Guidance Notes for the Completion of the WestMARC Paediatric Wheelchair, Buggy and Seating Initial Referral Form *(for all children under 16 years old)*

This document has been designed to assist you in completing the WestMARC Paediatric Wheelchair, Buggy and Seating Referral Form. The aim of this document is to help referrers to give WestMARC the most accurate and relevant information.

New referrals must be made by a healthcare professional or social worker registered with one of the following bodies;

- Nursing and Midwifery Council,
- Health and Care Professionals Council
- General Medical Council
- Scottish Social Work Council

This referral should be completed with an understanding of the NHS Scotland Wheelchair Eligibility Criteria - http://www.retis.scot.nhs.uk/wheelchaircriteria and having read the guidance on the WestMARC website - WestMARC Wheelchair and Seating Service - NHSGGC

We ask that you tick the box to confirm that you have read the eligibility criteria and this referral is appropriate.

Please also tick the box to confirm that the mobility device will be required for 6 months or longer in line with the Scottish Government eligibility criteria.

The information you provide in the form will be used to determine the most appropriate pathway for the child you are referring; therefore, it is in the child's best interest for you to complete all sections of the referral form as fully as possible and ensure that all information provided is accurate.

The form must be completed in full. Failure to do so will result in your referral being delayed or rejected. This form is intended for new referrals (please use Paediatric Reporting Form for children already known to WestMARC).

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Section 1: Child and parent/guardian details
Please provide all requested demographic details and include up-to-date telephone number(s).

Section 1: Child Details

Title: Miss
CHI number: 1234567890
Forename(s): Anna
Surname: Smith
Date of birth: 12/03/18
Gender: Female
Tel (home): 012345678910
Tel (mobile): 0123456789
Height: 115cm cm/feet/inches
Weight: 20kg kg/stone/lbs

Home address & postcode:
123 Patient Address, Glasgow, G12 345

School/nursery address & postcode:
Patient School Address, Glasgow, G45 678
Delivery address & postcode (if different):
123 Patient Delivery Address, Glasgow, G67 891

Parent/guardian details:
Mary Murphy relationship to child: granny
Telephone 0345 12345 email contact@mail.com

Communication requirements: e.g. Interpreter, communication via carer, prefers email contact

Anna can communicate freely. Her parents require a Portuguese interpreter for appointments (specify language requirements).
Mum prefers contact via email (provide email address)

Section 2: GP Details & Section 4: Child's MDT Details
Please include all current GP information and known professionals involved in multidisciplinary care for this child.

Section 2: GP Details

GP Practice name: GP practice
GP practice number: 12345

Telephone: 012345678
Surgery/practice address & postcode:
GP Practice, GP Practice Address,
Glasgow, G12 345

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Section 3: Child's MDT Details (e.g. Orthotics, Neurology, Neurosurgery, Community Physiotherapy/ Occupational Therapy, Orthotics)		
Name	**Profession**	**Email address**
Sarah Smith	Physiotherapist	physio@mail.com
John Murphy	Occupational Therapist	ot@mail.com
Rachel MacDonald	Orthotics	orthotics@mail.com
Dr. Butler	Paediatrician	paediatrician@mail.com

Section 4: Priority

As stated on the form we reserve the right to reassess urgency.

Urgency is assigned to children with a rapidly degenerative or palliative condition.

Section 4: Priority	
Is this an urgent referral? We reserve the right to reassess urgency. *** Discharge priority will only be given where the wheelchair will enable independent mobility or reduce a care package. If applicable, please provide discharge date and location.** Detail any other reason that you might consider this an urgent referral:	No Yes: the child has a rapidly degenerative or palliative condition Yes: equipment is required for discharge from acute care* Use this text box to provide information on any other reason you feel a referral may be urgent. This does not guarantee priority however information you provide will be reviewed by a member of the clinical team.

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Section 5: Clinical Information

Diagnosis: Please include as much information as possible about all known conditions, including primary condition and previous medical history. Please describe how the child is affected by their diagnosis. Please include Gross Motor Function Classification System (GMFCS) Score if known. Please do not use abbreviations.

Hearing, visual, communication ability: Include up to date information regarding any visual, hearing or communication difficulty including use of any aids to assist with sight, hearing and communication. Please note, if a child does not meet DVLA standards for vision they will not be permitted to operate a powered wheelchair outside of their home environment.

Previous/planned surgical intervention: Include details of previous and planned surgical interventions. If known, please provide date and location for upcoming surgery, and whether you anticipate modifications to the child's wheelchair would be required post-operatively.

Any other relevant clinical information: Please use this space to provide any other relevant clinical information, including muscle tone, range of movement restrictions, skin marking or pressure ulcers, cognition, postural concerns, medical equipment needs e.g. on 0.5l/min oxygen 24 hours. If referring for a powered wheelchair, please include information on seizure activity/blackouts within the last 12 months. Children must meet DVLA standards in relation to seizure activity to be considered for a powered wheelchair.

If you are referring a child with neurodevelopmental differences who are over aged 6 and over, and you are requesting a mobility device solely as a form of physical restraint*: Include details of strategies tried within the community to minimise and prevent use of a device for restraint purposes. Please provide details of any health/social care professions who were involved in these interventions (if any), how long they were tried for, and how effective they were. Examples of strategies as well as signposting information on organisations who can offer guidance in managing behaviours associated with neurodevelopmental conditions can be found within Mobility and Neurodevelopmental Differences document -

https://www.nhsggc.scot/downloads/neurodevelopmental-differences-document/

***PHYSICAL RESTRAINT CAN BE CLASSIFIED AS ANY DEVICE/EQUIPMENT INTENDED TO PREVENT THE CHILD FROM CARRYING OUT AN INTENTIONAL TASK, EVEN IF DEEMED UNSAFE I.E. RUNNING AWAY, LACK OF ROAD SAFETY.**

Section 6: Requested Equipment

Current functional ability: Please provide details on current sitting ability, mobility, use of daily living aids, static seating, sleep system, transfers- at home and school/nursery.

Please detail local therapy aims that may impact on provision e.g. standing transfers, independent mobility, communication aids, regulation strategies.

Detail any known factors potentially affecting use of a wheelchair indoors: narrow doorways, steps, steep access, insufficient turning circles etc. Please note that we provide a wheelchair to fit the child, so modifications to the home environment may need to be considered either prior to or following wheelchair provision. Please ensure you have discussed the type of propulsion (i.e. attendant or occupant propelled) with the child's parent/guardian before making a referral for a wheelchair.

Mobility device selection:

Occupant Propelled Wheelchair - is a chair with large rear wheels to allow the child to self-propel and manoeuvre the chair independently. It can also be pushed by an attendant.

Attendant Propelled Wheelchair - is a chair with small rear wheels. The child requires to be pushed in this by an attendant (family member, friend or carer). The child would be unable to propel this themselves.

Postural support buggy - a specialist buggy which provides postural support to children with moderate- complex needs, who require supportive seating to maintain a midline posture and promote optimum postural development.

Standard buggy - a specialist buggy designed for young children slightly larger than standard buggy size, who are still at an age appropriate for use of a buggy. These buggies do not have postural support.

Specialist seating - bespoke mobility equipment for children with complex postural needs.

Active User/Energy Efficient Wheelchair - is a chair with large rear wheels, more light-weight than the standard occupant propelled wheelchair, however also less stable. This type of wheelchair requires the child to have sufficient core strength and propelling ability to be able to safely use this piece of equipment. This type of chair is designed for the wheelchair user to be independently mobile, without the use of an attendant to assist with pushing the wheelchair. Details on eligibility criteria for energy efficient wheelchairs can be found here - http://www.retis.scot.nhs.uk/wheelchaircriteria

Powered Wheelchair Provision - is an electrically powered wheelchair which allows the child to mobilise with the use of a joystick control, or other specialist control switches. Details on the eligibility criteria for powered wheelchairs can be found here -

http://www.retis.scot.nhs.uk/wheelchaircriteria

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Section 6: Requested Equipment - Continued

Measurements:

Child dimensions (optional) - refer to measurement guidance on website.

Please note that if you are requesting a wheelchair directly issued to the child, these need to be as accurate as possible. If the measurements are inaccurate, the child may receive an unsuitable wheelchair that may place them in discomfort or pain; or increase their risk of pressure sores or postural issues over time.

All measurements should be taken with the child in a SEATED position wherever possible. If this is not possible, please indicate on the form e.g. "measurements taken lying down". For all measurements below the measuring tape should be kept as taut as possible, ideally using a metal measuring tape.

A Hip Width - Measured across the hips. This is a straight-line measurement and does not conform to their body shape. This legs us determine the seated width of the wheelchair.

B Upper leg - This is the measurement from the back of the bottom to behind the knee when seated. It is important the child is seated upright with their hips at the back of the seat for this measurement to ensure accurate measurements. It is used to calculate the required seat depth

C Lower leg - This measurement is taken from immediately behind the knee to the child's heel when their foot is placed flat on the floor. It is used to calculate the required height of the footrests and seat height.

D Base to top of shoulder - This measurement is taken from the seated surface to top of the shoulders.

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Section 7: Further supporting information

Please include any other relevant information.

Please indicate any other issues we should be aware of e.g. Child Protection issues

Section 8: Capacity and Consent

Please state if the child's parent/guardian has given consent to this referral.

If consent has not been given, please indicate why the referral is in the child's best interests.

Please state if the child's parent/guardian consents to us sharing information with you.

Section 9: Referrer Details

This section must be completed in full, or your referral will be rejected.

By checking this box I confirm that I have read and understood the eligibly criteria and associated information on the website.

Referrer name:	John Smith	Position:	Physiotherapist
Telephone:	013245678912	Mobile:	07987654321
Professional registration number:	PT123456	Email:	John.Smith@nhs.scot

Work address and postcode:	Royal Hospital for Children, Queen Elizabeth University Hospital, 1345 Govan Road, Glasgow, G51 4TF
Please indicate the best method of contact and your working hours should we require to contact you for further clarification:	
My working hours are part time Monday - Wednesday 8am-4pm. Please contact me by email as I am often out of the office.	