

13th October 2008

Response to the Scottish Governments Wheelchair and Seating Modernisation Draft Action Plan

Wheelchair and Seating Services Modernisation: And Action Plan

This is an excellent report and is to be commended as a positive move to improve wheelchair and seating services for people in Scotland. Children and Young People should be provided with a smooth and seamless care pathway for mobility and postural support, which allows independent living and exploration of their environment.

Would also welcome the specific mention of the provision of powered wheelchairs to be provided in an anticipatory manner for young people with progressive illnesses, for example Duchenne muscular dystrophy (DMD). Children have a great need to explore their environment and on occasions children who are able to self propel for a short distance, are not provided with powered chairs although it would enable them to have much more functional ability.

Comments:

Page 3, Introduction: Delays and lack of flexibility between the 5 wheelchair and seating centres causes issues, especially for children who live in one wheelchair and seating centre area and receive nationally commissioned specialist services from another.

For example, in Spinal Surgery and Complex Elective Orthopaedics Surgery, there can be frustrations and delays for both users and staff even if the surgery is elective and planned well in advance.

Page 4, Policy Content and Background: We strongly support the principles of collaboration, participation and a mutual approach to the provision of patient centred services. Welcome the anticipatory care approach and strongly feel that this needs to be timely as well as anticipated.

Page 5, Patient and User Involvement: Welcome the move to involve wheelchair users and their carers in developing and planning service. CHP's in general are not suppliers or prescribers for children's wheelchairs. It would be important that if CHP's are leading the formation of wheelchair users groups, that paediatrics are well represented.

Page 6, Partnerships and Collaborations: We agree with the important points made in this section, and with the proposed actions that will greatly strengthen and improve the patient experience and that of professionals.

Page 7: We welcome the move towards case management. In Paediatrics in Edinburgh this should also link with the Care Co-Ordination System. Again, strongly agree with the anticipatory approach.

Page 8: There is also a need to utilise expert centres from out with Scotland. For example, Stanmore or Stoke Mandeville. At the moment there is no paediatric joint

equipment store with in Lothian or with in the east of Scotland. We would also like to see joint equipment stores include short-term loans of new chairs for complex paediatric cases which may be temporary. We welcome the introduction of pathways and standards of care. Agree with actions detailed to enable Wheelchair & Seating Services (WSS) to continue to deliver and develop rehabilitation services in line with Rehabilitation Framework. Utilisation of joint health & social care equipment services for managing wheelchair storage, decontaminations and uplift would be positive as it would deliver a local one-stop shop approach for clients.

Page 9, Service Redesign: There should be some areas where the over all 18 week target is reduced. For example, terminal care paediatrics patients, example in oncology or cystic fibrosis.

Page 10: Welcome the proposal to share standards.

Page 12, Building Capacity: Working in specialist centre, we welcome the concept of building a service which offers care closer to home but at the same time maintaining the ability to provide higher level specialist skills which would be based in the centre. Welcome the specific mention of the importance of support for children. Agree with the need to balance local care with the efficiency of the service. Agree with the proposal to develop practitioners but time for this would need to be scoped. The development of local wheelchair and seating clinics within accessible environments including hoisting provision and underpinned by suitable transport is supported.

Page 13: Tier One provision already in place with in Lothian. Strongly agree with the Tiered Service Approach to simple cases, moderate cases and complex cases. Providing local access and local clinics would also need to provide hoisting. The tiered approach to care delivery and staff development and utilisation is in line with all current policy.

Page 16, Referral Assessment and Provision: Welcome and strongly support the observations and actions with in this section. Welcome the work needing to be done in the development of a standard and consistent assessment.

Page 17: Agree with the action of alternative pathways for provision of standard issue equipment.

Page 18, Provision: There is lack of clarity in the section regarding the issue of wheelchairs for short to medium term use, where there are needs of children following surgery, illness or injury are more complex than just a standard wheelchair.

Page 20, Equipment Repairs and Maintenance: Very strongly agree with the need to provide more modern and lightweight equipment into NHS stock. The recognition of advancing technology integrated with financial management is very encouraging.

Page 21, IT and Information Management: Agree and strongly welcome the coming forth actions

Page 22, Quality and Governance: The importance of consistent standards for funding and provision of wheelchairs along side of shared best factors to be strongly welcomed. Very much welcome the proposal that clinical leadership is essential to take this forward. Appointment for a clinical lead is to be welcomed.

Elaine Dhouieb
Acting Head of Physiotherapy
Royal Hospital for Sick Children
Lothian University Hospital Division