



18.10.13

[National Assembly for Wales](#)

[Health and Social Care Committee](#)

[Access to medical technologies in Wales](#)

Evidence from College of Occupational Therapists – MT 2

## **Access to Medical Technologies in Wales**

### **Response from the College of Occupational Therapists**

#### **Introduction**

The College of Occupational Therapists is the United Kingdom Professional Body and Trade Union. It represents around 29,000 occupational therapists, support workers and students across the UK and 1,500 in Wales. Occupational therapists work in the NHS, Local Authority housing and social services departments, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services.

Occupational therapists are regulated by the Health and Care Professions Council, and work with people of all ages with a wide range of occupational problems resulting from physical, mental, social or developmental difficulties.

The philosophy of occupational therapy is founded on the concept that occupation is essential to human existence and good health and wellbeing. Being deprived of, or having limited access to, occupation can affect physical and psychological health. 'Occupation' includes all the things that people do or participate in. For example, living independent lives in their own homes, caring for themselves and others, working, learning, playing and interacting with others.

#### **Access to medical technologies**

Occupational therapy intervention enables people to live their lives as independently as they can and to carry out those occupations that are important to them. Medical technologies, in the context of assistive equipment, telecare, environmental or personal adaptive technologies are therefore frequently central to this role.

As part of these interventions, occupational therapists may create, develop or procure a range of technologies. Given the particular scope and focus of the profession, we are focussing our evidence to the committee on the recent Community Equipment Service Integration (CESI) as an case study of how Wales has succeeded in moving from fragmented and variable services in relation to medical technologies to the current 11 formal community equipment partnerships covering 22 local authorities and 7 Local Health Boards.

#### **What are Community Equipment Services?**



18.10.13

Community equipment services support health, social care and educational needs and help to reduce risk and promote independence. They assist a broad range of people of all ages including those with physical or learning disabilities, mental ill-health, or frail older people. Community equipment services include, but are not limited to:

- Home nursing equipment such as pressure relief mattresses and commodes
- Equipment for daily living, such as shower chairs and stools, bath lifts, raised toilet seats, teapot tippers and liquid level indicators.
- Children's equipment
- Ancillary equipment for people with sensory impairments, such as flashing doorbells, low-vision optical aids, text-phones and assistive listening devices
- Equipment for short term loan e.g. wheelchairs.
- Communication aids – assist people who have difficulty with speech. Equipment includes aids to writing and reading as well as speech.
- Environmental control systems – highly specialised equipment enabling people with severe physical disabilities to control access to their home, to summon emergency help and to operate domestic appliances

The services need to work very closely with adaptation services, and other services provided by the Artificial Limb and Appliance Services (including wheelchairs, communication equipment and environmental control systems) and telecare services.

(from [http://www.ssiacymru.org.uk/resource/g\\_7\\_WAG\\_CESI\\_Guidelines\\_Feb\\_09.pdf](http://www.ssiacymru.org.uk/resource/g_7_WAG_CESI_Guidelines_Feb_09.pdf) accessed 18.9.13)

### **Integrated Community Equipment Services**

*'...equipment for older or disabled people provides the gateway to their independence, dignity, and self esteem. It is central to effective rehabilitation; it improves quality of life; it enhances their life chances through education and employment; and it reduces morbidity at costs that are low compared to other forms of healthcare. It is no exaggeration to say that these services have the potential to make or break the quality of life of many older or disabled people, and of the 1.7 million people who provide informal care'*

(Audit Commission, "Fully Equipped" National Report, 2000)

### **Background**

Under the Chronically Sick and Disabled Persons Act (1970, Section 2). Local Authorities have a duty to provide practical assistance in the home for disabled people. In practice this resulted in each local authority providing a range of equipment which may have been based on local policy or a tradition of what had been previously needed. Purchasing to stores may have been ad hoc or based on long standing understanding of providers reliability and quality. Local authority education and housing departments also purchase and provide assistive equipment.

In the NHS, assistive equipment was also provided as a part of facilitating a safe and sustainable discharge. With each LHB and local authority purchasing and storing equipment, the provision was very variable and fragmented. Alongside this, there were few opportunities to recycle or share unused equipment across agencies.

In early 2006, the Minister for Health and Social Care announced a capital investment of £12.5 million to improve the infrastructure of community equipment services. Guidelines were produced in 2009 to support organisations to develop their integrated services. The



18.10.13

guidelines describe the process required and have been continually updated to include learning from the practical implementation. This may be useful to the Committee as a model for any similar system for accessing and evaluating technologies. The guidelines can be found at:

[http://www.ssiacymru.org.uk/resource/g\\_7\\_WAG\\_CESI\\_Guidelines\\_Feb\\_09.pdf](http://www.ssiacymru.org.uk/resource/g_7_WAG_CESI_Guidelines_Feb_09.pdf).

The whole project is here: [http://www.ssiacymru.org.uk/home.php?page\\_id=3059](http://www.ssiacymru.org.uk/home.php?page_id=3059)

Some key elements for learning.

1. A partnership approach was taken to this work and organisations were required to develop pooled fund arrangements under Section 33 of the National Health Service (Wales) Act 2006.
2. The initial procurement process to develop the 'standard catalogue' for community equipment involved product testing and quality assurance approaches to produce an all Wales contract for community equipment. This provided economies of scale and allowed for the delivery of a better service with significant unit cost reductions.
3. The product selection for that contract was an excellent example of collectively setting criteria, product testing and selection. Occupational therapists and other stakeholders identified the important features and range of equipment needed and undertook quality testing in a rigorous process to assess select the most effective piece of equipment. This offers a useful model for any testing and selection for other medical technologies.
4. An All Wales network of Community Equipment Service Project Managers has been established and has met on a regular basis to share good practice and reduce duplication of effort
5. Inclusion of clear minimum standards and service performance indicators
6. Clear inclusion of standards from other evaluation or regulatory bodies such as Health and Safety and Medicines and Healthcare Products Regulatory Agency.
7. Purchase of special or 'one-off' equipment is possible and includes a product quality and appropriateness process, based mainly on the clinical judgement of the professional who understand the specific situation for which it is required. This provides the flexibility to meet a person's unique need where it is outside the process.

## Conclusion

The College has focussed its response to this inquiry specifically to provide evidence within the scope of practice of the profession. The intention is to offer an insight to the recent development in Wales of a system specifically aimed at securing safe and efficient access to assistive equipment as a medical technology.

We hope this evidence is of use to the committee deliberations and would be pleased to assist the inquiry further in any way we can. Please do not hesitate to contact the Policy Officer at the address below for any further information.

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Policy Officer Wales

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Chair of Welsh Board



18.10.13

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