Health and Social Care Committee
One-day inquiry on wheelchair services in Wales
Additional information - Cardiff and Vale University Health Board - Helen Hortop

Please find attached the information you requested for the WG Health and Well being Scrutiny committee

**The current South Wales data shows us the following approximate expected longest waits based on current capacity and demand as of 14 March 2012 is:-**

- Referral to First Assessment for Paediatrics is at **6 weeks**
- Referral to First Assessment for Adults is at **17 weeks**
- 'Equipment with service' to 'delivery to client' for Paediatrics is at approx **8 Weeks**
- 'Equipment with service' to 'delivery to client' for Adults = approx **10 weeks**

**RTT Completions in January 2012**

- Referral to Intended Solution Paediatrics (RTT) = **Completions within 26 weeks approx 94%**
- Referral to Intended Solution Adults (RTT) = **Completions within 26 weeks approx 90%**
- Referral to Intended Solution Combined (RTT) = **Completions within 26 weeks approx 91%**

Also, -The Office of Fair Trading has undertaken a Mobility Aids Market study, page 93 onwards is all about wheelchairs, and there are quite a few of ideas come from or are in line with what Cardiff ALAS does, we specifically get mentioned in the following examples of good practice:

| Page | Comment |
|---|---|
| 121 | NHS Scotland, in addition to NHS Wales and other larger public sector purchasing bodies throughout the UK, also work collaboratively with suppliers in order to develop new models and incremental improvements to existing models in order to meet users' needs |
| 122 | We were also informed, as noted above, that there is an increasing move toward more innovative products such as lighter-weight models and modular designs (for example, NHS Wales almost universally purchases lightweight and modular designs). |
| 135 | Collective purchasing groups of public sector purchasing bodies can generate efficiencies, for example an increased ability to achieve volume discounts, sharing expertise and reducing administrative costs. They can also decrease suppliers' costs, which may then be passed on to purchasers in reduced prices. Examples include, NHS Scotland, NHS Wales, West Midlands collaborative purchasing group and South London PCTs. |
| 136 | Some public sector purchasers work collaboratively with suppliers to drive innovation and develop new models and designs that meet more effectively end-users' needs. Examples include, Greater Glasgow and Clyde, South Wales ALAS and Devon PCT. |

| | |
|---|---|
| 136 | Inviting potential suppliers to demonstrate products to purchasers, clinicians, engineers and end-users, and to allow products to be tested, when tendering for a contract can be a useful method of predicting the whole-life cost of equipment before it is purchased. Examples include, NHS Scotland, NHS Wales, South Manchester, Mid-Essex PTC and Devon PCT. |
| 136 | Some public sector purchasers have reported that bringing repairs and maintenance in-house can, in some circumstances, lead to better control of expenditure. Examples include, Doncaster Wheelchair Service and South Wales ALAS. We note that it may also be beneficial in some circumstances to appoint a repairs and maintenance contractor, particularly if that is done by a collective purchasing group. |

Thank you
Helen

Helen Hortop
Head of the Artificial Limb and Appliance Service
Cardiff and Vale University Health Board

# The Artificial Limb and Appliance Service

# Cardiff and Vale University Health Board

# Posture Mobility Service

Information pack for the

# National Assembly for Wales

# Health and Social Care Scrutiny Committee 8th March 2012

**The Artificial Limb and Appliance Service (ALAS)**
**Posture and Mobility Service**
**Cardiff and Vale University Health Board**

The Posture Mobility service is provided across the South Wales region, from Aberaeron just below Aberystwyth in the west and through Builth Wells to Hay on Wye in the east, serving approximately 49,000 people.

Improvement has always been a continuous process in this service but since 2009 we have been under going a WG review which culminated in the receipt of £1.2m in June 2011. As part of the review and subsequent commitment from the Minister, we have received support and guidance from both DSU and NLIAH and as a consequence the service has made enormous strides forward. Process changes particularly in the last 18 months and then more recently, investment in staff and equipment have resulted in shorter waiting lists for both adults and children.

(2)

**3 Things we are most proud of:**

***1 Developments in the BEST IT system* (Bringing Equipment Services Together) – *Andrew Lloyd Head of the Quality and IT department ALAS Cardiff and Vale UHB.***

The BEST IT system is a system originally designed and developed by "Soft Options" and purchased by ALAS in 2005 as the all Wales Patient Management System for all services provided by ALAS. BEST went live all Wales in April 2006.

Since then the system has been designed and developed in-house by the ALAS Quality & IT Department in Cardiff, providing a bespoke system for all ALAS services all Wales.

The more recent developments include;

- **Referral Review**, to enable a more streamlined screening process, with a full audit history and performance monitoring system. This process has promoted a paperless environment from the point of receiving the hard copy. Next phase of the project is to explore electronic web based referral system. Meeting arranged for 30th March 2012.
- **Episode of Care Management**, to enable the cultural shift from managing waiting lists by component to RTT methodology (managing the complete wait).
- **RTT Auto Application of Rules.** The system fully encompasses all the requirements of RTT methodology for managing waiting lists. The various rules that effect the RTT clock have been embedded within the system to allow total automation. This approach ensures total consistency throughout the episode of care, resulting in more accurate reporting.
- **Proactive reporting - 'managing the gaps'.** A comprehensive suite of reports form the foundation to the management of the Episode of Care. They provide early warning systems to ensure the avoidance of undue delays, and therefore removing the 'waste' and shortening the overall wait. This approach is a main factor in the shorter waiting times now being reported. This system has promoted a move from 'reactive' to 'proactive'.

- **Auto purchasing** - This development has led to significant shorter periods from prescription to the equipment being received by the service. The system can now calculate what the service has in stock, and if not in stock then generate auto purchase orders by supplier. Previously this was a labour intensive process, taking up a considerable amount of staff resources. BEST can now deal with this within minutes, freeing up valuable staff time to deal with other tasks. Auto Purchasing has revolutionised the ways of working right throughout the entire process from prescription to delivery.
- **Oracle/local /All Wales** - Building on the benefits of Auto Purchasing is the recent launch of the auto Oracle link from BEST. This is the final step to complete automation from prescription to oracle, providing a far less resource hungry slicker ordering process. Full implementation anticipated during next few weeks. Current ongoing project.
- **Validation** - from September 2011 ALAS Cardiff has validated around 15.5 thousand individual cases, resulting in a far better understanding on what needs to be done, who by, and by when. Similar validation exercise is being undertaken in the North. The aim is by 1st April 2012 to have validated every reported episode of care, allowing a true reflection of reported waiting times.

BEST now is the single IT solution all Wales. The development work has been undertaken by Cardiff ALAS Quality and IT Team. A rollout program, facilitated by Cardiff, is now underway to assist North Wales ALAS in making the shift to the new system. Several sessions have taken place since December 2011, and more planned during next few weeks.

in Wales

***2. Waiting Times - Helen Hortop Head of ALAS Cardiff and Vale UHB***

The current waiting times have dropped dramatically from February 2011 when adults were waiting 35 weeks for assessment, children 32 weeks. In February this year those figures had dropped to 17 weeks for adults and 6 weeks for children. At their highest point, during the summer of last year, this was 50 weeks for adults and 42 weeks for children. Although all of the "Lean" implementations we have made into our systems have had a major improvement, had we not had the additional investment we would not be in this position today. (see graphs)

- Standard deliveries 96.5% delivered within 21days (KPI 95% in 21days) most of which are delivered within 5 days. (In ability to contact client is causing breaches)
- Compliance with RTT, 91% compliance across adults and children for the overall target. Children: 84% compliance referral to assessment, 100% by April 1st.
  97% compliance to delivery.
- Staff commitment to the service is exceptional and while we recruited new staff into the service our existing staff began working 7 day working patterns to ensure we began addressing the waiting list as soon as we had the funding

- Recruitment was undertaken and included:
  Occupational therapists, physiotherapists, rehabilitation engineer, technician, administrators, delivery driver. Some of whom are based in west Wales.

- Development of a training DVD to help referrers complete our referral form with accurate information.
- User friendly information is being added to the web site to give clients information on what to expect from our service.
- Service user representatives involved in the process for the new wheelchair contract.
- Training for referrers – over 1400 trained in 4 years.
- The Cardiff depot has worked closely with the charity "Vision 21" to provide additional training opportunities in an engineering setting for trainees with learning difficulties to work alongside our staff initially a day a week.

**3 Things we need to further develop**

1. ***Disparity for adults: Fiona Jenkins Executive Director of Therapies and Health Sciences Cardiff and Vale UHB***

   The new funding allocation was for children and young people and while the infrastructure and Lean initiatives have shown improvement across the board investment is needed on a recurring basis to provide additional equipment if the expectation is to reduce adult waits to the same level as paediatrics. We receive approximately 135 new referrals for the adult team each month (800 per month to the service). Adult waiting time is currently 17 weeks to assessment. To attain the same status as the paediatric waiting list we would need an additional 1.00 wte clinician band 6 and would achieve the target within 6 months (excluding training time) + recurring equipment costs at £250,000 pa.

2. ***Managing service user expectations: Helen Hortop Head of ALAS Cardiff and Vale UHB.***
   - The services we provide for our users range from bespoke to standard ranges. Our user population relies heavily on their wheelchairs. Yes, posture is considered, but so are independence, function, life-style, Carer needs and environmental factors. However there are limits to what we can provide within our resources. We are funded for essential use.
   - We do provide service users the opportunity to buy or get sponsorship to add components to their chairs as long as they do not adversely affect the function or safety of the chair.
   - The voucher system is often quoted, in England service users have one voucher every 5 years – if their circumstances change within that period they are not issued with another more appropriate chair – our service users would be re-assessed.
   - Maintenance of privately purchased chairs – ALAS has the widest range of chairs in the UK – 148 models and configurations. If necessary we are able to go outside of the contract if there is a clinical need. Our staff are trained to assess, fit, maintain and repair all of these models. We hold approximately 350 lines of consignment stock so that we can respond quickly to break downs or repairs. Our buying power is good because of the numbers we purchase between the two services.
   - We are not trained nor do we hold stock for other chairs so repairs would take longer, costs would be higher both for repair stock as well as purchase by individuals.

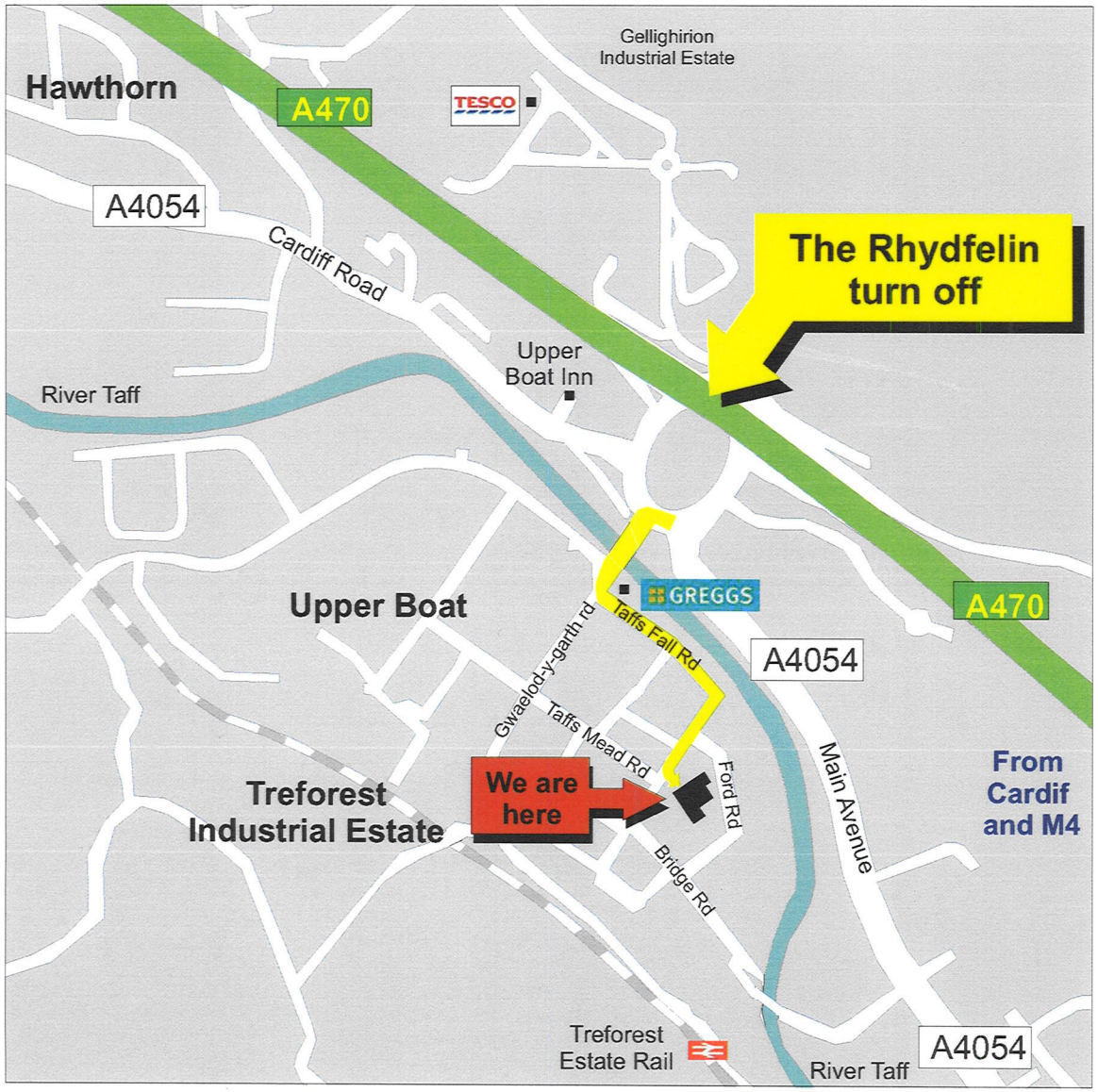
# Wheelchair users for all of Wales including various Hospitals, Homes and Schools.


Density

Low — High

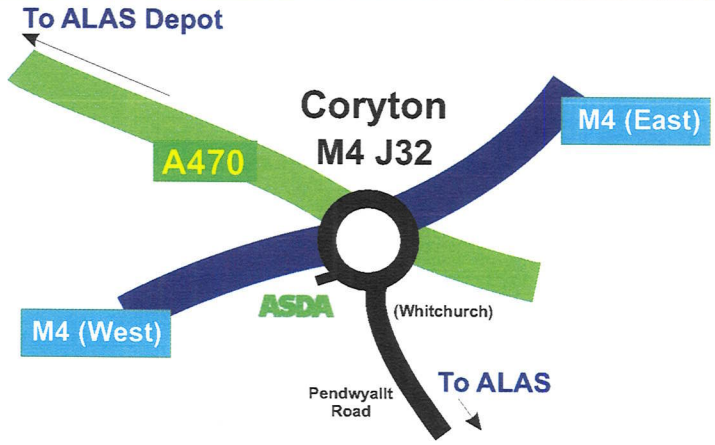
# How to Find Us

The Artificial Limb and Appliance Service
**Wheelchair Service Depot**
Taffs Fall Road, Treforest Industrial Estate, **CF37 5TT**




**The Wheelchair Depot - Main Entrance**

**From M4 JUNCTION 32**




Power Wheelchairs


MAX 1000 KG


16
7
100

DELIVERY AND SUPPORT UNIT
UNED CYFLENWI A CHYMORTH

# RE-REVIEW OF ALAC WAITING LIST MANAGEMENT

## FEBRUARY 2012

### Overview

DSU reviewed the BEST system to examine the changes which have been made and the suitability for management of waiting lists. Significant development has been undertaken on BEST and it appears that BEST is now capable of providing the waiting list information needs for RTT measurement and reporting.

Waiting list rules are applied automatically within the system and waiting list information is available easily both overall and by stage of pathway. Waiting lists can be viewed as a whole or for individual clinicians allowing more flexibility in booking visits and assessments.

The DSU were impressed by the increased levels of cooperation and joint working between the north and south centres, in particular the work of the information teams under the leadership of Andrew Lloyd in facilitating the sharing and transfer of knowledge and best practice in relation to the BEST system.

The new review showed positive progress over the June 2010 analysis and it is expected that this progress will be maintained in the coming months. The implementation of the planned changes and full operational realisation of the benefits is not yet complete. The current levels of energy and commitment to change in both centres must be maintained to deliver further improvements in overall waiting times and a more positive experience for patients.

### Cardiff ALAC

The service indicated that significant validation has been undertaken (15,500 cases to date) but that validation is an ongoing process and the current stage is expected to be completed by the end of March 2012. The DSU review of current cases identified patients who potentially would be reported with lower waits on further validation. A number of automatic alerts have been built into BEST to highlight to management individual cases which may require validation.

The RTT rules as applied through BEST have only been operational since January 2012 and this was evident in the cases reviewed. Staff training has been undertaken and ongoing review and training will be necessary to ensure continuous improvement and sustainability.

DSU reviewed a number of patients currently being reported at various waiting times including some whose RTT clock stopped in February 2012. It is not yet possible to give total assurance that the changes introduced have enabled accurate reporting of all waiting times; however examples were seen of appropriate clock management which was not the case in the original review. The demonstrated reductions in total open pathway volume and in total and stage waiting times is

commendable, and strongly suggests that more appropriate waiting list management is becoming embedded in the service.

Discussions with staff have demonstrated an enthusiastic and positive approach to improving all aspects of waiting list management. The data cleansing exercise coupled with service improvement developments will have made it easier for front line staff to understand and manage their individual case load.

Overall the DSU reassessment of waiting list management identified significant areas of improvement over the June 2010 position. The introduction of RTT rules and the developments in BEST have been successfully completed and the resulting improvements will continue to be realised in the coming months.

The next steps must include ongoing data validation and cleansing, continued staff awareness and training, and completion of the plans for integration of the REU data.

**Wrexham ALAC**

The service indicated that implementation of the BEST RTT system is still in its infancy with the major elements having been introduced operationally within the last 3 weeks. There has been very significant change in Wrexham over the past 3 months with the introduction of some key elements that had been applied in Cardiff over the past 5 years. As a result, the DSU review has been limited in its ability to assure progress in adoption of new processes, although through discussion with the management team there are positive indications of a change of culture and clinical processes becoming embedded within the wider team which is indicative of sustainable future developments.

Large scale validation has already been undertaken as part of the transition from the Access database to the BEST system, and is an ongoing process. The organisation anticipates completion of the validation process, which entails further case by case review of approximately 500 cases, by the end of March 2012. The DSU review of current cases identified patients who potentially would be reported with lower waits on further validation. A number of automatic alerts have been built into BEST to highlight to management individual cases which may require validation.

DSU reviewed a number of patients currently being reported at various waiting times including some whose RTT clock stopped in February 2012. It is not yet possible to give total assurance that the changes introduced have enabled accurate reporting of all waiting times; however examples were seen of appropriate clock management which was not the case in the original review. The demonstrated reductions in total open pathway volume and in total and stage waiting times is commendable, and strongly suggests that more appropriate waiting list management is becoming embedded in the service.

From the original review it was evident to the DSU that the two centres were starting from a different baseline. The new processes which have been agreed leave the north centre with a significant change agenda which is being addressed in a planned and considered manner. It is encouraging that the clinical teams are proactively seeking to move on with the process of change and embracing new practices in as short a timescale as possible.

The DSU reassessment of waiting list management demonstrated improvements at the front end of the pathway with evidence of streamlined processes in referral management and assessment. The introduction of RTT rules and the developments in BEST have been successfully completed and the resulting improvements will continue to be realised in the coming months.

The next steps include completion of their planned validation and data cleansing, ongoing pathway and process development, integration of the preferred supplier and ordering/procurement process into new methods of working.

The DSU recommends that a final review which takes into account the completion of the planned changes is undertaken in 6 months.

**Review and report undertaken by:** **Sue Rowe, Associate Director DSU**

**James Ross, Associate Director DSU**

## Waiting Times Measurement for All Wales Posture and Mobility Service

This paper describes a methodology for the measurement of waiting times for the All Wales Posture and Mobility Service. The methodology embraces the requirements of the Children's NSF, and the proposed 18 week delivery standard. The measurement framework which will apply to the pathway from referral to delivery for wheelchair users is described.

### Principles

- The requirements of the Children's NSF (6 weeks from Referral to Assessment, 8 weeks to delivery) must be honoured.
- An overall measurement should apply *without gaps* from referral to delivery.
- The service have a limited control over the procurement phase, and external procurement appears to take a normal length of 8 weeks.
- The work-stream considering the length the pathway should take formed a view that a reasonable standard was 18 weeks.
- The methodology for measurement of waiting times should mirror national waiting times policy where possible.

### Framework

<table>
<tr><th colspan="2"></th><th colspan="2">Stage of the Pathway</th><th>Required Waiting time for stage</th><th>Required Waiting time for segment</th><th>Required waiting time overall</th></tr>
<tr><td rowspan="4">Referral to Treatment</td><td>1</td><td>"Referral" to "Assessment"</td><td>6 weeks for Paediatrics</td><td rowspan="4">Stages 1 plus 2 plus 4 = 18 weeks for Adults and Paediatrics</td><td rowspan="4">26 weeks</td></tr>
<tr><td>2</td><td>"Assessment" to "Order to Supplier"</td><td>n/a</td></tr>
<tr><td>3</td><td>"Order to supplier" to "delivery to service"</td><td>n/a</td></tr>
<tr><td>4</td><td>"Delivery to service" to "delivery to client"</td><td>8 weeks for Paediatrics</td></tr>
</table>

This framework gives a delivery requirement for the parts of the pathway within the direct control of the service of 18 weeks for all, and meets the requirements of the NSF. The addition of the overall requirement of 26 weeks brings the service in line with national waiting times requirements, and ensures that there are no unmeasured stages of the pathway, in which patients may be lost and overall patient-experienced waiting times elongated.

As these requirements are not targets, but rather standards to which the service is expected to aspire and attain, it is recommended that there is no tolerance against each of the requirements – ideal performance is 100%. Any performance framework attached to the standards, however, would need to have a mechanism for considering the effect of exceptional circumstances.

### Definitions

If this framework is to be adopted, each of the five measurement points in the framework must be defined, in terms which make sense to the service. At the service development meeting on 16th June, the service considered these definitions, and proposals were made for each measurement point as shown below.

| Measurement point | Definition |
|---|---|
| **Referral received by Service** | The RTT period begins at referral by an accredited clinician to the ALAS Service ***(and by any other healthcare professional where referral protocols exist).***<br><br>***The clock will start on the date that the organisation receives a correctly completed referral.***<br><br>Notes:<br>• The referral must be presented on the agreed All Wales referral form<br>• When a NEW referral is received by the ALAS service it will be date stamped and the details recorded on BEST. The referral form will be checked for completeness by the ALAS clerk.<br>• If referral is incomplete, the referral form will be returned to the referrer with instructions as to why the referral is deemed incomplete. A record of the referral will be recorded on BEST but the CLOCK will not start.<br>• If referral is complete the referral will be allocated to the appropriate clinician. The CLOCK will start at this point. The clock start date will be the date stamp of receipt.<br>• If the 'clinical team' subsequently deem the referral to be incomplete the clock continues whilst information sought.<br>• The opportunity for acceptance of "review referrals" is still under discussion within the service. If it is agreed that there is an alternative "review" referral route, definition of referral received will need to be agreed for this route. |
| **Assessment** | The Assessment date is defined as the date of the first service intervention other than triage.<br><br>Notes:<br>• This is a 'face to face' meeting between client and registered clinician where the client's needs are determined and agreed. It is the first assessment, and therefore may not be the conclusion of the assessment phase. |
| **Order to Supplier** | The order to the supplier is defined as the date when the order leaves the service (and is therefore deemed to have been received by the supplier). Where no external supplier is involved, and supply is entirely managed within the service, this point will be the date when the completed prescription has been agreed and passed to the local team for assembly.<br><br>Notes:<br>• All processes within the service to have been completed, including prescription, registration on Oracle, attainment of requisition. |
| **Delivery to Service** | *The group proposed two options for this definition.*<br><br>Option 1: The date on which the equipment has been supplied, any additional modifications are complete, and the assembling clinician signs off the solution |

| | |
|---|---|
| | as ready for issue.<br><br>Option 2: The date on which the base equipment is received by the service at the reception point, prior to any local assembly or modification.<br><br>Notes:<br><br>• Each option holds different benefits. The first option is more coherent for the service, particularly for the REU, as there is no practical distinction between local manufacture / adaptation and external supply. The second option allows a clearer assessment of the time constraints caused by procurement, and leaves the 18 week requirement as cleanly covering all aspects of delivery which are within the control of the service.<br><br>• A final recommendation on which option to agree remains to be confirmed. |
| **Delivery to Client** | Defined as the date on which a usable solution meeting the requirements of the initial assessment is delivered to the client, and left for them to use.<br><br>Notes:<br><br>• It is recognised that some further "tweaks" may be required following this point, but the solution is usable by the client.<br><br>• Basic training to enable the client to operate the solution should be delivered prior to stopping the clock. More advanced training may be required subsequently to this point e.g. powered chair "driving license".<br><br>• If the prescribed solution is delivered, as intended by the prescribing clinician, but proves to be unusable by the client at the time of delivery, this would be regarded as a failed treatment, and therefore the clock would stop. A new clock would start at the point at which a new assessment is deemed necessary. |

**Next Steps**

Final agreement on the two options for the delivery to Service measurement point must be agreed, and following this the measurement system must be ratified by the partnership board. Following this ratification, modifications will be made to the Best reporting system to enable these measurement points to be captured, and measurement against the standards can be enabled.

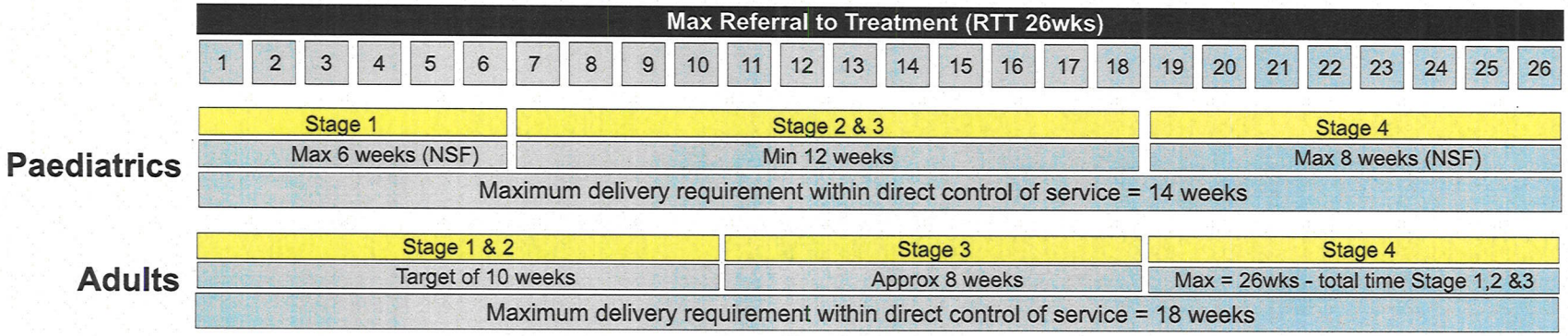
**All reports at W:\RTT Reports\Reports sent out\EOC Management through the four stages**

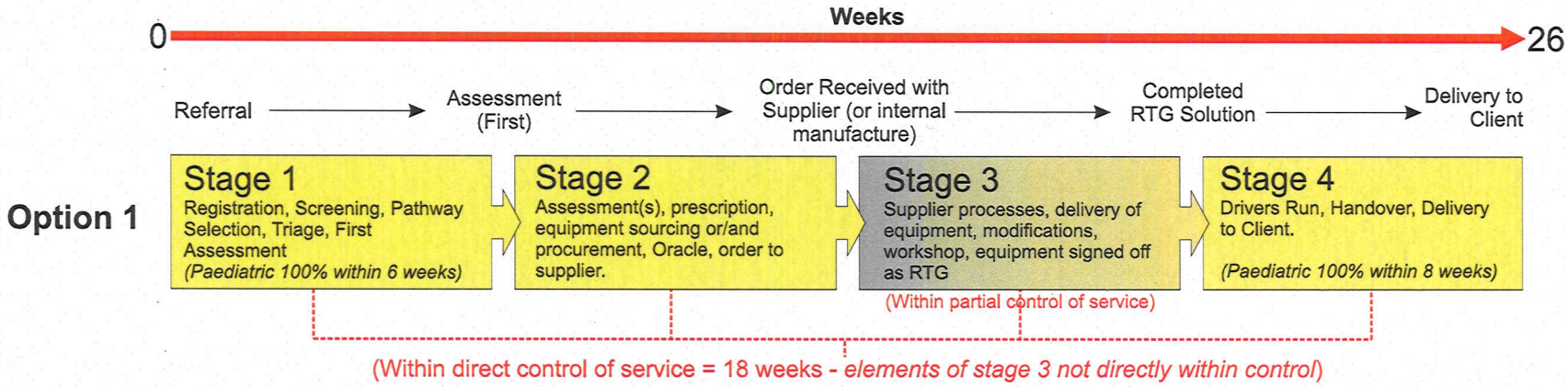
| Report Name | Purpose | Stage | Freq | Triggers | Improvements | Who receives it | Completed | |
|---|---|---|---|---|---|---|---|---|
| Open EOCs with nothing waiting.rpt | Show open EOCs that have had nothing waiting for over 5 days. | ALL | Daily | No Orders, Visits or Clinic Appointments open for over 5 days. Includes Attendance not recorded with no outstanding actions for over 5 days. | | All Wheelchair Leads | Y | Issued week commencing 20th February. |
| Referrals allocated for Clinical Technical screening with no outcome.rpt | Show open EOCs that have had nothing added to them | 1 | Daily | No Orders, Visits or Clinic Appointments at all on open EOC . | | Clinicians | Y | Issued week commencing 20th February. |
| Referral Received 5 days not yet screened.rpt | Notify when referral has been waiting more than 5 days and has not been screened. Also shows referrals returned to referrer waiting over 5 days | 1 | Daily | Referral to current date greater than 5 days and Referral Status is "Returned to Referrer" or "Await Screening". | | Clinical Leads or OPS Room Manager. | Y | Issued week commencing 20th February. |
| Appointment booked in the past but no completion date CARDIFF.rpt | Clinic Appointments booked in the past that have no completion date put on them by the Clinician | 1 | Daily | Appointment clinic date is before current date and has not been cancelled. The Appointment date completed is blank. | | Clinicians | Y | In Use since July 2010 |
| Visits with an Actual Visit Date but no Date Completed CARDIFF.rpt | Visits booked in the past that have no completion date put on them by the Clinician | 1 | Daily | Visit Appointment date is before current date and has not been cancelled. The Visit date completed field is blank. | | Clinicians | Y | In Use since July 2010 |
| Request for Clinic - NOT BOOKED.rpt | Clinic Appointments that have been requested but are waiting to be booked | 1 | Daily | No Clinic Date booked. Appointment Status is one of "Waiting", "Pending", "Partial". | | Clinicians | Y | Issued week commencing 20th February. |
| Request for Visit - NOT BOOKED.rpt | Visit Appointments that have been requested but are waiting to be booked | 1 | Daily | No Visit Date booked. Visit Status is "Waiting". | | Clinicians | Y | Issued week commencing 20th February. |
| Awaiting Stock Team to Action.rpt | To be defined. MB has a report which may do for this. | 2 | Daily | To be defined | | Stock Team | N | Finish by 2nd March - Issue immediately |
| Import and Export Data from Oracle.rpt | For future development | 2 | Daily | | | Stock Team | N | Ongoing |
| Time Taken from Prescription Received to ONO.rpt | | 2 | | | | Stock Team | N | Finish by 2nd March - Issue immediately |
| ONO TO Any other status change.rpt | | 3 | Daily | | | Stock Team | N | Finish by 2nd March - Issue immediately |
| ONO greater than 4 weeks.rpt | | 3 | Daily | | | Stock Team | N | Finish by 2nd March - Issue immediately |
| Outstanding Orders - GRN to now greater than 3 weeks.rpt | | 4 | Daily | | | Stock Team | N | Finish by 2nd March - Issue immediately |

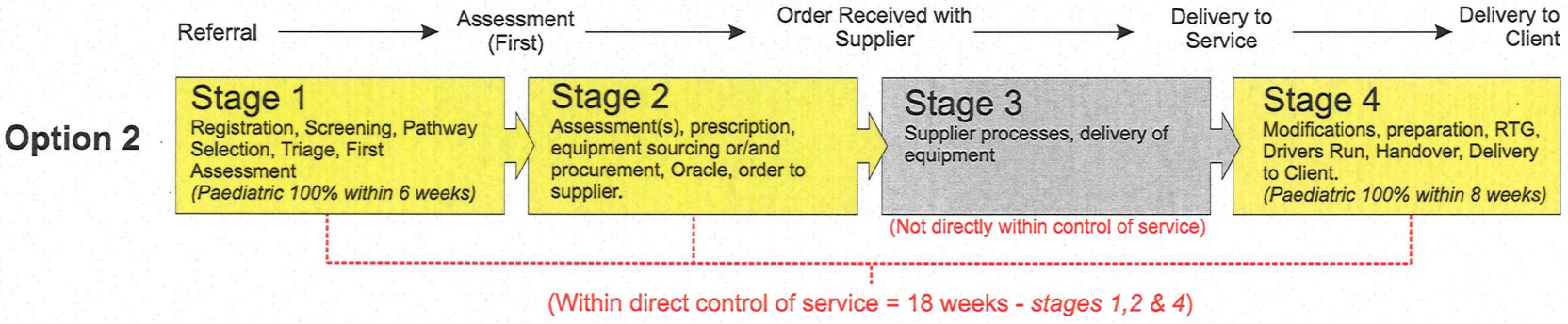
| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| EOC_OPEN_Paed_FirstAsses s.rpt | NSF Paediatric Referral to First Assessment within 6 weeks .Report given to leads where time waiting is greater than 4 weeks. | | | Paediatric open EOC where a first assessment has not been completed. | | Clinicians | Y | Issued week commencing 20th February. |
| | NSF Paediatric Delivery to Service to Client within 8 weeks . Report given to leads where time waiting is greater than 6 weeks. | | | Paediatric open EOC where delivery to client has not been completed. | | Clinicians | Y | Issued week commencing 20th February. |
| RTT 100 PERCENT STILL WAITING WITHIN 26 WEEKS (BREACH REPORT.rpt | Shows for each month where clock is still running and how long the wait was from EOC Opening to end of month. | | | Open EOCs with clock still running. | | | Y | Completed. Have monthly snapshots since December |
| RTT 100 PERCENT CLOCK STOPPED WITHIN 26 WEEKS (BREACH REPORT.rpt | Shows for each month time clock was stopped and how long the wait was from EOC Opening to clock stop | | | ACTION_STOPS Table holds all Clock Stops. Pick STOP_DATES for month required. | | | Y | Completed. Have monthly snapshots since December |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Unavailability - Social.rpt | | | | | | OPS Room, Clinicians | N | Finish by 2nd March - Issue immediately |
| Automatic clock stop with associated task not complete.rpt | | | | | | All | N | Finish by 2nd March - Issue immediately |
| Open EOCs with Clock Stop.rpt | | | | | | All | Y | Issued week commencing 20th February. |
| Discharged Patients C/DNA CLOCK Stop without Override or not override.rpt | | | | | | All | N | Finish by 2nd March - Issue immediately |

# Waiting Times Measurement for All Wales Posture and Mobility Service

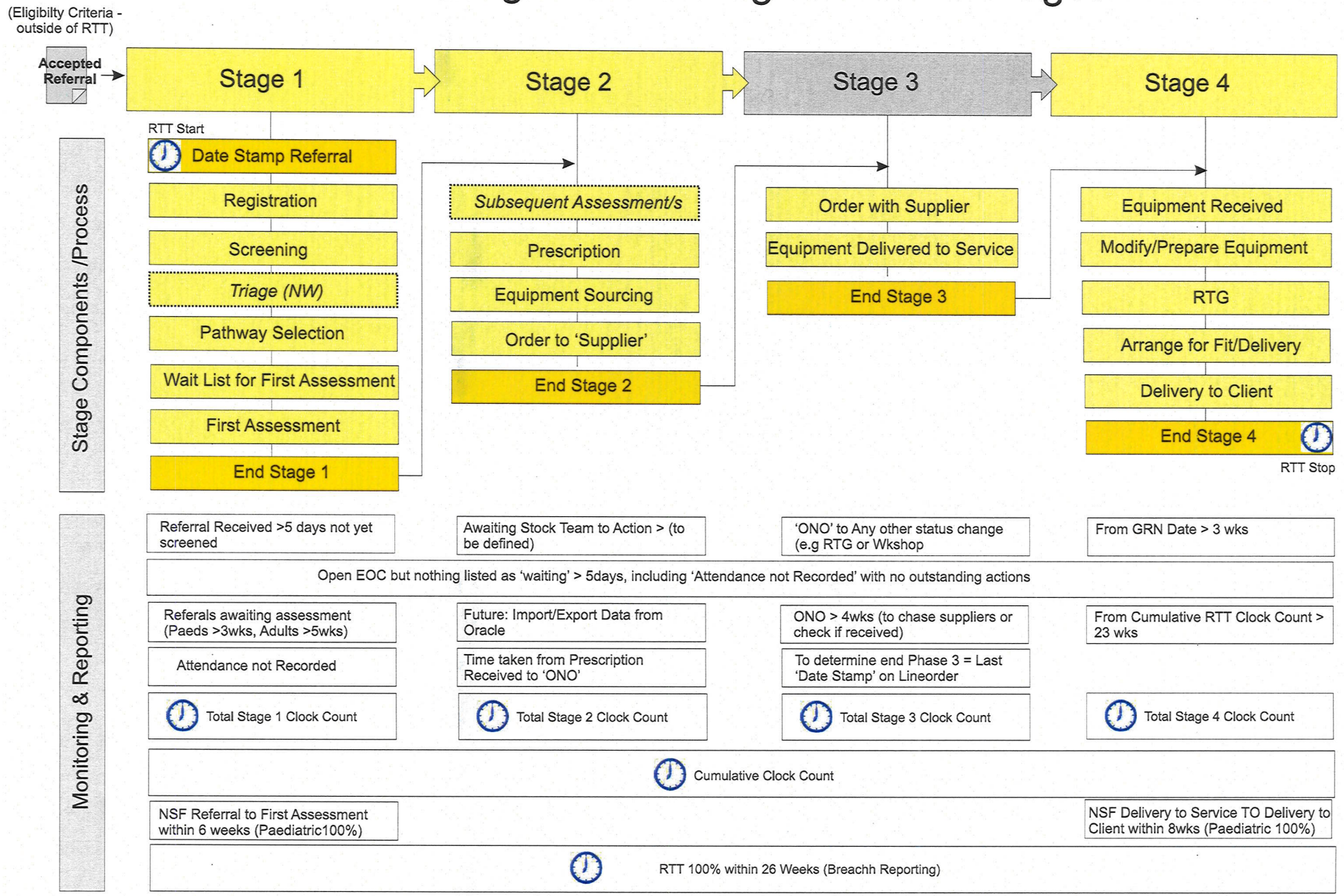



Draft 1.0 06/07/2011

# EOC Management through the Four Stages




Draft 1.0 07/09/2011

| | Oct-10 | Nov-10 | Dec-10 | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | Sep-11 | Oct-11 | Nov-11 | Dec-11 | Jan-12 | Feb-12 | Mar-12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Phase 2 Report Published | | | | | | | | | | | | | | | | | | |
| PMS Initial Response | | | | | | | | | | | | | | | | | | |
| RTT Project Scoping | | 23 | | | | | | | | | | | | | | | | |
| RTT - BEST Revamp/Restructure. Concept Stage | | | 1 | | | | | | | | | | | | | | | |
| BEST Development - Screening, EOC and RTT | | | | | | | | | | | | | | | | | | |
| BEST Development Proposals - All Wales | | | 16 | | | | | | | | | | | | | | | |
| First Design demonstration - South Wales | | | | 19 | | | | | | | | | | | | | | |
| RTT Workshop - Staff Awareness | | | | | 8/9 | | | | | | | | | | | | | |
| Demo to James Ross - RTT Auto Rules Application | | | | | | 1 | | | | | | | | | | | | |
| All Wales IM&T Group Established - First Meeting | | | | | | | 5 | | | | | | | | | | | |
| RTT demo to North Wales | | | | | | | 20 | | | | | | | | | | | |
| RTT All Wales meeting with James Ross | | | | | | | 21 | | | | | | | | | | | |
| RTT Launch Date (May 2011) Postponed. James Ross to propose Waiting Times Measurement for PMS | | | | | | | 21 | | | | | | | | | | | |
| Decision made to release new BEST Model excluding RTT rules management - Launch in June | | | | | | | 21 | | | | | | | | | | | |
| BEST Developer (Martin Davies) left service to work for NLIAH | | | | | | | | | 10 | | | | | | | | | |
| Mike Birdsall joined Quality Team as BEST Developer | | | | | | | | | 13 | | | | | | | | | |
| Staff Training in new EOC Screen | | | | | | | | | | | | | | | | | | |
| James Ross proposed two options for Waiting Times Measurement - All Wales NLIAH Meeting | | | | | | | | | 16 | | | | | | | | | |
| New EOC screen Launched | | | | | | | | | 20 | | | | | | | | | |
| Option 2 Agreed at Partnership Board Meeting | | | | | | | | | | 6 | | | | | | | | |
| Review BEST Development re: Option 2. Further development now required to measure four stage approach | | | | | | | | | | 11 | | | | | | | | |
| Discussions with James Ross re: Option 2 definitions | | | | | | | | | | | | | | | | | | |
| Launch of Referral Review screening function | | | | | | | | | | | | | | | | | | |
| Request to NLIAH for secondment of Martin Davies | | | | | | | | | | | | 8 | | | | | | |
| NLIAH seconded Martin Davies | | | | | | | | | | | | | 10 -15 | | | | | |
| All Wales RTT Demo - Option 2 | | | | | | | | | | | | | 14 | | | | | |
| Extensive Validation | | | | | | | | | | | | 15.5k cases validated | | | | | | |
| Option 2 Development RTT | | | | | | | | | | | | | | | | | | |
| James Ross Planning for Training | | | | | | | | | | | | | | 7 | | | | |
| Design and Develop proactive reporting systems to support Screening, EOC and RTT management | | | | | | | | | | | | | | | | | | |
| SW Training in RTT - James Ross | | | | | | | | | | | | | | 14 | | | | |
| NW Training in RTT - James Ross | | | | | | | | | | | | | | 18 | | | | |
| Swansea Training in RTT | | | | | | | | | | | | | | 28 | | | | |
| RTT Model Released All Wales | | | | | | | | | | | | | | | 1 | | | |
| Migrate NW Access DB | | | | | | | | | | | | | | | | | | |
| RTT Implementation Review | | | | | | | | | | | | | | | | | | |
| Process Review - NW (SW Facilitated) | | | | | | | | | | | | | | | | 11/12 | | |
| RTT Proactive Reporting Review | | | | | | | | | | | | | | | | 17 | | |
| First RTT Reporting Snapshot | | | | | | | | | | | | | | | | | 15 | |
| Process Review - NW (SW Facilitated) | | | | | | | | | | | | | | | | | 9/10 | |

| Communication Description | Client | Referrer | GP | Process Stage | Review Period | Access From | Progress |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| Leaflet | Y | N | N | 1 | | Sent out with Letters | Sent out sample Leaflet to leads for evaluation. Redsiged form in line with suggestions. Sent back to leads for authorisation. Will be sent out with all appointment letters, the revamped Referral acknowledgement letter and other contact letters, week commencing 27th February. |
| Referral Acknowledgement Letter | Y | N | N | 1 | | Sent by IT Team | Already being sent out. Once RTT Information leaflet agreed, will be sent with this. |
| | | | | | | | |
| Appointment | Y | Y | Y | 1 | | Appointment Screen | Completed - Will be released shortly with new BEST release |
| Visit | Y | Y | Y | 1 | | Visit Screen | Completed - Will be released shortly with new BEST release |
| Did Not Attend Appointment | Y | Y | Y | 1 | | Appointment Screen | Completed - Will be released shortly with new BEST release |
| 1st Could Not Attend Appointment | Y | Y | Y | 1 | | Appointment Screen | Completed - Will be released shortly with new BEST release |
| 2nd Could Not Attend Appointment | Y | Y | Y | 1 | | Appointment Screen | Completed - Will be released shortly with new BEST release |
| Did Not Attend Visit | Y | Y | Y | 1 | | Visit Screen | Completed - Will be released shortly with new BEST release |
| 1st Could Not Attend Visit | Y | Y | Y | 1 | | Visit Screen | Completed - Will be released shortly with new BEST release |
| 2nd Could Not Attend Visit | Y | Y | Y | 1 | | Visit Screen | Completed - Will be released shortly with new BEST release |
| Discharge - Social | Y | Y | Y | Any | | Episode of Care Screen | Completed - Will be released shortly with new BEST release |
| Discharge - Medical | Y | Y | Y | Any | | Episode of Care Screen | Completed - Will be released shortly with new BEST release |
| Discharge - Unable to Contact | Y | Y | Y | Any | | Episode of Care Screen | Completed - Will be released shortly with new BEST release |
| No response Letters | Y | Y | Y | Any | | Episode of Care Screen | Completed - Will be released shortly with new BEST release |
| Order Visit Confirmation | Y | N | N | Any | | Order Screen | Completed - Will be released shortly with new BEST release |
| | | | | | | | |
| Script for clients on the phone (ops Room) | | | | Any | | | Completed - Approved by Helen. Being used by OPS room |
| Script for clients on the phone (Depot) | | | | Any | | | With Depot team. Chased up today. |
| Script for clients on the phone (Visits and Appointments Clerks and clinicians) | | | | Any | | | Completed - Approved by Helen. Issued today to relevant teams. |
| | | | | | | | |
| No response card left by field staff | | | | | | | Field staff told to delete line "to arrange another appointment" from the card" with black marker pen. Next print run of card needs the above line removed. |

DRAFT

# The Posture & Mobility Service

# REFERRAL FORM


**South Wales Office**
ALAC
Fairwater Road, Llandaff
Cardiff
CF5 2YN
**Tel: 029 2031 3905**


**For help in completing this form and other information....**

**www.wales.nhs.uk/alas**


**North Wales Office**
ALAC
Croesnewydd Road
Wrexham
LL13 7NT
**Tel: 01978 727524**


## Important - Please Read

The information you provide shall be used to determine the most appropriate pathway for your client.
It is in your client's best interest to complete as fully as possible and that all information provided is accurate.

Sections marked with this symbol are essential for us to process your referral.
**Incomplete, unsigned and/or undated forms will be returned**

## Part 1: Eligibilty and Access

### Eligibilty Criteria

The Posture & Mobility Service only accepts referrals which meet the NHS criteria for the provision of essential posture and mobility equipment. However, the service also strives to meet lifestyle needs in the course of providing for essential posture and mobility requirements.

- ***Your client is permanently resident in Wales or is registered with a GP in Wales*** ☐
- ***Your client has a permanent impairment defined as 6 months or longer which affects their posture and mobility,***
  ***or***
- ***Less than 6 months due to a life limiting condition*** *(e.g. for palliative care)* ☐

**See footnote page 6 for Exclusions*

### Who can refer?

Referrals to the service will only be accepted from the client's GP or another registered healthcare professional.

Please provide your professional registration number ☐

### Consent

Has your client consented to this referral? **Yes** ☐ **No** ☐ = **Best Interest** ☐ **Parent/Guardian** ☐

## Part 2: How we process your referral

**Stage 1 - Referral Acceptance**
When we receive your referral it will be thoroughly checked for completeness and accuracy. Your referral will be accepted once we are happy that it meets our criteria standards.

**Stage 2 - Screening and Categorisation**
Once accepted, we will categorise your referal as either 'Standard Issue' (provision of equipment without assessment) or 'Complex Needs' (requiring intervention from our Assessment Team)

At the intial screening stage we will check if....

- ✓ *your Client is 19 years or older*
- ✓ *does not weigh less than 44.5kgs (7st) or more than 114kgs(18st)*
- ✓ *height is not less than 1.21m(4ft 10ins) or more than 1.82m(6ft)*
- ✓ *hip width is not greater than 45.7cms (18ins)*
- ✓ *and you have answered 'NO' to ALL of the questions in Parts 6 & 7*

Further information can be found on our website
**www.wales.nhs.uk/alas**

If YES to all, then it is likely that we will issue your client with a wheelchair without referring to our Asessment Team. If not, then our assessment team will look at your referral in detail who will then decide to either prescribe equipment, based on the details you have provided, or to list your clent for an assessment.

During the screening and categorisation process it may be necessary to contact you for additional information.

ALAS Date Stamp

Office use only - please do not write in this section

## Part 3: Your Client's Personal and Contact Details

**Is your client already registered with our service?** No ☐ Yes ☐ Our Reference Number if Known

Date of Birth ! ☐☐ – ☐☐ – ☐☐☐☐ NHS Number ☐☐☐☐☐☐☐☐☐☐

Surname !

Forenames ! Legal First Name

Title

Previous Names (e.g. Maiden name)

Also known as (e.g. 'Bill')

Ethnic Origin

### Registered 'Home' Address

House No ! House Name/Site

Street !

Town/City

County

Postcode !

### Additional Address Details

If your client's usual day time address is the same as above then please tick this box ! ☐
If different, then please provide us with the details below.

House No ! House Name/Site

Street !

Town/City

County

Postcode !

This is my client's work's address ☐ Place of education ☐ Day Care Centre ☐ Other

**Is your client currently in hospital?** No ☐ Yes ☐ If yes, please provide hospital details

Hospital Name Ward

Tel Number Expected Discharge ☐☐ – ☐☐ – ☐☐☐☐

**Does your client live alone?** No ☐ Yes ☐ **Who should we contact?** Client ☐ NOK ☐ Carer ☐ Parent ☐ Other - Please Specify

### Contact Telephone Numbers

Include area code

| | | Client | NOK | Carer | Parent | Other - Please Specify |
|---|---|---|---|---|---|---|
| Main Contact No. ! | | ☐ | ☐ | ☐ | ☐ | |
| Other No. | | ☐ | ☐ | ☐ | ☐ | |
| Other No. | | ☐ | ☐ | ☐ | ☐ | |

### E-mail Address

| | Client | Other - Please Specify |
|---|---|---|
| E-mail Address (1) | ☐ | |
| E-mail Address (2) | ☐ | |

### Next of Kin and Carer Details

NOK Name Relationship

Carer Name Other

***Incomplete referrals will be returned without processing***

## Part 4: General Practitioner Details

GP Name

Practice Name

Street

Town/City

Postcode

Tel Number

E-mail

GP Ref Number

Practice Number

Practice Address Stamp/Label

## Part 5: Medical History and Diagnosis

### Medical History

Please describe your client's medical condition, including the affects on mobilty and posture.

Please list all known conditions
(NB if epilepsy please also provide date of last seizure)

1)
2)
3)
4)
5)
6)
7)
8)
9)
10)

### Primary reason for this referral?

Please tell us why your client needs a wheelchair, including the benefits to your client and others. If your client already has a wheelchair please tell us why it is no longer suitable, and then complete the section below.

### If your client already has a wheelchair please complete this section

| Non Powered | | Powered | |
|---|---|---|---|
| Self Propel | ☐ | Indoor Use Only | ☐ |
| Non Powered Transit | ☐ | Indoor/Outdoor Use | ☐ |
| Buggy | ☐ | Attendant Controlled | ☐ |

Make

Model/Size

Serial/Asset No.

*For help in completing this form visit us at www.wales.nhs.uk/alas*

## Part 6: Your Client's Measurements

Accurate measurements are essential for us to provide suitable equipment or/and to determine the most appropriate pathway for your client. Incorrect or 'estimated' measurements could cause unnecessary delays to the process.

**All measurements to be provided in metric**

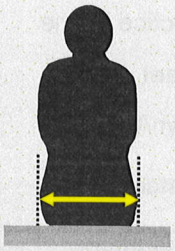
Male ☐
Female ☐

| | | |
|---|---|---|
| **Weight** | | Kgs |
| **Height** | | Cms |
| **Hip Width** | | Cms |

**Why do we need Hip Width?**
This measurement is used to determine the most suitable seat width for your client.

**How to Measure**
Keeping the tape measure straight, measure across the widest point when seated.

**Common Mistake**
halving the waist size!



## Part 7: Your Client's Posture and Sitting Ability

**Does your client have any of the following conditions that would cause problems with sitting or using a standard wheelchair?**

| | No | Yes | If 'Yes' please describe |
|---|---|---|---|
| Altered muscle tone | ☐ | ☐ | |
| Limited range of joint/limb movement | ☐ | ☐ | |
| Abnormal posture | ☐ | ☐ | |
| Difficulty in self-supporting without harness or pads | ☐ | ☐ | *Please describe what happens over time? E.g. Side lean, fall forwards, backwards or to the side, etc* |
| Any other needs that cannot be met without accessories? | ☐ | ☐ | |

## Part 8: Pressure Sores

| | No | Yes | If 'Yes' please describe |
|---|---|---|---|
| Has your client currently got or previously had pressure sores? | ☐ | ☐ | |
| Has your client been assessed as at risk of developing pressure sores? | ☐ | ☐ | |

**If you have answered 'Yes' to either of the above you will also need to complete a 'Cushion Referral'. Forms can be found on our web site at www.wales.nhs.uk/alas**

## Part 9: Abilty to Self Propel

| | | | |
|---|---|---|---|
| Does your client wish to push themselves (self propelling wheels)? | Yes ☐ | No ☐ | If 'No' then go to next section 'Medical History' |
| If 'Yes', do they have any condition that may contraindicate this (e,g. Cardio-Respiratory etc)? | Yes ☐ | No ☐ | |

**If you answered 'Yes' to the above**
1) Please check that you have described and listed the conditions in Part 5: Medical History
2) If you are not the client's GP, we may need to confirm whether your client is medically fit to self propel before we can continue. If you are able to provide consent with this referral then this could reduce the length of time your client waits.

***Incomplete referrals will be returned without processing***

## Part 10: Environmental Factors

**Please describe any limiting factors about your client's environment that we would need to consider (e.g. Type of accomodation, step/lift to access, narrow doors, etc)**

## Part 11: Transportation and Transferring

**IMPORTANT ADVICE. In the interest of your client's safety we advise, if it is possible, to avoid sitting in a wheelchair in a vehicle. The standard seating in any vehicle should be used.**

Will your client need to travel in their wheelchair in a vehicle? Yes ☐ No ☐

Will your client need to transport their wheelchair folded in the boot of a vehicle? Yes ☐ No ☐

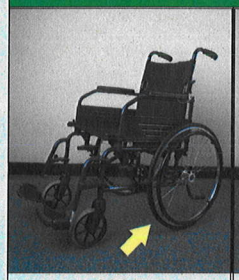
How does your client transfer? Independently ☐ Assisted ☐ Hoisted ☐

Is there anything else that we should know?

## Part 12: Type of Wheelchair Required

**We will screen every referral to decide what equipment we feel is most suitable for your client's needs and environment. However to give us some indication to the type of Wheelchair that, in your professional opinion, your client would benefit from the most, please select from the options below.**

### Non-Powered



**Self-Propel** ☐

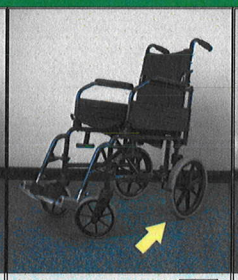
A wheelchair that is pushed by the client
(Large rimmed rear wheels)

(Please refer to part 9: Ability to Self Propel)

**Criteria**

We provide on loan self-propelling manual wheelchairs to users who meet the following criteria:

A user who is able to self propel



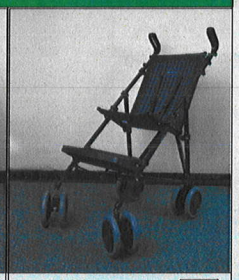
**Transit** ☐

A wheelchair that is pushed by a carer
(Small rear wheels)

**Criteria**

We provide on loan transit manual wheelchairs to users who meet the following criteria:

A user who is not able to or does not want to self propel, and has carers that are deemed able to push the chair



**Buggy** ☐

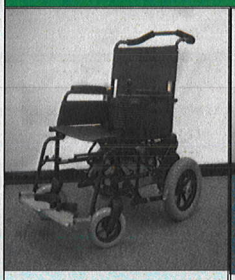
Provided for children only

**Criteria**

Buggies may be issued as an alternative to a wheelchair where it best meets clinical and mobility need and the following applies:

Child is unable to walk distances and it is envisaged it will be required for 2 years and a shop bought buggy is not available to meet the child's weight or size.

### Powered



**Outdoor Use Only** ☐

A powered chair that is operated by a carer for outdoor use only

**Criteria**

The client has poor health and cannot self propel

The carer has poor health and cannot push the patient

There is a large weight difference between the carer and client

The outside environment is such that it impacts on the carers ability to push client

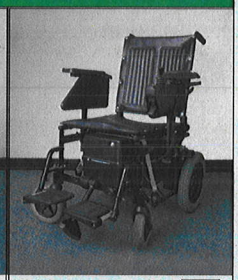
**Indoor Use Only** ☐

A powered chair that is operated by the client for indoor use only

**Criteria**

Client is unable to effectively or safely walk and unable to propel a manual wheelchair effectively in their own home, and has a long term need for indoor powered mobility.

Has a suitable home environment



**Indoor and Outdoor Use** ☐

A powered chair that is operated by the client and can be used indoors and outdoors

**Criteria**

client is unable to effectively or safely walk and unable to propel a manual wheelchair effectively indoors and outdoor. Is medically fit to control a powered wheelchair indoors and outdoors independently

home environment has been risk assessed as appropriate

**Please see our website for further details about our 'Criteria for Issue'**
**www.wales.nhs.uk/alas**

## Part 13: Ability to Travel

It maybe necessary for our assessment team to see your client (see Part 2: How we process your referral).
If so, is your client able to travel to one of our clinic locations? Yes ☐ No ☐ *If 'NO' please explain why not*

If it is essential for you to be present at the assessment please tick this box ☐
Please be aware that this could affect the length of time your client waits to be seen by us.

## Part 14: Anything Else You Think We Should Know?

If you think we should be made aware of any other information about your client, please use this space.

## Part 15: Your Details (The Referrer)

**If you are the GP listed in Part 4, then go to Part 15: Your Signature**

Surname (!)
Forenames (!)
Legal First Name
Profession (!)
Practice Name
Street
Town/City
Postcode
Tel Number (!)
E-mail

## Part 16: Your Signature

Before signing and dating this form please check that you have completed all sections, paying particular attention to the parts identfied with (!) **Incomplete Referrals will be returned without processing.**

I, the referrer as listed in part 15 or GP in part 4, confirm that the information I have provided is correct to the best of my knowledge and my client is aware of and agrees with the content of this form.

**Professional Registration No.** (!)

Your Signature (!)
ALAS Accreditation Number
Signing Date (!) - -

Please now return your completed referral to the relevant address as printed on the front page of this referral. If you are uncertain which centre to send it to then details on our catchment areas can be found on our website www.wales.nhs.uk/alas or alternatively ring either centre for guidance.

***Exclusions**
The posture and mobility service will not provide:

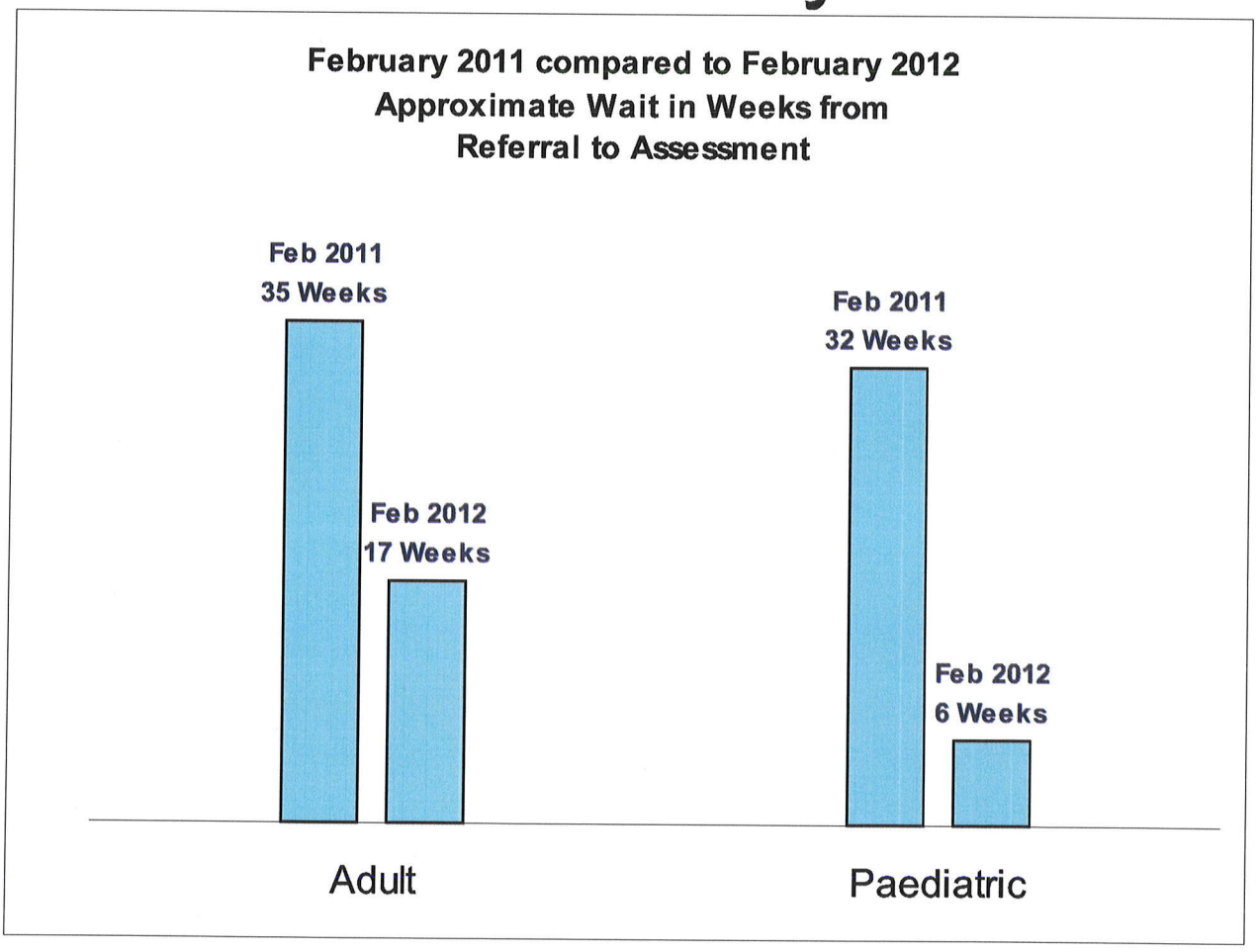
- Wheelchairs/buggies for use as a restraint or as a static chair
- Standard attendant wheelchairs to Residential or Nursing Homes for transit purposes only
- Tilt-in-space wheelchairs for restraint purposes, e.g. to keep clients in the seat when they have volitional movement
- Cushions for armchairs or other seating
- Class three vehicles
- Mobility scooters

# Postural and Mobility Services South Wales

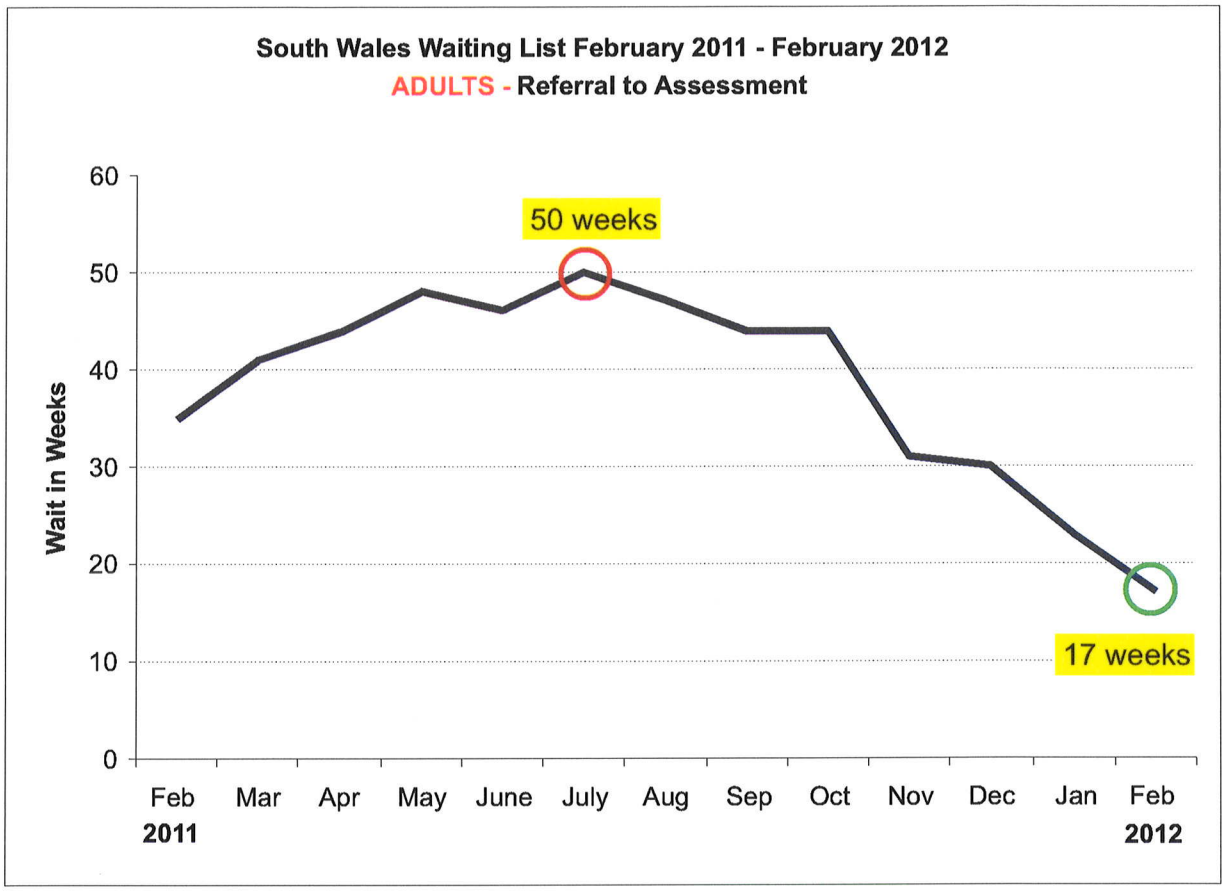
## Waiting List Comparison Report

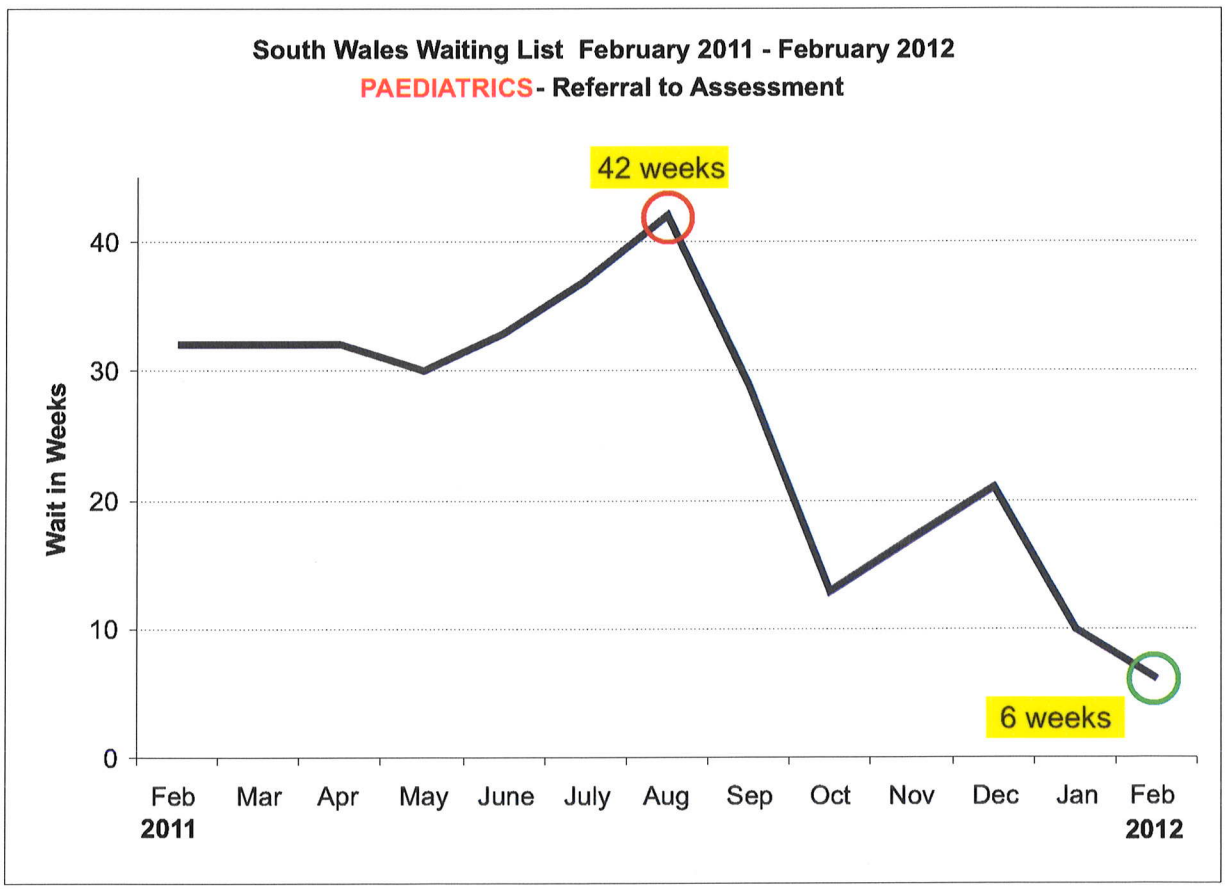
**Current Reported Position as on 15th February 2012 compared to Reported Position February 2011**

# Summary

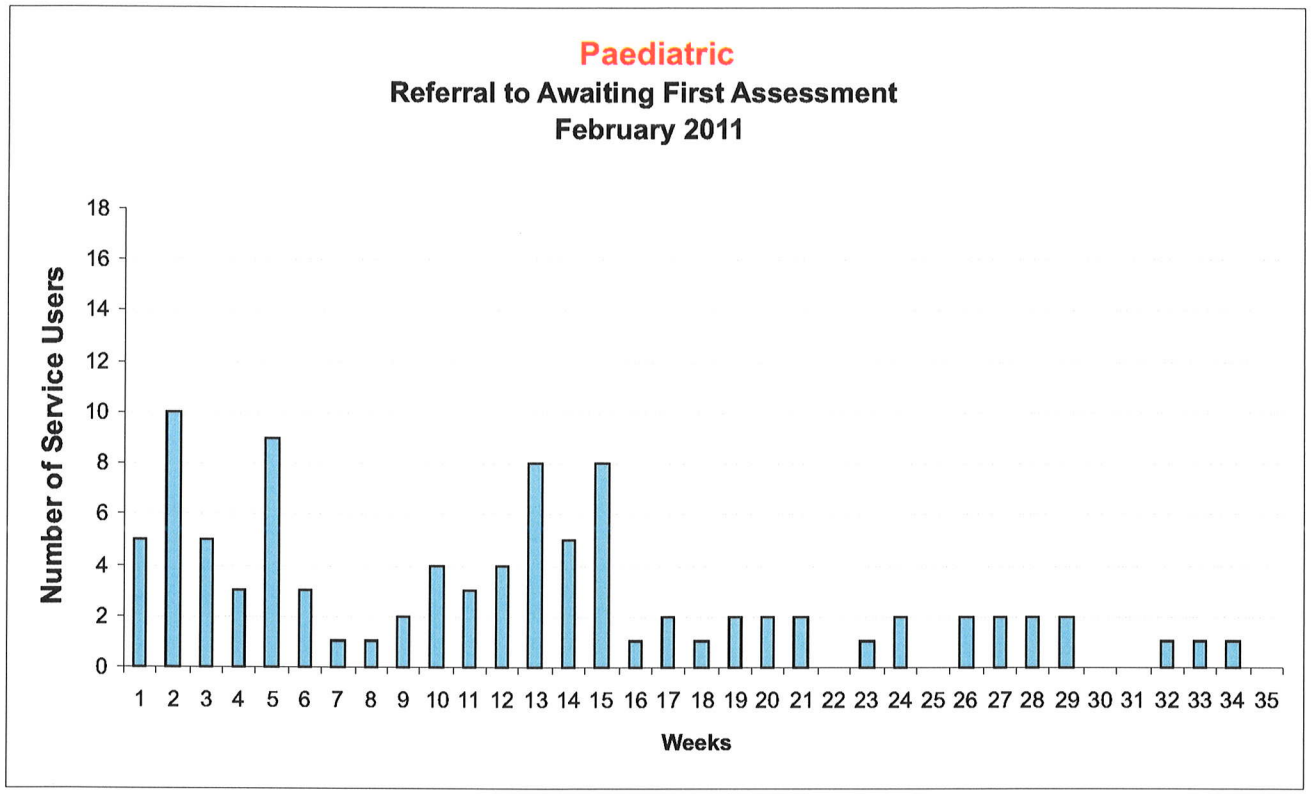


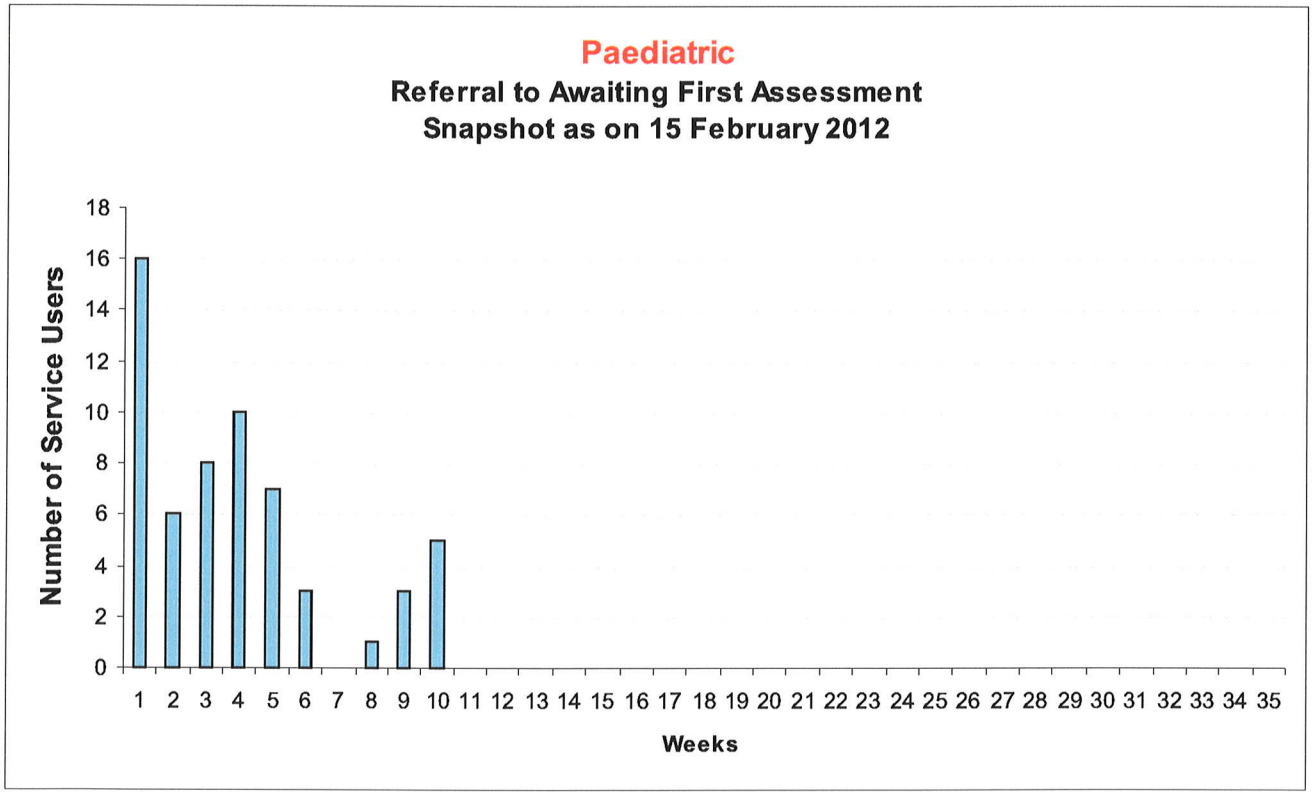
## Postural and Mobility Services - South Wales
## Waiting List Comparison Report



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



# Capacity & Demand Analysis
## Clinical Team Pathway Component - Data Collection Sheet

***Time to be recorded in minutes***

| | Entry Date | Patient Ref | Initials | Level of Complexity 1 | 2 | 3 | Assessment (Face to Face) | Assessment/Prescription Notes | Fitting (Face to Face) | Fitting Notes | | Screening Number of patients | Total Minutes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | |
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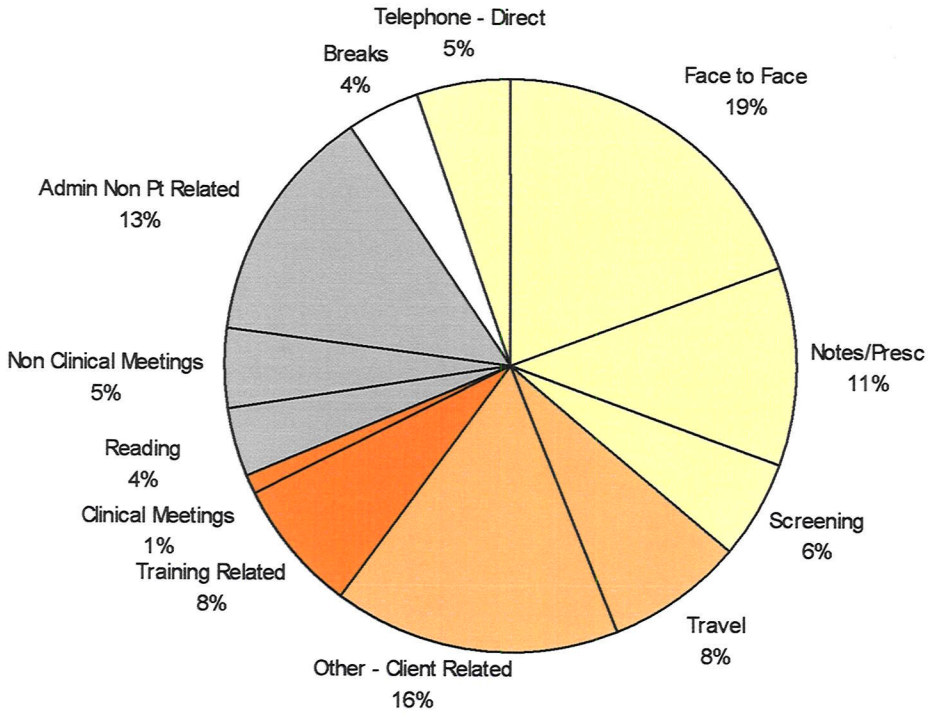
| 18 | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | |

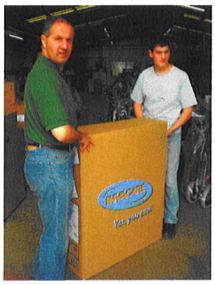
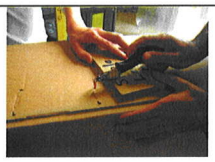
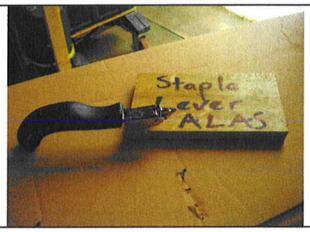
Level 1: Noncomplex, primarily mobility issues, no or minimal pelvic stability, no postural issues, static conditions
Level 2: Working with flexible correctable postures with the emphasis on stabilising the pelvis, no trunk supports required
Level 3: Complex postural needs including the spine, both fixed and flexible asymmetry

# South Wales Clinical Team (OTs)



# ALAS / Vision 21 Student Training Project.

## Work Procedures

| | | |
|---|---|---|
| A | | UNPACKING STANDARD WHEELCHAIRS |
| 1. |  | A typical delivery of boxed wheelchairs stored temporarily on the factory floor. |
| 2. |  | A standard wheelchair box stored and handled with arrows upwards. |
| 3. |  | Moving a box by sliding on the floor to avoid lifting. |
| 4. |  | Removing staples from the box end with a staple remover and lever block. |
| 5. |  | Picture of the staple remover and lever block. |

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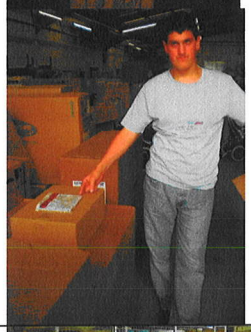
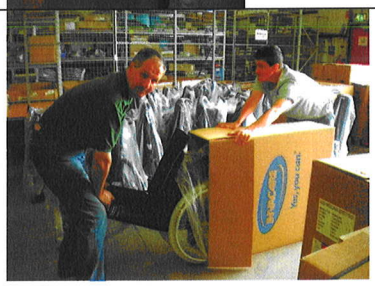
| 6. |  | Removing any small items from the box and setting aside. |
| 7. |  <br>  | Removing any documents attached to the box and setting aside |
| 8. |  | Lowering the box onto its side with the wheelchair handles on the floor and wheeling out the chair, to avoid lifting. |
| 9. |  | Removing the plastic cover from the wheelchair for recycling. |

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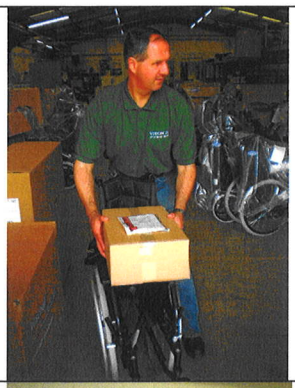
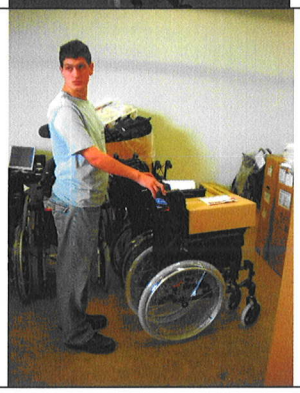
| 10. |  | Reuniting small items and documents with the wheelchair. |
| 11. |  | Storing the wheelchair in a designated temporary area, ready for accepting into computerised stock register. |
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