

## Y Pwyllgor Iechyd a Gofal Cymdeithasol

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Lleoliad:  
Ystafell Bwyllgora 1 – Y Senedd

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Dyddiad:  
Dydd Iau, 8 Mawrth 2012

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Amser:  
13:30

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



I gael rhagor o wybodaeth, cysylltwch â:

**Llinos Dafydd**  
Clerc y Pwyllgor  
029 2089 8403  
[HSCCommittee@wales.gov.uk](mailto:HSCCommittee@wales.gov.uk)

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### Agenda

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- 1. Cyflwyniad, ymddiheuriadau a dirprwyon**
- 2. Ymchwiliad undydd i wasanaethau cadeiriau olwyn yng Nghymru – tystiolaeth lafar (13.30 – 15.00)**

**Safbwynt darparwr y GIG (13.30 – 14.15)** (Tudalennau 1 – 25)  
HSC(4)–09–12 papur 1

Helen Hortop, Pennaeth y Gwasanaeth Aelodau Artiffisial a Chyfarpar, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Fiona Jenkins, Cyfarwyddwr Gweithredol y Gwyddorau Therapiau ac Iechyd, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Andrew Lloyd, Pennaeth Ansawdd a TG, Y Gwasanaeth Aelodau Artiffisial a Chyfarpar, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

HSC(4)–09–12 papur 2

Dr Maire Doran, Gwasanaeth Aelodau Artiffisial a Chyfarpar Gogledd Cymru  
Gareth Evans, Cyfarwyddwr Clinigol Perfformiad a Gwella, Canllawiau Ymarfer Clinigol Therapiau a Chymorth Clinigol, Bwrdd Iechyd Prifysgol Betsi Cadwaladr

**Safbwynt y cynllunydd (14.15 – 15.00)** (Tudalennau 26 – 36)  
HSC(4)–09–12 papur 3

Dr Cerilan Rogers, Cyfarwyddwr Gwasanaethau Arbenigol a Thrydyddol,

Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru

Mr Daniel Phillips, Cadeirydd, Bwrdd Partneriaeth Gwasanaeth Symudedd ac  
Ystum Corff Cymru Gyfan

**3. Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y  
cyhoedd o'r cyfarfod ar gyfer eitem 4 (15.00)**

**4. Ymchwiliad undydd i wasanaethau cadeiriau olwyn yng Nghymru  
- trafod y dystiolaeth (15.00 - 15.30)**

## Health and Social Care Committee

HSC(4)-09-12 paper 1

### One-day inquiry on wheelchair services in Wales - Evidence from the Artificial Limb and Appliance Service, Cardiff

#### Background

Health Commission Wales [HCW], now Welsh Health Specialist Services Committee (WHSSC) is responsible for commissioning Assistive Technology from the Artificial Limb and Appliance Services [ALAS] for people resident, or who are registered with a GP in Wales. **In line with NHS criteria, ALAS is resourced to provide essential equipment whilst striving to meet lifestyle needs** within allocated resource constraints. ALAS offers a consistent and equitable service to people in Wales who have a **permanent or long-term impairment**. Short term disability needs are met through alternative sources.

ALAS is essentially a community service providing services for the whole of Wales. Clinical assessments and the delivery and repair of equipment are largely done at the user's home, school or local hospital site. Users do attend ALAS for specialist assessment or because of the specialist facilities such as workshops, computer aided design technologies and equipment, casting rooms, physiotherapy gym, and walking training facilities.

ALAS is provided by a unique collaboration between three Local Health Boards. The three ALAS centres [ALAC] are situated in Cardiff (Cardiff and Vale UHB), Wrexham ( Betsi Cadwalladr UHB) and Swansea(Abertawe Bro Morgannwg UHB), working together to provide an All-Wales service.

- The Cardiff Artificial Limb and Appliance Service (ALAS) serves a population of 2.2 million, south of Llandrindod Wells, west to Ceridigion/Pembrokeshire (south of Aberystwyth) and east to South Powys of whom approximately 48,000 are wheelchair users.
- The Wrexham ALAS serves a population of 800,000 north of Llandrindod Wells, west to Aberystwyth and east to North Powys of whom approximately 18,000 wheelchair users.

- The 1<sup>st</sup> chart below gives a break down of the services provided by Cardiff ALAS, the 2<sup>nd</sup> a break down of the 3 ALAS and 3 rehabilitation engineering services by site.

Service	Cardiff 10	Area
Posture and Mobility [Wheelchair]	49,693	S Wales
Prosthetic	1,734	SE Wales
Orbital Prosthetic	2,483	All Wales
Electronic Assistive Technology Service (EAT).	563	All Wales
War Veterans Service	34*	SE Wales
Communication assessments	117	S Wales
Orthotics	10,000	Cardiff and Vale
<b>Total</b>	<b>64,624</b>	

\*included in Prosthetic total

ALAS service profile:

Service	Cardiff	Wrexham	Swansea
Posture mobility /wheelchair service	√	√	
Rehabilitation Engineering	√	√	√ equipment funded by Cardiff
Prosthetics	√	√	√
Orbital prosthetics	√		
EAT	√		
Orthotics local not WHSSC	√	√	√

The Cardiff posture and mobility services are supported by Rehabilitation Engineering services based respectively at Cardiff and Swansea who provide bespoke solutions for the most complex cases. Funding for these cases comes from the ALAS WHSSC budget.

ALAS currently receives an average of 800 referrals per month, broken down as follows:

**Approx Total referrals a year = 9340**

Per month = 779

of which 58% are new referrals

**By Pathway Type**  
**Standard**

*Per Year Approx = 4280*  
*per month 357*  
*46% of all referrals*

**Complex Postural**

*Per Year Approx = 2438*  
*per month = 203*  
*26% of all referrals*

**Technical**

*Per Year Approx = 1511*  
*per month = 125*  
*16% of all referrals*

**EPIOC (Electric powered indoor /outdoor)**

*Per Year Approx = 569*  
*per month = 47*  
*6% of all referrals*

**BER (Beyond economic repair)**

*Per Year Approx = 545*  
*per month = 45*  
*6% of all referrals*

Following the period of the 2009 posture mobility review, the Minister for Health and Social care reported that:

*The majority of wheelchair users are satisfied with the service. Over 70% then received their wheelchairs within three weeks. Some people with complex needs experienced longer waits. The approach to service delivery was not uniform across Wales.*

She noted that there were currently variable (and sometimes significant) bottlenecks in the supply chain process resulting in delays between the raising of a wheelchair prescription and its delivery to the client. Also that across the four home nations, Wales provides its service users with the largest range of equipment, acknowledging that this is a deliberate strategy which enables clinical needs to be met to best effect, and maximising independence for service users.

The Artificial Limb and Appliance Service provide a wheelchair service that principally meets “health needs”,

that is essential posture and mobility needs. Service users often need to have their wider requirements taken into account during the assessment process and every effort is made to accommodate these requirements, for example an increasing number of clients who live in local authority accommodation require mid wheel drive power chairs because it gives a smaller turning circle therefore it can be used in more compact settings.

A quality repair and maintenance service is an intrinsic and critical part of the wheelchair service, and is vital for all clients. The maintenance service in South Wales was then outsourced and had been subject to criticism. It was subsequently brought in-house in February 2010.

Short-term wheelchair loans (less than 6 months) are not funded through the Artificial Limb and Appliance Service. Currently, most clients, carers and practitioners rely on voluntary agencies for this service.

The Rehabilitation Engineering Units have been responsible for much development and innovation in this field, both locally and nationally. They are a crucial part of the wheelchair service and look after some of the most complex clients.

From this Ministerial response came a series of recommendations that are noted and updated below.

### **Recommendation 1**

We recommend that the Welsh Government ensures that a full, national service specification be prepared, including details on the service's approach to joint working with other organisations and individuals; and information on performance targets and monitoring systems.

*The Partnership Board has been established and 3 meetings have so far taken place. The Board membership reflects the range of individuals and organisations involved in service delivery and use. The development of a service specification and robust key performance indicators, to support performance improvement, are specified in the Terms of Reference and reported to each Board meeting. Prior to the establishment of the Board, work was undertaken in conjunction with HCW, service user representatives and managers to agree the service specification and eligibility criteria.*

## **Recommendation 2**

We recommend that the Welsh Government should draw up a strategic plan, to give direction to the service over the coming years. This should be done in conjunction with the service providers, users, stakeholders and other interested parties.

*Work led by NLIAH and DSU in conjunction with service users and representatives as well as a broad range of clinical referrers have over the last 18 months developed service priorities which are being monitored on a 60 day cycle. These objectives have been adopted in both the North and South services to ensure equity of service improvement across Wales.*

*These include reporting Referral to Treatment Guidelines (RTT), capacity and demand assessment, a new referral form and new and more efficient ways of working.*

## **Recommendation 3**

We recommend that the strategic plan should address the need for better integration of the service with the community and other NHS services and with social services.

*A range of initiatives have taken place with more planned for the future. Currently ALAS senior clinical staff meet with All Wales professional groups to help us gain a greater understanding of their needs. This includes paediatric Occupational and Physiotherapy managers, Tissue Viability nurses, District Nurse managers. Training for referrers is delivered to a range of disciplines and students across Wales - over 1000 to date. Joint clinics with paediatric therapists are organised in Cardiff, Brecon and other centres. The number and range of venues for community clinics has been increased.*

*Band 6 occupational therapists rotate into the service for year long secondments which trains them to a high level of expertise.*

## **Recommendation 4**

We recommend that the Welsh Government ensures that the arrangements for a restructured wheelchair service incorporates clear responsibilities and lines of accountability for service delivery.

*The Cardiff service has clear lines of responsibility to the Executive Board of Directors in Cardiff and Vale UHB*



*with direct line management to the Executive Director of Therapies and Health Sciences. Service delivery for all specialities is reported via monthly meetings with Welsh Health Specialist Services Committee(WHSSC) and quarterly meetings with the Partnership Board. Every specialist professional section has a clinical/technical or engineering lead.*

### **Recommendation 5**

We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.

*Quality indicators have been agreed and are reported to the Partnership Board. These come under the headings of*

- *Provision of service information to all users*
- *A quality service*
  - 1 *Staff qualifications and CPD*
  - 2 *Assessment*
  - 3 *Delivery and maintenance*
  - 4 *User feedback*
- *Care pathway*

*Key performance indicators link to the National Service Framework for Children, waiting times for delivery of equipment and Referral to Treatment Guidelines(RTT) etc When the original review was undertaken our percentage compliance for the delivery of standard chairs within 21 days was 70%. This now stand at 95% compliance for delivery within 5 days.*

*Work begun as a pilot scheme in which "Rea Assist" chairs are provided for spinal/head injury patients in ITU initially in Cardiff and now rolled out to include Swansea has saved hundreds of bed days by providing a specialist chair within 48hours. The patients are able to sit out earlier , improving posture, access to physio and rehabilitation.*

### **Recommendation 6**

We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.

*See response to recommendation number 5. NLIAH and DSU have been supporting ALAS to ensure waiting times are measured in accordance with Referral to Treatment process measures. DSU are conducting assessments in both centres to ensure this is in place and have supported the service in implementing a capacity and demand review for clinical interventions. This model will now be rolled out across all services.*

### **Recommendation 7**

We recommend that the service specification should include an action plan, including targets and milestones, for meeting the standards in the Children's NSF on wheelchairs.

*A comprehensive assessment has been undertaken in conjunction with NLIAH and DSU to ensure compliance. The technical team at Cardiff have further developed the BEST(Bringing Equipment Services Together) IT system to ensure we are compliant with and reporting to NSF standards. We are currently in shadow format but will go live on 1<sup>st</sup> April.*

### **Recommendation 8**

We recommend that the Welsh Government ensure that the service prepares a communication strategy to outline how it will improve communication with users and stakeholders. This communication strategy should be drawn up and introduced as a matter of urgency.

*The service has worked closely with NLIAH to improve communication with service users. This will be taken forward in a number of ways.*

*As part of the 60 Day Review process, a Wales-wide Service User Engagement Work stream has been established with three years funding from Welsh Government. The working group consisting of ALAS, a community therapist and service user members with the express remit to:*

- 1. Identify effective ways to capture service users' views and experiences*
- 2. Actively gather a baseline of the views and experiences of users using both quantitative and qualitative means*
- 3. Prepare & implement a three year service user engagement strategy using the baseline information gathered, to target continuous improvement in service user engagement*
- 4. Following a competitive tendering process an external consultancy, the "Kafka Brigade" were appointed to support the workgroup in developing an in-depth understanding of the user experience during year one of the strategy. In part, the aim of this process was also to begin creating a cohort of service users and staff who will go on to co-design future services during the second year using an Experience Based Co-Design (EBCD) advocated by the Kings Fund. The findings will also inform a feedback system which will*

*be an ongoing source of insight for ALAS. It is also anticipated that this comprehensive baseline work with ALAS service users will begin a dialogue whereby the service can better understand how users prefer to be informed of developments within the service.*

*As well as this we have information screens at the Cardiff Centre that are regularly updated with service user information, each clinic has user questionnaires available for feedback as well as the ALAS website.*

*Cardiff has also prepared an over view of the service we provide in layman's terms which describes what a service user can expect from us when they are referred to the service. This is in final draft and will be put on the web site.*

### **Recommendation 9**

We recommend that the communication strategy should include measures to provide better information to users generally, but in particular on progress within the system.

*Under the rules of RTT we are obliged to contact every service user to confirm they are happy to accept the appointment we offer them. Appointment times and venues are agreed by telephone unless we are unable to make contact at which point we would write to the client and or the referrer. To ensure we are compliant appointments are currently being made within 3 weeks of referral to ensure the appointment for assessment is within 6 weeks of referral.*

*Written information is currently being reviewed in readiness to translate into Welsh.*

### **Recommendation 10**

We recommend that the Welsh Government should explore with the service, voluntary organisations and charities, options for providing the best possible interim solutions for users who will be waiting for significant periods for delivery or maintenance of a chair.

*The service has met with British Red Cross (BRC) to review closer working opportunities. We have provided wheelchair assessment training for their staff, and both agencies collect and return equipment for each other. Data protection issues prevent us from giving personal client information to BRC. It should be noted that for complex users an interim solution may not be suitable*

*and if an inappropriate seating system is provided, long term harm could be caused.*

*South Wales ALAS has developed drop-in clinics at the Cardiff depot to improve clients' access to timely assessment and repairs. We have also appointed a delivery driver and a fitter in West Wales which both reduces travel time and costs for the service and also makes the service more available to the clients in that area. The service provides a 365 day emergency call out service and all urgent calls are visited within 24 hours. Where possible if a repair cannot be undertaken immediately every effort is made to provide a temporary solution for those service users who are dependent on their wheelchair.*

#### **Recommendation 11**

We recommend that the Welsh Government should conduct an assessment of the long-term resources required to sustain improved waiting times; provide regular reviews for some users; and to clear the waiting list backlog in North Wales. The Government should then make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.

*NLIAH has supported the service in conducting a capacity and demand analysis which in South Wales has identified a number of service improvements. An additional 13% of clinical time has been released by the appointment of a band 2 administrator for both the clinical and technical teams. We have increased satellite clinics; introduced one-stop clinics and weekend clinics and as a result we have reduced waiting times for assessments for paediatrics to a maximum of 6 weeks (32 weeks at April 2011) and adult waiting times for assessments to a maximum of 16 weeks (44 weeks in April 2011). Work is being undertaken to introduce an off line working system which will enable staff to review and input data off site and release even more clinical time.*

#### **Recommendation 12**

We recommend that the Welsh Government should explore opportunities for joint working between ALAS and organisations, charities, community therapists and others, and that this should form a central part of the service's strategic plan.

*Work is underway to strengthen relationships with children's charity groups on joint training for children.*

*BRS for collection of equipment and training of their staff, Joint clinics are held in conjunction with paediatric therapists, meeting all Wales professional groups like paediatric Occupational Therapy and Physiotherapy managers and District Nurses and Tissue Viability nurses.*

### **Recommendation 13**

We recommend that the Welsh Government ensures that efforts are made to streamline the referrals process, possibly through the development of on-line resources.

*A great deal of preparatory work has been undertaken with regard to the referral form and joint meetings are being facilitated by NLI AH to complete this work. At present on line referrals are limited because health is able to only shared patient identifiable data between NHS establishments.*

*Within the NLI AH 60 day review process a Referrals work stream has been established to review the referral process with the aim of developing an improved referral form which is consistent across both the South and North Wales Services.*

*Following an audit of referrals to South Wales reviewing 12 months of referral data, 5.6% of all referrals were returned to the referrer as incomplete, with a further 22% of these being returned a second time. The audit also identified the common reasons why referrals were returned, one of which being the quality of the clients measurements given. As a result, the redesigned form seeks to clarify the expected measurement standards and an explanatory DVD has been produced for referrers by the All Wales Trainer. The DVD is currently being trialled by clinicians in the community to ensure it is fit for it's purpose.*

*A final workshop to agree a revised referral form for piloting is currently being arranged and is anticipated to take place in March 2012. At this meeting, Soft Options, the BEST IT system developers, will be showcasing the latest developments in electronic referrals to discuss how this could be developed in future within ALAS.*

### **Recommendation 14**

We recommend that the Welsh Government should ensure that there is a sufficient number of community therapists trained to undertake Level 3 assessments.

Since the Review, the South Wales ALAC has systematically reduced paediatric and adult waiting times for assessment. The current position is a 6 week wait for paediatrics (32 weeks in April 2011) and 16 weeks for adults (44 weeks in April 2011). This has been achieved because of a range of improvements which include:

- Improvements in the links between the BEST IT system and the ORACLE procurement system has reduced duplication and enabled faster ordering.
- Developments in the BEST IT system which facilitate a more efficient note keeping system.
- Appointment of admin support staff for the clinical and technical teams which has freed them to undertake more complex duties.
- All referrals are triaged within 24 hours of receipt.

With this level of continuous improvement the need for training community therapists in South Wales to undertake Level 3 assessments is therefore no longer required.

The service would be unable to support the knowledge, skills and expertise of community staff based on other sites. There is a range of 160 seating solutions + accessories and referrers must maintain comprehensive product knowledge to be able to safely prescribe. As well as this the clinician must be able to retain contact with the client in case problems arise and have access to the BEST IT system which holds the patient record.

The service has year long rotational band 6 posts which enable occupational therapists from other services to gain a high level of expertise in assessment and fitting for postural and mobility issues. This skill is then taken back out to other areas and improves the quality of referrals and allows us to prescribe straight from the referral.

“Trusted assessors” work in conjunction with the service in settings where clients have a high level of postural problems. These clinicians have an adequate knowledge of a specific range of chairs to be able to make recommendations directly into the service.

The all Wales training manager has trained over 1,000 nurses and therapists to level 1 standard over the past 2 years.

*NLIAH has also supported the Cardiff based all Wales training manager in the development of a DVD. This DVD resource is intended to support the training of referrers by providing clear, explicit instructions on what measurements are required and how these should be undertaken. Inaccurate or incomplete measurements are the major reasons why referrals are delayed. It is anticipated that there will be a reduction in the number of incomplete or inaccurate measurements leading to a quicker dispatch of equipment. It is essential for client safety to have accurate measurements. For those service users who require further assessment the improvements in the accuracy of this initial information will reduce delays.*

### **Recommendation 15**

We recommend that, as a matter of urgency, the Welsh Assembly Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.

*Local agreements are being developed, for example with children's charities both to provide training for children and in joint funding for equipment.*

*Further work must be undertaken to ensure that where ALAS costs are increased due to the size of council accommodation joint funding should be arranged, also in the case of education where joint funding could reduce overall costs. This will be raised in relation to discussion in the Partnership Board*

### **Recommendation 16**

We recommend that the Welsh Government clarifies and makes public its policy and arrangements for the maintenance and repair of equipment bought by individuals.

*The service offers a wide range of chairs and accessories. Our clinical and technical staff are all trained to ensure that they have a high level of knowledge to assess, fit, maintain and repair the equipment. There are currently 160 chairs in the range, we hold over 200 commonly used parts in stock and can access other parts in a timely fashion.*

*We do not have the product knowledge and could not hold the parts for the full range of chairs available on the market. If we undertook this role we would not be able to guarantee the safety of the client or their*



*equipment. We would not be able to purchase at the prices we have negotiated for the current range.*

#### **Recommendation 17**

We recommend that the Welsh Government should explore further the possibility of pooling existing budgets, particularly education budgets, in relation to the provision of equipment for users.

*The service is in agreement with this and will pursue the potential via the Partnership Board.*

#### **Recommendation 18**

We recommend that the Welsh Government should review arrangements for short term loans of wheelchairs which are not provided by ALAS to ensure that this service provision is adequately resourced.

*This work has been led by North Wales but supplemented by meetings held locally. Assessment training has been provided for British Red Cross staff*

#### **Recommendation 19**

We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.

*As well as the work undertaken at national level the service has met with British Red Cross (BRC) to review closer working opportunities. We have provided wheelchair assessment training for their staff, and both agencies collect and return equipment for each other. Data protection issues prevent us from giving personal client information to BRC*

#### **Recommendation 20**

We recommend that the Welsh Government should ensure that the arrangements for maintenance and repair in Cardiff ALAC and Wrexham ALAC be kept under review, to ensure that the service is meeting the necessary standards.

*South Wales ALAS brought the approved repairer service in house in February 2010. Improvements in service have been implemented since then which include:*

- Clients are able to drop into the depot for repairs - feedback from clients is very positive.*

- *One stop clinics are held at the depot where suitable clients are assessed and issued with equipment on the same day.*
- *Weekend clinics are held at the depot.*
- *Standard chairs – previously 70% delivered in 21 days, now 95% within 5 days.*
- *Rehabilitation engineering is about to be accommodated on the same site as the wheelchair service which will improve clinical pathways, provide improved career pathways and facilitate closer working.*
- *A delivery driver and a fitter have been employed and based in West Wales, improving the service to clients in that area.*
- *All outstanding repairs are waiting delivery of equipment to the depot.*

### **Recommendation 21**

We recommend that the Welsh Government should ensure that ALAS consults users and stakeholders on their needs in advance of any future tendering process for maintenance and repair contracts.

*Service user representatives were fully involved in the process to select the new range of wheelchairs in the contract that will commence on 1/4/2012 and will run for 3 years. The Cardiff Rehabilitation Engineering department has a user group chaired by one of their clients who is also a member of the Partnership Board. The service user engagement work stream (see recommendation 8) consultation undertaken in partnership with the “Kafka Brigade” will also gather any service user experiences relevant to this recommendation.*

### **Recommendation 22**

We recommend the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions.

*Regular reviews are in place for Rehabilitation Engineering Unit service users, because of the complexity of their client’s conditions. Children are reviewed twice a year, adults once a year. In South Wales ALAS is offering the parent /carer and the referring therapist the opportunity to bring children for review once a year. Feedback from paediatric therapists is very positive*

**Recommendation 23**

We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.

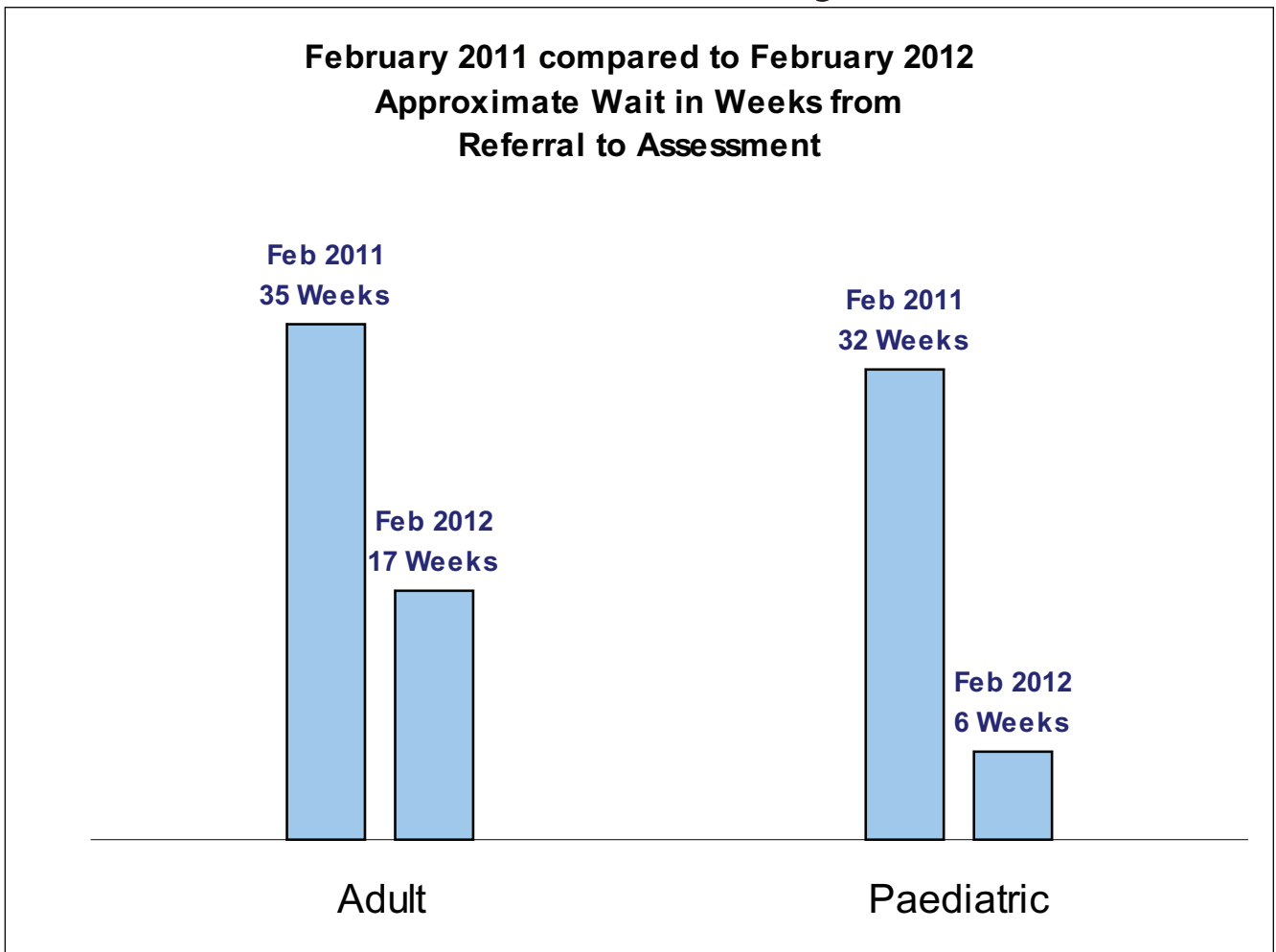
*Funding has been allocated to support training of service users, in particular certain Paediatric clients. A tender is being drafted in conjunction with NLIAH to provide this training across Wales. Cardiff ALAS staff are being trained to provide weekend training for children at the wheelchair depot. This is on a voluntary basis.*

# Postural and Mobility Services South Wales

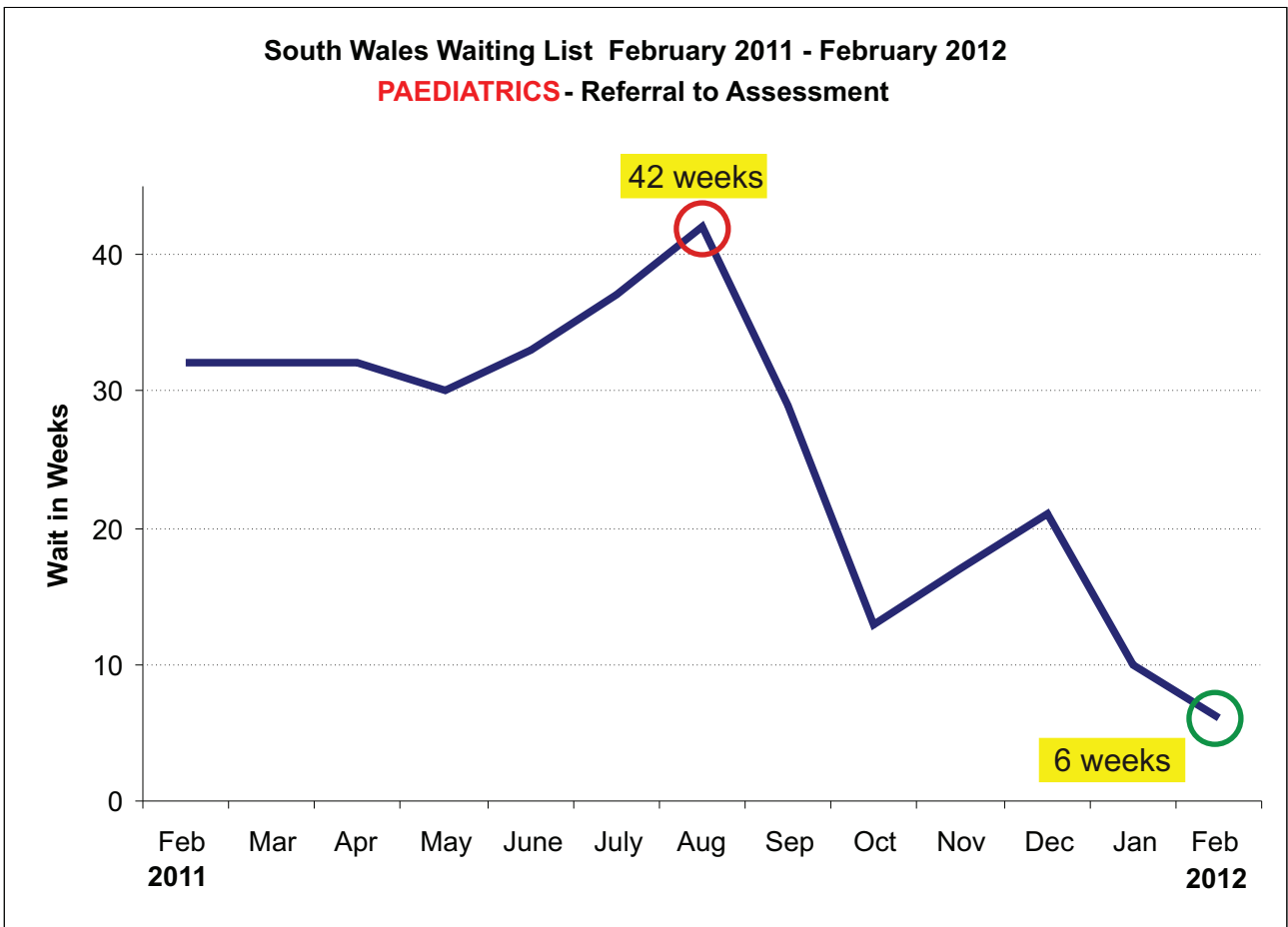
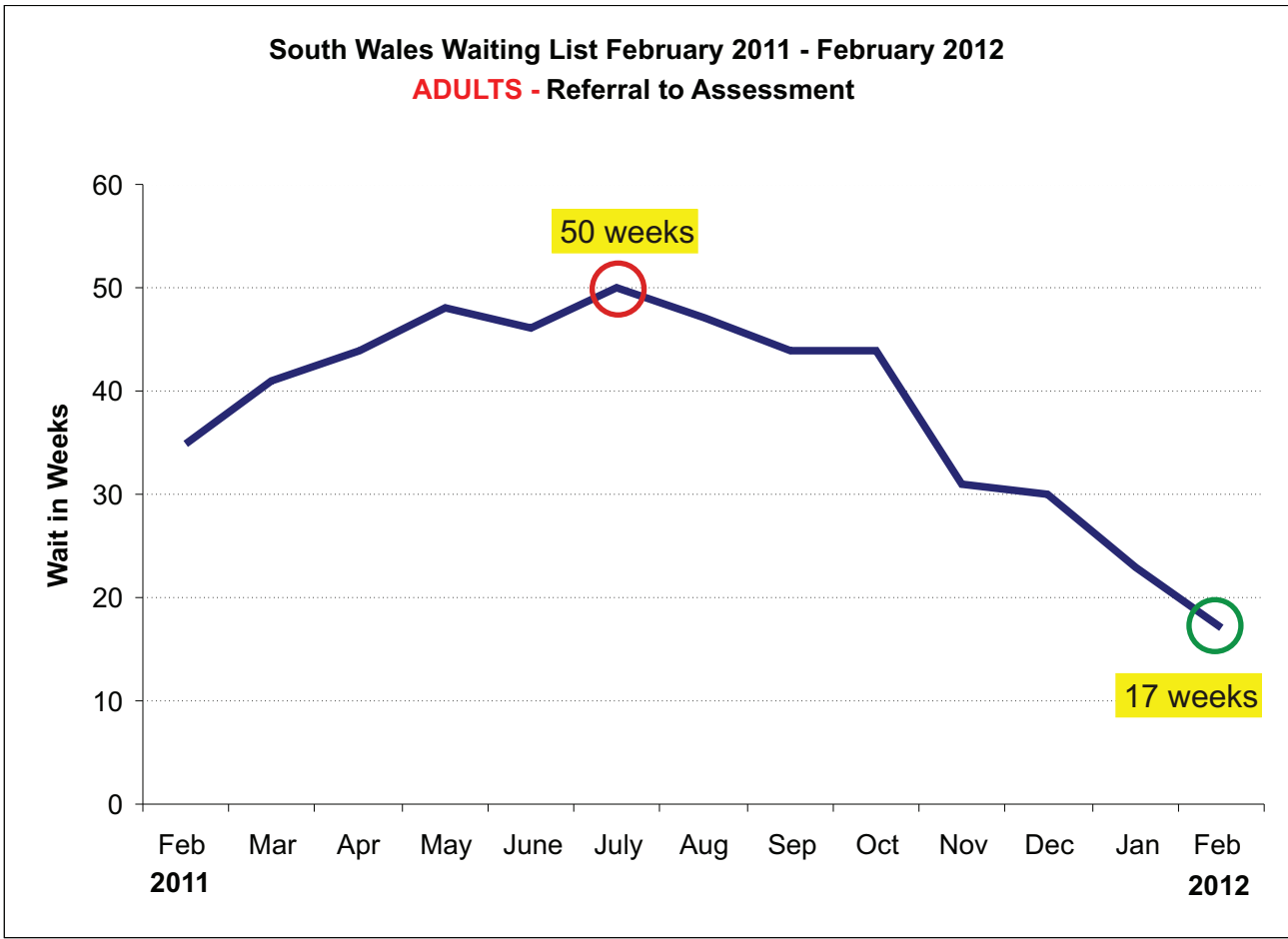
## Waiting List Comparison Report

Current Reported Position as on  
15<sup>th</sup> February 2012 compared to  
Reported Position February 2011

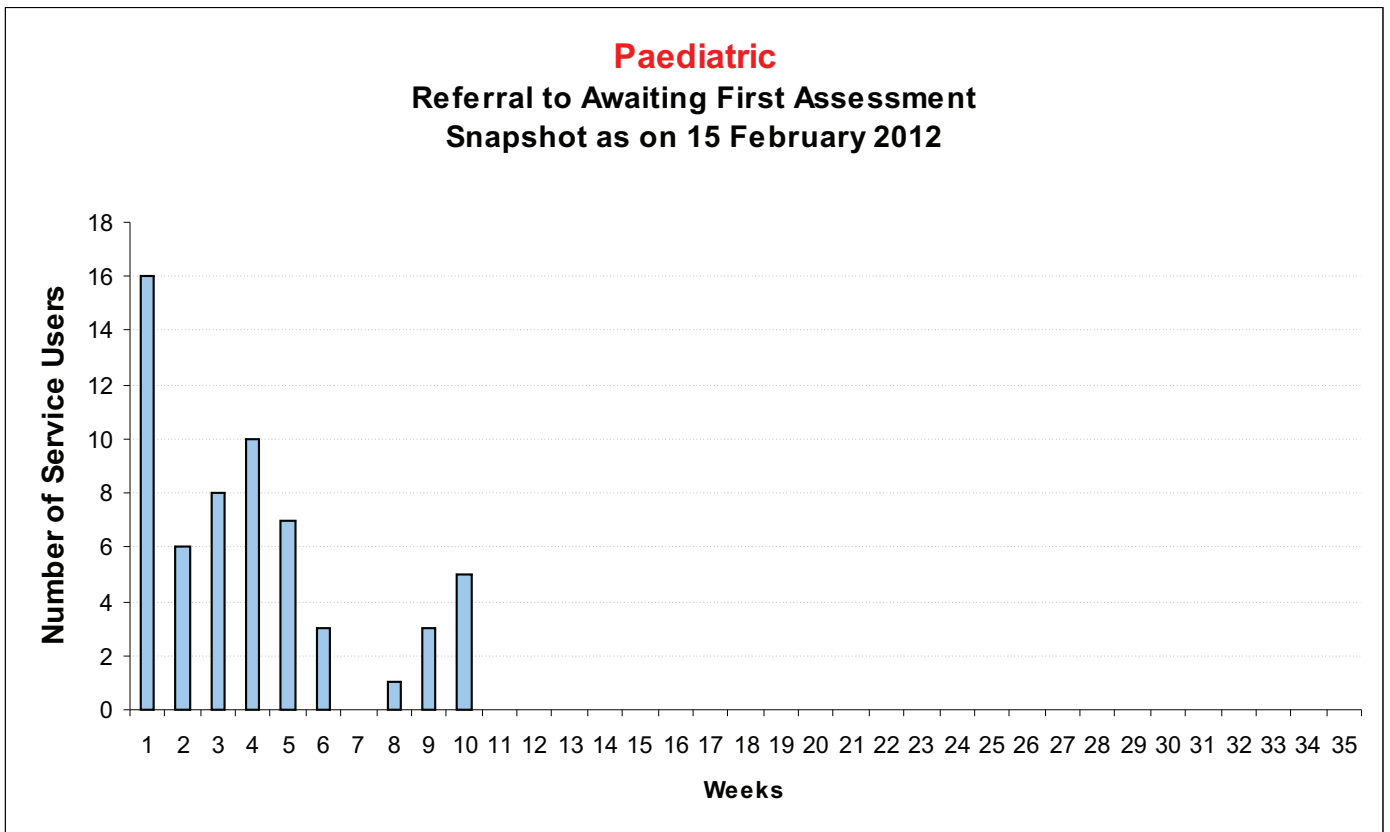
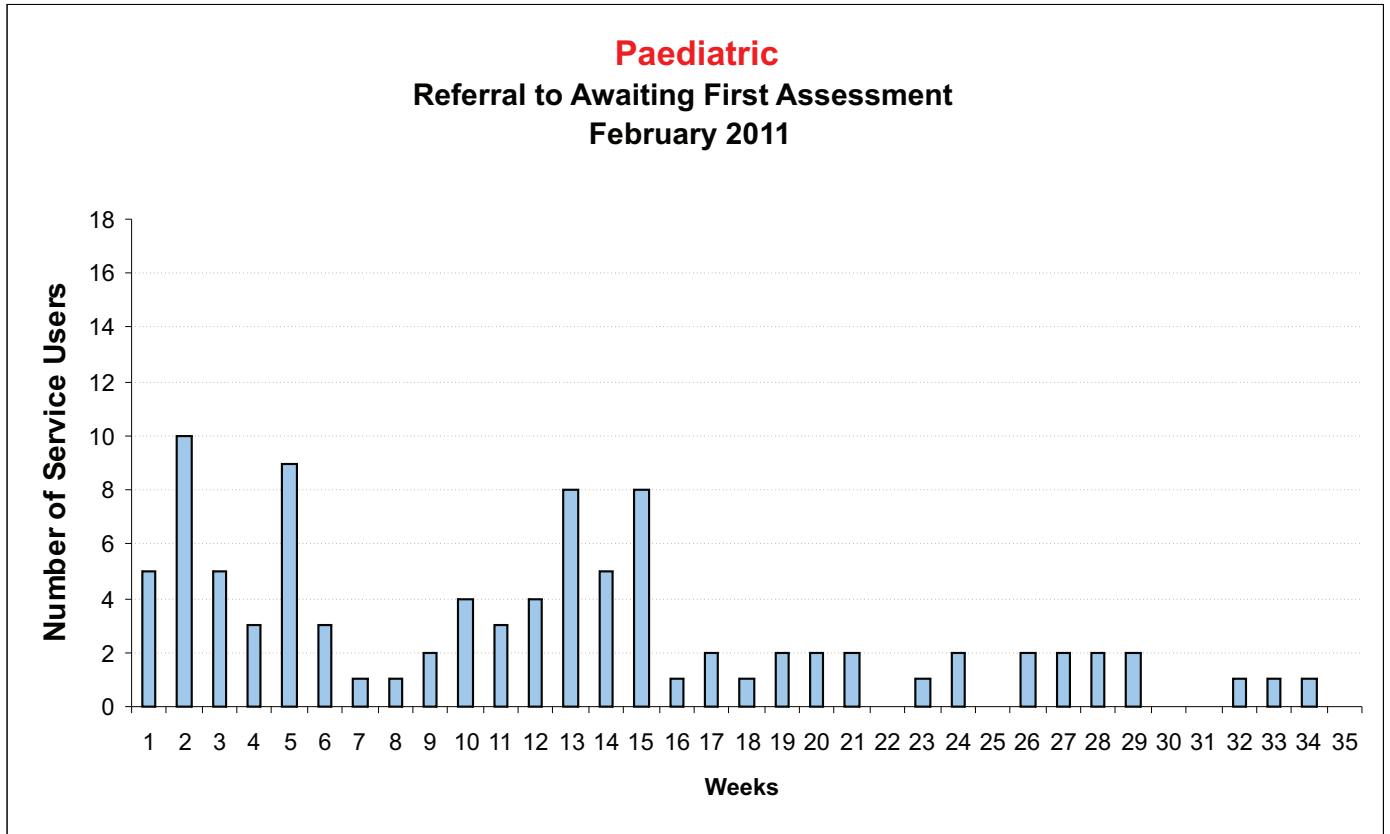
### Summary



## Postural and Mobility Services - South Wales Waiting List Comparison Report



## Postural and Mobility Services - South Wales Waiting List Comparison Report



# Health and Social Care Committee

## HSC(4)-09-12 paper 2

### One-day inquiry on wheelchair services in Wales - Evidence from North Wales Artificial Limb and Appliances Service

#### Betsi Cadwaladr University LHB

#### Written evidence for the Health and Social Care Committee One Day Inquiry on Wheelchair Services in Wales March 2012

#### Introduction

In response to the recommendations of the 2010 Health, Wellbeing and Local Government Committee Report on Wheelchair services a considerable amount of work has been undertaken and is ongoing to achieve the outcomes required. This evidence report will aim to summarise the efforts, achievements and work in progress and will not repeat any evidence provided for the initial inquiry.

#### All Wales Working

Several workstreams have been established on an All Wales level to progress and monitor compliance with the recommendations. The North Wales service has been actively involved in these workstreams, which have been facilitated via NLIAH and DSU, with performance monitored via the Partnership Board. These activities have been carried out in conjunction with service users and representatives as well as a broad range of clinical referrers and have been monitored using a 45 day cycle method. Joint working is outlined in the table below showing the activity adopted in North Wales and mapped to the recommendations.

Workstream Activity	Recommendation
Waiting List Management <ul style="list-style-type: none"><li>• Adopted RTT rules</li><li>• Targeting of long waiters</li><li>• Software developed to manage RTT pathway</li><li>• Staff trained in RTT rules and software</li><li>• Reduction of lists</li><li>• Direct booking of appointments – client choice</li><li>• Validation of lists and data</li><li>• NLIAH and DSU have been supporting services to ensure waiting times are measured in line with RTT. DSU is conducting audits to ensure these are in place.</li></ul>	6     8   6
Capacity & Demand <ul style="list-style-type: none"><li>• Roll out project planned to start in April 2012</li></ul>	

<ul style="list-style-type: none"> <li>This is expected to help us understand the future resource requirement for the service</li> </ul>	<b>11</b>
<p>Service User Engagement</p> <ul style="list-style-type: none"> <li>3 year project funded by Welsh Government</li> <li>Services have been involved in working groups with service users to develop communication strategy</li> <li>User consultation progressing to capture users' views and the project will target continuous improvement in service user engagement</li> <li>Ongoing work will establish a platform for the service to involve users in future planning</li> </ul>	<b>8</b>
<p>Referrals</p> <ul style="list-style-type: none"> <li>Streamlined procedures for handling referrals</li> <li>New All Wales referral form being developed</li> <li>Working towards electronic referral</li> <li>Training of referrers</li> </ul>	<b>13</b>
<p>Training</p> <ul style="list-style-type: none"> <li>Some Level 3 training has been carried out but this is on hold as the focus shifts to training the referrers. There is a need to review the benefits of level 3 training in the community due to requirements for keeping up to date</li> <li>Training for referrers is delivered across Wales</li> <li>A tender is being drafted by NLIAH to provide training for users across Wales</li> </ul>	<b>14</b>
<p>Service Specification</p> <ul style="list-style-type: none"> <li>Contributing to the development of an All Wales service specification</li> <li>Performance indicators have been developed and monitored</li> <li>Working on development of decision making matrix for clarity of provision</li> </ul>	<b>1</b> <b>8</b>
<p>Partnership Board</p> <ul style="list-style-type: none"> <li>Joint working with a range of organisations and individuals on the Partnership Board</li> <li>High level of commitment from the service and Health Board with active participation from Chief of Staff, Clinical Director and Assistant Director of Therapies &amp; Health Sciences</li> <li>Performance targets and monitoring at quarterly meetings</li> <li>Quality indicators have been agreed and reported to Partnership Board</li> </ul>	<b>1, 2, 4, 5</b>
<p>Contracts</p> <ul style="list-style-type: none"> <li>Joint working between services and service</li> </ul>	<b>21</b>



<ul style="list-style-type: none"> <li>users to procure recent wheelchair contract</li> <li>Joint working established for current cushion contract</li> </ul>	
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### North Wales Posture & Mobility Service

The North Wales service has been working hard to make improvements in line with the recommendations. In addition to targeting waiting times for children, effort has been focussed on establishing the foundations for improvement (in terms of structure and process) and we expect to realise further benefits over the next 12 months. The following table outlines some additional examples of ongoing work and achievements in North Wales; they are mapped to the recommendations for evidence of progress.

Activity	Recommendation
Significant progress with NSF Referral to assessment time of 6 weeks for children achieved. Delivery to fitting time of 8 weeks forecast to be achieved by end of March	7
Implementation of software to allow management of pathways to RTT rules	7
Process mapping of referral and admin pathways undertaken to streamline services and increase capacity (further process mapping planned in March 2012)	<b>Continuous Improvement</b>
Organisational restructuring by bringing REU and ALAS into a single Posture & Mobility directorate led by a Clinical Director appointed in Oct 2011 with clear lines of responsibility via the Chief of Staff to the Executive Director of Therapies & Health Science	4
Working with community therapy services to improve integration via regular meetings, rotational posts, secondment opportunities, training, supervision	3, 12
Developing detailed operating instructions and criteria	<b>Continuous Improvement</b>
Developing user links e.g. Disability Sports Wales, MS Users Forum	8
Improved communication with Approved Repairer service, monitoring of performance and improving service delivery <ul style="list-style-type: none"> <li>Service provided for fast delivery of loan chair if repairs cannot be done immediately</li> <li>Higher stock levels of parts to avoid delays</li> <li>Quarterly review meetings held and monthly reports received monitoring performance</li> <li>Customer survey planned for April – Jun 2012</li> <li>Retendering process currently underway</li> </ul>	10 10 20 21

involving service users and including specifications to improve delivery of service	
Joint clinics established between Rehab Engineering and Wheelchair therapists	3
Daily duty therapist in place to deal with referrals and queries to reduce delays and improve communication	9
Additional clinic sites established	3
97% of standard chairs are delivered within 21 days (target 95%)	<b>Continuous Improvement</b>
Maximum referral to assessment time for adults has reduced from 23 months to 15 months and is forecast to be 12 months by end of March	<b>Continuous Improvement</b>
Referral to assessment time for powered wheelchairs has reduced from 12 months to 8 months and work is ongoing to ensure further reduction in waiting times	<b>Continuous Improvement</b>
Information pack for clients on the website	8
Communication with Whizz Kidz and meeting planned to discuss working better together e.g. on joint funding and training for children	12 15
Reorganisation of admin systems are in progress to streamline the processes and provide better communication with clients	<b>Continuous Improvement</b> 8
All existing clients can be re-referred into the service, children will be seen within 6 weeks whether new or re-referral	22
Assistance provided from CPG Performance team showing evidence of commitment from Health Board to service redesign and improvement	<b>Continuous Improvement</b>

### Future Progress Required

It is recognised that we are continuously improving the service and we have focussed our attention on some priority areas initially. The following table outlines areas of the recommendations and general improvement still required.

<b>Activity</b>	<b>Recommendation</b>
Additional funding was provided in 2011 for the paediatric service; however, further resources are required to sustain and progress improvements in adult services. Historically waiting times have been longer in North Wales and recurrent funding is required to bring these down to acceptable levels for adults.	11
Further exploring of options for joint funding in relation to equipment for service users	17
Further consideration regarding regular reviews for existing service users, in particular for children and	22

those with changing conditions	
Work needs to be done to establish and monitor meaningful outcome measures	5
Further streamlining of processes and patient pathways	<b>Continuous Improvement</b>
Ongoing development of IT solutions to support improvements and changes	<b>Continuous Improvement</b>
Ongoing work on communications via the user engagement workstream and between the service and all stakeholders	8,9

### **Summary**

The overall picture is one of significant progress and achievement; the NSF access targets for children are being achieved and with further resources a similar improvement can be achieved for adult services. There is now a culture of continuous improvement within the service; the foundations have been set to achieve further improvements with the client at the centre of service provision and design. We are proud of the achievements to date and are looking forward to progressing at pace over the next 12 months.

# Eitem 2b

## Health and Social Care Committee

HSC(4)-09-12 paper 3

### One-day inquiry on wheelchair services in Wales – Evidence from Welsh Health Specialised Services Committee (WHSSC)



GIG  
CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

**Response to the National Assembly for Wales's  
Health and Social Care Committee One Day Inquiry  
on Wheelchair Services**

#### **Purpose of Paper**

This paper provides evidence to the Health & Social Care Committee's inquiry into the wheelchair service, on the extent to which the recommendations made by the Third Assembly's Health, Wellbeing and Local Government Committee's Report on Wheelchair Services in Wales, have been implemented.

#### **Background**

The Welsh Health Specialised Services Committee (WHSSC) is a joint sub committee of the 7 Health Boards in Wales. Health Boards have delegated their responsibility for planning and funding specialised services, including the Artificial Limb and Appliance Services, to WHSSC. WHSSC funds the provision of these services within Abertawe Bro Morgannwg University Health Board, Betsi Cadwaldr University Health Board and Cardiff and Vale University Health Board.

#### **Partnership Board**

Following the release of the final report of the All Wales Posture and Mobility Review, the Welsh Government asked the Director of Specialised Services to establish the All Wales Posture and Mobility Partnership Board. One of the recommendations of the review was the establishment of the Partnership Board to focus on the auditing of quality standards and delivery of the key performance indicators, as a measure of the quality service delivery.

The Partnership Board has met on four occasions. It is chaired by Daniel Phillips, Director of Planning, WHSSC. The Terms of Reference and Membership for the Board is attached as Annex (i).

The Partnership Board membership was extended to include the Delivery & Support Unit (DSU) and the National Leadership & Innovation Agency for Healthcare (NLIAH) to ensure that all plans for service improvement for wheelchair services are coordinated through the Partnership Board, although the accountability for implementation of some of the recommendations for the review are outside the remit of WHSSC.

The Partnership Board includes representation from service users, Health Boards, WHSSC, Local Education Authorities and Social Services. It is attended by the Welsh Government policy lead for the Posture and Mobility Service.

### **Service Improvement Programme**

In the Autumn of 2010, the Posture and Mobility Service commenced a service improvement programme, with the support of DSU and NLIAH. The purpose of this programme is to implement specific recommendations of the Review. NLIAH facilitated the selection of priorities for the first phase of this programme.

A detailed progress report against each of the recommendations of the Review was presented to the Partnership Board in October 2011. Some of the key areas of progress include:

- Developments to improve waiting list management:
  - Agreement of definitions for measuring referral to delivery
  - Systems in place to enter all patients on waiting list within 24 hrs of receipt of referral, ability to actively monitor long waits/early warning systems/trigger points
- Upgrade of IT systems to support waiting list management
- Unification of IT system across Rehabilitation Engineering and ALAS
- Establishing satellite clinics
- Agreement to commence joint assessments with community therapists
- Changes in skill mix/allocation of duties introduced as a result of analysis of duties untaken for capacity and demand analysis

A update was presented to the Partnership Board on the 1<sup>st</sup> March and a further update will be presented to each future meeting.

### **Waiting times**

The Welsh Government has invested a recurrent resource of approximately £2m from 2011/12 to support improvement in the wheelchair service, with particular emphasis on delivering the waiting times standard in the Children and Young People's National

Service Framework (NSF) (6 weeks referral to assessment, 8 weeks assessment to delivery).

Since February 2011 there have both centres have made significant reductions in waiting times for both adults and children. The improvement for children is notable, as in February 2011 children were waiting in excess of 32 weeks for assessment. By the end of March, it is expected that their waiting times will have reduced to 6 weeks.

### ***Waiting Times Definitions***

One of the historical challenges to the service was lack of clear definitions to measure waiting times and linked IT system. In the meeting in July, the Partnership Board agreed definitions to apply to the Posture and Mobility Service.

This guidance have been developed by the DSU in conjunction with the Posture and Mobility Service, as part of a work stream of the service improvement programme. The implementation of these definitions has now enabled the service to report robust waiting times, within a framework consistent with those applied to other areas of healthcare.

### ***Service specification***

The Partnership Board has established a work stream, led by Clive Sparkes, Chief of Staff, Therapies and Clinical Support Programme Group, Betsi Cadwaladr University Health Board, to make sure that service users are clear on what equipment is provided by the Posture and Mobility Service.

Existing access criteria state that the service will provide equipment to meet essential posture and mobility. The workstream will also explore options for delivering a service that is able to address the broader social and lifestyle requirements of users (noting that with an increasing range of equipment available, there is also an increasing ability and demand to maximise individual potential).

The Partnership Board has recognised that these options must be explored within the context of a fixed budget. Work on this is well advanced, and the final phase is due to conclude in Autumn 2012.

### ***User Representative Engagement***

In October 2011, the Partnership Board approved a proposal to take forward the Service User Workstream, with three years funding provided by the Welsh Government. The workstream is overseen by the Partnership Board but reports to the Welsh Government. The aim of the workstream is to develop a system that facilitates

improved engagement with service users in order to inform the ongoing and future development of the wheelchair service. The remit of the working group is to:

- Identify effective ways to capture service users' views and experiences
- Actively gather a baseline of the views and experiences of users using both quantitative and qualitative means
- Prepare & implement a three year service user engagement strategy using the baseline information gathered, to target continuous improvement in service user engagement

The Partnership Board has made significant effort, over its four meetings, to ensure that the service user representative can contribute effectively to its work and that the user experience is at the centre of service provision.

### **Quality Indicators**

Quality Indicators and Key Performance Indicators were developed through the Wheelchair Services Review. A self assessment against the Quality Indicators was completed by both centres, and was presented to the Partnership Board in October 2011.

The self assessments revealed that both centres had already achieved the majority of indicators. The Partnership Board has agreed action plans with both centres to ensure that all of the indicators can be achieved by September 2012.

A report will be submitted to the Welsh Government at year end that sets out the waiting times achieved by 31<sup>st</sup> March.

### **Conclusion**

Following the Posture and Mobility Review, a significant amount of work has been undertaken by the ALAS service in implementing the recommendations. The net effect of which has been to transform the way in which the posture and mobility services are delivered, most notably through improved data management processes which together with the additional funding from the Welsh Government has resulted in dramatic sustained reductions in waiting times. The development of the Partnership Board has ensured that the services can now be audited against the delivery of quality standards and the key performance indicators, and the coordination of that all plans for service improvement for wheelchair services.

## **Annex (i)**



**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

### **All Wales Posture and Mobility Service**

#### **Partnership Board**

#### **Terms of Reference**

##### **1.0 Introduction**

This paper establishes the All Wales Posture and Mobility Service Partnership Board as an Advisory Group to the Welsh Health Specialised Services Committee (Joint Committee).

##### **2.0 Accountability**

The Partnership Board is an Advisory Group to the Welsh Health Specialised Services Committee.

The Posture and Mobility Service is part of the Neurosciences and Complex Conditions Programme Group



within the planning structures of the Welsh Health Specialised Services Committee management team. The Partnership Board will provide advice to the Joint Committee through the Neurosciences and Complex Conditions Programme Group.

### **3.0 Purpose**

The Posture and Mobility Service is planned and funded by the Local Health Boards through the Welsh Health Specialised Services Committee (Joint Committee).

The purpose of the Partnership Board is described in the All Wales Posture and Mobility Service Review (October 2010):

*It is recommended that a partnership board is established in order to audit the service against the quality indicators and to review and refresh the indicators on an annual basis.*

### **4.0 Terms of Reference**

The Terms of Reference of the Partnership Board are as follows:

- To advise the Joint Committee with regard to the Quality Standards and Key Performance Indicators
- To review performance against the agreed Quality Indicators and Key Performance Indicators, and report to LHBs through the Joint Committee
- To revise, as the Board deems appropriate, the nature and target levels of the Quality and Key Performance Indicators, and to advise the Joint Committee of any changes proposed

- To advise the Joint Committee on the scope and eligibility criteria for the Posture and Mobility Service
- To provide advice to the Joint Committee on the specification for the Posture and Mobility Service
- To provide a forum for communication and discussion between the providers of the service and its stakeholders
- To promote understanding between the Posture and Mobility Service and its stakeholders
- To support the provision of a high quality and responsive Posture and Mobility Service for Wales

## 5.0 Task and Finish Groups

The Partnership Board may establish Task and Finish groups.

## 6.0 Membership

Membership will be drawn from across the wide range of stakeholders of the Posture and Mobility Service (service users, Third Sector groups, Social Services, Education Authorities, Local Health Boards)

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
Dan Phillips, Chair	Director of Planning	Welsh Health Specialised Services Committee
Fiona Jenkins	Director of Therapies and Health Science	Cardiff and Vale UHB
Clive Sparkes	Chief of Staff, Therapies and Clinical Support Programme Group	Betsi Cadwaladr UHB

Chrissie Hayes	Director of Planning	Powys tHB
Stuart Davies	Director of Finance	WHSSC
tbc	Medical/Nursing Director	to represent all LHBs
Andrew Fordham	Flintshire CBC	Representing Directors of Education
Mark Jones	Wrexham CBC	Representing Directors of Social Services
Damian Chick	Service user representative	
Emma Reeves	Service user representative	
Rachel Jones	Service user representative	
Michael Butterfield	Service user representative	
Vin West	Service user representative	
Henry Langen	Service user representative	
Karen Beattie	Service user representative	
Lynne Hill	Service user representative	Policy Director, Children in Wales
Lee Ellery	Service user representative	
Pam Mainwaring	Head of ALAC	Betsi Cadwaladr UHB
Helen Hortop	Head of ALAS	Cardiff and Vale UHB
Nigel Shapcott	Clinical Director of Medical Physics	Betsi Cadwaladr UHB
Gareth Atkins	Head of Rehabilitation	Abertawe Bro Morgannwg UHB

	Engineering	
Luke Archard	Specialised Planner for Neurosciences and Complex Conditions	Welsh Health Specialised Services Committee
In attendance		
Alison Strode	Therapy Advisor for Wales (and policy lead for posture and mobility services)	Directorate for Public Health and Health Professions, Welsh Assembly Government
Liz Singer	Associate Director	National Leadership and Innovation Agency for Healthcare
James Ross / Sue Rowe	Associate Director	Delivery Support Unit

## 7.0 Partnership Board Meetings

### **The Role of Chair**

The Welsh Assembly Government has asked that the Welsh Health Specialised Services Committee Chair the Partnership Board. The Director of Planning, WHSSC, has been asked to act as Chair.

### **Engagement**

The Chair must ensure that the Partnership Board's advice on all matters brought before it is given in an open, balanced, objective and unbiased manner. In turn, individual Group members must ensure that their

contribution to the Group's decision making is based upon the best interests of users of the Posture and Mobility Service.

The Partnership Board will be considered quorate when 51% of total membership and at least 3 user representatives are present.

## **8.0 Secretariat**

The function of secretariat to the Partnership Board will be undertaken by the Welsh Health Specialised Services Committee through the Planner for the Neurosciences and Complex Conditions Programme. This will include arrangements for Partnership Board meetings, preparation of papers and coordination of actions agreed by the Board.

## **9.0 Frequency of Meetings**

The Partnership Board will meet at least biannually. The meetings will be held alternately between South and North Wales augmented by video conferencing.

## **10.0 Members' Expenses**

Members of the Partnership Board who are employees of statutory and third sector organisations, and who attend the Partnership Board meetings as part of their normal

working role, should apply to their own organisations for payment of expenses.

Members of the Partnership Board who are not employees of statutory or third sector organisations may apply to WHSSC for reimbursement of out of pocket expenses such as travelling expenses, child care or other care costs, incurred in attending Partnership Board meetings.

### **11.0 Review**

These terms of reference shall be reviewed annually by the Partnership Board.