

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/carers 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/carers 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/carers 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.