National Assembly for Wales
Health and Social Care Committee

Wheelchair services in Wales: follow-up inquiry

August 2012

The National Assembly for Wales is the democratically elected body that represents the interests of Wales and its people, makes laws for Wales and holds the Welsh Government to account.

An electronic copy of this report can be found on the National Assembly's website
www.assemblywales.org

Copies of this report can also be obtained in accessible formats including Braille, large print; audio or hard copy from:
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Tel: 029 2089 8403
Fax: 029 2089 8021
Email: HSCCommittee@wales.gov.uk

National Assembly for Wales
Health and Social Care Committee

Wheelchair services in Wales: follow-up inquiry

August 2012

Health and Social Care Committee

The Committee was established on 22 June 2011 with a remit to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters encompassing: the physical, mental and public health of the people of Wales, including the social care system.

Current Committee membership

Mark Drakeford (Chair)
Welsh Labour
Cardiff West

Mick Antoniw
Welsh Labour
Pontypridd

Rebecca Evans
Welsh Labour
Mid and West Wales

Vaughan Gething
Welsh Labour
Cardiff South and Penarth

William Graham
Welsh Conservatives
South Wales East

Elin Jones
Plaid Cymru
Ceredigion

Darren Millar
Welsh Conservatives
Clwyd West

Lynne Neagle
Welsh Labour
Torfaen

Lindsay Whittle
Plaid Cymru
South Wales East

Kirsty Williams
Welsh Liberal Democrats
Brecon and Radnorshire

Contents

Chair's foreword

It is a pleasure to provide the foreword to this Report on wheelchair services in Wales.

The Health and Social Care Committee decided, early after our formation, to set aside a portion of our time for 'one-day' inquiries into matters of particular interest and concern. One purpose of these short inquiries has been to follow up work undertaken by our predecessor Committee, where its conclusions pointed to substantial need for service improvement. Wheelchair services is one such example. Rather than undertaking a wide ranging review of provision in this area, our work focused on the recommendations made in the previous Report, aiming to identify places where progress had been made, as well as areas where further development appeared to be needed.

I believe that the account which follows demonstrates the success of the one-day format, when applied in this way. In a set of concentrated evidence sessions, we were able to hear from organisations representing service users, professional bodies, those responsible for the daily organisation and management of the service, and those charged with planning its future. A follow-up session with the Minister allowed us to pursue those issues which, in our assessment, had emerged most clearly from the one-day inquiry.

As you will see, our key conclusion was that a great deal has been achieved over the period since our predecessor Committee reported – even though this good work has not always been as clearly communicated to the outside world as it deserved. Of course, there are still matters which need to be addressed, and improvements which need to be made. We hope that both the inquiry itself - and this Report - will have helped to highlight the many achievements of those who have worked hard to create a better service, and to chart an agenda for the future.

From the point of view of those who help the Committee in its work, a one-day inquiry can generate as much need for preparation, organisation and analysis of evidence as one which extends over a longer period of time. I want, therefore, to record particular thanks to

all those on whose efforts the Committee's work depends and who continue to provide us with such excellent service. I would also like to thank those who took the time to provide both oral and written evidence to the Committee to inform our work.

Mark Drakeford AM

Chair of the Health and Social Care Committee
August 2012

The Committee's key conclusions and recommendations

The Committee's key conclusions and recommendations to the Welsh Government are listed below. Please refer to the relevant pages of the report to see the supporting evidence.

Key conclusion 1: We conclude that a great deal has been achieved in the period since our predecessor Committee reported on wheelchair services in May 2010. A stronger sense of strategic grip is now needed if such progress is to be sustained and extended in the future. This should include completion of a National Service Specification, no later than the autumn of 2012, to sit alongside a Strategic Plan for the service. (Page 18)

Key conclusion 2: We conclude that much of the good work undertaken in relation to wheelchair services in Wales has not been communicated well enough to service users, their representatives or practitioners. This should be urgently addressed by the Partnership Board. (Page 23)

Key conclusion 3: We conclude that, where services are working best, this is founded on joint-working developed between ALAS, community therapists and third sector organisations. There is scope for this joint-working to take place more uniformly across Wales. (Page 42)

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. (Page 33)

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. (Page 42)

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. (Page 42)

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)

1. Introduction

1. The Health and Social Care Committee agreed on 2 February 2012 to undertake a one-day inquiry on wheelchair services in Wales. The purpose of the one-day inquiry was to consider the extent to which the recommendations made by the Third Assembly's Health, Wellbeing and Local Government Committee's Report on W*heelchair Services in Wales*[1] (published in May 2010) had been implemented.

2. The previous Committee concluded that there were serious issues with regard to the provision of wheelchair services. In particular, the Committee highlighted unacceptably long waiting times for individuals in need of wheelchair services and identified a lack of access to high quality and timely services. The Committee made 23 recommendations which covered issues such as the strategic direction for wheelchair services in Wales; joint-working across relevant services and professions; targets and performance monitoring; and repairs and maintenance. The Welsh Government published its response to the previous Committee's report in June 2010, accepting all of the recommendations made.[2]

3. Our follow-up work has identified a number of important areas in which progress with wheelchair services in Wales has been made since the 2010 Report. Most notably, clear improvements were noted in relation to waiting times for assessment, particularly in relation to children. Further progress is still required, however, in a number of important areas, not least communication and strategic planning.

Method of inquiry

4. This is the first follow-up inquiry undertaken by the current Health and Social Care Committee. Our aim in undertaking this work is to ensure that recommendations made by our predecessor Committee are being progressed as envisaged. This report does not aim to repeat the evidence received by the previous Committee's inquiry, but to provide an update on the position reached in relation to its recommendations.

[1] National Assembly for Wales, Health, Wellbeing and Local Government Committee, *Inquiry into Wheelchair Services in Wales*, May 2010 [accessed 13 June 2012]
[2] Ibid *Minister's Response*, June 2010 [accessed 13 June 2012]

5. A call for written submissions was launched on 16 February 2012 requesting evidence of where progress has been made to date, and where further progress is still needed to implement the 2010 report's recommendations. Oral evidence was gathered during a day-long session on Thursday 8 March 2012. The one-day oral evidence gathering was divided into five perspective-based sessions: the perspectives of the user, the practitioner, the charitable provider, the NHS provider and the strategic planner.

6. In light of information received, the Committee invited the Minister for Health and Social Services, Lesley Griffiths AM, to provide additional oral evidence on this topic. This session took place on Wednesday 30 May 2012.

7. The Committee would like to thank all those who took the time to respond to this inquiry and assist us with our work. A list of those who gave oral evidence is provided in Annex A to this report; a list of all written submissions is provided in Annex B.

2. Background

Wheelchair services in Wales

8. Wheelchair services in Wales are provided by the Artificial Limb and Appliance Service (ALAS). There are two Artificial Limb and Appliance Centres (ALACs) in Wales providing wheelchair services, one in Cardiff and the other in Wrexham. The centre in Wrexham serves the North Wales population and is hosted by Betsi Cadwaladr University Health Board; the centre in Cardiff provides the service for South Wales and is hosted by the Cardiff and Vale University Health Board. Strategic planning for the service nationally is the responsibility of the Welsh Health Specialised Services Committee.[3]

9. Across Wales there are approximately 70,000 wheelchair users who require equipment ranging from a standard wheelchair to an individual assessment for specialised chairs. Assessments are undertaken in a range of settings, including clinics, schools and individuals' homes. The delivery, collection, repairs and maintenance of equipment is handled in-house in South Wales and by a sub-contractor in North Wales.[4]

Policy background

Government review of the Posture and Mobility Service

10. In May 2008 the then Minister for Health and Social Services, Edwina Hart AM, announced a review of the Posture and Mobility Service in Wales. The impetus for the review arose out of concerns over long waiting times for assessment and delivery of wheelchairs, particularly for children. The intended scope of the review was to encompass long-term and short-term loans, and adult and paediatric wheelchair services. The review was undertaken in two phases.

11. Phase 1 of the review reported in October 2009; Phase 2 of the review reported a year later. Key recommendations arising from the Posture and Mobility Services Review included calls for:

- the adoption of proposed eligibility criteria;

[3] The Welsh Health Specialised Services Committee is responsible for the joint planning of specialised and tertiary services on behalf of all Local Health Boards in Wales.
[4] Artificial Limb and Appliance Service, *Wheelchairs*, [accessed 13 June 2012]

- the implementation of quality indicators and key performance indicators (including a target maximum waiting time of 18 weeks from referral to delivery);
- the establishment of a Posture and Mobility Partnership Board;
- an urgent transition to national rules for managing referral to treatment waiting times;
- the National Leadership and Innovation Agency for Healthcare (NLIAH) and the Delivery and Support Unit (DSU)[5] to run a service improvement programme; and
- the undertaking of a further study to establish the demand for, and supply of, short term loans.

Committee inquiry into wheelchair services

12. In addition to the Government's review of the Posture and Mobility Service in Wales, our predecessor Committee undertook an inquiry into wheelchair services in Wales between November 2009 and March 2010.

13. The Committee reported in May 2010 and made 23 recommendations, all of which were accepted by the Minister. For ease of reference, the Committee's 2010 recommendations – and the Government's response to each – are attached at Annex C to this report.

All Wales Posture and Mobility Service Partnership Board

14. In light of the Government-initiated review and the conclusions and recommendations of our predecessor Committee, the All Wales Posture and Mobility Service Partnership Board (the Partnership Board) was established. The Partnership Board was created as an advisory group to the Welsh Health Specialised Services Committee (the WHSSC), the body responsible for the commissioning of specialised services.[6]

---

[5] The Delivery and Support Unit (DSU) was formed in 2005 to assist NHS Wales organisations to continually improve and sustain their performance against the national access targets set by the Minister for Health and Social Services.

[6] The Welsh Health Specialised Services Committee (the WHSSC) is a joint sub-committee of the 7 Welsh health boards. Health boards have delegated their responsibility for planning and funding specialised services, including the Artificial Limb and Appliance Services, to the WHSSC. It succeeds the former specialist service commissioning body, Health Commission Wales.

15. The Partnership Board's terms of reference are to:

- advise the WHSSC with regard to relevant quality standards and key performance indicators;
- review performance against the agreed quality indicators and key performance indicators, and report to LHBs through the WHSSC;
- revise, as the Board deems appropriate, the nature and target levels of the quality and key performance indicators, and to advise the WHSSC of any changes proposed;
- advise the WHSSC on the scope and eligibility criteria for the Posture and Mobility Service;
- provide advice to the WHSSC on the specification for the Posture and Mobility Service;
- provide a forum for communication and discussion between the providers of the service and its stakeholders;
- support the provision of a high quality and responsive Posture and Mobility Service for Wales.[7]

16. The Partnership Board met for the first time in November 2010 as a shadow board, and met formally in April 2011.The Partnership Board is chaired and led by the WHSSC and meets quarterly. Its membership consists of service providers, service users, and third sector, social services, local authority and education authority representatives.

Funding arrangements

17. The Posture and Mobility Service in Wales is funded through the WHSSC. As services for wheelchair provision are only provided by Cardiff and Vale and Betsi Cadwaladr University Health Boards (see paragraph 8), all funding for these services is allocated to those health boards.

18. In February 2011 the former Minister for Health and Social Services, Edwina Hart AM, announced that, from 2011-12, the Welsh Government would provide an additional recurrent investment of £2.2 million in the Posture and Mobility Service. This was invested with a view to addressing concerns raised by both the Posture and Mobility

[7] National Assembly for Wales, Health and Social Care Committee, *Consultation Response WC12 – Welsh Health Specialised Services Committee* Annex (i) [accessed 13 June 2012]

Services Review and the recommendations of our predecessor Committee's report, particularly in relation to waiting times for assessment and delivery of wheelchairs.

19. The then Minister noted that the funding had been allocated:

> "…primarily to double the number of clinical staff across Wales to assess children and young people to enable them to have the most appropriate wheelchair to suit their need and support more training for health professionals, patients and their carers. The funding will also support better waiting list managements which will result in an improved service for both adults and children who require wheelchairs. With these additional resources, [I] will expect the Children and Young People's National Service Framework standards on waiting times for assessment and delivery[8] to be met by the end of March 2012."[9]

20. The total funding for adult and children's wheelchair services in 2011-12 is £14.2 million, including the additional investment.[10]

[8] The Children and Young People's National Service Framework's standards on waiting times require the period from referral to assessment to be no longer than 6 weeks, and the period from assessment to delivery to be no longer than 8 weeks.
[9] National Assembly for Wales, Health and Social Care Committee, *Additional information – North Wales Posture and Mobility Service* [accessed 13 June 2012]
[10] National Assembly for Wales, Children and Young People Committee, *CYP(4)-11-11 (Paper 9) – Letter from the Minister for Health and Social Services and the Deputy Minister for Children and Social Services on expenditure on provision of wheelchairs for children and children and family services* [accessed 13 June 2012]

3. Structure and strategic direction

The predecessor Committee's view

21. The previous Health, Wellbeing and Local Government Committee's report on wheelchair services noted that a more unified service across Wales was required. Our predecessor Committee recommended that a national service specification should be prepared which clarified both the service's purpose and the operating arrangements for users and stakeholders (recommendation 1). In addition it recommended that a strategic plan should be drawn up to give direction to the service over the coming years (recommendations 2 and 3).

22. Associated with the need for a clearer structure and strategic direction for the wheelchair service in Wales, the Health, Wellbeing and Local Government Committee concluded that there was a complexity and lack of accountability within the service. They recommended that clearer responsibilities and lines of accountability for service delivery were needed as part of any future service structure (recommendation 4).

Evidence received by our follow-up inquiry

National Service Specification

23. On 8 March 2012, the Chair of the Partnership Board, Daniel Phillips, stated that a draft national service specification plan had been prepared but that substantial further work was needed on it.[11] Additional information provided by Mr Phillips after the evidence session stated:

> "A significant amount of work has already been undertaken [on the service specification], it was originally planned to complete this work in time for submission to the next available Partnership Board in Autumn 2012. Following concerns raised at the [Committee's] meeting:
>
> - I have discussed the need to complete this work with the work stream lead as soon as possible; and

[11] National Assembly for Wales, Health and Social Care Committee, *RoP [para 215]*, 8 March [accessed 13 June 2012]

- I am currently exploring the scope for arranging a Partnership Board in the Summer to ensure that this work can be considered and subject to their approval, it would then be submitted for approval and implementation to the next available Joint Committee meeting."[12]

24. Although progress was reported on the development of a national service specification, some third sector organisations such as Contact a Family Wales and the Welsh Neurological Alliance were not aware of advances in this area.[13] Whilst relevant professional bodies were aware that significant work had been undertaken (and, in the case of the College of Occupational Therapists, input had been sought), there was a desire to see this work implemented and communicated to practitioners and users as soon as possible.[14]

Strategic Plan

25. It was noted by a number of witnesses that, although much progress had been observed on the ground in relation to wheelchair services, at the level of strategic planning, further work remains. Contact a Family Wales told the Committee:

> "…there has been less progress in the areas of leadership and strategic planning. The momentum does not seem to have been kept up, despite a lot of work on the ground, at a more strategic level."[15]

26. Responding to the suggestion that momentum has been lost, Fiona Jenkins, Executive Director for Therapies and Health Sciences at Cardiff and the Vale University Health Board, told the Committee that there had been "no letting up of the impetus and focus on wheelchair services" over the last 18 months. She noted that maintaining momentum through strategic leadership is a key focus of attention for those currently leading the service.[16]

---

[12] National Assembly for Wales, Health and Social Care Committee, *Additional information – Welsh Health Specialised Service Committee* [accessed 13 June 2012]
[13] Ibid *Consultation response WC4 – Welsh Neurological Alliance* and *Consultation response WC5 – Contact a Family* [accessed 13 June 2012]
[14] Ibid *Consultation response WC7 – College of Occupational Therapists* and *Consultation response WC8 – Chartered Society of Physiotherapy* [accessed 13 June 2012]
[15] Ibid *RoP [para 16]*, 8 March [accessed 13 June 2012]
[16] Ibid *RoP [para 111]*, 8 March [accessed 13 June 2012]

27. The Partnership Board stated that only recently has the necessary data been available to be able to plan strategically for the future:

> "Until around Christmas time, we did not have any solid data to plan services. The service has done tremendously well with the information it had. It has put firm foundations down. We are now really starting to understand what is going on in the service. The service has been modernised and re-engineered. We will get a clear plan in place by June or July on what we can deliver. We will then communicate that to the Minister."[17]

Accountability

28. The Minister for Health and Social Services, Lesley Griffiths AM, told the Committee that matters relating to accountability are being addressed by local health boards and the Artificial Limb and Appliances Services working together to agree joint specifications for the services.[18] The Minister explained that this work is being undertaken in conjunction with the National Leadership and Innovation Agency for Healthcare (NLIAH).

29. Evidence received from the user perspective, however, indicated that responsibilities and lines of accountability are still unclear, particularly at the senior strategic level. Contact a Family Wales told the Committee:

> "…we are still concerned that those lines of accountability and responsibility, and the chain of command…particularly at a senior strategic level, do not seem to be that clear and are certainly not transparent, open and public."[19]

Our view

30. The Committee acknowledges the progress made to date in relation to the development of a National Service Specification for wheelchair services in Wales, a strategic plan for the service's future direction, and improved accountability. It is our view, however, that the focus on the here-and-now gains of the first 18 months must now

[17] National Assembly for Wales, Health and Social Care Committee, *RoP [para 164]*, 8 March [accessed 13 June 2012]
[18] Ibid *Welsh Government Update – WC3* [accessed 13 June 2012]
[19] Ibid *RoP [para 87]*, 8 March [accessed 13 June 2012]

be matched by a similarly energetic and focused planning for the future.

Key conclusion 1: We conclude that a great deal has been achieved in the period since our predecessor Committee reported on wheelchair services in May 2010. A stronger sense of strategic grip is now needed if such progress is to be sustained and extended in the future. This should include completion of a National Service Specification, no later than the autumn of 2012, to sit alongside a Strategic Plan for the service.

4. Communication

The predecessor Committee's view

31. Lack of communication was cited as a significant issue during the Health, Wellbeing and Local Government Committee's original inquiry into wheelchair services in Wales. It was felt that, although work had already been done by service providers in North and South Wales to improve communication with users, practitioners and stakeholders, a more strategic approach was needed. The previous Committee recommended, therefore, that an all-service communication strategy be developed as a matter of urgency to outline how communication with users and stakeholders would be improved (recommendations 8 and 9).

Evidence received by our follow-up inquiry

Communicating progress with service development

32. In evidence to this follow-up inquiry, although it was agreed that communication had improved, it was still cited as one of the main areas where further improvements are required. Those representing service users stated that there is deep uncertainty about developments within the service due to the lack of communication. In oral evidence to the Committee the Wales Neurological Alliance stated:

> "Much of the information you have received in written form from the service providers…is information that we as organisations had never seen before, because of that poor communication. One lesson for us is that if communication had been better earlier, perhaps we would not be here today and perhaps more progress could have been made sooner."[20]

33. In addition, practitioners stated that there is no formal cascade of information to staff, with changes to services being learned of in an ad hoc way in many cases.[21]

34. The Partnership Board agreed that the dissemination of information and the communication process needed improving. Giving

[20] National Assembly for Wales, Health and Social Care Committee, *RoP [para 18]*, 8 March [accessed 13 June 2012]
[21] Ibid *RoP [para 108]*, 8 March [accessed 13 June 2012]

oral evidence to the Committee, Daniel Phillips, Chair of the Partnership Board, said:

> "We have to work on communication. We have good news, but if there was a message that I received from reading the papers that you had, it was that it is not getting out."[22]

Acknowledging the need to improve communication, the Partnership Board agreed to work towards making their agendas and relevant plans, as well as information on waiting times, publicly available on its website.

35. Service providers also acknowledged the importance of continuous communication:

> "We recognise that communication is not a one-off event, but an on-going process. We recognise that it needs to be better, but also that it is much better than it was. However, we take on board that we need to keep a strong focus on it."[23]

36. Giving evidence to the Committee on 30 May 2012, the Minister for Health and Social Services, Lesley Griffiths AM, admitted that more progress was needed in relation to communication. The Minister stated that:

> "…we need to ensure that people are aware of the excellent work that has been done up to now. That is not to say that more does not need to be done, because it does. I think that communication has improved since your session in March, but it can be further improved, and without delay. The first thing that we can do is ensure that the Welsh Health Specialised Services Committee improves its website. That can be developed so that the partnership board's agendas are published on it as well as the approved minutes and the schedules of forthcoming meetings. It should also be able to publish on its website information about the modernisation work that is being undertaken. The reports of the Welsh Health Specialised Services Joint Committee are already on that, so

[22] National Assembly for Wales, Health and Social Care Committee, *RoP [para 144]*, 8 March [accessed 13 June 2012]
[23] Ibid *RoP [para 46]*, 8 March [accessed 13 June 2012]

that has already been done. Performance data should also be on the StatsWales website."[24]

Engagement of users in service development

37. In oral evidence, user representatives expressed concerns that, since the establishment of the Partnership Board with some service user representatives as members, there is a perception that there is no longer a need to consult more widely than the Board itself. Although agreeing that much activity has occurred and progress has been made in this area, they expressed concern that they were no longer being involved in the process. [25]

38. The Partnership Board emphasised, however, that engagement with service users, practitioners, and third sector organisations had been a key priority and that users remain engaged in its work. Daniel Phillips, Chair of the Partnership Board, told the Committee:

> "I think that we have good engagement, and we have made alterations to the way in which the board works to ensure that their views come early in the meeting, that they are clearly engaged and that they have an opportunity to provide feedback at the beginning of the meeting on what their networks and stakeholders are telling them. Clearly, there is that message that the professionals are starting to see change, and some users are seeing change, but it has not got out yet to every user."[26]

39. The Artificial Limb and Appliances Service highlighted that the KAFKA Brigade has been contracted to arrange engagement with service users and staff and this work is on-going via a Wales-wide Service User Engagement Workstream. This workstream has been allocated funding by the Welsh Government for three years to develop a system that facilitates improved engagement with service users to inform the on-going and future development of the wheelchair service by:

- identifying effective ways to capture service users' views and experiences;

---

[24] National Assembly for Wales, Health and Social Care Committee *RoP [para 47]*, 30 May [accessed 13 June 2012]
[25] Ibid *RoP [para 83]*, 8 March [accessed 13 June 2012]
[26] Ibid *RoP [para 184]*, 8 March [accessed 13 June 2012]

- actively gathering a baseline of the views and experiences of users using both qualitative and quantitative means; and
- preparing and implementing a three-year service engagement strategy using the baseline information gathered, to target continuous improvement in service user engagement.[27]

Communication with users awaiting assessment, delivery or maintenance services

40. The need to keep service users fully informed of progress along their care pathway was repeated during this follow-up inquiry. Shine Cymru's written evidence stated:

> "It is recognised that, in certain circumstances, delays are inevitable. However, there appears to be a lack of focus on communicating these delays to the individual services users and their families/carers."

41. This message was reiterated by Sue Hurrell, the mother of a wheelchair user, whose evidence stated that:

> "Our own experience over the past year does not suggest that the communication process has changed dramatically…I feel the onus is still, generally, on the service user or parent to phone and chase up on progress…The reality is that most people are far happier if they are kept informed about reasons for delay."[28]

42. Evidence from South Wales ALAC noted that, under the Referral to Treatment (RTT) target, the service is now obliged to contact every service user to confirm they are happy to accept appointments offered.[29] It was also noted that the new patient management system – BEST (Bringing Equipment Services Together) – now alerts service staff to impending deadlines for services. The Committee was told that this helps ensure that people are not lost in the system which, it was acknowledged, has happened in the past.[30]

---

[27] National Assembly for Wales, Health and Social Care Committee, *Consultation Response WC12 – Welsh Health Specialised Services Committee* [accessed 13 June 2012]
[28] Ibid *Consultation response WC2 – Sue Hurrell* [accessed 13 June 2012]
[29] Ibid *Consultation response WC10 – South Wales ALAC* [accessed 13 June 2012]
[30] Ibid *RoP [para 61]*, 8 March [accessed 13 June 2012]

43. North Wales ALAC noted that, in the case of its repair and maintenance service:

> "[The approved repairer is] improving the communication with clients, because one of the criticisms is that, when there is any sort of delay, there is not enough communication with the client to let them know what is happening."[31]

Our view

44. Once more, communication has emerged as a significant issue in this follow-up inquiry. Although much progress has been made in implementing the service changes recommended by both our predecessor Committee and the Posture and Mobility Service Review, this has not been communicated effectively. Evidence submitted to our follow-up inquiry highlighted that even those organisations closest to this field, who take an active interest in its development, were unaware of many of the positive developments which have occurred in the last 18 months.

45. Constructive steps have been taken to improve service-user engagement with the service via the Service User Engagement Workstream. We welcome this. We also welcome the acknowledgement that communication with users awaiting delayed services has not occurred in the past, but that work is underway to address this.

Key conclusion 2: We conclude that much of the good work undertaken in relation to wheelchair services in Wales has not been communicated well enough to service users, their representatives or practitioners. This should be urgently addressed by the Partnership Board.

[31] National Assembly for Wales, Health and Social Care Committee, *RoP [para 68]*, 8 March [accessed 13 June 2012]

5. Operation of the service

The predecessor Committee's view

46. The previous Committee's report highlighted an absence of robust targets and performance indicators for the wheelchair service in Wales (recommendations 5,6 and 7). In particular, concerns were raised around waiting times for those with complex needs and those served by the North Wales service. Where people faced long waits, it was recommended that the Welsh Government explored options for providing interim solutions (recommendation 10). It was also recommended that the Welsh Government should conduct an assessment of the long-term resource needs of the service, particularly in relation to improving waiting times and sustaining them at an improved level, conducting regular reviews where necessary for users, and clearing the backlog in North Wales (recommendation 11).

47. In addition to providing an initial wheelchair for an individual user, the service is also responsible for reviewing the needs of users and maintaining and repairing their equipment. Our predecessor Committee highlighted a lack of routine reviews for users, recommending that regular reviews are conducted, particularly for children and users with changing conditions (recommendation 22). Delays with maintenance and repair services were also noted, and it was recommended that arrangements for the delivery of these services were kept under review (recommendation 20). It was also recommended that any future tendering process for maintenance and repair contracts should be subject to consultation with service users (recommendation 21).

48. To improve the operation of the service, our predecessor Committee also recommended that the referral process was streamlined through the development of on-line resources (recommendation 13).

Evidence received by our follow-up inquiry

Waiting times

Definitions for measuring waiting times

49. One of the historical challenges faced by the wheelchair service in Wales, and highlighted by our predecessor Committee's inquiry, was the lack of clear definitions for measuring waiting times.

50. In October 2010 the *All Wales Posture and Mobility Review – Phase 2* report included the key recommendation of including a target maximum waiting time of 18 weeks from referral to delivery.[32] Although evidence to our follow-up inquiry shows that a maximum waiting time of 18 weeks from referral to delivery has not been adopted as a target, it has been adopted as a standard to which the WHSSC and the Partnership Board expect the service to aspire and attain.

51. In the Minister's update to the Committee, she noted that NLIAH and the Delivery Service Unit have been supporting the service to ensure waiting times are measured in accordance with RTT process measures.[33] The Minister stated that performance data would be collected from April 2012 onwards and that she would hold health boards to account for delivery of the required performance standards.[34]

52. The Committee was told that waiting times definitions for measuring referral to delivery have been agreed by the Partnership Board. It is envisaged that the implementation of these definitions will enable the service to report waiting times within a framework consistent with those applied to other areas of healthcare.[35] The measurement framework consists of:

---

[32] All Wales Posture and Mobility Review, *Phase 2 Report*, p5, October 2010 [accessed 13 June 2012]
[33] In 2011-12 the Welsh Government targets for NHS RTT waiting times are to ensure that: at least 95% of patients waiting to start treatment must have waited less than 26 weeks from referral to treatment; and 100% of patients not treated within 26 weeks must be treated in 36 weeks.
[34] National Assembly for Wales, Health and Social Care Committee, *Welsh Government Update – WC3* [accessed 13 June 2012]
[35] Ibid *Consultation Response WC12 – Welsh Health Specialised Services Committee* Annex (i) [accessed 13 June 2012]

		Stage of the pathway	Required waiting time for stage	Required waiting time for segment	Required waiting time overall
Referral to Treatment	1	'Referral' to 'Assessment'	6 weeks for paediatrics	Stage 1 plus 2 plus 4 = 18 weeks for adults and paediatrics	26 weeks
	2	'Assessment' to 'Order to Supplier'	N/A		
	3	'Order to Supplier' to 'Delivery to Service'	N/A		
	4	'Delivery to Service' to 'Delivery to Client'	8 weeks for paediatrics		

53. The definitions of the measurement stages are:

- **Referral**: the Referral to Treatment (RTT) period begins on the date when ALAS receives a correctly completed referral form;
- **Assessment**: the assessment date is defined as the date of the first service intervention other than triage;
- **Order to Supplier**: the date when the order leaves the service;
- **Delivery to Service**: there are two options for the delivery to service measurement point and this is still to be agreed. One option is the date on which the equipment has been supplied to the service, modifications completed and equipment deemed ready for use; the other option is the date at which the equipment is received by the service, prior to any modifications and assembly;
- **Delivery to Client**: the date on which a useable solution meeting the requirements of the initial assessment is delivered to the client, and left for them to use.

54. As can be seen from the framework, the 18 week standard will not include the time from when the order is sent to the supplier to when the order is delivered to the service. The 18 week standard only includes the stages of the pathway that are within the direct control of ALAS. However, the Committee was told that all stages of the pathway should be delivered within the RTT target of 26 weeks.

Progress to date

55. It was agreed by all witnesses that significant progress has been made on waiting times, particularly in relation to paediatric services. The College of Occupational Therapists told the Committee:

> "…there has been significant improvement in waiting times, and that is a huge piece of work that has been done."[36]

56. Witnesses did note, however, that a considerable amount of progress is still needed with regard to adult waiting times, particularly in North Wales. This view was echoed by the Minister for Health and Social Services, Lesley Griffiths AM, who said that, in relation to waiting times from referral to assessment:

> "…we now have a six-week waiting list across Wales which is very encouraging and very welcome. However…the waiting time for adults in north Wales, although it has been halved – it was 104 weeks and now it is down to 52 weeks – is still far too long. This is an area that needs a lot of focused work to bring those times down."[37]

57. Information provided by ALAS illustrated the improvements that have been achieved in relation to waiting times from referral to assessment since our predecessor Committee's report:

A comparison of the approximate waiting times in South and North Wales from Referral to Assessment in February 2011 and February 2012 (measured in weeks)

	Adult		Paediatric	
	Feb 2011	***Feb 2012***	***Feb 2011***	***Feb 2012***
South Wales	35	17	32	6
North Wales	86	52	56	4

58. With regard to 'delivery to service' to 'delivery to client' (stage 4 of the pathway), the wait in South Wales is approximately 10 weeks for adults and 8 weeks for paediatrics. Comparison data for North Wales is not available due to the IT system only being implemented in 2011 and previous data being in a different format. Service providers and the Partnership Board assured the Committee that work is underway to address this and comparable data should be available in due course.

---

[36] National Assembly for Wales, Health and Social Care Committee, *RoP [para 83]*, 8 March [accessed 13 June 2012]
[37] Ibid *RoP [para 11]*, 30 May [accessed 13 June 2012]

59. The RTT target of 26 weeks was implemented from 1 April 2012 and the South Wales service is expected to reach this compliance rate. The Committee was told that, although actions already taken and due to be taken in North Wales would likely reduce the longest adult waiting times further, the service would not be able to achieve the RTT 26 week pathway target without additional resource.[38]

60. In the case of South Wales, information provided to the Committee indicated that, to attain the same results for adult referral to assessment waiting times as paediatrics, an additional investment of £296,000 would be needed per annum.[39] Similar data was not provided by North Wales, although the service estimated that additional resources in the region of £1 million would be needed to:

- meet the RTT aim of 26 weeks from referral to delivery;
- establish regular reviews for certain categories of user; and
- improve the repair service.[40]

Remaining issues

61. In addition to the continued delays for adults in North Wales outlined above, the Wales Neurological Alliance stated that it appeared that new entrants into the system were being cleared more quickly than people who were perhaps first assessed 18 months or 2 years ago.[41] Furthermore they believed that, although it was right for people with certain progressive conditions to be prioritised, it left a core group of adults, who entered the system earlier, waiting for long periods.[42]

62. Both the service providers and the Partnership Board noted that work undertaken over the last 12 months to reduce paediatric waiting lists by undertaking 'capacity and demand' reviews should bear fruit for all service users over the year ahead. In South Wales, its capacity and demand work has identified that 13% of clinicians' time was being spent on non-clinical duties. Allocating these duties to a member of

[38] National Assembly for Wales, Health and Social Care Committee *RoP [para 22]*, 8 March [accessed 13 June 2012]
[39] Ibid *Additional information – Cardiff and Vale University Health Board* [accessed 13 June 2012]
[40] Ibid *Additional information – North Wales Posture and Mobility Service* [accessed 13 June 2012]
[41] Ibid *RoP [para 27]*, 8 March [accessed 13 June 2012]
[42] Ibid *RoP [para 39]*, 8 March [accessed 13 June 2012]

administrative staff has now freed time up time for each clinician to see 4.5 extra clients a week.[43] According to Daniel Phillips, Chair of the Partnership Board:

> "…the benefits from the modernisation and all the learning that has been done in focusing on children as a priority have also shown themselves in adult services."[44]

63. The Minister for Health and Social Services, Lesley Griffiths AM, told the Committee that:

> "We will be looking over the next year to see a reduction in adult waiting times. Extra staff have gone in to bring down waiting times for children, and that will have an impact on the adult waiting times…NLIAH will be working with [the North Wales service] to look at the lean process…Once its people have gone in and done the same analysis in north Wales as they have done in south Wales, I will want to see, over the next year, a reduction in the waiting times."[45]

Referrals

64. The Committee received evidence from South Wales ALAC highlighting the progress made with the implementation of the Bringing Equipment Services Together (BEST) IT system. The Committee was told that RTT targets are embedded within the BEST system with a view to ensuring a consistent approach to the management of RTT and more accurate reporting. South Wales ALAC told the Committee that the implementation of the BEST IT system has been instrumental in lowering waiting times.[46]

65. Evidence to the Committee noted that, in the past, referral forms have often been returned, thereby delaying the process further, due to the quality of the measurements given on the form.[47] The Committee was told that the referral forms have since been re-designed, clarifying the standard of measurements required. Work has been done on an

---

[43] National Assembly for Wales, Health and Social Care Committee, *RoP [para 12]*, 8 March [accessed 13 June 2012]
[44] Ibid *RoP [para 142]*, 8 March [accessed 13 June 2012]
[45] Ibid *RoP [para 17]*, 30 May [accessed 13 June 2012]
[46] Ibid *RoP [paras 6-7]*, 8 March [accessed 13 June 2012]
[47] Ibid *Consultation Response WC10 – South Wales ALAC* [accessed 13 June 2012]

all-Wales referral to get more commonality. An explanatory DVD has also been produced to aid referrers.[48]

66. The Committee was told that the next phase of development for the referral process is to explore the utilisation of an electronic web-based referral system, a system which is eagerly anticipated by community therapists and practitioners.

Reviews

67. Evidence from service users and practitioners suggested that reviews for paediatrics were improving but regular reviews were still not taking place consistently across Wales. According to the Chartered Society of Physiotherapy:

> "Responses differ from around Wales. Members in the North suggest that regular reviews are not currently in place. Community paediatric therapists have to inform ALAS when they feel the child needs reviewing."[49]

68. It was acknowledged, however, that having a standard process for review is quite challenging as it will not always reflect client need. The College of Occupational Therapists told the Committee:

> "The degree of wheelchair use significantly affects the need for review. Some people still use wheelchairs for transit only, so they have very limited use, and they do not have the same level of need for reassessment as those people with complex needs. So, to have a standard process for reassessment is quite challenging, because that does not always reflect client need…if a complex chair is provided, it may need to be reviewed after three months or six weeks to confirm its suitability rather than us having a six-month standard review."[50]

69. South Wales ALAC informed the Committee that they were now implementing paediatric reviews so that children are invited back for a review every year if they have not been seen in the interim.[51] The North Wales service noted that they aim to establish regular reviews

---

[48] National Assembly for Wales, Health and Social Care Committee, *RoP [para 104]*, 8 March [accessed 13 June 2012]
[49] Ibid *Consultation Response WC8 – Chartered Society of Physiotherapy* [accessed 13 June 2012]
[50] Ibid *RoP [para 124]*, 8 March [accessed 13 June 2012]
[51] Ibid *RoP [para 11]*, 8 March [accessed 13 June 2012]

for children in the next twelve months but that additional resource may be necessary to achieve this aim.[52] The North Wales service is also currently assessing what is required in order to adopt planned reviews for adults.[53] The South Wales service did not comment upon its plans for adult reviews beyond the annual reviews undertaken by the Rehabilitation Engineering Unit for its service users with complex needs.

Repairs and maintenance

70. During oral evidence user representatives argued that, although some people have seen a noticeable improvement with regard to repair and maintenance since the previous Committee inquiry, others had not. Contact a Family Wales stated:

> "If, for example, a child goes to a special school, it might be easier for them to access review and maintenance services than for a child who goes to a mainstream school."[54]

71. Scope and Shine Cymru reiterated the claim that experience with regard to repairs and maintenance differed and emphasised that delays to accessing such services could impact significantly on the independence of users.[55]

72. In oral evidence South Wales ALAC stated that, since bringing its repair service in-house, there has been much more flexibility in the delivery of the service. They aim to respond within 24 hours and undertake all repairs within three days.[56] The service noted that delays with regard to the three-day target are often down to manufacturers not having the required parts.

73. In North Wales there is an approved repairer on contract and recent performance indicators show that 100 per cent of emergency repairs are being done within 24 hours and, on average, 97 per cent of non-urgent repairs are being done within 3 days.[57] The performance data for North Wales is supplied by the repairer; the Committee

---

[52] National Assembly for Wales, Health and Social Care Committee, *Additional information – North Wales Posture and Mobility Service* [accessed 13 June 2012]
[53] Ibid *RoP [para 34]*, 8 March [accessed 13 June 2012]
[54] Ibid *RoP [para 32]*, 8 March [accessed 13 June 2012]
[55] Ibid *Consultation Response WC1 – Shine Cymru* and *RoP [para 13]* [accessed 13 June 2012]
[56] Ibid *RoP [paras 56-58]*, 8 March [accessed 13 June 2012]
[57] Ibid *RoP [para 65]*, 8 March [accessed 13 June 2012]

believes that the Welsh Government should take steps to ensure that the performance data for North Wales is subject to proportionate independent audit.

74. When questioned on the effectiveness and efficiency of having the North Wales repair service contracted out, North Wales ALAC stated:

> "We undertook a fairly extensive option appraisal on this last year, looking at the various scenarios available to us, and the conclusion was that, within the financial envelope that we had available, the approved repairer and the contract was still the best option available to us. However, we recognise that, if the financial landscape changed, and if we could invest and put in the improvements that we would like to see, that is a scenario that we might revisit."[58]

Geographical variation

75. Our predecessor Committee's report highlighted that longer waiting times were experienced by users in North Wales, in part, due to the size and geography of the area covered. Evidence to our follow-up inquiry suggested that improvements have been made with the introduction of satellite services, allowing assessments to be completed quicker and more efficiently. Those representing service users noted, however, that they still felt that living closer to the centres in Cardiff or Wrexham improved an individual's chances of being assessed earlier.[59]

76. Both the service providers and community practitioners noted that there had been an increase in the number of clinics over the last 12 months. The Committee was told that work would continue to develop this model of joint-working in the community.[60]

Our view

77. Evidence to our follow-up inquiry illustrates that improvements achieved over the last year in relation to waiting times have been substantial. This is particularly so in the case of paediatric services,

---

[58] National Assembly for Wales, Health and Social Care Committee, *RoP [para 84]*, 8 March [accessed 13 June 2012]
[59] Ibid *RoP [para 25]*, 8 March [accessed 13 June 2012]
[60] Ibid *Consultation Response WC8 – Chartered Society of Physiotherapy*, *Consultation Response WC10 – South Wales ALAC* and *Consultation Response WC11 – North Wales ALAC* [accessed 13 June 2012]

where the waiting time standard for children outlined by the Children and Young People National Service Framework was on target to be met by the end of March 2012 across Wales. We welcome this improvement and congratulate those responsible for its delivery.

78. The additional resource of £2.2 million which has been allocated as recurrent funding has been used effectively and predominantly to target waiting times for children. The recurrent nature of this funding should ensure that the improvements to children's waiting times observed over the last year should begin to yield positive outcomes for adult waiting times over the year ahead. In our view, this should be a key priority for the service over the next twelve months.

79. Evidence to this follow-up inquiry has shown that the 'capacity and demand' review undertaken in South Wales has proved to be an important tool with which to improve services. This review has established where more efficient practises can be developed within the service and will provide a firm footing on which to improve services further. We welcome the Minister's assurance that an exercise of this kind will now be undertaken in North Wales, but note North Wales ALAC's view that achieving the aim of 26 weeks RTT for adult waiting times will not be possible without the allocation of additional resource.

80. We welcome the improvements to the referral process and note that work is underway to develop an electronic web-based referral system. We urge work on this to progress as quickly as possible. We also welcome both the South and North Wales ALACs' commitment to introducing regular reviews for children.

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.

6. Working with others

The predecessor Committee's view

81. Better joint working within the NHS, with community therapists and with the third sector, was identified by our predecessor Committee's report as a means by which to improve wheelchair services in Wales. It was recommended that the Welsh Government should explore opportunities for joint working between ALAS and the aforementioned groups and that this should form a central part of the service's strategic plan (recommendation 12).

82. The Committee also recommended that clarification should be given in relation to joint funding for equipment, and in relation to repair and maintenance arrangements where equipment had been bought by individuals (recommendations 15 and 16). Exploration of opportunities to pool budgets to provide equipment was also recommended (recommendation 17)

83. With regard to training, the Health, Wellbeing and Local Government Committee's report recommended that a sufficient number of community therapists should be trained to undertake Level 3[61] assessments (recommendation 14). This, in its view, would improve the ability of community therapists to work in partnership with ALAS, and to utilise the skills and knowledge of therapists in the assessment process. It was also recommended that the Welsh Government should ensure that opportunities to work jointly with charities to provide training for users were pursued by ALAS (recommendation 23).

84. In relation to the short term provision of wheelchairs, our predecessor Committee recommended a review of arrangements for short term loans to ensure that service provision was adequately resourced (recommendation 18). They also recommended better joint working between ALAS and those providing short-term loans, particularly the British Red Cross (recommendation 19).

[61] Those assessors trained to Level 3 are the most advanced assessors – only ALAS assessors are trained to Level 3 in Wales at the moment.

Evidence received by our follow-up inquiry

Joint working

85. The Committee received some positive evidence with regard to improvements in joint working, particularly between ALAS and the British Red Cross. However, it was felt by the practitioners that more needed to be done to improve the relationships and information sharing between ALAS assessors and local therapists/practitioners.[62]

86. In addition, although ALAS stated meetings between paediatric and adult therapists, physiotherapists, occupational therapists and district nurses at all levels were taking place,[63] the College of Occupational Therapists noted that:

> "There are opportunities to look at a more joined-up approach. Progress is being made in children's services, with joint working between ALAS assessors and the local practitioners. However this is in early stages. This does not seem to be happening at a significant level within adult services."[64]

Joint funding, direct payments and pooled budgets

87. In its evidence to the Committee, the Wales Neurological Alliance stated:

> "The WNA would like the Welsh Government to allow individuals to purchase wheelchairs via Direct Payments and have the option to provide joint funding through their own money if they so desire. The charity believes that this would give individuals the ability to purchase a wheelchair from a private provider if they were not prepared to wait for ALAS to provide one. This agenda has not been taken forward by the Welsh Government."[65]

88. When questioned with regard to the repair and maintenance obligations of wheelchairs purchased through the direct payment route, the Wales Neurological Alliance envisage there being an

---

[62] National Assembly for Wales, Health and Social Care Committee, *RoP [para 168]*, 8 March [accessed 13 June 2012]
[63] Ibid *RoP [para 5]*, 8 March [accessed 13 June 2012]
[64] Ibid *RoP [para 112]*, 8 March [accessed 13 June 2012]
[65] Ibid *Consultation response WC4 – Welsh Neurological Alliance*, 8 March [accessed 13 June 2012]

obligation on the provider in the short term, in terms of a guarantee, and then in the long term, there being a partnership with the wheelchair service so that the chairs could be maintained and monitored. A suitable infrastructure to support such a system would also be required.[66] Figures to predict what level of improvement a system of direct payments would achieve were unavailable.[67]

89. With regard to a direct payment scheme Scope Cymru stated:

> "I spoke to some of my colleagues in England about how the direct payment/voucher scheme operates in England. They said that, where the Government can create a framework or procurement agreement, it works well and is able to drive down costs. It works well for manual wheelchairs, which are simpler. However, when you try to buy something a bit more specialist, there is no standardised cost. A lot of the equipment needs to be modified for the individual and it becomes hard to create a standardised cost and drive it down. Usually, an individual has very little choice, because only a small amount of equipment meets their needs."[68]

90. South Wales ALAC's evidence to the Committee noted that work jointly to fund equipment with third sector organisations had begun, but further discussions were needed within the Partnership Board about this and the pooling of budgets.[69] With regard to arrangements for the repair and maintenance of equipment bought by individuals, the Minister for Health and Social Services, Lesley Griffiths AM, stated that:

> "The accepted policy has been the responsibility for maintenance and repair for equipment bought by individuals remains with that individual and this policy is being maintained."[70]

---

[66] National Assembly for Wales, Health and Social Care Committee *RoP [para 45]*, 8 March [accessed 13 June 2012]
[67] Ibid *RoP [para 51]*, 8 March [accessed 13 June 2012]
[68] Ibid *RoP [para 63]*, 8 March [accessed 13 June 2012]
[69] Ibid *Consultation response WC10 – South Wales ALAC* [accessed 13 June 2012]
[70] Ibid *Welsh Government Update – WC3* [accessed 13 June 2012]

Training

Training for community therapists and practitioners

91. During the previous Committee's inquiry witnesses lobbied for an increase in the number of community therapists trained to undertake Level 3 assessments. In her written update to the Committee the Minister for Health and Social Services, Lesley Griffiths AM, stated:

> "The intention of this recommendation was to assist with the sustainable reduction in waiting times for assessments. However, since the Review, with the level of continuous improvement, the need for training community therapists to undertake Level 3 assessments is no longer felt to be urgent.[71]

92. In oral evidence those representing community therapists and practitioners expressed that they would still like to have local therapists trained to Level 3, and would welcome the chance to improve on working relationships with ALAS. In their view, involving community therapists and practitioners more routinely in the assessment process could yield benefits. These could include ensuring that a person's entire needs are assessed (i.e. social needs in addition to clinical needs) as well as delivering a more holistic service, a cut in waiting times due to the decrease in referrals, and potential cost-savings due to disabled facilities grants (DFGs) not being needed to address any failures to provide a wheelchair that meets an individual's wider lifestyle needs.[72] It was acknowledged, however, that to maintain the knowledge of equipment required of Level 3 assessors both initial and continuous training would be required.[73]

93. When questioned about this in Committee, ALAS commented that, although community therapists would be perfectly capable of assessing someone's needs, they would find it difficult to sustain an adequate level of knowledge about the changing range and requirements of equipment while still completing their day-to-day community therapist responsibilities.[74] On this basis, ALAS queried the safety of expanding the role of Level 3 assessors to those outside the

---

[71] National Assembly for Wales, Health and Social Care Committee, *Welsh Government Update – WC3* [accessed 13 June 2012]
[72] Ibid *RoP [para 142]*, 8 March [accessed 13 June 2012]
[73] Ibid *RoP [paras 138 and 147]*, 8 March [accessed 13 June 2012]
[74] Ibid *RoP [para 126]*, 8 March [accessed 13 June 2012]

service itself.[75] Fiona Jenkins, Executive Director for Therapies and Health Sciences at Cardiff and the Vale University Health Board, told the Committee:

> "If we did not have our waiting times down to the level that they are now, there may be some scope [for extending Level 3 training to community therapists]. Two years ago there was scope for looking at what more community therapists could do."[76]

94. ALAS noted that they have changed their focus from raising the number of external Level 3 assessors to raising the number of therapists and practitioners trained to Level 1. The Committee was told that over 1,000 nurses and therapists have been trained to Level 1 standard in the last 2 years.[77] This is to ensure that better referrals are being received by the service whilst maintaining the expertise for prescribing equipment safely and efficiently within ALAS.

95. Giving oral evidence on 30 May 2012, the Minister for Health and Social Services, Lesley Griffiths AM, told the Committee that community therapists and practitioners have a significant role to play in reducing assessment waiting times. She noted that this issue would be considered at planned workshops, run by NLIAH for community stakeholders, in North and South Wales.[78]

Training for wheelchair users

96. The previous Committee's inquiry highlighted evidence that training for users in the use of their wheelchairs was inadequate, although some training was provided by charities. Our follow-up inquiry did not yield a significant amount of evidence in this area, however the Chartered Society of Physiotherapy did note that further progress was still needed in relation to training for service users in the use and maintenance of their wheelchairs.[79] Evidence from service users suggested that training provided by charities such as Whizz-Kidz had been welcomed by service users, particularly with regard to

---

[75] National Assembly for Wales, Health and Social Care Committee, *RoP [para 116]*, 8 March [accessed 13 June 2012]
[76] Ibid *RoP [para 126]*, 8 March [accessed 13 June 2012]
[77] Ibid *Consultation response WC10 – South Wales ALAC* [accessed 13 June 2012]
[78] Ibid *RoP [para 27]*, 30 May [accessed 13 June 2012]
[79] Ibid *RoP [para 109]*, 8 March [accessed 13 June 2012]

building their confidence and independence, but that this was not delivered uniformly.[80]

97. The Minister's written evidence to the Committee noted that funding has been allocated for the next 2 years to establish wheelchair training courses to support service users, particularly for children. The Committee was told that a tender was being drafted by NLIAH to provide this training across Wales.[81]

98. ALAS reiterated this, noting that staff in the Cardiff centre are being trained to provide weekend training for children at the centre, on a voluntary basis.[82] The Committee was told that the North Wales service is planning to meet shortly with Whizz-Kidz to discuss joint-working, particularly in relation to training for children and joint funding. [83]

Short term loans

Pilot projects

99. In her written evidence, the Minister for Health and Social Services, Lesley Griffiths AM, stated that consideration of short term loan arrangements would be undertaken initially through a number of pilot projects in three LHBs – Betsi Cadwaladr, Hywel Dda and Aneurin Bevan. The Committee was told that the pilots would be delivered by the British Red Cross in conjunction with NHS Wales and that £100,000 a year has been provided by the Welsh Government, for three years, for this purpose (2011/12 – 2013/14). These pilots, the Committee was told, will enhance the current service provision by collecting data on wheelchair loans, creating draft eligibility criteria and agreeing a definition of 'short term' loan.[84]

100. The British Red Cross argued that the data being collected via the pilot project needs to be analysed carefully in order to understand the recent increase in demand for wheelchairs. Jeff Collins, Director in Wales for the British Red Cross, told the Committee:

---

[80] National Assembly for Wales, Health and Social Care Committee, *RoP [para 92]*, 8 March [accessed 13 June 2012]
[81] Ibid *Welsh Government Update – WC3* [accessed 13 June 2012]
[82] Ibid *Consultation response WC10 – South Wales ALAC* [accessed 13 June 2012]
[83] Ibid *Consultation Response WC11 – North Wales ALAC* [accessed 13 June 2012]
[84] Ibid *Welsh Government Update – WC3* [accessed 13 June 2012]

> "We are collecting data and, in my submission, I demonstrated the fact that the numbers for 2010-11 had grown by 20%. However, we do not really understand why. That cannot all be down to an ageing population. It cannot all be down to improvements in delayed transfers of care. We need to understand it. There are real anomalies in Wales. The demand for wheelchairs in Powys is huge compared with the demand in other parts of Wales. We do not really understand why. That is where we need more progress."[85]

101. Although some draft eligibility criteria have been developed in conjunction with the LHB pilot projects, the Committee was told that this work is still on-going. Within the draft criteria the definitions of short term and long term loans are being considered. The British Red Cross argued that these pilot projects need to be actively progressed within the LHBs so that they enable a service to be developed which is fit for purpose and fit for client base. In their view, they remain "too pedestrian" in terms of their progress.[86]

Cooperation with ALAS

102. In relation to joint working more generally, witnesses reported improved cooperation between the British Red Cross and the service in terms of equipment delivery and pick-up. The Committee was also told of improved collaboration with respect to the training of British Red Cross teams by ALAS's national trainer. The British Red Cross's written evidence to the Committee stated that:

> "…huge progress [has been] made on this subject in the past 24 months especially given a very long problematic history. On a very positive note the programme of cooperation with ALAS especially continues to bear fruit."[87]

Funding

103. In its written evidence to the Committee, the British Red Cross noted its projected shortfall of £200,000 per year in supporting the provision of short-term wheelchair loans in Wales.[88] In oral evidence,

---

[85] National Assembly for Wales, Health and Social Care Committee, *RoP [para 178]*, 8 March [accessed 13 June 2012]
[86] Ibid *RoP [para 179]*, 8 March [accessed 13 June 2012]
[87] Ibid *Consultation Response WC9 – British Red Cross* [accessed 13 June 2012]
[88] Ibid *Consultation Response WC9 – British Red Cross* [accessed 13 June 2012]

the organisation emphasised the fact that this was an unsustainable shortfall to carry in future years. The British Red Cross told the Committee:

> "[The shortfall] is not sustainable. We hope that when we tailor this service specifically in those pilot areas, they will be able to provide some funding for particular service level agreements or contracts with those particular local health boards."[89]

Our view

104. Evidence received by our follow-up inquiry suggests that improvements have been made in the last 12 to 18 months with respect to joint working between ALAS, community therapists and practitioners, and third sector organisations. This is particularly the case for children's services, where more joint-assessments and clinics are being undertaken, and with the British Red Cross, with whom joint pilots are now being run for short-term loans. The Committee endorses the general consensus, however, that considerable further scope for joint working still exists.

105. With regard to the training of Level 3 assessors amongst community therapists and practitioners, the Committee believes that this is one of the areas in which the situation has moved beyond that faced by our predecessor. The previous inquiry was undertaken at a time when capacity within the service was stretched and alternative means to clear the waiting list back log were needed. Given the significant progress achieved to date in reducing waiting times, we do not believe that the same level of need exists for Level 3 assessors to be trained outside ALAS. We believe that the time is right to review the qualification mix best needed to bring about further service improvement and welcome the fact that this is being done.

106. Opportunities to purchase equipment through joint funding, direct payments and / or pooled budgets were highlighted by third sector organisations in particular. Although we believe that scope remains for the Welsh Government to explore these opportunities further, issues relating to the maintenance and repair of equipment bought under these circumstances remain to be resolved. Whilst direct payments are an ambition for the future, they are not a priority for

---

[89] National Assembly for Wales, Health and Social Care Committee, *RoP [para 198]*, 8 March [accessed 13 June 2012]

achieving the service quality we wish to see delivered at this point in time.

Key conclusion 3: We conclude that, where services are working best, this is founded on joint-working developed between ALAS, community therapists and third sector organisations. There is scope for this joint-working to take place more uniformly across Wales.

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.

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.

7. Lifestyle considerations

The predecessor Committee's view

107. The Health, Wellbeing and Local Government's inquiry in 2009-10 highlighted the importance of meeting the lifestyle needs of wheelchair users as well as their clinical needs when prescribing equipment. The importance of choice for users was emphasised, as was the need to address an individual's holistic needs.

108. Our predecessor Committee recognised, however, that limited resources posed a particular challenge in this area. They concluded that, although it was important to meet the lifestyle needs of users wherever possible, the only realistic way to deliver this would be by pursuing opportunities for joint funding in order to maximise the range of equipment available to users.

Evidence received by our follow-up inquiry

The user and practitioner's perspective

109. During oral evidence on 8 March 2012 the Committee explored the extent to which an assessment is clinically led and whether it takes into account an individual's social need and lifestyle. Scope Cymru told the Committee:

> "On health versus social need, social need is not just about what an individual wants, but what an individual needs to really participate in their community. For employment, they need to ensure that they have equipment that will allow them to hold down a job and meet their needs in that way as well."[90]

110. User representatives highlighted issues with restrictions in the choice of wheelchairs available, especially for young people. Contact a Family Wales told the Committee:

> "The choice and the range of chairs available on the NHS were raised by a number of our parents. One parent, for example, said that she went to the roadshows and saw a large number of

[90] National Assembly for Wales, Health and Social Care Committee, *RoP [para 64]*, 8 March [accessed 13 June 2012]

chairs that she thought would be particularly suitable for her daughter, but they were not available on the NHS in Wales."[91]

111. From the perspective of community therapists and practitioners, addressing the lifestyle needs of users needs further work. The College of Occupational Therapists told the Committee:

> "The integration of lifestyle assessment into the assessment of postural management is an issue that needs to be looked at…The focus still appears to be on postural management, and practitioners are looking at other solutions if a wheelchair does not fully meet someone's lifestyle needs. There are opportunities to look at a more joined up approach."[92]

112. They went on to say that work needed to be done at the Welsh Government level, setting out what it expects of people undertaking assessments within the NHS and local authorities, as well as the third sector. They concluded by stating that:

> "NHS services are performance driven, so if you look at the way in which services are being targeted, you can see that it is in relation to achieving performance targets. So, if the performance targets do not indicate that there is a need to consider lifestyle and look at outcomes relating to lifestyle, then they will not be a key feature of the service."[93]

The service provider's perspective

113. Existing access criteria state that ALAS will provide equipment which meets essential posture and mobility needs only. The Service noted in its evidence, however, that it strives to meet lifestyle needs within allocated resource constraints.[94]

114. The Committee was told by ALAS that the range of chairs it holds (approximately 148) is larger than any other UK wheelchair provider, and that service users were involved in reviewing the suitability of the chairs selected. The Committee was told that purchasing chairs on this

---

[91] National Assembly for Wales, Health and Social Care Committee, *RoP [para 23]*, 8 March [accessed 13 June 2012]
[92] Ibid *RoP [paras 108 and 112]*, 8 March [accessed 13 June 2012]
[93] Ibid *RoP [para 114]*, 8 March [accessed 13 June 2012]
[94] Ibid *Consultation response WC10 – South Wales ALAC* [accessed 13 June 2012]

basis ensures additional buying power for the service and a better price for the equipment it buys.[95]

115. When asked about expanding the service's specification to include the requirement to address the social as well as clinical needs of wheelchair users, Fiona Jenkins, Executive Director for Therapies and Health Sciences at Cardiff and the Vale University Health Board, told the Committee:

> "Our current funding is for essential wheelchair use, and while we make every effort to take life style and the social model of disability into consideration we are not currently funded to provide more. Technical developments in our equipment as well as user expectations are ever growing and if we are to widen the scope of practice detailed costings must be undertaken to ensure affordability, otherwise we will be in danger of providing high specification equipment to a few and nothing to others. We would therefore recommend caution in broadening the specification, as this could lead to greater inequity."[96]

The planner's perspective

116. The Partnership Board noted in its evidence that a workstream has been established to consider options for delivering a service that is able to address the broader social and lifestyle requirements of users. It was emphasised, however, that this has to be explored within the context of a fixed budget and is not necessarily an indication of a change in direction for the service. The final phase of this work is due to conclude in autumn 2012.[97]

117. In oral evidence the Partnership Board stated that further work is needed to manage the expectations of service users:

> "…the first thing for us to do is to set out more clearly what we currently do. The second is to look at what the users would say if we were to change what we do that is important to them, and to consider how that fits between health and social care…If it is

[95] National Assembly for Wales, Health and Social Care Committee, *RoP [para 90]*, 8 March [accessed 13 June 2012]
[96] Ibid *Additional information – Cardiff and Vale University Health Board* [accessed 13 June 2012]
[97] Ibid *Consultation Response WC12 – Welsh Health Specialised Services Committee* [accessed 13 June 2012]

> to do with meeting their health needs, the patient is assessed and he or she contributes to that assessment. One of the things that we have focused on is being clear in measuring whether or not a patient is satisfied. A wheelchair might arrive—and I think that an example was mentioned earlier—and while it might do what someone thought it would do technically, it might not meet the patient's needs. That situation has never been quantified before. There is an expectation gap. So, [the users] are actively involved in that now."[98]

The Minister's perspective

118. The Minister reiterated in her evidence to the Committee that the service provided currently for wheelchair service users is a clinical one:

> "As a clinical service, it is about meeting people's health needs, but every effort is made to take lifestyle and social models of disability into consideration. However, most of the funding, I would say, is targeted at a person's health needs…We offer a huge range of equipment. This is deliberately done to enable clinical need to be met, but also maximise independence for the service users."[99]

119. The Minister agreed that, although addressing the social needs of wheelchair users is not a performance target for the service, further discussion between the professionals involved in the assessment process ought to take place to explore the extent to which lifestyle considerations are taken into account and could be taken into account in the future.[100]

Our view

120. It is our view that a failure to meet the social needs of a wheelchair user can impact on their health and their wider ability to participate in their community. Making a distinction between where the social need of an individual begins, and where his or her clinical need ends, is a difficult task. Unfortunately, this task is one faced

---

[98] National Assembly for Wales, Health and Social Care Committee, *RoP [para 90]*, 8 March [accessed 13 June 2012]
[99] Ibid *RoP [paras 5-6]*, 30 May [accessed 13 June 2012]
[100] Ibid *RoP [para 8]*, 30 May [accessed 13 June 2012]

frequently by the professionals responsible for assessing the needs of wheelchair users in Wales.

121. We recognise, as did our predecessor Committee, that meeting the lifestyle needs of users is a particular challenge where resources are limited. It is our view, however, that this should be done wherever possible. We welcome the service's assurance that every effort is taken to consider social needs of users and the Partnership Board's current work to consider options for delivering a service that is able to address the broader social and lifestyle requirements of users. We take heed, however, of the service's note of caution that any expansion to its scope of practice would require careful costing to ensure affordability.

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.

Annex A – Witnesses

The following witnesses provided oral evidence to the Committee on 8 March and 30 May 2012. Transcripts of all oral evidence sessions can be viewed, in full, at: http://www.senedd.assemblywales.org/mgIssueHistoryHome.aspx?IId=1309

8 MARCH 2012	
Panel 1 – the user's perspective	
Joseph Carter	Wales Neurological Alliance
Keith Bowen	Contact a Family Wales
Matt O'Grady	Scope Cymru
Panel 2 – the practitioner's perspective	
Philippa Ford	Chartered Society of Physiotherapy
Ruth Jones	Chartered Society of Physiotherapy
Sandra Morgan	College of Occupational Therapists Wales
Ellis Peters	College of Occupational Therapists Wales
Panel 3 – the charitable provider's perspective	
Jeff Collins	British Red Cross
Nicola Wannell	British Red Cross
Panel 4 – the service provider's perspective	
Helen Hortop	South Wales Artificial Limb and Appliances Service
Andrew Lloyd	South Wales Artificial Limb and Appliances Service

Fiona Jenkins	Executive Director of Therapies and Health Science, Cardiff & Vale University Health
Dr Maire Doran	North Wales Artificial Limb and Appliances Service
Gareth Evans	Betsi Cadwaladr University Health Board
Panel 5 – the planner's perspective	
Dr Cerilan Rogers	Director of Specialised & Tertiary Services, Welsh Health Specialised Services
Daniel Phillips	Chair, All Wales Posture and Mobility Service Partnership Board

30 MAY 2012	
The Minister's perspective	
Lesley Griffiths AM	Minister for Health and Social Services
Dr Owen Crawley	Chief Scientific Adviser (Health), Welsh Government
Alison Strode	Therapy Adviser for Wales, Welsh Government

Annex B – Written evidence

The following people and organisations provided written evidence to the Committee. All written evidence can be viewed in full at http://www.senedd.assemblywales.org/mgIssueHistoryHome.aspx?IId=3171

Organisation	*Reference*
Shine Cymru	WC1
Sue Hurrell	WC2
Welsh Government	WC3
Wales Neurological Alliance	WC4
Contact a Family	WC5
Scope Cymru	WC6
College of Occupational Therapists	WC7
Chartered Society of Physiotherapy	WC8
British Red Cross	WC9
South Wales Artificial Limb and Appliances Service, Cardiff and Vale University Health Board	WC10
North Wales Artificial Limb and Appliances Service, Betsi Cadwaladr University Health Board	WC11
Welsh Health Specialised Services Committee	WC12

Additional evidence was submitted by the following organisations after the Committee's evidence session on 8 March 2012:

Organisation	*Reference*
South Wales Artificial Limb and Appliances Service (Fiona Jenkins)	WC – AI 1
South Wales Artificial Limb and Appliances Service (Helen Hortop)	WC – AI 2
North Wales Artificial Limb and Appliances Service	WC – AI 3
Welsh Health Specialised Services Committee	WC – AI 4
Welsh Health Specialised Services Committee	WC – AI 5

Annex C – Previous Committee recommendations

Listed below are the recommendations made by the Health, Wellbeing and Local Government Committee's report on wheelchair services in Wales, published in May 2010.[101]

Committee recommendations	Government response
Recommendation 1 We recommend that the Welsh Government ensures that a full, national service specification be prepared, including details on the service's approach to joint working with other organisations and individuals; and information on performance targets and monitoring systems.	**Accept** This is being taken forward by the Project Board referred to in the Introduction. The development of a service specification and robust key performance indicators, to support performance improvement, are specified in the Terms of Reference.
Recommendation 2 We recommend that the Welsh Government should draw up a strategic plan, to give direction to the service over the coming years. This should be done in conjunction with the service providers, users, stakeholders and other interested parties.	**Accept** The Project Board will advise me on the strategic priorities for service development and delivery. The Board is supported by a wider Reference Group, whose membership includes representatives from health and social care bodies, professional advisory groups, third sector and patient and user groups.
Recommendation 3 We recommend that the strategic plan should address the need for better integration of the service with the community and other NHS services and with social services.	**Accept** The Project Board is actively considering how better integration can be achieved.
Recommendation 4 We recommend that the Welsh Government ensures that the arrangements for a restructured wheelchair service incorporate clear responsibilities and lines of accountability for service delivery.	**Accept** The Project Board is considering future organisational arrangements, with a focus on ensuring clear responsibilities and lines of accountability.

[101] The report can be accessed here: http://www.assemblywales.org/cr-ld8063-e.pdf

Committee recommendations	Government response
Recommendation 5 We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs	**Accept** New performance indicators will be developed by the Project Board, and will reflect all aspects of service delivery, including outcomes.
Recommendation 6 We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.	**Accept** The Project Board is developing performance measures. These will set out my expectations for what the service users can expect to receive. The performance measures will be included in the service specification, and LHBs will be held to account for delivering the required performance standards.
Recommendation 7 We recommend that the service specification should include an action plan, including targets and milestones, for meeting the standards in the Children's NSF on wheelchairs.	**Accept** Once the service specification has been agreed by the Project Board, an action plan will be developed that sets out how equipment is delivered to children in a timely manner, in line with their needs and requirements. This will include amongst other areas, the reviewing of current manufacturer lead in times.
Recommendation 8 We recommend that the Welsh Government ensure that the service prepares a communication strategy to outline how it will improve communication with users and stakeholders. This communication strategy should be drawn up and introduced as a matter of urgency.	**Accept** The development of a communication strategy is being taken forward as one of the work streams reporting to the Project Board.
Recommendation 9 We recommend that the communication strategy should include measures to provide better information to users generally, but in particular on progress within the system.	**Accept** The Communication Strategy will include such measures.

Committee recommendations	Government response
Recommendation 10 We recommend that the Welsh Government should explore with the service, voluntary organisations and charities, options for providing the best possible interim solutions for users who will be waiting for significant periods for delivery or maintenance of a chair.	**Accept** The Project Board is considering the arrangements for short term loans, and will define requirements and identify options for improving the service across Wales.
Recommendation 11 We recommend that the Welsh Government should conduct an assessment of the long-term resources required to sustain improved waiting times; provide regular reviews for some users; and to clear the waiting list backlog in North Wales. The Government should then make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.	**Accept** I will set out my intentions for the wheelchair service once I have considered the advice of the Project Board.
Recommendation 12 We recommend that the Welsh Government should explore opportunities for joint working between ALAS and organisations, charities, community therapists and others, and that this should form a central part of the service's strategic plan.	**Accept** Developing joint working is at the heart of the strategy. Work currently in train includes building on the links already established with charities, such as Whizz Kids. The Project Board will discuss, with the Reference Group, how further opportunities can be identified and pursued.
Recommendation 13 We recommend that the Welsh Government ensures that efforts are made to streamline the referrals process, possibly through the development of on-line resources.	**Accept** The development of referral arrangements, including protocols and processes, is a key part of the work of the Project Board. I expect their report to identify ways in which referral arrangements can be further improved.

Committee recommendations	Government response
Recommendation 14 We recommend that the Welsh Government should ensure that there is a sufficient number of community therapists trained to undertake Level 3 assessments.	**Accept.** The clarification of the service specification and the development of performance standards will allow the NHS to identify the staffing requirements to deliver the service to meet my requirements. It will then be for the NHS to ensure that sufficient trained staff, including community therapists,are in place to undertake assessments and provide the service to wheelchair users.
Recommendation 15 We recommend that, as a matter of urgency, the Welsh Assembly Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.	**Agreed** The existing legislation allows for formal partnership arrangements between the NHS and Local Authorities. The Project Board will ensure that engagement and participation processes are refined within joint funding agreements ensuring this process is transparent. Local agreements are being developed, for example with Whizz Kids, that demonstrate this principle.
Recommendation 16 We recommend that the Welsh Government clarifies and makes public its policy and arrangements for the maintenance and repair of equipment bought by individuals.	**Accept** The policy, as it currently stands is that the responsibility for maintenance and repair for equipment bought by individuals remains with that individual.
Recommendation 17 We recommend that the Welsh Government should explore further the possibility of pooling existing budgets, particularly education budgets, in relation to the provision of equipment for users.	**Accept** This matter will be considered by the Project Team, in liaison with other officials.
Recommendation 18 We recommend that the Welsh Government should review arrangements for short term loans of wheelchairs which are not provided by ALAS to ensure that this service provision is adequately resourced.	**Accept** A review of the commissioning and provision of wheelchairs for short term loan purposes will be undertaken by the Project Board.

Committee recommendations	Government response
Recommendation 19 We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.	**Accept** This is being addressed through the work stream to improve the short term wheelchair loans process referred to above.
Recommendation 20 We recommend that the Welsh Government should ensure that the arrangements for maintenance and repair in Cardiff ALAC and Wrexham ALAC be kept under review, to ensure that the service is meeting the necessary standards.	**Accept** Key Performance and Quality Indicators are being developed to support continuous monitoring of the maintenance and repair services and ensure that agreed standards are maintained.
Recommendation 21 We recommend that the Welsh Government should ensure that ALAS consults users and stakeholders on their needs in advance of any future tendering process for maintenance and repair contracts.	**Accept** ALAS will consult users and stakeholders as part of any future tendering process for maintenance and repair contracts.
Recommendation 22 We recommend the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions.	**Accept** The service specification and the key performance indicators will stipulate and monitor review requirements.
Recommendation 23 We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.	**Accept** I will ensure that joint working options are fully explored.