

Welsh Government Response to the Health and Social Care Committee's Report: Wheelchair Services in Wales follow-up inquiry

September 2012

Ensuring the development of a first class service for all wheelchair users in Wales is a high priority for the Welsh Government and so I am pleased to receive this report following the one day inquiry of the Health and Social Care Committee. I would also like to thank members of the Health and Social Care Committee for collecting and presenting the findings and to those who took the time to give evidence to the Committee.

I welcome the key conclusions of the Committee regarding how much has been achieved since the predecessor Committee's report, I would like to record my thanks to those who have worked hard to make such improvements in a relatively short period of time. The recommendations contained in the report fit well with our current direction and I am keen to maintain momentum.

Timely access to an effective wheelchair service is essential to the quality of life of its users and significant progress has been made to reduce waiting times. However, there is still work to be done and I believe the wheelchair services need to stay focused on delivery against waiting times targets, without a fundamental change in the service model at this time.

The completion of the National Service Specification, as stated in your first conclusion, will provide a common understanding of the nature of the service to be provided. I consider it to be a key document for the delivery of a seamless service to the user, their carers and healthcare professionals. A clear service specification is essential for an effective and reliable service and will be presented at the next meeting of the Partnership Board in October.

I consider the immediate priority to be a focus on delivery. However, in view of progress made, there is now an opportunity for the Partnership Board to look at the strategic direction of travel for the next five years, taking into consideration the Welsh Government's vision for the NHS "Together for Health" and your recommendations.

I accept the comments in your second conclusion that communication regarding all the good work which has been undertaken needs to improve. I can confirm since the Committee met in March, work is already in hand to improve this through updating a dedicated webpage on the Welsh Health Specialised Services Committee (WHSSC) site and the establishment of a working group of the two wheelchair services to review and improve the Artificial Limb and Appliance Service (ALAS) website.

In addition, since my attendance at the Committee in May, two stakeholder events targeted at referrers to the wheelchair service have taken place to share improvements made over the last year and to gather feedback from the

professional staff regarding the communication mechanisms they would find most helpful. Recommendations emerging from the events included:

- a programme of regular two way communication with stakeholders and referrers with consideration of annual or bi-annual forums;
- production of a regular newsletter for referrers;
- the ALAS website to contain an online resource of useful materials for referrers and facilities for e-training.

I also wish to highlight the importance of the service user engagement workstream, as this will establish an electronic system that will give regular feedback to the wheelchair service that can be used to inform delivery and future services development.

I also welcome and endorse your third conclusion regarding the importance of joint working with community services and the Third Sector. The improvement programme supported by the National Leadership and Innovation Agency for Healthcare (NLIAH) has delivered major improvements in joint working through development of joint clinics with referrers, wheelchair technicians and occupational therapists. There has also been an increase in the number of Trusted Assessors - community support staff trained to assess and, recommend aids to daily living including wheelchair referrals. The recent stakeholder event was used as an opportunity to promote joint working and, for example, identified training needs in relation to electronic referral and the need to explore the use of telemedicine to aid the referral process.

I have set out below, my responses to the report's individual recommendations.

The Committee recommends that:

Recommendation 1: We recommend that, in light of the performance data that has become available since 1 April 2012, the Welsh Government ensures that maximum impact is extracted from the recurrent resources allocated to wheelchair services and that resources are fairly shared across Wales to provide an equitable service for all.
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Response: Accept

Much work has already been undertaken with both of the ALAS services, facilitated by NLIAH, to introduce lean processes to make best use of resources and improve the service to wheelchair users. There is still further work to be done, for example, analysis of capacity and demand in North Wales, before resource allocation can be reviewed by WHSSC.

I am pleased the services are already showing significant positive benefits from the extra money invested by the Welsh Government, particularly the reduction of the children's waiting lists to meet the Children's NSF standards. This extra investment has also had a wider overall benefit to the services by improving referral processes, administrative processes, IT systems and stock

and procurement flows. Changes in work practices have been identified and implemented which have released additional clinical time to increase capacity. I am also pleased with the progress achieved on the establishment of satellite clinics, the piloting of weekend working, the development of one-stop clinics, an increase in the number of Trusted Assessors across Wales and in the number of level 1 trained professional staff. I expect continuing improvements as these changes impact on the service experienced by users.

After the service improvement work is concluded, it will be for the Joint Committee of WHSSC to consider whether resource adjustments are necessary.

Financial implications - None. Any costs are expected to be met from the additional money invested in wheelchair services.

The Committee recommends that:

Recommendation 2: We recommend that the Welsh Government ensures that the Partnership Board considers how service delivery could be improved by joint funding arrangements and / or pooled budgets in the next 12 months, particularly the need to resolve any issues relating to equipment bought under joint-funding or pooled budget arrangements.

Response: Accept

The new National Service Specification will provide principles to inform a review of joint funding arrangements.

Health Boards already have powers to establish pooled budgets and joint working arrangements with Local Government and there is already some joint funding work undertaken by Health Boards, for example, with the charity Whizz Kids, for seat risers. Self funded wheelchair modifications (not required for health purposes) can also be carried out providing these do not compromise safety or the functionality of the wheelchair.

The Welsh Government provides guidance on how to set up and deliver partnerships and pooled budgets through the Social Services Improvement Agency hosted website at <http://www.ssiacymru.org.uk/partnerships>. To provide a more comprehensive and responsive service, I would like to see the wheelchair services making more use of the facilities already available under the current powers. With Local Government already represented on the Partnership Board, I will request the Partnership Board, with its significant service user input, explore the scope for making greater use of the existing frameworks, to support closer collaboration with other agencies. This would include consideration of repair and maintenance issues.

Financial implications - None. Any costs are expected to be met from existing programme budgets.

The Committee recommends that:

Recommendation 3: We recommend that the Welsh Government ensures that the pilot projects underway for short term wheelchair loans are progressed with urgency and include a focus on ways in which the significant annual financial shortfall faced by the British Red Cross can be addressed.

Response: Accept

I welcome and endorse the Committee's recognition that joint working with the British Red Cross (BRC) has improved over the last 12 - 18 months through establishment of the pilot projects.

A Short Term Wheelchair Loan group, led by Betsi Cadwaladr University Health Board, has been established with representatives invited from ALAS, BRC (Wales), NLIH, representatives from other NHS bodies and Welsh Government. The Welsh Government requests half yearly reports from the project, to review against the project plan.

The project is expected to produce a model service specification for the short term wheelchair service including eligibility criteria, standard access criteria, equipment and availability. It will also investigate mechanisms for more integrated working between the Health Boards, Local Authorities and BRC, including clearer signposting to improve the speed of access to those with a short term wheelchair need. The project will also identify areas for service improvement through service user satisfaction surveys in the pilot areas. All of this work will inform an improved service model for short term wheelchair loans and the learning will be shared across all Health Boards

Financial implications – None, the project money has already been identified and ring fenced.

The Committee recommends that:

Recommendation 4: We remain of the view, set out by our Predecessor Committee, that pursuing opportunities jointly to fund equipment is the most realistic way to maximise the range of equipment available to users to address social as well as clinical need. We recommend that the Partnership Board's work to consider options for delivering a service that is able to address the broader social and lifestyle requirements of users is completed as quickly as possible, and no later than the autumn 2012 deadline cited in evidence to the Committee, and that detailed costings of any proposed changes to the service's specification are prepared prior to any decision being taken on the service's scope of practice.(page 47)

Response: Accept in principle

I am happy to accept this recommendation and agree this is a very important piece of work to undertake, however it is also a complex one. Therefore, I feel the time scale is not realistic for a thorough option appraisal which would need to involve a wide range of stakeholders and to explore possible avenues of funding.

I have already outlined in my response to recommendation 2 the work I will request the Partnership Board to undertake regarding joint funding.

The completion of the National Service Specification in October will provide a common understanding of the nature of the service to be provided and provide a baseline for what is currently there. We are very fortunate in Wales that ALAS (North and South) has access to the widest range of wheelchairs in the UK, 148 models in all. In addition, clinical staff are able to go outside of the contract if there is a clinical need. The ALAS staff are trained to assess, fit, maintain and repair all of the 148 models. Additionally the service holds a very extensive stock of parts, so wheelchair breakdowns can be responded to quickly. Consequently, it should be recognised there is already a degree of choice built into the system for patients that other UK countries do not have.

The view from the ALAS services is although the current funding is for essential wheelchair use, every effort is made to take lifestyle and the social model of disability into consideration. However, technical developments in equipment, as well as user expectations, are changing and I agree a review should be undertaken.

I will ask the Partnership Board to form a Task and Finish group. It is my intention this group will gain views from a wide group of stakeholders to inform an option appraisal that will include costs and will be presented to the Partnership Board by June 2013 for subsequent consideration by the Joint Committee of WHSSC. I note concerns raised by service providers that broadening the specification could lead to inequity of provision and this will need to be considered.

Financial Implications – None identified at this stage but this will require further consideration.