

B. RESPONDENT INFORMATION FORM: WHEELCHAIR AND SEATING SERVICES ACTION PLAN

Please complete the details below and return it with your response. This will help ensure we handle your response appropriately. Thank you for your help.

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1. Are you responding: (please tick one box)

(a) as an individual go to Q2a/b and then Q4

(b) **on behalf of** a group/organisation go to Q3 and then Q4

INDIVIDUALS

2a. Do you agree to your response being made available to the public (in Scottish Executive library and/or on the Scottish Executive website)?

Yes (go to 2b below)

No, not at all We will treat your response as confidential

2b. Where *confidentiality is not requested*, we will make your response available to the public on the following basis (**please tick one** of the following boxes)

Yes, make my response, name and address all available

Yes, make my response available, but not my name or address

Yes, make my response and name available, but not my address

ON BEHALF OF GROUPS OR ORGANISATIONS:

3 The name and address of your organisation **will be** made available to the public (in the Scottish Executive library and/or on the Scottish Executive website). Are you also content for your **response** to be made available?

Yes

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SHARING RESPONSES/FUTURE ENGAGEMENT

4 We will share your response internally with other Scottish Executive policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for the Scottish Executive to contact you again in the future in relation to this consultation response?

Yes

Wheelchair Review Action Plan: Inclusion Scotland Consultation Response

1 Background

1.1 Inclusion Scotland (IS) is a consortium of organisations of disabled people and disabled individuals. Inclusion Scotland's aim is to draw attention to the physical, social, economic, cultural and attitudinal barriers that affect the everyday lives of disabled people in Scotland. We aim to reverse the social exclusion experienced by disabled people through encouraging civil dialogue, partnerships, capacity building, education, persuasion, training and advocacy.

1.2 Inclusion Scotland's membership contributed to the review of wheelchair services from which the proposed action plan is derived.

2 General comments

2.1 Inclusion Scotland welcomes the Scottish Government's commitment to improve wheelchair services throughout Scotland. We acknowledge that in significantly increasing the funding of wheelchair services the Scottish Government has also demonstrated that its commitment is tangible. Though the funding allocated in announced Government spending plans falls short of the amount recommended in the review report it is still more than has been provided previously and should result in improvements in the service provided to wheelchair users. It is only to be hoped that this very positive development should be built on and not seen as an end in itself.

2.2 Inclusion Scotland is however concerned that the WSS implementation group have moved away from the main thrust of the original review report. The review was concerned with the needs of wheelchair-users rather than those of health professionals and wheelchair service providers. Thus the original review's recommendations focused on solutions based on the social model of disability rather than a medical one. That focus seems to have been lost somewhat in the Action Plan perhaps due to the dominance of the implementation group by service providers, perhaps due to budgetary considerations but certainly to the detriment of wheelchair users.

2.3 Whatever the cause we would urge the Government to use the opportunity of this consultation to return to basics and focus on solutions which at least attempt to meet the needs of users rather than providers. Such solutions may still be budget limited, all policies are ultimately, but by giving meaningful involvement to and co-production with wheelchair-users, rather than simply "consulting" them, those solutions will be more likely to deliver the changes that disabled people need.

2.4 Finally we have to express our disappointment that the needs of disabled children are not adequately addressed in the Action Plan. Inclusion Scotland knows of cases where disabled children have waited so long for a wheelchair that they have outgrown the chairs eventually provided to them. It should be acknowledged within the Action Plan that children's needs are as important as adults, for being without a wheelchair may deprive them of schooling and interaction with their peers at key periods in their development. We very strongly urge that more consideration is given to the type and quality of service that disabled children need and that this is better addressed in the final adopted plan.

3 Comparing Review Recommendations to Action Plan proposals

3.1 **Recommendation 1: To establish an implementation team** – Achieved. We commend the Scottish Government for moving to implement the reviews recommendations. This could not have occurred if an implementation team had not been established promptly. However Inclusion Scotland would have liked to have seen a majority of disabled people on the implementation group as that would have established categorically who should be at the centre of moving things forward and would have ensured that the outcomes were truly user focused.

3.1.1 **Recommendation 2: To reorganise into a national, integrated, assistive technology service** – Inclusion Scotland is disappointed that this recommendation has not been implemented. It will undoubtedly result in different standards of service being delivered in different parts of Scotland. However we welcome the commitment to move towards a national service by developing sharing and working together. See also Para 3.1.19 (Recommendation 23).

3.1.2 **Recommendation 3: Maximise social inclusion** - This is to be achieved through measuring outcomes using improvement measuring tools. This is to be welcomed and should assist the WSS centres focus on the needs of users rather than internal processes. However this is contradicted directly in the primary focus of wheelchair service provision remaining the clinical, and not the social needs, of wheelchair users. Basic health needs may thus be met without the social needs of the user being addressed. A wheelchair user who has been provided with a chair that gets them around their home but not to work, or the shops or to meet with friends remains socially excluded.

3.1.3 **Recommendation 4: Increase number of centres, local facilities and clinics** – Real thought has gone into producing proposals which implement this recommendation and the implementation group should be commended on their efforts which go a long way to meeting users needs.

3.1.4 **Recommendation 5: Provide support for privately purchased wheelchairs** – Not addressed in the Action Plan. This is a serious omission that severely limits the choices available to disabled people.

3.1.5 **Recommendation 6: Establish evidence-based mobility pathways** – The “evidence based” approach which is outlined in the Action Plan should result in the desired outcome of supply and demand issues being eventually addressed in service delivery.

3.1.6 **Recommendation 7: Improve co-ordination with community services** – The Action Plan’s proposals for pathways and partnership working should result in a clear increase in the co-ordination of the service.

3.1.7 **Recommendation 8: Self-referral for reassessment** – The Action Plan’s proposals on self referral for review and re-assessment directly address one of the key demands of wheelchair users and will be a significant step forward if delivered in practice.

3.1.8 **Recommendation 9: Phased removal of eligibility criteria** – The proposal that such criteria will not be removed but instead that *“new national eligibility criteria will be developed within the context of other health and social care equipment provision”* obviously fails to address the very real fears of wheelchair users that they will not be provided with the chairs that they require to live full and active lives. This is a major failure to properly address a key demand of users.

3.1.9 Recommendations 10 & 11: Agreed mobility and seating plan for each user and assessment to document optimum equipment specifications – These recommendations are regrettably not addressed at all in the Action Plan, presumably because it is not seen as wise to provide such information to wheelchair-users who might go on to use it in lobbying for better equipment.

3.1.10 Recommendation 12: Assessment and provision for those who need the service – The development of a standard assessment tool should result in this being at least partially addressed over time.

3.1.11 Recommendation 13: Users and carers to be offered more information about the service – Though we note that the proposal is that patient information will be developed in partnership between users and providers – which should at least result in improvements in its quality and accessibility - it remains unclear where such information will be provided or how it will be disseminated. If this proposal could be developed and set out in greater detail it should go a long way to meeting the review's recommendation.

3.1.12 Recommendations 14 & 15: Assessment to be integrated, multi-disciplinary and multi-agency and to ensure compatibility with carer requirements – Action Plan proposals meet recommendations.

3.1.13 Recommendation 16: Equipment to be delivered within known timeframes - The standard to be adopted of 18 weeks from referral to treatment time seems fairly long – especially for those with temporary needs. Whilst a disabled person is waiting their fundamental needs – to be independent, to be able to work, socialise, etc. - are not being addressed. Perhaps more should be done to establish partnership working with temporary wheelchair providers such as the Red Cross thus reducing waiting times for those with permanent or more progressive conditions.

3.1.14 Recommendation 17: Establish as a national service delivered locally – Whilst we have our reservations (see above) on the failure to establish a truly national service we believe that a number of the proposals in the Action Plan - on leadership, national standards and service level agreements - should go a considerable way to meeting the concerns of wheelchair users if they are fully implemented.

3.1.15 Recommendation 18: Each centre will establish user and carer working groups – Inclusion Scotland welcomes the proposals that each NHS Board must establish a wheelchair user & carer group and that each CHP must ensure that wheelchair users & carers are represented in their local partnership forum. In particular the second proposal should ensure that there is consideration of wheelchair services in mainstream planning. However we are very concerned that the centres themselves are not being tasked with establishing such groups and can only conclude that there is resistance on their part to fully involving users in service planning. That does not bode well for the achievement of genuine user-centred improvements in service delivery. Secondly it remains unclear to ourselves how the views of wheelchair users will percolate down to WSS centres from health boards - especially from those boards that do not host a centre. WSS customer service requires much improvement – currently users of the service relate that there is NO communication between technician and customer to discuss immediate concerns other than by making an appointment through the receptionist - and that is virtually impossible without the intervention of a GP. The current service is not customer orientated, it is service orientated and this needs to be addressed by the centres themselves (as well as the NHS centres users groups). Inclusion Scotland believes that more must be done to spell out how users' views and complaints will be conveyed to centres thus ensuring that centres are truly accountable.

3.1.16 Recommendation 19: Governance and complaints overseen by national service – The proposals fail to address this key recommendation except insofar that there will be service level agreements. This leaves complaints from users to be dealt with by the same local service who have initially failed them. Experience suggests that service providers will be defensive and unwilling to identify their own failings, leaving the users' complaints not properly addressed. We strongly urge that a national complaints system should be established or that complaints are referred to NHS Boards for investigation rather than the centres themselves.

3.1.17 Recommendation 20: Services available to users and carers at any centre in Scotland – The Action Plan is not clear on this and we would call for this to be clarified in the final adopted plan.

3.1.18 Recommendation 21: Services to support more effectively life-change transitions – Action Plan proposals should assist in supporting life-change transitions.

3.1.19 Recommendation 23: Communication links between centres and staff working locally – Establishment of local clinics supported by WSS centres should assist in this process but see above re accountability and NHS Boards that do not have WSS Centres located within them. Inclusion Scotland members report that at present there is no liaison, or joint working practice, between WSS and the prosthetics department; so for those requiring a wheelchair with a head support, or head restraint, (not head rests which are supplied) which is the responsibility of the prosthetics dept, there is terrible trouble getting the two to work together to solve an issue. So currently, if you are a disabled person with no control over your neck muscles so as to hold your head up, you are required to go to the prosthetics dept - possibly in another hospital – to seek a neck support or head restraint. Inclusion Scotland would like to see clear undertakings that communication links and co-operation between the WSS centres and NHS will be improved as a condition of improved funding.

3.1.20 Recommendation 24: Improvements to infrastructure on training – Good proposals re learning needs analysis and identification of training needs.

3.1.21 Recommendation 26: Review staffing levels throughout the service – Not addressed in Action Plan. Obviously this impacts on waiting times and quality of service. We believe that there should be a commitment to review staffing levels if they are impacting adversely on the delivery of nationally agreed standards and waiting times.

3.1.22 Recommendation 28: Agreed response times for repair and maintenance – There is a total failure to address this very important issue in the Action Plan. This must be addressed to ensure that at least a “floor” is established below which response times must not fall. We would urge response times are properly addressed in the national standards.

3.1.23 Recommendation 29: Provision of out-of-hours support – Regrettably we note that the Action Plan asks only that the establishment of such a service should be explored rather than delivered. No doubt budgetary considerations have forced this change but the absence of such a service impacts profoundly on disabled people's ability to fully participate in society.

3.1.24 Recommendation 30: Review of in-house refurbishment practices - The Action Plan's proposals in this area seem vague to say the least.

3.1.25 **Recommendation 31: Provision of mobile service** – There is no mention of this in the Action Plan. However we note that the current difficulties that wheelchair users experience in accessing services is to be partially addressed via NHS working in partnership with transport providers.

3.1.26 **Recommendation 32: Establish planned preventive maintenance programmes** – This is addressed in the Action Plan but on a rationed basis. Inclusion Scotland hopes that this approach is not a short-sighted one as costs may be higher over-time for power chairs etc. if minor faults are allowed to develop into major ones.

3.1.27 **Recommendations 33, 34 & 35: Establish facilities are fully accessible, have adequate space for clinical assessment and are family friendly** – None of these issues seem to feature in the Action Plan though they were all identified as problems during the review process. Inclusion Scotland would request that these important issues are at least addressed by the implementation team with a view to drawing up a programme for improvement.

3.1.28 **Recommendations 36, 37 & 38: Children to have access to a multi-disciplinary team; all services for children provided in child-oriented facilities & children to be provided with access to specialist paediatric clinicians** – We do not believe that services for children have been adequately addressed in the Action Plan. It remains, at best, unclear if children are going to be provided with access to an MDT or specialist paediatricians in child friendly facilities. Children must not be shortchanged if general improvements to the service are being sought.

3.1.29 **Recommendation 40: Establish multi-agency links** – Good proposals which we hope will play out well in practice.

4 Proposals New to Action Plan

4.1 **Proposal (page 17) : Alternative pathways for provision of standard issue equipment should be explored with other health and social care equipment providers** – Good suggestion which we hope will lead to OTs providing some standard wheelchairs and seating equipment more expeditiously.

4.2 **Proposal (page 19): Written information must be provided to users on delivery of equipment and must comply with Scottish Accessible Information Forum standards** – Excellent proposal which should lead to much more accessible information for both wheelchair users and carers.

4.3 **Proposal (page 19): Information and demonstration of equipment use must be provided on delivery** – Good practice which will result in better, safer use of equipment.

4.4 **Proposals (page 20): WSS Centres will modernise equipment and renew the fleet in relation to current demand and technological advances & a model of fleet renewal will be developed that is responsive to new technology and changes in demand** – Both these suggestions should maximize use of existing resources and ensure that the service is more responsive to innovation and demand.

