

Health and Social Care Committee

One-day inquiry on wheelchair services in Wales

WC 11 North Wales Artificial Limb and Appliances Service, Betsi Cadwaladr University LHB

Introduction

In response to the recommendations of the 2010 Health, Wellbeing and Local Government Committee Report on Wheelchair services a considerable amount of work has been undertaken and is ongoing to achieve the outcomes required. This evidence report will aim to summarise the efforts, achievements and work in progress and will not repeat any evidence provided for the initial inquiry.

All Wales Working

Several workstreams have been established on an All Wales level to progress and monitor compliance with the recommendations. The North Wales service has been actively involved in these workstreams, which have been facilitated via NLIAH and DSU, with performance monitored via the Partnership Board. These activities have been carried out in conjunction with service users and representatives as well as a broad range of clinical referrers and have been monitored using a 45 day cycle method. Joint working is outlined in the table below showing the activity adopted in North Wales and mapped to the recommendations.

| Workstream Activity | Recommendation |
|---|---------------------|
| Waiting List Management <ul style="list-style-type: none">• Adopted RTT rules• Targeting of long waiters• Software developed to manage RTT pathway• Staff trained in RTT rules and software• Reduction of lists• Direct booking of appointments - client choice• Validation of lists and data• NLIAH and DSU have been supporting services to ensure waiting times are measured in line with RTT. DSU is conducting audits to ensure these are in place. | 6 8 6 |
| Capacity & Demand <ul style="list-style-type: none">• Roll out project planned to start in April 2012• This is expected to help us understand the future resource requirement for the service | 11 |
| Service User Engagement <ul style="list-style-type: none">• 3 year project funded by Welsh Government• Services have been involved in working groups | 8 |

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| <p>with service users to develop communication strategy</p> <ul style="list-style-type: none"> • User consultation progressing to capture users' views and the project will target continuous improvement in service user engagement • Ongoing work will establish a platform for the service to involve users in future planning | |
| <p>Referrals</p> <ul style="list-style-type: none"> • Streamlined procedures for handling referrals • New All Wales referral form being developed • Working towards electronic referral • Training of referrers | 13 |
| <p>Training</p> <ul style="list-style-type: none"> • Some Level 3 training has been carried out but this is on hold as the focus shifts to training the referrers. There is a need to review the benefits of level 3 training in the community due to requirements for keeping up to date • Training for referrers is delivered across Wales • A tender is being drafted by NLIAH to provide training for users across Wales | 14 |
| <p>Service Specification</p> <ul style="list-style-type: none"> • Contributing to the development of an All Wales service specification • Performance indicators have been developed and monitored • Working on development of decision making matrix for clarity of provision | 1 8 |
| <p>Partnership Board</p> <ul style="list-style-type: none"> • Joint working with a range of organisations and individuals on the Partnership Board • High level of commitment from the service and Health Board with active participation from Chief of Staff, Clinical Director and Assistant Director of Therapies & Health Sciences • Performance targets and monitoring at quarterly meetings • Quality indicators have been agreed and reported to Partnership Board | 1, 2, 4, 5 |
| <p>Contracts</p> <ul style="list-style-type: none"> • Joint working between services and service users to procure recent wheelchair contract • Joint working established for current cushion contract | 21 |

North Wales Posture & Mobility Service

The North Wales service has been working hard to make improvements in line with the recommendations. In addition to targeting waiting times for children, effort has been focussed on establishing the foundations for improvement (in terms of structure and process) and we expect to realise further benefits over the next 12 months. The following table outlines some additional examples of ongoing work and achievements in North Wales; they are mapped to the recommendations for evidence of progress.

| Activity | Recommendation |
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| Significant progress with NSF Referral to assessment time of 6 weeks for children achieved. Delivery to fitting time of 8 weeks forecast to be achieved by end of March | 7 |
| Implementation of software to allow management of pathways to RTT rules | 7 |
| Process mapping of referral and admin pathways undertaken to streamline services and increase capacity (further process mapping planned in March 2012) | Continuous Improvement |
| Organisational restructuring by bringing REU and ALAS into a single Posture & Mobility directorate led by a Clinical Director appointed in Oct 2011 with clear lines of responsibility via the Chief of Staff to the Executive Director of Therapies & Health Science | 4 |
| Working with community therapy services to improve integration via regular meetings, rotational posts, secondment opportunities, training, supervision | 3, 12 |
| Developing detailed operating instructions and criteria | Continuous Improvement |
| Developing user links e.g. Disability Sports Wales, MS Users Forum | 8 |
| Improved communication with Approved Repairer service, monitoring of performance and improving service delivery <ul style="list-style-type: none"> • Service provided for fast delivery of loan chair if repairs cannot be done immediately • Higher stock levels of parts to avoid delays • Quarterly review meetings held and monthly reports received monitoring performance • Customer survey planned for April - Jun 2012 • Retendering process currently underway involving service users and including specifications to improve delivery of service | 10 10 20 21 |
| Joint clinics established between Rehab Engineering and Wheelchair therapists | 3 |

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| Daily duty therapist in place to deal with referrals and queries to reduce delays and improve communication | 9 |
| Additional clinic sites established | 3 |
| 97% of standard chairs are delivered within 21 days (target 95%) | Continuous Improvement |
| Maximum referral to assessment time for adults has reduced from 23 months to 15 months and is forecast to be 12 months by end of March | Continuous Improvement |
| Referral to assessment time for powered wheelchairs has reduced from 12 months to 8 months and work is ongoing to ensure further reduction in waiting times | Continuous Improvement |
| Information pack for clients on the website | 8 |
| Communication with Whizz Kidz and meeting planned to discuss working better together e.g. on joint funding and training for children | 12 15 |
| Reorganisation of admin systems are in progress to streamline the processes and provide better communication with clients | Continuous Improvement 8 |
| All existing clients can be re-referred into the service, children will be seen within 6 weeks whether new or re-referral | 22 |
| Assistance provided from CPG Performance team showing evidence of commitment from Health Board to service redesign and improvement | Continuous Improvement |

Future Progress Required

It is recognised that we are continuously improving the service and we have focussed our attention on some priority areas initially. The following table outlines areas of the recommendations and general improvement still required.

| Activity | Recommendation |
|---|----------------|
| Additional funding was provided in 2011 for the paediatric service; however, further resources are required to sustain and progress improvements in adult services. Historically waiting times have been longer in North Wales and recurrent funding is required to bring these down to acceptable levels for adults. | 11 |
| Further exploring of options for joint funding in relation to equipment for service users | 17 |
| Further consideration regarding regular reviews for existing service users, in particular for children and those with changing conditions | 22 |
| Work needs to be done to establish and monitor meaningful outcome measures | 5 |

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| Further streamlining of processes and patient pathways | Continuous Improvement |
| Ongoing development of IT solutions to support improvements and changes | Continuous Improvement |
| Ongoing work on communications via the user engagement workstream and between the service and all stakeholders | 8,9 |

Summary

The overall picture is one of significant progress and achievement; the NSF access targets for children are being achieved and with further resources a similar improvement can be achieved for adult services. There is now a culture of continuous improvement within the service; the foundations have been set to achieve further improvements with the client at the centre of service provision and design. We are proud of the achievements to date and are looking forward to progressing at pace over the next 12 months.