



Response to Consultation on the Scottish Government's Draft Wheelchair & Seating Service Modernisation Action Plan

NHS Borders welcomes the opportunity to take part in this consultation on the Draft Wheelchair & Seating Service Modernisation Action Plan.

The Consultation document was distributed to the following departments:-

- Lead Nurses
- Allied Health Professionals (AHPs)
- Planning & Performance
- Information Management & Technology (IM&T)
- Finance
- Primary & Community Services
- Patient Focus, Public Involvement (PFPI)

Comments have been provided by the following:-

- Lead Occupational Therapist
- Head of Performance & Planning
- Head of IM&T
- Director of Organisational Change & Development (Lead for PFPI)
- Senior Physiotherapist (Acute)
- Community Physiotherapy Team Leader
- Paediatric Physiotherapist
- Head Paediatric Occupational Therapist
- Senior Paediatric Occupational Therapist

Overall, NHS Borders is supportive of the Action Plan. There are some concerns relating to local considerations which have been identified below.

Patient and User Involvement

The consultation paper has been distributed to key partners, public representatives and service users, including members of:

- Borders Joint Equality Action Team
- Borders Disability Forum
- Borders Public Partnership Forum
- The Borders Involving People Network
- The voluntary sector including Borders Voluntary Community Care Forum and the Princess Royal Trust for Carers Borders Carers Centre.

Voluntary Sector groups have taken the opportunity to feedback their views independently. The following covers NHS Borders Public Involvement arrangements for Service User involvement in local service planning and development:

Action

Each NHS Board must establish a wheelchair user and Carer Group as part of their PFPI structures and processes

Response

NHS Borders has established the Borders Joint Equality Action Team (JEAT). This includes representation from Borders Disability Forum. The JEAT monitors the implementation of the Borders Disability Scheme and reports progress to NHS Borders Public Governance Committee on the generic aspects of wheelchair use e.g. issues around mobility/ access. Service specific issues are reported through health services to the appropriate Clinical Boards. The JEAT will sponsor the work of a wheelchair /access group.

The NHS Borders Performance & Planning department commits to liaise and work with the relevant teams through any service redesign and development work.

Between 1999 and 2006, NHS Borders had an active Wheelchair Users group, which included AHPs and Planners from Health and Scottish Borders Council, personnel from Wheelchair and Seating service in Edinburgh and users. The aim of this group was to monitor service provision and at one point the users carried out a satisfaction survey with feedback given to the staff group for appropriate action. In May 2006 it was agreed by the group to disband as it had fulfilled its usefulness and the balance of 10 staff and 2 users was disproportionate. However, acknowledgement is given that staff are willing to be part of a new local users group and if this initiative is to take place, as the review indicates, it should be organised and run by the users themselves with a clear remit and agenda.

Carers – NHS Borders is a member of the Carers Planning Group. Carers of wheelchair users are represented on this group. The Carers Planning Group monitors the Borders Joint Carers Strategy which covers support to carers of wheelchair users, and identifies and progresses actions through the Joint Carers Action Plan. The Joint Carers Strategy and Carers Action Plan are monitored by Borders Community Health and Care Partnership. Support for work of Borders JEAT is ongoing through input from Borders Disability Forum.

Action

Each CHP will ensure that wheelchair users and their carers are appropriately represented in their local partnership forum to inform local service planning and development.

Response

Scottish Borders CHCP has established a Public Partnership Forum. The PPF is open to all public members and has direct input from wheelchair users. Borders Disability Forum and Borders Carers are represented on the PPF.

As part of the CHCP organisational arrangements, the CHCP Planning and Delivery Committee has been established. Clinical staff can report on priorities and issues for wheelchair users to this committee. The CHCP Planning and Delivery Committee is co-chaired by the Director of Social Work (Scottish Borders Council) and the Director of Integrated Health (NHS Borders).

Partnerships & Collaboration

NHS Borders has identified an AHP to take forward professional leadership. It is important that regional links are made to the relevant WSS centres to ensure joint working, quality service delivery and enhancement of the case management approach.

Action

Opportunities for joint working between health and social care equipment services to develop capacity locally for managing wheelchair storage, decontamination and uplift of equipment should be explored

Response

NHS Borders is keen to continue exploring joint working with the Borders Ability Equipment Store. Appropriate accommodation has previously been an issue as there is a shortage space and no dedicated waiting area.

Service Redesign

Action

NHS Boards will seek to optimise their rehabilitation technology services through shared use of resources across all rehabilitation technology services

Response

The description "Assistive Technology Services" is preferred to "Rehabilitation Technology Services". The Review of NHS Wheelchair & Seating Services in Scotland "*Moving Forward*" used the term Assistive Technology Services (p29). The term "rehabilitation" does not accurately represent the population of service users. Many individuals who require use of these services are not in a process of rehabilitation; they may have congenital, progressive or terminal conditions that are being managed, not remedied. They require *assistive technology* to help them to access their activities of daily living and maximise their functional performance.

As these assistive technologies are provided by both NHS Boards and WSS Centres and they will need to work collaboratively on optimising service provision. Therefore, WSS Centres should also be named in the "Who" column for this action point.

In the re-design of assistive technology services and the development of the National Assistive Technology Service referred to in *Moving Forward* it will be important to recognise existing local Health Service provision for assistive technology and consider examples of good practice e.g. provision of orthotic devices for children with complex needs.

The specialist knowledge and clinical expertise required to provide orthotics for children with complex needs as part of the assistive technology service must be brought to the attention of and recognised by WSS Heads of Service in their learning needs analysis and skill mix review of their staff.

Action

As part of the patient journey, WSS centres will work towards meeting the overall RTT of 18 weeks.

Response

Referrals are sent to SMART centre for wheelchairs and special seating, NHS Borders does also use the other services at SMART such as EAT, though the equipment budget for electronic assistive technology (environmental controls) was transferred to BAES in 2007 and our local Scottish Borders Council funded Bordercare are developing their services in this area too now. There are still considerable delays in the current system regarding specialist seating for adults requiring the bioengineering services input. Waiting times can still be 6 months or more for assessment and this is an area where NHS Borders should work closely with NHS Lothian through the SMART Consortium to look at data as there is no local data available except through trawling

case notes to auditing waiting times. Appointments do come through slightly quicker for those patients able to travel to Edinburgh, but this is not always easy for patients.

Building Capacity

There is general support for local services which would enhance the patient journey for many people and for developing local capacity and expertise. However, clarity is required regarding the tiered model of service and skills progression and its interpretation.

Action 2

Each NHS Board will put in place separate local wheelchair and seating clinics for children and for adults. Local clinics will be supported by WSS Centres

It is felt that *Moving Forward* recommendations 34-38 are not adequately reflected in this section of the Action Plan. Indeed, recommendations 34 and 35 are in fact not specifically made reference to at any point in the Action Plan. The need for dedicated paediatric facilities and specialist clinical expertise must be highlighted.

Specific reference requires to be made in the Action Plan to:-

- 1) Quality of facilities – there must be appropriate space and equipment for clinical assessment. Facilities must be family friendly and have a dedicated children's waiting area and clinical facilities (Recommendations 34, 35 & 37)
- 2) Multi-disciplinary assessment with specialist paediatric clinical expertise must be provided (Recommendations 36, 37 & 38)

As the Borders is a rural area, consideration would need to be given to the siting of the clinic and whether one clinic would be sufficient as for many people, this would bring no more benefit than having to travel to Edinburgh.

Action 3

NHS Boards will work in partnership with transport providers to ensure adequate transport arrangements are in place for access to wheelchair clinics

In planning and commissioning transport, travel and premises arrangements, NHS Borders includes lay representatives to assess accessibility and has commenced the process to incorporate Equality Impact Assessment.

Action 6

Practitioners with a special interest will be trained and developed to provide clinical expertise locally.

There is agreement for developing staff, however, maintaining clinical expertise in a small Board can be challenging. Workloads in small departments may mean that individuals may not be able to undertake such development without funding to release them.

SMART MDT do visit homes, hospitals and clinics in the Borders area and this is a responsive and well run service

Referral, Assessment and Provision

Referrals

Action

WSS will accept referrals from registered health care professionals and occupational therapists in social care without approval from a medical doctor.

We agree with this as it should reduce the waiting time and improve the patient journey, although training will need to be updated

Assessment

Encouraged to see involvement of professional bodies. This is essential to ensure a multidisciplinary approach is endorsed. Professional bodies need to be represented, especially those for occupational Therapists and Physiotherapists, in developing and implementing the standard assessment tool.

Action

Wheelchair and seating services will develop a standard assessment tool

Action

MDT approaches to assessment and care planning should be introduced in partnership with health and social care teams

These two Action Points would appear to be inextricably linked, therefore it would be appropriate for the same groups to be involved in taking these points forward. Local Health Services have not been included in the "Who" column for Action Point 1. WSS Centres should involve clinical experts/representatives from their local Health Service and work in collaboration with them to develop the standard assessment tool. It will be of particular importance that Occupational Therapists and Physiotherapists are consulted and involved in the development of an assessment tool if they are then to be expected to engage in a multi-disciplinary assessment using this tool. An assessment tool should not be developed in isolation or without full consultation with the multi-disciplinary team who will be using it.

Action point 2 should perhaps be re-worded to fully reflect the multi-agency links referred to in *Moving Forward* recommendation 40. Suggested re-wording:-

*"MDT and multi-agency approaches to assessment and care planning should be introduced in partnership with **health, social care and education teams**".*

It is felt that *Moving Forward* recommendations 5, 34 and 39 are not adequately reflected in this section of the Action Plan.

Specific reference requires to be made in the Action Plan to:-

- 1) Consultation and improved links will be developed between WSS and the commercial sector to guide the service user in making their informed choice between NHS provision and private purchase of an assistive technology product (Recommendation 5).
- 2) Improved patient information services will be developed to allow service users to see and test proposed equipment solutions (Recommendations 34 and 39).

Provision

Action

New national eligibility criteria within the context of other health and social care equipment provision must be developed

New eligibility criteria up is a necessity to reflect the current changes and developments in equipment and would hopefully include new products such as "powered rims" that give assist to self propelling users. It would be important to have local influence as it may be possible to address some of the issues at transition time for young persons moving into adult services. There is currently less availability of powered wheelchairs for children as many have been provided by charities such as "whiz kids2 and when the child's needs change or the chair requires replacement, there can be issues finding funding for replacements.

Clarity is required on whether or not the review of the eligibility criteria for the provision of wheelchairs will include review of the provision of a wheelchair on a short term basis for acute hospital discharges. For example, to meet short term mobility need following leg fracture or hip surgery. This is presently an area of unmet need and is of particular importance for children.

Presently, children who are discharged from hospital and are temporarily unable to mobilise normally (approx. 6 weeks) are not provided with a wheelchair on short term loan. This presents significant problems for children and their parents/carers.

- 1) A totally immobile child must be carried by their parent/carer from room to room within the home; a wheelchair would allow them to be moved more safely.
- 2) A partially mobile child may be able to mobilise within the home but unable to mobilise over a longer distance outdoors. A child cannot be left alone at home and therefore the parent/carer is effectively unable to leave their house or is reliant upon finding a child-sitter to allow them to go out to fetch provisions etc.
- 3) The lack of mobility also prevents a child returning to education when there is no medical reason for him/her not to be there. In some cases this creates an associated cost for Education where a Home Visiting Teacher is provided.

The provision of a standard wheelchair on short term loan would solve all of the above problems. It would also allow children to be taken out of the home for fresh air and a change of environment during their rehabilitation.

Action

Service level agreements with local nursing and care home providers for non specific use of transit chairs should be developed

This is an important point, however, the issue of provision for residents in nursing and care homes who require long term wheelchair use as their only form of mobility is also required to be considered.

Equipment, Repairs & Maintenance

Equipment

Action

WSS Centres will modernise equipment and renew the wheelchair fleet in relation to current demand and technological advances

The Action Plan states that “WSS providers need to introduce more modern and lightweight equipment to their NHS stock”. These statements imply that only modernisation of wheelchairs is being referred to. It is unclear from this action point if WSS providers will only be required to modernise their wheelchair products or whether they will also be now be required to provide more technologically advanced seating systems within these wheelchairs.

Technological advances have led to the development of more sophisticated moulded and contoured seating systems that are now available for individuals with complex postural support needs. Manufacturers of these seating systems within the commercial sector are not presently contracted by the WSS Centres and service users with complex postural needs are therefore not offered the optimum seating system to meet their needs.

The Action Plan should state more clearly that in modernising the wheelchair fleet, it will be essential that the seating systems within these wheelchairs are also modernised in line with current technological advances.

Repairs

Action points 1 and 2 are welcomed to enable a responsive service.

It is felt that Moving Forward Recommendation 5 is not adequately reflected in this section of the Action Plan. It is unclear when WSS Centres will start to offer support with the “maintenance of a defined range of privately purchased wheelchairs” (Recommendation 5).

In the rationale for recommendation 5, Moving Forward recommended that “*consultation should take place between the wheelchair service providers, users and the commercial sector to.....explore whether it would be feasible for the NHS to stock parts for the maintenance of that defined range of privately available chairs or merely issue a maintenance voucher.*” The Action Plan does not require WSS Centres to embark on this consultation nor states when they are to have concluded the consultation process in order to action Recommendation 5.

IT and Information Management

We understand that this element is being considered by ISD and e-health leads for the Boards will then be consulted with. We would expect that systems would be developed nationally if funding is made available.

If the system were to be made available outwith the NHS, i.e. to local authorities and relevant voluntary organisations, this could also improve efficiency and speed of referral.

Quality & Governance

Action

Detailed service level agreements for wheelchair and associated seating provision from each WSS centre must be in place

Moving Forward's recommendation 2 refers to more than just "wheelchair and associated seating provision". To meet this recommendation, surely a revised/detailed service level agreement will be required for all "assistive technology services" (i.e. including orthotics, gait analysis services etc).