

# **Accessing the Community Care Equipment Service: A policy for prescribers**

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<b>Agreed on behalf of:</b>	<b>Signed</b>	<b>Role</b>	<b>Date</b>
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## Glossary

Term	Meaning
Adverse Incident	An event that causes, or has the potential to cause, unexpected or unwanted effects involving the safety of service users or others.
Authorisers	Supervisors, service heads or lead professionals who are required to agree the provision of complex items of standard stock CCE, as described in the CCE Catalogue, after requisition by a prescriber.
Bespoke Equipment	Highly specialist community equipment, which is custom manufactured for a unique service user. This equipment is made to measure and it is not expected to be reusable for other service users.
Carer	Paid or unpaid person who provides support to a service user.
Clinical Commissioning Lead	Lead professional for the Community Care Equipment Service, employed by NHS Hull CCG, acting on behalf of the commissioners.
Commissioners	NHS Hull Clinical Commissioning Group (NHS Hull CCG) and Hull City Council.
Community Care Equipment (CCE)	All types of equipment provided as part of the service including Special CCE and Standard Stock CCE.
Community Care Equipment Catalogue (CCE Catalogue)	A descriptive list of standard stock CCE Items available and held in stock.
Community Care Equipment Service Operational Group	Professional group of service heads or lead professionals who provide clinical advice and support relating to the CCE catalogue, operational aspects and new developments of the service.
Close Technical Equivalent (CTE)	CCE which is not standard stock CCE, however is considered to be a 'like for like' equivalent for standard stock CCE. A CTE may be supplied at the discretion of NRS Healthcare Ltd. to manage stock levels or where suppliers are unable to deliver equipment within specified lead times.
Equipment Review Group (ERG)	Forum for prescribers to feedback their experiences of using the service and to suggest changes to the CCE catalogue.
iRIS (ICES Requisitioning and Information System)	<p>iRIS is the web based IT system used as the interface between prescribers and NRS Healthcare Ltd. to refer service users into the service and to requisition CCE.</p> <p>In addition the system is used to record and provide supporting data for the contract management of the service.</p>

Loan Period	The duration which the CCE is available for use by the service user.
LOLER	LOLER is the acronym for the Lifting Operations and Lifting Equipment Regulations 1998.
Major Adaptions	Large change(s) made to the service user's home such as wet floor showers and permanent ramps.
MDA	MDA is the acronym for Medical Device Alert, a warning of hazardous products, potential safety issues or unsafe procedures, and providing relevant advice.
MHRA	MHRA is the acronym for the Medicines and Healthcare products Regulatory Agency, the executive agency of the Department of Health (DH) responsible for protecting and promoting public health and patient safety, by ensuring medicines, healthcare products, and medical equipment meet appropriate safety, quality and performance standards.
Minor Adaptions	Small change(s) made to the service user's home such as grab rails or stairway second rails.
PAT	PAT is the acronym for Portable Appliance Test. This test includes the examination of electrical appliances and equipment to ensure they are safe to use. Most electrical safety defects can be found by visual examination but some types of defect can only be found by testing.
Peripheral Store	CCE storage facilities located across Hull. Primarily the stores provide immediate access of low level CCE for prescribers as described in the CCE catalogue.
Prescribers	Clinicians authorised by the commissioners to requisition CCE.
PUWER	PUWER is the acronym for the provision and use of Work Equipment Regulations (1998).
Recycle	The reuse of CCE, which has been refurbished.
Refurbish	Economic activity undertaken to make an item fit to be recycled, which includes but is not limited to, consumables and cleaning.
Requisition	Request for CCE by a prescriber.
Scrappage/ Scrapped	Process by which CCE beyond economical repair is disposed of.  All reusable component parts of CCE scrapped are salvaged for reuse as spares or the refurbishment of recycled CCE.
Service Head/ Lead Professional	Health or social care professional to whom prescribers in an organisation are accountable or someone who can hold prescribers to account.

Service User	<p>The person who is the recipient of the service and/or CCE.</p> <p>Service user includes the terms; patient, client, parent or carer of a child or adult.</p>
Spares	Parts required to maintain and repair CCE.
Special CCE	<p>CCE purchased to meet the specific needs of a service user where standard stock CCE is not suitable.</p> <p>This may be the new purchase of items not in the CCE catalogue, recycled special CCE (i.e. those items returned which were newly purchase specials made available to be recycled) or discontinued standard stock CCE.</p>
Specials Panel	An approval forum chaired by the Clinical Commissioning Lead and attended by service heads/ lead professions to agree new purchase special CCE over £500.
Specialist Technician	Appropriately qualified members of staff employed by NRS Healthcare Ltd. or their sub-contractors who undertake the maintenance of mechanical and electrical CCE.
Standard Stock CCE	Equipment within the CCE Catalogue that has been agreed between the commissioners and the provider as being available at all times.
Supervisor	Health or social care professional providing clinical supervision to a prescriber or a group of prescribers. A supervisor may also be a service head/ lead professional.
Suppliers	Organisations directly supplying CCE to NRS Healthcare Ltd.
Technician	Appropriately qualified members of staff employed by the provider, who deliver, install/fit, modify/repair/maintenance and collect CCE.

## **1.0 Purpose of the Policy**

- 1.1 There is a principle established in judicial review legislation called ‘fettering discretion’. This applies when a statutory organisation refuses to consider individual circumstances by binding decision making in prescriptive policy. This policy should not be cited as a reason to refuse to assess a service user. Further advice regarding exception circumstances can be sought from a service head/ lead professional or the Clinical Commissioning Lead at NHS Hull CCG.
- 1.2 The aim of this policy is to refine the process for accessing Community Care Equipment (CCE) and reduce the variation in prescribing.
- 1.3 Purpose of the policy:
  - a. To provide advice to service heads/ lead professionals, authorisers and prescribers on the correct procedures for the prescription and provision of CCE from the Community Care Equipment Service.
  - b. To ensure consistency with regard to clinical competence and risk management regarding the use of CCE.
  - c. To ensure compliance with eligibility criteria.
  - d. To ensure resources are used to best effect by reviewing equipment needs, rationalising procurement activity and returning to stock items that are no longer required.
  - e. To ensure stakeholders with responsibility for prescribing CCE follow agreed procedures and are directly accountable for the actions taken by their employees.
- 1.4 This policy is to be used in conjunction with the CCE Catalogue available for download from the NRS iRIS website.

## **2.0 Community Care Equipment Service objectives**

- 2.1 To promote and maintain independence for service users.
- 2.2 To provide appropriate information, guidance, training and support to service users in the safe use and maintenance of CCE provided to them.
- 2.3 To provide CCE for use in the service user’s own home. It may be appropriate for certain CCE to be used in various other settings including, place of work/education or training, and outdoors e.g. mobility aids.
- 2.4 All service users are to receive prompt responses to any request for repair to their CCE as defined within the service specification.

- 2.5 To ensure service users have their CCE maintenance checks undertaken as appropriate.
- 2.6 To provide a service that is accessible to service users and professionals throughout the City of Hull in terms of premises, facilities and hours of operation.
- 2.7 To provide information, advice, education and support to health and social care professionals in relation to CCE.
- 2.8 To support hospital discharges when discharge is dependent on CCE provision.

### **3.0 Legislation**

- 3.1 There are two main pieces of legislation which govern the provision of the Community Care Equipment Service; The NHS Act (2006) and the Care Act (2014). The NHS Act provides a general but non-specific duty to promote a comprehensive health service. The Health service needs to be necessary to meet all reasonable requirements including prevention, care and after-care, as considered appropriate.
- 3.2 The Care Act 2014 received royal assent in May 2014 and it has been widely acknowledged that the Care Act is the most significant overhaul of social care legislation for 60 years. Most of the Care Act came into force on 1 April 2015; however some elements will not come into force until April 2020. This legislation only applies to adults; however similar changes have occurred in children's services with the Children and Families Act 2014.

The provision of CCE in Hull is considered to be a preventative service under section 2 of the Care Act. This service is available before the test of eligibility for care and support and is subject to this local policy. The Care Act places a duty on the local authority to provide or arrange for services which would prevent, delay or reduce individuals' needs for care and support, or the need for support of carers.

- 3.3 Part 3 of the Children and Families Act 2014 relates to children and young people with special educational needs and disabled children and young people. A young person in this context is a person over compulsory school age and under 25 but, still in education. Compulsory school age ends on the last Friday of June in the academic year in which they become 16.

The Community Care Equipment Service forms part of the Hull Local Offer which is a mandatory publication of support services for children and young people with special educational needs or disabilities and their families. The Community Care Equipment Service is able to influence outcomes for children including supporting successful preparation for adulthood. In particular CCE is able to support independent living; enabling people to have choice and control over their lives and the support they received, their accommodation and living arrangements, including supported living.

- 3.4 Whereas the Care Act 2014 repealed the Chronically Sick and Disabled Persons Act 1970 for adults, it does not repeal the Act for children. The Children and Families Act 2014 makes similar provision to the Care Act in terms of changing the approach to assessment and providing a focus on prevention. It does not however make any additional duties or responsibilities for children around the provision of 'practical assistance in the home'. For the avoidance of doubt all eligibility criteria and prescriber guidance in this document applies equally to both adults and children.
- 3.5 There is a recognition that CCE can be deployed as an alternative to a traditional care package e.g. a powered rise and recline chair can replace the need for carers to assist with transfers. Where CCE can be provided from the Community Care Equipment Service (as standard stock or special CCE) this is encouraged as part of the prevention agenda (tertiary prevention).

The local authority may still have a legal duty under Care and Support (Eligibility Criteria) Regulations 2015 to consider the provision of this equipment. Where a service user has an eligible need under the regulations and equipment is considered to be a cost effective way to meet this need, it may be provided by the local authority. There is a need for this to be managed by the local authority as there are wider implication regarding direct payments and the resource allocation system.

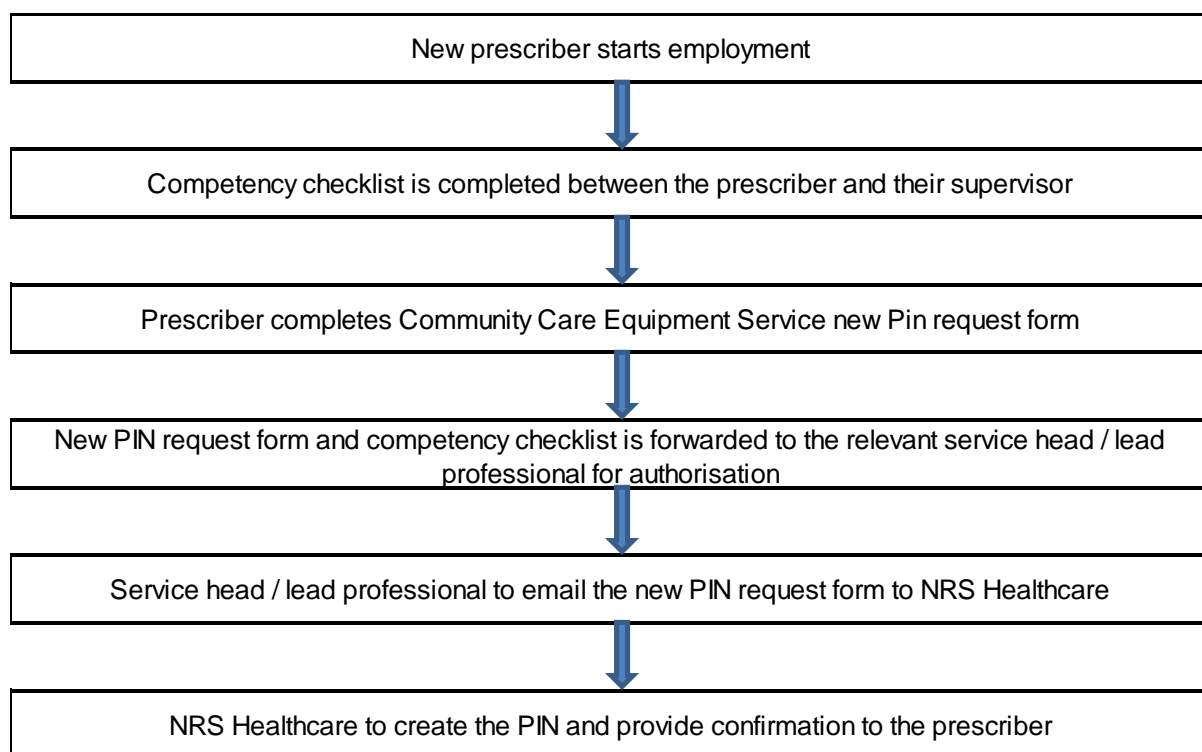
NHS Hull CCG has a legal duty under the NHS Act 2006 to consider the provision of the equipment for an individual with continuing healthcare needs. There is a need for any requests for consideration under this duty to be managed by the continuing healthcare team as there is an interface between the CCE prescribing policy and the personal health budgets policy.

Any queries regarding equipment outside the scope of the Community Care Equipment Service should be referred to the Clinical Commissioning Lead at NHS Hull CCG.

#### **4.0 Process for registering prescribers and authorisers with the Community Care Equipment Service**

- 4.1 Before registering as a prescriber of CCE, all prescribers are to complete the competencies checklist to ensure they fully understand the policies, procedures, responsibilities and accountabilities required for prescribing CCE. The competency checklist is to be signed off by a supervisor (locally identified within each prescribing organisation) with a copy to the relevant service head/ lead professional and retained in their personal file.
- 4.2 Prescribers will need to register as a prescriber with the Community Care Equipment Service by completing the registration form ([Appendix 1](#)).
- 4.3 The relevant service head/ lead professional is to email the form for registering new prescribers to the Community Care Equipment Service provider- NRS Healthcare Ltd. [enquiries@hull.nrs-uk.net](mailto:enquiries@hull.nrs-uk.net)
- 4.4 NRS Healthcare Ltd. will provide the prescriber, within 48 hours (Monday – Friday), with the link and log in details to access the e-learning package for all

new prescribers. Upon completion the Personal Identification Number (PIN) will be released and provided electronically. The PIN is unique to the prescriber and is not to be used by other prescribers to order CCE on behalf of other prescribers.



## **5.0 Criteria for the provision of CCE**

The prescription must be in accordance with the following criteria and eligibility of the service user:

- 5.1 Is a Hull resident, or registered with a Hull GP or is a resident of HMP in Hull.
- 5.2 Has had a needs assessment undertaken by a healthcare/local authority employee who has been authorised to prescribe equipment.
- 5.3 Has an identified need for equipment using the Community Care Equipment Service catalogue and eligibility documentation.
- 5.4 Consideration of the needs of the service user's carer, as defined in the Care Act, 2014.
- 5.5 The CCE is provided for the person's main or only residence. Where the service user has changed address, evidence should be available to the prescriber to demonstrate that this move is permanent i.e. longer than 6 weeks.

All other temporary residence circumstances need to be discussed with a service head/ lead professional such as temporary residence for a period of recuperation. Residential intermediate care settings are discussed in Section 15: Equipment into care homes.

There are four categories of people who are excluded from many local authority duties including the provision of community equipment on the basis of temporary residence:

- a. People with refugee status granted by an European Economic Area country and dependents
- b. European Economic Area nationals and any dependents
- c. Refused asylum seekers who have failed to comply with removal directions
- d. People unlawfully present in the UK

These restrictions do not apply where a refusal to provide would result in a breach of a person's human rights or, where relevant, EU Community Treaty rights. Seek advice from service heads/ lead professions for further clarification.

## **6.0 Joint agency clinical authorisation levels- PIN matrix**

- 6.1 NRS Healthcare Ltd., as the Community Care Equipment Service provider delivers the service based on the service specification of the joint commissioners. The CCE catalogue, types of service levels (delivery speeds), prescriber access to the system and service schedules are all included in the service specification. NRS Healthcare Ltd. apply these restrictions in the iRIS online ordering system. This is the primary interface between prescribers and NRS Healthcare Ltd.
- 6.2 The PIN matrix is the foundation of the NRS iRIS system. The PIN matrix aims to balance appropriate access to CCE to meet service user needs and suitable restrictions to provide assurance the service is being used appropriately. The PIN matrix is designed by the commissioners and determines the prescriber access rights to CCE and service levels.
- 6.3 Each prescriber will be assigned a job code based on their employment e.g. occupational therapist or physiotherapist etc. The job code will determine the prescriber's access rights to both CCE types and service levels (delivery times). The type of employer will not affect access to CCE i.e. social services occupational therapists will have the same access as health care occupational therapists.

The pooled budget arrangement means that the funding for the Community Care Equipment Service comes jointly from Hull City Council (Social Care) and NHS Hull Clinical Commissioning Group (Health Care). The distinction between 'Health Care Equipment' and 'Social Care Equipment' is irrelevant for prescribers as equipment is rarely for "health" or "social care" in isolation. This has been agreed with commissioners to help reduce the barriers to integration with the most appropriate prescriber being responsible for the assessment and provision of CCE.

The exceptions to this being cross border activity as other commissioning organisations have alternative charging agreements. This is explained in further detail in section 12 where only health prescribers will access services across geographical boundaries.

6.4 Dependent on the prescriber job code, there may be some types of CCE which the prescriber is unable to order, some items which they can order but require authorisation and some items which they can self-authorise. For example:

- a. A nurse would be unable to order a mobile hoist. This is a high risk and complex item of equipment which falls outside of the realm of competency of most nurses.
- b. An occupational therapist would be unable to order a suction pump. This is outside the realm of competency of most occupational therapists.
- c. A nurse or an occupational therapist would be able to order a hospital profile bed for use in the community, however the CCE would require further authorisation. Hospital beds are complex items of CCE and require a supporting clinical reasoning form to provide assurance to the commissioners that prescriptions are appropriate.
- d. A nurse would be able to self-authorise a mattress with a routine delivery.
- e. An occupational therapist would be able to self-authorise a bath lift on a routine delivery.
- f. All requests for emergency deliveries require further authorisation to provide assurance the activity is essential.

6.5 A prescriber may have more than one job code if deemed necessary by a service head/ lead professional. e.g. a generic therapy manager may have the skills and competence to prescribe/ authorise both occupational therapy and physiotherapy equipment and would receive a PIN with both job codes. Generic therapy assistants may also require more than one job code i.e. occupational therapy assistant and physiotherapy assistant.

6.6 Each item of CCE in the CCE catalogue also has a series of restrictions:

- a. Whether the item is available for peripheral stores.
- b. Whether the item is available on an emergency or standard delivery.
- c. Whether the item attracts an emergency repair or standard repair.

6.7 All new purchase special CCE must be authorised and accompanied with a clinical reasoning report (see [appendix 4](#)).

## 7.0 New purchase special CCE

- 7.1 The CCE Catalogue has been reviewed and modernised to reflect the change in demand for services and types of equipment offered.

This has resulted in several high value items being added to the catalogue, which previously were provided as special CCE providing the benefit of quicker access to the CCE, enhanced clarity of what equipment is provided and greater reuse and recycling of equipment to meet the eligible service users' assessed needs.

There is an expectation that this will reduce the volume of high cost special CCE being provided through the Community Care Equipment Service. The principle being that if the equipment is essential to meet assessed need and the commissioners have agreed this is an eligible need, it should be available as a stock item.

- 7.2 New purchases of special CCE will only be processed by NRS Healthcare Ltd. after authorisation to provide assurance to the commissioners that the procurement of the item has been considered to meet the unique needs of the service user and all other alternative options have been considered.
- 7.3 Special CCE below £500 is to be authorised by a relevant service head/ lead profession from the prescribing organisation. Special CCE £500 and over must be authorised by the specials panel. See [appendix 3](#) for terms of reference.
- 7.4 The specials panel is a joint commissioning/prescriber forum that demonstrates a systematic approach to the provision of special CCE. The panel will review all requests £500 and over on an individual basis. The Community Care Equipment Service eligibility criteria will be considered along with the stock of recycled and standard CCE in the NRS Healthcare Ltd. service centre.
- 7.5 The specials panel will convene once monthly (the date will be subject to change) and requests placed on the online ordering system up to midday the day before the panel will be considered, with any order submitted after that time deferred for the next panel. Any requests for prioritisation outside of panel i.e. urgent cases in exceptional circumstances only, need to be escalated to the Clinical Commissioning Lead at Hull CCG.

- 7.6 Criteria for provision of special CCE:

- a. There is a clearly identified clinical need or risk as to why the specialist equipment is required.
- b. Rationale is provided as to why standard stock cannot be used.
- c. All documentation required for the purchase of the CCE ([Appendix 4](#)) is correctly completed for the panel, service head/ lead professional or Clinical Commissioning Lead at NHS Hull CCG to make an informed decision.

All requests for equipment outside the scope of the CCE prescriber policy must be referred to the Clinical Commissioning Lead at NHS Hull CCG for

consideration against alternative funding routes e.g. social services, personal health budgets, individual funding requests, NHS England specialist commissioning.

#### 7.7 Process for new purchase special:

- a. Prescriber to establish the standard CCE and recycled special CCE will not meet the assessed service user's need.
- b. Prescriber to discuss the request with the service head/ lead professional for their organisation and complete clinical reasoning form 'report for new purchase of special community equipment' ([Appendix 4](#)).
- c. Place order on iRIS and attach clinical reasoning form and quotation for the equipment.
- d. Select 'Specials Panel' as the authoriser.
- e. A designated service head/ professional lead from the prescribing organisation will have access to the specials panel account and be able to authorise the request for items less than £500.
- f. Requests over £500 will be discussed by the specials panel.
- g. The panel will authorise or refuse the request on iRIS which will provide confirmation to the prescriber.
- h. The prescriber will be responsible for informing the service user of the outcome.

Prescribers must make it clear to the service user they are making a request to the panel to consider and that the request may be refused. Prescribers must not arrange for assessment equipment to be left with the service user pending the panel outcome, without prior authorisation from the Clinical Commissioning Lead.

#### **Appeals procedure (prescriber)**

Only a prescriber can make an appeal application for CCE, which has been refused by the specials panel.

The referring prescriber is required to discuss the rationale for an appeal with the service head/ lead professional in their work area and have gained their support before submitting an appeal to the specials panel.

A new order should be placed on iRIS with the text "panel appeal" inserted into the authorisation notes within iRIS. The original clinical reasoning form and the appeals form need to be attached to the order. This will be considered at the next specials panel.

#### **Complaints procedure (service user)**

The service user cannot appeal the decision of the specials panel.

Service users are able to make a complaint about the specials panel process, if they feel the request has not given full consideration to their needs and the potential benefit of the specials CCE.

All complaints are to be sent to:

Address: Patient Relations,  
Health House,  
Grange Park Lane,  
Willerby,  
East Riding of Yorkshire,  
HU10 6DT

Email: [HullCCG.Pals@nhs.net](mailto:HullCCG.Pals@nhs.net)

Phone: 01482 335409

## **8.0 Responsibilities**

- 8.1 Service heads/ lead professionals must ensure all staff within their area of responsibility are aware of this policy and arrange for timely review and audit of compliance with the policy.
- 8.2 Service heads/ lead professionals will monitor the expenditure and analyse prescribing trends (using performance dashboard data supplied by NRS Healthcare Ltd.) across their service area to ensure compliance with eligibility and effective use of resources.
- 8.3 Service heads/ lead professionals are ultimately responsible for agreeing the competencies of the staff for which they manage. This may be delegated to supervisors; however the responsibility remains with the service head/ lead professional to ensure all staff involved with the prescription of CCE are suitably trained and have the necessary skills to competently assess for, prescribe, fit, demonstrate and review CCE.
- 8.4 Service heads/ lead professionals will be responsible for agreeing funding for new purchase special CCE within set limits. A nominated deputy should be available to cover periods of leave.
- 8.5 Authorisers must be suitably qualified health or social care professionals who can demonstrate their competency to authorise the equipment requests of prescribers.
- 8.6 Authorisers must electronically “sign off” equipment requests for any stock items listed in the catalogue, above the approved bandings for different groups of prescribers.
- 8.7 Prescribers are individually responsible and accountable for ensuring that any item of equipment provided is suitable for the individual it is intended for.

Prescribers must therefore:

- a. Fully assess the service user and identify the CCE that will meet their needs, referring to the CCE catalogue and eligibility documentation for guidance
  - b. Ensure the service user meets the relevant eligibility criteria for provision of CCE
  - c. Consider any contra-indications and/or risks e.g. pain, joint damage, weight restrictions
  - d. Consider the home environment for suitability; identifying and minimising any risks
  - e. Demonstrate use of the equipment, as required
  - f. Ensure all relevant information and instructions are clearly indicated for the driver/fitters e.g. height settings
  - g. Ensure any instructions e.g. cleaning and maintenance are conveyed to the service user and/or their carer. Any advice given shall be documented by the prescriber for audit purposes
  - h. Report any faults or defects (that they are made aware of) associated with the CCE to the community care equipment service, including dirty equipment and arrange for collection and replacement
  - i. Changes and developments within the Community Care Equipment Service will be communicated to prescribers via iRIS and email. Prescribers are responsible for reviewing these communications to remain informed of developments
- 8.8 If prescribers are unsure, in any way, about which CCE will meet the service user's needs, they must seek advice from a service head/ professional lead or the Clinical Commissioning Lead at NHS Hull CCG.
- 8.9 If the service user is struggling to use the CCE or is unable to understand and/or follow instructions in its use, prescribers must not issue the CCE but re-assess and where necessary, seek help from a relevant prescriber or authoriser (as appropriate).
- 8.10 Under no circumstance should equipment be transferred by prescribers between service users. See Section 17: Equipment transfer process for further details
- 8.11 All staff involved in the prescribing and authorising of CCE are to regularly check the website for catalogue updates, new information, safety warnings etc.

## 9.0 Competencies/guidelines for prescribers and authorisers

Competencies	Available from	Sign/date	Line Manager, role and signature
Knowledge and understanding of section 2 The Care Act 2014 and how to apply this when prescribing equipment. Knowledge and understanding of online CCE catalogue and how to access this.	NRS iRIS website.		
Knowledge of where equipment can be purchased – to enable service users to privately purchase equipment.			
Knowledge and understanding of locally agreed criteria (e.g. 1 chair raiser per service user).	NRS iRIS website.		
Be aware of own levels of competency and professional expertise when prescribing CCE, and seek advice and training when necessary e.g. Moving and Handling, Tissue Viability, Assessment and fitting of CCE.	In service training from relevant /experienced professionals/colleagues.  Shadowing/coaching/demos.		
Ability to present clinical reasoning to support special CCE requests.	Clinical Leads/ service managers.		
Knowledge and understanding of own clinical authorisation level and who to contact for higher level authorisation.	Supervisor's direction.		
Show understanding of risk assessment – service user, carer, environment, moving and handling, beds (to a level consistent with job role).	Risk assessment training/shadowing etc. Mandatory moving and handling training.		
Understand the difference between routine and urgent delivery.	Standard equipment – routine delivery 3 days.  Standard equipment – emergency delivery. <ul style="list-style-type: none"> <li>Request before 3pm – same day.</li> <li>Request after 3pm – before noon next day.</li> </ul> Special CCE- within 12 weeks of being authorised.		

Knowledge and understanding of how to arrange collection of equipment no longer required.	All orders to be placed on the phone for collections. Standard collection within 5 working days of request.		
Knowledge and understanding of how to arrange repairs and replacements of items.	All orders to be placed on the phone for repairs and replacement equipment.		
Knowledge and understanding of how to report any issues – equipment not complete, not clean, failing etc.	NRS iRIS website.		
Knowledge and understanding of the correct forms to use and how to complete them.	Supervisor.		
In addition Authorisers must:			
Be confident that prescribers are competent to prescribe specific items of equipment, before authorising.	Through organisational 1:1s. Provide necessary training & supervision.		
Understand the clinical reasoning presented by prescribers.	Professional knowledge of medical/physical needs. Consult senior practitioners.		
Be able to challenge requests to seek alternative, more cost effective solutions.	Consult senior practitioners. Search for alternative solutions.		
Monitor prescribing trends to inform future service development.	Data to be provided by NRS Healthcare Ltd.		
Brief prescribing staff of changes/developments in Community Care Equipment Service policies and procedures.	Changes/developments available from the Community Equipment Service briefings to be shared via emails/website/team meetings/1-1's.		

Prescriber organisations are responsible for meeting the individual training needs of their staff through induction, shadowing or specific training. Training is to be on-going as new items are added or removed from the stock list in the catalogue.

## 10.0 Assessment and risk management

### Assessment

- 10.1 Following referral and allocation to a prescriber, a full assessment of service user needs must be completed, taking into account the service users:
- a. Medical condition- physical presentation, prognosis
  - b. Functional abilities
  - c. Height and weight
  - d. Capacity and/or best interests
  - e. Desired outcomes
  - f. Environment
  - g. Contra-indications for equipment prescription – pain, joint protection, rehabilitation potential
  - h. Carer's needs
- 10.2 Prescribing staff are to refer to the CCE catalogue prior to identifying and ordering CCE.
- 10.3 When standard stock CCE will not meet the service user's assessed need, the practitioner is to investigate special CCE provision. Using their professional judgement and expertise prescribing staff are to identify the most suitable CCE available on the market. Prescribers must take into account the supplier's availability and ability to meet the required need; considering cost, speed of response, flexibility, reliability and the quality of the equipment to be supplied. Advice is available from NRS Healthcare Ltd. and the Clinical Commissioning Lead as to CCE available on the market if required.

It is acknowledged that in some instances it is not appropriate to obtain more than one quotation e.g. where it is too intrusive for the service user or where the time taken to obtain more than one quote would have a detrimental effect on the service user's health or wellbeing. In these situations the professional judgement, expertise and market knowledge of the prescribing healthcare professional must be relied upon. Their clinical reasoning must be carefully documented and their request be authorised by a service head/ professional lead (less than £500) or the specials panel (£500 and over).

### Risk Management

- 10.4 Prescribers issuing, fitting or working in a community environment with CCE issued via the Community Care Equipment Service are to be aware of potential risks by completing observational and manual checks of the equipment being used.
- 10.5 Observational checks- any obvious visible defects:

- a. Rust
- b. Tears, splits, cracks
- c. Fraying of fabric, loose stitching e.g. slings
- d. Loose nuts/bolts/screws
- e. Leakage from hydraulics
- f. Bare wires on electrical equipment

10.6 Manual checks:

- a. Wheels move freely on beds, hoists, trolleys, shower/commode chairs
- b. Brakes work effectively on chairs, beds, hoists etc.
- c. Hydraulics perform smoothly on beds, hoists
- d. Electric motors work efficiently on beds, mattresses, mattress variators, bath lifts, suction machines, nebulisers etc.

10.7 Domiciliary home care providers (having undertaken mandatory training) are to be fully aware of their responsibilities regarding checks of CCE. Prescribing staff however must satisfy themselves the domiciliary home care staff possess a full understanding of the CCE they will be using and must remind them to be vigilant in completing these checks. This is a contracts compliance issue and concerns should be discussed with a service head/ lead professional as a potential safeguarding alert.

10.8 Prescribed hoists are to have a moving and handling plan completed and explained to the service user/ carer and kept in the service user's file for reference.

10.9 Any defects are to be immediately reported to the Community Care Equipment Service and label the CCE – 'DO NOT USE'. Where the service user is dependent on the CCE, an urgent request for replacement and/or repair is to be submitted via the phone to NRS Healthcare Ltd.

10.10 Faulty, incomplete or dirty CCE are to be reported immediately to the Community Care Equipment Service. Prescribers are to report the incident using the feedback function on the NRS iRIS website.

10.11 NRS Healthcare Ltd. will forward any relevant MDA alerts to service heads/ professional leads that will be responsible for cascading appropriate warnings to their prescribing staff.

NRS Healthcare Ltd. will take any necessary action to withdraw potentially dangerous equipment and advise of the need for a suitable replacement or request a re-assessment of need if required.

- 10.12 Incidents involving CCE which require reporting to the MHRA must be reported. Each organisation's Health and Safety department are to be alerted regarding the need potential MHRA report using the appropriate reporting systems.

NRS Healthcare Ltd. must also be informed of the incident so the CCE can be impounded and tagged and so information can be cascaded to all stakeholder agencies.

A Medical Devices Adverse Incident report form can be requested, filled in and returned via email ([aic@mhra.gsi.gov.uk](mailto:aic@mhra.gsi.gov.uk) ).

Discussions will be required on a case by case basis as to whether the prescriber or NRS Healthcare Ltd. is best placed to submit the alert.

- 10.13 The NRS Healthcare Ltd. technician will install and demonstrate all CCE unless otherwise stated on the requisition.
- 10.14 Prescribers must be aware of the potential risks to the service user of carbon monoxide poisoning where service users are sleeping in a room with a gas fire is in situ. Prescribers are to refer to their local policies regarding what action to take. If a room is to be used as a bedroom any gas appliance must be a 'room sealed appliance' because of risk of carbon monoxide poisoning; it is advisable to tell the person and/or carer of the possible risk and advise them to have the appliance checked by a Corgi registered engineer - see gas safety (installation and use) regulations 1998

#### **Reviews and returning CCE**

- 10.15 All equipment must be returned to the Community Care Equipment Service prior to re-issue to ensure the following are carried out:
- a. cleansing/decontamination
  - b. servicing and safety checking
  - c. accurate maintenance of records
- 10.16 Where possible following CCE provision, the prescriber is to make contact with the service user to check the suitability of the CCE. Non-complex cases e.g. commodes; bath boards require no further action. Complex equipment e.g. hoists and beds will require a review at the end of the loan period.
- 10.17 Service users are to be advised to contact NRS Healthcare Ltd. if the equipment becomes faulty using the telephone number on the receipt issued at the time of delivery.
- 10.18 Service users are to be advised to contact NRS Healthcare Ltd. if CCE is no longer required to arrange collection of the CCE. NRS Healthcare Ltd. will be able to confirm whether the equipment provided attracts a collection- some low cost items are not collected.

- 10.19 If there is deterioration in the service user's condition or their needs change a re-assessment will be required. The prescriber will be required to place a requisition for any alternative CCE required.

## **11.0 Community Care Equipment Service feedback and quality monitoring**

- 11.1 Commissioners and NRS Healthcare Ltd. welcome and actively encourage prescriber feedback to influence the development of the service.

Each prescribing organisation has a service head/ lead professional who is invited to the Community Care Equipment Operational Group meetings with NRS Healthcare Ltd.

Prescribers are to escalate any issues through their internal management structures for discussion at the contracts meeting in the first instance.

- 11.2 The Equipment Review Group (ERG) is held on a monthly basis. This forum enables prescribers to feedback their experiences of using the Community Care Equipment Service, however the primary function of the ERG is to ensure the catalogue remains fit for purpose. This will involve making recommendations for additions to the catalogue or alterations to the standard CCE catalogue.

- 11.3 To ensure a high quality service, NRS Healthcare Ltd. and commissioners are to be made aware of any difficulties encountered in the requisitioning and delivery of CCE. Prescribers can record any issues using the Community Care Equipment Service feedback functionality on their website. The form can be used to record and report:

- a. Delays
- b. Unclean equipment
- c. Parts missing or faulty
- d. Incomplete or incorrect orders
- e. Incomplete requests – e.g. not set to height requested etc.
- f. Compliments

All feedback reported to NRS Healthcare Ltd. through the iRIS functionality is reported to commissioners and discussed at the CCES operational forum. Prescribers must use this iRIS form to report any compliments, concerns, comments or complaints otherwise the data will not be captured by NRS Healthcare Ltd. / commissioners.

## 12.0 Out of area

### 12.1 **Background**

Nationally there is significant variance in cost sharing arrangements between CCGs and local authorities regarding community equipment services. There is usually some agreement as to “health care” responsibility and “social care” responsibility either around the type of CCE or the employment of the prescriber.

Local authorities commission/provide services for their resident population i.e. if the client pays their council tax to a local authority this local authority is responsible for provision of CCE to meet social care needs.

<http://www.local.direct.gov.uk/LDGRedirect/Start.do?mode=1>

The above is a link to a National Website to locate in which local authority area a postcode resides.

CCGs commission services based on their registered population i.e. if the service user is registered with a GP practice, it is the CCG to which the GP practice is a constituent that is responsible for the provision of community equipment to meet health care needs.

There is recognition that Hull primarily has a single border with East Riding of Yorkshire. This document confirms the cross border arrangements for CCE provision between Hull/East Riding and the procedure for other out of area prescribers.

All CCE prescribers are to ensure the accuracy of the GP details on the NRS iRIS system to enable timely access to CCE.

### 12.2 **Cross border arrangements**

Prescribers who work outside of the Hull and East Riding geographical area must contact NRS Healthcare Ltd. via the phone who will be able to place an order on their behalf using the ‘out of area PIN’. This PIN will have access to low level items of CCE and routine deliveries. All Hull Community Care Equipment Service clinical justification forms and policies must be adhered to. Access to complex items of CCE outside of the out of area PIN must be referred to a Hull prescriber for an assessment of need. This may not always involve a face to face assessment.

### 12.3 **Service users who reside in East Riding with a Hull GP**

Health prescribers are to requisition all CCE required from the Hull Community Care Equipment Service.

East Riding of Yorkshire Council prescribers are to requisition all CCE from the East Riding Community Equipment Service.

### 12.4 **Service users who reside in Hull with an East Riding GP**

Health prescribers are to requisition any CCE from the East Riding Community Equipment Service.

Hull City Council prescribers are to requisition all CCE required from the Hull Community Care Equipment Service.

### 12.5 **Service users who reside in East Riding with an East Riding GP**

All prescribers must refer service users residing in the East Riding with an East Riding GP to the East Riding Community Equipment Service. The Hull Community Care Equipment provider will cancel all orders for requisitions for deliveries to an East Riding postcode with an East Riding GP. An automated email will be generated to the prescriber and NRS Healthcare Ltd. will attempt to contact the prescriber via telephone.

### 12.6 **Peripheral Stores**

Where the physical location of the peripheral stores is within the Hull City boundary, the Hull Community Care Equipment Service will maintain the peripheral store. The low level CCE as described in the catalogue will be made available for all service users regardless of where they live or the status of their GP.

It is the responsibility of all prescribers to input prescriptions onto iRIS to ensure replenishment of the CCE together with the service users' details (post code and registered GP), for the Hull commissioners to recharge other commissioners.

NHS Hull CCG will undertake quarterly reviews of peripheral store activity and will re-charge neighbouring authorities for activity as appropriate.

Hull Community Care Equipment Service will not provide/ maintain any peripheral stores outside of the Hull City boundary.

## 13.0 **Repairs, returns and incorrect deliveries**

13.1 It is imperative that any problems or faults regarding CCE need to be discussed with an NRS Healthcare Ltd. customer services representative. Please do not order additional items of CCE to be delivered to replace items that should be repaired or replaced free of charge. Some examples include:

- a. Items delivered incorrectly- prescribers to contact NRS Healthcare Ltd. to arrange for the correct CCE to be delivered.
- b. Items delivered with missing parts- prescribers to contact NRS Healthcare Ltd. to arrange for the CCE to be replaced.

### 13.2 Maintenance and repair

Urgent	<ul style="list-style-type: none"><li>• Within 4 hours of service user request (e.g. beds, hoists, mattresses and as defined in the Prescribing Policy), in either core or out of hours</li></ul>
Routine	<ul style="list-style-type: none"><li>• Within 5 working days of request or, as per maintenance/service schedule</li></ul>

## 14.0 Delivery times

### 14.1 **Hours of operation**

The service core hours are between 8 am and 8 pm, 7 days per week (excluding bank holidays). There is no out of hour's service for the provision of CCE (except emergency repairs/ replacements). When the service is closed for bank holiday, all orders placed will not be viewed until the next working day.

### 14.2 There are two delivery types available to prescribers:

#### a. **Routine, including planned discharges**

Standard delivery speed is 3 days from the date the authorised requisition is received by NRS Healthcare Ltd.

#### b. **Emergency**

Urgent requisitions will be delivered the same day when received before 3pm and next working day before noon when received after 3pm.

Emergency deliveries are typically used to facilitate a dying person's wish to end their life in their own home or an emergency, unplanned hospital discharge.

Other emergency situations may be agreed on a case by case basis; however authorisation will be required to ensure appropriate use of this service level.

Urgent	<ul style="list-style-type: none"><li>• Prescription/request received before 3pm will be delivered the same day</li><li>• Prescription/request received after 3pm to be delivered by noon following day (including Sundays and Bank Holidays)</li><li>• This will include items to support end of life care</li></ul>
Routine	• Standard equipment: 3 working days of receipt of referral
	• Bespoke/non-standard equipment will be delivered within 12 weeks

### 14.3 **Service user led deliveries**

Prescribers will have the option to use a service user led delivery for all routine orders. This involves the prescriber giving the order number to the service user, who then makes contact with NRS Healthcare Ltd. to arrange a suitable delivery date and time.

NRS Healthcare Ltd. will also offer a self-collection option for service user led orders to collect the CCE themselves from the super hub within the Hull City boundary.

## 15.0 Equipment into care homes

15.1 For the purpose of this document a 'Care Home' is defined as a local authority/ NHS registered care home, licensed by the Care Quality Commission (CQC) to provide services under the Health and Social Care Act (2008). Care homes may provide a range of care including intermediate care, palliative care and NHS continuing healthcare.

15.2 The CQC recognise supported living services are harder to define. The CQC guidance regarding regulated activity seeks to clarify the distinction between the regulated activity of 'accommodation for persons who require nursing or personal care' and 'personal care'.

If the care provider/ residence is registered as providing accommodation for persons who require nursing or personal care they are considered to be in a residential care home placement. If the service user is in receipt of housing benefit, the person lives in their own home.

15.3 The Care Quality Commission state Care Home providers who comply with the regulations will make sure that CCE is:

- a. Available in sufficient quantities to meet the needs of people who use the service
- b. Suitable for purpose
- c. Properly maintained
- d. Used correctly and safety
- e. Promotes independence
- f. Is comfortable

Should a prescriber observe that a Care Home provider is not complying with these standards, they have a duty to disclose these concerns following local safeguarding procedures.

15.4 Standard CCE (all standard stock on the catalogue) will not be supplied into healthcare settings, nursing homes, residential homes, short break settings, hospice facilities, schools, colleges and places of work.

15.5 The exception to this being a short term loan (less than 6-months) for use as part of a reablement/rehabilitation plan as agreed with a specialist service such as the intermediate care and long term conditions services. The prescriber is responsible for ensuring the equipment is returned to the Community Care Equipment Service on discharge of the service user from the reablement/rehabilitation service.

15.6 The Community Care Equipment Service will supply non-stock special CCE (recycled or new) where there is an exceptionality of need. New purchase CCE will be subject to the specials panel procedure if greater than £500.

## 16.0 First floor deliveries

- 16.1 NRS Healthcare Ltd. has a duty of care to their driver technicians and the joint commissioners recognise there is conflict between managing the expectations of service users and what service can be delivered safely. There are health and safety considerations regarding the provision of large items of CCE to non-ground floor locations in a property.
- 16.2 All chairs will only be installed to the ground floor of a property. This includes riser/ recliner chairs and tilt in space care chairs.
- 16.3 Bariatric beds will only be provided to the ground floor of a property.
- 16.4 Standard hospital beds will usually be installed on the ground floor of a property. Where there is a clinical need for the bed to be provided to a first floor the requirement must be discussed with NRS Healthcare Ltd. prior to placing the order, to enable a risk assessment visit to take place confirming the CCE can be installed on a first floor.
- 16.5 Beds ordered on an 'emergency' (same day/ next day) basis are only available for ground floor deliveries. Please consider the access to the property i.e. how many steps there are to the property, whether the van can be parked close to the property, narrow doors on the route to the stairs, is there a small landing at the bottom of the stairs etc. A risk assessment will be required in the following environments:
  - a. Terraced houses with steep narrow stairs, small landings at the top and bottom
  - b. Narrow straight stairs (750mm) with a stair lift
  - c. Curved stairs with a stair lift
  - d. Curved stairs with winders
- 16.6 Exceptions to above will be agreed where there is a through floor lift which is large enough to carry the equipment or where the service user resides in an apartment block which has a shafted lift suitable to carry the equipment.
- 16.7 For the avoidance of doubt, unless otherwise stated and agreed, all beds will be installed to the ground floor of a property.

N.B. These are principles designed to inform practice and there may be situations which do not fit the above. In case of doubt please contact NRS Healthcare Ltd. to discuss the risks of delivery.

## 17.0 Equipment transfers (room to room / property moves)

- 17.1 Prescribers may not transfer equipment between service users however; there will be situations where there is a requirement to transfer/ move CCE. This may be room to room or property to property.
- 17.2 CCE will generally only be used inside a single property. Exceptions include mobility aids designed for outdoor use. Large or complex items of equipment must not be used outside of the home and not be moved by the service user e.g. mobile hoists, profile beds. Smaller items are the responsibility of the service user to move; however large or expensive items will need professional support to move. NRS Healthcare Ltd. customer services team will be able to provide further clarity on a case by case basis.
- 17.3 NRS Healthcare Ltd. levy charges for equipment transfers and needs to be carefully considered by prescribers when placing an order for CCE transfer. This will only be completed where the move is clinically indicated and essential rather than desirable. Generally room to room transfers will be undertaken when there is a requirement for large items of CCE such as beds and hoists being moved from the first floor to the ground floor.
- 17.4 Property to property transfers will only be considered where the service user is moving permanently from one property to another. CCE will not be transferred for respite or inpatient rehabilitation / reablement / assessment placements.
- 17.5 To request CCE transfers please follow the process below:
  - a. Prescriber to email the NRS Healthcare Ltd. customer services team using a secure email account [enquiries@hull.nrs-uk.net](mailto:enquiries@hull.nrs-uk.net) with the service user's NHS number and address.
  - b. Prescriber to state what the request is for i.e. first floor move of bed to ground floor or move from one address to another.
  - c. Minimum notice period required is at least 5 days' notice of property to property move and 3 days' notice of room to room move.
  - d. NRS Healthcare Ltd. to confirm activity with service user and then email confirmation of the date of transfer to the prescriber.

## APPENDIX 1: Community Care Equipment PIN Request Form

<b>NAME</b>			
<b>JOB TITLE</b>			
<b>EMPLOYING ORGANISATION</b>	Choose an item.		
<b>If other</b>	Provide details:		
<b>WORK ADDRESS</b>			
<b>TEAM CODE</b>	Choose an item.		
<b>TEL NUMBER</b> <b>WORK</b> <b>MOBILE</b>			
<b>E-MAIL ADDRESS</b>			
<b>JOB CODE</b>	Choose an item.	Choose an item.	Choose an item.
	Refer to clinical authorisations report to confirm what access is required. Select more than one job code if required.		
<b>LINE MANAGER NAME</b>			
<b>DECLARATION</b>	I confirm that I meet the required competencies to order CCE provided by the Community Care Equipment Service and that I have read, understand and will comply with the directives and guidance in the access the Community Care Equipment Service policy.		
<b>SIGNATURE</b>		Date	
<b>LINE MANAGER AUTHORISATION</b>		Date	
This form is to be signed by both the prescriber and a registered authoriser and forwarded to NRS Healthcare Ltd. who will acknowledge receipt and enter the prescriber and authoriser details on to iRIS.			

## APPENDIX 2: Community Care Equipment Service PIN Example Job Codes

Managers to review full job codes on iRIS.

Physiotherapy Assistant	PTA																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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## **APPENDIX 3: Community Care Equipment Service Specials Panel Terms of Reference**

### **1. Purpose**

- 1.1 The Community Care Equipment (CCE) specials panel is a key component of the governance of the Community Care Equipment Service. There is recognition some service users have more complex, individual need for non-contract items of CCE.
- 1.2 There is a need to provide assurance to the commissioners the procurement of special CCE will only be provided to meet the unique needs of the service user, where all alternative options have been considered. The special CCE must be categorised as per the standard CCE catalogue:
  - bathing
  - beds/accessories
  - hoists/slings
  - household
  - mobility
  - moving and handling
  - pressure and posture care
  - ramps
  - seating
  - toileting
  - paediatric versions of the above
- 1.3 The service user shall be eligible for standard stock CCE however the standard stock CCE would not meet the service user's needs due to a unique presentation. The risks associated with provision of the standard CCE need to be documented as part of the clinical justification report (specials report) for special CCE using the risk matrix.
- 1.4 The CCE specials panel will authorise or refuse requests for the purchase of special CCE £500 and over. Requests for items less than £500 will be at the discretion of the service head/lead professional for the prescribing organisation making the request. These requests shall be considered alongside the standard CCE catalogue and eligibility criteria. Special CCE requisitions less than £500 shall only be authorised where standard CCE will not meet the clinical needs of the service user. Prescribers shall always provide a clinical justification report for special CCE regardless of cost.
- 1.5 The specials panel will review all requests £500 and over on an individual basis. Decisions around the authorisation or refusal of requests will be made after reviewing the clinical justification report submitted by the CCE prescriber. The request shall be considered along with the stock of recycled and standard CCE in the NRS Healthcare Ltd. service centre.

- 1.6 Wherever a standard stock item of CCE may achieve the same outcome, this will be recommended to ensure the finance sustainability of the CCE Service. This will include potential 'over prescriptions' e.g. it may be more appropriate to provide the standard stock bath lift over a new purchase bath seat.

## 2. Responsibilities of Individual Members

- 2.1 Attend panel meetings in person wherever possible and field representatives to ensure continuity and up to date reporting in the event they are unable to attend.
- 2.2 Communicate effectively with other members of the panel and to feedback to staff within their own organisations.
- 2.3 To authorise special CCE less than £500 and to report on this activity at the specials panel.
- 2.4 To ensure appropriate use of resources to ensure sufficient service is available to those in greatest need.

<b>Specials Panel Membership</b>		
<b>Name</b>	<b>Title</b>	<b>Organisation</b>
Gareth Everton (GE) - Chair	Clinical Commissioning Lead	NHS Hull CCG
Judith Lawtey (JL) – Vice Chair	Operations Manager (Adults)	Hull City Council
Patience Young (PY)	Head Occupational Therapist	Hull and East Yorkshire Hospitals
Beverly LangfordHardy (BL)	Discharge Liaison Team Manager	Hull and East Yorkshire Hospitals
Jacqueline Twomey (JT)	Senior Paediatric Occupational Therapist	Hull City Council
Bridget King (BK)	Senior Advisor (Disability)	Hull City Council
Julia Petty (JP)	Community Service Manager	Humber Foundation Trust
Andrea Wallace (AW)	Principle Occupational Therapist (Paediatrics)	Humber Foundation Trust
Lisa Adcock (LA)	Principle Physiotherapist (Paediatrics)	Humber Foundation Trust
Helen Ford (HF)	Senior Occupational Therapist	City Health Care Partnership
Cheryl Malpass (CM)	Senior Occupational Therapist	City Health Care Partnership
Sue Baker (SB)	Service Lead Community Nursing	City Health Care Partnership
Co-opted members: Gemma Steward (GS)	Service Manager	NRS Healthcare Ltd.
(TBC) NRS Occupational Therapist	Occupational Therapist	NRS Healthcare Ltd.

### **3. Specials Panel Reporting Arrangements**

3.1 The membership of the specials panel will be able to view all outstanding requests on the NRS iRIS website. Copies of minutes will be circulated within 5 working days of each panel.

3.2 Specials panel meetings will be held monthly.

3.3 The panel will be deemed to be quorate if the chair or deputy is present plus as a minimum one representative from each prescribing organisation. Members are able to send a deputy as appropriate.

### **4. Other Equipment Panels**

All requests for equipment outside the scope of the CCE prescriber policy must be referred to the Clinical Commissioning Lead at NHS Hull CCG for consideration against alternative funding routes e.g. personal health budgets, individual funding requests, NHS England specialist commissioning.

## **APPENDIX 4: Clinical Reasoning Forms: To support requisitions for complex standard stock CCE**

### **Checklist to accompany ergo medley, nuova bariatric and junior care bed requisitions**



2015.11.12 Hull Bed  
Checklist.doc



2015.11.12 Hull Bed  
Checklist - Example.d

### **Checklist to accompany floor bed requisitions**



2015.11.12 Hull  
FloorBed Checklist.do



2015.11.12 Hull  
FloorBed Checklist - e

### **Rise and recline chair report**



2015.11.12 Riser  
Recliner Report.doc



2016.1.20 Riser  
Recliner Report exam

### **Specials panel report**



2015.11.12 Hull  
Specials Report.docx



2016.1.20 Hull  
Specials Report exam

### **Specials panel appeal**



2015.11.12 Specials  
Panel appeals.doc

### **Florien II prescription form**



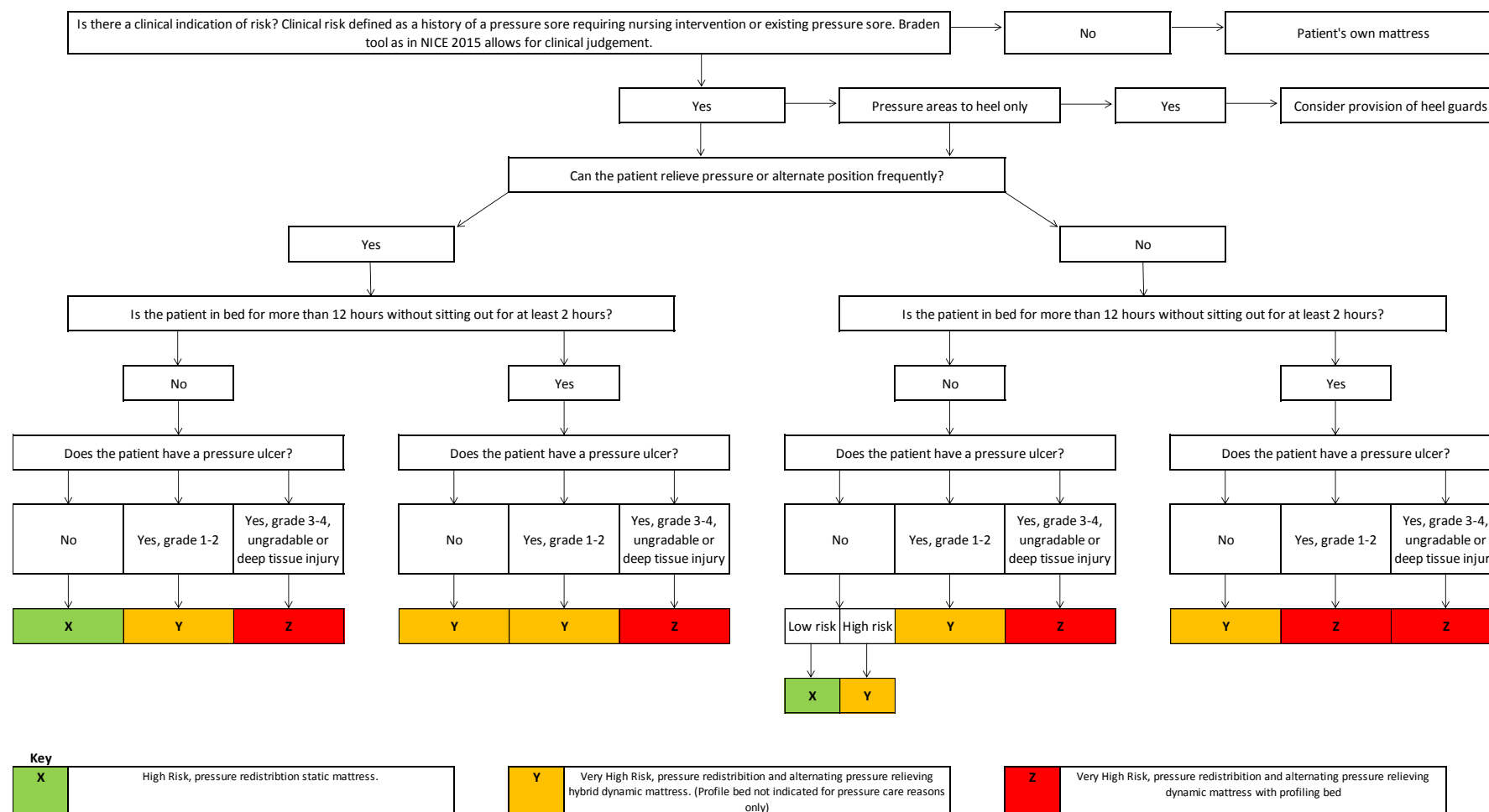
2015.11.12 Care  
Chair Prescription For

### **Catalogue and eligibility criteria**

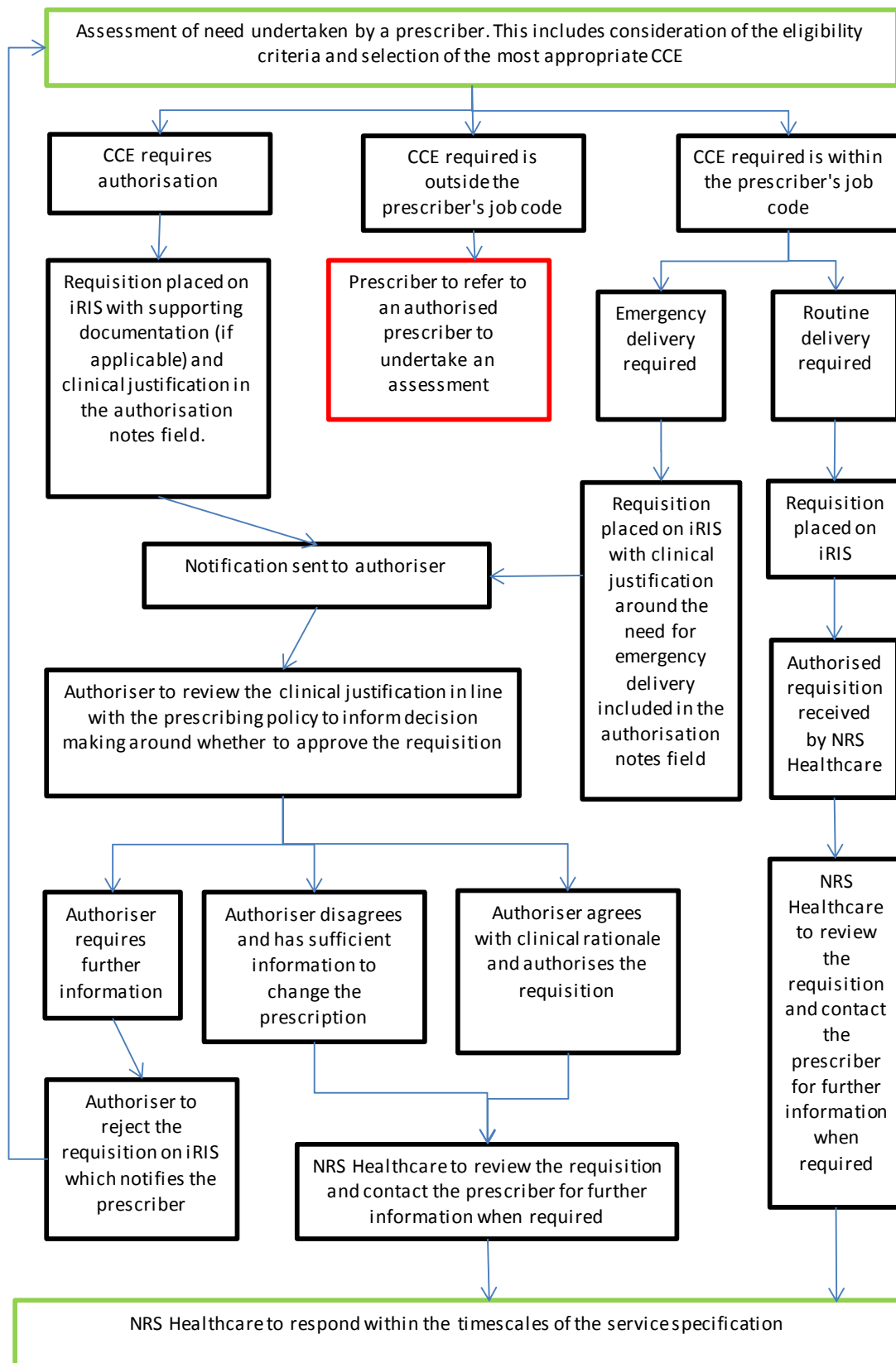


2015.12.01 Hull  
CCES Catalogue and

## APPENDIX 5: Prescription criteria for pressure care mattresses



## APPENDIX 6: Standard Stock CCE Flow charts



## APPENDIX 7: Special CCE Flow charts

