Health, Wellbeing And Local Government Committee

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Wheelchair Services In Wales

Evidence From The Chartered Society Of Physiotherapy In Wales

1. About the CSP

The CSP is the professional, educational and trade union body for its 48,000 members in the UK. It represents around 1,500 physiotherapists, technical instructors, associates and students in Wales. CSP members work primarily in the NHS but also in the independent sector, education, research, the voluntary sector, industry and occupational health.

Chartered physiotherapists, their technicians and associates provide treatment and support for their patients, clients and carers in a variety of different clinical environments in the course of NHS treatment. These include critical care, acute and rehabilitation settings, outpatient departments and multidisciplinary clinics. Physiotherapists also work in community settings, within schools, GP practices, health centres and in people's own homes.

Physiotherapy plays a crucial role in the diagnosis and management of a wide range of conditions across the healthcare sector and across the age spectrum. The 'whole person' approach of physiotherapy is ideally suited to addressing co-morbidity and the often complex and non-medical causes of ill health. Physiotherapy also has a focus on instilling a responsible 'engaged' approach to health matters.

2. Scrutiny Areas

2.1 Waiting times for assessments and wheelchair provision

Physiotherapists working with disabled children, young people and their families report delays in accessing the initial assessment for a wheelchair. A north Wales physiotherapist reports children waiting up to 90-weeks for their first ALAS appointment and others in the south report up to 72-weeks. Another south Wales physiotherapist reports that waiting for around 9 months in many cases for wheelchairs for patients with end stage dementia has been upsetting with some of the patients sadly passing away before the chair arrives.

Waiting for a wheelchair is only part of the picture. There are additional waits for adaptations, maintenance, replacement and review. Therapists, their patients and families become frustrated by the complex process and there is a perceived need for far better communication throughout all stages of the process of acquiring a wheelchair, its possible modification/alteration and maintenance.

Currently, there are several component waits between referral and receipt of the wheelchair that do not provide a complete picture of when the client will receive their wheelchair. This not only leads to frustration, but also impacts on rehabilitation. Also, there is a potential clinical risk associated as clients are seated sub-optimally whilst awaiting their equipment. This further highlights the need to consider interim equipment issue to new patients and the need for regular review of existing complex cases to allow proactive case management.

The profession highlights the need for improved access to training to become an """approved referrer' to ALAS services. Being an approved referrer would mean the referrals sent to ALAS would be acceptable, reflecting the more specialist knowledge of the referrer. This would help to speed the assessment process. Currently, physiotherapists are only able to complete part of the assessment. The key aspect of being an approved referrer is accreditation by ALAS. This recognises skills to differentiate between the need for 'specialist' wheelchair or 'non-specialist' wheelchair, a task, which could be undertaken by physiotherapists with the required training and also the identification of some specific equipment requirements.

The profession also suggest the possibility of developing an on-line referral system, which could include the options/possibilities and combinations available to therapists and re-direct them to specialist assessment following certain criteria. The referral process would be quicker and follow the correct format so that ALAS would not have to return incorrect submissions. For specialist trained staff, there could also be an on-line link between posture and/or mobility issues identified and the Equipment Catalogue.

2.2 The arrangements for commissioning and providing wheelchairs through the ALAS and through local arrangements for short-term use and the possibilities of developing new arrangements within the new NHS structures

The CSP has taken the opportunity, within this part of the enquiry, to comment on existing commissioning and provision arrangements from ALAS focused on those requiring wheelchairs for more than 6 months, local arrangements for short-term use and the possibility for developing new arrangements.

The CSP considers the arrangements for providing and commissioning wheelchairs is too complicated and lacks clarity for service users, their families and for therapists involved in the referral process.

The process for specialist equipment can involve many stakeholders: ALAS professionals, rehabilitation engineers, companies such as

SERCO, referring professionals, service users and their families. Accountability is confusing. Wheelchair services are specialist, tertiary services, so an added component of complication has been the commissioning process led by Health Commission Wales.

Clarity is also required around what criteria are deemed to require a 'specialist' wheelchair assessment and provision and what criteria are not. There will be more time required waiting for specialist equipment. Where less specialist equipment is required it may be that more effective stock control might lead to swifter availability.

The profession asks the question - what is the relationship of ALAS with the joint equipment stores in the LHBs? It may be that improving skills in filling out forms that go through the joint equipment stores (particularly in relation to clinical decisions) might improve the appropriateness of referrals to ALAS.

Wheelchair loan is a particular issue that the CSP picks up at the end of the submission in relation to hospital wheelchairs. Whilst ALAS is only responsible for provision of chairs for clients who will need them for more than 6 months, the ability to use a wheelchair whist waiting is important to users and their carers. There are improved possibilities for short-term loan with the development of 7 LHBs but the CSP suggests a review must be carried out across the LHBs and include partners such as 'The British Red Cross' and others who provide wheelchairs on loan and combined/joint equipment stores.

Currently, in relation to commissioning and provision the CSP concludes there are issues around: -

Timeliness (waiting for assessment, delivery, alterations and repairs)

Quality (who decides the range?)

Flexibility (does it meet users needs?)

Range of choice (limitations of stock)

Risk and accountability (who is responsible?)

Clarity of roles (for long term and short term provision)

Re-referral (If there is no contact for 3 months then re-referral is deemed a new referral and goes through the full waiting list procedure)

Additionally, the CSP considers that commissioning should be proactively focussed, utilising information from Public Health Wales, to map future demand to inform service planning, modelling and capacity.

2.3 The effectiveness of wheelchair services in meeting individual needs, such as those of children and young people, war veterans, and those with progressive conditions such as Multiple Sclerosis.

(It is noted that wheelchairs may be required for a greater range than those mentioned in the terms of reference. The profession highlights the needs of particularly vulnerable groups such as elderly people with dementia and those with long-term conditions like stroke, amputation, spinal cord injury or brain injury. Also, progressive conditions such as cancers, rheumatoid arthritis, motor neurone disease and muscular dystrophy)

Being able to provide a wheelchair that will enable a person (of any age) to live a fulfilled life, where independence is facilitated, is essential. The reality, however, is complicated by financial considerations and restrictions.

Clinical need is part of an individual's assessment but social and 'life' needs must also be built in to the process so that users are not restricted to the type or types of chair they are prescribed.

Physiotherapists have experience of problems where young wheelchair users may need more than one type of chair depending on living conditions. Decisions made by ALAS, following protocols and criteria, have led to these young people being unable to remain independent.

Eg. A young person who has reached age 21 has a powered chair that is now too small (he was issued the chair when he was 11). It is an indoor chair, so too heavy to be lifted down a flight of steps to be used outside. He has a manual chair that his parents use which is the right size - but this means he is dependent on them for being pushed. The new powered chair he has been issued with is the right size but for outdoor use only. 'Red tape' says he cannot have another indoor powered chair fitted to the correct size. Shouldn't he be able to be independent indoors and outdoors?

Another example picks up problems with specialist seating.

Eg. A gentleman who chose to purchase a powered wheelchair whilst ALAS issued him a non-powered chair (following their criteria and clinical assessment of need) required a cushion for the powered chair. The cushion for the non-powered chair - issued by ALAS was not suitable for the powered chair, yet he was not issued a cushion for the powered chair because it had not been issued by ALAS. The gentleman spends most of his time in the powered chair.

Consideration is needed on:

Accessing education establishments (including issues such as height of desk)

Access to workplaces

Outdoor use

Motorised capability for independence

The needs of the whole family (including access around the home and chair access into a vehicle)

Whilst it is appreciated that financial considerations must be made, ALAS and LHBs must work with partners to explore all possible options including ideas like the voucher system operating in England, shared funding across different sectors eg education and health or 'top-up' funding from the individual, charities or grants for providing as much opportunity and flexibility as possible and to meet individual's needs.

Alternative approaches are required to managing complex needs, for those who are confined to bed (eg in critical care) so that arrangements are put in place for them to be measured for a specialised chair as early as possible. It would require ALAS and rehabilitation engineers seeing these patients far earlier in the care pathway, and may require investment, but there will be huge benefits to the rehabilitation of these patients and in the quality of their experience of care.

2.4 The arrangements for reviewing individual need and for the updating, maintenance and repair of wheelchairs

The CSP considers this area needs improvement and has reports from physiotherapists of unreliable servicing and maintenance, particularly waiting for parts or adaptations. There is no replacement stock or 'loan' system in place to prevent immobility whilst waiting (often for prolonged periods) for services, maintenance or repair.

Physiotherapists report additional problems and time waiting for wheelchairs when specialist seating is required. They comment that accessing special 'pressure relief cushions' can take another 3-6 weeks over and above the wait for a standard wheelchair.

They also report that they can order lap belts, heel straps, calf straps, trays, oxygen brackets and arm rests but anything more complex requires a specialised assessment for which they have patients waiting anything up to 36 weeks.

Once again, the CSP concludes that clarity for all is needed in the roles of the various stakeholders in relation to review of need, updating, maintaining and repairing wheelchairs.

The profession is concerned at the lack of training for wheelchair users and their families on how to use and manage their chairs. There are a range of activities that benefit from training such as managing kerbs and slopes, how to get back into a chair, how to transfer from chair to bed/another chair/car etc… When a wheelchair is issued, there is no automatic training and often, it is down to the voluntary sector to support families in accessing training. There are opportunities to implement a shared care model between ALAS therapists and locality-based services.

The CSP is also concerned about the lack of consistency in planned reviews of complex cases, both adult and paediatric. Failure to adopt a proactive approach for complex cases may result in urgent referrals when things go wrong which have a negative impact on people's experience of the service and will also impact on planned clinics. Review need not necessarily be ALAS based but could, for example, be telephone triage, either directly with the service user or the specialist therapist managing their case.

2.5 Equality considerations in the provision of wheelchairs including, for example, geographic variation; provision across age-groups, issues affecting BME groups and Welsh speakers; and the accessibility of wheelchairs in terms of location, opening times and information

The CSP comments that with 2 main ALAS centres (one in the north and one in the south) there are access issues geographically. The CSP is not in a position to comment on issues affecting BME groups and Welsh speakers.

2.6 The use and effectiveness of performance and quality indicators in wheelchair services

There is no performance indicators related to wheelchair services in the Annual Operating Framework (AOF) - the key performance tool used in NHS Wales. The NSF for children, young people and maternity services (2005) does set a standard (key action 5.17) with assessment to be within 6-weeks and provision within 8-weeks of assessment - but this standard is not a statutory requirement of LHBs.

Also, the concept of risk needs to be introduced to the prioritisation process rather than a single focus on waiting times. This may necessitate the provision of a temporary wheelchair in order to reduce risk, facilitate rehabilitation and independence whilst awaiting final provision.

The wheelchair service is complicated by the competing interests of the provision of standard wheelchairs through a procurement-type process and the tertiary clinical aspects of providing complex wheelchairs.

The service is further complicated by the multiple agencies involved in the process and the fact that the different parts of the service will be operating to different drivers for performance management.

It has been highlighted, by CSP members, that waiting list management can adversely affect how a case-load is managed, however, if the NSF targets are to be achieved, steps must be taken to address a whole range of issues that impact on waiting times. These will need to be included in statutory requirements on LHBs and the new tertiary planning provision arm of the LHBs (replacing HCW).

Regard must also be made to where wheelchairs (or lack of access/availability of them) impacts on other key measures such as delayed transfers of care (DTOC) or accident and emergency (A & E) targets.

The profession suggests that developing targets in the areas of wheelchair service should be part of the 'intelligent target' process and that they should be developed in partnership with service users. The process for development should be inclusive, open and transparent.

2.7 The resourcing of wheelchair services in Wales

The CSP considers the LHBs need to address the whole issue of resourcing wheelchair provision (specialist, non-specialist, short-term loan/temporary and hospital chairs) as a priority. Clarity is required on criteria for chairs, on who can be an 'approved assessor' on waiting times (and the process of managing them) and on roles, responsibilities and accountability.

The profession considers that, whilst there may well be a need for more resources for the services (an issue in itself that must be evaluated), the resources currently identified may be used better.

3. Additional issue raised by the CSP - Hospital wheelchairs

Whilst this issue does not directly fall into the terms of reference (and ALAS is not directly responsible for hospital chairs) the CSP highlights a number of problems relating to the wheelchairs available in hospitals, either for short-term loans whilst awaiting a chair on order, or for people to use as a 'day patient'. Also, for children and young people with fractures who need to be able to borrow a chair otherwise they will be stuck in a hospital bed and others within the hospital that may need the use of a chair during their rehabilitation progress.

Issues experienced by physiotherapists include:

Lack of responsibility for maintenance and cleaning

Confusion around ownership

Lack of responsibility for replacement

Lack of co-ordination for usage

Lack of sufficient range of hospital suitable specialist chairs for loan

The profession considers that improvements in this area would have a positive impact on ALAS as chairs are used more effectively.

There would be a positive impact on swifter discharge from hospital, on preventing institutionalisation, preventing deterioration in rehabilitation and maximising in-patient bed usage.

It would also, and most importantly, improve the experience of the person needing to use a wheelchair.

The CSP recommends that all LHBs undertake a review on this issue and put in place new arrangements to manage hospital based wheelchairs.

4. Recommendations from the CSP

Improve timeliness to include clear pathways for ALAS and rehabilitation engineering with a smooth, seamless service, understood by all

Easier prescribing/access to include training and development of approved assessors

Improve communication with patients, carers and therapists regarding progress through the process on a regular basis

Regular reviews - all children grow and alterations may be needed with age and in the recognition of the progressive nature of some long term conditions

Improve maintenance and repair service - hotline for service issues (broken parts, replacement like for like)

Review of hospital wheelchairs and systems for use

Short term loan of specialist wheelchairs for complex patients

Development of on-line referral procedure (interactive)

Develop 'intelligent targets' to performance manage all aspects of the service

Utilise information from Public Health Wales, to map future demand to inform service planning, modelling and capacity

Develop shared-care models together with local specialist therapists.

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In Association with:

The CSP Welsh Board
The All Wales Physiotherapy Managers Committee
All Wales (Children's & Young People's) Physiotherapy Manager's Committee AW(CYP)PMC