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# **Posture and Mobility Services for Children, Young People and Adults**

## **Commissioning Policy: CP59**

*June 2024  
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COMMISSIONING POLICY:  
CP59, POSTURE AND MOBILITY SERVICES FOR CHILDREN, YOUNG PEOPLE AND  
ADULTS

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<b>Description</b>	NHS Wales will routinely commission this specialised service in accordance with the criteria described in this policy
<b>Document No</b>	CP59
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# Contents

Policy Statement .....	5
Welsh Language .....	5
Decarbonisation.....	5
Disclaimer.....	5
1. Introduction .....	7
1.1 Plain Language Summary .....	7
1.2 Aims and Objectives .....	7
1.3 Epidemiology .....	8
1.4 Current Treatment.....	8
1.5 What NHS Wales has decided.....	8
1.6 Relationship with other documents .....	8
2. Criteria for Commissioning .....	10
2.1 Inclusion Criteria .....	10
2.2 Exclusion Criteria.....	10
2.3 Assessment Criteria .....	11
2.4 Prescription .....	11
2.5 Criteria for Provision .....	12
2.5.1 Provision of a non-complex manual wheelchair .....	12
2.5.2 Provision of an active manual wheelchair .....	12
2.5.3 Provision of a tilt-in-space wheelchair.....	13
2.5.4 Provision of a buggy.....	13
2.5.5 Provision of a powered wheelchair .....	13
2.5.6 Provision of more than one wheelchair .....	14
2.5.7 Provision of specialised seating.....	15
2.6 Continuation of Treatment .....	15
2.7 Acceptance Criteria.....	15
2.8 Patient Pathway (Annex i) .....	15
2.9 Designated Centre .....	17
2.10 Exceptions .....	17
2.11 Clinical Outcome and Quality Measures .....	18
2.12 Responsibilities .....	18
3. Evidence .....	19
3.1 References .....	19
3.2 Date of Review .....	20

COMMISSIONING POLICY:  
CP59, POSTURE AND MOBILITY SERVICES FOR CHILDREN, YOUNG PEOPLE AND  
ADULTS

---

4. Equality Impact and Assessment.....	21
5. Putting Things Right: .....	22
5.1 Raising a Concern .....	22
5.2 Individual Patient Funding Request (IPFR) .....	22
Annex i Service User Pathway .....	23
Annex ii Abbreviations and Glossary .....	24

# Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) will commission posture and mobility services for children, young people and adults in accordance with the criteria outlined in this document.

In creating this document NWJCC has reviewed the place of wheeled mobility equipment and postural supports and whether scientific research has shown the treatment to be of benefit to service users, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

## Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

## Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment.

## Disclaimer

NWJCC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy.

COMMISSIONING POLICY:  
CP59, POSTURE AND MOBILITY SERVICES FOR CHILDREN, YOUNG PEOPLE AND  
ADULTS

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This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, or Local Authority.

NWJCC disclaims any responsibility for damages arising out of the use or non-use of this policy.

# 1. Introduction

This policy has been developed for the planning and delivery of the posture and mobility service for children, young people and adults resident in Wales. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) and applies to residents of all seven Health Boards in Wales.

## 1.1 Plain Language Summary

Wheelchairs and postural supports provide a significant gateway to independence, well-being and quality of life for thousands of children, young people and adults. They play a substantial role in facilitating social inclusion and improving life chances through work, education and activities that many people who do not need wheelchairs take for granted.

Children, young people and adults with complex, long term conditions need to be able to access the right wheelchair, quickly, and with appropriate support. The timescales between referral and assessment and from assessment and delivery are of paramount importance.

The NHS posture and mobility service (referred to as the posture and mobility service in this document) provides equipment to children, young people and adults with long-term conditions which effect their ability to walk or who require them for mobility or to promote independence and quality of life who require them on a regular basis.

## 1.2 Aims and Objectives

The aim of the posture and mobility service is to maximise the mobility and independence and improve the quality of life for service users and their carers, through timely access to appropriate assessment, provision, maintenance of equipment and regular review.

This policy defines the commissioning position of NWJCC on the use of mobility support and postural support for people resident in Wales.

The objectives of this policy are to:

- ensure commissioning for the use of wheeled mobility equipment and postural supports are evidence based
- ensure equitable access to wheeled mobility equipment and postural supports
- define the criteria for people to access treatment
- enhance quality of life for improving service user choice of wheeled mobility equipment
- ensure a positive experience of care

- respond to changes in service users health conditions through regular review and deliver a service that service users perceive to be a good experience.

### 1.3 Epidemiology

Across Wales there is a caseload of approximately 70,000 active service users who require equipment ranging from the direct issue of a standard wheelchair to an individual assessment for specialised and powered chairs<sup>1</sup>.

### 1.4 Current Treatment

There are three specialist service centres in Wales. The services are funded by NWJCC and delivered at three regional centres in Cardiff, Swansea and Wrexham with outreach clinics provided in a number of centres across Wales. A proportion of the service is delivered on a community basis, with service personnel undertaking specialist assessment in domestic or educational settings.

### 1.5 What NHS Wales has decided

NWJCC has carefully reviewed the evidence of mobility and postural supports. We have concluded that there is enough evidence to fund the use of wheeled mobility equipment and postural support within the revised criteria set out in section 2.1.

### 1.6 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
  - All Wales Policy: [Making Decisions in Individual Patient Funding requests \(IPFR\)](#).
- **NHS Wales Joint Commissioning Committee policies and service specifications**
  - [National Alternative and Augmentative Communication \(AAC\) Specialised Aids, CP93, May 2019, v2.0](#).
  - Specialised Services Commissioning Policy: [CP49 War Veterans – Enhanced Prosthetic Provision](#), October 2020
  - Specialised Services Commissioning Policy: [Microprocessor Controlled Prosthetic Knees \(CP218\)](#) December 2021
  - Specialised Services Service Specification: [The Welsh Artificial Eye Service \(WAES\) \(All Ages\) \(CP238\)](#) December 2022

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<sup>1</sup> [CAVUHB: Artificial Limb and Appliance Service/wheelchair-service](#)



COMMISSIONING POLICY:  
CP59, POSTURE AND MOBILITY SERVICES FOR CHILDREN, YOUNG PEOPLE AND  
ADULTS

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- Specialised Service Specification: [Prosthetic Provision \(CP89\)](#) March 2022
  
- **Relevant NHS England policies**
  - [Model service specification for wheelchair and posture services, NHS England, version 1.0 July 2017](#)
  
- **Other published documents**
  - [Equality Act 2010](#)
  - Code of Practice for Disability Equipment, Wheelchair and Seating Services, A Quality Framework for Procurement and Provision of Services, Brain Donnelly;2015 [Copyright information | CECOPS](#)
  - [National Wheelchair Managers Forum, Operating Model for NHS Commissioned Wheelchair Services, Version 4, April 2018](#)
  - Medicines and Healthcare products Regulatory Agency [Medical devices regulations: compliance and enforcement](#)
  - [Action on disability: the right to independent living framework and action plan](#)
  - [MHRA Managing Medical Devices Guidance for health and social care organisations](#)

## 2. Criteria for Commissioning

The NHS Wales Joint Commissioning Committee approve funding of posture and mobility services for children, young people and adults resident in Wales, in line with the criteria identified in this policy.

### 2.1 Inclusion Criteria

The posture and mobility service will assess all service users fulfilling the acceptance criteria. Services are provided to children, young people and adults with a wide range of conditions including but not limited to:

- musculoskeletal (including peripheral joints, spinal injuries and arthritis)
- trauma
- birth trauma
- head injuries
- congenital conditions (such as Spinal Bifida)
- neurological conditions (such as Cerebral Palsy, MS, Parkinson's, Stroke, MND)
- learning disabilities
- age related conditions
- has limited mobility and not able to walk indoors
- has a permanent physical impairment or medical condition that affects their ability to walk and will need a wheelchair for more than six months
- posture and mobility equipment requested to facilitate hospital discharge for individuals with a long term need for over six months a short term need will be met by other agencies, for example the Red Cross

### 2.2 Exclusion Criteria

The posture and mobility service will not provide equipment for resolving issues outside of essential posture and mobility needs including:

- Wheelchairs for occasional use (recommended less than 3 days per week)
- Transit wheelchairs to residents of Nursing Homes or Residential care
- Mobility equipment for restraint purposes, for example to keep service users in their seats when they have volitional movement, unless Best Interest paperwork (over 16 years old) or risk assessment is submitted
- Tilt-in-space wheelchairs to resolve feeding/hoisting difficulties that would be improved through the provision of appropriate static seating
- Powered wheelchairs for outdoor use only
- Seat risers in powered chairs
- Lights

- Sit to stand wheelchairs
- Rain covers or sun canopies
- Spare cushions
- Specialist seating to replace armchair provision or purely to provide a school seating or transport system
- Chairs that are set to operate at more than 4 miles an hour
- Mobility Scooters
- E-motion/powerd assist wheels
- Mobile arm supports
- iPortal or similar interface systems (except in combination with EAT services)
- Power packs
- Equipment specifically for work, education or sporting requirements (unless there is a specific request by a Designated Educational Clinical Lead Officer (DECLO) to provide this equipment for a child with additional learning needs)
- Accessories to access vehicles.

### 2.3 Assessment Criteria

A holistic assessment with the service user should be undertaken to meet the service user individual needs and should be carried out in the most appropriate environment for the service user and the assessor to achieve a fully informed outcome.

The assessment should include an examination of the service users condition, and the impact on:

- effective mobility
- posture
- tissue viability i.e. pressure ulcer clinic
- anticipated medical deterioration
- development needs
- growth
- the users goals
- environment
- care needs.

### 2.4 Prescription

The prescription will form part of the assessment process and ensure that:

- The service user and or carer are aware of all the clinically appropriate options for wheeled mobility equipment and appropriate specialist seating during the prescription process to promote choice.

- The prescription that generates the product should be produced by an appropriate and authorised clinician within the posture and mobility service.
- The prescription should be suitable to the service user/carer needs as defined in the assessment and must facilitate and encourage safe independent mobility where appropriate.
- The prescribed wheeled mobility equipment should be equipped with appropriate seating and cushions (section 2.5.8) as defined in the clinical assessment to:
  - provide postural support
  - minimise risk of pressure sores
  - maintain/improve existing function
  - maintain/improve ability to interact with the environment
  - minimise risk of worsening postural deformities.
- A person-centred approach to decision making should be taken to produce individuals' prescription and wherever possible service user choice should be included within the prescription (within the nationally agreed range).
- Whole-life costs of equipment including costs of recycling/refurbishment and other tangible benefits that may accrue such as prevention of avoidable complications such as pressure sores should be taken into consideration.

## 2.5 Criteria for Provision

The equipment is identified from a nationally agreed range of equipment and is chosen on the grounds of clinical appropriateness, ease of maintenance, value for money and availability. All equipment remains the property of the NHS.

There is a limitation within products available to the service and the service work within manufacturer's specification. Weight is a contributory factor to the equipment that is available.

### 2.5.1 Provision of a non-complex manual wheelchair

A standard attendant or self-propelled non-complex manual wheelchair should be issued on loan to service users who:

- are able to self-propel, **or**
- have a carer, personal assistant or support worker who is able to push the chair.

See the exclusion criteria in section 2.4 regarding residential or nursing home residents.

### 2.5.2 Provision of an active manual wheelchair

An active manual wheelchair, rigid or folding, capable of multiple configuration to optimise mobility should be provided to:

- full-time service users, **or**
- service users who have a recognised deteriorating medical condition which may lead them to becoming a full-time user.

**and/or**

- The service user has a long term need, and using the chair on a daily basis would increase their mobility and independence.
- An active manual wheelchair will not be provided to service users to just specifically meet work, education or sporting requirements.

### **2.5.3 Provision of a tilt-in-space wheelchair**

Tilt-in-space wheelchair should be provided for service users where the tilt facility is the only reasonable way of maintaining sitting balance, and/or improving pressure distribution and/or maintaining comfort within a chair.

A tilt-in-space wheelchair should be provided if:

- the service user is unable to walk
- the service user is likely to spend more than 4 hours per day in the wheelchair
- the service user will gain significant improvements in one or more of the following:
  - posture/stability
  - pressure distribution
  - reduced level of carer, personal assistant or support worker support required.

A tilt-in-space wheelchair should not be provided to service users to only overcome manual handling/hoisting issues.

### **2.5.4 Provision of a buggy**

A specialist buggy that may include a tilt-in-space facility should be provided as an alternative to a wheelchair to service users to meet their postural/medical needs, if:

- the child has a postural or a mobility need and requires clinically prescribed equipment
- the child has a medical need and requires the mounting of specialist medical equipment/accessories including life support equipment.

### **2.5.5 Provision of a powered wheelchair**

Electrically powered indoor/outdoor wheelchair (EPIOC) should be issued to service users to use within their home environment and outdoors.

All EPIOC provided by the NHS have a limited maximum speed of 4 miles per hour and are for pavement use only<sup>2</sup>.

Electrically powered indoor/outdoor wheelchairs (EPIOC) should be issued if:

- The service user is unable to effectively or safely walk and unable to manually propel a wheelchair effectively indoors and outdoors.
- The service user has the potential through frequent and regular use to benefit from the chair through increased mobility leading to improved quality of life.
- The service users home environment has been risk assessed as appropriate for a powered wheelchair and all necessary adaptations are in place prior to equipment being provided, if there is:
  - easy access to the outdoors
  - adequate space for the movement of the wheelchair
  - a suitable space with a power supply for charging batteries overnight.
- The service user can demonstrate the ability to control a powered wheelchair safely within their own home environment and outdoors in accordance with manufacturers' instructions/environment assessment.

For the use of attendant controls, carers should be identified prior to equipment provision, and these persons should be assessed as appropriate.

Electrically powered indoor/outdoor wheelchairs (EPIOC) will not be provided to service users to exclusively meet work, education or sporting requirements, or solely for indoor or outdoor use.

### **2.5.6 Provision of more than one wheelchair**

A second wheelchair may be issued to a service user from either a standard or high-end manual wheelchair range (e.g. tilt-in-space) to meet their essential posture & mobility needs.

A second wheelchair will not be provided for:

- environmental access e.g. relative's home, school access
- vehicle access
- use on holiday
- work use
- emergency backup loan chair

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<sup>2</sup> <https://www.gov.uk/mobility-scooters-and-powered-wheelchairs-rules>

### **2.5.7 Provision of specialised seating**

Off-the-shelf or individual bespoke systems should be provided to services users to manage their posture, function, pressure and comfort needs.

Specialist seating should be provided:

- If the service user meets all of the general service criteria and has highly complex postural positioning needs that cannot be addressed through the provision of off the shelf equipment.
- To the service users prescribed mobility solution.
- The provision of specialist seating for use within privately funded wheelchairs may be considered provided the service is satisfied or can appropriately manage the compatibility, risk and future maintenance arrangements. Specialist seating provision will not be provided to both privately funded and NHS wheelchairs.

The specialist seating will not be issued for armchairs or other types of static seating.

## **2.6 Continuation of Treatment**

Healthcare professionals are expected to review a patient's health at regular intervals to ensure they are demonstrating an improvement to their health due to the treatment being given.

If no improvement to a patient's health has been recorded then clinical judgement on the continuation of treatment must be made by the treating healthcare professional. If a wheelchair does not meet the service users' needs, the assessor will recommend an alternative service.

## **2.7 Acceptance Criteria**

The service outlined in this policy is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

## **2.8 Patient Pathway (Annex i)**

New referrals and re-referrals can be made by a wide range of professions to promote easy access and early support using an [Electronic Referral Form](#).

The Service will accept referrals from:

- primary care professionals/GP's

## COMMISSIONING POLICY: CP59, POSTURE AND MOBILITY SERVICES FOR CHILDREN, YOUNG PEOPLE AND ADULTS

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- occupational therapists and physiotherapists
- community nurses
- rehabilitation teams
- school nurses
- paediatricians including community paediatricians
- hospital in-patient teams
- appropriately qualified social care staff
- field service engineers
- clinical scientists
- rehabilitation engineers
- clinical technologists
- technical instructors
- self-referral by service users (already known to the Service) for follow up assessments after the initial referral from a professional has been actioned.

Each Service should accept referrals via a single point of access for each centre and triage referrals within the multi-disciplinary team.

There are 2 types of referral pathway:

- **Complex**  
Complex referrals require an intervention to be undertaken by the Provider in order to identify the most appropriate posture and mobility solution.
- **Non-Complex**  
Non-complex referrals require no further assessment prior to the delivery of a wheelchair, providing that the information on the referral form is accurate and complete.

### **Self-referral**

Self-referrals should be accepted from service users (and carers) already known to the posture and mobility service for follow up assessments after the initial referral from a professional has been actioned. The Service will have specific protocols in place to manage this process that ensures equity across Wales.

[Wheelchair Service - Cardiff and Vale University Health Board \(nhs.wales\)](#)

[Posture and Mobility Service - Betsi Cadwaladr University Health Board \(nhs.wales\)](#)



## 2.9 Designated Centre

Clinics are provided at the 3 main sites and through a number of outreach clinics across Wales.

Posture and Mobility Services are provided at:

### **South Wales**

Posture and Mobility Service  
Unit 1  
Taff's Fall Road  
Treforest  
Pontypridd  
CF37 5TT

### **North Wales**

Posture and Mobility Service  
Wrexham Maelor Hospital  
Gate 7  
Croesnewydd Road  
Wrexham  
LL13 7NT

### **South West Wales**

Specialist Seating Service  
Rehabilitation Engineering, Medical Physics & Clinical Engineering  
Specialist Rehabilitation Centre  
Morrison Hospital  
Heol Maes Eglwys  
Cwmrhydyceirw  
Swansea  
SA6 6NL

## 2.10 Exceptions

If the service user does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the service user wishes to be referred to a provider outside of the agreed pathway, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

## 2.11 Clinical Outcome and Quality Measures

The posture and mobility service must work to written quality standards and provide monitoring information to the lead commissioner as documented in SS59, Section 3.

## 2.12 Responsibilities

Referrers should:

- inform the service user and/or their parent or guardian that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinicians considering treatment should:

- discuss all alternative treatments with the service user and/or their parent or guardian;
- advise the service user and/or their parent or guardian of any side effects and risks of the potential treatment
- inform the service and/or their parent or guardian that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with NWJCC for the treatment.

In all other circumstances an IPFR must be submitted.

## 3. Evidence

NWJCC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

Evidence has been drawn from a variety of sources in the development of this policy, including engagement with the transgender community and an outcomes appraisal.

### 3.1 References

The following documents have been used to inform this policy:

- **NWJCC policies and service specifications**
  - All Wales Policy: [Making Decisions in Individual Patient Funding requests \(IPFR\)](#).
  - [National Alternative and Augmentative Communication \(AAC\) Specialised Aids, CP93, May 2019, v2.0](#).
  - Specialised Services Commissioning Policy: [CP49 War Veterans – Enhanced Prosthetic Provision](#), October 2020
  - Specialised Services Commissioning Policy: [Microprocessor Controlled Prosthetic Knees \(CP218\)](#) December 2021
  - Specialised Service Specification: [Prosthetic Provision \(CP89\)](#) March 2022
  - Commissioning Safe and Sustainable Specialised Paediatric Services, A framework of Critical Inter-Dependencies. Department of Health 2008. [\[ARCHIVED CONTENT\] Commissioning safe and sustainable specialised paediatric services: a framework of critical inter-dependencies : Department of Health - Publications](#)
  
- **Relevant NHS England policies**
  - [Model service specification for wheelchair and posture services, NHS England, version 1.0 July 2017](#)
  
- **Other published documents**
  - [Equality Act 2010](#)
  - Code of Practice for Disability Equipment, Wheelchair and Seating Services, A Quality Framework for Procurement and Provision of Services, Brain Donnelly;2015 [Copyright information | CECOPS](#)
  - [National Wheelchair Managers Forum, Operating Model for NHS Commissioned Wheelchair Services, Version 4, April 2018](#)

### **3.2 Date of Review**

This document is scheduled for review before 2027 where we will check if any new evidence is available. If no new evidence or intervention is available the review date will be progressed.

If an update is carried out the policy will remain extant until the revised policy is published.

## 4. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable NHS Wales Joint Commissioning Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

## 5. Putting Things Right:

### 5.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the service user group, it is acknowledged that there may be occasions when the service user or their representative are not happy with decisions made or the treatment provided.

The service user or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a service user or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the service user and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the service user or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to NWJCC.

### 5.2 Individual Patient Funding Request (IPFR)

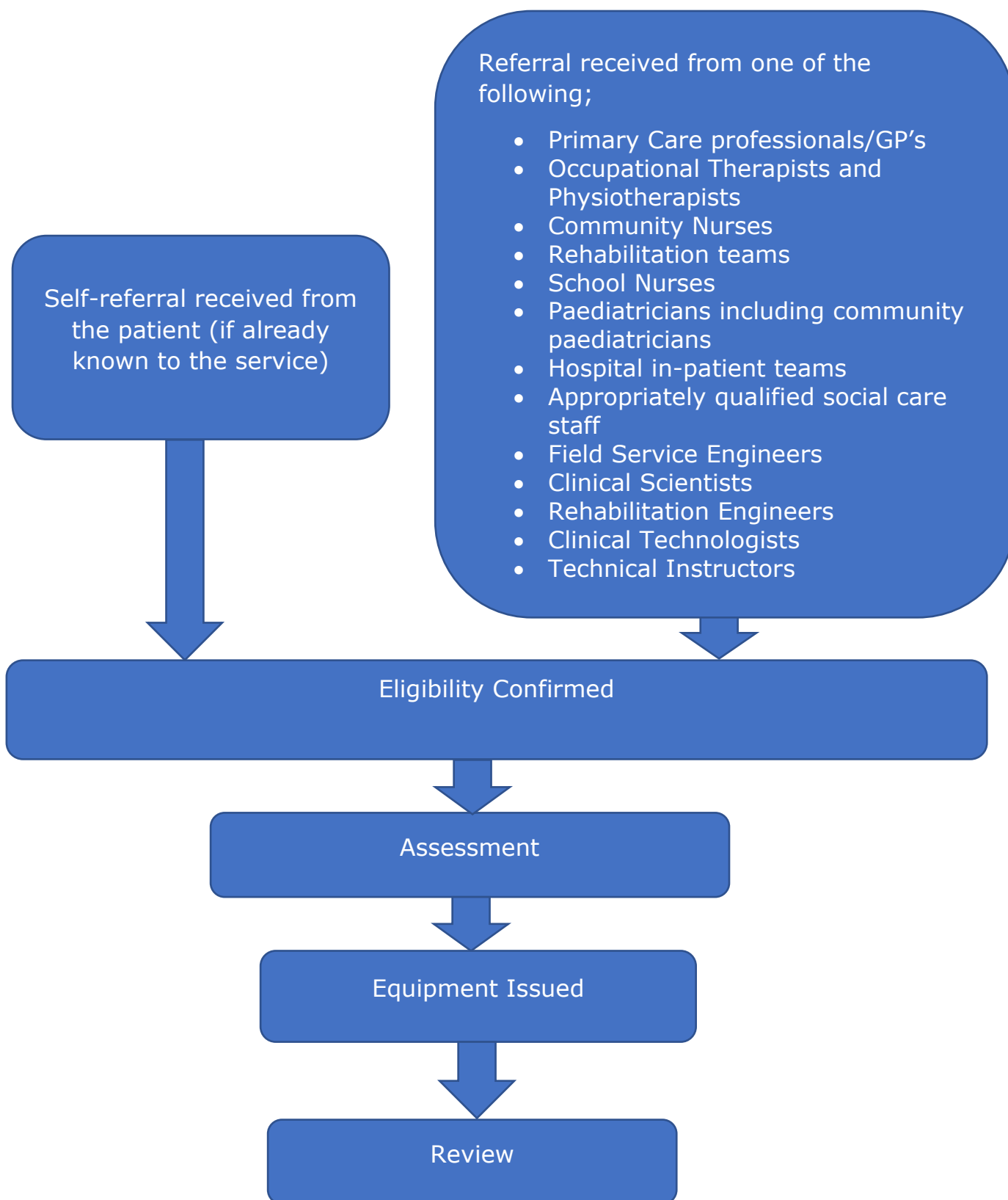
If the service user does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a service user and/or their NHS clinician has the right to request information about how the decision was reached. If the service user and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the service user's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the service user wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)

## Annex i Service User Pathway



# Annex ii Abbreviations and Glossary

## Abbreviations

<b>AAC</b>	Alternative and Augmentative Communication
<b>ALAS</b>	Artificial Limb and Appliance Service
<b>DECLO</b>	Designated Educational Clinical Lead Officer
<b>EPIC</b>	Electrically powered indoor
<b>EPIOC</b>	Electrically powered indoor/outdoor wheelchairs
<b>EQIA</b>	Equality Impact Assessment
<b>IPFR</b>	Individual Patient Funding Request
<b>MHRA</b>	Medicines and Healthcare products Regulatory Agency
<b>NWJCC</b>	NHS Wales Joint Commissioning Committee
<b>QMS</b>	Quality Management System

## Glossary

### Individual Patient Funding Request (IPFR)

An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for service users that fall outside the range of services and treatments routinely provided across Wales.

### ISO 13485 Medical Devices

ISO 13485 is a quality management system standard for medical devices & equipment. The standard specifies requirements for a QMS to demonstrate its ability to provide medical devices and related services (including, design and development, production, storage and distribution, installation, or service of a medical device)

### Medicines and Healthcare products Regulatory Agency (MHRA)

The Medicines and Healthcare products Regulatory Agency (MHRA) is the UK's standalone medicines and medical devices regulator. MHRA has produced guidance on the human factors aspects of design for medical devices including those in drug-device combination products. In collaboration with key stakeholders, MHRA has produced guidance on the



human factors aspects of design for medical devices including those in drug-device combination products.

### **NHS Wales Joint Commissioning Committee (NWJCC)**

NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.

### **Wheeled mobility equipment**

Wheeled mobility equipment that is provided by the posture and mobility service includes:

- self-propelled non complex manual wheelchair
- active manual wheelchair
- specialist buggy that may include a tilt-in-space facility
- electrically powered indoor/outdoor wheelchairs (EPIOC)
- lighter weight wheelchair
- specialist seating in the form of off the shelf or individual bespoke systems.