D01/S/a

NHS STANDARD CONTRACT
FOR COMPLEX DISABILITY EQUIPMENT: SPECIALISED WHEELCHAIR AND SEATING SERVICES (ALL AGES)

SCHEDULE 2- THE SERVICES A. SERVICE SPECIFICATIONS

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1. Population Needs

1.1 National/local context and evidence base

High quality complex wheelchair and seating services are a vital component to the independence of people of all ages, with severe mobility impairments.

A complex specialised wheelchair service is identified by the complexity of the individual’s condition and not by specific pieces of equipment. A complex specialised wheelchair service is required by a small percentage of Wheelchair users with the most profound disabilities and/or an unstable medical condition, who can only function adequately in a wheelchair with unique personalised modifications, often incorporating bespoke manufactured items.

There is no National Institute for Health and Clinical Excellence (NICE) guidance specifically for Wheelchair Services, although many NICE guidelines relating to Children, people with Neurological and Long term conditions as well as Older people are relevant due to the nature of the client base.

The service will deliver and support the Transforming Community Services Quality Framework:

- Standards for Better Health
- NHS Improvement plan: Putting People at the Heart of Public Services. This sets a service model for long-term conditions through self-care, disease
management and case management. This document alongside the National Service Framework for long-term conditions charges us to give people choice through services planned and delivered around their individual needs; to support people to live independently and play their full part in society; to coordinate • partnership working between health and social services and other local agencies • Child in a Chair in a Day • The Service will use clinical evidence base where available, gaining information from best practice and clinical consensus in terms of national • Policies / guidelines for posture and mobility services.

2. Scope

2.1 Aims and objectives of service

Adults and children requiring specialised wheelchair services will have a complex and/or fluctuating medical condition and multiple disabilities which might include physical, cognitive, sensory and learning aspects

Aims of Service

The aim of a Specialised Wheelchair service is to maintain independence and improve the quality of life for people living with a disability and for their carers through timely access to specialised assessment, provision and maintenance of equipment. The service should respond to changes in people’s health conditions through regular review and deliver a service that patients perceive to be a good experience.

Specific Objectives

A Complex Specialist Wheelchair Service will provide to this cohort of patients a specialist mobility and postural management advice and assessment service which will:

• provide a timely and equitable complex specialist wheelchair and custom seating service for individuals with identified complex postural needs, requiring a level of individual design input.
• provide appropriate wheelchair and custom seating equipment to maintain mobility, postural and functional management and quality of life for service users, their family and carers.
• promote regular reviews and improved access to wheelchair and custom seating services with the service user, their family and carers
• ensure that patients are well educated using self management and self efficacy principles, and supported through their personal health plan
• provide technical advice to users, health professionals and others on the maintenance of equipment
• procure, monitor and control an effective repair service including a 24 hour emergency response where necessary
• provide timely input for unplanned care needed due to acute relapse of deterioration.
• provide and promote postural management to reduce the risk of increased deformity (corrective orthopaedic surgery) and to encourage optimum sitting balance and manage/reduce pain levels caused by spasticity or other health problems.
• provide guidance on pressure relief to assist with prevention of and recuperation from pressure sores and skin ulcers.
• signpost to other clinical services and social agencies to optimise people’s levels of physical well being and functional independence.
• See all patients within agreed time scales of 18 weeks.
• offer a patient centred service with clients included in all redesign work.
• offer highly specialised assessment and treatment for the patient group.
• ensure all staff within the service are trained to a high level of competency which is needed to effectively treat the patients referred to the service.
• support primary and secondary care staff by offering them specialist professional advice and training.
• ensure communication systems in place to facilitate coordinated working.
• treatment and care planning are effective and regularly reviewed.
• provide a service that delivers agreed quality indicators.

2.2 Service description/care pathway

A complex specialised wheelchair and seating service will address the postural needs of adults and children facilitating comfort and function as well as their mobility needs. It will also provide the base to which other assistive technologies can interface e.g. communication aids or environmental controls.

The complex specialist assessment team should consist of a core group of a specialist therapist and a clinical engineer/scientist all of whom have appropriate skills and experience. The team will have access to a doctor specialising in rehabilitation medicine, physiotherapist, an occupational therapist, a tissue viability nurse, rehabilitation engineers and engineering technicians, with workshop facilities to manufacture/test/modify and design equipment.

The specialist team will work closely with the individual, their families/carers, other medical and surgical teams, local therapy staff (including speech and language therapists) as well as staff from social services, community nursing and education/employment. The specialist team will also liaise with external suppliers of equipment.

Assessment should be undertaken in a specialist centre, equipped with appropriate equipment for physical examinations, driving assessments and pressure measurement plus suitable facilities for moving and handling. Trial wheelchair/seating equipment should also be available. Alternatively, individuals may be seen in other environments such as child development centres/schools for children or familiar/non-threatening surroundings such as a home for people with cognitive or learning difficulties.
The multi-disciplinary team (MDT) at a Specialised Spinal Cord Injury Centre (SCIC) is a complex specialised assessment team for the purpose of this specification. Where appropriate workshop facilities are not co-located on the SCIC site, the SCIC team will work in partnership with the complex specialised wheelchair and seating service to manufacture/test/modify and design equipment.

Each prescription will be individually formulated following a detailed assessment of the disabled person's needs and lifestyle, using a standardised assessment procedure. A specification will be drawn up in conjunction with the disabled person, and his/her carers if appropriate, and based on his/her goals. The prescription may comprise off-the-shelf components, bespoke manufactured items or any combination of these.

The service will offer regular reviews of the wheelchair prescription as an individual's needs may change due to their medical condition.

A referral may be made from professionals in specialist medical teams such as rehabilitation medicine, neurology, orthopaedics and paediatric teams or from local NHS wheelchair service providers (see criteria for referral set out in the document “Wheelchair Services for children and adults with non-complex requirements – Access to Prescription”) Referral may be for assessment and provision or specialist opinion.

**General Paediatric care**

When treating children, the service will additionally follow the standards and criteria outlined in the Specification for Children's Services (attached as Annex 1 to this Specification).

**2.3 Population covered**

The service outlined in this specification is for patients ordinarily resident in England*; or otherwise the commissioning responsibility of the NHS in England (as defined in Who Pays?: Establishing the responsible commissioner and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges).

* Note: for the purposes of commissioning health services, this EXCLUDES patients who, whilst resident in England, are registered with a General Practitioner (GP) Practice in Wales, but INCLUDES patients resident in Wales who are registered with a GP Practice in England.

**2.4 Any acceptance and exclusion criteria**

Complex specialist wheelchair services are required by people who meet the following criteria:

- Individuals whose posture or mobility needs can only be met with a high level of specific design input resulting in unique prescriptions which may use combinations of bespoke, prototype and off-the-shelf components and whose
24-hour postural management must be considered to ensure optimal outcomes.

- Complex and life threatening conditions (e.g. ventilation, spinal cord injuries, rare paediatric syndromes).
- Adults and children within the scope of the specialised Spinal Cord Injury (D13) service specification who are assessed by the multi-disciplinary team at a specialised Spinal Cord Injury Centre, as described in Section 2.2.
- Individuals who need the skills of the specialist assessment team to identify when referral to other medical specialties is necessary to achieve seating and mobility objectives e.g. Spasticity management, Percutaneous endoscopic gastrostomy (PEG) feeding, complex orthotics etc.
- Individuals whose posture and mobility needs may not be complex in their own right but nevertheless significantly impinge on the overall level of functional ability. Some highly ‘active’ individuals often with physical and not intellectual disability when seated properly find it restrictive in lifestyle and so require special expertise to work through their requirements for an iterative prescription, often with unique approach and components. The Cumulative prescription is costly in terms of expert time and components.
- Individuals who need specialist input to identify control sites and to assemble and programme the specialist equipment that will enable them to control a powered chair despite being unable to use standard joystick controls. Risk management is especially important for these individuals.
- Individuals who access a range of assistive technology services and especially those who need a specialised control to operate a number of items of electronic equipment in addition to the specialist wheelchair.
- Individuals who need such a high level of customisation that specialist workshop facilities staffed by appropriately-trained staff are required to support and maintain their equipment as well as adapting it to keep pace with changing needs when necessary.

Adults and Children requiring non-specialised wheelchairs are excluded from a Complex Wheelchair Service.

2.5 Interdependencies with other services

The Complex Specialist Wheelchair Service will be co-located and provide or sub contract Rehabilitation Engineering Services. The service will provide or sub contract services to:

- Design bespoke equipment and modifications for individual users as required
- Review stability issues and advise on technical implication of wheelchair prescriptions, accessories and modifications
- Advise on risk management in relation to transportation, and oxygen related risks
- Advise on safety, maintainability and flexibility of new equipment available to the service

Relationships are required to the following:

- Environmental control and communication aid services to allow for systems to be incorporated within complex seating packages
• Local wheelchair services to ensure a seamless pathway of care for patients and will offer advice and support to local wheelchair providers. These local services will be commissioned through their Clinical Commissioning Group (CCG) and close liaison will be required with local commissioners to ensure any local development or service redesign considers the implications for the complete patient pathway

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

• The service will deliver and support the Transforming Community Services Quality Framework
• Standards for Better Health
• NHS Improvement plan: Putting People at the Heart of Public Services. This sets a service model for long-term conditions through self-care, disease management and case management. This document alongside the NSF for long term conditions charges us to give people choice through services planned and delivered around their individual needs; to support people to live independently and play their full part in society; to coordinate partnership working between health and social services and other local agencies.

The service will be required to meet the following statutory requirements:

• Ensuring that equipment is purchased and maintained in accordance with statutory requirements including Medicines and Healthcare Products Regulatory Agency (MHRA) regulations and manufacturer’s handbooks
• Complying with requirement of other relevant Statutes e.g. Disability Discrimination Act and The Equality Act
• The manual handling operations regulations 1992
• Decontamination of equipment prior to inspection, service and repair HSG (93) 26.
• European council directive 93/421/EEC of 14th June 1993 concerning medical devices
• The Medical Device Regulation 1994 SI 3017
• Safety notice MDA SN 01 January (issued annually): reporting adverse incident relating to medical devices
• Device Bulletin DB2006 (05) November 2006- managing medical devices – Guidance for healthcare and social services organisations
4. Key Service Outcomes

A Specialist Wheelchair Service should provide a specialist mobility and postural management advice and assessment service. The service will provide clinically based assessment and prescription of specialised seating and cushions, modifications and accessories to both children and adults.

- To deliver a service that patients perceive to be a good experience of care.
- To offer treatment to patients with complex neurological problems through a clear pathway using the evidence base and nationally agreed standards offering good value for money through strong clinical leadership.
- To ensure that patients are well educated using self management and self efficacy principles, and supported through their personal health plan.
- To ensure all staff within the service are trained to a high level of competency which is needed to effectively treat the patients referred to the service.
- To support primary and secondary care staff by offering them specialist professional advice and training.
- To work closely with adult care and voluntary services to ensure joint planning of individual patient’s health and social care needs.
- To provide advice and guidance to health professionals and others, on the range of available wheelchairs, special seating and associated items, their technical specification and suitability for clients needs.

ANNEX 1 TO SERVICE SPECIFICATION:

PROVISION OF SERVICES TO CHILDREN

This specification annex applies to all children’s services and outlines generic standards and outcomes that would fundamental to all services.

The generic aspects of care:

- The Care of Children in Hospital (HSC 1998/238) requires that:
  - Children are admitted to hospital only if the care they require cannot be as well provided at home, in a day clinic or on a day basis in hospital.
  - Children requiring admission to hospital are provided with a high standard of medical, nursing and therapeutic care to facilitate speedy recovery and minimize complications and mortality.
  - Families with children have easy access to hospital facilities for children without needing to travel significantly further than to other similar amenities.
  - Children are discharged from hospital as soon as socially and clinically appropriate and full support provided for subsequent home or day care.
  - Good child health care is shared with parents/carers and they are closely involved in the care of their children at all times unless, exceptionally, this is not in the best interest of the child; Accommodation is provided for them to remain with their children overnight if they so wish.

Service description/care pathway
• All paediatric specialised services have a component of primary, secondary, tertiary and even quaternary elements.
• The efficient and effective delivery of services requires children to receive their care as close to home as possible dependent on the phase of their disease.
• Services should therefore be organised and delivered through “integrated pathways of care” (National Service Framework for children, young people and maternity services (Department of Health & Department for Education and Skills, London 2004

Interdependencies with other services

All services will comply with Commissioning Safe and Sustainable Specialised Paediatric Services: A Framework of Critical Inter-Dependencies – Department of Health

Imaging

All services will be supported by a 3 tier imaging network (“Delivering quality imaging services for children” Department of Health 13732 March2010). Within the network:
• It will be clearly defined which imaging test or interventional procedure can be performed and reported at each site
• Robust procedures will be in place for image transfer for review by a specialist radiologist, these will be supported by appropriate contractual and information governance arrangements
• Robust arrangements will be in place for patient transfer if more complex imaging or intervention is required
• Common standards, protocols and governance procedures will exist throughout the network.
• All radiologists, and radiographers will have appropriate training, supervision and access to continuing professional development (CPD)
• All equipment will be optimised for paediatric use and use specific paediatric software

Specialist Paediatric Anaesthesia

Wherever and whenever children undergo anaesthesia and surgery, their particular needs must be recognised and they should be managed in separate facilities, and looked after by staff with appropriate experience and training.1 All UK anaesthetists undergo training which provides them with the competencies to care for older babies and children with relatively straightforward surgical conditions and without major co-morbidity. However those working in specialist centres must have undergone additional (specialist) training2 and should maintain the competencies so acquired3 *. These competencies include the care of very young/premature babies, the care of babies and children undergoing complex surgery and/or those with major/complex co-morbidity (including those already requiring intensive care support).

As well as providing an essential co-dependent service for surgery, specialist anaesthesia and sedation services may be required to facilitate radiological
procedures and interventions (for example MRI scans and percutaneous nephrostomy) and medical interventions (for example joint injection and intrathecal chemotherapy), and for assistance with vascular access in babies and children with complex needs such as intravenous feeding.

Specialist acute pain services for babies and children are organised within existing departments of paediatric anaesthesia and include the provision of agreed (hospital wide) guidance for acute pain, the safe administration of complex analgesia regimes including epidural analgesia, and the daily input of specialist anaesthetists and acute pain nurses with expertise in paediatrics.

*The Safe and Sustainable reviews of paediatric cardiac and neuro- sciences in England have noted the need for additional training and maintenance of competencies by specialist anaesthetists in both fields of practice.

References

1. Guidelines for the Provision of Anaesthetic Services (GPAS) Paediatric anaesthetic services. Royal College of Anaesthetists (RCoA) 2010 www.rcoa.ac.uk
2. Certificate of Completion of Training (CCT) in Anaesthesia 2010
3. CPD matrix level 3

Specialised Child and Adolescent Mental Health Services (CAMHS)

The age profile of children and young people admitted to specialised CAMHS day/in-patient settings is different to the age profile for paediatric units in that it is predominantly adolescents who are admitted to specialised CAMHS in-patient settings, including over-16s. The average length of stay is longer for admissions to mental health units. Children and young people in specialised CAMHS day/in-patient settings generally participate in a structured programme of education and therapeutic activities during their admission.

Taking account of the differences in patient profiles the principles and standards set out in this specification apply with modifications to the recommendations regarding the following:

- Facilities and environment – essential Quality Network for In-patient CAMHS (QNIC) standards should apply (http://www.rcpsych.ac.uk/quality/quality_accreditationaudit/qnic1.aspx)
- Staffing profiles and training - essential QNIC standards should apply.
- The child/ young person’s family are allowed to visit at any time of day taking account of the child / young persons need to participate in therapeutic activities and education as well as any safeguarding concerns.
- Children and young people are offered appropriate education from the point of admission.
- Parents/carers are involved in the child/young persons care except where this is not in the best interests of the child / young person and in the case of young people who have the capacity to make their own decisions is subject to their consent.
• Parents/carers who wish to stay overnight are provided with accessible accommodation unless there are safeguarding concerns or this is not in the best interests of the child/young person.

Applicable national standards e.g. NICE, Royal College

Children and young people must receive care, treatment and support by staff registered by the Nursing and Midwifery Council on the parts of their register that permit a nurse to work with children (Outcome 14h Essential Standards of Quality and Safety, Care Quality Commission, London 2010)

• There must be at least two Registered Children’s Nurses (RCNs) on duty 24 hours a day in all hospital children’s departments and wards.
• There must be an Registered Children’s Nurse available 24 hours a day to advise on the nursing of children in other departments (this post is included in the staff establishment of 2RCNs in total).

Accommodation, facilities and staffing must be appropriate to the needs of children and separate from those provided for adults. All facilities for children and young people must comply with the Hospital Build Notes HBN 23 Hospital Accommodation for Children and Young People NHS Estates, The Stationary Office 2004.

All staff who work with children and young people must be appropriately trained to provide care, treatment and support for children, including Children’s Workforce Development Council Induction standards (Outcome 14b Essential Standards of Quality and Safety, Care Quality Commission, London 2010).

Each hospital who admits inpatients must have appropriate medical cover at all times taking account of guidance from relevant expert or professional bodies (National Minimum Standards for Providers of Independent Healthcare, Department of Health, London 2002).“Facing the Future” Standards, Royal College of Paediatrics and Child Health.

Staff must carry out sufficient levels of activity to maintain their competence in caring for children and young people, including in relation to specific anaesthetic and surgical procedures for children, taking account of guidance from relevant expert or professional bodies (Outcome 14g Essential Standards of Quality and Safety, Care Quality Commission, London 2010).

Providers must have systems in place to gain and review consent from people who use services, and act on them (Outcome 2a Essential Standards of Quality and Safety, Care Quality Commission, London 2010). These must include specific arrangements for seeking valid consent from children while respecting their human rights and confidentiality and ensure that where the person using the service lacks capacity, best interest meetings are held with people who know and understand the person using the service. Staff should be able to show that they know how to take appropriate consent from children, young people and those with learning disabilities (Outcome 2b) (Seeking Consent: working with children Department of Health, London 2001).

Children and young people must only receive a service from a provider who takes
steps to prevent abuse and does not tolerate any abusive practice should it occur (Outcome 7 Essential Standards of Quality and Safety, Care Quality Commission, London 2010 defines the standards and evidence required from providers in this regard). Providers minimise the risk and likelihood of abuse occurring by:

- Ensuring that staff and people who use services understand the aspects of the safeguarding processes that are relevant to them.
- Ensuring that staff understand the signs of abuse and raise this with the right person when those signs are noticed.
- Ensuring that people who use services are aware of how to raise concerns of abuse.
- Having effective means to monitor and review incidents, concerns and complaints that have the potential to become an abuse or safeguarding concern.
- Having effective means of receiving and acting upon feedback from people who use services and any other person.
- Taking action immediately to ensure that any abuse identified is stopped and suspected abuse is addressed by:
  - having clear procedures followed in practice, monitored and reviewed that take account of relevant legislation and guidance for the management of alleged abuse
  - separating the alleged abuser from the person who uses services and others who may be at risk or managing the risk by removing the opportunity for abuse to occur, where this is within the control of the provider
  - reporting the alleged abuse to the appropriate authority
  - reviewing the person’s plan of care to ensure that they are properly supported following the alleged abuse incident.
- Using information from safeguarding concerns to identify non-compliance, or any risk of non-compliance, with the regulations and to decide what will be done to return to compliance.
- Working collaboratively with other services, teams, individuals and agencies in relation to all safeguarding matters and has safeguarding policies that link with local authority policies.
- Participates in local safeguarding children boards where required and understand their responsibilities and the responsibilities of others in line with the Children Act 2004.
- Having clear procedures followed in practice, monitored and reviewed in place about the use of restraint and safeguarding.
- Taking into account relevant guidance set out in the Care Quality Commission’s Schedule of Applicable Publications
- Ensuring that those working with children must wait for a full CRB disclosure before starting work.
- Training and supervising staff in safeguarding to ensure they can demonstrate the competences listed in Outcome 7E of the Essential Standards of Quality and Safety, Care Quality Commission, London 2010

All children and young people who use services must be:
- Fully informed of their care, treatment and support.
- Able to take part in decision making to the fullest extent that is possible.
• Asked if they agree for their parents or guardians to be involved in decisions they need to make.

(Outcome 4I Essential Standards of Quality and Safety, Care Quality Commission, London 2010)

Key Service Outcomes

Evidence is increasing that implementation of the national Quality Criteria for Young People Friendly Services (Department of Health, London 2011) have the potential to greatly improve patient experience, leading to better health outcomes for young people and increasing socially responsible life-long use of the NHS. Implementation is also expected to contribute to improvements in health inequalities and public health outcomes e.g. reduced teenage pregnancy and Sexually Transmitted Infections (STIs), and increased smoking cessation. All providers delivering services to young people should be implementing the good practice guidance which delivers compliance with the quality criteria.

Poorly planned transition from young people’s to adult-oriented health services can be associated with increased risk of non adherence to treatment and loss to follow-up, which can have serious consequences. There are measurable adverse consequences in terms of morbidity and mortality as well as in social and educational outcomes. When children and young people who use paediatric services are moving to access adult services (for example, during transition for those with long term conditions), these should be organised so that:

• All those involved in the care, treatment and support cooperate with the planning and provision to ensure that the services provided continue to be appropriate to the age and needs of the person who uses services.

The National Minimum Standards for Providers of Independent Healthcare, (Department of Health, London 2002) require the following standards:

• A16.1 Children are seen in a separate out-patient area, or where the hospital does not have a separate outpatient area for children, they are seen promptly.
• A16.3 Toys and/or books suitable to the child’s age are provided.
• A16.8 There are segregated areas for the reception of children and adolescents into theatre and for recovery, to screen the children and adolescents from adult patients, the segregated areas contain all necessary equipment for the care of children.
• A16.9 A parent is to be actively encouraged to stay at all times, with accommodation made available for the adult in the child’s room or close by.
• A16.10 The child’s family is allowed to visit him/her at any time of the day, except where safeguarding procedures do not allow this.
• A16.13 When a child is in hospital for more than five days, play is managed and supervised by a qualified Hospital Play Specialist.
• A16.14 Children are required to receive education when in hospital for more than five days; the Local Education Authority has an obligation to meet this need and are contacted if necessary.
• A18.10 There are written procedures for the assessment of pain in children and the provision of appropriate control.
• All hospital settings should meet the Standards for the Care of Critically Ill Children (Paediatric Intensive Care Society, London 2010).

There should be age specific arrangements for meeting Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These require:
• A choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users’ needs;
• Food and hydration that meet any reasonable requirements arising from a service user’s religious or cultural background
• Support, where necessary, for the purposes of enabling service users to eat and drink sufficient amounts for their needs.
• For the purposes of this regulation, “food and hydration” includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.
• Providers must have access to facilities for infant feeding, including facilities to support breastfeeding (Outcome 5E, of the Essential Standards of Quality and Safety, Care Quality Commission, London 2010)

All paediatric patients should have access to appropriately trained paediatric trained dieticians, physiotherapists, occupational therapists, speech and language therapy, psychology, social work and CAMHS services within nationally defined access standards.

All children and young people should have access to a professional who can undertake an assessment using the Common Assessment Framework and access support from social care, housing, education and other agencies as appropriate.

All registered providers must ensure safe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines (Outcome 9 Essential Standards of Quality and Safety, Care Quality Commission, London 2010). For children, these should include specific arrangements that:
• Ensure the medicines given are appropriate and person-centred by taking account of their age, weight and any learning disability
• Ensure that staff handling medicines have the competency and skills needed for children and young people’s medicines management
• Ensure that wherever possible, age specific information is available for people about the medicines they are taking, including the risks, including information about the use of unlicensed medicine in paediatrics.

Many children with long term illnesses have a learning or physical disability. Providers should ensure that:
• They are supported to have a health action plan
• Facilities meet the appropriate requirements of the Disability Discrimination Act 1995
• They meet the standards set out in Transition: getting it right for young people. Improving the transition of young people with long-term conditions from children’s to adult health services. Department of Health, 2006, London.
End.