

Handover Form and Terms & Conditions of Loan

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|---|--|---------------------------------|--|
| Service user: | | NHS Number: | |
| Chair issued: | | Serial number: | |
| Manufacturer: | | Chair size: | |
| Chair type: | | Manufacture date: | |
| Controller (for powered chairs): | | Battery type: | |
| Cushion or seating issued: | | Cushion or seating size: | |
| Additional features: | | | |
| Personal wheelchair budget type: | | PWB Value: | The indicative cost of the equipment provided to me has been explained. The actual value of the equipment may vary from this figure. The equipment is being provided as part of a personal wheelchair budget from the NHS. |
| Chair configuration: | | | |

This page is left intentionally blank to allow additional chair details to be recorded.

General handover (cross through any that are not applicable):

| | Tick to confirm: |
|---|--------------------------|
| 1. Set up camber of wheels, footrest height, seating, positioning the client in the chair, as appropriate to the individual | <input type="checkbox"/> |
| 2. How to collapse and fold the equipment How to take the wheels off and put back on How to fold/adjust the backrest | <input type="checkbox"/> |
| 3. How to operate the brakes | <input type="checkbox"/> |
| 4. How to adjust the height of the footplates and backrest | <input type="checkbox"/> |
| 5. How to release and replace the armrests | <input type="checkbox"/> |
| 6. Basic safety: how to enter and leave the equipment, with brakes engaged and not to stand on footplates | <input type="checkbox"/> |
| 7. How to clamp in a vehicle (where applicable) | <input type="checkbox"/> |

Powerchair specific handover (cross through any that are not applicable):

| | Tick to Confirm: |
|---|--------------------------|
| 8. Set the position of the control appropriately and adjust control settings | <input type="checkbox"/> |
| 9. Explain control box functions | <input type="checkbox"/> |
| 10. Explain how to disconnect the battery and control box | <input type="checkbox"/> |
| 11. Explain how to charge the chair (explain battery care; information leaflet provided) | <input type="checkbox"/> |
| 12. Explain use of freewheel and that leaving the chair in freewheel may result in an accident involving the user and/or other people | <input type="checkbox"/> |

Recommendations for the safe use of the Powered Wheelchair:

The following guidance should be followed when using the wheelchair. Changes to these recommendations should always be in agreement with clients, or those who have parental responsibility for a child / young person.

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|--------------------------|---|--|--------------------------|
| <input type="checkbox"/> | For training purposes only, under supervision | Indoor and outdoor use, under supervision | <input type="checkbox"/> |
| <input type="checkbox"/> | Indoor use only, under supervision | Independent indoors, with supervision outdoors | <input type="checkbox"/> |
| <input type="checkbox"/> | Independent use indoors only | Independent use indoors and outdoors | <input type="checkbox"/> |

I, the client or representative, have been advised of the following:

| | Tick to Confirm: |
|--|--------------------------|
| 1. To read the user manual carefully which I have received today | <input type="checkbox"/> |
| 2. To read the conditions of loan that I have received today | <input type="checkbox"/> |
| 3. To insure the chair appropriately – Information is included in the Terms and Conditions | <input type="checkbox"/> |

I, the client or representative:

| | Tick to confirm: |
|--|--------------------------|
| I have had demonstrated to my satisfaction the wheelchair detailed above and 4. I am happy that it has been set up appropriately for myself / the client 5. I understand and accept the Terms and Conditions of Loan | <input type="checkbox"/> |
| I have had demonstrated the wheelchair detailed above, but the issues noted below are still to be resolved. I am happy for the wheelchair to be left in the meantime. | <input type="checkbox"/> |
| I indemnify the wheelchair service staff and their representatives from any damage that may be caused to myself, a third party or property whilst I am using this wheelchair and I understand that it is my responsibility for insuring against these risks. I agree to use the wheelchair as directed and understand that it is for the use of the named person on this form only and cannot be transferred to a third party. | |
| Signature of client / representative: | Date: |
| I have had demonstrated the wheelchair detailed above and will take responsibility for informing other members of staff as to the set up and use of this piece of equipment (if appropriate) | |
| Signature of staff member (if appropriate) | Date: |

| Risk Consideration Form: | | Tick if considered: | Details: |
|-----------------------------------|--|--------------------------|----------|
| RM1A* | Occupied wheelchairs during transportation in vehicles | <input type="checkbox"/> | |
| RM1B | Stability of mobility system | <input type="checkbox"/> | |
| RM1C | Skin integrity and pressure management | <input type="checkbox"/> | |
| RM1D | Adapting and combining equipment beyond the manufacturers intended use, including custom contoured seating and custom made equipment | <input type="checkbox"/> | |
| RM1E | Wheelchair controls | <input type="checkbox"/> | |
| RM1F | Positioning | <input type="checkbox"/> | |
| Other risk considerations: | | | |

*If wheelchair is routinely used in transport, please complete RM1A risk assessment

| Wheelchair Service Staff Member: | Tick to confirm: |
|--|--------------------------|
| I am happy that the wheelchair has been cleaned, set up appropriately and safely for the individual and can be left with the client. | <input type="checkbox"/> |
| The following items still need to be fitted/adjusted but the wheelchair can be safely left for the client to use: | |
| Alterations / parts required: | |
| Signature of staff member | Date: |

TERMS & CONDITIONS OF LOAN

The following terms and conditions apply to equipment issued using a Notional or Combined PWB unless otherwise stated

Your equipment has been issued by your local wheelchair service:

Portsmouth & South East Hampshire. AJM Healthcare, Unit D5, Voyager Park, Portfield Road, Portsmouth. PO3 5FN

The service is open between 8am – 6pm Monday - Friday

Delivery Advice - The equipment that you have received is safe, clean and in good working order. You will be required to sign the handover certificate confirming receipt of the equipment and of this document. Please contact us using the details below if ever you feel the equipment is no longer suitable or you have a problem using it.

Wheelchair Maintenance - For your safety and so that it may continue to meet your care needs, it is essential that the wheelchair is kept well maintained and in a clean condition. Please follow the manufacturer's guidelines detailed in the handbook you have been given with this wheelchair.

Should any fault occur (however minor) or should you have any issues with the equipment (discomfort, marking of the skin, posture, etc) you should contact us immediately on 08081962626

An emergency out of hours repair service is available 365 days a year between the following hours: 08:00-22:00

Occupied wheelchairs used in transport – Where the wheelchair is used in transport it is the responsibility of the transport provider to undertake appropriate risk assessments and provide the correct WTORS (wheelchair tie down and occupant restraint system) equipment. You should notify any transport providers if your equipment changes so that they can review the safe transport of the user and their equipment.

Notional and combined PWB provision - the equipment belongs to the NHS and is loaned to you on the following conditions:

- It must be stored in a safe place whilst not in use, protected from damage at all times, and **not** left unattended in a public place or in any location where it may be vulnerable to theft
- In the event of loss, damage or theft where the user or their carer is found to be at fault, the cost of replacing or repairing the equipment will be recovered from them or their insurance company; where fraud is suspected, details will be passed to the NHS Counter Fraud Service
- The Wheelchair Service has the right to withdraw the wheelchair in the event of negligence, unsafe use or misuse; this includes occasions when the Wheelchair Service considers that the service user's condition has deteriorated to a point where they are no longer safe, either to themselves or others, whilst using the wheelchair.
- You must also inform the Wheelchair Service if you change your address. If you move out of area your equipment may be taken with you. Please inform us of your forwarding address so that we can transfer your notes to your new Wheelchair Service.
- You must inform the Wheelchair Service if you move into a Nursing or Residential Home.
- You must **not** dispose of, or pass the equipment onto another person; you must let us know immediately if you have no further use for it
- The wheelchair must not be used for sports activities or track events without our agreement
- The equipment must be kept clean and in good working order
- The wheelchair and associated equipment must not be repaired by anyone other than AJM Healthcare
- Posture/safety belts fitted to the wheelchair must be fastened safely, correctly and appropriately
- You must not have the wheelchair altered or have any attachment fitted to it without our agreement
- If you are moving abroad permanently, you are **not** entitled to take the wheelchair and associated equipment with you; please discuss your individual circumstances with the Wheelchair Service.

- If you take the wheelchair abroad for a short time you must pay the cost of any damage, loss or repair during travel and whilst outside of the United Kingdom; we advise that you arrange appropriate insurance cover
- If you are travelling within the UK for a short break, before leaving please call the local Wheelchair Service at your holiday destination for details of their local Approved Repairer, in case you require assistance with repairs while you are away. Repairs carried out within the UK, and only by recognised NHS Approved Repairers contracted to the local Wheelchair Service, should not result in costs to you.
- Additional features supplied through the use of a Combined PWB (such as powered risers) may incur costs to the user if they require repair/replacement and are not covered under the standard NHS repair policy
- The Wheelchair Service is required to report certain information related to your provision to the Clinical Commissioning Group covering your area as well as NHS England; this data is handled securely and wherever possible is anonymised/aggregated
- You must let us know immediately if:
 - The equipment is involved in an accident, is lost or damaged
 - You change your address or intend to emigrate
 - You no longer need the equipment.

Third party PWB provision is supplied under the following terms and conditions:

- The wheelchair and accessories are the property of the wheelchair user, their representative, or other funding body as outlined in any financial arrangement that has been made by the wheelchair user.
 - This may exclude postural and pressure equipment which has been issued by the wheelchair service – this will remain the property of the NHS and is supplied under the same terms and conditions as outlined in the terms and conditions for notional and combined PWB's.
- Terms and conditions previously agreed to when choosing to use your NHS contribution with a third party PWB provision
- The Wheelchair Service is required to report certain information related to your provision to the Clinical Commissioning Group covering your area as well as NHS England; this data is handled securely and wherever possible is anonymised/aggregated.

Insurance and breakdown recovery:

It is advised that equipment is appropriately insured; this includes third party indemnity against damage or injury caused through use of the equipment. Similarly, it is advised, particularly for powered wheelchairs, that appropriate breakdown and recovery coverage is purchased. **The wheelchair service does not operate a recovery service.**

All AJM Healthcare Service Users are eligible for an NHS discount from Fish Insurance. Please see enclosed Fish Insurance information leaflet for more details.

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| Fish insurance | Tel: 0333 331 3770 | www.fishinsurance.co.uk |
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You may also find the following companies useful in sourcing cover (AJM Healthcare has no association with these companies and can make no specific recommendations):

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| Lockton Mobility | Tel: 0345 602 8000 | www.locktonmobility.com |
| Chartwell Insurance | Tel: 0800 089 0146 | www.chartwellinsurance.co.uk |
| En Route Insurance | Tel: 0800 783 7245 | www.enrouteinsurance.co.uk |
| Premier Care | Tel: 020 8346 8713 | www.allcoverinsurance.com/premiercare |
| Royal Sun Alliance Mobility Insurance Services | Tel: 0300 037 3737 | www.motability.rsagroup.co.uk |
| Age Concern Insurance Services | Tel: 0800 678 1602 | www.ageconcern.org.uk |
| The AA | Tel: 0800 085 2721 | www.theaa.com |