

**COUNCIL ON  
DISABILITY**



**COUNCIL ON DISABILITY (STIRLING DISTRICT)**

30<sup>th</sup> October 2008

**By email to :** [Wheelchairandseatingservices@scotland.gsi.gov.uk](mailto:Wheelchairandseatingservices@scotland.gsi.gov.uk)

Wheelchair and Seating Service Modernisation Draft Action Plan,  
FREEPOST NATN452,  
The Scottish Government,  
St Andrews House (Mailpoint 1),  
Regent Road,  
EDINBURGH, EH1 0BR

Dear Sirs

I attach on behalf of my organisation its response to the Consultation Paper together with the completed Respondent Information Form.

A handwritten signature in dark ink, appearing to read 'Ron Skinner', written in a cursive style.

Ron Skinner MBE  
Hon. Treasurer

The Norman MacEwan Centre  
Cameronian Street (Upper Craigs), Stirling FK8 2DX  
Telephone 01786-462178

## B. RESPONDENT INFORMATION FORM: WHEELCHAIR AND SEATING SERVICES ACTION PLAN

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

Name:

Postal Address:

1. Are you responding: (please tick one box)
- (a) as an individual ~ go to Q2a/b and then Q4
- (b)  **on behalf of** a group/organisation ~ go to Q3 and then Q4

### INDIVIDUALS

- 2a. Do you agree to your response being made available to the public (in Scottish Executive library and/or on the Scottish Executive website)?

Yes (go to 2b below) ~

No, not at all ~ We will treat your response as confidential

- 2b. **Where confidentiality is not requested**, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available ~

Yes, make my response available, but not my name or address ~

Yes, make my response and name available, but not my address ~

### ON BEHALF OF GROUPS OR ORGANISATIONS:

- 3 The name and address of your organisation **will be** made available to the public (in the Scottish Executive library and/or on the Scottish Executive website). Are you also content for your **response** to be made available?

Yes



No

We will treat your response as confidential

### SHARING RESPONSES/FUTURE ENGAGEMENT

- 4 We will share your response internally with other Scottish Executive policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

Yes

**COUNCIL ON DISABILITY (STIRLING DISTRICT)**  
**Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

**Response to the August 2008 Consultation**

**Background**

As can be seen from **Appendix 1** that Council on Disability (Stirling District) (**CoD**) has carried out independent qualitative and quantitative research into the issues affecting users and carers within the area of NHS Forth Valley. A member of its Management Committee is represented on the NHS Forth Valley's Wheelchair Strategic Group as well as being active at national level.

CoD welcomes the progress that is being made in improving the NHS W&SSS which has not been funded sufficiently to implement the recommendations from numerous reports which have been produced over the last 25 years. There has therefore been and still is an un-bridged gap between rhetoric and reality.

**Welcomed**

The Consultation's "introduction" and "policy context" gives users and carers' a beacon of light in that these speak of :-

- **partnerships centred around the patient;**
- **involvement;**
- **enabling users and carers to live full and fruitful lives;**
- **accessing the service in a smooth and seamless manner;**
- **allowing users to carry out their day to day living at home.**

These chime with the sentiments expressed in "Rehabilitation" *"the outcome of this is the enhancement of daily living and quality of life"*.

**Disappointment**

CoD finds it disappointing that this beacon becomes dimmed when reading the rest of the Consultation, especially in the Assessment and Equipment Sections, where we gain the impression of simply, "more of the same" and the foregoing enthusiasm chimed in Rehabilitation above is not resonated.

There appears to be a lack of a shared vision by the 14 Health Boards and it is difficult to see how they can be encouraged to sing from the same page, given the absence of national standards which should spur the necessary financial support to achieve these standards.

Despite the progress that has been made to date and the milestones that have been laid out in the Consultation's "Direction of Travel", there has been a missed opportunity to review the delivery of the Service in its entirety. While it is recognised that the previous Administration and the current Administration of the Scottish Government have not accepted Recommendation 2 of the Steering Group's Report to have a nationally run and funded

## COUNCIL ON DISABILITY (STIRLING DISTRICT)

### Response to NHS Wheelchair & Special Seating Services Consultation August 2008

Service, it is difficult for users to understand the continuance of the current structure, given the undernoted estimated caseloads of the Wheelchair Centres:-

Edinburgh	(SMART)	20,656	Lothian, Fife & Borders
Grampian	(MARS)	5,601	Grampian, Shetland & Orkney
Highland		3,099	Highland, Western Isles & Grampian
Tayside	(TORT)	5,711	Tayside & Forth Valley
Westmarc		60,699	6 Health Boards

Given the impression that these 5 Wheelchair Centres serve 14 Health Boards, on whom they are dependent upon for funds, the Consultation does not reveal how all of the Health Boards will fund the Wheelchair Centres sufficiently to maintain the same level of Service throughout Scotland. This is particularly true when mobility is not traditionally perceived as a mainstream health issue, nor are there as yet any national performance standards. This makes it very difficult for users and carers to discover where the accountability for the Services lies.

NHS Boards have statutory duties to meet health and social care needs of the people in their areas. Their aim is to provide the best service they can for the greatest number of people within the resources available to them: however, in the case of the W&SSS, this is the excuse that it used when users and carers are seeking a better standard of equipment. CoD campaigns for a change in culture, to have systems improved such that they can identify the resources needed by having better IT and Information Systems to hold the evidence required.

The level of the Service cannot measure without “standards” in order to achieve consistency over the 14 Health Boards. This is hampered by inadequate IT and Information Management which is key. The Consultation is silent on where and when the IT and Information Management is going to be addressed. Unless the Service can maintain up to date information on its client base it is difficult to see how it can progress to a customer focussed culture.

The Scottish Government is emphatic that Health Boards have the duty to provide the Wheelchair Service, but in practice they simply offload this responsibility to the W&SSS where in fact the dog should be wagging the tail. It is very difficult for the tail to wag the dog because of the lack of ownership of this duty within individual Health Boards. CoD is unsure of the effectiveness of having each Health Board prepare a Service Level Agreement, when this is often meaningless without performance indicators which relate to the users within that Board’s area.

#### **Privately Purchased Equipment**

Because of the inadequacies of the W&SSS many users have required to purchase their own equipment to better address their needs and in Scotland there is no equivalent to the voucher scheme provided in England which seeks to give users choice. This is an important issue that has not been addressed in the Consultation.

## **COUNCIL ON DISABILITY (STIRLING DISTRICT)**

### **Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

**Recommendation 5** of the 40 recommendations - provide support for privately purchased wheelchairs - The NHS Wheelchair and Seating Service will support assessment and maintenance for a defined range of privately purchased wheelchairs.

#### **Rehabilitation**

In the role of Rehabilitation it is difficult to see the linkage for those who self refer to the Wheelchair Centres and their overall care management. In other words who takes the lead? There are a fair number of users who have long-term conditions who may benefit from Rehabilitation intervention. With the growth of community and acute hospitals and the emergence of Community Health Partnerships some Rehabilitation Services are unsure where they sit within Health Boards.

#### **Building Capacity**

We welcome the removal of 'gatekeepers'. ie referrals having to be initiated by a GP or Consultant.

From CoD's perspective we see the Capacity Triangle in the Consultation being inverted. The development of local expertise occurs outwith the Wheelchair Centres, with the straightforward cases being dealt with at local level while the more complex cases are percolated, or filtered down, to be dealt with by the Wheelchair Centres.

Other concerns of CoD relate to the need for Appointments to accommodate users who may:-

- live some distance from the clinic;
- be dependent upon external carers;
- be unable to attend in early morning or late afternoon
- have to dovetail with carers

There needs to be a greater emphasis placed upon this in the "direction of travel." There needs also to be a simplification of the system for ordering transport from the Scottish Ambulance Service.

#### **Assessment**

CoD would prefer that the W&SSS viewed users and carers being "fitted" for a wheelchair rather than being "measured".

Concern is expressed about, "centres to ensure optimum outcomes for the client", without this being adequately explained. The thrust from users and carers is that the wheelchair that is issued accommodates their lifestyle and enhances their quality of life.

**COUNCIL ON DISABILITY (STIRLING DISTRICT)**  
**Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

**Copy of Assessment & Unmet Need**

Should the W&SSS be unable for whatever reason to address these, then unmet need has to be categorised and costed. A copy of the Assessment is to be given to the user/carer, but the Consultation is silent on what the procedures are should the carer/user disagree with the Assessment. There has to be some redress. There is no recognition in the Consultation as to the impact of the W&SSS on the resources needed to document and manage this change and to the impact on already inadequate IT and Information Systems. This change alone will slow down further the sloth-like pace of Assessment, which has been an ongoing frustration not only to users and carers, but to the W&SSS itself.

There is no recognition of the added value that a user/carer self assessment may bring to the Assessment process, which may help to identify the type and nature of the equipment required.

Unless the W&SSS record unmet need then there is no evidence to base requests for additional funding.

**Carers**

Little has been said in the Consultation about the needs of carers and the part they play in the daily lives of users.

**Review**

Following the Assessment and subsequent issue of a wheelchair, there is no recognition in the Consultation of the need for Review. This should address, in consultation with the user/carer, whether or not the wheelchair needs further adjustment, or to be re-issued with an alternative, based on the experience of the first few weeks of using the wheelchair within the user's own environment.

**Provision**

CoD expresses strong concerns that the Consultation recites existing principles for the issue of equipment, which are based almost wholly on medical grounds – hence the traditional “medical model”. This is compounded by artificial criteria in assessment being used to ration inadequate resources.

Underpinning the Scottish Parliament's guiding principles are those of equality and civil rights. It is therefore worrying that the Consultation appears reluctant to throw off the “medical model” once and for all. The only commitment that the Consultation gives is that there is to be a review of the criteria which have underpinned the provision of equipment.

**Review does not mean change.** In the table on Page 18 reference is made to “new national eligibility criteria”. Users/carers fear it is again a mechanism to further ration equipment. Also confusing is the term “non-financial aspects of equipment provision”.

**COUNCIL ON DISABILITY (STIRLING DISTRICT)**  
**Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

**Procurement**

There needs to be flexibility in the NHS national contract, to give Assessors a degree of flexibility to match the right equipment to the user/carer. A mechanism has to be developed to have some user/carer involvement in the annual review of equipment contracts.

**Delivery**

CoD welcomes the formulation of a delivery policy but has concerns that the advice to be given to users/carers, regarding the transportation of equipment, ignores the fact that some users require to be transported in their wheelchairs.

The W&SSS needs to recognise the provision of

- anchor points on wheelchairs and
- headrests as safety equipment as appropriate.

A degree of quality assurance should be included in this policy, with the user/carer being requested to return a "Satisfaction Note".

**Equipment & Repairs**

CoD welcomes the Planned Preventative Maintenance (PPM) and the introduction of an out-of-hours service. It is hoped that the PPM will lead to the modernisation of the fleet and a move away from the reliance on the continual refurbishment of out of date stock.

The selection of equipment is dependent upon a vibrant assessment procedure which identifies the needs of the user and carer, based on their lifestyle and day to day living. There is a need for assessors to more closely identify those needs, rather than continue with the imbedded culture of simply supplying what they have got.

Despite the aspirations of some W&SSS Managers to seek to repair all wheelchairs within a day, reality suggests that this is unattainable, given the availability of spares and the logistics of obtaining these. This is often through a Supplies/Orders section of the host Health Board, which is geared to medical supplies, rather than towards a large diverse fleet of wheelchairs. Such supplies from external sources should be on a next-day delivery basis.

**IT and Information Management**

CoD has first hand experience of the inadequacies of the IT & Information Management systems of Westmarc, which was revealed when it carried out its Research study in 2005. Crucial to the servicing of the W&SSS's customers is that proper management information systems are held and maintained in a consistent form throughout the Services. It has been identified that out of date software is being used with no clear tie up to Health Boards in terms of CHI number, making it difficult for systems to 'talk to each other'. This could provide a method for maintaining data i.e deaths, transfers etc.

Deficiencies in the W&SSS systems have been identified, but the Consultation is silent on where and when the funding is released to remedy these.

## COUNCIL ON DISABILITY (STIRLING DISTRICT)

### Response to NHS Wheelchair & Special Seating Services Consultation August 2008

#### Quality & Governance

While the Consultation makes it clear how the appeals procedures are accessed by users and carers, this needs to be publicised widely by the W&SSS in its leaflets, as should delivery and repairs procedures.

The Consultation makes it clear that the funding and provision of wheelchairs and associated seating should be based on reliable and valid local information on levels of need: this should be reflected in detail within service level agreements. It is, however, difficult to see how this can be achieved when the IT and Management Information Systems appear to be so inadequate at providing this basic but essential information.

The Consultation states that, as part of service improvement, the WSS will develop national service and clinical standards, to be adopted by all centres, to ensure a consistent quality service throughout Scotland. Further, it states that Clinical leadership is essential to take forward this development from within the service and that each WSS centre should identify, within their current establishment, a clinical lead on quality, to support the development of evidence based standards. Given the lack of progress over the last four years, CoD believes that it is doubtful that the W&SSS can within itself progress these standards within a meaningful timescale. **CoD recommends that consideration be given to securing external resources to prepare these standards: this would naturally be in consultation with the Services.**

National Standards play a pivotal role in holding the W&SSS to account but, more importantly, they serve to hold individual Health Boards to account, in terms of the content of the Service Level Agreements that they hold with the W&SSS Centres.

CoD feels that there should be included in the “Direction of Travel” an emphasis on Quality Assurance. There needs to be a measure of the effectiveness and acceptability, to the user and carer, of the journey through the system and to the quality of the equipment supplied, repaired and serviced. The accent should be **to embrace the culture “getting it right first time”**.

**COUNCIL ON DISABILITY (STIRLING DISTRICT)**  
**About us and our experience with the NHS W&SSS**  
**Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

**Our Organisation**

The Council on Disability (Stirling District) is a registered charity (Sco Number 14879) a small but effective body operating for the last 20 years within the area of Stirling Council which is our principal funder. All of our volunteers have a disability, as have the members of our management committee. Our aims are :

- a) **To** provide a means of consultation and joint action among voluntary and statutory organisations concerned with the welfare of Physically Disabled persons of all ages.
- b) **To** increase the understanding of the problems of disability and to encourage integration, in its fullest sense, between disabled and able-bodied members of the community.
- c) **To** promote and encourage the provision and improvement of facilities and services and research.
- d) **To** serve as a centre for the collection and dissemination of information for those interested in the welfare of disabled people.
- e) **To** focus attention on the needs of, and services available for, able-bodied and disabled people, by arranging and providing for the holding of exhibitions, meetings, lectures and classes.

**Introduction**

For many years the Council on Disability (Stirling District) (CoD) had received complaints about the NHS W&SSS and had expressed concern that comments about the Service were in general only received from those who were dissatisfied. In order to gain a more informed view of the Service from the users' point of view, CoD commissioned independent research into the Service within NHS Forth Valley, which was provided in the main by Westmarc, with a small part served by TORT. CoD published its Report in 2005, having had a 42% response to the survey drawn from users within generic types of wheelchair, age and postcode. A Summary of the Report's finding was as follows (with numbering as in the Report):-

**How the Wheelchair Service is performing overall**

- 1 74% of WESTMARC respondents said their wheelchairs met their needs overall, but 22% said they did not meet their needs or only partly met their needs overall. 81% of TORT respondents said their needs were met overall, but 19% said they were not.

**COUNCIL ON DISABILITY (STIRLING DISTRICT)****About us and our experience with the NHS W&SSS****Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

- 2 47% of WESTMARC respondents were “satisfied” with the service and 22% were “very satisfied”. 20% of TORT respondents were “satisfied” and 58% were “very satisfied”.
- 3 27% of WESTMARC respondents were not satisfied, 9% of them being “dissatisfied”. 19% of TORT respondents were not satisfied, with 6% of them saying they were “dissatisfied”.
- 4 Among WESTMARC respondents
- Over half under 45 were not satisfied
  - The age group 46-65 had most “very satisfied” people
  - One in four users of self-propelled wheelchairs were “very satisfied”, as were 7 out of a total of 18 people who had indoor powered wheelchairs
  - More than one in three people with indoor/outdoor powered wheelchairs were not satisfied
  - Almost half of long-term, intensive users of the Service were not satisfied.
- 10 One third of TORT wheelchair users under 65 were not satisfied. All powered wheelchair users served by TORT were satisfied, almost all being “very satisfied”.
- 11 Many respondents who said they were “satisfied” and even “very satisfied” listed problems and advocated changes in reply to other questions.
- 12 67% of WESTMARC respondents reported one or more problems in using their wheelchairs. The most prevalent difficulties were getting wheelchairs (and/or their users) in and out of cars, and that wheelchairs were too heavy. One in three WESTMARC respondents experienced these problems.
- 13 58% of TORT respondents reported one or more problems in using their wheelchairs. Most prevalent problems were difficulties with wheelchairs and cars, and not getting all attachments needed (each 23%).

**Service delivery in more detail**

- 17 27% of WESTMARC users and 23% of TORT users had acquired wheelchairs in addition to their NHS wheelchairs.

**Why are some people not satisfied with the Wheelchair Service?**

- 32 The highest incidence of WESTMARC service users who were not satisfied was among younger people, people who had powered wheelchairs and

**COUNCIL ON DISABILITY (STIRLING DISTRICT)****About us and our experience with the NHS W&SSS****Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

- people with long term and complex needs, as indicated by having successive wheelchairs and intensive use of the service. Of the 47 long-term, intensive users of the service, almost half, 23, were not satisfied; 18 were under 65.
- 33 Over half of the 139 people who were not satisfied felt their wheelchair(s) did not meet their needs well. Many of them described lengthy struggles to have very individual and also common needs met.
- 34 Respondents had poorer experience of all aspects of the service, especially of being involved in assessment processes.
- 35 Poor communication was highlighted by 55% of unsatisfied respondents in answering general questions.
- 36 Waiting was a key cause of dissatisfaction. 63% were dissatisfied with waiting time for wheelchair delivery. Of the 22 who were dissatisfied with repairs, many cited waiting time, as did others who were otherwise satisfied with the repair service.
- 37 In addition, 23% of unsatisfied respondents made critical comments about waiting for various aspects of the service in response to general questions.
- 38 25% of unsatisfied respondents had bought their own wheelchair or scooter. Many expressed resentment at having to do so. 8 out of 13 respondents who no longer had NHS wheelchairs had bought their own wheelchair because dissatisfied with the NHS wheelchair.
- 39 Amongst the 9 (19%) unsatisfied TORT service users 7 (78%) said their wheelchairs did not meet their needs well.

**CONCLUSIONS**

The following conclusions were drawn from comparing the evidence from the survey (principally from the WESTMARC part) with the vision and aims for reorganised Mobility Services in the 1996 NHS *Review of Artificial Limb and Appliance Centres*<sup>1</sup>.

- 1 The majority of wheelchair users today are in the same position as at the time of the *Review*, that is they have wheelchairs, which meet their needs and increase their mobility and independence.

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<sup>1</sup> National Services Division, NHS Management Executive 1996 *Review of Artificial Limb and Appliance Centres*

## COUNCIL ON DISABILITY (STIRLING DISTRICT)

## About us and our experience with the NHS W&amp;SSS

## Response to NHS Wheelchair &amp; Special Seating Services Consultation August 2008

- 2 For many of these people, wheelchairs have been an essential element in giving them a better quality of life.
- 3 However, a large number and high proportion of wheelchair users are not satisfied because their wheelchairs do not meet their needs and because they get a poor service in the manner of getting their wheelchairs and keeping them in a condition to meet changing needs and to survive occasional problems and break-downs with minimum interruption of use.
- 4 Most of the people who were not satisfied and whose needs were not met were under 65. Over half of respondents with complex needs and intensive use of the Wheelchair Service were not satisfied, most of them being under 65.
- 5 The Wheelchair Service is therefore not succeeding in closing the gap between the majority and others whom wheelchairs should be helping to lead full lives. It is not achieving the *Review's* vision of "maximising the potential" of sufficient people in "the permanently disabled population" who are most excluded from the activities of their peers, because of age and type of mobility support needed.
- 6 The Service is often unable to "prescribe optimal equipment" because, it appears, they have not built up an adequate stock of suitable good quality wheelchairs, apparently exacerbated by poor stock control (provider information on wheelchairs supplied appeared to be confused and highly inaccurate, and several respondents reported lengthy delays in collection of un-needed wheelchairs).
- 7 Inadequate stock and inadequate management of it also appear to be the cause of exceptionally long waiting times, which further disable many WESTMARC users.
- 8 Effective assessment of needs may be inhibited by the lack of suitable remedies available. At any rate, assessment processes are at best patchy and often minimal in all assessment routes for WESTMARC. Holistic assessment of needs, which fully engages the wheelchair user (and where appropriate carer), clearly does not happen often. Much of the inutility of wheelchairs was down to a mismatch of wheelchair type with user needs, aims, environment and existing supports, particularly carers and cars.

Standardisation of assessment and supply appeared very often to be defeating the objective of economy, when it led to readjustments being

## COUNCIL ON DISABILITY (STIRLING DISTRICT)

## About us and our experience with the NHS W&amp;SSS

## Response to NHS Wheelchair &amp; Special Seating Services Consultation August 2008

- necessary before wheelchairs could be used, to lack of use of wheelchairs and to costly deployment of user and service resources in negotiating later remedies.
- 9 Rationing of the limited improved resources available may also underlie other causes of dissatisfaction, such as poor information and lack of ongoing contact with service users, for review of needs or of condition of wheelchair. The Service aim of wheelchairs being an integral part of a rehabilitation service was not being achieved for the many users who felt neglected by the Service and who were uncertain how to use it.
- 10 All of these features, together with the high level of problems in use, decrease the value of the NHS investment in improved mobility and increase the cost to the NHS of repairs and adaptations, and probably of more expensive health services. Overall, survey evidence indicated that the Service was failing to "minimise handicap and improve quality of life as cost effectively as possible".
- 11 The survey also indicated that some of the 1996 *Review's* specific recommendations had not been implemented effectively. In particular:
- a. Integration into main centres*  
Integration into main centres has been achieved, but the benefits to users vary, both between centres and between aspects of the service. The evidence from TORT users was that there was a better chance of getting a responsive and individualised service from a smaller unit, which had set up effective systems for establishing and maintaining contact with its service users.
- Repairs appear to have been mostly good or improved across both Services.
- b. Local access to integrated rehabilitation services*  
Failure to achieve this aim is a major issue throughout Forth Valley. Poor access to distant centres, particularly Glasgow, is preventing many people having evolving needs met effectively and from making the most of the Service.
- Desire for a local Centre was widespread and strongly expressed, as a solution to these problems and to repair difficulties for people with constant need of their wheelchairs. However, it was also clear, that as well as physical location, improving access also means providing better information for users at all points of service delivery.

## COUNCIL ON DISABILITY (STIRLING DISTRICT)

## About us and our experience with the NHS W&amp;SSS

## Response to NHS Wheelchair &amp; Special Seating Services Consultation August 2008

- c. *Users should be more involved in the choice from the available range of equipment and supplied with written information about equipment choice*

The lack of involvement of service users (and of carers) was general in the WESTMARC service and was seen as a main barrier to providing an effective service by users at the complex need end of the spectrum and also by many whose needs were more straightforward. Improvement in cost effectiveness and overall effectiveness in terms of increasing mobility would need to be based on new approaches to involving wheelchair users in what is a big decision for people everywhere on the needs spectrum.

- d. *A consistent definition of service should be developed*

Eligibility criteria for powered wheelchairs and for second wheelchairs appear to be being applied fairly consistently. However there was strong evidence that these criteria are impeding the mobility of people who need conveniently accessed car transport in addition to a powered wheelchair for indoors and short outdoor journeys. There was also evidence that rigid application of the criteria in assessment and lack of review were resulting in many users not being able to achieve the mobility they desired, especially those with fluctuating and deteriorating conditions, and aging carers. Access to the much desired lighter wheelchairs appeared to depend on user determination or luck rather than clear criteria.

**The evidence of this survey indicates that, to promote fair access to mobility support, eligibility criteria and quality standards should be reviewed in a more radical manner, and then implemented.**

The use of a voucher scheme as part of this process would need to take account of low income, especially of people disabled from birth or youth, and would need careful explanation and education.

- e. *Ideally all existing wheelchairs require to be replaced with their modern equivalent*

The 2000 progress report<sup>2</sup> on *Review* aims recognised that “There is significant concern at each of the centres that this initiative will result in new, modern wheelchairs being designed which are highly desirable for users but unaffordable to the service”. Little progress appears to have been made in the strategies to tackle this critical development

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<sup>2</sup> Rehabilitation Technology Services Advisory Group 2001 for the Scottish Executive 2001 *Report on the Review of Rehabilitation Technology Services in Scotland*

**COUNCIL ON DISABILITY (STIRLING DISTRICT)**

**About us and our experience with the NHS W&SSS**

**Response to NHS Wheelchair & Special Seating Services Consultation August 2008**

aim. The survey provided strong evidence that it is essential to do so, and that a voucher scheme with the right conditions could make an effective contribution.

- 12 Since the 1996 *Review*, individual aspirations of disabled people have been encouraged by society's endorsement of equality and by technological advance. This survey provided plenty of evidence of the power of wheelchairs to promote equality but also too much evidence that presently justice was not being done, nor seen to be done.
- 13 However, as well as showing that many younger people with more complex mobility needs are not being well served and that there is much dissatisfaction with the gap between rhetoric and reality, the survey also confirms that a large number of people are very appreciative of a free service which gives them extra mobility. Many of them, especially older people, are happy to take what they get without much discussion and many buy their own wheelchairs or scooters without any expectation that the NHS might have given them a more useful deal.
- 14 The evidence of this survey suggests that, were the NHS to review its strategy and focus on ensuring fair access to the most suitable equipment for individuals rather than "prescribing optimal equipment" it would find a receptive response.
- It is likely that many would cooperate with a holistic approach by the NHS, which gave them informed choices, rather than the next available standard wheelchair, which might or might not work for them.
- 15 This survey suggests that the NHS would be more likely to achieve its vision if it prioritised access to the best and most suitable wheelchairs for all who needed one. The many ways of doing this must include developing a larger stock of "the best" themselves for younger people who have been disabled from acquiring funding to give them a choice. It must also include assessing, informing and advising people who want to be so involved as to what is available across the board, and what is on offer from the NHS.
- 16 A shift to a clear and focused priority, and honesty about NHS capacity (plus a voucher scheme which extends to repair costs) would take the NHS well down the road to giving more people the most needed benefits of a wheelchair.

**END**