

Harrogate and District

NHS Foundation Trust

WHEELCHAIR SERVICES

Progress report to York Health Scrutiny Committee 26th April 2016

Overview:

At the July 2015 York Health Scrutiny Committee, Harrogate and District NHS Foundation Trust presented a response to the Healthwatch report published in May 2015 on the York Wheelchair service.

This report is an opportunity to update the committee on the work undertaken in the past eight months by Harrogate and District Foundation Trust (HDFT) and the joint working with commissioners.

HDFT provides wheelchair services for the population of York and North Yorkshire and while the original Healthwatch report focused on issues with the York Wheelchair centre, the majority of work has been service wide as such it is appropriate to report on the whole service.

Context

Much of the work undertaken by HDFT and the Clinical Commissioning Groups (CCGs) has been due to the recognised need to improve services for Wheelchair users and while Health Watch report was an influencing factor in this there have been a number of other influencing factors which came together in 2015-2016 which have driven forward improvements in quality.

- Publication of wheelchair charter by wheelchair alliance.
- Joint working with CCGs on the Service Specification and Key Performance Indicators (KPI)
- HDFT Service review, followed by consultation on new structure.
- 2 NHS Improving Quality (NHS IQ) facilitated wheelchair events in September & October 2015 involving wheelchair users, Commissioners, and service providers in shaping future provision.
- NHS IQ & CCG facilitated “Master Class” November 2015 with Dorset Wheelchair Service
- National Unify CCG wheelchairs data collections from July 2015
- Review of clinical accommodation of wheelchair service.

- Service out to Tender by CCGs, with 1st December 2016 start date.

All of the above influenced the improvement process, shaping the future provision of service

Wheelchair Charter

Launched July 2015 lays out 10 main commitments to quality provision, HDFT and CCGs have signed up to the principals of the charter.

CCG's review of Service Specification

Through the Autumn of 2015 HDFT Wheelchair service worked with the CCGs (led by HaRD CCG) to develop a robust service specification for the Wheelchair service, including inclusion and Exclusion criteria and Key Performance indicators (KPI) for the service to be monitored against. The CCGs involved various wheelchair users in the process to ensure that the issues important to users were included in this specification. This was completed in November 2015 with first reporting against Quarter 3 KPI in March 2016.

HDFT internal review of Wheelchair Services and Structure.

A full and comprehensive review of the service was undertaken by HDFT in the summer of 2015.

Centralisation at one location was considered, as cost effective service, but was rejected as the need to provide assessment centres in each locality, with good access for users, was considered critical to users.

The other main outcome of the review was a change in the management structure of the service; this went out to consultation with the staff on 14/08/2015 and finished on 28/09/2015

The key change to the structure was the proposed introduction of a clinical lead role to replace the team lead role (non-clinical) the main objective was to change the emphasis of the service to a clinically driven service, improving the quality and timeliness of assessments and ensuring the right equipment is prescribed first time.

Expressions of interest from existing clinical staff in the service to take up this role did not result in an appointment as such the service went out to external advert and appointed a new Clinical lead in February 2016.

Unfortunately the individual appointed subsequently informed the HDFT last week that she would not be joining the service due to the fact that she is now expecting a baby and feels unable to start a new role, then to go on Maternity leave.

As such the interim arrangements we have in place for Managing the service are continuing while we re-evaluate the options for the future.

NHS Improving Quality (NHS IQ) facilitated wheelchair events

The CCGs held two events facilitated by NHS IQ on 29th September and 27th these brought together wheelchair users, commissioners and service providers in a joint discussion about shape of future service, these events led into a detailed action plan.

A further event was held on 2th November 2015 involving the Dorset Wheelchair service as a model of good practice.

One of the key commitments that came out of these events is that the funding stream should not be a factor in delays in the issuing of wheelchairs.

NHS England National Unify CCG wheelchairs data

NHS England have specified a new data set which was to be collected from July 2015, this defines the complexity of provision and measures referrals and waiting times against the new criteria.

HDFT are required to report each quarter to each CCGs data on the patients registered with GPs in each CCG's the CCGs then pass this information onto NHS England.

Review of clinical accommodation

With HDFT's decision to maintain four centres across North Yorkshire, the clinical accommodation was reviewed, this identified the accommodation Blue Beck House in York as being the most spacious, most appropriately laid out and equipped. The area of most concern was Northallerton having greatest need for improvement, there is ongoing work with HR&W CCG and South Tees Trust looking at options to improve the clinical assessment environment and to be able to separate out wheelchair storage from clinical areas.

Tender process

The CCGs led by Vale of York are currently in the process of tendering the service, with engagement event in January 2016 and publication of tender details in March, the outcome will be known in August and new service in place from 1st December 2016. The joint work done on the developing the specification has assisted this process.

The Tendering process will bring about some changes and improvements in service for users with challenging targets for all new urgent referrals to have assessments within 5 working days and all Routine within 6 weeks. In addition for the clinical assessment side of the service it is specifying longer opening hours of 08.00 to 20.00 6 hours on Saturdays giving better access for users.

Feedback on monitoring of Quality Performance and User feedback.

There is a good working relationship between the Wheelchair service and the sub contracted repair service provided by Ross Care with information following in both directions at a clinical level and at the regular review meetings.

Performance on Deliveries, collections, repairs and modifications remains good with over 99% being provided in required timescales against target of 95%

Looking at the quality of the repair service, collection wheelchair user feedback started in the autumn of 2015 with cards being left with users when Ross Care completed repairs, the results from Q3 are as follows:-

	Values					
Row Labels	#Excell.	# V Good	# Good.	# SatisF	# Poor	# V Poor
Std of repair	34	16	7	4		
FSE level of Care	41	13	7	1		
Admin service	33	15	11	3		
Response speed	32	16	9	4		
Grand Total	140	60	34	12		

Refurbishment and re-issue of chairs continues to be a priority of the repair service, but the service has seen an increase in the number of wheelchairs reaching the end of their usable life, with repair becoming uneconomic or not possible due to lack of spare parts for older wheelchairs. However this has led to users being provided with modern chairs, which in the case of powered chairs have improved significantly in the last 10 years, with greater manoeuvrability and functions.

In addition the North Yorkshire wide service has combined the chairs held at each of the 4 centres into one stock list improving access of all centres to the range of chairs held in stock. As such the service has been able to reduce the number of chairs held in stock from 539 in June 2015 to 282 at the end of December this has meant that an additional 257 wheelchair users have a chair from stock. The level of stock is now at the point where there is sufficient for trail at assessment stage and for timely issuing of standard chairs, but not tying up assets unnecessarily.

Following the commitment from the CCG at the NHS IQ events in that there should not be delays following assessment in the ordering and issue of equipment due to budget restraints an additional £170K of chairs have been ordered in the last financial year over and above the budget, which has speeded up the provision of chairs for a considerable number of users. This is reflected in the reduction of waiting times as reported under the unified reports.

With Planned Preventative maintenance (MOT for Powered chairs) at the end of Q3 there were a total of 582 PPM's completed in the previous year, a performance rate of over 99% There with only 5 outstanding across all areas, which were either arranged or waiting for users to confirm dates.

Friends and Family cards were introduced in March 2016 for wheelchair users to complete following assessment or other contact with clinical staff, the outcomes of these have not yet been collated, but the intention is to use all user feedback to shape service provision.

The service will continue to focus on the needs of wheelchair users, learning from any complaints and feedback from users, driving forward both the quality of assessment and prescription as well as timely delivery and repairs of Wheelchairs.

Work in progress

We have been working on improving information to wheelchair users on the service, this is part of the Trust wide work on HDFT web site, the new Trust website is being populated with information on each service and wheelchair information will be live within a few weeks. The speed of this work has been dictated by the Trusts overall project to revamp the web site.

Sending out newsletters as suggested in the Health Watch by post to all users would be difficult and expensive as such giving appropriate information when individuals attend and putting better information on our web site could be accessed by many more individuals. In addition development of the web site will give the opportunity to users to give feedback via electronic means.

With manual self-propelled chairs there is no requirement for any PPM or electrical testing and as part of the handover of such equipment to the users their responsibility for reporting problems is explained. This process works well from a maintenance point of view, however it is accepted that this does not pick up on checking that the needs of the users have not changed or that the chair is still fit for purpose.

From a service provision point of view while it is accepted that an annual check for these wheelchair users would be well received, the priority over the last 6-8 months has had to be bringing about improvements in both assessment time and subsequent delivery of equipment, as such the emphasis has remained on users to contact the service if they have any concerns about their wheelchairs.

There has been much improved involvement with wheelchair users consulting on service design and the new specification, the CCGs are in the process of setting up a group of wheelchair users that will provide ongoing feedback on the service and the needs of users.

Priorities for the future

Much of the future work will be dictated by the Tendering process and ultimately on who provides the service, from a HDFT point of view, continuing the service improvement work with emphasis on reducing the time individuals wait for assessment and provision, in particular with complex seating provision where there needs to be several assessment and trial fitting sessions with individual users.

Also on better information for users about the service, the inclusion and exclusion criteria and the type of equipment available on the NHS can now be shared as the commissioners have now published the service specification.

There will continue to be improvements in wheelchair technology and as new products come onto the market they will need to be evaluated and if suitable, joint decisions will need to be taken with the commissioners over their inclusion in NHS provision.

Finally, having consulted on structure of the service with the introduction of a clinical role to provide clinical leadership and peer support to the clinical assessment side of the service, it has been a set back with the appointed individual changing her mind for personal reasons, HDFT is now making alternative arrangements for this role.

In summary

The past year has brought about significant joint working with commissioners in defining provision and bringing about improvements. Some of which will only be delivered through the new specification which will be in place from 1st December 2016.

Overall the response times have improved and more equipment has been provided to more wheelchair users in the last 6-8 Months

Robin Hull

General Manager

Harrogate and District NHS Trust

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