

Health and Social Care Committee

Meeting Venue:
Committee Room 3 – Senedd

Meeting date:
8 March 2012

Meeting time:
09:30

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

1. Introductions, apologies and substitutions

2. One-day inquiry on wheelchair services in Wales – Oral evidence

(09.30 – 11.40) (Pages 1 – 13)

HSC(4)–08–12 paper 1 Update from the Welsh Government

2a. The user's perspective (09.30 – 10.30) (Pages 14 – 35)

HSC(4)–08–12 paper 2

Joseph Carter, Chair, Wales Neurological Alliance

HSC(4)–08–12 paper 3

Keith Bowen, Manager, Contact a Family Wales

HSC(4)–08–12 paper 4

Matt O'Grady, Senior Campaign and Policy Officer, Scope Cymru

2b. The practitioner's perspective (10.30 – 11.00) (Pages 36 – 47)

HSC(4)–08–12 paper 5

Philippa Ford, Chartered Society of Physiotherapy, Policy Officer for Wales

Ruth Jones, Chartered Society of Physiotherapy

HSC(4)–08–12 paper 6

Sandra Morgan, College of Occupational Therapists Wales

Ellis Peters, College of Occupational Therapists Wales

Break 11.00 – 11.10

2c. The charitable provider's perspective (11.10 – 11.40) (Pages 48 – 51)

HSC(4)–08–12 paper 7

Jeff Collins, Director – Wales, British Red Cross

Nicola Wannell, Service Development Manager (SE Wales), British Red Cross

3. One-day inquiry into venous thrombo-embolism – Consideration of terms of reference (11.40 – 11.50) (Pages 52 – 56)

HSC(4)–08–12 paper 8

4. Papers to note (Pages 57 – 58)

Minutes of the meeting held on 23 February

HSC(4)–06–12 minutes

4a. Follow up information from 25 January meeting – EU matters – patients rights to cross-border healthcare (Pages 59 – 61)

HSC(4)–08–12 paper 9

4b. Follow up information from 25 January meeting – EU matters – modernising professional qualifications directive (Pages 62 – 66)

HSC(4)–08–12 paper 10

4c. Draft Food Hygiene Rating (Wales) Bill – additional information from Welsh Government officials (Pages 67 – 73)

HSC(4)–08–12 paper 11

Health and Social Care Committee

HSC(4)-08-12 paper 1

One-day inquiry on wheelchair services in Wales - Update from the Welsh Government

Welsh Government Update for the Health and Social Care Committee on implementation of recommendations of the Health, Wellbeing and Local Government Committee's report on Wheelchair Services.

Introduction

The National Assembly for Wales Health and Wellbeing Committee undertook an inquiry into Wheelchair Services in Wales and reported in May 2010 with 23 recommendations. The Minister for Health and Social Services subsequently sent a written update to the Chair of the committee in November 2010 following the release of the All Wales Posture and Mobility Review Phase 2 report. This paper updates the Health and Social Care Committee on progress against each of their recommendations up to November 2011 when the All Wales Posture and Mobility Partnership Board last met.

Background

In May 2008 the Minister for Health and Social Services announced a review of wheelchair provision in Wales. The review would encompass long and short-term loans, adult and paediatric wheelchair services. The review was undertaken in two phases. Phase 1 reported to the Minister in October 2009 and described service provision across Wales including how current services were managed. The review recommended changes to improve the experience of service users.

In May 2010 the National Assembly Health, Wellbeing and Local Government Committee published its report on the 'Inquiry into Wheelchair Services in Wales'. The Committee made twenty three recommendations.

The Minister responded to the Committee's report in June 2010 accepting all of the recommendations. A project board for a Phase 2 review of Posture and Mobility services was initiated and the Minister for Health and Social Services appointed Ms Sue Kent, Vice Chair of Aneurin Bevan Local Health Board, as Chair. The Project Board met for the first time in May 2010. A Wider Reference Group was also established to support the Project Board. The Project Board took the main themes of the Phase 1 work and further developed the recommendations to ensure service improvement proposals addressed the main issues identified. Workstreams were set up to consider the key issues and develop recommendations for action. The work of individual workstreams looked, in closer detail, at the eligibility criteria, quality indicators and key performance indicators together with a range of actions to ensure provision of an efficient and effective service to both established and new users.

The project board reported in October 2010, a copy of which was sent to Darren Millar AM the then Chair of the Health, Wellbeing and Local

Government Committee with details of the improvements which needed to be made.

One of the recommendations from the report was the proposed All-Wales wheelchair specifications be implemented and performance managed through a Partnership Board would replace the previous Posture and Mobility Steering Group.

An All Wales Posture and Mobility Partnership Board chaired and led by WHSSC (Welsh Health Specialised Services Committee) as the commissioners of wheelchair services was set up to oversee all work programmes. The Partnership Board includes service user and service provider representatives and reviews performance against agreed quality and performance indicators. The Board meets quarterly and is due to meet next on 1st March 2012.

The Artificial Limb and Appliance Service (ALAS) is provided by a collaboration between three Local Health Boards (LHBs): Cardiff and Vale, Abertawe Bro Morgannwg and Betsi Cadwaladr. The ALAS centres are situated in Cardiff, Swansea and Wrexham and work together to provide an All Wales service. These are supported by Rehabilitation Engineering Units (REU) based in Cardiff, Swansea and Bryn y Neuadd Hospital in North Wales. The REUs provide bespoke solutions for the most complex patient requirements.

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.

Update

Work is nearing completion on a summary specification which will form the basis for the All Wales Posture and Mobility service design and development of a full specification. Also being considered is a framework for decision making based on various criteria and levels of decision which will serve as an annex to the above. This will provide clarity for service users and clinicians regarding provision of equipment. This work is due to be signed off by the Partnership Board at the next meeting on 1st March. This work complements the eligibility criteria already produced in an earlier phase.

WHSSC, as the commissioning organisation, requires the service to work towards compliance with the Welsh Government Referral To Treatment criteria for acute services, and the National Service Framework for Children.

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.

Update

A Partnership Board with membership including service users and providers has been established and is providing strategic direction to the service over

the coming years. This includes the development of a service specification and of quality indicators.

A service user engagement workstream has been established to ensure staff, service user views and stakeholders inform ongoing and future development of the wheelchair service. The approach is led by a service user and supported by National Leadership and Innovation in Healthcare Agency (NLIAH) and will consult with service users, in particular to;

- Identify elements of good practice with service provision/ service use experience.
- Identify elements of concern with service provision/ service use experience.
- Identify service users willing to work with the service to improve service user experience – either physical or through virtual service user forums.
- Identify ways in which services users can be involved in service provision of the future.

It is planned, as part of this workstream, to produce an electronic model for regularly capturing service users' views to provide a feedback loop for informing service delivery and service developments.

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.

Update

The ALAS services are working closely with community staff on an individual basis and also, for example, through providing training for professional groups such as tissue viability nurses across Wales. A training video has also been developed for this purpose which Therapists, social care and Third Sector organisations are able to use.

A system has been established to rotate therapy staff into ALAS. In South Wales, the service has year long rotational Band 6 posts which enable occupational therapists from other services to gain a high level of expertise in assessment and fitting for postural and mobility issues. This skill is then taken back and shared with colleagues leading to improvements in the quality of referrals which enables ALAS services to prescribe an appropriate wheelchair from the referral.

In North Wales, a rotational 12 month therapist post has been established with LHB Community Therapies Services to work in ALAS. This will improve the knowledge base in community therapy services and promote working together.

Recommendation 4

We recommend that the Welsh Government ensures that the arrangements for a restructured wheelchair service incorporates clear responsibilities and lines of accountability for service delivery.

Update

This is being addressed by the LHBs and the ALAS services who are working closely to agree joint specifications for the services in conjunction with NLIAH. Restructuring has commenced by bringing the previous ALAS and REU into one ALAS service from August 2011. In North Wales, a new post of Clinical Director has been put in place and new staffing structures are under review.

Recommendation 5

We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.

Update

To date, work on performance indicators has focussed on provision of a responsive service which has been identified as a key user need. Key performance indicators have been developed which include:

Referral To Treatment (RTT). This sets out a framework of rules for clock starts and clock stops to measure waiting times for patients when accessing NHS. The clock starts at receipt of completed referral. For the Wheelchair Service the clock stops at delivery of wheelchair equipment to the client.

Acknowledgement of referrals. This measures the time between receipt of referral and the issue of an acknowledgement to the referrer and service user.

Standard wheelchair referral to delivery time. This measures the time between point of referral and the point of delivery of a standard wheelchair.

Complex wheelchair and/or posture management system ordered from manufacturer referral to delivery time. This measures the time between point of referral and the point of delivery to the client of a complex wheelchair.

Repaired on time (Emergency repairs). This measures the performance of the Wheelchair Service against emergency repairs.

Repaired on time (Non emergency repairs). This measures the performance of the Wheelchair Service against non emergency repairs.

Collected on time (Non emergency repairs). This measures the performance of the Wheelchair Service and approved repairer against collection.

See also information at Recommendation 2 which will also inform any further indicators that may need to be collected.

Recommendation 6

We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.

Update

NLIAH and the Delivery Service Unit (DSU) have been supporting ALAS to ensure waiting times are measured in accordance with Referral To Treatment process measures. DSU are conducting assessments in both centres to ensure this is in place.

Performance data will be collected by WHSSC from April 2012 onwards. The Welsh Government will receive reports of these and will hold LHBs to account for delivery of 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.

Update

This work is included in the Referral To Treatment information.

In South Wales, the NSF standards have been met and also annual reviews have been implemented for children in the wheelchair service and six monthly reviews in Cardiff REU.

In North Wales the ALAS service will be providing assessments for all children within 6 weeks of referral by end of March 2012. The service intends to be fully compliant with the NSF by end of March, including 8 weeks from delivery to fitting of equipment.

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.

Update

A Wales-wide Service User Engagement Workstream, with a working group consisting of ALAS and service user members, has been funded for a three year period by the Welsh Government to:

- Identify effective ways to capture service users' views and experiences;
- Actively gather a baseline of the views and experiences of users using both quantitative and qualitative means;
- Prepare and implement a three year service user engagement strategy using the baseline information gathered, to target continuous improvement in service user engagement.

The work commenced in 2011 following a competitive tendering process where an external consultancy, (the Kafka Brigade), were appointed to support the workgroup in developing an in-depth understanding of the user experience during year one of the strategy. In part, the aim of this process was also to begin creating a cohort of service users and staff who will go on to co-design future services during the second year using an Experience Based Co-Design (EBCD) advocated by the Kings Fund. The findings will inform a feedback system which will be an ongoing source of insight for ALAS. It is also anticipated this comprehensive baseline work with ALAS

service users will begin a dialogue whereby the service can better understand how service users prefer to be informed of developments within the service.

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.

Update

See response to Recommendation 8 regarding the Service User Engagement Work stream.

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.

Update

Each ALAS service has developed practical solutions to this issue:

In South Wales, NLIAH has supported South Wales ALAS in the development of a drop-in repairs clinic in Cardiff to enable client's equipment to be assessed and repaired at their convenience. Also a delivery driver and a fitter has been allocated for West Wales which both reduces travel time and costs and also makes the service more accessible to the clients in that area.

In North Wales, the ALAS service identifies an appropriate temporary loan chair (as close as possible to the original specification) and authorises the approved repairer to deliver whilst modifications or repairs are being carried out. ALAS are working with their approved repairers to ensure delays are avoided when possible e.g. by keeping higher stock levels of spares.

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.

Update

NLIAH has supported the service in conducting a capacity and demand analysis which in South Wales has identified a number of service improvements to release 13% of clinical time; increase satellite clinics; introduce one-stop clinics and weekend clinics and, therefore, reduced waiting times for assessments for paediatrics to a maximum of 5 weeks and adult waiting times for assessments to a maximum of 16 weeks.

A similar capacity and demand analysis for North Wales will be undertaken in April and similar benefits and improvements are expected. The delay relative to South Wales is due to local staffing issues

There has been central investment of £2.2m to increase capacity specifically targeted to improve the quality of children's services. Improvements in children's service has involved modernisation and service redesign and this is anticipated to have a positive effect on adult waiting times as well.

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.

Update

NLIAH has supported ALAS in the development of joint clinics, which ensures the referrer and Wheelchair Technician or Wheelchair Occupational Therapist assess together to develop a definitive prescription solution therefore reducing the length of the pathway for the service user.

Also see update for Recommendation 17

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.

Update

The development of referral arrangements, including protocols and processes, has been a key part of the work undertaken as indicated by the following examples:

The ALAS services are making the transition to the national rules for Referral To Treatment (RTT) and an online resource has been developed. All referrals are triaged within 24 hours of receipt and the BEST (Better Equipment Services Together) bespoke IT system allows for patients to be entered onto the system at the point of referral, collect the RTT information and provides a robust reporting system for reporting or triggering any who might breach the RTT.

A Referrals Workstream has been established by NLIAH to review the referral process with the aim of developing an improved referral form which is consistent across both the South and North Wales Services. Following an audit of referrals to South Wales reviewing 12 months of referral data, 5.6% of all referrals were returned to the referrer as incomplete, with a further 22% of these being returned a second time. The audit also identified the common reasons why referrals were returned, for example, inadequate measurement of clients. As a result, the redesigned form seeks to clarify the expected measurement standards and an explanatory video has been produced for referrers by the All Wales Trainer.

A final workshop to agree a revised referral form for piloting is currently being arranged and is anticipated to take place in March 2012. At this meeting, Soft Options, the BEST IT system developers, will be showcasing the

latest developments in electronic referrals to discuss how this could be developed in future within ALAS.

The NLIAH workstream will produce a new referral form that will streamline the referral process and ultimately provide an electronic referral facility that can be used with the current patient management system (BEST).

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.

Update

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.

Across Wales over a 1000 community staff and referrers have been trained to level 1 as have staff within the British Red Cross. Some community therapists have been trained to Level 3, however, in order to make full use of their assessment abilities, they would need to be continually updated on over 160 pieces of equipment. Therefore, the ALAS services feel training community therapists to this level is not the best way of achieving this objective and other plans will be put in place to train community clinicians to make good referrals into the service.

An example from the North Wales region, is that there are currently seven Trusted Assessors in place who have received advanced training. The Trusted Assessors working in the community are staff that are competent in performing to an agreed set of nationally recognised competencies and have the requisite skills, knowledge and understanding for an effective 'service-user' approach to equipment provision, whatever role or level they are working in. Within the context of this training, they are able to assess and prescribe equipment thereby reducing the workload for the North Wales ALAS therapists and technical officers.

In South Wales, the ALAS has systematically reduced paediatric and adult waiting times for assessment. This has been achieved because of a range of improvements which include:

- a. Improvements in the links between the BEST IT system and the ORACLE procurement system has reduced duplication and enabled faster ordering.
- b. Developments in the BEST IT system which facilitate a more efficient note keeping system.
- c. Appointment of administrative support staff for the clinical and technical teams which has freed them to undertake more complex duties.
- d. All referrals are triaged within 24 hours of receipt.

With this level of continuous improvement the need for training community therapists in South Wales to undertake Level 3 assessments is, therefore, no longer required.

NLIAH has also supported the Wales-wide training post in the development of a DVD. This DVD resource is intended to support the training of referrers by providing clear, explicit instructions on what measurements are required and how these should be undertaken. Inaccurate or incomplete measurements are the major reasons why referrals are delayed as more information is sought by ALAS. It is anticipated there will be a reduction in the number of incomplete or inaccurate measurements leading to a quicker dispatch of equipment. For those service users who require further assessment the improvements in the accuracy of this initial information will reduce delays.

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.

Update

The Welsh Government provides guidance on how to set up and deliver partnerships and pooled budgets through the SSIA hosted website at <http://www.ssiacymru.org.uk/partnerships>

LHBs are already undertaking some joint funding with the charity Whizz Kids for seat risers. Self funded wheelchair modifications (not required for health purposes) can also be carried out providing these do not compromise safety or the functionality of the wheelchair.

Also see response to Recommendation 17

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.

Update

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

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.

Update

LHBs already have powers to establish pooled budgets and joint working arrangements with Local Government. The Welsh Government will very shortly launch a consultation on the forthcoming Social Services Bill which will set out further powers in relation to partnership working. As previously

stated under Recommendation 15 the Welsh Government provides guidance on how to set up and deliver partnerships and pooled budgets through the SSIA hosted website at <http://www.ssiacymru.org.uk/partnerships>

The prime focus of the Partnership Board to date has been on delivering improved waiting times and increasing capacity. Local Government is represented on the Partnership Board and there is now an opportunity to look at ways in which service delivery could be improved through further collaborative working (including pooled budgets) and this will be included in the work programme for 2012.

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.

Update

The first step in achieving this is through a number of pilots which will be delivered by the British Red Cross (Wales) in conjunction with the NHS (Wales). These will initially be funded by the Society and the Welsh Government which has made available the sum of £100K pa for the years 2011/12, 2012/13 and 2013/14.

The pilots will be delivered with Aneurin Bevan Health Board, Betsi Cadwaladr University Health Board and Hywel Dda Health Board.

Expected outcomes of the project include:

- Production of a Model Service Specification for the short term wheelchair service including eligibility criteria.
- A service with standard access criteria, equipment and availability
- More integrated working within the Health Board, Local Authority and BRC ambit.
- Clearer signposting to improve the speed of access to those with a short term wheelchair need.
- Development of an appropriate BRC IT data management system to monitor the use and outcomes for the short term wheelchair service.

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.

Update

A Short Term Wheelchair Loan group lead by Betsi Cadwaladr University Health Board was established with representatives invited from the ALAS, BRC (Wales), NLI AH, with representatives from other NHS bodies and WG.

The key areas the group decided to initially concentrate on were:

- **Equipment Pick up:** Picking up each other's equipment from users if possible, thereby saving time, fuel and improving turnaround times.
- **Training:** Providing some training for the BRC teams.
- **Procurement :** Reviewing purchasing arrangements to see if a better deal with suppliers could be negotiated possibly extended to include spares etc
- **Information Sharing:** Facilitating appropriate information sharing as initiatives are taken forward.

These areas have been progressed as follows:

Equipment Pick up

There are good examples of equipment being picked up by both services and returned to each other across Wales thereby saving time and other resources.

Training

The ALAS trainer met with the BRC (Wales) teams and reviewed their training documentation. The initial training with 5 members of the Red Cross took place at the Cardiff ALAS on the 4th February 2011 with further sessions scheduled in April and May for BRC staff and volunteers.

Procurement

The Group has since been advised that it is not possible for the wheelchair procurement contract the NHS had to be extended to include BRC(Wales).

Information Sharing

The Welsh Accord on Sharing Personal Information (WASPI) provides a framework for service providing organisations and other organisations directly concerned with the well being of an individual to share information between them in a lawful and intelligent way. Richard Howells, a member of the national team developing WASPI, attended the meeting on the 5th January 2011 to present WASPI and discuss how it might be used to establish an Information Sharing Protocol between the organisations if needed.

This work is now being taken forward as a project with the BRC(Wales) as described in Recommendation 18 above and is reported to the Posture and Mobility Partnership Board.

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.

Update

Standards have been developed and are being used by the LHBs to monitor their own performance.

The South Wales service has gained flexibility in service delivery since maintenance and repair was brought in-house and a break-down service is available 24/7 7am to 9 pm.

In North Wales quarterly review meetings are held with the Approved Repairer where performance statistics are monitored as well as receiving monthly reports.

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.

Update

Service users and representatives have been involved in the wheelchair contracting process and attended product selection and presentations sessions in the ALAS services. Service user representatives were fully involved in the process to select the new range of wheelchairs in the contract that will commence on 1/4/2012 and will run for 3 years.

The Service User Engagement Workstream (see Recommendation 8) consultation undertaken in partnership with the Kafka Brigade will also gather any service user experiences relevant to this recommendation.

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.

Update

Standards have been defined and are being considered as part of the quality indicators workstream. It is acknowledged that the frequency of review will vary between users and further work is scheduled for March 2012.

Recommendation 23

We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.

Update

The Welsh Government has allocated funding for the next 2 years to set up the wheelchair training courses to support training of service users, in particular certain Paediatric clients. A tender is being drafted by NLI AH to provide this training across Wales.



Cynghrair Niwrolegol Cymru
Wales Neurological Alliance

Health and Social Care Committee Short Inquiry into wheelchair waiting times in Wales

The Wales Neurological Alliance is concerned by the lack of progress of the Welsh Government's work to implement the 23 recommendations of the May 2010 Health, Wellbeing and Local Government Committee report into wheelchair waiting lists.

Background

In Autumn 2008, the Wales Neurological Alliance was approached by a number of individuals who had been waiting for specialist electric wheelchairs for over 18 months. Constituent organisations spoke to the Artificial Limbs and Appliances Service (ALAS), which confirmed that there were a large number of patients, who had been waiting for a specialist wheelchair for 18 months to two years. It appeared that the problems were centred around the Artificial Limb and Appliance Centre (ALAC) in Wrexham, rather than the Cardiff ALAC, and that the waiting lists were typically longer the further someone lived from Wrexham.

WNA research

The 26 charities of the Wales Neurological Alliance surveyed their members and stakeholders to ask them whether they were currently waiting for a wheelchair. The worst examples of delays are listed:

- Example 1 – man living with MS from Knighton in Powys was first referred for a wheelchair in May 2010. The powered wheelchair arrived in December 2011, but when he was assessed for the new chair by his occupational therapist, it was deemed unsuitable and had to be sent back for alterations. In February 2012 an altered wheelchair arrived, but he is still waiting to see a occupational therapist to confirm that the replacement is suitable
- Example 2 – 11 year old boy with Spina Bifida from Pembrokeshire saw a physiotherapist in December 2010 to seek a reassessment for a replacement wheelchair. By January 2011 the family had not heard anything so they contacted ALAS only to be told that the earliest he could be assessed would be July 2011. In order to speed up the process the family offered to travel to Cardiff and were given an appointment in April. The wheelchair arrived in August, but it was not suitable and did not have any handles. A further 2 visits were required before the wheelchair was fit for purpose in October 2012.

Health, Wellbeing and Local Government committee Inquiry

Between November 2009 and May 2010 the Health, Wellbeing and Local Government Committee held an inquiry into wheelchair waiting lists and set itself the following terms of references:

“To inquire into the provision of wheelchair services in Wales for children and adults, including:

- Waiting times for assessments and wheelchair provision;
- The arrangements for commissioning and providing wheelchairs both through the Artificial Limb and Appliance Service and through local arrangements for short-term use;
- 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;
- The arrangements for reviewing individual need and for the updating, maintenance and repair of wheelchairs;
- Equality considerations in the provision of wheelchairs including, for example, geographical variation; provision across age-groups; issues affecting BME groups and Welsh speakers; and the accessibility of wheelchair services in terms of location, opening times and information;
- The use and effectiveness of performance and quality indicators in wheelchair services; and
- The resourcing of wheelchair services in Wales.”

The Wales Neurological Alliance contributed to the inquiry, giving oral and written evidence expressing concerns around the lack of targets, the structure of ALAS and the assessment process.

Recommendations and their implementation

In May 2010 the HWLG Committee published its report and set out 23 recommendations. The Welsh Government had already established its own advisory Expert Group to investigate concerns with the wheelchair services and this had first met in early 2009. By the time the HWLG Committee was calling witnesses, voluntary sector organisations had become frustrated with the lack of progress of this group. The inquiry and the subsequent report put the Welsh Government under pressure to do something about wheelchair waiting lists and gave greater impetus to the work of the Expert Group.

The Minister for Health and Social Services formally responded to the committee on 30 June 2010 and set the Expert Group a deadline of August 2010 to report to her. In October 2010 the Expert Group published a lengthy report setting out its own recommendations for how the wheelchair service should be reformed. The Minister announced that an extra £2million would be allocated to the service in 2011/12 to support the implementation of the recommendations with most of this money focussed on reducing the waiting times for paediatric wheelchairs.

In July 2011 the Welsh Health Specialist Services Committee established the All Wales Posture and Mobility Partnership Board to implement the recommendations. This group has brought together professionals and a small number of voluntary sector stakeholders.

The Appendix sets out the recommendations of the HWLG Committee and to what extent they have been implemented.

Wales Neurological Alliance concerns

The Appendix illustrates that some of the recommendations have been taken forward, but after almost two years many of them have still not been implemented. The WNA therefore has the following principal concerns.

Timescale

The Welsh Government's review has been ongoing for four years and yet only limited progress has been made. In May 2008 Edwina Hart AM, Minister for Health and Social Services, announced that she had commissioned a review of all wheelchair provision in Wales, encompassing long term and short term loans and paediatric wheelchair services. This work was still ongoing when the HWLG Committee undertook its inquiry and only came to a conclusion in October 2010.

However between October 2010 and July 2011 there was a 9 month break before the All Wales Posture and Mobility Partnership Board was formally established to implement the Expert Group's recommendation.

In January 2012 many recommendations have not been implemented and even the Minister's target of March 2012 for achieving the targets set by the Children and Young People's NSF will not be met.

Targets

The Recommendations specifically relating to performance monitoring and targets (Recommendations 1, 5, 6, and 7) have still not been met. The Expert Group's October 2010 report proposed 18 Quality Indicators including a target of 18 weeks from referral to delivery, but these have not been implemented and it is unclear when this will be implemented.

The HWLG Committee report made a specific reference to paediatric wheelchairs in Recommendation 7 and the Welsh Government committed an additional £2million to meet the NSF target by March 2012. However in November 2011, the All Wales Posture and Mobility Partnership Board reported that this was unlikely to be achieved. A report stated that: "it is unclear at the current time what the combined impact of the new investment and measures implemented through the service improvement programme, will be on waiting times by March 2012."

Communication

Recommendations 8 and 9 focussed on the need for a Communication Strategy so that stakeholders were engaged and informed. The Wales Neurological Alliance has seen no evidence that this has been developed and it did not feature in the recommendations of the Expert Group. Communication remains as poor today as it was before the HWLG Committee inquiry. For example the establishment of the All Wales Posture and Mobility Partnership Board was not communicated and groups that had participated in the Expert Groups were not invited to take part in it. The role of communication and stakeholder engagement was an important element of establishing monitoring and Quality Indicators and yet after two years this has not happened.

Direct Payments

Recommendation 15 focussed on the joint funding of equipment with organisations and individuals. Whilst some progress has been made concerning joint funding with organisations and a draft protocol has been designed, there was very little progress on joint funding with individuals.

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.

Structure of ALAS

In Recommendations 3 and 4 the HWLG Committee expressed their concern for the structure of ALAS and of the absence of a strategic plan that integrated the wheelchair services with social services, education and other public bodies.

The Expert Group proposed ways to better integrate systems between the different sites and establish regional hubs, but there does not appear to be any proposals to develop a strategic plan or restructure the service. The WNA was concerned that the current structure of the Artificial Limb and Appliance Service (ALAS), based on two centres was too centralised and that responsibility should be devolved to the Health Boards. Currently the Wrexham ALAC serves half of Wales and covers an area as far south as Ceredigion. This is huge geographic area, and staff and equipment have to be transported great distances, whilst patients waiting for an assessment might have to travel over 100 miles to the centre.

In England, the responsibility for assessing and providing a wheelchair rests with the Primary Care Trust, the local health organisation. English PCTs have been encouraged to reduce wheelchair waiting lists to 18 weeks. Many have succeeded including Sefton PCT in Merseyside, meaning that depending on whether someone lives in Wrexham or across the border into Merseyside, the difference in wait for a wheelchair could be 18 weeks or 18 months.

Resource allocation

Neither the Expert Group or the All Wales Posture and Mobility Partnership Board have made any recommendations on the level of additional funding required to sustain improved waiting times. Recommendation 11 of the HWLG Committee report asked the Welsh Government to “make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.” After two years this has still not occurred.

The only area where specific additional funding has been allocated was Paediatric wheelchairs (Recommendation 7). However the allocation of an additional £2million no longer seems sufficient to achieve this aim.

Number of Therapists

During the inquiry the Wales Neurological Alliance was concerned about a possible shortage of Therapists in the Wrexham ALAC that might be contributing to the delay in assessment for a specialist wheelchair. This and evidence specifically from the College of Occupational Therapists influenced Recommendation 13.

Whilst the Expert Group has recommended greater training and the use of satellite clinics to improve services, it remains unclear whether the number of Occupational Therapists is sufficient.

Taking the agenda forward

On 17 January 2012 the Cross-Party Group for Neurological Conditions made wheelchair waiting lists the main focus of the meeting and invited the Welsh Health Specialised Services Committee to give a presentation setting out what achievements had been made.

The paper is included as Appendix B, but the key areas of progress were:

- Developments to improve waiting list management:
 - Agreement of definitions for measuring referral to delivery
 - Systems in place to enter all patients on waiting list within 24 hrs of receipt of referral, ability to actively monitor long waits/early warning systems/trigger points
- Upgrade of IT systems to support waiting list management
- Unification of IT system across Rehabilitation Engineering and ALAS
- Establishing satellite clinics
- Agreement to commence joint assessments with community therapists
- Changes in skill mix/allocation of duties introduced as a result of analysis of duties untaken for capacity and demand analysis

The Cross-Party Group for Neurological Conditions accepted that some progress had been made, but was disappointed that the majority of the 23 recommendations had not been met.

About the Wales Neurological Alliance

The Wales Neurological Alliance (WNA) was established in 2002 to meet the challenges of a changing institutional and political structure in Wales post devolution. Membership has grown to include 26 voluntary organisations representing over 100,000 people and their families affected by a neurological condition living in Wales. The charities are:

- | | |
|---|---|
| ▪ Alzheimer's Society | ▪ Motor Neurone Disease Association |
| ▪ Ataxia South Wales | ▪ MS Society Cymru |
| ▪ Cerebra | ▪ Muscular Dystrophy Campaign |
| ▪ Charcot-Marie-Tooth United Kingdom | ▪ Myasthenia Gravis Association |
| ▪ Chartered Society of Physiotherapy | ▪ Myotonic Dystrophy Support Group |
| ▪ College of Occupational Therapists | ▪ National Tremor Foundation |
| ▪ Dystonia Society | ▪ Parkinson's UK |
| ▪ Epilepsy Action | ▪ Progressive Supranuclear Palsy Society |
| ▪ Epilepsy Wales | ▪ SHINE - Spina Bifida, Hydrocephalus, Information, Networking Equality |
| ▪ Genetic Alliance UK | ▪ Stroke Association |
| ▪ Guillain-Barré Syndrome Support Group | ▪ Tourette's Syndrome Association |
| ▪ Headway | ▪ Tuberos Sclerosis Association |
| ▪ Huntington's Disease Association | ▪ Welsh Association of ME & Chronic Fatigue Syndrome |

The aims of the Wales Neurological Alliance are to:

- Raise awareness of neurological conditions and their impact on individuals and alliance
- Inform and influence policy makers in Wales about the needs of people with neurological conditions
- Secure improved services and care for people with a neurological condition living in Wales
- Promote the dissemination of information about neurological conditions
- Support and promote appropriate research

Progress on the 23 recommendations of the HWLG Committee report

Recommendations from the HWLG Committee in May 2010	Response from the Welsh Government in June 2010	Progress to date
<p>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.</p>	<p>Response: 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.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p> <p>The maximum referral to delivery time should be 18 weeks, but the Project Group recommended concentrating on reducing component waits first.</p>
<p>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.</p>	<p>Response: Accept The Project Board will advise me [The Minister] 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.</p>	<p>This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.</p> <p>The terms of reference are:</p> <ul style="list-style-type: none"> - To advise the Joint Committee [of the Welsh Health Specialised Services Committee] with regard to the Quality Standards and Key Performance Indicators - To review performance against Quality Indicators and Key Performances Indicators, and report to LHBs through the Joint Committee - To revise, as the Board deems appropriate, the nature and target levels of the Quality and Key Performance Indicators, and to advise the Joint Committee of any changes proposed - To advise the Joint Committee on the scope and eligibility criteria for the Posture and Mobility Service - To provide advice to the Joint Committee on the specification for the Posture and Mobility Service - To provide a forum for communication and discussion between the providers of the service and its stakeholders - To promote understanding between the Posture and Mobility Service and its stakeholders - To support the provision of a high quality and responsive Posture and Mobility Service for Wales
<p>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</p>	<p>Response: Accept The Project Board is actively considering how better integration can be achieved.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>

services.		
<p>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.</p>	<p>Response: Accept The Project Board is considering future organisational arrangements, with a focus on ensuring clear responsibilities and lines of accountability.</p>	<p>Although there are proposals to change the systems used by ALAS the Project Board did not recommend any significant restructuring of the service.</p>
<p>Recommendation 5 We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.</p>	<p>Response: Accept New performance indicators will be developed by the Project Board, and will reflect all aspects of service delivery, including outcomes.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p> <p>The maximum referral to delivery time should be 18 weeks, but the Project Group recommended concentrating on reducing component waits first.</p>
<p>Recommendation 6 We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.</p>	<p>Response: Accept The Project Board is developing performance measures. These will set out my [The Minister's] 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.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation.</p> <p>The Project Board did not specify any sanctions for non-compliance.</p>
<p>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.</p>	<p>Response: 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.</p>	<p>The Welsh Government had expected the NSF target to be met by March 2012 and an additional £2 million had been invested to deliver it. However in November 2011, the All Wales Posture and Mobility Partnership Board reported that this would not happen.</p> <p>A report stated that: "it is unclear at the current time what the combined impact of the new investment and measures implemented through the service improvement programme, will be on waiting times by March 2012."</p>
<p>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.</p>	<p>Response: Accept The development of a communication strategy is being taken forward as one of the work streams reporting to the Project Board.</p>	<p>After two years there is little evidence of this communication strategy and there has been little communication with voluntary sector groups such as the Wales Neurological Alliance.</p>
<p>Recommendation 9 We recommend that the</p>	<p>Response: Accept The Communication Strategy</p>	<p>After two years there is little evidence of this communication strategy and there has been</p>

communication strategy should include measures to provide better information to users generally, but in particular on progress within the system.	will include such measures.	little communication with voluntary sector groups such as the Wales Neurological Alliance.
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.	Response: 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.	This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.
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.	Response: Accept I [The Minister] will set out my intentions for the wheelchair service once I have considered the advice of the Project Board.	This recommendation does not appear to have been taken forward. Whilst an additional £2million was invested in 2011/12 to reduce the paediatric waiting lists it is currently unclear how much additional investment is needed to sustain improved waiting times.
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.	Response: 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.	This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.
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.	Response: Accept The development of referral arrangements, including protocols and processes, is a key part of the work of the Project Board. I [The Minister] expect their report to identify ways in which referral arrangements can be further improved.	The Project Board found that there were inconsistencies in waiting list management practices. There were different IT systems and methods of managing patient waiting times. The Project Board recommended that IT systems should be integrated and all referrals should be entered onto the system within 24 hours of receipt.
Recommendation 14 We recommend that the Welsh Government should ensure that	Response: Accept. The clarification of the service specification and the	The Project Board and the HWLG Committee recognised that many of the delays were caused or worsened by the

<p>there is a sufficient number of community therapists trained to undertake Level 3 assessments.</p>	<p>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, is in place to undertake assessments and provide the service to wheelchair users.</p>	<p>absence of local community therapists.</p> <p>Satellite clinics have been established in Anglesey and in West Wales with proposals to establish further clinics.</p> <p>The recommendations focussed on increasing training for local therapists rather than recruiting additional Occupational Therapists so staffing issues remain a problem.</p>
<p>Recommendation 15 We recommend that, as a matter of urgency, the Welsh Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.</p>	<p>Response: 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.</p>	<p>The Project Board recommended the adoption of 4 joint working proposals:</p> <ul style="list-style-type: none"> - Contributions must be confirmed in writing - Funding will be provided equal to that which would have been required to accommodate essential posture and mobility needs from the posture mobility service - The ownership of the chair must remain with the posture and mobility service in order to guarantee ongoing maintenance and repair - For out-of-range products, consideration should be given to the need for an extended warranty for the additional features as part of the joint funding agreement
<p>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.</p>	<p>Response: Accept The policy, as it currently stands is that the responsibility for maintenance and repair for equipment bought by individuals remains with that individual.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>
<p>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.</p>	<p>Response: Accept This matter will be considered by the Project Team, in liaison with other officials.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>
<p>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.</p>	<p>Response: Accept A review of the commissioning and provision of wheelchairs for short term loan purposes will be undertaken by the Project Board.</p>	<p>The Project Board's review highlighted the important role the BRC provide in an area where there is currently no provision by ALAS. The Project Board recommended that a standard eligibility criteria and definition of a short term loan be defined.</p> <p>Three service models were proposed and will be considered by All Wales Posture and Mobility Partnership Board. The cost would</p>

		be approximately £200K and it was unclear whether the Welsh Government would provide additional funding.
<p>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.</p>	<p>Response: Accept This is being addressed through the work stream to improve the short term wheelchair loans process referred to above.</p>	<p>The Project Board's review highlighted the important role the BRC provide in an area where there is currently no provision by ALAS. The Project Board recommended that a standard eligibility criteria and definition of a short term loan be defined.</p> <p>Three service models were proposed and will be considered by All Wales Posture and Mobility Partnership Board. The cost would be approximately £200K and it was unclear whether the Welsh Government would provide additional funding.</p>
<p>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.</p>	<p>Response: 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.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p>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.</p>	<p>Response: Accept. ALAS will consult users and stakeholders as part of any future tendering process for maintenance and repair contracts.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p>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.</p>	<p>Response: Accept. The service specification and the key performance indicators will stipulate and monitor review requirements.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p>Recommendation 23 We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.</p>	<p>Response: Accept I [The Minister] will ensure that joint working options are fully explored.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>

Welsh Health Specialised Services Committee

Briefing for the Cross Party Group for Neurological Conditions

Partnership Board and Implementation of Recommendations

Following the release of the final report of the All Wales Posture and Mobility Review in October 2010, the Welsh Government asked the Director of Specialised Services to establish the All Wales Posture and Mobility Partnership Board. The role of the Partnership Board is to audit the service against the quality indicators and to review and refresh the indicators on an annual basis.

The Partnership Board was established in April 2011, and has now held three meetings (April, July and October 2011). The next meeting is scheduled for March 2012. The Board is chaired by Director of Planning, WHSSC, and includes representation from service users, Local Health Boards, WHSSC, Local Education Authorities and Social Services. It is also attended by the Welsh Government policy lead for the Posture and Mobility Service, and representatives from both the National Leadership and Innovation Agency for Healthcare and the Delivery Support Unit

In parallel to the establishment of the Partnership Board, the wheelchair service has been engaged in a substantial service improvement programme, with the support of National Leadership and Innovation Agency for Healthcare and the Delivery Support Unit, to implement the recommendations of the Posture and Mobility Review. This programme aims to complete by March 2012.

A detailed progress report against each of the recommendations of the Review was presented to the Partnership Board in October 2011. Some of the key areas of progress include:

- Developments to improve waiting list management:
 - Agreement of definitions for measuring referral to delivery
 - Systems in place to enter all patients on waiting list within 24 hrs of receipt of referral, ability to actively monitor long waits/early warning systems/trigger points
- Upgrade of IT systems to support waiting list management
- Unification of IT system across Rehabilitation Engineering and ALAS
- Establishing satellite clinics
- Agreement to commence joint assessments with community therapists
- Changes in skill mix/allocation of duties introduced as a result of analysis of duties undertaken for capacity and demand analysis

Waiting Times

Welsh Government has invested a recurrent resource of approximately £2m from 2011/12 to support improvement in the wheelchair service, with particular emphasis on delivering the waiting times standard in the Children and Young People's National Service Framework (NSF) (6 weeks referral to assessment, 8 weeks assessment to delivery).

The Welsh Government has outlined its expectation that this standard will be met by March 2012. It is acknowledged that this will be challenging as there are a number of factors which need to be taken into account, e.g.:

- i) A valid waiting times position will not be available until the new financial year. This is due to the time lag between implementing referral to treatment times, and the impact of clock stops feeding through into reported waits.
- ii) The impact of new investment will take time to feed through into waiting times improvement largely as a result of the time required for recruitment of additional staff.

Therefore, whilst it is clear that the ongoing service improvement programmes are already beginning to deliver benefits, it is unclear what the combined impact of the new investment and the service improvements will yield on waiting times by March 2012.

A report will be prepared for the Welsh Government at year end which will:

- Set out the indicative waiting times as measured in March 2012;
- Highlight the significant achievements of the service improvement programme;
- Outline the plan for a staged approach to improving waiting times based on an assessment of what is achievable and by when.

Health and Social Care Committee

HSC(4)-08-12 paper 3

One day inquiry on wheelchair services in Wales – Evidence from Contact a Family

Contact a Family Wales supports families with disabled children and those with other health conditions. We respond to individual enquiries from parents and professionals across Wales on all aspects of caring for a disabled child, run parent workshops and family events as well as campaigning to improve the lives of disabled children and young people in Wales.

We gave evidence to the previous inquiry into wheelchair services and welcome the opportunity to revisit the work of the previous Committee and investigate progress made on the 23 recommendations.

Key issues:

Recommendations 1, 2 and 3

We are unaware of any progress on the full national service specification. There is little clarity on strategic planning for the service and on the status and availability of the outcomes from Phase Two of the government's review of wheelchair services, which is not available on the WG, WHSCC or ALAS websites.

Recommendation 4

There still do not appear to be clear and transparent responsibilities and lines of accountability for service delivery from Welsh Government level, through WHSCC to the two ALAS centres. The need for strong leadership remains to oversee and push through the changes recommended by the previous Committee and Phase Two of the wheelchair services review.

Recommendations 5 and 6

We are not aware of any new performance indicators for the service. If they have been drawn up they are not easily available or accessible on either the WHSCC or ALAS websites.

Recommendation 7

We believe that the Children's NSF waiting time targets for assessment and delivery have not been fully met, despite the investment of £2.2million additional funding. We have however received some positive reports from parents that they have noticed an improvement in waiting times for assessment and delivery in the past twelve months, others have reported no change.

"I am OT working in social care. Assessments have been carried out quite swiftly, within several weeks. This is much improved. Wheelchairs still take several months to be delivered but this too has improved"

"This is our first wheelchair and we waited over 3 months (for an assessment)"

“ It took at least 12 months to get an assessment. It is a little longer than the last time my son was assessed”

“ The assessment took 3 months to happen from a request from the school. About the same time as the last one”.

“Our daughter was reviewed in November 2010, and a poor decision was taken on a manual wheelchair, so that when she got her new larger wheelchair in about July 2011 (8 months or so later) it was not suitable, so following another review we finally got the one she has now in January 2012. This came in within the timescales set - as I think it was ordered towards the end of the summer. The new chair is fantastic and she's improved dramatically in her mobility in it. She should have had it first time round (Quickie Youngster as opposed to the Invacare ones she had previously)”

“ My son had his last manual chair 4 yrs ago aged 9, he is now 13 and almost falling out of the chair, however I have just received a letter from ALAS wheelchair service telling me they are now seeing people that were referred in October 2011 and that my son is now on the waiting list until further notice.

T Delivery has not improved. Once the waiting time was so long from referral to delivery, that my son actually was too big for the new chair that was delivered, so they lent him an adult chair for 6 months until they could provide him one with the right support”

“ The new wheelchair they were going to give my daughter was brought 18 months before she was able to finally use it as they needed to adjust it. It was finally delivered to us in October 2011, but it was not until January 2012 that they finally adjusted it & got the fit right for my daughter finally to be able

to use it. During the time we had it we had to keep phoning them & telling them it was not right. Meanwhile we insisted we keep her old chair until the seating on the new one was right. By October 2011 the old chair was bruising my daughters hips as it was too small, but even with the bruising it was a better fit than the new one which was unusable until Jan 2012”

“We waited 9 months (for delivery). This about the same time as the last one”

We would be concerned that any progress made on waiting times for children and young people must reach those with the most complex needs. In our previous experience with Disabled Facilities Grants positive progress was achieved much more readily with the small to medium size adaptations whilst the more complex cases remained much more difficult to address. We would not want this to happen with any initiatives to improve waiting times for assessment and delivery of wheelchair services.

Recommendation 8 and 9

Some families have reported that communication with the various aspects of the wheelchair service has improved on an individual basis over the past twelve months, whilst others still experience difficulties.

“Yes, (communication has) improved since 4 years ago”

“Communication is always pleasant and effective (Social Care OT)

“If we ever have a problem the emergency/out of hours response is always fairly quick (they usually call back if you leave a message) however if a part falls off or the tyres need changing it is almost always several weeks or more than a month before it gets fixed”

“ This has not improved as much as I'd hoped. Ideally we would be given written advice explaining what the expected timescales were, and contacted in the event of any delays - but when there was a significant delay to the delivery of the chair in July 2011 I had to keep phoning to find out what was happening - as previously. In fact, I don't think I can point to any real improvement in this area”

“ Because my son has an Occupational Therapist, all communication with the wheelchair service is done through her. I only hear from the wheelchair service when a wheelchair is ready or not”

“ With all the difficulties we have had would not like to say”

“No communication feedback from the service. When we called for an update on delivery we were told for 6 months that they are waiting for parts from France!!”

“No communication at all - my son has had a wheelchair - provided some 18 years ago, reviewed once and had new chair about ten years ago and no communication since - needs a maintenance service at the very least !!!!!”

Both on an individual and strategic level communication could be improved, with much better use of the WHSCC and ALAS websites to provide information on the wheelchair services, referrals, assessment process, equipment, review and maintenance. As well as publicising the full national service specification and new performance indicators for the service when they are available.

Recommendations 11, 12, 13, 14, 15, 17

We are unaware of any work undertaken to calculate the long term resource needs of the service in particular to reduce waiting times, promote joint working, streamline referrals, provide sufficient therapists, joint funding arrangements or use of pooled budgets.

Recommendation 16, 20 and 22

We have received reports from parents that there have been improvements to maintenance, repair and review over the past twelve months, although others still report delays.

“Generally this is quite good too. Chairs from rehab engineering are usually looked at within the week and sometimes sooner (Social Care OT)”

“ No maintenance, unless something goes wrong and are on a call out to fix it, they usually give the chair a QUICK once over”

“This has been a bit better. Previously I remember calling an unanswered telephone over and over again and eventually giving up. It is easy now to get someone out to carry out some maintenance, but they often do not have a part, or there is some other reason why the problem can't be sorted. It's normally better to take the chair into ALAC and get the technicians there to look at it, in my experience”

“ After waiting to see the OT for 12 months, she agreed the wheelchair was too small, none of her tools fitted in order to extend different parts of the chair and we haven't seen her since”

“ I think they are trying. When I asked the occupational therapist for help to chase it up, she gave the advice 'Make a bloody nuisance of yourself as that seems to work!’”

“None!!!! And not for the past 10 years or so since delivery.”

Recommendation 21

We are unaware of any communication with users in regards to the renewing of tenders but have received positive feedback since the tender for maintenance was removed from SERCO.

Recommendation 23

We have received positive feedback from parents in regards to training in the past twelve months, although this has been provided by Whizz-kidz (and previously by Contact a Family Wales). We do not believe that this was funded from the additional £2.2million allocated to wheelchair services this financial year despite a budget of £200,000 being pinpointed for wheelchair training.

“(We have had training) through Whizz-kidz”

“ Advice and guidance is always provided and children informed/ signposted to wheelchair skills courses (Social Services OT)”

“ We have had no wheelchair training at all. When my son first started using a wheelchair it was his OT that practised with him at school”

“This has been really good over the past year. (My daughter)went on a Whizz-kidz

course that was brilliant, and well-attended by the ALAC team - who spent a fair bit of their time tweaking wheelchairs, assessing children and doing all kinds of things that you'd imagine would be better done back at base! We've been offered another course since then. The courses are excellent and a good opportunity especially for children in mainstream schools to meet other wheelchair-users”

“ We have only ever been offered wheelchair training by Whizz-kidz”

“Absolutely none, in fact the training we did used to get once a year has stopped as it was organised by Contact-a-family & the funding has been stopped”

**Keith Bowen
Manager
Contact a Family
Wales**

Health and Social Care Committee

HSC(4)-08-12 paper 4

One-day inquiry on wheelchair services in Wales – Evidence from Scope Cymru



Scope Cymru written evidence to the Health and Social Services Committee one-day inquiry on wheelchair services in Wales

About Us

Scope Cymru supports and works with disabled people and their families at every stage of their life. We believe disabled people should have the same opportunities as everyone else. We run services and campaigns with disabled people across Wales to make this happen. As a charity with expertise in complex support needs and cerebral palsy we never set limits on potential.

For more information on Scope Cymru's work visit:

<http://www.scopecymru.org.uk/>

We welcome the opportunity to provide both written and oral evidence to the committee as a follow up to our original evidence to the previous committee inquiry conducted by the Third Assembly's Health Wellbeing and Local Government Committee.

This evidence is based on the experiences of a small number of individuals that work at or use our services. This is a small sample and should be treated with caution. However, we believe these experiences may provide the committee with a useful snapshot of the current situation with wheelchair services in Wales at present.

While creating our evidence we spoke to:

- Service Managers at our services in Sully, Cwmbran and Bridgend, including the parent of a service user in Bridgend
- The Manager and volunteers at the Disability Advice Project in Torfaen
- An Occupational Therapist at Craig-y-Parc School
- Manager and service users of Face 2 Face in Bridgend
- An individual from North Wales who contacted us on this subject

While we believe there has been some improvement to wheelchair services in Wales in the two years since this inquiry was conducted, these improvements

are limited and elements of the service remain patchy and inconsistent, with individuals still facing long waiting times for new wheelchairs or repairs. We have spoken to those who use our services about their experiences with wheelchair services in Wales in the last two years since the previous committee inquiry.

As this inquiry intends to review whether the recommendations of the previous committee report have been enacted, we will attempt to match our comments to recommendations contained within this report.

Recommendation 11. We recommend that the Welsh Government should conduct an assessment of the long-term resource needs of the service, giving particular consideration to the 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.

There has been some improvement to waiting times, but it is a mixed picture. Our School in North Cardiff, Craig-y-Parc, said that there had been an improvement, with the time for initial referral to first contact by ALAS reduced significantly. It is now no longer a case of waiting six months, but instead around 4-6 weeks, sometimes even less. The School did highlight that there can sometimes be problems getting individual parts, such as harnesses and footplates and that this can take up to six months. Some individuals are able to use their chairs during this period, whereas others are not.

“Generally speaking, it is much approved from two years ago.”
Occupational Therapist, Craig-y-Parc School

These waiting times are within the target set by the National Service Framework for Children, Young People & Maternity Services of an assessment in six weeks and equipment in the following eight weeks. However, a mother of a disabled daughter told us that she had to wait for almost twelve months for her daughter to get a wheelchair. This is not a geographical issue, as she was served by the same ALAC as Craig-y-Parc school.

We were also contacted by an adult living in North Wales who was told that she would have to wait for an assessment for over a year. She contacted her local Assembly Member and managed to get an assessment but was then told she could not have a wheelchair until her home was made accessible. She informed them that the council had approved plans for ramps but she has been told that without ramps, she will be removed from the waiting list. The council are now installing ramps but she does not know whether they will be able to complete this work before she is removed from the waiting list.

“My MP received a letter from the Health Board telling him that I had been misinformed about the waiting times but as of today, it has been 11 months and still no sign of any wheels!”
Wheelchair user, Conwy

Recommendation 15. We recommend that, as a matter of urgency, the Welsh Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.

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.

There are still concerns about joint funding, or the apparent lack of it. Several people we spoke to mentioned the lack of choice of wheelchairs available on the NHS and that anything they required beyond this would have to be paid for privately. Any wheelchair paid for outside of the NHS would not be repaired by ALAS.

One parent we spoke to has asked the Cardiff ALAC why the chairs that she sees at trade shows are not available on the NHS and has been told that the cost of maintenance is the problem. She also highlighted that it is often not clear or widely publicized exactly what chairs are available on the NHS.

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.

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.

We are aware of changes that have been made to the services provided by the British Red Cross Community Equipment Loan service. There has been an increase in the delivery charge for equipment as well as a reduction in the range of equipment that they are able to provide, although Wheelchairs are still available. There has also been an increase in the donation requested by the British Red Cross to cover the cost of a wheelchair, up from £5 a week to £1 per day, equivalent to £7 per week. They also informed us that there was an 8 week limit on a loan, compared to the 12 weeks mentioned in the last committee report.

While this may not seem a particularly large amount of money, if the individual is on a low income or benefits, it can be a high cost for something that is necessary to retain their independence.

The Red Cross state that these changes are due to 'financial constraints'.

Scope Cymru also spoke to an individual who had been unable to get a loan of a powered chair when hers was in need of repair after being dropped at an airport. She was without a chair for a week and while she had a manual chair, she was not able to get around using this without assistance. As a result of this, she was unable to attend her voluntary placement that week.

Without a loan chair, someone who requires a wheelchair can have the independence severely affected and that this could have a particular impact on those in employment who may be unable to attend work as a result.

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.

Those we spoke to offered both positive and negative feedback of repair services. Our school in Cardiff and our Skills Development Centre in Cwmbran both had quite positive experiences. The school has a regular appointment where someone from the ALAC will attend and carry out maintenance on any wheelchairs in need of it while they are there. Given that the vast majority of pupils at the school are wheelchair users, this means there is often work to be carried out.

Similarly, the Cwmbran Skills Development Centre had a similar view. While they did not have a reoccurring appointment in the same way Craig-y-Parc school does, they found that if someone attending to fix one chair, they would also fix any other problems that other service users had. Cwmbran has the same member of staff each time, allowing the individual to get to know the service users and re-occurring problems.

The individual conducting repairs is also able to access detail on the chairs owned by individual service users using their name and date of birth in order to make further arrangements if needed, including referrals for new parts. This process can be completed in two weeks, significantly quicker than a referral to an Occupational Therapist.

“If he’s here and it needs doing, he’ll fix it”
Service Manager, Cwmbran Skills Development Centre

However, other people we spoke to had different opinions of the service. Despite being based just down the road from our Cwmbran Skills Development Centre, our DIAL group in Cwmbran had encountered several problems.

One volunteer there said that the repair service was “very shortstaffed” and that when a repair is needed, the service would not send someone until they were in this area. This caused it to take a while for services to wheelchairs to be booked.

A service user who lives two miles from Maesteg also has to wait for repairs due to his location. He has a reoccurring problem with a footrest on his chair. He has been unable to leave his house for up to a week at a time due to needing repairs, causing him to become very frustrated and having to miss his day service.

A parent we spoke to in Bridgend has had to wait 4-6 weeks to get parts when repairs have been needed to her daughter’s chair. When her daughter started school it became apparent that she would need a headrest as she was using her

chair more. It took 4 months for this to be fitted and only occurred after her paediatrician wrote to ALAS to ensure she received the appropriate head rest.

Given that those based in physical services seemed to receive more timely repairs than those who are based in the community, we believe that ALAS should look at whether arrangements can be made to enable those who have repairs that are needed to visit technicians if they are attending a particular place or service. However, this would need to be arranged so it did not detract from the service received by those in attendance at the facility, or be used as a substitute for visiting individuals in their own homes. This should be seen as supplementary service to enable people to get repairs quicker when needed.

Recommendation 22. We recommend that the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions

The evidence we have seen is that this is currently not occurring. A member of our Face 2 Face group in Bridgend who have requested a review for their daughter received a letter from Cardiff ALAC stating that they have, “received a large number of referrals and unfortunately not everyone can be seen immediately”, “We are currently seeing people that were referred in October 2011” and that their daughter is now on a waiting list.

Their daughter is finding her chair uncomfortable as she has grown significantly since her last review.

An adult that volunteers in one of our services has also had negative experiences. Her chair has broken on several occasions and she believes she is in need of a review, but has not been offered a review in the previous six years. She has been told during previous repairs to her chair that she has not been put forward for a new chair due to funding constraints.

“Life can be difficult enough when you have a child who has special needs and the difficulties we have faced with ALAS have only added to that difficulty.”

Parent, Bridgend

For any additional information or if there are any questions, please contact Matt O’Grady, Senior Policy and Campaigns Officer for Wales on 02920 662406 or matthew.ogrady@scope.org.uk

Mae cyfieithiad Cymraeg o'r ddogfen hon ar gael ar gais.

Health and Social Care Committee

HSC(4)-08-12 paper 5

One-day inquiry on wheelchair services in Wales – Evidence from the Chartered Society of Physiotherapy



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Dear Chair and Committee Members

One-day Enquiry on Wheelchair Services in Wales

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to provide a written contribution to this review.

General introduction

The profession provided written and oral evidence to the review in 2010. Views were sought from clinicians working in the NHS across Wales and in particular views and recommendations were made by physiotherapy staff working in paediatrics, neurosciences and older people's services where clinicians had direct interaction with ALAS services.

To inform this review of progress on wheelchair services the profession has once again canvassed views from clinicians across Wales, responding with views on progress against the recommendations made by the committee.

Key points from the Chartered Society of Physiotherapy

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; joint funding with organisations and individuals; and information on performance targets and monitoring systems.

CSP members did not report that they have had sight of a national service specification but the profession understands that the Posture and Mobility Partnership Board has developed it and it forms part of their 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.

The CSP understands that the National Leadership and Innovation Agency for Healthcare (NLIAH) and the Delivery Service Unit (DSU) have been working with the service to put in place the strategic priorities for service development and delivery. Members from North Wales report an 'ALAS Turnaround Team' followed by meetings with NLIAH. One of the goals of these meetings was to improve the integration of the ALAS service with the community professionals and the 'Team around the Child'. Improvement has been made but members consider more progress is needed. There has been a perception in the past of 'disconnect' between ALAS and the reality of community work with children with disabilities.

The CSP understands that the service priorities, which include Referral to Treatment Guidelines (RTT), are being monitored by ALAS on a 60 day cycle.

Recommendation 3. We recommend that the strategic plan should address the need for better integration of the service with community and other NHS services and with social services.

Members report that efforts have been made here. Since the publication of the first review the paediatric physiotherapy managers held a productive meeting with the manager of ALAS in South Wales to better understand the needs of their patients. This was seen as very useful and it is hoped that such meetings can continue to be a regular occurrence. The CSP understands that a range of joint clinics with paediatric therapists have been organised in the South and in increasingly varied venues in the community.

Members in the North report there has been some change in venues used which has shortened journey times for families and staff from North West Wales. There was praise for the use of the Children's Development Centre in Bangor for joint consultations with local therapists. It was also hoped that the Llanwrst clinic could be used once more which would improve access from Gwynedd and Ynys Mon.

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.

At the time of the last review there was some confusion within the physiotherapy membership around responsibilities and lines of accountability. Physiotherapists now understand that the ALAC services have direct accountability to the Executive Board of the Cardiff and Vale (in the South) and Betsi Cadwaladr (in the North) Health Boards. The Welsh Health Specialist Service Committee (WHSSC) funds, and takes monthly reports from both ALACs and the Posture and Mobility Partnership Board meets quarterly.

The CSP would like to see more information in the public domain in relation to funding and decision making at WHSSC level. The profession understands that whilst additional money was provided by Welsh Government to ALAS, the service was expected to find,

and make efficiency savings. Whilst efforts are being made to bring down waiting times it would appear counter-productive to take money away from ALAS.

Recommendation 5. We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.

Very few members who provided feedback had knowledge of **performance** measures that are being used by ALAS. Most commented on waiting times and others commented on communication with referrers and service users. The main performance indicators relate to the National Service Framework for Children (assessment and delivery) and the RTT target.

The CSP understands that new **quality** indicators have been agreed around:

- Provision of service information
- Providing a quality service (to include qualifications and CPD, assessment, delivery and maintenance and user feedback)
- The care pathway

In relation to taking account of a client's wider needs, South Wales ALAS encourages referring therapists to undertake joint assessment with them so that lifestyle and particular needs can be addressed. The service does stress, however, they are only funded for essential health needs.

Recommendation 6. We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.

No specific comment from the CSP.

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.

The CSP has not had sight of the service specification but does understand that both ALAC services aim to be meeting the Children's NSF target on wheelchairs by the end of March 2012. The challenge for the service will be sustaining the ability to meet targets.

Recommendation 8. We recommend that the Welsh Government ensures 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.

The CSP highlights this was an area of concern in the last review but from the feedback received from members in Wales there has been a perceived improvement in communication for referring therapists with ALAS. Physiotherapists in mental health services report improved dialogue with ALAS, providing them with photographs and additional information on possible usage of the wheelchair.

Although the CSP has not seen a communication strategy the profession understands the ALAS service has worked closely with NLIAH holding events with stakeholders (including

community therapists) and are now involved in a Wales-wide Service User Engagement work stream with three year funding from Welsh Government.

In North Wales, a physiotherapist has been seconded to look specifically at communication with service users and with referrers to the service. A welcome pack has been developed for patients and referring therapists receive better information and access to training.

In South Wales, the CSP understands that a DVD has been developed, currently being trialled, that will provide improved support for the referring therapists.

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.

Members have not provided many examples or issues with this and it is considered that RTT process should mean that service users should have better information on timescales. ALAS will contact service users to confirm they are happy to accept appointments. Emergency call out service is in place and emergency repairs are carried out within 24 hours, according to ALAS.

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.

Members in North Wales were not aware of developments in this area. South Wales ALAS reported they had met with (British Red Cross) to review closer working opportunities. They have also developed a drop-in clinic to improve access to timely re-assessment and repairs.

Recommendation 11. We recommend that the Welsh Government should conduct an assessment of the long-term resource needs of the service, giving particular consideration to the 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.

The CSP has heard from members that waiting times have improved and it would appear that work done in North Wales has cleared the backlog. The CSP understands capacity and demand analysis has been undertaken and in both ALACs new systems have been put in place to bring about sustainable change.

RTT requires particular information on waiting times and North Wales ALAS now has a new information system that has been up and running since December 2011.

South Wales ALAS told the CSP it is undertaking work to introduce an off line working system which will enable staff to review and input data off site, releasing more clinical time.

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

Members report meetings with ALAS staff, training and joint clinics. The All Wales Paediatric Physiotherapy Service Managers met with the Head of South Wales ALAS and a senior staff member to discuss issues and ways to improve the experience for the referrer.

The CSP has not seen the service's strategic plan so cannot comment further on this.

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.

Members report still using paper based referral systems at the moment but within the NLIAH 60 day review process there has been a referrals work stream which has had the aim of developing an improved referral form which will be consistent across South and North Wales.

It would appear that ALAS is concentrating on getting the referrals that come in to them to be of a better quality rather than moving to a web based resource. Time and effort, at this stage, has been spent on sharpening up the referral but the CSP understands ALAS will be moving on to look at electronic referrals.

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.

The CSP is pleased to note that staffing levels in the ALAS has increased as a result of the investment made in the service. At the time of the original review, the CSP lobbied hard to increase the pool of therapists with level 3 assessment skills.

NLIAH has supported the service in conducting capacity and demand analysis and funding has also supported administrative posts which in turn have freed up clinical time. So, whilst there may not be an increased capacity of community therapists trained to level 3, the capacity overall has increased.

ALAS have explained to us that to be trained to level 3 is complex and requires detailed knowledge of a wide range of seating solutions, accessories and products. Assessors need to maintain their knowledge and be safe prescribers. Where they deal with community therapists regularly they have developed a 'trusted assessor' relationship and they will accept prescriptions from these therapists.

Trusted assessors may have worked in ALAS or have been in a rotational post based in ALAS and thus have built up the expertise and knowledge.

The 'All-Wales' training manager has trained over 1000 nurses and therapists to level 1 standard over the last 2 years. A neuro clinical specialist physiotherapist reported she had requested level 1 training for specialist nurses and this was delivered and has subsequently vastly improved the quality of referrals. It has also raised the awareness of

multidisciplinary team members of when to refer for new wheelchairs and when review appointments are required.

The physiotherapists who work in South Wales ALAS tell the CSP that the amount of equipment specific information regarding the products on the contract is staggering. They comment that the recommendation needs careful consideration regarding the practicalities and possible clinical governance implications.

Recommendation 15. We recommend that, as a matter of urgency, the Welsh Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.

No specific comment from the CSP.

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.

The CSP does not know of any specific policy on this at the present time but understands that local agreements are being developed.

This is an area that will need further development and communication with service users and local referrers.

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.

No specific comment from the CSP.

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.

CSP members tell us that the British Red Cross take on short term loans. A Paediatric physiotherapist in North Wales noted that they usually have no children's size chairs. South Wales ALAS reported to us that assessment training has been provided to the British Red Cross. The CSP cannot comment on whether it is adequately resourced.

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.

No specific comment from the CSP.

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.

South Wales ALAS has brought the approved repairer service in house and has made a range of changes such as 'one stop' clinics at the depot, weekend clinics at the depot, a delivery driver and a fitter based in West Wales.

Members in North Wales report that repair services are good but there is no regular maintenance.

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.

The CSP understands that ALAS has undertaken this and NLIAH are supporting a 3-year Welsh Government user engagement work stream which will provide a valuable opportunity for service users and their families to shape improvements in the future.

Recommendation 22. We recommend that the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions.

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. The CSP understands that once the capacity and demand analysis in North Wales ALAC has been completed regular reviews for paediatric service users will be undertaken.

In the South, the CSP understands that regular reviews are in place for Rehabilitation Engineering Unit service users because of the complexity of the client's condition. Adults are reviewed once a year and children are reviewed twice a year.

Recommendation 23. We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.

The CSP understands that funding has been allocated to support training of some service users and a tender is being developed in conjunction with NLIAH to provide training across Wales.

Concluding comments

Overall, member feedback to the CSP reports improvements in services and dealings with ALAS for the referring physiotherapists. There still seem to be a few issues but opportunities exist to raise these with ALAS and look for solutions.

Communication remains the key area where continued development will improve the experience of those referring in to the service.

Re-assessment and review, particularly for children, is on the agenda for continued development and training for service users is also under consideration. These were areas of concern raised by the CSP in the previous review.

The CSP notes that both ALAS services expect to achieve the Children's NSF target by the end of March 2012. The key issue then will be sustaining that target and continuing to make improvements in waiting times for adults. The profession hopes that the Committee will keep wheelchair services on the agenda and ask the Welsh Government and WHSSC for regular updates.

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March 2012

About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents over 2,000 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost-effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

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February 2012

This submission has been developed with contribution from:
The All Wales Physiotherapy Managers Committee
The All Wales Children and Young People's Physiotherapy Service Managers Committee
The Welsh Neuro Physiotherapy Network
The Welsh Paediatric Physiotherapy Network
The Welsh Older People's Physiotherapy Network



Health and Social Care Committee

HSC(4)-08-12 paper 6

One Day Inquiry on wheelchair services in Wales – Evidence from the College of Occupational Therapists

Introduction

The College of Occupational Therapists is the professional body for occupational therapists and represents around 28,000 occupational therapists, support workers and students from across the United Kingdom and 1,500 in Wales. Occupational therapists work in the NHS, Local Authority housing and social services departments, wheelchair and prosthetics services, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupation, i.e. all the things that people do or participate in, is fundamental to the health and wellbeing of individuals. Occupational therapists work with wheelchair users and their families and carers to enable them to take control of their lives. Wheelchairs, specialist buggies and other assistive equipment are key in enabling people live full and independent lives and participate in their communities.

Occupational therapists from all over Wales have contributed to this response.

General Comment

The College is aware that the posture and mobility service has undergone significant change. Much of this work has focused on developments in service priorities and in processes which will result in fundamental change as they are implemented but may take a while to show effect in practice. Occupational therapists are now beginning to report significant improvements and developments in wheelchair services across Wales and this review is occurring just as the all the changes are taking effect; in another few months the fundamental impact of change will be clearer. It will be important that the Welsh Health Specialist Services Committee (WHSSC) and host Local Health Boards continue to support the new posture and mobility service to sustain these improvements in the coming years.

Many occupational therapists report a significant reduction in waiting times for assessments and in the provision of children's wheelchairs.

Specific comments



National Service Specification and Strategic Plan

The College understands that significant work has been undertaken to develop this and that strategic priorities for the service are being articulated. Occupational therapists have been included in the development of these priorities and in providing feedback to the service. These will now need to be implemented and communicated.

The College assumes these service priorities will be common for the whole service and that although remaining within two separate health boards, they and or WHSSC will be responsible for an overview to monitor performance against the priorities. This will help service users experience a common standard regardless of which centre provides that service.

Integration with community and other NHS services and with social services

Occupational therapists are beginning to see improvements in this area. Regular meetings now occur with groups such as the paediatric occupational therapy managers. It is our understanding that the initial focus of ALAS' work has been on reducing waiting times for assessments and wheelchairs. The required improved communication with social services and other agencies will be the next stage of work. This is a complex area and good communication and liaison systems will be needed to ensure that when an adaptation is required to facilitate the use of a wheelchair that concurrent referrals, for example to social services for adaptations, are made to reduce delays and maximise the effectiveness of outcomes. Not all referrers are aware of the need to do this and omissions may only become apparent once someone is seen by ALAS staff. As waiting times continue to reduce and communication is improved this should become less of a problem. Some referrer education may also help. The College has discussed this with the wheelchair service and are pleased to learn that the intention is to develop clear pathways to create better integrated working.

Performance measures should focus on outcomes for users, taking account of their wider needs

Some occupational therapists have reported that there are times when the complexity of the postural need results in a chair that does not facilitate good participation in activity. For example, it is difficult to transfer independently because of fixed footrests, or the chair is too big to use in the family car. However, the wheelchair service is developing new protocols to enable service users to prioritise their needs to find a solution to fit their lifestyle where those choices do not increase long term health problems. As this way of working develops and becomes more widespread there should be greater co-production of good solutions because service users, families and health professionals have been part of the decision making process.

Waiting times

Occupational therapists report a significant change within the last few months.



The posture and mobility service report that 95% of standard chairs in South Wales are delivered within five days of ALAS receiving the item and 97% in 21 days in North Wales. Waiting times for assessment for children is within six weeks. There are still some long waits for complex solutions. However, where appropriate short term loans are used. For those whose needs cannot be met except by the complex solution, which can take a long time to produce, the service is beginning to communicate processes and options so that people understand reasons for decisions.

The additional money for children's wheelchairs has been vital in increasing capacity. It will be important to sustain this. The service is also changing working patterns to create capacity and this has meant more timely assessments and the capacity to begin reviewing children's needs.

Communication

Communication is improving so that people are beginning to see why they are waiting and when they might receive their chair. Therapists report that quicker responses to referrals are beginning to occur and ALAS report they invite community therapists to joint appointments. Some therapists would like to see the possibility of tracking requests online so that they are able to monitor where in the process they are, but priority so far has rightly been given to reducing waiting times over new communication developments.

The new service will need to effectively communicate its plans for change to the wider group of health and social care professionals as well as communicating specifically on the progress for delivering specific service users chairs.

Number of community therapists trained to undertake Level 3 assessments

1,000 nurses and therapists have been trained to level 1 standard over the last two years. The use of year long rotations of staff into the service has also increased knowledge levels in community and hospital therapy services. The increased capacity in the service has reduced waiting times for all assessments, which has released ALAS staff with specialist expertise to assess people with complex needs themselves. So although the number of community therapists trained to level three has not increased this alternative solution has provided a quality outcome for those previously waiting for an assessment. It will be important to ensure that this level of waiting time is maintained in the long term. The work on the service priorities and further change in referral, emergency responses, review and evaluation processes will embed these improvements in the new service.

Joint funding and working

The College understands from the posture and mobility service that this is being developed with charities and local authorities. Local protocols are being developed and individuals are now allowed to fund "extras" provided that ALAS staff are sure these do not compromise the effectiveness of the core provision.



Joint funding with continuing care funding is already happening and that is making a difference for service users.

Maintenance and repair

The College received some mixed comments about this. Where therapists have experienced the new system they report that the changes to the maintenance and repair service are good. Not all therapists or clients have yet experienced the new system and thus awareness is lagging behind the new developments. Those who have not, still report concerns from their previous experience.

Regular reviews for users are delivered, particularly for children

ALAS has told the College that from October 2011 every child will be reviewed annually. We welcome this development and support the changes made by the service to create this capacity. Because this is new, not all service users and therapists are yet aware of this process. As it becomes established, we expect satisfaction and confidence with the service to rise. It will be vital that this new capacity and quality of service is maintained and the investment in the service will need to be protected in the difficult times facing all public services.

Conclusion

The investment and strategic support for the new posture and mobility service will deliver high quality service improvements. Such fundamental change in service provision always takes time to implement and this review is occurring just as the service starts to implement real improvements. Therapists are beginning to see the effects of this change and their satisfaction is increasing and service user outcomes are improving. However, not everyone has yet experienced them. Another three or four months should see more widespread impact.

The danger is that in these difficult financial times the service will face reductions in resources that undermine the excellent work which is beginning to make such a difference

Health and Social Care Committee

HSC(4)-08-12 paper 7

One-day inquiry on wheelchair services in Wales - Evidence from the British Red Cross

Short Term Standard Wheelchair Services in Wales

1. **Background** For many years the British Red Cross [BRC] in Wales has lent medical equipment for short periods of time as a charitable service, and the main items being lent have been standard wheelchairs for both adults and children. Over the past 6 years, however, the number of wheelchairs being lent has increased very significantly [from 4,996 in 2010 to 5,997 in 2011 - a 20% increase over the year], and the overall deficit to BRC budgets has steadily increased [Budget deficit for 2011 was forecasted to be in excess of £300,000]. Accordingly the BRC made representation to the Welsh Government and the NHS in Wales as to the untenable and financially unsustainable situation concerning the future of this service.

2. **Introduction** As a result of the representation made, this short paper addresses the recommendations made in 2010 concerning the provision of a short term standard wheelchair service in Wales. In so doing it takes forward specifically the recommendations of the National Assembly for Wales, Health, Wellbeing and Local Government Committee¹, and the All Wales Posture and Mobility Review². For easy reference the recommendations, as germane to Short Term Standard Wheelchairs were:

a. Health, Wellbeing and Local Government Committee

- 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.
- 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

¹ Report on Inquiry into Wheelchair Services in Wales May 2010

² Phase Two Date: October 2010

- 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.
- 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.

b. All Wales Posture and Mobility Review

- There are no forecasts of the number of potential users if the service was freely available to all.
- There are no standard eligibility criteria for short term wheelchair loans;
- The definition of “short term” varies from organisation to organisation;
- There needs to be clarity in signposting to the service as it is unclear from where wheelchairs can be obtained and how this service is accessed;

3. Way Forward

It was recognised that progress could be made prior to publication of the report in the area of STWL’s and a meeting was arranged in September 2010 with representatives invited from the ALAS, BRC (Wales), NLIAH, other NHS bodies and WAG. The key areas the group decided to initially concentrate on were to:

- Look into picking up each other's equipment from users if possible, thereby saving time, fuel and improving turnaround times.
- The sharing of training.
- Consider purchasing arrangements to see if we could negotiate a better deal with suppliers for BRC and ALAS.
- Do some work on facilitating information sharing as initiatives were taken forward.

Significant progress has been made with these initiatives and much closer collaboration between the ALAS and BRC has ensued. To take the recommendations the paper “Developing a protocol between NHS Wales and the British Red Cross in Wales” has been presented by the BRC and accepted as a way forwards. In essence this paper takes forward the recommendations under two strands of work:

- The BRC to retain the status quo [Delivery from 11 sites in Wales] and to provide an enhanced short term wheelchair service in pilot sites and collect data to address the recommendations/data requirements above. Initially these

enhanced pilot sites will be the Local Health Boards areas of Hywel Dda, Aneurin Bevan, and Betsi Cadwaladr.

- To continue and improve further cooperation and joint working ALAS/BRC and examine interfaces and the potential for efficiencies and improving the patient experience.

4. **Pilot Sites** In 2011/12 the BRC have agreed with the LHB's of Hywel Dda, Aneurin Bevan, and Betsi Cadwaladr to enhance the current service provision in those locations as pilot projects. Work has started on the following:-

- collection of statistics of wheelchair loans by LHBs;
- producing a set of draft Eligibility Criteria for discussion and eventual inclusion in a model Service Specification which will be available to all LHBs when the national roll-out takes place;
- working towards agreeing a definition of "Short Term" loan.

Since April 2011 KPI data concerning waiting times has been collected by BRC across all LHB areas in a common format and of the 4,950 wheel chairs loaned in the 9 months from April to December 2011 only 94 Service Users (1.9%) did not receive their equipment within 3 days.

5. **ALAS/BRC Cooperation** The ongoing work by the Short Term Wheelchair Loan Group remains a fundamental building block for the future partnership working with ALAS. Work currently being undertaken by the Society will continue to refine the methods of data capture such that it consistently and accurately reflects existing levels of service and so provides a sound base for more accurately predicting future demands. This will be especially important in understanding accurately the proportionality of referral pathways, and the seamless data sharing arrangements with ALAS.

This work is expected to lead to economies and far better MIS information resulting in:

- The exchange of basic data to identify shared Service Users ensuring they receive appropriate equipment and do not rely on the STWS
- Methodologies for enhancing the patient experience when they are shared Service Users i.e. Service Users who use a BRC wheelchair prior to taking delivery of a permanent ALAS chair [Moving from 4 journeys and 2 chairs to a single chair and only two journeys]
- The possibility of common stock purchase arrangements
- Rationalisation of delivery/collection transport arrangements - BRCS and ALAS are already collecting each other's equipment for return where this is appropriate
- The possibility rationalising of storage facilities
- Sharing of training - BRC medical loan staff have received training from ALAS on the assessment of Service User requirements

- Sharing of beneficiary impact measurement tools

6. **Finance** As identified the projected shortfall in funding by the BRC for this service in 2011 was in excess of £300,000 and this is predicated also on the level of donations and small amounts of LHB/LA funding being protected. In order to facilitate the 2010 recommendations (Para 2 above) the Welsh Government have put provision in place to fund the BRC £100,000K per annum from 2011 – 2014 this will both limit the BRC deficit whilst facilitating also the pilot schemes.

7. **Next Steps** The BRC will continue to engage with LHB's to move forward with pilot arrangements in order to produce a method of joint working resulting in an overall improvement in service delivery which can be demonstrated. The "Best Practice" resulting from this can then be incorporated in a Model Service Specification available to all LHBs to adopt if desired.

The BRC will also continue to refine data collection methodology to assist both BRC and the NHS (Wales) in understanding the Short Term Loan "business" – e.g. the number of loans issued to reduce DTOC.

The Society will also be reviewing stock holdings with a view to "pooling" stocks so that temporary shortages in one area can be remedied by transfers from another.

8. **Conclusions** In overview the BRC would acknowledge the huge progress made on this subject in the past 24 months especially given a very long problematical history. On a very positive note the programme of cooperation with ALAS especially continues to bear fruit.

J A Collins
Director Wales

March 2012

Health and Social Care Committee

HSC(4)-08-12 paper 8

Inquiry into venous thromboembolism (VTE) prevention in hospitalised patients in Wales - Suggested Terms of Reference

Introduction

The Committee agreed at its meeting on 2 February 2012 to launch an inquiry that focuses on venous thromboembolism (VTE) prevention. VTE is a very serious condition and can be acquired in a community or hospital setting. It is estimated that two thirds of thrombosis deaths are caused by hospital-acquired thrombosis and therefore this will be the focus of the Committee's inquiry.¹

The purpose of this paper is to present the Committee with some background information, suggested terms of reference and suggested witnesses with regard to an inquiry into venous thromboembolism prevention in hospitalised patients in Wales.

This briefing has been produced by the Research Service for use by the Health and Social Care Committee.

For further information contact Victoria Paris in the Research Service
Telephone ext. 8678
Email: victoria.paris@wales.gov.uk



Research
Service

¹ Lifeblood: The Thrombosis Charity, Public, [Blood clots affect all ages](#) [accessed 23 February 2012]
Enquiry no: 12/0570/ Victoria Paris

Background information

Venous relates to veins and **thrombosis** is a blockage of a blood vessel by a **thrombus** (a blood clot). When a thrombus dislodges from where it is formed, travels through the venous system and lodges itself in an artery causing a blockage, this is called an **embolism**. Venous thrombosis can form in any part of the venous system but **deep vein thrombosis (DVT)** (the formation of a thrombus in the deep veins of the body, usually the leg) and the thrombus then dislodging itself from the leg and travelling through the venous system to lodge itself in the lung to cause a **pulmonary embolism (PE)** is the most common. The **collective term for DVT and PE is venous thromboembolism (VTE)**.

Prevalence of venous thromboembolism

VTE is a **major cause of death** and it is anticipated that the **number of cases of DVT and PE will increase** as a result of the ageing population and the increased exposure to risk factors for VTE (such as surgery, long distance travel, increasing levels of obesity etc). Presently it is estimated that:

- Up to one in every 1,000 are affected by venous thrombosis in the UK each year.
- Around one in every 1,000 women develops thrombosis during pregnancy, which can lead to related long-term health problems.
- One in three surgical patients can develop a DVT if no preventative measures (prophylaxis) are given.
- Approximately 50 per cent of people who have DVT will go on to develop PE.
- PE following DVT in hospitalised patients causes between 25,000 and 32,000 deaths in the UK every year – this exceeds the combined total of deaths from breast cancer, AIDS and traffic accidents. ²
- In patients who survive an initial episode of VTE, it is estimated that up to 30 per cent of patients will suffer a recurrence (DVT and/or PE) within 10 years.
- Over 20 per cent of patients who suffer an episode of VTE are also at risk of developing long-term complications in the form of post-thrombotic syndrome (a painful and potentially disabling condition associated with the development of leg ulcers which are persistent and difficult to heal) within 10 years.³

² House of Commons, Health Committee, HC99, [*The Prevention of Venous Thromboembolism in Hospitalised Patients*](#), February 2005 [accessed 22 February 2012]

³ Lifeblood: The Thrombosis Charity, Professional, Hospital-based Health Professionals, About VTE, [*Incidence of VTE*](#) [accessed 22 February 2012]



Guidance

In February 2005 the **House of Commons Health Committee** published their report *The prevention of venous thromboembolism in hospitalised patients*⁴. This report highlighted the substantial number of deaths attributable to VTE and that the benefits of thromboprophylaxis (a measure taken to prevent thrombosis) were not being effectively implemented in the UK. Following the publication of the report the **National Institute for Clinical Excellence (NICE)** were commissioned to produce guidelines for all hospitalised patients, not just the surgical guidelines they were working on at the time. In April 2007 NICE published the *Venous thromboembolism: reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in inpatients undergoing surgery (CG46)* guidance and in January 2010 this was replaced by the *Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital (CG92)*⁵. The CG92 guidance makes recommendations on assessing and reducing the risk of VTE in hospitalised patients, including the **recommendation that a risk assessment should be done on all hospital admissions**, and offers guidance on the most clinically and cost-effective measures for VTE prophylaxis in these patients.

In 2010 the thrombosis charity **Lifeblood Wales and 1000 Lives Plus** launched a programme which encouraged hospitals across Wales to use a simple checklist when risk assessing patients for blood clots. The **Risk Assessment Tool** enables teams to carry out a thorough evaluation of a patient's risk of developing a blood clot by looking at a number of issues, including a family history of DVT, obesity etc, and then once assessed the appropriate form of prophylaxis can be decided upon.

⁴ House of Commons, Health Committee, HC99, [*The Prevention of Venous Thromboembolism in Hospitalised Patients*](#), February 2005 [accessed 22 February 2012]

⁵ NICE, CG92, [*Venous thromboembolism: reducing the risk: Reducing the risk of venous thromboembolism \(deep vein thrombosis and pulmonary embolism\) in patients admitted to hospital*](#), January 2010 [accessed 22 February 2012]



Suggested Terms of Reference

The purpose of this session is:

- To examine the implementation of the National Institute for Clinical Excellence (NICE) guidance and the 1000 Lives Plus risk assessment tool across Wales and its adequacy and effectiveness in preventing venous thromboembolism (VTE) in hospitalised patients.

The Committee will also consider the effectiveness and utilisation of pharmacological and mechanical prophylaxis for VTE and where there are particular problems in the implementation and delivery of VTE prevention actions.

*Please note that this inquiry will focus on the prevention of **hospital acquired** thrombosis only.



Witnesses

It is suggested that the Committee takes evidence from the following:

- Public sector bodies e.g. Welsh NHS Confederation and Public Health Wales;
- Professional bodies e.g. Royal College of Nursing Wales, Welsh Orthopaedic Association, Royal College of Physicians, Royal College of Obstetricians and Gynaecologists;
- Third sector organisations e.g. Lifeblood: The Thrombosis Charity, 1000 Lives Plus, All-Wales Thrombosis Group.

Members might also wish to seek written evidence from interested parties in addition to the general call for evidence.

At the end of the meeting a private session will be scheduled for Members to consider the evidence received and agree what action to take. Members may decide to hold a further session where they can take oral evidence from the Minister for Health and Social Services and/or the Chief Medical Officer for Wales and further relevant stakeholders.

Agenda Item 4

Health and Social Care Committee

Meeting Venue: **Committee Room 1 – Senedd**

Meeting date: **Thursday, 23 February 2012**

Meeting time: **09:15 – 12:00**

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



This meeting can be viewed on Senedd TV at:

http://www.senedd.tv/archiveplayer.jsf?v=en_200002_23_02_2012&t=0&l=en

Concise Minutes:

Assembly Members:

Mark Drakeford (Chair)
Mick Antoniw
Rebecca Evans
Vaughan Gething
William Graham
Elin Jones
Darren Millar
Lynne Neagle
Lindsay Whittle
Kirsty Williams

Witnesses:

Prof. John Bolton, Institute of Public Care, Oxford Brookes University
Julie Jones, Social Care Institute for Excellence
Ruth Marks, Older People's Commissioner for Wales
John Moore, My Home Life Cymru
Tom Owen, My Home Life
Sarah Stone, Deputy Older People's Commissioner for Wales
Alun Thomas, Office of the Older People's Commissioner for Wales

Committee Staff:

Meriel Singleton (Clerk)
Catherine Hunt (Deputy Clerk)
Stephen Boyce (Researcher)

1. Introductions, apologies and substitutions

1.1 Apologies were received from Kirsty Williams. There were no substitutions.

2. Inquiry into Residential Care for Older People – Evidence from the Older People's Commissioner for Wales

2.1 The witnesses responded to questions from members of the Committee on residential care for older people.

2.2 The Commissioner agreed to share with the Committee research on whistle-blowing when available.

2.3 The Committee agreed to write to the UK Government to ask about progress on encouraging a UN convention on the rights of older persons.

3. Inquiry into Residential Care for Older People – Evidence from the My Home Life programme

3.1 The witnesses responded to questions from members of the Committee on residential care for older people.

4. Inquiry into Residential Care for Older People – Evidence from the Social Care Institute for Excellence and the Institute of Public Care

4.1 The witnesses responded to questions from members of the Committee on residential care for older people.

4.2 Prof. Bolton agreed to provide a copy of research undertaken by Prof Andrew Kerslake (Institute of Public Care) into the health triggers that can lead to an individual entering residential care.

4.3 The Committee requested a copy of a report by the Association of Directors of Social Services in England on a financial analysis of Four Seasons Health Care.

5. Papers to note

5.1 The Committee noted the papers.

6. Motion under Standing Order 17.42(vi) to resolve to exclude the public from the meeting for item 7

6.1 The Committee agreed the motion to exclude the public from the meeting for item 7.

7. Public health implications of inadequate public toilet facilities – Consideration of summary of evidence

7.1 The Committee discussed and agreed the summary of evidence it had received on the public health implications of inadequate public toilet facilities.

TRANSCRIPT

View the [meeting transcript](#).

Health and Social Care Committee

HSC(4)-08-12 paper 9

EU Directive on patients' rights to cross-border healthcare

At the Committee's meeting on 25 January Mick Antoniw AM asked for further information on the EU Directive on the application of patients' rights to cross-border healthcare, which was adopted in April 2011.

As noted in the background briefing for the Committee's meeting of 8 December the European and External Affairs Committee during the 3rd Assembly undertook an [inquiry](#) at the beginning of 2009, taking evidence from Welsh stakeholders. No work has subsequently been taken on this dossier by any of the Assembly's Committees.

NHS European Office briefing

The NHS European Office, which is a part of the NHS Confederation, prepared a detailed briefing on the new Directive in May 2011¹, running through the main points of relevance to the NHS in England (in particular). Members have been provided with a copy of this briefing note and are referred to this for the detailed overview of the directive and potential implications to the NHS.

The rest of this note provides a quick overview of some of the main elements of the new Directive.

Background context

The right of patients to receive healthcare in another European Union (EU) member state, and to be reimbursed by their own healthcare system, has been established by several decisions of the European Court of Justice.

The new Directive is intended to clarify how this right is implemented in practice. This legislation applies to those who choose to seek treatment abroad; the European Health Insurance Card (EHIC) scheme will continue to apply for people who require urgent treatment when visiting another EU country.

Main elements

Under the Directive:

- patients can only receive healthcare abroad that they would be entitled to receive under the NHS;
- patients will be reimbursed for the cost of this healthcare up to the amount that their treatment would have cost the NHS to provide. There is no requirement for the NHS to pay travel or accommodation costs;
- the NHS will have the option of introducing a system of prior authorisation for patients seeking planned treatment abroad, but may only refuse this authorisation in a limited set of circumstances.

¹ NHS Confederation (European Office), [Patient choice beyond borders – Implications of the EU Directive on cross-border healthcare for NHS commissioners and providers](#), [accessed 13 February 2012]

Regarding prior authorisation, the NHS Confederation's European Office have highlighted the following:

...It is important to emphasise that authorisation cannot be refused where a patient is experiencing 'undue delay' in receiving treatment under the NHS. While there is no formal definition of 'undue delay', the European Court has stressed that judgments must be based on a clinical assessment of what is a medically acceptable period for the individual clinical circumstances of the patient, and that this assessment needs to be kept under review while the patient is waiting for treatment. Significantly, the European Court has said that offering treatment within a national waiting time target does not necessarily avoid 'undue delay'.

Transposition

The Directive must be implemented in the UK by October 2013. Until the Directive is implemented, existing rules on cross-border healthcare remain in force:

...The *National Health Service (Reimbursement of the Cost of EEA Treatment) (Wales) Directions 2010*² provides for a legal framework relating to prior authorisation for, and reimbursement of, costs of a patient's healthcare in a Member State of the European Economic Area (EEA) other than the United Kingdom. These regulations, which apply in England and Wales, follow on from guidance³ issued by the Welsh Government to the NHS in Wales in 2007 (in tandem with Department of Health guidance to the NHS in England) to assist NHS bodies in handling requests for patient mobility.

Actions within Wales

To date the Welsh Government has made no statements on the new Directive and how it will be transposed in Wales.

² *National Health Service (Reimbursement of the Cost of EEA Treatment) (Wales) Directions 2010*, 2010/915 [accessed 13 February 2012]

³ Welsh Health Circular, WHC (2007) 044, *Advice to Local Healthcare Commissioners on Handling Requests for Hospital Care in other European Countries following the ECJ's Judgment in the Watts case*, 24 May 2007 [accessed 13 February 2012]



EU Policy Update (EU2012.03):

Modernising EU Professional Qualifications Directive

Updated: 17 February 2012

Summary of main points in proposals

Introduction

On 19 December 2011 the European Commission ('the Commission') published proposals for revisions to the 2005 EU Directive on professional qualifications.¹

The primary aim of the revisions is to help stimulate mobility of professional workers across the EU by removing barriers to movement. The proposal is one of 12 actions of the **Single Market Act** published in April 2011, aimed at strengthening the EU single market.

The Directive applies to 'regulated professions' within the EU, of which there are around 800 categories. 'Regulated profession' are those where practice of the profession is contingent on first undertaking certain 'recognised' professional qualifications/training.

The Commission is not proposing a new Directive but instead seeks to revise the 2005 Directive.²

Summary of the main elements

The main changes proposed include:

- **Creation of a European Professional Card:** to make it possible for easier and quicker recognition of qualifications and facilitate temporary mobility. It would take the form of an electronic certificate, allowing the professional to provide services or

become established in another Member State. The Commission launched an expert group on this idea in January 2011, which met six times during 2011, and followed this up with a Green Paper in June 2011.³ The European Professional Card would be implemented through the existing **Internal Market Information System (IMI)**, a system for exchanging information between Member States.

- **Rules on language skills:** the proposal clarifies that checking of language knowledge of a professional should take place only after the host Member State has recognised the qualification. In the case of professions involving patient safety, competent authorities can carry out the language examination if it is requested by the national healthcare system or by national patients' organisations, in particular in the case of self-employed health professionals.
- **Alert mechanism for health professions benefiting from automatic recognition:** competent authorities of a Member State to be required to inform (via the IMI described above) the competent authorities of all other Member States about a health professional who has been prohibited from exercising their professional activity. This obligation applies only to health professionals benefiting from automatic recognition (doctors, nurses, midwives, dentists, pharmacists, veterinary surgeons). Other professions are covered by the alert mechanism already existing in the Services Directive.
- **Modernisation of harmonised minimum training requirements:** proposes some changes in the definition of the minimum training requirements for the professions benefiting from automatic recognition, in particular for doctors, nurses,

¹ COM(2011)883 See [DG Internal Market web-site](#)

² Directive (2005/36/EC) See [DG Internal Market web-site](#)

³ See [DG Internal Market web-site](#)

midwives and architects:

- **Doctors:** medical education should be based on 5,500 training hours, reached within a minimum of five years. Possibility for Member States to give partial exemptions to specialist doctors willing to follow a second specialist training.
 - **Nurses and midwives:** upgrade the entry level to nursing / midwifery training from 10 years to 12 years of general education. The proposal would not require Member States to introduce university training for nurses and midwives. Nurses or midwives who have started their training before the entry into force of the new Directive would still benefit from automatic recognition.
 - **Architects:** training of 6 years, to include either 1 or 2 years supervised practical experience in addition to the university training.
- **Ensuring compliance with minimum training requirements:** Member States to designate a national body in charge of examining the compliance of new diplomas with the minimum training requirements defined in the Directive (for the **seven 'sectoral' professions:** doctors, nurses, midwives, dentists, pharmacists, veterinary surgeons and architects).
 - **Mutual evaluation exercise on regulated professions:** Member States to provide a list of their regulated professions and justify the need for regulation. Follow up mutual evaluation exercise facilitated by the Commission.

Timing and legislative process

In October 2011 the European Council called for political agreement by the end of 2012 on the 12 initiatives identified in the Single Market Act, including the proposed revisions to the 2005 Professional Qualifications Directive. This view was endorsed by the European Parliament in its report of November 2011.

Background context to proposal

The proposals are the result of a review of the 2005 Directive (2005/36/EC) on the recognition of professional qualifications. The Commission carried out a public consultation on the existing Directive at the beginning of 2010, and followed this with a second consultation on a **Green Paper** published in June 2011, which closed in September.⁴

As has already been noted, the revision to the Directive is one of 12 initiatives identified in the **Single Market Act** published in 2011. Re-launching the Single Market is one of the core priorities of the EU, which the UK Government strongly supports.

Relevance to Wales

The mobility of professionals across EU Member States, particularly in the health professions, is an area of interest to Wales.

Currently the UK Government has reserved powers over certain aspects of the medical profession and the health care system, such as the regulation of doctors by the General Medical Council, the regulation of pharmacists and pharmacy technicians through the General Pharmaceutical Council, the regulation of nurses and midwives through the Midwifery Council and the immigration policy which impacts on overseas doctors and medical students. However, the Welsh Government is responsible for service delivery and therefore the training, recruitment, contracts, incentives and working environments often differ between the UK and Wales.

The National Leadership and Innovation Agency for Healthcare (NLIAH) supports the Welsh Government in the planning and delivering of workforce requirements, both in terms of numbers and skills, and is critical to the delivery of key strategic objectives as set out in *Designed for Life, Designed to Deliver*, *Designed to Work* and *Together for Health* agendas.

⁴ The European Commission received over 400 responses, including a number from the UK. See **European Commission web-site**.

On 1 February 2012 the Welsh Government launched a campaign to encourage more doctors to apply to work in Wales.⁵ There have been reported problems in parts of Wales and the UK in attracting doctors, particularly in certain specialties such as emergency medicine, psychiatry and paediatrics. The Minister for Health and Social Services has also asked Welsh Government officials to look positively at recruiting more from the EU to help address recruitment issues.⁶

The **General Medical Council**, which has responsibility for registering doctors to practise medicine within the UK (including Wales), has expressed concern that some doctors from the EU do not have sufficient language skills to practice in the UK, and that some do not have clinical competence to practice. The revisions to the Directive aim to clarify safeguards to address concerns in this area.

The **NHS Confederation's European Office**⁷ welcomes a number of elements of the Commission's proposals. However, it has expressed concerns about the European Professional Card, is calling for rules on language checks to be strengthened, and for regulators to be able to warn each other about all disciplinary sanctions including those short of suspension or exclusion from the professional register in a Member State.

UK Government position

The UK Government published an Explanatory Memorandum (EM)⁸ on 12 January 2012 setting out its reaction to the Commission's proposals.

The UK Government EM broadly welcomes the changes proposed to the existing Directive. It notes that the proposed revisions include a number of suggestions made by the UK Government and other interested parties from the UK. It is particularly

⁵ Welsh Government, News Release, **New Drive to attract more doctors to Wales**, 1 February 2012 [accessed 10 February 2012]

⁶ National Assembly for Wales, Health and Social Care Committee, **RoP [para 68]**, 25 January 2012 [accessed 20 February 2012]

⁷ See **European Briefing 8 February 2012: NHS European Office**

⁸ Available on the UK Cabinet Office web-site

pleased that the proposed revisions to the Directive include asking Member States to check that their regulation of included professions is proportionate and necessary, and that these are reported to the Commission.

The UK Government also welcomes a number of other aspects in the Directive, but believes they need further clarification. These include:

- **Language testing**, although concerns of the UK health regulators have been partially addressed, the UK Government feels that the text in the Directive needs to be explained further to make clear the full implications of the proposed changes.
- **Ensuring that approving applications for the European Professional Card lie with the host competent authority**, and making the timescale for approving applications more realistic.
- Many of the proposals allow the Commission to enact frameworks for individual professions, or create specific guidelines in areas such as data protection. **The UK Government is looking to ensure that procedures linked to these mechanisms include clearer obligations on the Commission to consult with Member States and stakeholders where appropriate.**

Welsh Government position

As some of the issues covered by the Directive are devolved matters, the Welsh Government was consulted in the preparation of the UK Government's EM along with the other devolved administrations.

However, there are currently no details concerning the Welsh Government's views on the proposals. The Welsh Government did not submit a response to the public consultation held in the summer of 2011.

Progress of dossier in EU institutions

This section will be updated as the negotiations take place in Brussels and the official positions of the EU

Institutions become clear.

Monitoring the dossier

This proposal will be adopted through the 'ordinary legislative process' (co-decision), which requires agreement by the European Parliament and the Council of Ministers (i.e. Member State governments) on the final text, with the Commission acting as broker.

The progress of the dossier through the EU decision-making process can be followed on two web-sites:

- **European Parliament's Legislative Observatory**
- **European Commission's Pre-Lex web-site**

Note: these pages will contain information on the broad EU level discussion, but will not contain specific information on the UK/Welsh positions/interests on the dossiers. We will pick up on the latter in the sections below.

European Parliament:

The lead Committee will be the **Industry, Research and Energy Committee** which is chaired by **German MEP Herbert Reul** (European People's Party - EPP, centre-right, and the largest political group in the European Parliament). There are no Welsh MEPs on this Committee. However, there are four UK MEPs: three members and one substitute.

The rapporteur is: **French MEP Bernadette Vergnaud** (Socialists and Democrats Group).

Council of Ministers:

Within the Council of Ministers the lead will be taken by the **Competitiveness Council**, with technical discussions on the proposed changes in Council working groups involving officials from the UK Government. The Competitiveness Council has two meetings scheduled (20-21 February and 30-31 May) during the **Danish Presidency of the EU**, although the revisions to the Directive do not at this stage appear on the agenda for either of the meetings. UK Ministers (and officials) will represent Wales in these discussions (formal Council meetings and in the working groups).

Further information

For further information please contact

Gregg Jones (Gregg.Jones@wales.gov.uk) EU Office,
Tel. 0032 2 226 6692, or Tel. 0044 781 616 4455

To: Health and Social Care Committee

From: Legislation Office

Date: 2 March 2012

DRAFT FOOD HYGIENE RATING (WALES) BILL: TECHNICAL BRIEFING FROM GOVERNMENT OFFICIALS – ADDITIONAL INFORMATION

Purpose

1. To provide the Committee with additional information relating to the draft Bill, as requested during the technical briefing with government officials.

Background

2. During the technical briefing on 2 February 2012, the Committee requested the following additional information—
 - figures for the number of ‘hits’ on the FSA’s food hygiene ratings webpages,
 - a breakdown of the number of hospitals in Wales in each food hygiene rating category,
 - the number of hospitals in Wales currently displaying their food hygiene rating, and
 - an accurate figure of the number of food businesses in Wales that have been rated since October 2010, broken down to Local Authority level, and a breakdown of the number of businesses in each rating.
3. Attached at Annex A is a letter from the Minister for Health and Social Services providing this additional information.
4. This Minister has also provided the Committee with a copy of a letter to all Health Boards and NHS Trust Chief Executives and Chairs in Wales about displaying their food hygiene rating. This letter is attached at Annex B.

Action

5. Members are invited to note the correspondence attached at Annexes A and B.

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LF/LG/0047/12

Mark Drakeford AM
Chair - Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

2nd

February 2012

Dear Mark,

Food Hygiene Rating (Wales) Bill - Technical Briefing to the Health and Social Care Committee

During the Health and Social Care Committee meeting of 2 February, a technical briefing on the Food Hygiene Rating (Wales) Bill was provided by my officials. I hope the Committee found the technical briefing useful. During the briefing, Members of the Committee requested some additional information not available at the time. The Committee requested:

1. figures for the number of 'hits' on the FSA's food hygiene ratings webpages;
2. a breakdown of the number of hospitals in Wales in each food hygiene rating category;
3. the number of hospitals in Wales currently displaying their food hygiene rating; and
4. an accurate figure of the number of food businesses in Wales that have been rated since October 2010, broken down to Local Authority level, and a breakdown of the number of businesses in each rating.

I am now in a position to provide the information requested by the Committee. With regard to point 1, figures for the number of 'hits' on the FSA's food hygiene ratings webpage, the FSA have provided the following information. In the four week period between 9 January and the 5 February 2012, the UK Food Hygiene Rating Scheme website received a total of 51,388 views. Whilst it is difficult to be precise, the FSA expect around 2000 of these 'hits' were by people in Wales. There was a peak in the number of views of the webpage in the week commencing 30 January 2012, particularly in Wales where almost three times as many people accessed the site than in any of the previous three weeks. This is thought, in part, to be attributed to the ITV Wales programme *Wales this Week* on the Food Hygiene Rating Scheme which was broadcast on Tuesday 31 January 2012.

Information on the number of hospitals in each food hygiene rating category (point 2) and the number of food businesses rated by each Local Authority (point 4), is provided in Annex 1 of this letter. The data for point 3, the number of hospitals in Wales currently displaying their food hygiene rating, is not readily available. However, I have written to all Health Boards and NHS Trust Chief Executives and Chairs in Wales to ensure all hospitals and healthcare facilities in their area display their food hygiene rating. A copy of my letter is attached for the Committee's information.

Kind Regards
Lesley

Lesley Griffiths AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Minister for Health and Social Services

The number of hospitals in Wales in each food hygiene rating category
(Not all NHS hospitals in Wales may have received a rating)

Local Authority	Rating						Total number of hospitals
	Very Good 5	Good 4	Generally Satisfactory 3	Improvement Necessary 2	Major Improvement Necessary 1	Urgent Improvement Necessary 0	
Anglesey	2	0	0	0	0	0	2
Blaenau Gwent	1	0	0	0	0	0	1
Bridgend	0	0	2	0	0	0	2
Caerphilly	0	0	1	0	0	0	1
Cardiff	1	0	1	0	0	0	2
Carmarthenshire	2	0	0	0	0	0	2
Ceredigion	0	0	0	0	0	0	0
Conwy	1	1	1	0	0	0	3
Denbighshire	1	0	0	0	0	0	1
Flintshire	0	4	0	0	0	0	4
Gwynedd	1	1	0	0	0	0	2
Merthyr Tydfil	1	0	0	0	0	0	1
Monmouthshire	2	1	0	0	0	0	3
Neath & Port Talbot	1	1	0	0	0	0	2
Newport	1	2	1	0	0	0	4
Pembrokeshire	3	1	0	0	0	0	4
Powys	1	2	0	0	0	0	3
Rhondda Cynon Taf	1	2	0	0	0	0	3
Swansea	2	2	0	0	0	0	4
Torfaen	2	0	0	0	0	0	2
Vale of Glamorgan	0	1	1	0	0	0	2
Wrexham	3	0	0	0	0	0	3
Total	26	18	7	0	0	0	51
Total as percentage	50.98%	35.29%	13.73%	0.00%	0.00%	0.00%	

Breakdown of ratings given to food businesses in Wales by Local Authority

Local Authority	Rating						Total number of food businesses
	Very Good 5	Good 4	Generally Satisfactory 3	Improvement Necessary 2	Major Improvement Necessary 1	Urgent Improvement Necessary 0	
Anglesey	162	119	73	12	16	0	382
Blaenau Gwent	148	96	32	16	26	1	319
Bridgend	153	172	155	76	136	29	721
Caerphilly	201	236	205	50	84	1	777
Cardiff Council	582	524	335	167	280	21	1909
Carmarthenshire	266	226	152	45	89	6	784
Ceredigion	167	70	51	18	60	4	370
Conwy	260	221	161	32	64	2	740
Denbighshire	262	132	59	26	32	8	519
Flintshire	169	130	135	21	53	0	508
Gwynedd	508	327	176	46	88	3	1148
Merthyr Tydfil	63	86	82	26	57	2	316
Monmouthshire	114	142	166	44	68	1	535
Neath & Port Talbot	220	150	98	27	87	4	586
Newport	120	213	191	78	62	7	671
Pembrokeshire	447	309	125	67	148	4	1100
Powys	195	242	150	68	150	25	830
Rhondda Cynon Taf	251	284	379	133	159	25	1231
Swansea	374	329	185	37	242	9	1176
Torfaen	193	121	124	13	38	3	492
Vale of Glamorgan	160	175	98	36	91	8	568
Wrexham	225	109	91	13	40	1	479
Total	5240	4413	3223	1051	2070	164	16161
Total as percentage	32.42%	27.31%	19.94%	6.50%	12.81%	1.01%	

Lesley Griffiths AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref LF/LG/0047/12

To:
Chief Executives of Health Boards
Chairs of Health Boards
Chief Executives of NHS Trusts in Wales
Chairs of NHS Trusts in Wales

Cc:
Medical Directors, Health Boards
Directors of Nursing, Health Boards
Directors of Public Health, Health Boards
Directors of Public Protection, Local Authorities in Wales

2/5th

February 2012

Dear Colleague

Display of Food Hygiene Ratings at hospitals and other NHS premises

In October 2010, the Food Standards Agency launched the Food Hygiene Rating Scheme in Wales. The scheme helps consumers choose where to eat out or shop for food by giving them information about the hygiene standards in restaurants, cafés, takeaways, hotels and supermarkets. As the scheme applies to any food business that provides food direct to consumers, ratings are also given to schools, hospitals and residential care homes.

The scheme is currently operated on a voluntary basis in Wales and run by Local Authorities in partnership with the Food Standards Agency. Local Authorities undertake inspections of food businesses to check they meet the requirements of food hygiene law. Based upon this inspection, the local authority calculates the rating and sends a sticker with the food hygiene rating to the food business. The food business is encouraged to display the sticker at the premises; all ratings are also published on the Food Standards Agency website.

Although the scheme is currently operated on a voluntary basis, I am consulting on legislation which would make it a mandatory requirement for all food businesses in Wales to display their food hygiene ratings. The consultation is available on the Welsh Government website at: <http://wales.gov.uk/consultations/healthsocialcare/food/?lang=en>
I would encourage you and your staff to respond to the consultation on the Bill which will close on 7 March.

I would be grateful if you could ensure all hospitals and other NHS Wales premises that have received a food hygiene rating from their Local Authority display it where it can easily be seen by consumers. Local Authority officers are available to support food providers if any improvements are necessary to raise food hygiene standards and can provide advice on suitable locations to display ratings.

Yours sincerely
Lesley Griffiths

Lesley Griffiths AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services