



## SCOTTISH EXECUTIVE

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Health Department  
Directorate of Service Policy and Planning

Chief Executives NHS Boards  
Chief Executives NHS Trusts  
Chief Executive State Hospital Board for Scotland  
Directors of Social Work, Local Authority Social  
Work Departments

Health Planning and Quality Division  
St Andrew's House  
Regent Road  
Edinburgh EH1 3DG

Telephone: 0131-244 2434  
Fax: 0131-244 2989  
Sandra.falconer@scotland.gsi.gov.uk  
<http://www.scotland.gov.uk>

Your ref:  
Our ref: NVW 5/2

30 May 2002

Dear Colleague

### **REHABILITATION TECHNOLOGY SERVICES ADVISORY GROUP - GUIDANCE**

The attached three items of guidance, which relate to Rehabilitation Technology Services, should be brought to the attention of all relevant NHSScotland staff. Contact details for further information are shown against each item.

- Item 1 - Report on Review of Rehabilitation Technology Services
- Item 2 - Amendment to the Guidelines for the Provision of Orthoses/Footwear - HDL (2000) 23
- Item 3 - British Red Cross Medical Loan Service – New procedure for issue of self-propelled wheelchairs.

Yours sincerely

SANDRA FALCONER (MRS)



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Health Department  
Directorate of Service Policy and Planning

Health Planning and Quality Division  
St Andrew's House  
Regent Road  
EDINBURGH  
EH1 3DG

June 2002

## **Item 1. REPORT ON REVIEW OF REHABILITATION TECHNOLOGY SERVICES**

### **Summary**

1. The Rehabilitation Technology Services Advisory Group completed a report of a *Review of Rehabilitation Technology Services* in December 2000. The full report can be found on the SHOW website at [www.show.gov.uk](http://www.show.gov.uk). Some of the recommendations contained in the full report have already been implemented or overtaken by events. The remaining 'live' key recommendations are shown below under the heading 'Moving Forward with Rehabilitation Services'.

### **Action**

2. Chief Executives of NHS Boards and Trusts should ensure that:
  - this item is brought to the attention of all relevant staff with an interest or input into Rehabilitation Technology Services;
  - the recommendations are examined and any action required within their sphere of control is implemented in consultation with the key players involved in the provision of this service;
  - that joint working between NHSScotland and Local Authority agencies such as Social Work and Education is encouraged to ensure a more effective and efficient service for patients.

### **Background**

3. The Rehabilitation Technology Services Advisory Group (ReTSAG) was established in 1998 following a National Services Division review of the Artificial Limb and Appliance Centre Services. The Group, which co-ordinates national policy on the commissioning and delivery of all types of rehabilitation technology, aims to ensure equity and consistency of the service across NHSScotland.

4. The Group includes representatives from services users, NHS Boards and Trusts as well as from the Scottish Executive, Scottish Healthcare Supplies and the National Centre for Training and Education in Prosthetics and Orthotics.

5. The purpose of the review was to take stock of progress made against the key recommendations identified in the National Services Division (NSD) 1996 Report and outlined in NHS MEL (1997) 47.

## **Enquiries**

6. Enquiries to Mr R Sutherland, Scottish Executive Health Department, Health Planning and Quality Division, St Andrews House, Edinburgh, EH1 3DG. Tel:0131 244 2433 or Fax:0131 244 2989.

## **MOVING FORWARD WITH REHABILITATION SERVICES**

7. The following are recommendations for securing an improvement in rehabilitation technology services across each of the commissioning consortia. They are derived from the issues raised in individual reports from services and seek to ensure improved connection across the consortia/service centres where issues are of a pan-Scotland nature.

7.1 Each of the commissioning consortia should work with the relevant centre providing rehabilitation technology services to take stock of issues emerging from this paper and from the local review work undertaken. This should lead, in turn, to an agreed action plan/work programme.

7.2 All NHS Boards should ensure that rehabilitation technology services feature in Local Health Plans as appropriate. In doing so, consideration should be given to how rehabilitation technology services connect to other services, e.g. physical disability, rehabilitation, elderly, head injury, neurology etc.

7.3 NHS Boards, service centres and commissioning consortia should:

7.3.1 review funding of rehabilitation technology services. This should consider relative use of services and funding by NHS Boards; and

7.3.2 ensure arrangements are in place for involving service professionals in this process and in discussions to establish service agreements.

7.4 professionals, and establish an understanding of models that secure on-going effective input from such parties.

7.5 New technology is continually being developed. The implications of this need to be assessed in conjunction with the Scottish Executive and NHS Boards in the light of the likely imbalance between demand and resources that will occur when such developments become available. ReTSAG should consider how this is best done.

7.6 Each of the centres should review patient transport arrangements with service providers and establish agreed and realistic action plans for improving these arrangements. These should be reviewed nationally to ensure good practice is shared and promoted where possible. Regular reviews of transport should be promoted.

7.7 Centres should work in tandem with partners to build effective working arrangements that allow improved understanding and openness between agencies involved in the wheelchair service.

7.8 ReTSAG should consider how best it would secure arrangements for improving the evidence base to 'purchasing' processes and decisions. This should extend to considering how to work with the National Centre and the Service Centres in developing a clear set of arrangements for clinical research and evaluation activities.

7.9 ReTSAG should ask the Scottish Rehabilitation Technology Service Providers Forum (SCOTRET) and the Scottish Seating and Wheelchair Group (SSWG) to work together to establish proposals for improving:

7.9.1 information available to service users; and

7.9.2 case/referral management.

8. These proposals should balance good practice, the relative need for consistency (across a consortium area and across Scotland) and local circumstances. Such proposals could be considered through ReTSAG and in turn used by NHS Boards/consortia to secure change/improvements as appropriate.



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30 May 2002

### **ITEM 2. AMENDMENT TO THE GUIDELINES FOR THE PROVISION OF ORTHOSES/FOOTWEAR - HDL (2000) 23**

#### **Summary**

1. A revised version of the guidelines for the supply of orthoses and footwear compiled by the Scottish Rehabilitation Technology Providers Forum (SCOTRET) is attached. The guidelines were previously issued as Annex A to HDL (2000) 23 on 22 November 2000. SCOTRET has clarified Item 2.7 by the addition in line one of the words "under 16 years of age" and in line 4 with the inclusion of the word "English".

#### **Action**

2. Chief Executives are requested to ensure that the guidelines at Annex A, which supersede the previous guidelines, are brought to the attention of all Directors of Public Health; Area Occupational Therapists; Area Physiotherapists and other professional staff involved in the rehabilitative care of recipients of orthoses and footwear in their area.

3. Primary Care Trust Chief Executives should also arrange for the guidelines are available to all GP practices in their area.

4. Directors of Social Work should arrange for the guidance to be brought to the attention of Senior/Principal Occupational Therapists and any other professional staff involved in the rehabilitative care of recipients of orthoses and footwear.

#### **Enquiries**

5. Enquiries to Robert Greig, Alf Cairns Orthotic Unit, Yorkhill NHS Trust, Dalnair Street, Glasgow, G3 8SJ. Tel: 0141 201 0073, Fax: 0141 201 0065.

## **GUIDELINES FOR THE SUPPLY OF ORTHOSES/FOOTWEAR (ENDORSED BY SCOTRET AND ReTSAG)**

### **1. Supply of Orthotic Devices (excluding Footwear)**

In general, patients requiring orthotic management will be supplied with only one issue of their orthotic device.

A duplicate issue will only be sanctioned in special circumstances when:

- 1.1 their clinical need dictates duplicate issue;
- 1.2 their social/economic circumstances necessitate duplicate issue;
- 1.3 other requests will be individually assessed.

### **2. Supply of Prescription Footwear**

2.1 Two main criteria may be employed to justify the supply of prescription footwear:

- 2.1.1 those patients who are unable to be acceptably fitted with standard footwear due to abnormal foot shape;
- 2.1.2 those patients for whom standard footwear cannot accommodate a prescribed orthotic device;
- 2.1.3 other requests will be individually assessed.

2.2 Non-ambulant light user patients or children will normally receive only one pair.

2.3 Ambulant patients will normally receive a duplicate issue of the first prescription.

2.4 It is anticipated that one pair will be replaced each year, if necessary, after inspection by an orthotist.

2.5 Supply of a third pair of shoes will be individually assessed.

2.6 Stock shoes will always be considered before supplying bespoke shoes.

#### **Split-Sized Footwear**

2.7 Any patient under the age of 16 years of age referred because of uneven sized feet will be offered a toe filler fitted to the shoes provided by them. Only in those cases where the patient is actually undergoing surgical treatment or where the nature or the extent of the discrepancy exceeds 2 full English sizes makes the fitting of a toe filler impractical, will odd sized shoes be provided.

2.8 If it is considered that the supply of uneven sized standard footwear is appropriate, the cost of the purchase of such footwear will be partially borne by the Orthotic Service.

In these cases patients may either:

- (a) purchase 2 pairs of shoes and 50% of the total will be reimbursed;
- (b) purchase a split-size pair of shoes and the additional surcharge will be reimbursed on the presentation of the invoice up to an agreed maximum sum.

### **3. Adaptation of Patients' Own Footwear**

3.1 Footwear will only be accepted for adaptation if it is of a suitable type and in sound and serviceable condition both in respect of the uppers, soles and heels.

3.2 Normally one single shoe or one pair of shoes will initially be adapted.

3.3 Once the long-term suitability of the adaptation has been confirmed up to 3 single shoes or 3 pairs of shoes will be adapted within any 12 month period.

**NB: Children who outgrow or wear out shoes quickly may have additional pairs of shoes adapted.**

3.4 Patients requesting any further pair of shoes adapted will be requested to have this carried out at their own expense by a suitable shoe repairer or orthotic contractor.

### **4. Repair of Orthoses/Footwear**

#### **4.1 Repair of Orthoses**

The Orthotic Service accepts the responsibility for the repair and maintenance of all orthoses/devices provided by the Service. It is the patient's responsibility to routinely check the orthotic device for any signs of wear and to then immediately contact the Orthotic Service for maintenance procedures.

4.1.1 Any lower limb orthosis with commercially manufactured componentry should be reviewed every 6 months by the orthotist, who will then thoroughly inspect the orthosis for wear, in line with the manufacturer's specification.

#### **4.2 Patients' Own Shoes**

4.2.1 The Orthotics Service will only be responsible for the repair and maintenance of the adapted sections of patients' own shoes.

4.2.2 The Service will therefore not be responsible for the repair and maintenance of either the uppers or soles and heels of fellow (non-adapted) shoes or those sections of an adapted shoe which have not been adapted.

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### **4.3 Stock Footwear**

4.3.1 Patients are personally responsible for the repair and maintenance of the uppers, soles and heels of stock footwear supplied by the Orthotics Service.

4.3.2 The Orthotics Service will only be responsible for the repair and maintenance of adapted sections of stock shoes issued by the Service.

### **4.4 Bespoke Footwear**

The Orthotics Service is responsible for the execution of all repairs to bespoke footwear supplied by the Service.

## **5. Review of Orthoses/Footwear**

5.1 All orthoses/footwear should be reviewed at appropriate intervals to check on the integrity and function of the devices.



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### **ITEM 3. BRITISH RED CROSS MEDICAL LOAN SERVICE – NEW PROCEDURE FOR ISSUE OF SELF-PROPELLED WHEELCHAIRS**

From 1 June the British Red Cross will introduce new procedures to make borrowing a self-propelled wheelchair through their Medical Loan service easier and faster.

The British Red Cross medical loan teams have previously required a GP referral letter before issuing self-propelled wheelchairs. In partnership with the British Medical Association the Red Cross has devised a checklist of five simple questions which will be put to users by trained Red Cross volunteers. This initiative is in support of work being undertaken by the Cabinet Office to reduce administrative burdens on GPs.

#### **Further Information**

For further information, go to [www.redcross.org.uk](http://www.redcross.org.uk) or contact: Ruth Hillenbrand on 020 7201 5440 [press@redcross.org.uk](mailto:press@redcross.org.uk) or Sheila Hannay on 0141 332 9591 [shannay@redcross.org.uk](mailto:shannay@redcross.org.uk)