

RIGHT CHAIR

“When I got the call from my local wheelchair service to say they were ready to supply me with a long term wheelchair I was over the moon. The assessment process was very fast and straightforward. The assessors were very knowledgeable and listened to what I had to say. They also encouraged me to think about my long-term needs and plan for the future, which I wouldn’t have otherwise done. They supplied me with a fantastic chair (TDX SP2) which can be adapted as my needs change in the future.

Overall I felt that the service I received was excellent. The assessors were brilliant, in particular the engineer; Tony gave me his mobile number and was always on hand to answer my questions as I adjusted to my new chair. The physical therapist had a great amount of knowledge about my condition and was very patient when explaining to me that I would need to consider my long-term needs when choosing a chair. They also kept in regular contact to let me know just what was happening with the progression of my case and when I could expect to be assessed and have a chair delivered to my home.

Having the right wheelchair has given me so much independence. It has allowed me to have a career and enjoy leisure time without needing to rely on someone to push me around or spend extraordinary amounts of money getting taxis everywhere. My entire experience of the service was excellent and I hope this excellence can be replicated in other areas of the country.”

James

www.rightwheelchair.org.uk/index.php/resources/case-studies/104-james

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) Mencap & Postural Care Action Group - Document Highlighting the importance of postural care (2011).
- 3) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
- 4) Local innovations in wheelchair and seating services (DOH).
- 5) Get Moving: the case for effective wheelchair services.
- 6) From the Front Line - Reporting on the UK’s disabled children’s equipment provision.
- 7) National MND Wheelchair Pathway
- 8) All Party Parliamentary Group for Paediatric Wheelchair Reform: My wheelchair is my shoes.
- 9) Keeping the Wheels Turning: Research project investigating the needs of carers supporting people who use wheelchairs.

Numbered reference links on back pages

CHARTER PRINCIPLE 7

Delivery, maintenance and emergency backup provided to nationally mandated time scales.

WHEELCHAIRS ARE OUR LEGS

"I've had my wheelchair nearly five years and have worked very closely with the wheelchair manufacturers and wheelchair services since then. There's no point in complaining if you are not willing to help sort issues, not just for your own benefit but to help others too. I am a heavy user of my wheelchair but my wife keeps it in mint condition, looking good and keeping it all together i.e tightening anything loose. We have our own tool kit in the bag on the back of the chair.

The wheelchair developed a fault two years ago and I was told not to use it. It was 56 days before it was fixed and I wasn't even offered a replacement, despite knowing that I had no mobility whatsoever.

More recently, my wheelchair had an intermittent fault which took even longer to repair: 164 days to be precise! This was right through the winter months and when we went out I never knew if I was going to get stranded. What is needed is a drastic change in the service, including having parts on the shelves and adequate numbers of staff to carry out repairs immediately. After all, wheelchairs are our legs!"

Liam

www.rightwheelchair.org.uk/index.php/resources/case-studies/102-liam

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) Mencap & Postural Care Action Group - Document Highlighting the importance of postural care (2011).
- 3) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
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- 7) National MND Wheelchair Pathway.
- 8) All Party Parliamentary Group for Paediatric Wheelchair Reform: My wheelchair is my shoes.
- 9) Keeping the Wheels Turning: research project investigating the needs of carers supporting people who use wheelchairs.

Numbered reference links on back pages

CHARTER PRINCIPLE 8

Innovative and flexible budgeting working with key partners to strengthen integration across health, social care, work and education, enabling the accommodation of individual needs, independence, health and wellbeing.

WORKING TOGETHER IS KEY TO SUCCESS

Ben was born with SMA & unable to weight bear, sit un-aided, walk or move. In 2002 Oxford Centre for Enablement could provide for Ben but needed local wheelchair services to fund. The response, after much chasing, was NO! No assessment, no meeting, just basic application of criteria. It took another 18 months of battling before Ben was finally mobile.

After five years his chair needed replacing and everyone agreed. Everyone except Wheelchair Services. His chair needed to address multiple needs with funding from more than one source. Finally with support from Education and Social Care and commitment to fund additional technical requirements, Wheelchair Services agreed.

After eleven years using a chair and learning how the system works, with good communication and better integrated services working across boundaries, the provision of Ben's third chair was remarkably easy. With wheelchair service approval and agreement of need from Social Care and Education, the Oxford Centre for Enablement assessed, specified and delivered the right wheelchair in a reasonable timescale to suit everyone.

There is no doubt the service has improved. However we had to battle hard to find how the system worked. There is clear evidence that agencies can share funding resources and can communicate needs to develop a fully holistic solution for the service user. This needs replicating so more people get the Right Chair at the Right Time.

Doug

www.rightwheelchair.org.uk/index.php/resources/case-studies/103-ben

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) Contact a Family (For Families with a Disabled Child) and the Lady Hoare Trust (year not provided). School When You are on Wheels - Young Wheelchair Users in Wales: A Snapshot of Challenges and Experiences Education.
- 3) Care Services Improvement Partnerships, (2006). Out and about. Wheelchairs as part of a whole systems approach to independence.
- 4) Frontier Economics Report (2011) – Social Return on Investment for Whizz-Kidz' services evaluation.
- 5) Frontier Economics Report (2011) – Impact of Whizz-Kidz support to Primary Care Trusts – An Evaluation.
- 6) Posture & Mobility Group (PMG) - The Economic Benefits of Better Provision of Equipment for Disabled and Terminally Ill Children (2014).
- 7) Local innovations in wheelchair and seating services (DOH).
- 8) From the Front Line - Reporting on the UK's disabled children's equipment provision.
- 9) All Party Parliamentary Group for Paediatric Wheelchair Reform: My wheelchair is my shoes.
- 10) CECOPS code of practice for Disability Equipment, Wheelchair & Seating Services.

Numbered reference links on back pages

CHARTER PRINCIPLE 9

Recruitment of qualified staff in respect of numbers and skills, with support for on-going development and training.

RIGHT NUMBERS, RIGHT TRAINING

All wheelchair service provision starts with a clinical team who need a wide variety of skills to ensure a complete assessment is carried out followed by relevant provision of wheelchairs and postural management products. Many services have insufficient staff to meet demand as provider organisations don't recognise the specialist skills and time required to carry out thorough assessment and prescription.

The service needs wheelchair therapists who are qualified Occupational Therapists and Physiotherapists, Rehabilitation Engineers with an engineering qualification and additional medical training, plus assistants, technicians and repair engineers.

Formalised recognised training for therapists in Wheelchair and Posture Services is currently non-existent with little recognition as a specialism in its own right and generally takes the form of a brief element of 'wheelchair awareness' within the degree courses of therapists.

Therefore skills are gained whilst working, supplemented by attendance at one-off courses. Rehabilitation Engineering as a profession is struggling for recognition with available training places being very rare. All this results in variable consistency of skill level across the country. To ensure or even raise the quality of intervention, we need to raise the profile of these skilled professionals, ensure consistency by using competencies already developed and develop accredited post graduate training courses. Service users deserve and expect to be seen by an appropriately skilled professional.

Krys Jarvis: Manager Shropshire Wheelchair and Posture Service

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) Posture & Mobility Group (PMG) Education and Training Resource.
- 3) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
- 4) Rehabilitation Engineering Services for Wheelchairs and Special Seating.
- 5) Rehabilitation Engineering Services: Functions, Competencies, and Resources.
- 6) Get Moving: the case for effective wheelchair services.
- 7) CECOPS code of practice for Disability Equipment, Wheelchair & Seating Services.

Numbered reference links on back pages

CHARTER PRINCIPLE 10

Supporting clinicians, manufacturers and independent organisations working together to develop innovative, affordable products and solutions.

POWERED NEURO WHEELCHAIRS

The provision of the most appropriate wheelchair for people with MND has, in the past, been complicated. Most often, costly adaptations had to be made to existing wheelchair stock, leading to delays in people getting their wheelchair.

The Powered Neuro Wheelchairs were developed with the help of people living with and affected by MND, wheelchair service managers, therapists and rehabilitation engineers, other health and social care professionals and other charities. The resulting Powered Neuro Wheelchairs are suited to the needs of people with MND and other similar, progressive conditions.

Each of the Powered Neuro Wheelchairs is suitable for indoor and outdoor use and has features that are designed to be adapted as the condition progresses, so that further costs can be minimised.

www.mndassociation.org/getting-support/wheelchairservice/powered-neuro-wheelchairs

Supporting documents

- 1) NHS Improving Quality (2014), RIGHT CHAIR, RIGHT TIME, RIGHT NOW eDigest.
- 2) National Wheelchair Alliance Innovation Portal.
- 3) Whizz-Kidz Child in a chair in a day model – website.
- 4) Motor Neurone Disease Association – Neurochair.
- 5) National Wheelchair Managers Forum Healthcare Standards for NHS Commissioned Wheelchair Services 2015.
- 6) Local innovations in wheelchair and seating services (DOH).

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- 2) <https://www.learnenv.england.nhs.uk/pinboard/view/238#topNavigation>
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- 4) http://www.muscular-dystrophy.org/assets/0004/6094/Get_Moving_2013.pdf
- 5) <http://www.changingmindschanginglives.com/2014/06/a-parents-perspective>
- 6) <https://www.gov.uk/government/publications/local-innovations-in-wheelchair-and-seating-services>
- 7) <http://www.wheelchairmanagers.nhs.uk/Healthcare%20Standards%20for%20%20NHS-Commissioned%20Wheelchair%20Services%20Final%20April%202015.pdf>
- 8) <http://www.rightwheelchair.org.uk/index.php/resources/case-studies/107-plymouth-wheelchair-services-from-terrible-to-excellent>
- 9) <http://www.cecops.org.uk/>

Principle Two

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- 2) http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf
- 3) <http://www.rica.org.uk/sites/default/files/documents/pdfs/research-consultancy/Rica%20powered%20wheelchair%20user%20survey%20report.pdf>
- 4) <http://www.wheelchairmanagers.nhs.uk/Healthcare%20Standards%20for%20%20NHS-Commissioned%20Wheelchair%20Services%20Final%20April%202015.pdf>
- 5) http://www.newlifecharity.co.uk/docs11/publications_pdf/From_The_Front_Line_2012.pdf
- 6) <http://www.mndassociation.org/wp-content/uploads/2015/02/national-mnd-wheelchair-pathway.pdf>
- 7) http://www.nhs.uk/media/2563782/appg-report-my-wheelchair-is-my-shoes-final_june_2011.pdf
- 8) <http://www.cecops.org.uk/>

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- 6) http://www.muscular-dystrophy.org/assets/0004/6094/Get_Moving_2013.pdf
- 7) http://www.newlifecharity.co.uk/docs11/publications_pdf/From_The_Front_Line_2012.pdf

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- 6) http://www.newlifecharity.co.uk/docs11/publications_pdf/From_The_Front_Line_2012.pdf
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