

# LINCOLNSHIRE'S ICES GUIDANCE: JOINT ARRANGEMENTS FOR THE PRESCRIBING AND PROVISION OF COMMUNITY EQUIPMENT

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## **SECTION ONE: BACKGROUND**

### **1. INTRODUCTION**

1.1 Lincolnshire County Council (LCC) and its partner organisations Lincolnshire Community Health Services NHS Trust (LCHST), United Lincolnshire Hospitals NHS Trust (ULHT) and Lincolnshire Partnership Foundation NHS Trust (LPFT) have for a number of years worked together to commission an Integrated Community Equipment Service (ICES) across the county.

1.2 The purpose of Lincolnshire's ICES is to respond to identified patient / customer need as determined and assessed by a Health or Social Care therapist or practitioner through the provision and loan of a selected package of community equipment within a specified timeframe. In overview, the equipment provided through ICES includes, but is not limited to, the following:

- Home nursing equipment such as beds, pressure relieving mattresses and commodes.
- Equipment for essential activities of daily living such as shower chairs, raised toilet seats and perching stools.
- Mobility equipment such as walking frames.
- Paediatric equipment.
- Minor housing adaptations such as grab rails and temporary ramps.

1.3 The overarching aims of ICES are outlined below:

- To enable patients / customers and / or their carers to access a range of equipment and minor adaptations, according to their individually assessed needs;
- To promote and enable patients / customers to maintain and improve their autonomy, independence and quality of life in the home of their choice;
- To aid recovery from medical treatment;
- To help relieve the pressure on acute hospitals by assisting with discharge arrangements and preventing avoidable admissions to a hospital setting;
- To help prevent early readmission to hospital;
- To reduce admission to temporary and / or permanent residential care;
- To enable patients / customers and their carers to receive the best possible service.

### **2. PURPOSE**

2.1 The purpose of these procedures is to resolve current operational issues raised by practitioners working across the partnership and to offer an improved and workable framework for the issuing / provision of Health and LCC funded community equipment to patients / customers upon discharge from a hospital setting and whilst in the community.

2.2 This document aims to set out a clearly defined set of guidelines through which Health and Social Care professionals can prescribe a range of community equipment to meet the patient / customer needs when they need it

and without unnecessary delays or duplication in the assessment processes or provision of equipment. It also seeks to reduce the likelihood of unnecessary delays in the hospital discharge process.

- 2.3 Additionally, the aim is to establish a financial control structure for budget holders for the purpose of close monitoring, scrutiny, auditing and review of ordering practice and expenditure on community equipment, and subsequent revision of these financial controls where applicable.
- 2.4 If a prescriber has any concerns about the operation of these procedures, these should be raised with their own authoriser / line manager in the first instance.
- 2.5 Should the authoriser consider that the arrangements and procedures described within this document are not operating effectively on an on-going basis, the authoriser should contact the ICES Pooled Fund Manager to discuss the matter further.
- 2.6 The ICES Pooled Fund Manager will subsequently consider the points with the ICES Interagency Management Group (IMG), which meets every six weeks, in order to determine whether revisions are required.

### **3. SCOPE**

- 3.1 **LCHS, ULHT, LPFT and LCC prescribers and authorisers of community equipment prescribed and issued to adults and children across Lincolnshire are required to adhere to these procedures.**
- 3.2 This document also complements the LCHS Service Operation Plan for the Provision of Community Equipment, which prescribers and authorisers within LCHS are required to follow.
- 3.3 The operation and application of these procedures will be subject to regular review through the IMG meetings. Any on-going issues and areas of concern will be considered as part of the annual review of this overarching document and the procedures described herein.
- 3.4 **Prescribers are individually responsible for fully understanding, familiarising themselves with and following the procedures in place for ordering equipment through Lincolnshire's ICES.** These procedures are available to Lincolnshire's prescribers on the IRIS website and can be downloaded from the Documents section of the website.
- 3.5 The procedures through which out of county authorities can order and authorise equipment for Lincolnshire's residents or people who reside outside of the county but have a Lincolnshire GP are detailed within Section Three of this document.

## 4. PARTNERSHIP FUNDING ARRANGEMENTS FOR ICES

4.1 The ICES Partnership Board have agreed the funding model for ICES (which designates the Pooled Fund and financial arrangements for **standard** community equipment i.e. items contained within the catalogue) to either Health or Social Care, as outlined below:

- **Health funded equipment:**

- Beds, mattresses and accompanying accessories ie bed rails, lifting poles;
- Tissue viability related equipment;
- Mobility related equipment;
- Commodes (static and wheeled).

- **Social Care funded equipment:**

- Moving and handling equipment (i.e. hoists, slide sheets);
- Bathing equipment (i.e. bath boards, bathlifts);
- Toileting equipment (with the exception of commodes);
- Simple living aids (i.e. perching stools, leg lifters);
- Minor adaptations (i.e. ramps, rails);
- Raisers.

4.2 The Pooled Fund arrangements apply to equipment for all adults, including those with bariatric needs.

4.3 Community equipment prescribed to children falls outside of the current Pooled Fund model outlined above. This means that the equipment will be funded by either LCHS or LCC, dependent upon the prescriber's employing organisation<sup>1</sup>.

4.4 The Pooled Fund arrangements mean that with the exception of equipment funded through Continuing Health Care, prescribed **catalogue items** are either charged to LCHS or LCC, irrespective of the individual prescriber's employer (refer to Section 2 for details about the Continuing Health Care procedures). Conversely however, expenditure on non-contract specials is determined by, and apportioned to, the PIN holder's organisation.

## 5. FINANCIAL ACCOUNTABILITY

5.1 It is important for prescribers and authorisers to note that these procedures enable them to order and authorise community equipment on behalf of their colleagues within partner organisations. As such, **good practice and cost-effective decision-making by all partners in relation to community equipment is required and expected at all times.**

5.2 All partners hold joint responsibility for managing expenditure with their colleagues / other partner agencies, irrespective of individual partner's contributions to the overall Pooled Budget.

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<sup>1</sup> For example, equipment prescribed by a practitioner within Children's Services within LCC will be funded by LCC. Similarly equipment prescribed by a clinician within the Family and Healthy Lifestyles team will be funded by LCHS.

- 5.3 The Pooled Fund for ICES is aligned to the three Clinical Commissioning Groups (CCGs) areas: South CCG (consisting of South and South West CCGs); West CCG; and East CCG.
- 5.4 Therefore, a nominal budget will be allocated to these three geographical zones to pay for equipment issued to adults and children resident within one of these zones by LCHS, ULHT, LPFT and LCC. Issues of equipment prescribed by out of county hospitals will also be funded out of one of these three nominal budgets (also refer to Section Three).
- 5.5 The intention is that these nominal budgets will be managed jointly by a CCG area representative from LCC (Adult's and Children's Services) and representatives from LCHS (Adults and Family and Healthy Lifestyles), ULHT and LPFT through the establishment of three IMG Financial Sub-Groups.
- 5.6 Financial information will be shared with members of the IMG Financial Sub-Groups each month and quarterly meetings will be scheduled and facilitated by the ICES Pooled Fund Manager.
- 5.7 The purpose of the arrangements outlined above is to scrutinise expenditure at CCG levels, and ensure that the apportioned budgets are managed effectively and can respond to increasing needs for community equipment by patients / customers in Lincolnshire and those people with a Lincolnshire GP.
- 5.8 Where necessary and as required, extraordinary meetings of the IMG Financial Sub-Group(s) will be scheduled / timetabled to review financial activity and advise the IMG group about actions and resolutions required.
- 5.9 Members of the IMG Financial Sub-Groups are responsible and accountable for identifying financial pressures and formally reporting findings within their own organisations and also to the ICES IMG on a quarterly basis, or sooner where areas of concern arise.
- 5.10 In line with its terms of reference, it is the IMG that holds accountability for identifying, agreeing and acting upon actions that need to be completed to manage the budget and prescriber practice as effectively as possible.
- 5.11 In accordance with accountability arrangements, the ICES IMG will subsequently report Pooled Budget expenditure, projections and any actions being taken to the ICES Partnership Board at each meeting of the Board.

## **6. TRUSTED ASSESSMENTS / COMPETENCIES**

- 6.1 The skills and competencies of Occupational Therapists (OTs), Physiotherapists (PTs) and nursing staff working in hospitals and the community are recognised and equally valued, irrespective of their employer.
- 6.2 In order to prescribe community equipment through these 'trusted assessor' arrangements (i.e. whereby professionals assess and prescribe appropriate

equipment which will be funded by another ICES partner), there is an expectation that:

- The prescriber and authorisers have the requisite skills, knowledge and understanding for an effective person centred approach to equipment provision, whatever role, level or organisation they are working in;
- Any staff with responsibility for prescribing equipment are competent in assessment procedures; have an awareness of products, solutions and information sources; and knowledgeable about the use of equipment being prescribed;
- Prescribers and authorisers are competent in terms of the ability to assess the degree of risk involved in using / not using equipment and the individual's response to it;
- Prescribers and authorisers are aware of their legal and contractual responsibilities and do not work outside of their areas of competence;
- Prescribers are responsible for confirming the frequency of assessment reviews to partner organisations in the instances where equipment is prescribed through these trusted assessor arrangements:
- Prescribers who access equipment through peripheral stores are responsible for ensuring that patients / customers are provided with equipment instructions and the Service User Leaflet;
- Prescribers will explore opportunities for joint working with colleagues across the partnership in the instances where a clinician / practitioner does not feel competent to prescribe certain item(s) of equipment;
- Prescribers and authorisers are accountable for the 'trusted assessor' decisions they make in relation to the provision of community equipment;
- Prescribers and authorisers are aware of and fulfil their responsibilities in terms of information sharing and communication with clinicians / practitioners from the partner organisation funding the community equipment being prescribed.

**6.3 A number of actions are necessary in the instances where equipment has been prescribed and issued as a short-term loan (i.e. under 6 months) that does not require a subsequent review by one organisation and is funded by another ICES partner, as follows:**

- The prescriber to advise the patient / customer that the equipment has been issued on a temporary loan and must be returned to the service provider (NRS) when the item(s) are no longer required;
- The prescriber to send a confirmation email to the central email address of the budget holding partner (either LCC or LCHS) in order to advise that the equipment is expected to require collection after 'x' months (timescale to be clearly stated by the prescriber);
- The representative of the budget holding partner will be responsible for determining whether the issued equipment should be returned or is still required by the patient / customer.

**6.4 Managers across the Health and Social Care partnership with authoriser duties are responsible for applying a rigorous quality control approach to checking and authorising orders placed by members of their team.**

6.5 **Authorisers are also expected to contribute to the budget scrutiny of ICES** through the ICES IMG and to take any necessary actions to manage the expenditure on community equipment by prescribers within their teams.

## **7. RECORDING / SHARING INFORMATION BETWEEN HEALTH AND LCC STAFF**

7.1 **It is good practice in both Health and Social Care to record every intervention and the reasons for this intervention.** This is particularly pertinent to risk management and safeguarding the reviewing of LCC funded equipment provision undertaken by Health staff and equally, Health funded equipment prescribed by LCC practitioners.

7.2 Where equipment has been prescribed through these 'trusted assessor' arrangements, these procedures ensure that the organisation with any on-going statutory responsibility for the patient / customer has sufficient information to enable them to update their database, build in and schedule the review and co-ordinate / arrange the timely collection of equipment which is no longer required.

7.3 Through robust recording and information sharing arrangements, it is possible for any clinician / practitioner across the partnership – irrespective of which one of the partner's is their employer – to determine what a particular patient / customer has been issued with, by whom and the clinical reasoning for the equipment provision. This information is not available through IRIS and cannot be incorporated within ICES prescriptions / orders because of information governance requirements

## **8. AUDITING OF ORDERING ACTIVITY**

8.1 The ICES Team is responsible for monitoring and auditing all orders placed through NRS and for reporting findings, anomalies with orders and details of expenditure to the ICES IMG.



## SECTION TWO – LINCOLNSHIRE PRESCRIBERS

### 1. ELIGIBILITY

- 1.1 To qualify for a service through Adult Care (including the loan of community equipment), a person must be 'ordinarily' resident in Lincolnshire. This means the person lives / resides in the county for settled purposes.
- 1.2 Where the patient / customer is not a permanent resident of Lincolnshire (i.e. the patient / customer requiring community equipment is visiting family members in the county), **the recipient of the equipment should only be issued with Adult Care funded equipment where a health assessment has determined need** (refer to section 1, sub-section 4.1). The equipment should *only* be prescribed at the point of hospital discharge and for short-term use only.
- 1.3 It is the prescriber's responsibility to provide the recipient of the equipment with details of how and where to return loaned community equipment and to advise that the issued item(s) should not be taken out of the county. NRS will not collect individual items of equipment from a person's home where the value of that item of equipment is under £25.00<sup>2</sup>.
- 1.4 Any requests for the collection of equipment located outside of Lincolnshire's boundaries will be subject to significant charges and should be avoided. Prescribers should contact the ICES Team in the instances where they know a patient / customer has moved to another county and has taken equipment with them.
- 1.5 The LCC Adult Care eligibility is not relevant to Health clinicians, because **Health prescribers are enabled to issue equipment funded by Adult Care on a short-term basis**. It is therefore sufficient that patients who are being issued with LCC funded equipment by Health professionals have met the respective eligibility threshold set and defined by Health partners. That is, based on medical need / clinical assessment and risk.
- 1.6 LCC staff however, must only issue equipment funded by LCC or by Health on the basis of the customer meeting LCC eligibility criteria.
- 1.7 Given the above, as long as the equipment prescribed by Health and / or LCC assessors is essential provision to mitigate a substantial risk, then it is accepted that some form of assessment for eligibility has been completed (i.e. equipment to meet either short or longer term medical health needs).
- 1.8 LPFT staff should refer to their Trust document 'Therapy Services ICES Guidance Paper' for guidance on criteria and restrictions.

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<sup>2</sup> Note: This figure is subject to review, therefore the minimum value threshold may change. The ICES Team should be contacted where there are queries.

## 2. GENERAL INFORMATION

- 2.1 Prescribers and authorisers are issued with their own Personal Identification Number (PIN) which enables them to access the NRS website (known as IRIS) in order to place a requisition for community equipment.
- 2.2 **All PIN holders are individually responsible for updating their full work contact details on IRIS when they access the website for the first time and for revising this information where required** (e.g. changes to telephone number, email address etc). This information is used by NRS to contact the prescriber by either email (i.e. automated or manually inputted communications) or telephone. Failure to provide full information / prescriber contact details could potentially delay an order.
- 2.3 **PIN holders must not share their PIN details and password with others under any circumstances.** Any instances where it becomes evident to the ICES team that a PIN and password has been shared will result in the PIN holder's PIN being blocked by the ICES team. The PIN holder will be informed by email of the action being taken. Details will be reported to a relevant manager within the PIN holder's organisation and discussions will be necessary in order to determine whether a new PIN should be set up and issued.
- 2.4 Prescribers must include all relevant information with the requisition. **Failure to provide full information could result in the order being rejected and cancelled by NRS.**
- 2.5 **Prescribers and authorisers must adhere to the requirements set out in the Guidance for Equipment in Care Homes regarding the issuing of equipment to residents of Care Homes and Care Homes with Nursing provision.** A copy of this guidance is available from the IRIS website (Documents section).

## 3. ORDERING EQUIPMENT / COLLECTIONS / REPAIRS AND REPLACEMENTS

- 3.1 There is a wide range of prescriber autonomy among the many assessors within the Lincolnshire Health and Social Care community. This ranges from LCC assessors within Adult Care having to seek authorisation for every single piece of equipment irrespective of its value, to autonomous prescribers including Case Managers working for Health partners who can authorise their own prescriptions up to a far higher value than equally qualified colleagues within Adult Care.
- 3.2 Currently, there are no plans to harmonise and align across the partnership standardised authorisation arrangements described in 3.1 above for equipment issued through ICES in Lincolnshire but there is the potential to remodel and align the authorisation framework across the partnership.

- 3.3 Prescribers are required to follow the defined procedures for community equipment requisitions, which are included on the IRIS website<sup>3</sup>.
- 3.4 In addition, the steps outlined below must be taken by all prescribers across the partnership. It is crucial that robust information sharing arrangements are established that enable Health and Social Care practitioners to maintain a co-ordinated, effective approach to the loan of community equipment whilst equally ensuring compliance with data protection and information exchange legislative frameworks.
- 3.5 Clear information sharing arrangements are especially important where a prescriber within a hospital setting has placed an order for standard equipment on behalf of another partner organisation (budget holder) and the patient / customer's needs will subsequently require a review (e.g. clinicians within a hospital setting have placed an order for catalogue equipment which is funded by Adult Care). In such instances, the prescriber **must** communicate the details of the order to the partner organisation in the community in order for a review to be generated, as necessary (see Section 4 below for an overview of procedures to be followed).
- 3.6 Should the prescriber determine that an early / prompt review is required, this should be indicated to the community practitioner either via the central email route or, in terms of Adult Care funded equipment, the Customer Service Centre (Adult Care).
- 3.7 **To ensure clarity, Health clinicians must not place an order for non-contract specials (ie items of equipment *not* included in the catalogue) on behalf of Adult Care.** In such instances, the clinician must contact the Adult Care Customer Service Centre (01522 782155) in order for an assessment of the customer's needs to be arranged and undertaken by an Adult Care practitioner.

#### 4. ADULT CARE FUNDED EQUIPMENT ISSUED BY LCHS OR LPFT STAFF

- 4.1 Clear and consistently applied information exchange procedures are crucial. The processes outlined below aim to ensure:
- Clear communication routes between Health and Adult Care are established;
  - A person's needs are reviewed and reassessed as appropriate,
  - The Adult Care Information Management system captures and records all equipment prescribed and issued by Health prescribers on behalf of Adult Care;
  - All reasonable steps have been taken by clinicians / practitioners across the partnership to document and manage assessments and risks for people using the equipment and prescribers;
  - Quality reporting frameworks and mechanisms are in place.

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<sup>3</sup> Prescribers should refer to the Documents or Help section of the IRIS website for further guidance.

4.2 To ensure that records held by Adult Care remain accurate and up to date and reviews can be appropriately scheduled and completed by Adult Care staff, prescribers within LCHS and LPFT who issue any standard catalogue items that fall within the general categories outlined below which are *prescribed on behalf of Adult Care* must send an electronic copy of any IRIS requisition<sup>4</sup> from their secure NHS.net email account to the following secure central email address:

**BS\_equipment@lincolnshire.GCSX.gov.uk**

- Moving and handling equipment;
- Simple living aids;
- Toileting equipment (with the exception of commodes);
- Bathing equipment;
- Ramps;
- Raisers.

**4.3 In addition to the electronic copy of the IRIS record, the prescriber must include within the email a brief account detailing the clinical reasoning for each item of equipment prescribed and listed and include any Moving and Handling Assessments / Plans, and guidance on how the equipment is to be used (where required).**

**4.4 To clarify, some of the standard catalogue equipment listed in 4.2 above may be prescribed to meet a Social Care and / or Health need. It is only in the instances where the standard equipment is prescribed to meet a Social Care related need and as part of these 'trusted assessor' arrangements that Health clinicians would need to inform Adult Care colleagues about the equipment prescribed.**

4.5 To ensure a consistent approach is applied across the partnership, a form has been devised which should be completed by prescriber's and then attached to the email communication (see Appendix 1: Supplementary Information Record).

4.6 Adult Care Business Support will input the relevant information into the Adult Care database and will generate a reassessment of the customer's needs, where required.

4.7 Fundamental to the partnership's ability to continue providing equipment to an increasing number of adults and children year on year is a healthy level of equipment returns for recycling and reissue. It is therefore crucial that LCHS, LPFT and ULHT prescribers identify the expected length of the loan on the IRIS order (up to 12 weeks; up to 26 weeks; or up to 52 weeks) and these details are communicated to the budget holding partner organisation in line with the procedures outlined above.

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<sup>4</sup> The prescriber should save a copy of the requisition (pdf file) placed on IRIS and attach this requisition order to the email communication.

4.8 These arrangements will enable LCC to determine when to contact the user of the equipment in order to determine whether the equipment should remain in use or requires collection at the end of the specified loan period.

4.9 **Should the details of the equipment prescribed by a 'trusted assessor' not be shared with the budget holding partner and / or the organisation with statutory responsibility for the patient / customer, the responsibility will remain with the prescriber to arrange for the collection of the items when no longer required.**

## 5. ADULT CARE FUNDED EQUIPMENT ISSUED BY ULHT STAFF

### Discharge from Hospital – General Procedures

5.1 To ensure that records held by Adult Care remain accurate and up to date, and reviews can be appropriately scheduled and completed by Adult Care staff, prescribers within ULHT who issue any standard catalogue items that fall within the general categories outlined below that are *prescribed on behalf of Adult Care* must send an electronic copy of any IRIS requisition<sup>5</sup> from their secure NHS.net email account to the following secure central email address:

**BS\_equipment@lincolnshire.GCSX.gov.uk:**

- Moving and handling equipment;
- Simple living aids;
- Toileting equipment (with the exception of commodes);
- Bathing equipment;
- Ramps;
- Raisers.

5.2 **In addition to the electronic copy of the IRIS record, the prescriber must include within the email a brief account detailing the clinical reasoning for each item of equipment prescribed and listed. Coupled with this, any Moving and Handling Assessments / Plans, and guidance on how the equipment is to be used must be included within the communication (where required).**

5.3 To clarify, some of the equipment listed in 5.1 above may be prescribed to meet a Social Care and / or Health need. **It is only in the instances where the standard equipment is prescribed to meet a Social Care related need and as part of these 'trusted assessor' arrangements that Health clinicians would need to inform Adult Care colleagues about the equipment prescribed.**

5.4 To ensure a consistent approach is applied across the partnership, a form has been devised which should be completed by prescriber's, for attachment to the email communication (see Appendix 1: Supplementary Information

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<sup>5</sup> The prescriber should save a copy of the requisition (pdf file) placed on IRIS and attach this requisition order to the email communication.

Record). This information will also enable Adult Care prescribers to request a review of their provision subject to the conditions set out below:

- 5.5 Adult Care funded community equipment available through these procedures is restricted to equipment featured in the **ICES catalogue** with an individual **item value of up to £1,500**. Details of costs of individual items of equipment are included on IRIS.
- 5.6 **In the instances where ULHT OTs / PTs consider that a patient / service user requires community equipment with a value of over £1,500 per item or where a non-contract special is required, the clinician must contact the Adult Care Customer Service Centre (01522 782155) in order to for Adult Care to schedule an assessment of the service user's needs through Adult Care.**
- 5.7 To ensure clarity, **non-contract special equipment (not included in the ICES catalogue) which is required to meet Adult Care assessed needs cannot and must not be prescribed by Health clinicians in their role as 'trusted assessors'.**
- 5.8 Where assessed needs require the provision of non-contract special equipment, the prescriber must contact one of the Adult Care Principal Practitioner OTs, who in turn will provide advice on the requirement for the non-contract special product and where appropriate, will seek authorisation from their Adult Care General Manager for that CCG area.
- 5.9 To provide clarity, authorisers within ULHT are accountable for any authorisation decisions that they make that fall outside of these defined arrangements. Prescriber and authoriser activity is monitored by the ICES Team and acted upon where this activity does not comply with agreed procedures across the partnership.

### **Discharge from Hospital - Key Safes**

- 5.10 When a need has been identified by hospital Social Work staff for a key safe to allow access for carers and this is needed prior to discharge, they can order the equipment without the involvement of the OT Department. Hospital Social Work staff need to place the order using the standard ordering procedures on the website (IRIS).
- 5.11 If an OT identifies the need for a key safe as a part of the patient's / customer's discharge plan, they should make the arrangements using the standard on-line ordering processes (IRIS website).
- 5.12 In the instances where a key safe is required to give access to a District Nurse or other Health professional, the Health OT / PT must place the order through the IRIS website.
- 5.13 All prescribers described above are required to include clear details and explanations on the requisition order regarding where the key safe requires

fixing. It is not the responsibility of the NRS Driver Technician to determine where to locate the key safe. Orders that exclude this information are likely to be rejected by NRS and will therefore have to be resubmitted by the prescriber.

- 5.14 It is important to state that the site for fixing the key safe should be chosen carefully by the prescriber in order to avoid attracting doorstep crime and clear instructions should be included with the order.

## 6. HEALTH FUNDED EQUIPMENT ORDERED BY LCC, ULHT OR LPFT STAFF

- 6.1 Through current arrangements, Adult Care practitioners are enabled to prescribe and authorise the following Health funded equipment (subject to being suitably trained and competent):

- Beds and mattresses (excludes pressure relieving mattresses);
- Mobility related equipment;
- Commodes.
- Note: Adult Care practitioners would not prescribe equipment for pressure ulcers but may prescribe beds / mattresses, mobility related equipment and / or commodes to meet a Social Care need.

- 6.2 To clarify, the above equipment may be prescribed to meet a Social Care or Health need. This means:

- **Adult Care prescribers** – It is only in the instances where the equipment is prescribed to meet a Health related need prescribed by Adult Care practitioners and as part of these 'trusted assessor' arrangements that Adult Care practitioners would need to inform Health colleagues about the equipment prescribed. Also refer to 6.3 below.
- **Health clinicians (ULHT or LPFT)** – refer to 6.3 below.
- Note: refer to Section 7 for details of arrangements in relation to Children's equipment

- 6.3 Prior to placing an order on IRIS for any beds, mattresses and other pressure ulcer relieving equipment, the 'trusted assessor' prescriber must contact the patient / customer's Health Case Manager by telephone to discuss and detail the nature and provision of the equipment and clinical reasoning for the prescription. These discussions must also include details of the anticipated timescale to review the patient's needs, where appropriate, and agreeing on which organisation is responsible for completing the review and arranging equipment collection.

- 6.4 The Case Manager will confirm the appropriate communication route (Case Manager's NHS.net email account) to share any relevant documentation relating to the patient's assessment and equipment to be issued. This is important in order to ensure that the patient's records are updated accordingly.

6.5 In the instances where the prescriber is unsure of the name of the patient's Case Manager, they should contact the patient's GP to obtain details.

## **7. CHILDREN'S SERVICES EQUIPMENT**

### **LCC Children's Services and LCHS Children's Therapy Services**

7.1 Prescribers of children's equipment working within LCC Children's Services and LCHS Children's Therapy Services (Social Care and Health budgets fund the equipment) are expected to have received training and are competent to prescribe the equipment and place the order on IRIS.

7.2 Equipment is subject to annual review, however this can be completed earlier if clinical circumstances warrant this.

7.3 To ensure that records held by both LCC and LCHS Children's Services remain accurate and up to date (thereby enabling reviews to be scheduled in a timely manner), prescribers who issue the equipment must send an electronic copy of the IRIS requisition to the Children and Disabilities Business Support team and LCHS Children's Therapy Administration, respectively, for all orders funded through both Children's Services budgets.

7.4 Prior to requesting a quote for a non-contract item of equipment, prescribers should consider:

- Stock items – is there anything suitable in the catalogue?
- Non-contract items – are there returned items in the store that will be suitable for the child? Where appropriate, these should be issued in preference to placing an order for a new non-contract special item.

7.5 The reason for prescribing a non-contract item must be detailed within the justification form.

7.6 Fundamental to the partnership's ability to continue providing equipment to an increasing number of adults and children year on year is a healthy level of equipment for recycling and reissue. It is therefore essential that prescribers indicate the expected length of the loan on the IRIS order (up to 12 weeks; up to 26 weeks; up to 52 weeks).

### **Orders Accessing Social Care Budget (CWD)**

7.7 The prescriber must complete the order for equipment on IRIS and request authorisation of the order by the CWD OT Practice Supervisor (select the correct name from the drop down list on IRIS).

7.8 Once the order requisition has been submitted through IRIS, the prescriber must forward the following documents to the CWD OT Practice Supervisor via secure email:



- Quote from supplier (where the equipment is a non-stock item);
- Completed justification form, stating what equipment is being requested, clinical reasoning behind the provision, risk associated with the provision / non-provision and confirmation that stock items / non-contract special orders returned to the NRS store will not meet need;
- PDF copy of the iris order record;
- Copy of the automated email from NRS confirming the order has been placed.

7.9 The request for equipment must be recorded as a case note on the child's electronic record (ICES / SystemOne).

7.10 The request will be authorised on IRIS by the OT Practice Supervisor, who must confirm this by secure email to the prescriber.

7.11 The CWD OT is responsible for passing copies of the paper documents to the OT Practice Supervisor for signing of the justification form, confirming the authorisation. The OT Practice Supervisor should pass these documents to the CWD OT Business Support for scanning to the child's ICS record and for order monitoring purposes.

7.12 The Health OT Team is responsible for emailing copies of the order paperwork to CWD OT Business Support for order monitoring purposes and to attach these documents to the child's SystemOne record.

7.13 Any changes in the named authoriser will be circulated to teams as required, including holiday / sickness staff cover arrangements. There is no central email address for CWD Business Support therefore information should be sent to current CWD OT Business Support's secure email (.gcsx) account.

7.14 Prescribers unsure of the correct authoriser / email address to use should confirm this with CWD Business Support on 01522 554760.

### **Orders Accessing Health Care Budget (LCHS Children's Therapy, Family and Healthy Lifestyles)**

7.15 The prescriber should complete the order for equipment (including the quote if required) on IRIS, and request authorisation of the order by Children's Physiotherapy Clinical Adviser, choosing the correct name from the authoriser drop down list on IRIS.

7.16 The prescriber is responsible for completing and placing the following information on the child's SystemOne electronic record:

- Quote from supplier (where the equipment is a non-stock item);
- Completed justification form, stating what equipment is being requested, clinical reasoning behind the provision, risk associated with the provision / non-provision and confirmation that stock items / non-contract special orders returned to the NRS store will not meet need.

- 7.17 The request for equipment must also be recorded in the child's case notes on the SystmOne electronic record.
- 7.18 The Clinical Adviser accesses IRIS on a daily basis, identifying names and equipment requested and is responsible for interrogating case notes in order to consider the clinical reasoning and ensure the appropriate justification form and quote are attached.
- 7.19 The Clinical Adviser is responsible for reporting in the child's notes whether authorisation has been given for the order or identifying further clarification if incomplete.
- 7.20 Changes in named authoriser(s) will be circulated to teams as required, including changes to provide cover during holiday's or sickness.
- 7.21 Prescribers unsure of the correct authoriser / email address to use should confirm this with **Administration Newland Support on 01522 554760**.

## **8. CONTINUING HEALTH CARE ARRANGEMENTS**

### **Financial Responsibilities for Community Equipment**

- 8.1 The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (November 2012) states that
- 'those in receipt of NHS continuing healthcare should have access to local joint equipment services on the same basis as any other patient of their CCG. Local agreements on the funding of joint equipment services should take into account the fact that the NHS has specific responsibilities for meeting the support needs of those entitled to NHS continuing healthcare'.*
- 8.2 The responsibility of Clinical Commissioning Groups (CCGs) under NHS Continuing Healthcare involves meeting both health and social care needs based on those identified through the Multi-Disciplinary Team assessment process.
- 8.3 Whilst CCGs hold financial responsibility for all health, personal care and associated social care services to support a fully funded Continuing Health Care recipient, LCHS hold the equipment budget for the CCGs in Lincolnshire.
- 8.4 Where purely **standard catalogue items** of equipment are prescribed to a person who is **fully funded** by Continuing Health Care, the cost of the equipment will be funded by LCHS.
- 8.5 For those people who are **fully funded** by Continuing Health Care who are prescribed with only **'bespoke' equipment** (i.e. non-contract specials), the cost of the items will be funded by Continuing Health Care.

- 8.6 There are likely to be fully funded individuals who are prescribed with a combination of **both bespoke and standard catalogue equipment**. For these cases, the bespoke equipment will be funded by Continuing Health Care and the standard items will be funded by LCHS.
- 8.7 In the cases where it has been determined that **joint funding** of equipment prescribed to a recipient where Continuing Health Care is appropriate, the allocation of funding contributions will be agreed and specified at the Joint Funding Group. These arrangements only apply to non-contract specials equipment: Any standard equipment also prescribed will be funded by LCHS and LCC in line with Joint Funding Group instructions.
- 8.8 The National Framework requires that the needs of people in receipt of Continuing Health Care (whether fully or jointly funded) are reviewed three months after the funding has been agreed and then on an annual basis. These reviews are undertaken jointly with LCHS and Adult Care. Therefore, once equipment has been prescribed and issued to a person in receipt of Continuing Health Care, it is the responsibility of LCHS and Adult Care to review the person's on-going needs. The appropriateness of the issued equipment should also be reviewed at this time.

### **Ordering Equipment for a Recipient of Continuing Health Care**

9. Where required, the Continuing Health Care Team will confirm whether the recipient of equipment is fully funded or joint funded for equipment through Continuing Health Care.
- 9.1 It is important to ensure that community equipment prescribed for a person in receipt of Continuing Health Care and ordered through IRIS is identified and recorded appropriately and accurately on the website. The procedures outlined below must be followed by the Health and Adult Care clinicians / practitioners responsible for placing the order on IRIS (also refer to Appendix 2):

#### **A/ Fully Funded Continuing Health Care - Bespoke, Non-Contract Specials Equipment:**

- Where a clinician / practitioner has completed an assessment on behalf of the Continuing Health Care Team and has prescribed bespoke equipment, details about the equipment prescribed will need to be communicated and referred to the Continuing Health Care Team to action.
- **A member of the Continuing Health Care Team will place the order for the bespoke equipment** on IRIS using their own PIN and the equipment will be authorised in line with the Continuing Health Care Team's authorisation levels.
- The specific procedures for placing an order for a non-contract special item of equipment must be followed (see Documents section of the IRIS website). In addition, the agreed funding arrangements must be included

with the order by selecting 'CHC FF' (Continuing Health Care Fully Funded) in the **Issue Type**<sup>6</sup> field on IRIS.

### **B/ Fully Funded Continuing Health Care – Standard Catalogue Equipment**

- Clinicians / practitioners within both Health and Adult Care can prescribe and order standard catalogue items of equipment. Orders of standard equipment will not be placed by the Continuing Health Care Team because the items of equipment will be funded by LCHS.
- When placing an order for standard community equipment to a person who is fully funded through Continuing Health Care, the prescriber must select '**CHC FF**' (Continuing Health Care – Fully Funded) in the **Issue Type** field on IRIS.
- The **CHC FF** identifier is required to enable the ICES Team to ensure the funding for the equipment is apportioned to the correct partner and for monitoring and audit purposes.

### **C/ Joint Funded Continuing Health Care – Bespoke and / or Standard Catalogue Equipment**

- In jointly funded cases, the funding for any bespoke equipment will be discussed at the Joint Funding Group and a decision will be made regarding how much Continuing Health Care and partner organisations will contribute towards the costs of this equipment.
- The Continuing Health Care Team is responsible for contacting the ICES Team to confirm partners' contributions to the funding for the prescribed bespoke equipment.
- Any standard equipment prescribed to an individual in receipt of jointly funded Continuing Health Care must be ordered by a Health clinician and / or Adult Care practitioner.
- All prescribers are responsible for ensuring the joint funding arrangements are identified by selecting '**CHC JF**' (Continuing Health Care Joint Funding) from the drop-down list included in the 'Issue Type' criteria on IRIS.

### **Provision of Equipment for Residents in Receipt of Continuing Health Care in Care Homes.**

9.2 Prescribers are reminded that Care Homes, with and without nursing provision, are expected to provide a range of equipment to meet a variety of needs for residents in their care. This includes residents in receipt of Continuing Health Care funding. Prescribers must familiarise themselves with and follow the framework defined within the ICES Equipment in Care Homes Policy<sup>7</sup> regarding the provision of equipment.

9.3 However, there will be some residents in receipt of Continuing Health Care funding who require **bespoke** equipment to meet their individual needs. In such cases, the Care Home must only use the equipment for the individual

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<sup>6</sup> The Issue Type field also includes the following categories: Facilitating Discharge, Preventing Admission, Promoting Independence, Preventing Deterioration, Palliative Care, Rehabilitation / Intermediate Care.

<sup>7</sup> The Equipment in Care Homes policy is available on IRIS (Documents section of the website).

this has been prescribed for following an assessment. Care home staff must be appropriately trained and be competent to use the equipment provided.

- 9.4 Where the resident is receiving fully funded Continuing Health Care, **bespoke** equipment will be ordered and funded by a member of the Continuing Health Care Team, as set out above.
- 9.5 Where the resident is in receipt of joint funding, the allocation of funding will be decided by the Joint Funding Group. The procedures to be used to place the order(s) are described above.
- 9.6 The designated LCHS clinician and Adult Care practitioner will review the person's on-going needs, including equipment provision, three months after the funding has been agreed and then on an annual basis.
- 9.7 The National Framework for Continuing Health Care emphasises the need for joint working including, for example, Social Services authorities providing advice and assistance to a CCG over individual cases as far as is reasonably practicable. Therefore, trusted assessors in LCC Adult Care should respond to and action any referral from community health staff or the Continuing Health Care Team to assess residents in care homes who are receiving fully or jointly funded Continuing Health Care.

## **SECTION THREE – OUT OF COUNTY PRESCRIBERS**

### **1. GENERAL INFORMATION**

- 1.1 It is important to ensure equity in relation to Lincolnshire's residents receiving treatment within a hospital outside of Lincolnshire and who require a range of equipment funded by Health and Social Care (Adults and Children) to enable a planned discharge to take place.
- 1.2 This section refers specifically to the prescription of Lincolnshire ICES equipment to those patients / customers who are receiving treatment from a health organisation outside of Lincolnshire but whom are registered with a General Practitioner (GP) within Lincolnshire or / and live within a ten mile radius of Lincolnshire's border.
- 1.3 Health professionals working in hospitals outside of the County (Lincolnshire) will be required to follow the procedures outlined within this section for the prescription of equipment funded by both Health and Social Care partners (Adults and Children's). Details are provided in this guidance purely for information purposes for Lincolnshire's prescribers.

### **2. OOC PRESCRIBING ROUTES**

- 2.1 Out Of County (OOC) equipment orders may be placed by qualified Health practitioners who fall under one of three management structures within their respective hospital:
  - Nursing;
  - Therapies;
  - Paediatrics'.
- 2.2 Within each clinical area listed above, one of several named professionals working in a senior position will be responsible for authorising each equipment order placed by clinicians within their teams.
- 2.3 Each authoriser will be assigned a Personal Identification Number (PIN) which, within Therapies and Paediatric services, will have a maximum spend limit of £1,500 per item and Nursing PINs will have a spend level of up to £3,000 per item. Each of these PINs will also allow for authorisation of same and next day deliveries.
- 2.4 **All incidences whereby Adult Care equipment above a financial threshold listed above is required must be discussed with the local Adult Care Area Office within which the patient / customer resides.** Responsibility to authorise will then sit with the General Manager in order to arrange an assessment of the patient / customer's needs through Adult Care.

### **3. PROCESS FOR ORDERING AND INFORMATION SHARING**

- 3.1 Whilst all adults and children's Social Care funded equipment orders will be made available to LCC on a monthly basis, any equipment requiring a patient / customer's moving and handling plan must only be prescribed after consultation with an appropriate practitioner within Adult Care or Children's Services. In this instance, OOC Health practitioners must ensure the following:
- Consultation with an LCC OT has taken place via the LCC Customer Service Centre, prior to any equipment order being placed;
  - Details, including name and telephone number of the OT with whom they have liaised, must be recorded on the electronic requisition form;
  - Moving and handling assessments/ Plans must be forwarded to the designated practitioner/ email address.
- 3.2 Once the equipment order has been progressed and information has been passed to the relevant partner, the responsibility to review needs will fall with the organisation within Lincolnshire for whom the equipment is charged. This information is available via the history extract reports sent to each organisation and where applicable, the sharing of patient / customer specific moving / handling plans. This will similarly include the responsibility for determining whether the issued equipment should be returned or is still required.
- 3.3 The prescribing OOC practitioner will take responsibility in the first instance to inform the patient / customer of the length of loan and the process for returning equipment to NRS, however, this will consequently sit with the Lincolnshire organisation with whom the information is shared.

### **4. AUDITING OOC ORDERS**

- 4.1 Monthly audits of equipment orders prescribed and authorised by OOC practitioners will be carried out by the ICES team. Focus will be placed predominantly on specific orders and ordering trends on critical (same / next day) delivery requests, particularly where failed deliveries are prevalent and where the equipment is not deemed to have met one of the follow criteria:

### **5. NON-CONTRACT SPECIAL EQUIPMENT**

- 5.1 If there is an assessed need for equipment which is not available from Lincolnshire ICES, OOC prescribers must liaise with the relevant Lincolnshire Health or Social Care team (Adults or Children's services) who will place any order via their own Lincolnshire PIN subject to necessary liaison / assessment.
- 5.2 Under no circumstances will OOC practitioners be able to arrange for the loan of non-contract special equipment and arrangements for bespoke items must be arranged via the appropriate Lincolnshire team with Health or Social Care (Adults and Children's Services).

**APPENDIX 1 – TRUSTED ASSESSOR PROCEDURES:  
SUPPLEMENTARY INFORMATION RECORD**

<b>COMMUNITY EQUIPMENT PRESCRIBED ON BEHALF OF A PARTNER ORGANISATION</b>		
<b>Prescriber Contact Details</b>	<b>Name of Prescriber</b>	
	<b>Telephone Number</b>	
	<b>Email</b>	
	<b>Employing Organisation</b>	
	<b>Date Equipment Prescribed</b>	
<b>Patient / Client Details</b> <i>(Name, DoB, Address must <u>only</u> be provided if the email is being sent from an nhs.net secure account to the County Council gcsx account)</i>	<b>Client Name</b>	
	<b>iRIS Client ID</b>	
	<b>Client Date of Birth</b>	
	<b>NHS Number</b>	
	<b>Client Address and Postcode</b>	
<b>Equipment Details</b> ( <i>all equipment prescribed must be listed plus the reasons for issuing the equipment explained in the Reasons section of the Record</i> ). <i>Important: Additional information related to the issuing of moving and handling equipment that <u>must</u> be sent through to Adult Care includes a copy of the Moving and Handling Plan</i>		
<b>Equipment</b> <i>(provide specific product details)</i>		
<b>Reason(s) for Issuing Equipment</b>		
<b>Review Instructions</b>		
<b>Equipment</b> <i>(provide specific product details)</i>		
<b>Reason(s) for Issuing Equipment</b>		
<b>Review Instructions</b>		
<b>Equipment</b> <i>(provide specific product details)</i>		
<b>Reason(s) for Issuing Equipment</b>		
<b>Review Instructions</b>		



<b>Equipment</b> <i>(provide specific product details)</i>	
<b>Reason(s) for Issuing Equipment</b>	
<b>Review Instructions</b>	
<b>Details of any other Equipment considered but not prescribed</b> <i>(where applicable)</i>	
<b>Equipment</b> <i>(provide specific product details)</i>	
<b>Reason(s) for Issuing Equipment</b>	
<b>Review Instructions</b>	
<b>Equipment</b> <i>(provide specific product details)</i>	
<b>Reason(s) for Issuing Equipment</b>	
<b>Review Instructions</b>	
<b>Equipment</b> <i>(provide specific product details)</i>	
<b>Reason(s) for Issuing Equipment</b>	
<b>Review Instructions</b>	
<b>Equipment</b> <i>(provide specific product details)</i>	
<b>Reason(s) for Issuing Equipment</b>	
<b>Review Instructions</b>	

**APPENDIX 2 – EQUIPMENT PROVISION FOR PEOPLE IN RECEIPT OF CONTINUING HEALTH CARE**

<b>Fully Funded Criteria</b>	<b>Procedures / Funding Arrangements</b>
<p><b>1/ Standard equipment</b> through the ICES catalogue</p>	<p>LCHS funds standard catalogue items prescribed.</p> <p>Where required, the Continuing Health Care Team will confirm with the prescriber that the recipient of the equipment is in receipt of fully funded Continuing Health Care.</p> <p>The equipment can be ordered by either Health or Adult Care professionals, subject to the following:</p> <ul style="list-style-type: none"> <li>• When placing the order, select 'CHC FF' from the drop-down list included in the 'Issue Type' criteria</li> <li>• The ICES Team will arrange for LCHS to be charged for the equipment (Continuing Health Care is only responsible for funding bespoke, non-contract specials equipment)</li> </ul>
<p><b>2/ Bespoke</b>, non-contract specials equipment</p>	<p>CHC fund the bespoke equipment.</p> <p>Where required, the Continuing Health Care Team will confirm with the prescriber that the recipient of the equipment is in receipt of fully funded Continuing Health Care.</p> <p>The equipment will be ordered by the CHC Team. However, the specific details regarding the equipment required will need to be faxed through to the CHC Team by the referring prescriber.</p> <ul style="list-style-type: none"> <li>• When placing the order, select 'CHC FF' from the drop-down list included in the 'Issue Type' criteria</li> <li>• The ICES Team will apportion the funding to Continuing Health Care</li> </ul>
<p><b>3/ Bespoke</b>, non-contract specials equipment plus standard catalogue equipment</p>	<p>CHC will fund the bespoke equipment. LCHS will fund the standard items.</p> <p>Where required, the Continuing Health Care Team will confirm with the prescriber that the recipient of the equipment is in receipt of fully funded Continuing Health Care (this only applies to the bespoke equipment).</p> <p>The Continuing Health Care Team will follow the procedures outlined in point 3 above in respect of ordering the bespoke equipment.</p> <p>The Health and / or Adult Care prescriber is responsible for ordering the standard catalogue equipment in line with the procedures described in point 1 above.</p>

Joint Funded Criteria	Procedures / Funding Arrangements
<p><b>4/ Standard equipment</b> through the ICES catalogue</p>	<p>LCHS and Adult Care will fund equipment in line with the Joint Packages Group decision.</p> <p>Where required, the Continuing Health Care Team will confirm with the prescriber that the recipient of the equipment is in receipt of joint funded Continuing Health Care.</p> <p>The equipment can be ordered by either Health or Adult Care professionals, subject to the following:</p> <ul style="list-style-type: none"> <li>• When placing the order, select 'CHC JF' from the drop-down list included in the 'Issue Type' criteria</li> <li>• The ICES Team will apportion the funding to LCHS and LCC in line with information received from the Continuing Health Care Team</li> </ul>
<p><b>5/ Bespoke</b>, non-contract specials equipment</p>	<p>Where required, the Continuing Health Care Team will confirm with the prescriber that the recipient of the equipment is in receipt of joint funded Continuing Health Care (this only applies to the bespoke equipment).</p> <p>The bespoke equipment will be ordered by the Continuing Health Care Team in line with the procedures described in point 3 above.</p> <p>The ICES Team will apportion the funding to Continuing Health Care, LCHS and LCC in line with information received from the Continuing Health Care Team.</p>
<p><b>6/ Bespoke</b>, non-contract specials equipment <b>plus standard catalogue equipment</b></p>	<p>CHC and Adult Care will fund the bespoke equipment in line with the Joint Packages Group decision. Any standard catalogue equipment also prescribed will be funded by LCHS.</p> <p>Bespoke equipment – refer to the relevant procedures outlined above.</p> <p>Standard equipment – refer to the relevant procedures outlined above.</p>