Cynulliad Cenedlaethol Cymru
The National Assembly for Wales

Y Pwyllgor Iechyd, Lles, a Llywodraeth Leol
The Health, Wellbeing and Local Government Committee

Dydd Mercher, 2 Rhagfyr 2009
Wednesday, 2 December 2009

Cynnwys
Contents

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee. In addition, an English translation of Welsh speeches is included.

Aelodau’r pwyllgor yn bresennol
Committee members in attendance

Lorraine Barrett	Llafur Labour
Peter Black	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Andrew R.T. Davies	Ceidwadwyr Cymreig Welsh Conservatives
Irene James	Llafur Labour
Ann Jones	Llafur Labour
Helen Mary Jones	Plaid Cymru The Party of Wales
David Lloyd	Plaid Cymru The Party of Wales
Val Lloyd	Llafur Labour
Darren Millar	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)

Eraill yn bresennol
Others in attendance

Jeff Collins	Cyfarwyddwr Cymru, y Groes Goch Brydeinig Wales Director, the British Red Cross
Nigel Davies	Uwch-reolwr Canolbarth Cymru, y Groes Goch Brydeinig Senior Manager for Mid Wales, the British Red Cross
Suzanne Jones	Cyfarwyddwr, Scope Cymru Director, Scope Cymru

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Steve Boyce	Gwasanaeth Ymchwil yr Aelodau Members’ Research Service
Claire Morris	Clerc Clerk
Sarita Marshall	Dirprwy Glerc Deputy Clerk

9.17 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Darren Millar:** Good morning. I welcome Members to today’s meeting of the Health, Wellbeing and Local Government Committee. I also welcome our witnesses and remind them that headsets are available for simultaneous translation and sound amplification. That also applies to anyone in the public gallery. If anyone has any problem using the headsets, the ushers will be able to help. Committee members and members of the public may wish to know that the simultaneous translation feed is available on channel 1, while channel 0 provides access to the language being spoken. I would be grateful if everyone would make

sure that all mobile phones, BlackBerrys and pagers are switched off so that they do not interfere with the broadcasting and other equipment. If it becomes necessary to evacuate the room or the public gallery in the event of an emergency, everyone should follow the instructions of the ushers, who will guide you to the appropriate exit. Finally, I remind Members and witnesses that the microphones are operated remotely, therefore it should not be necessary to press the button to activate them.

[2] I have not been notified of any apologies or substitutions today. I know that Dai will be joining us shortly. I invite any Members to make declarations of interest under Standing Order No. 31.6. I can see that there are none, so we will move straight into item 2 on our agenda.

9.18 a.m.

Ymchwiliad i Wasanaethau Cadeiriau Olwyn: Tystiolaeth gan y Groes Goch Brydeinig
Inquiry into Wheelchair Services: Evidence from the British Red Cross

[3] **Darren Millar:** I am delighted to welcome Jeff Collins, the British Red Cross director for Wales, who has been a frequent visitor to the Assembly over the last few years, and Nigel Davies, the senior manager for mid Wales. We received an excellent evidence paper from the witnesses, which has been circulated to committee members as paper 1. We have indicated to you that we will go straight into questions, if that is okay.

[4] You are obviously aware of our inquiry and what we are trying to look at, and I was very interested to read in your paper the significant role that you play in plugging the gap for those people who do not have access to appropriate wheelchairs in a timely fashion. Can one of you tell us a bit more about that role in relation to wheelchair services and the services that you provide?

[5] **Mr Collins:** I will give you an overview. The British Red Cross in Wales is now a very large health and social care provider. In our services in health and social care in 2009 we will look after between 30,000 and 35,000 people, as part of hospital discharge programmes or care in the home programmes—all programmes aimed at looking after people in independent living. Our wheelchair service goes back many years, back to the first world war when the British Red Cross first started to provide wheelchairs. I have been in post for six years and wheelchair services have grown almost exponentially in that time. In 2002—although we did not count them very carefully in 2002, I have to say—we were lending of the order of 5,000 to 6,000 wheelchairs a year in Wales. This year, we will lend of the order of 11,000 wheelchairs. We lend those wheelchairs from 12 locations across Wales and the service is provided by a combination of staff and volunteers.

9.20 a.m.

[6] The service is audited every year by health and safety. It meets all national health service health and safety standards of cleanliness and maintenance. All our vans and delivery mechanisms comply likewise with health and safety, so that dirty wheelchairs are not contaminating clean ones, and so on.

[7] We have three basic users. Approximately 10 per cent of our wheelchair users use them for social reasons. For instance, somebody who does not have mobility may be coming to stay and cannot get their own wheelchair in the car, or somebody may be going to a wedding. We do lend for those reasons, but these days, they account for a very small percentage.

[8] Approximately 45 per cent of our wheelchair loans are for what we call short-term usage. The most important category in that is hospital discharge, but there are myriad other reasons, such as referrals from GPs, from district nurses, from social services and from the hospitals, and these account for 45 per cent of our loans. We guarantee to provide a wheelchair within three working days of somebody asking us for one.

[9] As far as we can determine, the other 45 per cent of our wheelchair loans are for what the system calls longer-term users. We believe that these are people who are in the system, who have been referred to the Artificial Limb and Appliance Service, the main provider, but who are still waiting for the item to be delivered. We plug the gap, because we can guarantee to get a wheelchair to the individual within a day, two days, or three days maximum. Then, when they get their permanent wheelchair, we get the telephone call to collect it, or somebody delivers it back to us, and we clean it and turn things around.

[10] We have been arguing for rather a long time that there are inefficiencies in this system. First, with regard to so-called short-term wheelchairs, there has been a debate going on for many years as to which agency is responsible for providing them, and arguments reign continuously. Is it for a social need or a health need? This debate has been going on for far too long and consequently the responsibility for providing the service falls into the cracks. A few of the former local health boards, some four or five of them, understood that, and they paid us very small amounts of money. From memory, we got an income from the statutory sector of about £34,000 this year. The service costs us in excess of £250,000 and, while this argument rages over who is responsible, charitable money is being used to provide this short-term service. I have to say that I find it very frustrating. I have been on this subject now for six years. These two files represent just my correspondence on it for those six years.

[11] There is a problem associated with that. Ministers and senior officials understand the problem, and the Minister herself and senior officials are very supportive of the British Red Cross—be in no doubt about that. The practitioners at ground level—the occupational therapists, the GPs, the district nurses, and the people who use our services—are very supportive. Our problem in trying to make progress rests with the middle tier. There are too many people out there who still perceive us as a small-time charity, who still perceive us as unable to meet health and safety standards, who still do not believe that this is a service that the voluntary sector can provide efficiently and economically. Frankly, the proof of the pudding is in the eating—we do it on all counts.

[12] **Darren Millar:** I think that we will tease some of that out as we go on. Time is short, so we need to tease out as much as we can, if that is okay, Mr Collins. I think that Andrew R.T. Davies wanted to pick up on one issue.

[13] **Andrew R.T. Davies:** I have one point, and please accept my apologies for being slightly late this morning. You said that you get a small sum of money, about £34,000, from statutory bodies. Is that via a formal agreement, such as a national service framework agreement that you provide for, or is it through relationships that you have established with individuals within those organisations and, if those individuals move on, could that money, albeit a small sum of money, dry up altogether?

[14] **Mr Collins:** It is the latter. They are grants and one-off payments where there is an understanding, particularly because of the link with hospital discharge and delayed discharge. That is the link, and that why those more understanding authorities recognise that.

[15] **Darren Millar:** Ann Jones is next.

[16] **Ann Jones:** My question has been answered, Chair.

[17] **Darren Millar:** In that case, may I ask a supplementary question on the information that you presented to us? For those who require a longer-term wheelchair, are waiting for it from ALAS, and have approached you for an appropriate wheelchair to meet their needs in the shorter term, how do you assess those people? Do you have a team of occupational therapists, or do you simply ask them which is the most comfortable wheelchair, or which one they are expecting from ALAS and which one resembles it most closely?

[18] **Mr Collins:** First, we deal only with standard wheelchairs and we do not employ any occupational therapists or health professionals. We take the referral either from the health professional or from the client, who tells us that they have been referred, that their doctor or their OT has told them that they need a standard wheelchair.

[19] **Darren Millar:** I see. The second point is on the growth in the need for your services. You are the British Red Cross and not just the Welsh Red Cross, so is that growth in Wales comparable with rates in England and other parts of the United Kingdom?

[20] **Mr Collins:** I do not believe that the growth in England, Scotland or Northern Ireland has been anywhere near as great as the growth in Wales. I would need to check the figures to be sure, but that is my belief.

[21] **Darren Millar:** If you could give us some figures on that, it would be extremely helpful to our inquiry. Perhaps you could send them on after today’s evidence session.

[22] **Mr Collins:** I will so do.

[23] **Darren Millar:** Thank you.

[24] **Peter Black:** You said that the request for a loan comes from referrals from OTs and others, is that the only route by which a request for a short-term loan of a wheelchair will come? What other sources are available for a short-term loan?

[25] **Mr Collins:** Referrals will come from any number of directions. We know, for example, that, in some authorities, where there is no funding for this service, the custom and practice is for the doctor or the health or social service professional to tell the client to ask us. We know that that goes on all the time. Sorry, what was the second part of your question?

9.30 a.m.

[26] **Peter Black:** What other sources of short-term loans are available to people? Do you have a monopoly?

[27] **Mr Collins:** I think that we have a virtual monopoly, do we not, Nigel?

[28] **Mr Davies:** Yes. There is no other organisation that covers the whole of Wales on short-term loans. To go back to your original question, we will take referrals from anyone: GPs, OTs or the individual. There is no other organisation that I am aware of that you can turn to that will provide short-term loans on a national basis.

[29] **Peter Black:** What about locally? Do you know of any local organisations?

[30] **Mr Davies:** I am not aware of any that provide a wheelchair service, to be honest.

[31] **Mr Collins:** The question on the growth in demand for our services is very interesting and I believe that I can go some way towards explaining it and expanding on that. Going back 10 or 15 years, there would have been stocks of wheelchairs in GP surgeries, and

OTs, community equipment services, and hospitals would have had their own stocks. It is my belief that it has been health and safety requirements and the desire to make savings on the need to clean wheelchairs and to maintain them regularly that has seen all those local stocks dwindle. I believe that that is the explanation for the growth.

[32] **Peter Black:** You also say that you try to limit the loan period to under 12 weeks. Under which circumstances would that be exceeded, and how often does it occur?

[33] **Mr Collins:** I cannot give you an accurate answer. If the user is still in crisis and is reliant on us for mobility, we will clearly extend the loan.

[34] **Mr Davies:** It is not a hard and fast rule. It is just a guideline to allow us to try to recoup the stock and to allow ALAS to deliver the wheelchair. It is a three-month period, but if the client has not had delivery of a chair by then, we certainly do not go and get it back.

[35] **Peter Black:** How frequently does that happen? Is it becoming more frequent?

[36] **Mr Davies:** In some of the counties in Wales, we are struggling with the 12 weeks, and they are not getting the chairs even in that length of time.

[37] **Mr Collins:** From memory, I would say that the length of loan is longer in mid Wales, in Powys, and in north Wales.

[38] **Darren Millar:** That is interesting.

[39] **Irene James:** You say that you sometimes get a request for the social use of a wheelchair. Does that come from the person in question, their family, or the GP, or is there a hospital referral or something else?

[40] **Mr Collins:** For social use, 90 per cent of the time, the request comes from the family or the individual.

[41] **Irene James:** So, there is no back-up from the hospital or anything else. It is purely from the family or the person who needs it.

[42] **Mr Collins:** Yes.

[43] **Darren Millar:** What is interesting is that many people associate the British Red Cross with the work that you do overseas, on battlefields, largely, and will not necessarily be aware of the equipment loan services that you have so as to make a self-referral if they need a short-term wheelchair for a social occasion or something like that. I find this referral process very interesting because it seems, from your answer to Peter Black, that it is quite inconsistent, and there is no consistent pattern. If they are aware of your services, GPs may refer people, if you are local enough to them and if they have an existing relationship with you or have had a good experience with you in the past, but other GPs may not bother. Is that an issue? Do you tend to get referrals from the same people all the time and not at all from others?

[44] **Mr Collins:** It is a working relationship at ground level. I doubt whether there is a single GP or OT in Wales who does not know of our service.

[45] **Darren Millar:** Okay, thanks. Lorraine is next.

[46] **Lorraine Barrett:** Sorry that I was late. Your appearance at the committee today may increase the number of requests you get, because of the advertising. You have answered

my first question. I wanted to know how long the average wait is before the replacement comes from ALAS when wheelchairs are loaned in the longer term. I do not know whether there is an average length of time, although you talked about three months. How does it affect you if it goes over? If you are expecting that chair back, and you do not get it, how does that affect your resources?

[47] **Mr Collins:** We can run out of stock, that is the simple answer. I have to keep an increasingly careful eye on stock, and not included in the numbers in my submission is the capital expenditure to replace that. There is absolutely no consistency; because we do not know confidently, I cannot tell you every single time that person A is waiting for an NHS chair. I cannot tell you that. We keep copious records and we are pretty confident that that is the case. I can tell you that, in Powys, for example, we lend almost five times more chairs per capita than in south Wales, and it is not rocket science to determine why that is the case.

[48] **Lorraine Barrett:** Do you come across people, or have you any record of the numbers, who may have bypassed the ALAS process and are just coming to you, if it is on a temporary basis and they need a chair?

[49] **Mr Collins:** Not really. Undoubtedly that does happen and undoubtedly this problem has been around for a very long time. Custom and practice on the ground, where health professionals have their clients' needs very close to their heart, means that their attitude is 'I need to get my client a wheelchair'.

[50] **Lorraine Barrett:** How would you meet the needs of those longer-term users who may have complex needs, or is that something that you would not take any responsibility for?

[51] **Mr Collins:** No, we only use standard, off-the-shelf wheelchairs purchased from the manufacturer.

[52] **Andrew R.T. Davies:** May I just clarify that? You used Powys as an example, comparing it with south Wales; are you including the whole of Powys in that? Breconshire, the southern part of Powys, is serviced from the south Wales centre and the northern part is serviced from Wrexham and, from the evidence that we have received, there is a clear divide in the level of service that people get. Are your figures centre-based, or are they for the entire county, including Breconshire?

[53] **Mr Davies:** No, the figure is for the whole of Powys. The problem that we have regarding the length of time that some people are waiting for a wheelchair when they have one of ours is that they may have had one delivered from ALAS a week earlier—they may have had two wheelchairs before they inform us. So although we can say that they have had that wheelchair for four or five weeks before they had the ALAS one, they may have had it in three weeks but that they have not informed us. We have no way of knowing when it was delivered to them. Certainly Powys is a great problem for us.

[54] **Andrew R.T. Davies:** In your paper you talk about the interpretation of 'short-term', 'long-term' and 'permanent' being an issue, according to who is interpreting these concepts—healthcare professionals, social workers and the service itself have different interpretations. Can you explain to the committee why there is this difference of interpretation and, above all, the obstacles that this interpretation problem creates in the delivery of wheelchairs to users?

[55] **Mr Collins:** I believe that the ALAS definition of 'long term' or 'permanent' is somebody who is going to require a wheelchair for six months or more. It is perceived that the system, therefore, will only give a free wheelchair if the need is permanent and for more than six months. Consequently—and I have to say that this is anecdotal; I have no factual evidence to demonstrate it, but it is our considered belief—there are a number of wheelchairs

that are being issued by ALAS for people who do not actually need them for that long, because it is the only way they can source a wheelchair for a longer period of time. It is our long-held belief that, if you were to do away with these labels and make a service available—I have plucked the figure of 12 weeks; it might be 10 or 15 weeks—and say, right across the board, that anybody who needs a standard wheelchair can have one loaned to them by the British Red Cross and, what is more, they can get it within three working days, that would allow the system 10 or 12 weeks, or whatever periodicity is used, for the professionals to talk to one another. They could do the assesments or the reassessments and say, 'Yes, person a does need a permanent wheelchair'. So, rather than having a three-week target, as ALAS has, the system would have a great deal longer to determine it. As I said, I think that, for the professionals, that would be very clear and simple.

9.40 a.m.

[56] **Andrew R.T. Davies:** Is it the point then—forgive me if I am missing the point—that health professionals are working to a different terminology than the service over 'long-term', 'short-term' and 'permanent'? Is that why you have this problem, because you have one half of the equation working to one form of delivery and the service itself interpreting it differently?

[57] **Mr Collins:** That is my belief. As I said, if you are a very busy OT, or a very busy GP, you want your patient or your client to have a wheelchair and you want that person to have that wheelchair as soon as possible.

[58] **Andrew R.T. Davies:** So, frankly, if you are not talking the same language, you will never get it right.

[59] **Mr Collins:** I think that you are right.

[60] **Mr Davies:** Not at the moment, no. The problem is that the OT assesses that the client needs a wheelchair for five to six weeks; if it does not fall within the ALAS definition, where do they go to get one? That is the problem, and that is why our referrals are up so much. They know that they can phone us, and if it is a standard wheelchair, they can have it in three days. Whether they need it for health or social reasons or whatever, as far as we are concerned, it does not matter. The main thing is that we deliver the wheelchair to the people—the reason that they have it, or even the length of time, is immaterial. Somebody needs mobility and the main thing is that we get the chair out to them. The problem is these definitions, as you rightly say.

[61] **Andrew R.T. Davies:** So we have a language problem then, or a definition problem, within the system. Moving on now to the delivery, which you touched on, Nigel, your working time schedule is three days, for delivery and pick-up. The service has what, in your paper, you call problematic issues about delivery. Is it down solely to the language problem—that different parts are not talking to one another in the way that they should be—or are there wider issues over the delivery and pick-up of wheelchairs that you as an organisation can overcome, but that the service cannot?

[62] **Mr Davies:** We sometimes have the situation where someone only needs a standard chair and we have gone out and delivered it to them. Within however many weeks, ALAS has got a standard chair to them, so we are making a journey to collect our chair, ALAS is making a similar journey to deliver their chair and the chairs are absolutely identical. There is obviously a wastage in time and money there. It would be a lot better if some financial arrangement could be reached, whereby, if the chair is already there, instead of us swapping chairs, effectively, we could be reimbursed for the chair. It would save everyone time and money.

[63] **Andrew R.T. Davies:** Is that a lack of will on your part to engage with the service, or a lack of will on the part of the service to engage with you? Obviously, you need to come together with a service level agreement so that the system works.

[64] **Mr Collins:** We are still in dialogue with ALAS in north Wales and we have attempted dialogue with ALAS in south Wales. It is my belief, and I have written to the Welsh Assembly Government accordingly, that we could make progress on this if an Assembly official could chair meetings between the two organisations to facilitate much better partnership working.

[65] **Andrew R.T. Davies:** So, the Minister is supportive of you, the officials are supportive of you, but, to date, they have not been there to facilitate a meeting between the two parties and bring some common sense to this delivery model. That is what you have just said, is it not?

[66] **Mr Collins:** Yes, it is. It has proved problematic and I think that it is all to do with historical perceptions.

[67] **Helen Mary Jones:** I want to ask you—you may not be able to answer this—what the blockages are within ALAS to developing the kind of partnership that you are describing. It sounds, on the face of it, like common sense when talking about standard wheelchairs. If you can do it more efficiently and effectively, that would free them up to concentrate on the specialist wheelchairs that you cannot deal with. Do you have a sense of why it has proved difficult to work with you? Is it because of how you are perceived? Is it because of an approach that sees the public sector as good but the voluntary sector as not so good? What is the matter?

[68] **Mr Collins:** It is genuinely a case of historical perception. The British Red Cross is still seen by some people as running a wheelchair service out of the back of a garage, as not being able to comply with health and safety standards and not understanding the nuances of the service and so on. It is an issue of historical perception that goes back donkey’s years. That is the reason why I made the offer in my submission for you to visit our buildings, in order to convince people that we have very modern buildings, strict compliance levels with all the standards, and that we are not amateurs at this game; we have been doing it for a very long time. Further, I get the feeling that people do not believe me when I tell them about the sheer volume that we are dealing with.

[69] **Darren Millar:** If you are such an amateurish organisation, how is it that you are able to deliver a wheelchair in three working days, but it takes three weeks or up to 18 months for ALAS to deliver wheelchairs? What is it that it is not getting right that you are getting right, in particular in relation to the delivery of a standard wheelchair?

[70] **Mr Collins:** I really would not wish to enter into a dialogue of criticising colleagues at ALAS. Clearly, they have been under the cosh for many years on this subject, and I know that they do their best. The reason is that our wheelchair business is simplified. First, we only deal in standard wheelchairs; secondly, we have 12 pan-Wales distribution points; and, thirdly, at a working level, we know the professionals and we know the territory.

[71] **Val Lloyd:** I do not have a question, I just want some clarification. I know that we have established in our meetings so far that ALAS is very tardy in respect of delivering specialist wheelchairs, but, Chair, you did mention a period of 18 months. For confirmation, have we determined that it takes it 18 months to deliver a standard wheelchair, which is what we are talking about?

[72] **Darren Millar:** No, the point that I was making is that it is taking ALAS a lot longer. We have heard that the wait can be as little as three weeks for a standard wheelchair; that was made clear earlier on, but people are waiting a great deal longer, and I did mention that that related to complex chairs.

[73] **Val Lloyd:** It is far too long—I do not doubt that—but I did not think that we had established that it was 18 months, and I thought that, for clarity, we needed to get that on the record.

[74] **Darren Millar:** Some people are waiting that long for an assessment before having any entitlement to a wheelchair, which is even more worrying.

[75] **Irene James:** I was going to ask whether that related to a standard wheelchair or a complex wheelchair. My question has been covered.

[76] **Darren Millar:** Do you want to go on to the funding issues?

[77] **Irene James:** Yes, I will do. In your paper you say several times that the service that you provide is not sustainable. You say that it will cost the British Red Cross in excess of £220,000 in 2009, that few authorities recognise the service that you provide, and—dare I say it?—that your income will not be as much as your outgoings. Could you outline the cost of the service that is provided by the British Red Cross and how it is funded?

[78] **Mr Collins:** At the moment—these numbers are approximate—the service costs of the order of £250,000 a year to run. Currently, as a result of little pockets of grants and other little pots of money, we get just over £30,000 from the statutory authority. The rest of the money comes from the charity; it comes from donations and charitable giving. The reason that I say that it is not sustainable is twofold: first, I am conscious of the recession and that money will get tighter and tighter, and I can no longer guarantee that I can find the amount of charitable funding that will support the service; my second point is that the growth is becoming exponential.

9.50 a.m.

[79] I do not want to exaggerate but year on year we are seeing 7, 8 and 9 per cent increases, and therefore the bill for next year will be considerably more than for this year. We will get to a position where I will have to start making decisions about supporting vulnerable people in their own houses, hospital discharge schemes, and other schemes that we run. Am I to penalise those people for the sake of supplying wheelchairs? I am increasingly between a rock and hard place. I believe passionately in our work. With the hospital discharge cases, more than 30,000 people will be supported in their own home earlier than normal because our staff and volunteers are looking after them. I will not prejudice that service for wheelchairs, but it is putting me in a difficult position.

[80] **Irene James:** I fully understand that, but when you say that you lend wheelchairs for social use, do you ask those social users to make a donation, or is there a set charge?

[81] **Mr Collins:** No, we do not charge. We cannot. It is not in the statute of the British Red Cross to make a charge. We ask for a donation from social users.

[82] **Irene James:** Do you receive adequate funding?

[83] **Mr Collins:** No.

[84] **Irene James:** I did not expect a different answer. [*Laughter.*]

[85] **Mr Collins:** I must say that, earlier this year, this position was recognised by the Minister herself. I met with her and she made a capital grant available to replenish our stock. However, it is the revenue and the running costs that are starting to hurt.

[86] **Irene James:** Just to go back a bit, when I mentioned social users, you said that you ask for a donation. Do you give people a guideline for what a donation might amount to? People’s perception of what constitutes a donation is very different.

[87] **Mr Collins:** No, we do not. We are dealing with vulnerable people, and it is jolly difficult to ask a vulnerable person who has come home from hospital, perhaps with a disability, perhaps with a life-threatening condition, for a donation. I cannot ask volunteers and staff to ask those people for a specific donation. That is inhuman—you do not do that.

[88] **Irene James:** I was not saying that you should ask for a specific donation. I was asking if you could offer some guidance, because often people do not realise at what level a donation should be.

[89] **Mr Collins:** We ask them to be as generous as they can be within their means.

[90] **Irene James:** That is virtually what I was saying. Some people can afford to give far more than others, but if there are no guidelines set, then people do not understand—

[91] **Darren Millar:** We need to move on.

[92] **Irene James:** In your paper, you mention that you have approached ALAS and suggested that it provides funding to the British Red Cross to loan wheelchairs to patients who are waiting for a permanent chair. What was the response, and how much of your resources are spent on providing wheelchairs to those who are waiting?

[93] **Mr Collins:** We estimate that something like 45 per cent of the wheelchairs that we lend go to people who will ultimately benefit from an ALAS wheelchair. I am still awaiting a response to my offer.

[94] **Darren Millar:** That would not be 45 per cent of your costs, though, would it?

[95] **Mr Collins:** No.

[96] **Darren Millar:** What proportion of your costs is taken up by plugging the ALAS gap?

[97] **Mr Collins:** We would need to sit down with ALAS and look at the numbers and all the combined data. What I am trying to say is that, today, somewhere in Wales, there will be a Red Cross vehicle going in one direction, and an ALAS vehicle going in the other, both achieving the same purpose. Both organisations are paying to have wheelchairs cleaned. Both are paying for maintenance to wheelchairs. Both are buying wheelchairs. It is not rocket science that, if we were to do it together, there would be economies.

[98] **Darren Millar:** We will come on to that issue now.

[99] **David Lloyd:** First, I think that it is fitting for us to record as a committee the excellent work done by the British Red Cross in this country. I realise that the Chair was waxing lyrical about war-torn foreign battles and so on, but I was at the British Red Cross centre in Swansea only a few weeks ago and it is important that we recognise the good work that is done on the ground in our communities in Wales by the British Red Cross.

[100] As a GP, I am well aware of the fact that the only ready supply of wheelchairs in our communities for the last 30 years, since I qualified, is provided by the British Red Cross. That also needs to be recorded somewhere else. We have heard many potentially negative points about the relationship between ALAS and you, but could you outline your working relationship with all of the other organisations in the field of providing wheelchairs or do you soldier on alone? What is the level of joint working with other organisations? I know that we have touched on this, but that is a specific question on what positive things result from joint working.

[101] **Mr Collins:** I am at pains to say to you that there is not a negative relationship between us and ALAS. I believe that it can go further and do so more quickly, but the last thing that I want to do is be critical of colleagues in ALAS. Our working relationship at ground level with GPs, district nurses, social workers and with occupational therapists is excellent; that relationship is fine.

[102] Our working relationship with senior officials in the NHS and with the Minister for Health and Social Services and senior officials in her office is also excellent. It is the middle layer that we cannot penetrate. I have correspondence, going back many years, with Health Commission Wales trying to crack this. I hardly get any answers. I recently wrote to a body that was doing the review of Health Commission Wales, but I have not had an answer. We find that middle layer very difficult to penetrate.

[103] **Andrew R.T. Davies:** I want to clarify something. When I asked you questions, you mentioned having this good working relationship with the Minister and her officials and you said that what you required was for one of the Minister’s officials to facilitate matters and to pull you, ALAS and the voluntary sector together to bring about efficiencies and better service delivery. However, to me, no-one seems to be responding to that. No-one will be nasty, horrible or rude to any organisation, but if you are not getting a response, and the record will show that you said that you were not, then you could almost say that that sort of attitude is contemptuous, could you not?

[104] **Mr Collins:** I would not go that far.

[105] **Andrew R.T. Davies:** But you are not getting a response, are you?

[106] **Mr Collins:** At the working level, with all the changes in the NHS in Wales and given all the stresses and strains, this subject is seen as unsolvable. I believe that if we could approach this subject by looking at why it could work as opposed to putting up obstacles in terms of why it would be difficult and could not work, that approach would solve the problem.

[107] **David Lloyd:** In your view as an organisation, is an adequate wheelchair service currently being provided in Wales to both children and adults, including the service’s personnel?

[108] **Mr Collins:** The only answer that I can give you to that is ‘no’.

[109] **David Lloyd:** How would you like to see wheelchair services organised in the new restructured NHS in Wales and what would be the role of the British Red Cross in that?

[110] **Mr Collins:** We need several things. First, there needs to be a clear, unequivocal policy decision on who is responsible for funding short-term wheelchairs.

10.00 a.m.

[111] This argument on whether or not they are for social or health use has been going on for donkey's years and someone needs to turn around and say, 'It is this body that is responsible for providing short-term wheelchair services. End of story'. Then, there will be recognition of who will pick up the tab for doing it.

[112] The second thing would be to forge partnerships between the ALAS, the NHS commissioning authorities and the British Red Cross. My ultimate dream, as I said earlier, is to do away with the terminology and have a clear rule that anyone who wants a standard wheelchair can get one within three working days and can keep it for 12 weeks. That would then give you and your colleague GPs and other professionals the time to do all of the homework, the bureaucracy and so forth to fathom out a longer term solution.

[113] **Helen Mary Jones:** Again, you may not be able to answer this question, and I certainly do not want to put words into anyone's mouth, but one of the things that you mentioned was that you have 12 centres, but ALAS only has two. Is it your perception that one of its problems is that it is so centralised? Some witnesses have said to us that OTs have to travel long distances to make those assessments. Do you think that that is part of the issue that leads to people having to wait?

[114] **Mr Collins:** Yes, I do. Our numbers would demonstrate that the ALACs struggles mostly in mid Wales. My logic would tell me that that has to be related to the distances that the staff have to travel.

[115] **Darren Millar:** You will be pleased to know that this is the final question. A wheelchair review is being undertaken by the Assembly Government at the moment. One of the reasons why the committee was prompted to do this work was because that was taking some time and we felt that we could add some value to it. Have you been involved in that review? Have you been contacted by the Assembly Government?

[116] **Mr Collins:** Yes. I am part of the expert advisory group—I think.

[117] **Darren Millar:** So, you are obviously feeding into that. What are you contributing, and to what level? We understand that the expert advisory panel, or whatever it is called, has only met once.

[118] **Mr Collins:** I have the papers here but I cannot remember whether it has met twice or three times. I think that it has met twice.

[119] **Darren Millar:** Are you satisfied with the progress that has been made thus far?

[120] **Mr Collins:** I believe that, with regard to standard wheelchairs, a solution could be found in weeks.

[121] **Darren Millar:** Okay. On that note, we will close this part of our evidence session. Thank you, Mr Collins and Mr Davies, for your attendance today. We really appreciate your contribution to our inquiry and we look forward to receiving the information about how Wales compares to other parts of the United Kingdom.

[122] **Mr Collins:** Thank you very much, and thank you for listening.

10.03 a.m.

Ymchwiliad i Wasanaethau Cadeiriau Olwyn: Tystiolaeth gan Scope
Inquiry into Wheelchair Services: Evidence from Scope

[123] **Darren Millar:** I am delighted to welcome Suzanne Jones, the director of Scope Cymru to this meeting. We have received a very helpful evidence paper from Suzanne, which has been circulated to committee members as paper 2. Thank you for that. We will move straight to questions, if that is okay with you. I will ask Val Lloyd to start.

[124] **Val Lloyd:** In your paper, you told us that Scope Cymru canvassed the views of wheelchair users at its skills development centres in south Wales. What prompted you to express concerns about wheelchair services and the work that you undertook to gather the views of wheelchair users?

[125] **Ms Jones:** We took this route because we had had many adults, young people and parents of children with disabilities raising concerns about the length of time that they have to wait for wheelchairs and, once they have them, the amount of time that they have to wait to have adjustments made to them, to be reassessed for another one—or indeed just to get assessed for a wheelchair in the first place. The reason that we went to our skills centres—we have two skills centres in and around Cardiff: one in Cwmbrân and one in Sully—is that there are many wheelchair users there. We felt that, in the short space of time that we had to gather evidence, that would be our main focus. The way in which we did that was to give them a questionnaire and to interview them individually.

[126] **Val Lloyd:** How many, roughly, did you interview?

[127] **Ms Jones:** We interviewed roughly 35.

[128] **Val Lloyd:** You just did the interviews in Cwmbrân and—

[129] **Ms Jones:** In Cwmbrân and Sully. We also asked a few people who had come to the office on other appointments.

[130] **Val Lloyd:** For clarification, were they all based in south Wales?

[131] **Ms Jones:** Yes, they were all based in south Wales, because of the shortage of time. We would have liked to have asked those who are based in north Wales as well, but we could not because there was such a shortage of time.

[132] **Val Lloyd:** In your experience, how important are wheelchair services for disabled people with high support needs, and in particular for those in employment, in enabling them to manage their daily lives?

[133] **Ms Jones:** For youngsters and adults who have complex needs—let us just look at complex needs at the moment—the wheelchair is extremely important, because it can be just one part of the electronic equipment that they use; they might also be using a speech awareness programme, oxygen equipment and so on, which all has to be combined with that wheelchair. So, the wheelchair is vital. It is vital that people get it correct at the very beginning, and that the wheelchair is assessed to suit the needs of each person. With regard to youngsters who use a manual wheelchair, as I do, they are really important for their independence. The wait for an assessment can be up to six months in some cases. So, if you tell someone that they will not get their wheelchair for 18 months—and some have had to wait two years—that person's independence is taken away for that time. It is as if that person is in jail, because they are kept at home for that time. They cannot go out, because they do not have anything to allow them to get out and to be mobile. So, it is extremely important—I

cannot stress it enough—that they have the correct wheelchair and that they have it quickly.

[134] **Helen Mary Jones:** The written evidence was striking, because it is based on real people's experience. The numbers in it may not have been large, but it was telling, and some of the quotations got to me, if I am honest. You tell us in that evidence that some of the wheelchair users to whom you spoke had to wait a long time for an assessment, and that one person commented that,

[135] 'assessments could be quicker if carried out at alternative venues, such as home or at adult services'.

[136] Do assessments generally require individuals to travel to an assessment centre? If so, what difficulties does that present for people? What, in Scope Cymru's view, could be done to speed up the assessment process?

[137] **Ms Jones:** They mostly do require the person to travel to an assessment centre. The problem with that is that people have to set up all their travel arrangements. I have known people who have got their appointments to go for an assessment, and who have made all their travelling arrangements, which might involve a dial-a-ride service, an ambulance, or whatever, but then the assessment has been terminated at the last minute because something else has come up. So, for anyone who has complex needs and who uses a wheelchair, a lot of energy goes into getting to an assessment in the first place. Sorry, what was the second part of your question?

[138] **Helen Mary Jones:** What ideas could you suggest about how the assessment process could be speeded up?

[139] **Ms Jones:** One of our clients said that there could be alternative assessment venues. Instead of using the assessment centres that we have, we could look at utilising skills centres, where people who use wheelchairs often are, so that they do not have to travel. There could also be assessment centres in schools, so that pupils do not have to travel. Travelling takes them out of education and away from what they are at school to do. We should look at where the venues are and consider where people are at that moment in time, rather than taking people out and making them travel somewhere.

10.10 a.m.

[140] **Helen Mary Jones:** Thank you; that is very useful. Your evidence also tells us that people have to wait a long time for the delivery of the wheelchair. So, they are waiting for the assessment and then waiting for the delivery. Is there evidence that these are the people who require more complex wheelchairs, or are there other reasons for the delays?

[141] **Ms Jones:** There are other reasons as well. Everyone has an individual assessment, but for people with complex needs, this assessment takes much longer because more things need to be put into that assessment. I have been told by people who do not have complex needs that they have still had to wait a long time. No reason is given for this wait, but the process is such that they have to wait. They are told that they are in a queue and no priority is given to anyone in that queue. So, if their wheelchair breaks suddenly, which it can do, and they need one very soon, their case is not given higher priority as a result.

[142] **Helen Mary Jones:** I have a supplementary question on that issue before I move on. Do you think that that is down to waiting-time targets skewing clinical priorities? Is the service in a position that it cannot prioritise in terms of need because of what is expected of it, or is it just that the system is a bit bureaucratic and complicated?

[143] **Ms Jones:** The system is bureaucratic. If it was brought into the twenty-first century, waiting times might be a lot shorter. It is bureaucratic and this has been going on for a long time without being questioned. It is being questioned now, but it should have been questioned a long time ago. The service needs to be brought into the twenty-first century.

[144] **Darren Millar:** Before you move on, Helen Mary, Andrew R.T. Davies would like to come in on this point.

[145] **Andrew R.T. Davies:** You touched briefly on the lack of information and, in particular, how people are left dangling with no reasoned explanation of why their wheelchair has not arrived, or of the process of delivering their wheelchair. Would you like to expand on that? We have received evidence from others on the lack of communication between the service and the user. This was particularly apparent in the evidence that we received from a group of service users last week, who said that that communication was virtually non-existent.

[146] **Ms Jones:** The communication breakdown is vital to this point. Instead of having one point of contact, service users have to go through many people—it might be their GP, their social worker, the occupational therapist, or the wheelchair service. They have to go through all of those people to get that appointment. Instead, there should be one person who they can contact who would co-ordinate with everyone else so that the person who wants the wheelchair only has to work with one person. Often, someone will be really stressed because their wheelchair has broken, perhaps they cannot use the telephone very well, their carer might not be around to support them in using the phone, or perhaps they have trouble vocalising what they want, but they have to go through that bureaucratic barrier of speaking to a number of people before they can get what they want—or before they can get the date.

[147] **Andrew R.T. Davies:** I would like to take this a little further. You quite rightly made the point that the user might have difficulty communicating as an individual and might rely on a carer or someone with whom they have built a relationship and who understands the situation. In evidence earlier this morning, we heard that the one thing that acts as a blockage is the terminology that is used. One section of the chain works to one wording and uses one set of terminology for the assessment, and the service works to another. There is an internal language. Do you find that?

[148] **Ms Jones:** We do find that. That internal language needs to be translated into a language that the service user—the user of the wheelchair—can understand. They might not have had anything to do with social care before. They might be in that position only because of their wheelchair, but they have to understand that terminology. It is translated for them, but it is not translated into their language. So, yes, that is a big issue.

[149] **Helen Mary Jones:** I am really glad that Andrew picked up that point about communication. That is really coming through, is it not?

[150] You suggest that, ideally, people ought to have one point of contact and then you have pointed out to us all the different people whom they might have to contact. Would you have a view on who that point of contact ought to be or should the service user be able to choose whether they want to deal with it through their GP or the district nurse?

[151] **Ms Jones:** I think that that is really down to the service user—the person who uses the wheelchair—and who they feel most comfortable dealing with. It may be their GP, who they have built up a relationship with, or it may be their social worker. It needs to be somebody that they have a relationship with and to whom they can relay what they want, rather than them being dictated to with someone telling them what they want, when it is not what they want.

[152] **Helen Mary Jones:** Suzanne, you touched briefly on the problems that people have with the repair service. Can you tell us a bit more about that, because that certainly chimes with other evidence that we have already heard?

[153] **Ms Jones:** Wheelchairs, like any other piece of mechanical equipment, break down, often in the most unusual places. I know a client whose wheelchair broke down in the middle of the night when they had just come out of the pub; they were in the underpass and the wheelchair broke down. They had a mobile phone, but they did not have anybody to contact. People need a number to contact. If your car breaks down, you have a number to contact—you have the RAC, the AA or whatever. They need a point of contact; they need an emergency number. Some of these wheelchairs are big, heavy pieces of equipment, so it is not as if you can just say, ‘Oh, Billy can you come and pick me up in your car and transport me?’, because this wheelchair will not go in the car and be transported. The service has to be on the same sort of level as if your car breaks down, so that there is somebody there who can aid you.

[154] When your footplate comes off or the spokes in your wheels break or something like that, you also need to be able to phone somebody, although perhaps not the emergency number, especially if you are outside your home. You need to be able to get that repair done quickly, because you are not mobile, out in the community, for the time that your wheelchair takes to be repaired. Sometimes, these repairs can go on for six months. Your wheelchair is taken away and you may be given a temporary one—maybe by the Red Cross or some other organisation—but that temporary chair is not set up to meet your needs. That temporary chair might not be an electronic version or it might be a hand-wheeled wheelchair when you cannot use your hands. It is, therefore, not appropriate. It might be too heavy for your carer to push. So, you will get a replacement wheelchair, but that wheelchair might be totally useless. I have known wheelchairs to just be left sitting out on the porch because the person cannot use them.

[155] **Darren Millar:** What a terrible loss of independence.

[156] **Ms Jones:** Absolutely. It is a terrible loss of independence and a waste of money, because that wheelchair is there when it could have gone to somebody who could use it. There is no assessment made of what is needed temporarily when somebody’s wheelchair breaks down; they are just given a wheelchair.

[157] **Lorraine Barrett:** You say, in your paper, that Scope Cymru would like to see the performance targets in the children’s national service framework extended to adult wheelchair services. What, in your view, would be the key features of an effective performance management framework for adult wheelchair users?

[158] **Ms Jones:** Their assessment should be done within a period of time and, if it is not done, reasons should be given to the client or service user as to why it has not been done. The wheelchair or the equipment should be provided within eight weeks if at all possible; if it is not possible, they should be given a temporary wheelchair, but it should be assessed as being suitable for them while their wheelchair is being sorted. There should also be quality assurance systems and someone should be checking those systems on an annual basis. We should not just say, ‘This is how we want it to work and it is going to work like this’, because it will not work like that. People need to check it; it needs to have quality assurance, like everything else.

[159] **Ann Jones:** Your written evidence clearly states that wheelchair services offer little or no choice of model to a user. How would a wider choice of wheelchairs improve the lives of those users?

10.20 a.m.

[160] **Ms Jones:** I have spoken to adults about this—because I am older, I am going to say ‘the older adult’—and most of the older adults are not really bothered, as long as they have a wheelchair that meets their needs and is accessible. However, younger adults are very keen on what their wheelchair looks like—as am I—because they are going out into the community. Youngsters at college and university have said to me, ‘I am not taking that piece of junk to university because it does not meet my needs and it does not reflect me as a person’. So, they need something that is a bit more hip and modern than the Red Cross wheelchair that many people get. I got my wheelchair from the Access to Work scheme; I cannot praise Access to Work in Wales enough. It took me ages to get my wheelchair from Access to Work in Birmingham, but I got it within three weeks in Wales, which was brilliant. I was assessed for it, fitted for it and had it delivered within three weeks, but to be eligible for the Access to Work scheme, you must be in employment. We should look at the model of how the Access to Work scheme works and apply it to the wheelchair service. If Access to Work can do it—and it delivers complex and made-to-measure wheelchairs—then surely the wheelchair service can.

[161] **Ann Jones:** That was going to be my next question. I was going to ask you about the Access to Work scheme, and why people take that route, but I think that you have explained why.

[162] **Ms Jones:** They get choice and they get good service.

[163] **Ann Jones:** Are you aware of any alternative arrangements for obtaining a wheelchair that people have made due to the shortcomings of the wheelchair service?

[164] **Ms Jones:** Many youngsters have gone to Whizz-Kidz, which is a charity in England that you can go to for a wheelchair. It has a very long waiting list, and that reflects on the wheelchair service and how long its waiting times are. I am not sure whether or not Whizz-Kidz works in Wales. [*Interruption.*] I am told that it does. The reason why parents go to Whizz-Kidz for their children is because they want something individual and funky that their child will use, rather than having a battle with the child saying, ‘I am not going to be seen in that’. They will get something that suits that child or young person, rather than something that we stipulate should suit them.

[165] **Darren Millar:** Can you tell us a little more about how the Access to Work scheme works? How long does it take from a referral to receiving the wheelchair?

[166] **Ms Jones:** I will just tell you about my experience. You put in an application for the Access to Work scheme—it was my second application when I got this wheelchair. I wanted a lightweight wheelchair so that I could be mobile and so that I did not need anyone when I went out to meetings. You have to make the application.

[167] **Darren Millar:** Are you supported in that process by anyone?

[168] **Ms Jones:** You make the application, and you are supported by your employer, because your employer pays some of the cost, which is quite a small amount. My wheelchair cost £3,200—I could almost have got a car for that, but I did not, I got a wheelchair. My employer paid £300 or so, so the employer pays quite a small amount. It has changed slightly—the contribution used to be 10 per cent, but I think that it has gone up a little. If you need an assessment, Access to Work will come out to assess you. If you are already on its list and have had an assessment, the staff will say, ‘You will get someone who is your worker and works with you’, so you do not go through a list of different people. So, you get a named person to speak to every time. The named person will ask, ‘Do you want an assessment—has anything changed since you had your last wheelchair?’ If you say, ‘Yes, I would like an

assessment', the person comes out within a few days to assess you. The assessment goes back, and Access to Work will send you information on different wheelchairs that are available, or if you want to do your own research on a wheelchair that you like, you can send information on that—that is what I did. It will then say, 'Yes, that is okay', and it is involved with your employer from that stage onwards—it is between it and your employer, and then your wheelchair arrives.

[169] **Darren Millar:** It sounds as if cost is no obstacle as far as the Access to Work scheme is concerned. Are you able to just browse a catalogue and say, 'I quite like that chair'?

[170] **Ms Jones:** You can, but it is up to the employer how much it will pay. The employer will say to you, 'This is the price that you can go up to', so it is not an unlimited amount; there is a price that you can go up to.

[171] **Darren Millar:** There is a cap.

[172] **Ms Jones:** Yes, there is a cap. So, you will have that price and then Access to Work has to agree with the employer what amount it will pay. All that has to be agreed before you can say, 'Actually, I fancy a £10,000 version—the Rolls-Royce version'. There is a cap on it. Afterwards, you still have that named person whom you can ring up if there are any problems.

[173] **Darren Millar:** Who is responsible for the repairs to those chairs?

[174] **Ms Jones:** You would go to your named Access to Work person, in the first place, and he or she would arrange the repair for you, but you as an individual would have to pay for that repair.

[175] **Darren Millar:** So, you are responsible thereafter. However, the assessment process, the delivery process and timescales are acceptable—

[176] **Ms Jones:** The cost of that repair would come out of your disability living allowance and your mobility allowance. That is how that works. Replacing tyres and so on are also down to the individual.

[177] **Darren Millar:** However, you would pay for that from your mobility component.

[178] **Ms Jones:** Yes, if you receive a mobility component, you can pay for it from that.

[179] **Andrew R.T. Davies:** Before I ask you the question that I was planning to ask, at the start of your description of Access to Work in response to Ann, you used the word 'choice', which is probably the key that unlocks the door. You, as the user, are empowered to make that choice. Is that a fair assessment?

[180] **Ms Jones:** Absolutely. I think of it as the same choice that you have when you go to buy a car. If you are buying a car, you want something that suits you and meets your needs. It is the same with a wheelchair, because a car makes you mobile, and a wheelchair makes you mobile. So, you want that choice.

[181] **Andrew R.T. Davies:** It is fair to say that bringing choice into the delivery of that service drives service improvement and that you, as the user, are driving that improvement.

[182] **Ms Jones:** Absolutely. You must have a cap on that choice, because you must be realistic, just as when you go to buy a family car, you are realistic about what you can afford. So, there must be a cap. However, there must be choice for the individual.

[183] **Andrew R.T. Davies:** There is an expectation that you can work with the service to make an informed decision, rather than the centre saying, ‘This is what you’re having. Be grateful for it’.

[184] **Ms Jones:** Yes, and what the centre says you should have might not suit your needs anyway.

[185] **Andrew R.T. Davies:** I want to ask you about the voucher system that works in some parts of England, which breaks down into three areas: standard, partnership and independent options. Are you familiar with the voucher scheme that operates in England—

[186] **Ms Jones:** I am not familiar with it, because the voucher scheme used to operate all over England, but then it was cut back repeatedly, because it did not seem to be working very well in a lot of areas and because it was quite complicated and clients did not understand it. It was difficult for us to understand and to advocate. So, I am not that familiar with it.

[187] **Andrew R.T. Davies:** If a simpler voucher scheme was implemented that empowered the user—it is easy for me and for other Members sitting here, reading the briefing note, to think, ‘That looks remarkably simple’, but its delivery, as you identified, may not be so straightforward—would you see that, in a wider sense, moving on from the work placement scheme, as empowering the user?

[188] **Ms Jones:** It has to be brought back to the user. The user must be in control. A voucher system can work, if it is put into understandable language, rather than social services and health jargon. It has to be in language that the user can understand. I looked at a voucher scheme that was operated in Islington, and there were so many documents that you had to read before getting to the bit that told you how to apply for it that you would put it to one side and never look at it again. It must be simplified, because anyone would have difficulty understanding something in social services or education jargon. I am always getting told off for using acronyms, because people do not understand what they stand for. We all do that. It has to be put in simple terms, so that people can understand and do not have to wade through a lot of documents. You are talking about working with families who have a disabled child or young adult, or an adult with a disability, and documents come through the letterbox day in, day out, for something or other to do with their care, their education, work, or whatever. They have to fill in document after document, and we need to break that down and see how we can help. If we can do that, and break that down into small chunks for the wheelchair service, then that will go a long way towards helping.

10.30 a.m.

[189] **Peter Black:** In your written evidence, you say that wheelchair services are not integrated with other equipment services, or designed to meet disabled people’s needs in a holistic way. Could you expand on that problem, and perhaps give some suggestions as to how it might be rectified?

[190] **Ms Jones:** Looking at the technology, as I said at the beginning, for people with complex needs it is not just about the wheelchair, but about all the technology that goes with it. They may be using a voice box, or oxygen, or have other controls on the wheelchair, perhaps to open the curtains in their house—I have seen wheelchairs that do all sorts of things. If the wheelchair needs all that, then you have to look at having that done in one place. I have known clients who have had to go from one place to another. They might have their wheelchair, but to get their voice box fitted to the wheelchair they would have to go somewhere else. It all needs to be done in the same place. It is a combined piece of equipment, and that is how the user will use it, so it all has to work as a whole, and, if one

part breaks down, people should know where they need to go—they should not have to look at going somewhere else.

[191] **Peter Black:** Does that mean that there are clear inefficiencies in the system, or is that unavoidable?

[192] **Ms Jones:** It is not unavoidable—there are clear inefficiencies. There are too many people doing too many things, rather than it being brought all together under one roof. At the moment, the wheelchair service is combined with the artificial limb service, which I have always wondered about. If it were separate, and all these bits and pieces were put into the service to meet users' needs, then perhaps you could have a single point of contact, and someone who rings up about a wheelchair could be given a single name to contact, rather than a list of names.

[193] **Peter Black:** Currently, the wheelchair services are provided by ALAS through regional centres in north and south Wales. Obviously, those arrangements do not appear to be working well. Could they be improved by being part of the seven new health boards? Would you like to see a devolution of those centres, perhaps with one centre per health board? Do you have other views as to how it might be restructured?

[194] **Ms Jones:** I think that it should be less—there are seven health boards at the moment. We should perhaps concentrate on making the existing centres more proactive instead of reactive, so that they put policies and procedures into place that meet all users' needs, and survey wheelchair users to see what those needs are.

[195] **Peter Black:** Are you suggesting that the existing two centres should be given more resources so that they can operate in a more proactive way?

[196] **Ms Jones:** Yes.

[197] **Peter Black:** So that they can be more proactive and responsive.

[198] **Ms Jones:** Yes, they should be more responsive to users' needs.

[199] **Andrew R.T. Davies:** Taking up Peter's point, earlier on in your evidence, Suzanne, you touched on the need for us to find out where this sits—either with social services, or health care. With the reorganisation, we have two centres, seven health boards—or eight, if you include Powys—and then there are 22 local authorities. That is a recipe for confusion, is it not?

[200] **Ms Jones:** Yes. I am looking at the existing two centres, but I think that we could use skills centres, and other centres for people with disabilities, as assessment centres, instead of just using the four assessment centres that we have at the moment. We could make much better use of our resources. That would save money, and would save time for the wheelchair user in travelling to and from assessments.

[201] **Andrew R.T. Davies:** Would it be fair to say that that transition to that kind of model would be fundamental to a better delivery of the service?

[202] **Ms Jones:** Yes. From Scope's point of view, it could easily be transferred into our centres. We could have a drop-in service that does not necessarily have to be there all the time; you could have it for one day a week or a few days a month. So, you could have a drop-in centre where the main number of people are based.

[203] **Darren Millar:** The Welsh Assembly Government is currently conducting a review

of wheelchair services. Have you had any input into that review? What role is Scope Cymru playing in that?

[204] **Ms Jones:** We have had a role with regard to the paediatric service. We are on the Every Disabled Child Matters Wales consortium, and we have put a big report together. So, we have very much been a part of that with regard to paediatric services.

[205] **Darren Millar:** Are you happy with the progress that is being made?

[206] **Ms Jones:** We would like the progress to be a little quicker—it seems to have gone on for a long time. I was on the radio back in March talking about the wheelchair service for children in north Wales, and how it took one family two years to get a wheelchair for their son who was under the age of five. The issue is that children grow, and related to that is a cost-effectiveness issue because by the time the family receive the wheelchair, the child has grown beyond recognition from the time they first had their assessment.

[207] **Darren Millar:** That brings us to the end of our questions today. Are there any further points that you want to make to the committee before we close this part of our meeting?

[208] **Ms Jones:** Yes, I would like to comment on the wheelchair referral process. It is another big problem because referrers come from all different quarters of life—you get referrals from general practitioners and from social services, there are self-referrals and sometimes referrals from schools and skills centres. That system could be joined up a bit better, so that we knew where the referral was coming from and to ensure no overlapping. I know of a case where one child had three referrals at the same time, and no-one knew that there were three referrals. So, there needs to be a more joined-up referral process.

[209] **Darren Millar:** I appreciate those comments. As there are no further questions for the witness, I would like to thank you, Suzanne, for attending today and for the paper that you sent us. We will ensure that a copy of the transcript of today's meeting is circulated to you, so that any necessary corrections can be made.

10.37 a.m.

Cynnig Trefniadol
Procedural Motion

[210] **Darren Millar:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 10.37(vi).

[211] I see that the committee is in agreement.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10.38 a.m.
The public part of the meeting ended at 10.38 a.m.