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

## Service Specification: SS59

*April 2024  
Version:4.0*

SERVICE SPECIFICATION:  
SS59, POSTURE AND MOBILITY SERVICES FOR CHILDREN, YOUNG PEOPLE AND  
ADULTS

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Document information	
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# 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 specification.

In creating this document NWJCC has reviewed the requirements and standards of care that are expected to deliver this service.

## 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 document.

This document may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to

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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 document has been developed as the Service Specification for the planning and delivery of Posture and Mobility Services 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 Background

Wheeled mobility equipment 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 and postural supports take for granted.

Children 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. As is obtaining the correct prescription, as all wheelchairs are not the same. Getting the wrong wheelchair leads to re-referrals and the development of other health complications.

Across Wales there is a caseload of approximately 70,000 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>.

The NHS posture and mobility service (referred to as the posture and mobility service in this document) provide wheeled mobility equipment and postural supports to children 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 this service specification is to define the requirements and standard of care essential for delivering posture and mobility services to service users who have a long term illness to have a better quality of life by maximising service users mobility and independence, through timely access to appropriate assessment, provision, maintenance of equipment and regular review.

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

The objectives of this service specification are to:

- detail the specifications required to deliver posture and mobility services for people who are residents in Wales
- ensure minimum standards of care are set for the use of posture and mobility services
- ensure equitable access to posture and mobility services
- identify centres that are able to provide and review posture and mobility services for Welsh service users
- improve outcomes for people accessing posture and mobility services.

### 1.3 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: CP218 Microprocessor Controlled Prosthetic Knees, December 2021](#)
  - [Specialised Service Specification: Prosthetic Provision CP89, March 2022](#)
  - [Specialised Services Service Specification: CP238 The Welsh Artificial Eye Service \(WAES\) \(All Ages\)](#)
- **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](#)



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- [National Wheelchair Managers Forum, Operating Model for NHS Commissioned Wheelchair Services, Version 4, April 2018](#)
- Medicines and Healthcare products Regulatory Agency  
<https://www.gov.uk/topic/medicines-medical-devices-blood/medical-devices-regulation-safety>
- 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](#)
- [Action on disability: the right to independent living framework and action plan](#)
- [MHRA Managing Medical Devices Guidance for health and social care organisations](#)

## 2. Service Delivery

The NHS Wales Joint Commissioning Committee will commission posture and mobility services for children, young people and adults resident in Wales in line with the criteria identified in this specification.

Posture and mobility services should respond to changes in service users health conditions through review and deliver a service that service users perceive to be a positive experience.

The posture and mobility service should provide:

- clinical assessment, prescription and issue of wheelchairs and postural support solutions to meet essential needs
- delivery of equipment
- repair/maintenance of equipment
- adjustment/replacement of equipment
- disposal of equipment.

### 2.1 Access Criteria

- This specification covers children, young people and adults that meet with criteria as defined in NWJCC Posture and Mobility Services, Commissioning Policy (CP59).

### 2.2 Assessment Process

The posture and mobility service should undertake the assessment for provision of equipment as detailed in the NWJCC Posture and Mobility Commissioning Policy (CP59).

This will include the examination of the service users' condition and the impact on:

- effective mobility
- posture
- tissue viability
- anticipated medical deterioration
- development needs
- growth
- the users goals
- environment
- care needs.

Assessments should be carried out in the most appropriate environment for the service user and the assessor to achieve a fully informed outcome. This should include a range of community setting in addition to a wheelchair clinic.

### **2.2.1 Supporting service users with progressive disorders**

The posture and mobility service should aim to provide an efficient, cost effective service that is person-centred and supports individuals and their families and carers to achieve improved quality of life and independence through timely provision of the right wheelchair and associated equipment at the right time.

### **2.2.2 Supporting inpatient care**

The posture and mobility service will maintain a minimum stock level of standard equipment that best meets the needs of service users to facilitate prompt discharge from inpatient care of service users with a long-term wheelchair/postural support need and review after discharge.

### **2.2.3 Supporting service users with terminal illness/at end of life**

For service users with a terminal illness a [24 hour] fast track service will be offered. If a bespoke or specialist wheelchair is required which cannot be sourced within [24 hours], the posture and mobility service will provide a temporary wheelchair which best meets the needs of the service user. This is to be undertaken only after consultation with wheelchair therapists and other clinicians responsible for the care of the service user to ensure that clinical needs are not compromised and are safe.

### **2.2.4 Supporting children under 36 months old**

The posture and mobility service will accept referrals for children under 3 years if they have postural support needs or functional and mobility support needs which cannot be accommodated in a typical commercially available buggy that a parent would normally be expected to fund.

The posture and mobility service will issue a buggy where a child is developmentally delayed and is not able to walk distances. However, if the child has complex postural or medical needs (as identified through the assessment process), the posture and mobility service must assess whether a specialist buggy will be given on an individual basis. In all cases, the buggy will be age appropriate for the child.

The posture and mobility service will provide seatbelts and harnesses for postural support in the buggy who require equipment to support safe outdoor mobility.

## 2.3 Service description

The posture and mobility service should provide powered and manual wheeled mobility equipment, pressure relieving cushions and support solutions to meet the clinical need of service users that have been assessed as having long term mobility difficulties, as described in the NWJCC Posture and Mobility Commissioning policy (CP59).

In addition to the standards required within the contract, specific quality standards and measures will be expected. The Service should meet the standards as set out below.

### 2.3.1 Facilities and equipment

The posture and mobility service should ensure all necessary equipment and facilities in the clinic are available at the time of assessment, in order that service users' needs are best met as the service users home / hospital may not have the listed assessment facilities.

When undertaking assessment of service users, the posture and mobility service should:

- Ensure the assessment facilities in the clinic have appropriate equipment available including:
  - a plinth
  - a hoist
  - appropriate weighing facilities
  - suitable appropriate seating
  - space to accommodate the appropriate staff, service user and any required accompanying individuals
  - a full range of assessment equipment
  - access to a range of ground surfaces, ramps, kerbs, flooring.
- Compliance with the mandatory requirements of the [Equality Act and Part M of the Building Regulations](#).
- Have a convenient ample supply of designated disabled parking close to the clinic.
- [All Wales Standards for Accessible Communication and Information for People with Sensory Loss](#)
- Have wheelchair accessible WC facilities.
- Have access to British Sign Language (BSL) Interpreters to ensure access to treatment for Deaf people who use BSL.
- Have provision for service users with different information and communication needs including sensory loss, learning disabilities and different language needs.
- Have access to refreshments.
- Have a clearly defined and managed reception area.

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- Clearly display information on the services that are provided and information in appropriate formats available to take away.

### **2.3.2 Equipment procurement**

The posture and mobility service should:

- Ensure effective and efficient use of resources, and equipment is selected and provided from a nationally agreed and procured range of equipment.
- Ensure that procurement arrangements with suppliers are negotiated in order to have agreed delivery timescales in place, for example through consignment stock arrangement.
- Adopt a purchasing strategy that takes into account clinical and holistic needs, whilst providing value for money and compliance with the procurement strategy.

### **2.3.3 Provision of equipment**

The posture and mobility service should ensure:

- Manage equipment in line with [MHRA Managing Medical Devices Guidance for health and social care organisations](#)
- Stock levels are managed in accordance with predicated activity whilst ensuring waste and cost are not incurred through excess stock holding.
- Wheelchairs/postural support are provided from existing or re-conditioned stock. Re-issued products must be decontaminated, re-conditioned and in full working order with guidance and instructions made available.
- An asset register incorporating the asset number/unique reference number for each product and the manufacture information is maintained.
- All equipment is provided on a loan basis to service users and remains the property of the NHS in Wales.
- All equipment whether new or refurbished meets current standards and best practice<sup>2</sup>.
- The posture and mobility service should have a Standard Operating Practice in place that sets out the processes for the provision of equipment and stock management.

### **2.3.4 Equipment delivery and provision of training**

The posture and mobility service should:

- Fully coordinate the delivery of equipment between the supplier and the service user, with the service acting as the sole point of contact for the service user/carer and manage all communication in relation to the product with both the supplier and service user.

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<sup>2</sup> [Medicines and Healthcare products Regulatory Agency - GOV.UK](#)

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- Agree and confirm the delivery time with the service user or carer within nationally mandated waiting times.
- Deliver training and information on how to use and maintain the equipment at the point of delivery, leaving a guide on how to use and maintain the equipment with the service user/carer at the end of the training session. The posture and mobility service should leave written details in a format suitable for the service user/carer to enable them to understand how to seek advice and support (including emergency assistance) at the same time as delivering the equipment.
- Deliver rapid turnaround for emergency provision.
- Offer carers and other non-professionals, including schools, appropriate training to assist them in meeting the needs of the service user to include:
  - appropriate training in the use of equipment
  - appropriate Manual handling (in relation to the equipment being provided)
  - assessment of the user's ability to control the wheelchair in all places
  - flexible to meet the changing needs of the user.
- Have Standard Operating Procedures in place to manage equipment delivery.

#### **2.3.5 Repair, maintenance and emergency back up**

The posture and mobility service should deliver a repair and maintenance service which at a minimum includes:

- Maintaining and repairing wheelchairs and seating equipment in a responsive, timely and effective manner and in line with the manufacturer's instructions and the latest Medicines and Healthcare products Regulatory Agency (MHRA) guidance for maintenance of medical devices<sup>3</sup>.
- Delivery of a planned maintenance programme for all NHS issued wheelchairs in line with usage and manufacturers guidelines. Some service users will have more frequent maintenance scheduled in line with their prescription.
- All service users are able to directly report faults and have their maintenance scheduled in line with their prescription simply and easily.
- Provision of an appropriate alternative wheelchair when an existing wheelchair is deemed unsafe or beyond economic repair.
- Provision of a consistent, accessible and responsive in and out of hours repair service.
- Provision of a suitable backup chair in the event that there is an emergency with a powered chair.
- Has a Standard Operating Procedure in place to manage the repair and maintenance processes.

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<sup>3</sup> [MHRA Managing Medical Devices Guidance for health and social care organisations](#)

## 2.4 Transitional Care Arrangements

Transition arrangements should be in line with [Transition from children's to adults' services for young people using health or social care services NICE guidance NG43 and the Welsh Government Transition and Handover Guidance](#).

Transition involves a process of preparation for young people and their families for their transition to adulthood and their transition to adult services. This preparation should start from early adolescence 12-13 year olds. The exact timing of this will ideally be dependent on the wishes of the young person but will need to comply with local resources and arrangements.

The transition process should be a flexible and collaborative process involving the young person and their family as appropriate and the service.

The manner in which this process is managed will vary on an individual case basis with multidisciplinary input often required and patient and family choice taken into account together with individual health board and environmental circumstances factored in.

## 2.5 Staffing

The posture and mobility service is delivered by a range of professional and support staff, some of whom may be contractor staff, which includes:

- clinical engineers
- rehabilitation engineers
- occupational therapists
- physiotherapists
- clinical scientists
- technologists
- administrators and technicians.

The numbers of appropriately skilled staff should be determined locally to meet the needs of the service and the contracted activity volume.

## 2.6 Training and Education

The posture and mobility service should ensure staff are supported to undertake Continuing Professional Development opportunities, which includes both in-house and external courses. This should involve training on features and benefits of equipment supplied by the service as well as support to identify new and emerging products.

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The posture and mobility service staff providing a service to children and vulnerable adults are appropriately trained and hold an up to date Disclosure and Barring Service (DBS) certificate together with any other relevant checks as appropriate.

#### **2.7 Referral Pathway**

Please refer to the NWJCC Posture and Mobility Commissioning Policy (CP59) for details on referrals.

#### **2.8 Service User Review/Reassessment**

The posture and mobility service should ensure they have a system in place to identify when the needs of service users' change or when a review or reassessment is indicated as established service users attend the service for ongoing review and management of their care. These service users will have achieved their potential in terms of mobility and independence. They will require ongoing posture and mobility review and maintenance of their posture and mobility provision.

#### **2.9 Contractual Arrangements**

The posture and mobility service should ensure:

- Formal signed contracts or internal SLA's are in place to cover each aspect of the service they provide, and includes contracts with external providers.
- Roles and responsibilities for each organisation and any key individuals involved are clearly set out within formal documentation.
- Appropriate performance management arrangements are in place to monitor the contracts.

#### **2.10 Service User/Carer Engagement**

To ensure patient experiences and outcomes are recorded, the posture and mobility service should actively engage with service users and or their carers. This may be through user groups, focus or project groups and patient reported experience measures (PREMS).

#### **2.11 Interdependencies with other services or providers**

The posture and mobility service works with other statutory and third sector organisations for the provision of equipment, including joint funding.

The posture and mobility service should also actively work with [Access to Work](#) and other organisations in order to support access to education and the workplace.



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The service should advise individuals needing a wheelchair for occasional or short term use to contact the British Red Cross, a local wheelchair hire service or make arrangement to purchase a manual wheelchair.

## 2.12 Service provider/Designated Centre

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, Morriston Hospital

Heol Maes Eglwys

Cwmrhydyceirw

Swansea

SA6 6NL

## 2.13 Exceptions

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

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

## 3. Quality and Patient Safety

The provider must work to written quality standards and provide monitoring information to the lead commissioner. The quality management systems must be externally audited and accredited.

The centre must enable the service users, carers and advocates informed participation and to be able to demonstrate this. Provision should be made for service users with communication difficulties and for children, teenagers and young adults.

### 3.1 Quality Indicators (Standards)

#### Locally defined outcomes

To protect and promote the best interests of the service user it is vital that the services comply with all Clinical Governance applicable national standards, which include but are not limited to:

- receipt of, or the ability to evidence third party accreditation in respect of quality, service delivery and customer service standards for example, ISO 13485 medical devices & Customer Service Excellence.
- ensuring that policies are in place to cover all aspects of Health and Safety and to demonstrate monitoring/action plans to resolve problems.
- Patient safety – Incident and accident reporting mechanisms and infection control.
- Equipment Issues – Medicines and Healthcare Products Regulatory Agency reporting.

### 3.2 Quality Management Systems

The posture and mobility service should demonstrate that there is a Quality Management System (QMS) in place which covers all aspects of service delivery, for example International Organisation for Standardisation, [ISO9001:2015](#) or [ISO13485:2016](#) or equivalent.

The requirements of the QMS will aim to include, but not limited to:

- a set of procedures that cover all key processes, i.e. operational policy.
- monitoring of processes to ensure they are effective.
- keeping adequate records using the Bringing Equipment Services Together (BEST) IT system.
- checking output for defect with appropriate and corrective actions
- regular review of individual processes and the QMS for its effectiveness.
- facilitation of continual improvement.

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- meeting of all necessary requirements of the Medicines and Healthcare Products Regulation Agency and Medical Devices Regulation.

### 3.3 National Standards

- Managing Medical Devices Guidance [MHRA Managing Medical Devices January 2021](#)
- International commercial standards, [ISO9001:2015](#)
- International commercial standards, [ISO13405:2016](#)

### 3.4 Other quality requirements

- The posture and mobility service should have a recognised system to demonstrate service quality and standards.
- The posture and mobility service should have detailed clinical protocols setting out nationally (and local where appropriate) recognised good practice.
- The quality system and its treatment protocols will be subject to regular clinical and management audit.
- The posture and mobility service is required to undertake regular patient surveys and develop and implement an action plan based on findings and provide feedback to Commissioners.
- The posture and mobility service should ensure effective supply chain management.

## 4. Performance Monitoring and Information Requirement

### 4.1 Performance Monitoring

NWJCC will be responsible for commissioning services in line with this policy. This will include agreeing appropriate information and procedures to monitor the performance of organisations.

For the posture and mobility services defined in this policy the following approach will be adopted:

- Posture and mobility service to evidence quality and performance controls
- Posture and mobility service to evidence compliance with standards of care

NWJCC will conduct performance and quality reviews on an annual basis

### 4.2 Key Performance Indicators

The posture and mobility service will be expected to monitor against the full list of Quality Indicators derived from the posture and mobility service description components described in Section 2.2.

The posture and mobility service should also monitor the appropriateness of referrals into the posture and mobility service and provide regular feedback to referrers on inappropriate referrals, identifying any trends or potential educational needs.

In particular, the posture and mobility service will be expected to monitor against the following target outcomes:

- acknowledgement of receipts
- standard wheelchair Wheelchairs and postural management system referral to delivery time
- complex wheelchair and/or posture management system ordered from manufacturer referral to delivery time
- repaired on time (emergency)
- repaired on time (non-emergency)
- collected on time (non-emergency)

Further detail is set out in Annex i.

### 4.3 Date of Review

This document is scheduled for review before 2027, where we will check if any new evidence is available.

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

## 5. 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.

## 6. Putting Things Right

### 6.1 Raising a Concern

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

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

### 6.2 Individual Patient Funding Request (IPFR)

If the patient 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 patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient 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 patient'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 patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

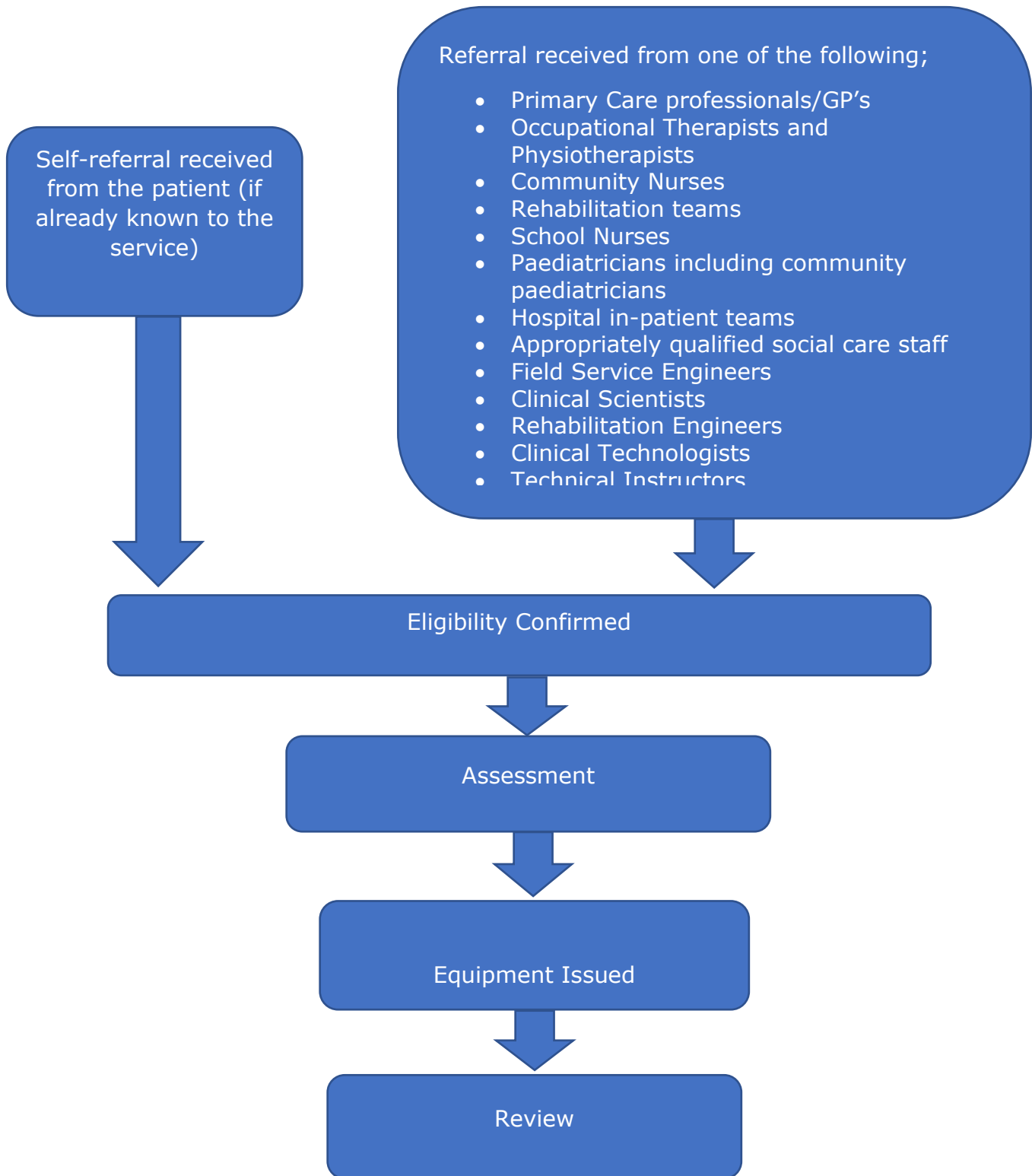
Further information on making IPFR requests can be found at: [Individual Patient Funding Requests](#)



# Annex i Key Performance Indicators

Key performance indicator	Description	Target
Acknowledgement of receipts	Measures time between receipt of referral and the issue of an acknowledgement to the referrer and user	Acknowledgement to be sent within 15 working days of appropriately completed form
Appropriate referral form	Measures the percentage of referrals received that have an appropriately completed referral form	Target is used to improve the referral process from a referrer rather than service perspective.
Standard manual wheelchair referral to delivery time	Measures time between point of referral to point of delivery of standard chair	90% of standard manual wheelchairs held in stock to be delivered within 21 days
Complex wheelchair and/or posture management system ordered from manufacturer referral to delivery time	Measures time between point of referral to point of delivery of complex chair	90% of complex wheelchairs to be delivered within the terms of referral to treatment standards (26 weeks total)
Repaired on time (emergency)	Measures performance for emergency repairs	90% of emergency responses will be within 24 hours of the Provider user contacting the Provider
Repaired on time (non-emergency)	Measures performance for non-emergency repairs	90% of non-emergency responses will be within 3 working days of the Provider user contacting the Provider
Collected on time (non-emergency)	Measures performance for collections	90% of collections will be within 5 working days of the Provider user contacting the Provider

# Annex ii Patient Pathway for service users



# Annex iii Abbreviations and Glossary

## Abbreviations

<b>ALAS</b>	Artificial Limb and Appliance Service
<b>AAC</b>	Alternative and Augmentative Communication
<b>BEST</b>	Bringing Equipment Services Together (IT system).
<b>BSL</b>	British Sign Language
<b>DBS</b>	Disclosure and Barring Service
<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>PREMS</b>	Patient reported experience measures
<b>QMS</b>	Quality Management System
<b>WAES</b>	Welsh Artificial Eye Service

## Glossary

### **BEST**

Bringing Equipment Services Together is a Patient, Equipment and Ordering software data base used by the service.

### **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 patients 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 requires an organisation to implement in one or more stages of the life cycle of a medical device that helps it fulfil the Medical Device Regulatory Compliances. The standard specifies the requirements of medical devices to be free from contaminants, sterilised, and maintain cleanliness in their entire life cycle.

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