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Our ref: MB/EH/770/10

Your ref:



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Dear Darren

POSTURE AND MOBILITY SERVICES REVIEW: PHASE 2 REPORT

Members of HWBLG Committee will be aware from my response to their Inquiry into Wheelchair Services in Wales, earlier this year that I had commissioned a review of Posture and Mobility Services in Wales. This review was started in May 2008 and encompassed long and short-term loans, adult and paediatric wheelchair services. The review was undertaken in two phases.

Phase 1 reported to me in October 2009, and described service provision across Wales including how current services are managed. It recommended changes to improve the experience of service users. Phase 2 of the review commenced in May this year. It has brought together recommendations of Phase I of the review and issues raised during this Committee's Inquiry. It aimed to find solutions to the key issues both the review and Inquiry had highlighted.

In my reply to this Committee's report in June 2010, I accepted all the Committee's recommendations but mentioned that I was awaiting the Phase 2 report from the review I had commissioned. I have now received this from the Chair of the Project Board, Ms Sue Kent, Vice Chair of Aneurin Bevan Health Board and I made it available to Assembly Members on 21st October 2010.

Given the importance I know Committee Members attach to this issue, I felt that I should take this opportunity to provide you with an update on progress on tackling the key issues as identified in the Committee report and the review.

Since the commencement of the review in 2008, Health Boards, providing these wheelchair services, have undertaken a range of improvements across the breadth of their services. These have been aimed at addressing the areas of concern highlighted by service users – i.e. they reported they wait too long to be provided with their equipment, and the service failed to communicate with them effectively, not just during the assessment and delivery phase, but also after the equipment had been delivered.

One immediate change that has taken place to address these concerns is the amalgamation of both the Artificial Limb and Appliance Service (for standard wheelchairs) with their Rehabilitation Engineering Units (for complex need, bespoke wheelchairs). This not only provides efficiency benefits for the departments but provides a single referral entrance to the service simplifying the pathway. This has already reduced waiting times, particularly for the provision of children's bespoke wheelchairs, as multiple waiting times across different departments have been removed.

Eligibility criteria

The Phase 2 report made several recommendations to improve the way wheelchair users are referred, assessed and provided with their equipment. This includes the adoption of standard All Wales Eligibility Criteria for referral, ensuring the process is both transparent and well communicated.

These criteria state that all referrals should come via a healthcare professional to ensure that the service received all of the appropriate information necessary in order to provide the correct wheelchair for the service user. In addition to the overarching criteria, the group has developed eligibility for each specific wheelchair and buggy type. Each Health Board will adopt the criteria over the next six months. As part of the adoption and roll out, service users will be provided with information regarding the types of equipment they are eligible to receive to avoid current reports of misunderstandings on equipment provision.

Quality standards

Seventeen core quality standards (indicators) are being introduced with the aim of providing guidance on the standards of care and service delivery that the service user should receive.

These are set out under three broad themes:

- Information and communication

- Providing a quality service
- The care pathway

Each indicator is as explicit as possible to ensure that interpretation is clear. Level A (immediate implementation) indicates the highest priority that providers should give to achieving compliance. Levels B (1-2 years) and C (3 - 5 years) will be set to allow time for improvement where the issues are more complex to solve. Specified within each indicator are the measures of compliance that are necessary for assessment. For example, for immediate implementation is the requirement to ensure the “service operates a single point of referral for defined catchment areas”, and “the service will provide information that enables users to make as fully informed choices as possible”

Key Performance indicators

To ensure the quality standards are embedded in the service, as the Committee recommendations set out, Key Performance Indicators (KPIs) are being introduced with clearly defined outcomes set. They cover the following areas:

- Acknowledgement of referrals
- Standard wheelchair referral to delivery time
- Complex wheelchair and / or posture management system ordered from manufacturer referral to delivery time
- Repaired on time (Emergency and Non-emergency repairs)
- Collected on time

Compliance with the KPIs will be monitoring through a Partnership Board chaired by the Welsh Health Specialist Services Committee. Terms of reference and membership of the Partnership Board are currently being drawn up, and it will hold its first meeting before Christmas.

Service modernisation

A programme of service improvement has commenced with each Health Board having identified, and already taking forward, improvements in key areas. For example, the report found that simple process inefficiency gave rise to extended waiting times, and revised processes are being introduced to address this failing.

Waiting list management

A phased change to waiting times management is being introduced to allow for internal hospital and technical centres to change their current processes. Other

simple changes are taking place. For example, in one centre referral letters are now dealt with on a daily basis where previously this was undertaken weekly. In addition, initial assessment on equipment requirements is carried out as part of that first phase, reducing, by several days, the initial wait.

Training programme

To address other concerns, current training programmes are also being extended which will include accredited training for community therapists, basic maintenance training for clients and carers, manual handling training for carers and training for clients in the full functionality of their equipment.

Short term loans

In response to the Committee's recommendation, that closer joint working should be established for the provision of short term loans, Health Boards have been working with the British Red Cross (BRC) regarding this provision. Further work is now centred on the demand for short term loans from other agencies as the Red Cross has indicated current demand predictions may outstrip their capacity. The BRC has been asked to provide further evidence of their provision together with the funding streams they currently access. The programme of work to identify the scale of demand and supply is nearing completion. Options for considering additional efficient and effective methods for delivering the service are being developed by the Health Boards to address any potential shortfall in capacity that may be identified.

Organisational structures

I had also required the Health Boards to address their organisational structures, as past evidence demonstrated the need to develop an all Wales services. Evidence provided through the Phase 2 report recommends this is kept under review whilst process improvements are made. The priority needs to be on implementing the service improvements identified in all recommendations, and then assessing whether changes to organisational structures are necessary to secure further improvements. I have agreed that services need to remain focussed on delivering and sustaining these improvements, and not be distracted, in the immediate improvement phase, by structural reorganisation. However, closer working across Wales will be developed as services are required to work together to implement the quality indicators and service model redesign.

I will continue to keep the Committee informed of developments.

