

# **Response to the WSS Proposed Action Plan**

## **General Feedback**

1. It was useful to have the the Action Plan objectives referenced back to the Moving Forward recommendations as detailed only at the bottom of Appendix 2 summaries.
2. It would have been clearer, however, to see the Action Plan directly relate to the titles/headings used within the original 40 recommendations coming from the “Moving Forward” (Scottish Executive 2006a) report and the Scottish Government’s subsequent response (Scottish Executive 2007). This would provide consistency of reading and reference as it is hard to comment in an informed way otherwise.
3. Consultation with the existing Action Plan structure would again be strengthened were each proposed Action clearly numbered or referenced, rather than just sitting under a subject heading that does not directly relate to the previous work, in an easily discernible way, as indicated above.
4. In combination, the above 2 points have significantly negatively affected the ability of my employer, South Lanarkshire Council to obtain the necessary staff consultation in order to provide a comprehensive response to this action plan in the time scales provided.
5. It is therefore dis-appointing to be told that an extension to the submission date was not possible. This response is therefore being submitted as a personal response rather than an organisational response. It is no surprise to hear that others had made a similar extension request given the difficulties described.
6. One key weakness in seeking the secure the transformational service change required in both the short and longer term would appear to be the lack of an Advisory Board, as recommended by the Scottish Government in their response to the “Moving Forward” report (Section 3.1 responding to Recommendations 1 & 2). This Advisory Board was to “establish national guidelines...on minimum performance standards for the service”, “within the same timescale as the Project Board” and “to compliment the Action Plan”. This appears to have been weakened by suggesting that the WSS centres and WSS Project Manager develop national service and clinical standards for WSS. This seems to ignore the specific Government recommendation that a seperate management group is not established. The lack of such an independent, Advisory Group, providing strategic direction and influence can only weaken both the advice that the Scottish Government will receive, specifically in relation to progressing the recommendations and ultimately weaken the public accountability of any plan.
7. There appears to be little consideration given to providing the existing Service Managers and staff within the Scottish Wheelchair And Seating Services with the required leadership to support them through what is likely to be a period of unsettling transition, although this is likely to be

critical to the success in realising any significant improvements.

8. Critically the action plan leaves some desired actions, posed by the Government's response to "Moving Forward", unanswered whilst making other suggested actions that do not appear to come from the said response. The general response "Where is the action..." is used to capture all such incidents throughout this response.
9. In the introduction, it is suggested that a medical model approach is underpinning the plan by the statement that it is peoples' "impairments" that can "impact on their ability to lead active and full lives with dignity and autonomy". Carol Thomas (2004) spoke of the change brought about by disabled people and academics such as Vic Finkelstein who with others forged the social model by challenging the long held view that "disability either was the impairment itself or resided in restrictions of activity caused by impairment"(p21) to a view that saw disability "in the light of the social exclusions encountered in their own lived experience. (p21). Whilst the social model of disability is not without criticism it has been accepted by the Scottish Government as the basis to underpin the work of all departments (Scottish Executive 2006 Recommendation 39), Tom Shakespeare (2006) further highlights the point that the advantages to the social model approach are that "it shifts attention from individuals and their physical or mental deficits to the ways in which society includes or excludes them".(p29) In the context of this review and the proposed actions it is considered helpful to maintain this focus. Highlighting the proposed actions as positively responding to this challenge, by addressing public service or resource deficits in order to positively effect social change.

## **Specific Feedback under Action Plan Headings**

### **Patient and User Involvement**

1. There is the need to clarify and reference what "PFPI" refers to. See:- <http://www.scotland.gov.uk/Resource/Doc/158744/0043087.pdf> and highlight the action needed by NHS Boards to resource the wheelchair user and carer working groups to be established at each centre with basic secretarial services so that they can confer with other users and carers.
2. Could there be additional clarification given to CHP's on the definition of "appropriate" representation of wheelchair users and carers in local partnership forums e.g. Is this CHP's and how would you suggest they ensure that the needs of children, adults and elderly service users and carers as well as condition specific groups are specifically represented in the local partnership forums? - Whilst probably being generally beneficial, the request for such an action does not seem to come directly from Moving Forward or subsequent Government Response.
3. Could an online forum/discussion space be created to allow service users

and carers to rate the products and services received? (Similar to sites such as Amazon.co.uk etc?). This could potentially empower the decisions of other service users and carers, inform service prescribers and provide direct feedback to manufacturers and suppliers to assist their product and service development. - Perhaps best covered under "IT and Information Management" section though.

### Partnerships and Collaborations

1. There is the need to task NHS Boards along with their Local Authority Colleagues to develop local partnership agreements, utilising CHPs structures to consider and define the situations where joint funding arrangements for the provision of wheelchairs is necessary. With perhaps good practice National guidance developed on the back of such arrangements being implemented and evaluated. Otherwise this recommendation could be lost in the much whoolier aspiration of "establishing case management approaches".
2. Where is the action to develop a set of generic mobility pathways reflecting best practice - locally and nationally?
3. Where is the action to include performance standards within these pathways?
4. Where is the action to ensure that the pathways dovetail with the wider "user pathway" approach used across the equipment and adaptations agenda in community care?
5. Local Authority partners need to be involved in the process of developing referral pathways and protocols (it is assumed that this is an initial step within the mobility pathways to be developed? It could be assumed that Local Authority partners are included within the general "Rehabilitation Services" and perhaps caught in part also by "Education Providers" referred to in the Action Plan but 'Local Authority Partners' phraseology is used separately elsewhere in the same section on the Action Plan suggesting they are excluded from this recommendation. The Scottish Government's response to Recommendations 12, 14 & 15 specifically spoke of the need for Local Authorities to "enhance their awareness of the importance of their role in the provision process..." during a Single Shared Assessment (SSA)
6. The focus therefore within this section of the Action Plan on "The rehabilitation framework" whilst useful in itself, unless linked to the existing SSA structures would seem to fail to build upon existing work and the Government's intention in their response to "Moving Forward". It introduces this terminology along with "care" and "case management" which is likely to be confusing to most readers and add little value in assist people's understanding of what to do differently in order to achieve beneficial change.
7. Where is the action to record assessed need on optimum equipment specifications for seating and wheelchairs at the Single Shared

#### Assessment (SSA) stage?

8. Where is the action to ensure that the mobility and postural support needs of the care home residents, bariatric users and carers and people with a terminal illness are met consistently across Scotland?
9. Where is the action to ensure that those with mobility needs linked to their acute conditions have their needs met within the Acute Sector?
10. Where is the action to provide best practice guidance to Community Health Partnerships on referral options and routes to minimise the length of the patient journey? (eg self refer, AHP referral, Local Authority Staff etc).
11. Where is the action to address, along with Social Work colleagues within a Joint Future framework, the support /advocacy role that the voluntary sector can deliver to service users and carers?

#### Service Redesign

1. Where is the action to see Wheelchair & Seating Service providers work towards achieving the national quality assurance system standard ISO 13485?
2. Where is the action to have the proposed skill mix review of staff at each WSS centre shared between centres to ensure best practices are spread between centres with regard to both skills mix and also **staff numbers**?

#### Building Capacity

1. Where is the action to support or monitor Community Health Partnerships in developing co-located social services, primary care and Wheelchair and Seating Services?
2. Where is the action to see mobile units to serve remote areas where required?
3. Where is the action to link with the Scottish Ambulance Service where required in order to provide Patient Transport?
4. Could an action be tabled to see other transport and assessment options be considered such as Dial - A - Bus transport to local clinics or assessments in Day Care facilities?
5. Where is the action to ensure the needs of sensory impaired service users are met?
6. Where is the action to ensure that the needs of children & adult service users who have changing needs are met in the proposed premises? Best practice guidance should be given in providing a changing place alongside a disabled toilet - see <http://www.changing-places.org/>
7. Could it be stipulated that WSS should consult with local authority supported Access Panels where present, to review the design of all proposed facilities at planning stage?
8. Where is the action to involve all relevant people in the assessment of child's needs and then disseminate the outcome once concluded?
9. Where is the action to ensure that specific accreditation is needed in order

- prescribe the mobility and postural needs of children?
10. Where is the action to ensure that community paediatricians are appropriately trained particularly in areas covered by centres that lack access to this clinical expertise currently?
  11. Where is the action to ensure that modern technology options such as telemedicine are utilised – perhaps in partnership with centres that currently have access to this facility such as the Scottish Spina Bifida Association?
  12. Where is the action to ensure that a training strategy sees accreditation of other health/social care staff to undertake some of the work associated with the Wheelchair Service?
  13. Where is the action to link in with the existing Joint Future training and development agenda? Could AHP service practitioners undertake job swap placements with colleagues in other NHS or Local Authority Services in order to increase the skills and experience of both groups?
  14. There is the need to have an action that sees more commitment to AHP clinical placements in WSS.
  15. There is the possibility of split student placements with Health / Local Authority Social Work – linking in with local AHP – Practice Education Facilitators.

#### Referral, Assessment and Provision

1. Where is the action to see NHS Boards offer the specific right for a carer's assessments as exists with Community Care?
2. Where is the action to examine and quantify the potential for increasing the range of wheelchairs on offer to better address the needs of clients?
3. Where is the action to record assessed need on optimum equipment specifications at the Single Shared Assessment (SSA) stage?
4. Where is the action to ensure that local Joint Future Partnerships include Wheelchair and Seating Services when working with service users and carers to develop Local Improvement Targets?
5. Where is the action to achieve local solutions for users within their home, education and workplace sectors within a Single Shared Assessment framework?
6. In order to deliver the outcomes arising from the review, it is considered that more specific actions are required to define options for the levels of assessment possible at SSA's. (See notes \*1)
7. Where is the action to see an individual mobility & seating plan developed for each user assessed and who is to be accountable for developing this?
8. Where is the action to see the voluntary sector as agents of support/advocacy in cases where there is dispute over the plan?
9. Where is the action to record assessed unmet need where demand exceeds available resources for equipment such as lighter weight or power propelled chairs?

10. Where is the action to ensure that local Health Boards incorporate this service into the existing Joint Futures strategy (IT and otherwise) in having staff gain access to wheelchair prescription or access specialist assessment when needed?
11. Where is the action to see a phased implementation of the recommendation to remove eligibility criteria?
12. Where is the action to see a mechanism for users and carers to influence both this overall process in partnership with NHS Boards, and also in defining the level of acceptable risk on a case by case basis?
13. Where is the action via a communication strategy to advise service users and healthcare professionals of their right to refer to the service?

#### Delivery

No specific action recommended in Governments response other than the need for ReTSAG via ReTIS system to have a system in place to monitor effectiveness in improving delivery targets. (See IM&T below)

#### Equipment Repairs and Maintenance

1. Where is the action to have the “defined range” of privately purchased wheelchairs agreed?
2. Where is the action to see the NHS Wheelchair and Seating Service support both the assessment and maintenance of such products?
3. Where is the action to deliver good public information at all centres and in accessible languages and mediums?
4. Where is the action to have a nationally agreed response time as a key performance indicator?
5. Where is the action to have satellite centres provide sufficient storage and allow local repairs/minor adjustments?
6. Where is the action to have agreements set up with social work out of hours services in order to pass on enquiries appropriately and speedily?
7. Where is the action to have this independent review undertaken of in-house refurbishment practices?
8. Where is the action to have a mobile service introduced in all Health Board areas?

#### IT and Information Management

1. Where is the action to see ReTSAG ensure, via ReTIS that a system is in place within the year to monitor effectiveness in improving delivery targets?

#### Quality and Governance

1. Where is the action to see Voluntary Organisations such as Citizens Advice provide users and carers with clear information about their rights to complain?

2. Where is the action to take into account the location of users who might be affected by lengthy travel?

#### Additional Comments

There additionally seems to be some actions proposed in the Governments response to the "Moving Forward" report that are not captured in this action plan. This is referenced using headings used in the response.

#### 1 re **4.4 Staff Training**

Recommendation 27 – appropriate training for service staff

Q: Where is the action to provide web based training for staff likely to refer ?

Q: Where is the action to check the understanding that referring staff have of the referral process?

#### 2 re **4.6 Child Facilities**

Recommendation 35 – facilities will be family friendly

Q: Where is the action to provide national guidelines concerning the environments in which children are treated as part of this service?

#### 3 re **4.8 National IT System**

Recommendation 22 – national IT system to support management

Q: Where is the action by ReTSAG to develop the ReTIS IT system in orderer to facilitate performance comparisons in particular between WSS services?

#### 4 re **4.10 Multi-agency Links**

Recommendation 40 – establish multi-agency links

Q: Where is the action to ensure that all CHP's consider meeting the needs of users and carers of the Wheelchair and Seating Service in their Local Delivery Plans and in wider Partnership Agreements?

#### 5 re **5.4 Space for Assessment**

Recommendation 34 – ensure facilities have adequate space for clinical asessment

Q: Where is the action to ensure that local assessment and demonstration equipment is adequate and integrated with local authority services?

#### 6 re **5.11 Extended Loans**

Recommendation 39 - extended equipment loan programmes

Q: Where is the action to ensure services hold more items in stock to assist with the accuracy of the initial assessment?

#### Other Comments

1 Will a service standard be developed for providing a replacement chair if the existing chair has to be retained in workshop?

2 Can a direct payment for purchase/servicing contract be considered in keeping with service developments across NHS / Social Care services?

3 Can WSS have a clear, accountable and affordable way for users to purchase add ons to meet preferred and non-essential options e.g. Flashing castors, compatible rain covers etc as part of contract discussions.

4 Can protocols be developed specifically for the provision of child seating systems with education/social work/health agreeing responsibility for bases and seating systems to cover child buggy/ wheelchair /seating needs when a combi-system is indicated as being the best choice?

### Notes

\*1

The Rehabilitation Framework 2007 referred to in the action plan highlights that Case Management and Care Management “both in essence describe the same service.”

<http://www.scotland.gov.uk/Resource/Doc/166617/0045435.pdf>

It has already been clarified that Joint Future is the “lead policy on joint working between local authorities and the NHS in community care.”

<http://www.scotland.gov.uk/Topics/Health/care/JointFuture>

Additional “guidance sets care management in the context of Joint Future and, particularly, the development of single shared assessment.” (point 4)

<http://www.scotland.gov.uk/Resource/Doc/1095/0014712.pdf>

The Key Principals in Single Shared Assessment appear to be particularly relevant to this aspirations of the Wheelchair & Seating Service review yet are largely lacking from this proposed Action Plan, particularly in commenting upon the actions required to address differing levels of assessment contained within SSA's based upon perceived need.

### **“Key Principles in Single Shared Assessment**

- People who use services and their carers should be actively involved and enabled to participate.

- The type(s) of assessment should be appropriate to the person’s indicated needs:

- ? Simple assessment

- ? Comprehensive assessment

- ? Specialist assessment

- ? Self-assessment.

- Assessment should be undertaken by the most appropriate lead professional.

- The assessor should be appropriately skilled and qualified to deal with the type and level of assessment.

- Appropriate information should be shared by informed consent of the person or the person’s representative.

- Single, Shared Assessment must facilitate access to all community care

services.

- Other professionals and agencies must accept the results.”

**Circular No: CCD 8/2001**

Guidance Package Index Ref: F1

<http://www.sehd.scot.nhs.uk/publications/DC20011129CCD8single.pdf>

There has also been guidance given on the “ need to distinguish **care management** - for people with complex needs, or rapidly or frequently changing needs - from **care co-ordination** - for people with more straightforward and/or stable needs who do not require complex care arrangements.” (point 10)

**Circular No: CCD 8/2004**

<http://www.scotland.gov.uk/Resource/Doc/1095/0014712.pdf>

In the context of this review this chosen terminology of Care Management should highlight that this approach incorporates those with a range of needs ranging from straightforward to complex.

This point seems lost in simply declaring that “case management” phraseology will be used in keeping with that used in the Rehabilitation Framework. The terminology Case Management has a meaning used in countries such as America and Australia <http://www.cmsa.org.au/definition.html> which is similar to the aims of both single shared assessment and care management in this country. <http://www.scotland.gov.uk/Resource/Doc/36496/0012581.pdf>

Whereas case management as a phrase, within a Scottish local authority context has a history of being associated with the work undertaken in Justice Services (See for example Circular No: JD/8/2006 )  
<http://www.scotland.gov.uk/Publications/2006/12/newpage>

As “the development of care management requires to take place within a Joint Futures agenda” **Circular No: CCD8/2004** (Point 15)  
<http://www.scotland.gov.uk/Resource/Doc/36496/0012581.pdf>  
and given that “Single Shared Assessment (SSA) is at the centre of Joint Future” and also “part of care management” **Circular No: CCD8/2004** (Point 16) then the suggestion that “Case management approaches” within health and social care services be used to make wheelchair and mobility needs an “integral part” requires both fuller explanation and specific action. This would involve linking it to existing SSA arrangements and placing a duty upon partners to use the referral pathways and protocols that will be developed, based upon level of indicated need.

## References

Scottish Executive (2006a) Moving Forward Review of NHS Wheelchair and Seating Services in Scotland. Edinburgh: HMSO

Scottish Executive (2006) Response to the Disability Working Group Report

Scottish Executive Response. Edinburgh: HMSO [WWW]  
<http://www.scotland.gov.uk/Topics/People/Equality/disability/response>  
(24/10/2008)

Scottish Executive (2007) Scottish Executive Response to Recommendations made in the Report "Moving Forward: Review of NHS Wheelchair and Seating Services in Scotland. Edinburgh: HMSO

Shakespeare, T. (2006) Disability Rights and Wrongs. Abingdon: Routledge.

Thomas C. (2004) Disability and Impairment In Disabling Barriers - Enabling Environments. London. Sage Publications.