

## The Cardiff based Artificial Limb and Appliance Service.

### Health, Wellbeing and Local Government Committee

HWLG(3)-02-10

21 January 2010

### Inquiry into Wheelchair Services

#### 1. The Artificial Limb and Appliance Services in Wales

Health Commission Wales [HCW] is responsible for [commissioning Assistive Technology](#) from the Artificial Limb and Appliance Services [ALAS] for people resident, or who are registered with a GP in Wales. **In line with NHS criteria, ALAS is resourced to provide essential equipment whilst striving to meet lifestyle needs.** ALAS offers a consistent and equitable service to people in Wales who have a **permanent or long-term impairment.**

ALAS is essentially a community service providing services to a large geographical area. Clinical assessments and the delivery and repair of equipment are largely done at the user's home, school or local hospital site. Users do attend ALAS for specialist assessment or because of the specialist facilities such as workshops, cad cam equipment, casting rooms, physiotherapy gym, and walking training facilities.

ALAS is provided by a unique collaboration between three Local Health Boards. The three ALAS centres [ALAC] are situated in [Cardiff](#), [Wrexham](#) and [Swansea](#), working together to provide an All-Wales service.

Service	Cardiff
Posture and Mobility [Wheelchair]	49,617
Prosthetic	1,519
Orbital Prosthetic	2,380
Electronic Assistive Technology Serv.	537
War Veterans Service	38*
SW Communication Assess. Serv.	169
<b>Total</b>	<b>54,260</b>

Service Users Registered at 10/03/2008. \*some data included in Prosthetic total

The Posture and Mobility Services are supported by Rehabilitation Engineering services based respectively at Cardiff, Swansea and Bryn y Neuadd, who provide bespoke solutions for the most complex cases. Funding for these cases comes from the ALAS HCW budget.

#### 2. Review of the Posture and Mobility services in Wales

The Minister of Health and Social Services commissioned a review of the Posture and Mobility services in Wales in 2007, which began in 2008. A report was submitted in the summer of 2008 the outcome of which is still awaited. Both of the Posture and Mobility Services and Review Committee members were hopeful that some of the potential service improvements that had been debated might be made possible when the Review was published.

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ALAS welcomes reviews into its service, and opportunities to enhance its service provision. In 1997 the then Welsh Office provided an extra £500,000, enabling ALAS to provide user controlled indoor and Outdoor wheelchairs for the first time. Reviews of ALAS type services around the UK have been similarly positive, for example, the Scottish Wheelchair Review of 2006 recommended a number of service improvements including an almost doubling of the annual budget from £14.7million to £30million

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### 3. Cardiff ALAS, Posture and Mobility [Wheelchair] Service

Cardiff ALAS is the second biggest Wheelchair Service in the UK and provides the most comprehensive range of services in Wales, with 50,000 wheelchair service users

#### 3.1 Number of Service Users by Service

The Table below illustrates the HCW services provided by Cardiff ALAS. Cardiff ALAS also provides an Orthotic Service on behalf of Cardiff and Vale Local Health Board [CAV].

Commissioned by	ALAS Service	Geographical scope of service	Total number of users/patients	Number of paediatrics
HCW	Wheelchair	Southern half of Wales	49,617	2924
	Prosthetic	Southeast Wales	1,519	66
	Orbital Prosthetic	All Wales	2,380	69
	Environmental Controls	All Wales	537	41
	War Pensioner Service	Southeast Wales	38	0
	Communication Aids	Southern half of Wales	169	86
CAV	Orthotics	Cardiff and Vale	4000	1000
	<b>Total</b>		<b>58,260</b>	<b>4186</b>

#### 3.2 Number of Wheelchairs Delivered, Collected and Repaired Annually

The number of wheelchairs delivered during the period 1<sup>st</sup> Nov 2008 to 31<sup>st</sup> October 2009 was:

ALAS	Total	Adults	Paediatrics [<19yrs old]
Cardiff	<b>8219</b>	7445	774

In the contract year 1<sup>st</sup> August 2008 to 31<sup>st</sup> July 2009, Serco the contractor who deliver, collect and repair wheelchairs on behalf of ALAS recorded

- **10476** Repairs
- **3449** Collections

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### **3.3 The Referral Process**

Referrals are accepted by the service from registered health professionals. The products are divided into two main categories – standard or complex.

#### **Training:**

The 5 year plan for wheelchair services (2004) identified a range of service improvements, most of which were never commissioned. However an all Wales training post was one part that was funded. The post holder sits in the Cardiff service and provides training for health professionals across Wales. To date at least 800 people, mostly occupational therapists and to a lesser extent physiotherapists have been trained to level 1 posture mobility assessment. All ALAS posture mobility clinical staff have been trained to level 3 and level 2 is in the process of being developed. The aim of the training, particularly level 1 is to ensure that those professionals who are prescribing chairs have a basic level of competence which will enable us to issue products direct from the prescription.

An All Wales Transport Manager was also funded who gives advice to both the service and other organizations regarding the safe transportation of wheelchairs and their users. The transport manager is based in the Wrexham ALAS.

#### **Standard issue:**

Standard chairs make up about 50% of the items we issue. Referrals are received and screened by trained A&C staff. If a self propelled or attendant controlled chair can be issued from the prescription form, this will be actioned within a 21 day cycle. We have seen an increase in the number of chairs we can issue straight from prescription since the training has been established.

#### **Complex issue:**

Those referrals that are identified as complex and need a postural assessment are referred to the clinical team and placed on a waiting list managed under the terms of the “Guide to Good Practice” so that patients are identified as urgent or routine. Most of the clinical team are Occupational Therapists, all are HPC registered.

Because we recognize that some conditions involve fast deterioration we also have a “Rapid Response” clinician who is available to assess the patient sometimes within as little as 24 hours. These cases include palliative care and motor neurone disease.

Urgent cases are usually defined as those clients who require assessment or assisted technology equipment within 4 weeks of referral. Any client who has been on the waiting list for more than 3 months is classified urgent by default.

Those clients who do not need postural assessment but whose needs are complex are placed on the Medical Technical Officer's (MTO) waiting lists, these cases involve the fitting or adjustment of equipment and components. This might include bariatric wheelchairs, the fitting or adjustment of wheelchair components or the assessment for indoor, attendant or indoor/outdoor operated power chairs.

Most equipment in the complex category is provided within 3 months of the assessment. The waiting time can be affected if the range of items to be sourced is from different manufacturers or suppliers and requires assembly in our workshops.

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Waiting times monitoring:

Since December 2008, HCW has set a standard of referral to delivery cycles as follows:

Adults 15 months

Paediatrics 12 months

<b>November 26th 2009 Longest Wait (number of users)</b>		
<b>Paediatric Clinic (70)</b>	Cardiff ALAC (38)	21 weeks
	Brecon Children's Centre(4)	16 weeks
	Children's Clinic, Neath Port Talbot Hospital (0)	0 weeks
	Child Development Centre, OT Dept, Withybush (4),	19 weeks
	Children's Centre, Nevill Hall, Abergavenny (6)	15 weeks
	Swansea - Community Paediatric O/T Department, Clydach Hosp (18)	12 weeks
<b>Adult Clinic (122)</b>	Cardiff (80)	19 weeks
	Swansea (42)	26 weeks
<b>EPIOC Clinic (75)</b>	Cardiff (41)	13 weeks
	Swansea (21)	13 weeks
	Withybush Hospital Conference Centre (13)	15 weeks
<b>Joint A.L.A.C and Rehab Clinic (8)</b>	Cardiff Joint A.L.A.C and Rehab (3)	30 weeks
	Children's Clinic, Neath Port Talbot Hospital (1)	4 weeks
	Swansea - Community Paediatric O/T Department, Clydach Hosp (1)	19 weeks
	Swansea Rehabilitation Engineering, Morriston Hospital (3)	19 weeks
<b>Wheelchair Fitting Clinic (10)</b>	Wheelchair Fitting Clinic, Cardiff (8)	18 weeks
	Wheelchair Fitting Clinic, Brecon (2)	0 weeks
<b>Active Users Clinic (26)</b>	Cardiff (26)	21 weeks
<b>Home Visits (381)</b>	O/T (93)	38 weeks
	T/O (171)	35 weeks
	T/I (117)	20 weeks

This has never been breached by the Cardiff service.

### 3.4 The Approved Repairer Service [AR]

Wheelchairs and accessories require maintenance, cleaning, refurbishment and repair and for many years the approved repairer service has been contracted out. The current contractor is SERCO. In response to complaints from our service users, our own observations and the Welsh Assembly document "One Wales" in 2008 the Cardiff service sought and gained Trust Board support to bring this service in house. The then Cardiff and Vales NHS Trust agreed to pump prime this initiative and we

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began the process of bringing the service in house. From 1<sup>st</sup> February 2010, Cardiff ALAS will manage its own maintenance, repair and the refurbishment of power chairs our selves.

It is our belief that we will improve service delivery and achieve greater efficiency and effectiveness across the board through the amalgamation of the two current service arms. We will improve the quality of service through improved training, observance of clinical governance and health and safety standards. This in turn will enable us to achieve more with the funding available.

Service users contact the AR if they have any repair or maintenance problems. Repairs are undertaken in the users own home where ever possible and at the same time routine maintenance is under taken. Power chairs are part of a planned preventative maintenance programme (PPM) which is undertaken annually. When chairs have to be taken in for repairs we do our utmost to provide a temporary replacement as soon as possible. Powered chairs users have a non powered chair as a back up.

### **3.5 The Range of Wheelchairs and accessories**

ALAS sources the most clinically and technically appropriately equipment not just from the UK but also equipment manufactured around the world, such as France, USA, Germany, Sweden, Denmark, and Switzerland. Ensuring that it complies with the necessary legislation and advice from the Medicines and Healthcare products Regulatory Agency [MHRA]

ALAS strives to provide the widest range of equipment possible. At the last Wheelchair Contract in 2006, the range of contract provided by ALAS increased 3 fold. In an open European tendering process, 15 suppliers, tendered 183 wheelchairs of which 65 wheelchairs were taken onto contract. Each model can further be sub divided into different configurations, sizes and colours.

The range of chairs and accessories is reviewed when the contract is renewed and this last happened in the autumn of 2006. Manufacturers are invited to submit their chairs which are then subjected to rigorous review by the clinical and technical teams as well as service users. The assessment includes manufacturers' guarantees, our experience of the chairs, durability, suitability for refurbishment and cost effectiveness. There is no wider range available in any centre in the UK.

When necessary we also purchase off contract. This process is initiated when we cannot provide a suitable solution for a service user. The case is taken to the multi disciplinary team to discuss and determine the most appropriate equipment. No appropriate solution has ever been turned down on the basis of cost alone.

### **3.6 Quality Management**

Cardiff ALAS is ISO 9001 accredited, has held Charter Mark for 15 years and will be moving to the new standard 'Customer Service Excellence' in 2010. Cardiff ALAS is a member of the Wales Quality Centre.

### **3.7 Joint Funding**

Where possible the service takes the opportunity to joint fund to provide features that are not available via our funding stream. An example is a riser seat which enables the wheelchair user to interact at standing height, and to independently reach items that would otherwise need assistance from another person. We routinely do this in conjunction with the charity Whizz Kids. We are not able to joint fund with individual patients although we are willing to joint fund components. For example if a client wants to purchase their own riser seat to go on our wheelchair.

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### **3.8 The BEST IT system**

The need for an IT system which incorporated both management and patient information was recognized many years ago. Initially pump primed by HCW, the system which was implemented across all of the ALAS services in Wales is managed and continually being updated and improved by the Cardiff and Wrexham centres. Many of our clients access more than one of our services for example a prosthetic patient may also be a wheelchair user. The BEST IT system ensures we have 1 patient note.

### **3.9 Psychosocial aspects of care**

The service is not solely targeted towards the provision of equipment. The Cardiff ALAS employs a full time clinical psychologist who works across the whole range of services, targeting those clients who have been identified as needing psychological support. This is a service enhancement rarely provided by other ALAS services who have not recognized the wider needs of their clients group, many of whom suffer psychological trauma from the effects of loss of body parts, status, role, relationships as well as the trauma resulting from their injury or birth defect.

### **3.10 Posture Mobility Steering Group**

In recognition of the need to listen to our service users' views, this group was set up several years ago and is used as an example of good practice. The group is chaired by Dr Kevin Fitzpatrick ex – Disability Commissioner for Wales and the group comprises representatives of users groups, community health councils, service providers and HCW commissioners. The group has given the service a great deal of support and guidance over many years on issues such as the provision of lights on wheelchairs and is active in commissioning, criteria, major projects and contracts.

## **4. Service Development Issues**

Although we provide what we feel is a comprehensive service and strive to make best use of our scarce resource, ALAS is very aware that there are many further improvements we can make. Some of these involve either additional one off investment, other would require additional recurrent funding.

### **4.1 Reviews**

We are unable to undertake reviews of any of our clients. We do not have sufficient staff or funding to do this. We realize that this investment would probably mean that we could, in some instances, make equipment last longer, it would certainly mean that no client was in unsuitable equipment. We were hopeful that the next phase of the wheelchair review would explore this option. This is particularly important in the case of children whose needs change quickly.

We are currently undertaking a small unfunded project to regularly review a group of young men with a diagnosis of Duchenne Muscular Dystrophy. Their condition deteriorates quickly and adjustments need to be made quickly and regularly to maintain their quality of life and optimum level of independence.

### **4.2 Range of equipment**

Because many people have access to the internet they are often aware of the vast range of equipment available. Some decide that the assessment of their equipment needs does not fulfill their expectations and purchase or fund raise for their own choice. We are unable to maintain these chairs, usually because our staff are not trained in the use or maintenance of every type of equipment. Our resource

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would need to be significantly increased for us to be competent in the use and maintenance of all the equipment that is available. This situation is often the cause of great frustration and anger on the part of service users/carers who do not realize that we are funded only to provide essential equipment. Unrealistic expectations that we can solve every life style problem is also often the cause of much unhappiness.

The tendering process for this contract requires a particularly high level of clinical and technical input, which would divert significant resources from this priority. The last tender and initial product familiarisation necessitated an input of an estimated 400 clinical/technical days. Other issues that impact on service delivery include:

Increasing complexity of equipment

Each new item of equipment means training for clinical and technical staff, referrers. Amendments to supply chain, unable to stock all items in stock

Users can focus their troubles onto the wheelchair

MHRA, other rules and regulations

Clinical Prescription, whether it is appropriate to the client's clinical need or a "want".

Home environment an increasing issue

Compromise of functions

### 4.3 Riser seats,

Riser seats would enhance the lives of our users and would take into account the individual's social as well as posture and mobility needs, but without substantial additional funding we are unable to provide these.

### 4.4 Rain covers

We are currently unable to fund rain covers, but this is being reviewed in conjunction with the Posture Mobility Group with a view to making an application for additional funding if the group agrees it is unacceptable for the service not to provide them.

### 4.5. British Red Cross

ALAS has recently met with representatives of the British Red Cross to review closer ways of working. When ALAS has completed its amalgamation of current services with the approved repairer service our intention is to revisit the proposal to investigate closer ways of working.

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## 1 The key issues facing ALAS

- 1.1 Increasing cost of equipment supplied by ALAS – *majority of equipment is manufactured in the Euro and Dollar zones, specification increasing*
- 1.2 Increasing complexity of the equipment supplied by ALAS – *impacts on skill mix, training, maintenance, supply lines, costs*



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- 1.3 Ever increasing Service User expectations – *pressure to provide ever better clinical solutions, often more complex, bespoke and costly*
  - 1.4 Compliance with MHRA guidance on equipment management - *impacts on training, maintenance [including pre-emptive maintenance], reuse, transportation, handling, reconditioning, infection control, costs*
  - 1.5 The Approved Repairer Project - *from 1<sup>st</sup> February 2010, ALAS will be responsible for the, currently subcontracted, delivery, collection and repair of the c. 50,000 ALAS wheelchairs in South Wales*
  - 1.6 Wheelchair Supply Contract – *Cardiff and Wrexham ALAS wish to extend the current contract. Retendering likely to increase waiting times and costs*
- 2 Issues facing uLHB identified by ALAS**
- 2.1 Wheelchairs for hospital discharge – *supply, maintenance, tracking, training, provision of user manuals, infection control, reconditioning. [ALAS is not commissioned to supply wheelchairs for short term use]*