

Date 30 October 2008  
Your Ref  
Our Ref AB/IR-874  
Enquiries to Anne Brockman  
Extension 50593  
Direct Line 01224 550593  
Email anne.brockman@nhs.net

Dear Sir/Madam

I am commenting on behalf of Allied Health Professionals, NHS Grampian, in relation to the Scottish Government's Wheelchair and Seating Service Modernisation Draft Action Plan.

**Page 7: paragraph 9:**

*A review of current guidance for equipment is being undertaken by the Scottish Government and the reviewed guidance will be issued by the end of 2008. The guidance aims to build on current good practice in health and social care settings.*

**This guidance will be welcomed by therapy services who are involved with issuing/recommending equipment.**

**Page 8, Action point 1:**

*Professional leadership will be provided in each NHS Board for wheelchair mobility and associated postural management*

**This is positive concept, it is hoped that this will facilitate improved links between rehabilitation services and the work of wheelchair services. However, the nature of these links need to be clarified – for both AHP Directors/NHS Boards and for Wheelchair and Seating Services Managers to ensure that this is a supportive and helpful experience.**

**Page 10, Action point 6:**

*A skill mix review to be carried out in each WSS centre to include medical, technical, therapy, administrative and scientific staff.*

**As well as a skill mix review, it is essential that the workload is taken into account of staffing, to ensure that the appropriate staffing levels are available within each service, to meet the service demands, as well as being staffed with an appropriate skill mix.**

## Page 12, paragraph 1:

*Developing local wheelchair and seating clinics and the local expertise to support these will increase capacity as well as provide services closer to home. This model of service delivery needs to be underpinned by developing local expertise and clinical leadership for wheelchair assisted mobility and postural management and the wheelchair centres have a key role in supporting this through sharing expertise and developing others.*

**This concept sounds good, but I feel a caveat needs to be put in, pointing out that local clinics can and should only be held where it is safe and sustainable to do so. I assume that different geographical areas in Scotland will have different needs – there needs to be a real balance between numbers of patients in a given area, versus the time spent by specialist wheelchair staff spent in travelling to remote destinations. I can see this working better in areas which are quite remote: eg Orkney, Shetland, with a clinic every 6 months or so. However, I am not aware of how many local clinics some of the larger services offer – eg Glasgow.**

**This also needs local staff to be available and have the time and interest to develop this role. Finally, the need for technical back up is essential to keep in mind. There are real gains to patients attending a specialist centre, where access is available for a workshop and where alterations can be made on the day. This is technically costly and impossible to achieve to the same level with peripheral/local clinics.**

## Page 14, first paragraph:

*Improved access for wheelchair users to centres and to local clinics needs to be underpinned by suitable transport that needs. The WSS centres and local health providers need to work in collaboration with the Scottish Ambulance Service ( SAS) and other transport providers to ensure that wheelchair users and their carers have appropriate and timely access to clinics.*

**Appropriate transport is a challenge for all people with disabilities. Whilst the wheelchair services will welcome improved transport to clinics for their patients, I am not sure how much they really will be able to influence the ambulance service. I think this needs to be made an action point directly for the ambulance service to address, rather than resting at the door of the wheelchair services.**

## Page 16, Action point 1:

*WSS will accept referrals from registered health care professionals and Occupational Therapists in social care without approval from a medical doctor*

**This is welcomed, however clear guidance and training needs to be given to staff about assessing needs/wheelchair models etc to ensure most appropriate equipment is prescribed in a cost effective manner.**

## Page 17, paragraph 4:

*The single shared assessment and the national minimum information standards provide a mechanism for identifying the need for carer assessment. This mechanism can capture specific issues relating to carer need that impact on their ability to care. Issues directly relating to wheelchairs should form part of this and be addressed through case management.*

**It is welcomed that the needs of carers are explicitly going to be addressed.**

**Page 17, Action point 3:**

*Alternative pathways for provision of standard issue equipment should be explored with other health and social care equipment providers*

**It is not clear what the point of this is – and what the gain will be. Wheelchairs – even basic chairs - are technical pieces of equipment, they are far more complex than they appear, with multiple variations. The technical side of the wheelchair service must be addressed appropriately. It is hard to see how the provision aspect can be separated in an effective way from the maintenance/recycling/refurbishment/re-using parts aspects, in order to see how this can be efficient and cost effective. Whilst other agencies might be able to actually deliver chairs, they will not have the capability to undertake the maintenance/recycling function etc.**

**Page 20, paragraph 1:**

*WSS providers need to introduce more modern and lightweight equipment to their NHS stock. Modern design and improved technology has allowed a wider range of options to be considered and introduced as mainstream issue.*

**Whilst this statement is welcomed, one of the most challenging aspects of any equipment provision, is keeping up to date with modern technology and the costs implications of this, both in terms of the actual cost of the items, but also the short life span of equipment which is rapidly out of date. This needs to be carefully managed to meet service users needs as best as possible, but also to be realistic about what can be provided by the NHS. The anticipated costs of this need to be carefully taken account of and adequate funding be made available.**

**Page 21, point 2:**

*NHS wheelchair repair and maintenance services should explore mechanisms to provide an extended hours service in response to local need*

**This sounds like a valuable development for patients/carers.**

I hope you have found these comments useful.

Yours faithfully

Anne Brockman  
Acting Professional Head of Occupational Therapy/  
Head Paediatric Occupational Therapist

Copy to Elinor Smith, Director of Nursing, NHS Grampian