

## **Response to the Consultation Paper Wheelchair and Seating Modernisation: an action plan.**

In response to the draft plan laying out the direction of travel for the Wheelchair and Seating Services in Scotland over the next 3 years, it is with interest that the development of local clinics for children with complex needs in an environment that induces Multidisciplinary Team (MDT) working and also meets the needs of the children and their parents/ carers is highlighted as an Action Plan. Community physiotherapists in a number of special schools within GGHB&C have established close links with the WESTMARC team in order to establish MDT wheelchair 'school clinics' which have been very successful over a number of years. The successful formula includes the collaborative working between the WESTMARC staff, the school physiotherapist, the parent or carer, the school pupil support worker and often the teacher when there are educational issues needing to be addressed, for example, the use of switching to control power chairs when the child or young person is already using similar technology in the classroom in the form of an augmentative communication aid. Parents and school staff have given positive feedback to these clinics and the children have benefited from being in a familiar environment with the health and education staff who work closely with them on a daily basis. Also, it should be considered that many children from the same school can be seen at the same clinic and the chance of 'Did Not Attends (DNAs)' is greatly reduced. The school physiotherapy staff have been proactive in facilitating and organising these clinics over many years, because they recognise the importance of shared assessment in the postural management care plan of children and young people with complex physical needs.

However, recent correspondence from the Head of Service at WESTMARC to all community physiotherapy staff has informed them that school clinics once a school term will no longer take place. He has informed us that resources used to deliver these clinics can be more effectively used in WESTMARC based clinics, listing a number of plausible reasons why. It is widely felt among community paediatric physiotherapy staff that this will have an effect on MDT working because community physiotherapy staff will be unable to attend individual wheelchair appointments at WESTMARC for the majority of complex children on existing large community caseloads. It also means that our colleagues who are education staff are unlikely to be directly involved in the shared assessment and review processes. If both these staff groups are unable to attend centralised clinics in WESTMARC, then collaboration between specialist staff with specialist knowledge and skills to share does not exist directly at the point of wheelchair assessment or review. This will not meet the often diverse needs of this client group who are long term wheelchair users, often with multifaceted postural support and mobility difficulties. This is a very vulnerable group of children with life-long conditions or illnesses; there can often be issues of child protection (neglect) and it seems that withdrawing the access to a service via school will undoubtedly increase the clinical risk to this particular group.

The development of 'Getting it Right for Every Child' was based on ensuring that professionals are alert to the needs of children and that they take action to meet them, agencies should be responsible for collaboration with each other and sharing information as appropriate and identifying and removing obstacles to collaboration between agencies, children and families. HMIE Inspection of Children's Services (Glasgow City Council – health and education) is about to happen and this barrier for a group of children with high levels of vulnerability will not be seen as reducing the risk to children with Additional Support Needs.

As a staff group we would like to continue to collaborate with the wheelchair services and could be instrumental in supporting the WSS Action Plan. We would like the opportunity to engage with WESTMARC when changes take place. As a professional group involved in the

design and maintenance of multidisciplinary 24 hr postural management care plans for these children, consultation between us and other services needs to take place to ensure effective practice. Opportunities and solutions need to be made available to facilitate this; for example, when wheelchair services are unable to take place in the community setting an well-designed change in the current system could assure that a number of children from the same school attend the same clinic at WESTMARC. This may allow other professionals capacity to attend for a number of children at the same time.

Paediatric Physiotherapists are often involved with families along side wheelchair services over many years (often from the time of diagnosis); we can help develop positive relationships, encourage attendance at clinics and provide a more supportive and joined up service.

The review of wheelchair services is greatly received and the proposed Draft Action Plan is to be commended, but the current reality is that where the delivery of 'local' services play a huge part in all health care provision planning (including wheelchair provision), a locally delivered service to this particular group of service users is being withdrawn as a means of the wheelchair service "meeting performance targets" in the delivery times of equipment. This particular proposal should be highlighted as it appears to go against the principles of the consultation document.

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