

The Wheelchair Charter:

1. An NHS commissioned service committed to:

- Equity of access and provision for all, irrespective of age or postcode.
- A working partnership with wheelchair users and their family/carers, including with design, innovation and service change.

2. Referrals:

- From an appropriately skilled professional.
- Undertaking assessment and wheelchair provision within the NHS constitutional right of 18 weeks.

3. Assessment:

- Wheelchair and postural support assessment should consider all aspects of individual current and future needs, including those of carers, with a prescription maximising independence, health and well-being.
- Clinicians will work with appropriate services to achieve goals agreed between the wheelchair user, carers and wheelchair provider. This includes access to home, school, work and leisure activities.

4. Equipment:

- Delivered, maintained and regularly reviewed as per nationally agreed timescales.
- Individual reviews based on recognised outcome measures.
- The service delivered across geographical boundaries where needed.
- Provision of emergency backup contacts.

5. Funding

- Opportunities will be sought to access flexible and innovative budgeting, including Personal Wheelchair Budgets.
- Collaboration with different services and alternative funders to facilitate agreed outcomes.

6. Staffing

- The specialist professionals will be appropriately qualified and will receive on-going training and development.
- Will have a broad knowledge of wheelchair and postural support options.
- Work with manufacturers and independent organisations to develop innovative and affordable products for the future.



NHS Hull Clinical Commissioning Group is working towards ensuring that all wheelchair users receive the best possible support for their needs. With that in mind, I recommend that commissioners and providers with responsibility for Wheelchair service provision consider adopting the principles in Wheelchair Alliance Charter. The Charter can be used as a tool to benchmark your Wheelchair provision service against others and it highlights what good provision looks like.”

Patience Young,
Clinical Commissioning Lead,
NHS Hull Clinical Commissioning Group

What does this mean?

The Charter is written to influence the provision of NHS commissioned and/or tendered out wheelchair and postural seating services. It should also be considered as a benchmark of best practice for independent, third sector and private providers of similar services. Where there is reference to carers, this includes all primary carers irrespective of their age or the relationship they have to those they care for.

1. The commissioned service

- There will be no postcode lottery for any service user of any age in terms of the ability to access services or the provision of equipment.
- All commissioners and wheelchair service staff will work together with individual users and their carers when planning and making changes to services. The voice of service users and their carers will be central to any service developments and innovative approaches to wheelchair and postural seating design.

2. Referrals

- The time from referral to delivery will be within 18 weeks based on the recognised NHS constitutional rights for all people using the service to have their needs met within this timeframe.
- Appropriately skilled clinicians will refer individuals to the service because of clinical need, whether this is for manual wheelchairs, powered wheelchairs or postural support. Systems will be in place to recognise urgent or rapidly changing need with the activation of speedy referral to delivery times when clinically indicated. Clinicians will accept equipment prescriptions issued by other areas, taking into account the need for individuals to be educated / work across boundaries.

3. Assessment

- Timely assessments will take account of individual needs as well as those of immediate carers. They will ensure health and well-being goals are aligned with the individuals personalised care and support plan, pre-empting problems and ensuring timely adaptations for more complex cases.
- Assessments will be measured against nationally agreed timescales, priorities and standards.
- Eligibility criteria will not be used as a form of rationing of assessment or equipment provision.
- Prescriptions will be based on the agreed goals of both the user and their carer which meet their needs in the short term as well as anticipate likely changes (condition deterioration/growth/ageing process). Prescriptions will be agreed across appropriate services and designed to meet goals including access to home, school, work and leisure and will include postural support as well as wheelchair type and necessary add-on features.
- There will be ease of access to users and their carers without them having to be re-referred or start the process all over again.

4. Equipment

- Personal reviews will be based on recognised outcome measures with user/carer reporting of agreed goal achievement.
- All users and their carers will be provided will emergency backup contact details.

- There will be rapid turnaround times in both emergency and routine maintenance including maintenance and repairs across boundaries (The Right to Travel – NWMF 2020). No individual should be left isolated or at risk due to lack of provision of a wheelchair.
- There will be strong links with manufacturers and regional wheelchair services resulting in closer collaboration to provide effective solutions and shorter timescales for delivery.
- Services will collect and submit the National Wheelchair Collection data and costs to inform well-funded commissioning of services. There will be a commitment to making annual improvements to the service based on monitoring data submitted to NHS England and user feedback.

5. Funding

- Robust integrated working across all current funding agencies to maximise efficiency and provision effectively and quickly.
- Maximise the legal right to have a personal health budget and personal wheelchair budget, allowing individual contributions or voluntary sector partnerships which enable wheelchair type or additional functions to meet agreed outcomes. [Guidance-on-the-legal-rights-to-personal-health-budgets.pdf \(england.nhs.uk\)](#)
- Provision must be based on the individuals needs, underpinning their agreed personal care and support plan and wider health and well being outcomes.
- Working across CCGs/ICS's regionally or nationally to negotiate large scale and well-priced contracts and embrace newer technologies at affordable prices.
- Commissioners and services will budget flexibly, taking into consideration the cost benefit over the equipment's lifetime, rather than constraints within annual budget limitations.

6. Staffing

- Clinicians will be aware of a wide range of wheelchair and postural support choices that meet user and care needs.
- Data submitted by services will support resourcing the service with the right number and skill mix of staff to meet standards.
- Training and continuous professional development will be provided to all staff, specialist therapists, engineers, technicians and trainees. Opportunities will be sought from outside training sources, including relevant manufacturers and specialist voluntary organisations working alongside in-house or pan-regional courses to improve retention of the skilled workforce.
- Services will recognise the need for strong links between all agencies involved in providing services and products, fostering integrated working to facilitate the exploration of new advances and new technologies that may result in affordable advanced solutions and improved ways of working.