

Response of NHS Tayside Wheelchair & Seating Services to:

Wheelchair and Seating Services (WSS) Modernisation: an action plan

We welcome the opportunity to respond to the actions in the above plan which seeks to implement the recommendations of *Moving Forward*. Our responses are grouped under the headings given in the action plan.

Patient and User Involvement

We welcome greater involvement of users and carers to ensure that their opinions are taken fully into account when determining service policy and equipment ranges. It is important that such groups are representative of the range of service users. The service has endeavoured to incorporate user feedback into its service developments.

Collaborations and Partnerships

The first action in this section appears to overlap with the first one in Building Capacity except that in Building Capacity the professional lead is specified as being AHP. This subject has not been raised in any previous discussions or consultations. We believe that this is too prescriptive and should be guided by the local situation – In Tayside, the highly technical nature of the service has been recognised and Healthcare Scientists take the professional lead.

This service agrees on the importance of wheelchair services being recognised as part of overall process of rehabilitation. The implications of being “part of the rehabilitation structure” requires greater clarification, especially in view of local variations of structures within Health Boards and the positioning of the WSS.

In terms of collaboration with other agencies, recognition needs to be given to the work that is already being done in this area and can be built upon.

Whilst joint working for storage / uplift and decontamination may be explored it should be recognised that the development of the WSS to the current state has taken account of the exigencies of economies of scale and management of in-house staff to produce an effective and efficient delivery, repair and collection service.

Service Redesign

A Rapid Improvement Event (RIE) has already been held by the Service but support also needs to be given to the ongoing implementation of the Lean Philosophy as part of the RIE. Staffing structures have already been reviewed in preparing the Business Plan to ensure that there is a balanced skill mix across the service to prevent bottle-necks in one area as throughput is increased.

The use of “improvement measuring tools” requires further clarification. In particular, there is concern of a target-driven culture which can be detrimental to the overall quality of service provision to the patients.

Building Capacity

For comment on the first point see *Collaborations and Partnerships* above.

Many of the measures in this section are already in place in this service: separate children’s and adults’ clinics, liaison with transport providers (although this has produced little results) and service protocols / pathways. There is some lack of clarity as to whether these protocols are just for WSS staff or if it is envisaged that other staff will be using them.

Whilst training referrers and staff to work alongside the WSS is of benefit, prescription approval must rest with the WSS to ensure the most appropriate and current equipment is being used and that budgets are being managed effectively.

Referrals

This service already accept referrals from a range of registered health professional and requests for review and reassessment are accepted directly from existing patients and carers. We also liaise with other health and social work professionals for those who require such additional input.

Assessment

It is not clear why a ‘standard assessment tool’ is required and what benefit this would confer. Assessment tools are used as required and are tailored to the patient requirements. Clinical experience is used to determine the appropriate level of assessment and detail required for effective service provision on an individual basis. Given the large throughput of patients in the WSS, flexibility is required so that overly detailed assessment procedures are not adopted for simple cases of provision.

Again, it is not clear why alternative pathways for the provision of standard equipment are required. This aspect of the service works very smoothly and efficiently. Only a small amount of clinical input is required (in screening), with referrals being processed usually the same day and equipment being delivered shortly after. Again, economies of scale mean that stocks are sufficient to cope with the range of sizes provided and that equipment required at very short notice (eg for hospital discharge or terminal patients) can be provided.

Carers’ needs are currently taken into account, the only limitations being the availability and the funding for equipment to address their specific needs. A number of patients have multiple carers and a balance requires to be struck between the patient needs (which are of first priority) and what carers may require or want.

Provision

Provision to Nursing Homes requires further clarification. Rather than service level agreements on a local basis (resulting in ‘postcode prescribing’) talks are required on a national level with the Care Commission to determine what is required of the Nursing Homes in terms of provision of chairs for

non-specific use (which would then be the sole responsibility of the Nursing Home) and what level individually prescribed wheelchairs are required (which would be the responsibility of the WSS).

Delivery

Information is already provided with the wheelchair on delivery, as is demonstration of the chair (where possible) and this can be reviewed to check consistency across all aspects of the WSS.

Equipment, Repairs and Maintenance

With our initial bids the process of fleet modernisation and PPM has already begun. The ability to sustain this long term is finance dependant. Previously the WSS has become 'locked in' to older models because the level of funding has meant that it was difficult to meet even the current demand with older (cheaper) models and ongoing fleet renewal requires the appropriate finance to sustain it.

The need for extended hours of service for repairs is accepted. This development is being investigated and will be proposed in the NHS Tayside bid.

IM&T

It is hoped that the success and benefits of the RETIS system can be built on – a system that is tailor made to service needs and responsive to changes in them. Experience of users in other areas of health care using 'generic' systems has shown that these can often fail to deliver what is required.

Quality and Governance

The development and implementation of standard is the responsibility of the Service Manager. Whether they choose to delegate this to another member of staff should be determined by each WSS – as local situations differ markedly in size and scope of service and number of staff.

Additional Comments

Many of the actions are of a general nature and repeat considerations that have been voiced throughout the process. For example, there is no detail on how prescription criteria may be changed eg broadening range of devices to outdoor only powered chairs.

No indication is given of whether service boundaries will be reviewed – eg proximity of our Tayside service to north Fife or to what extent larger Services will develop sub-centres or satellite clinics

It is considered important that the substantial successes achieved in the past by WSS be recognised and that many aspects of current service design have been created by building on lessons learned from past problems as well as carefully planning to give the optimum service within funding levels.

The funding allocated from the Government is less than half that estimated in Moving Forwards to be necessary to implement its recommendations. Given this reduced funding and the limited timescale of this initiative (effectively a further two years), it is important that the final total number of actions and their scope are realistic for implementation. Trying to do too many things with insufficient funds may result in nothing being done well, rather than a focussed approach to specific areas.

As the WSS as a whole has suffered from problems of staff retention and recruitment , it is important that a working environment is provided that motivates staff and celebrates success rather than constant pressure to change, restructure or meet unrealistic targets.