

NHS South West

South West Wheelchair Review

Recommended Commissioning Model for Children's Wheelchairs

L Horn
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1 Executive Summary

1.1 Context

The objective of this document is to recommend to NHS South West the best commissioning model for wheelchair services for children. There is a need for clarity to decide whether children's wheelchairs are included as part of the wheelchair service or whether there will be better outcomes if the service is provided separately to adults.

A figure between 1,000 and 3,030 wheelchairs and seating systems are provided to children within NHS South West. This equates to roughly 9%¹ to 11%² of the total provision from the regions wheelchair services. The cost pressure in the wheelchair and seating services is 15% - 20%, which is significantly in excess of the normal NHS growth.

A robust body of evidence has been collected to inform the collaborative approach to recommending the way forward. Research was undertaken through focussed interviews, emails, telephone calls, internet research, workshop events and surveys. Children and young people, parents and carers and commissioners and service leads were approached for their views. Alternative solutions for children's wheelchair provision were also researched.

1.2 Views collated from children, parents and carers, commissioners and service leads

To capture the views of children, a short questionnaire was prepared. Key findings reveal that

- Barriers still exist between different agencies that operate different criteria for wheelchair provision
- This is not a consumer led service responding with products that children would like to choose
- Children's chairs are not being delivered as timely as possible running the real risk that the child outgrows the chair before it arrives
- Interaction with wheelchair services staff is viewed positively with 50% to 71% of responses to all questions being recorded as fairly good or very good.
- 96% of children responded that they felt it is fairly important or very important to pull together all the pots of money for funding wheelchairs
- Only 42% of respondents recorded they are fairly satisfied or very satisfied with the overall wheelchair service
- Only 25% of respondents recorded that they would speak highly of the system for providing wheelchairs with or without being asked

This is evidence of a service that is perceived as poor quality by the people it is there to serve. This was also reflected in the adult questionnaire undertaken as part of the wider wheelchair services review.

Whilst the feeling was expressed by parents that children's provision was tagged on to adults almost as an afterthought, it was felt that better specification of outcomes and measures of performance were the answer rather than separately commission a service for children.

Parents who attended the workshops were able to share their opinions relating to the proposed options for wider wheelchair services reform. These centre around 5 proposed options, which are covered in more detail in section 8.2:

1. Incremental Improvement

¹ South West data from PCTs and Providers 2009/10

² Care Services Efficiency Delivery Programme, Department of Health data, 2007/08

2. Introduce local referral hub and regional procurement hub with process improvements
3. As Option 2 plus the introduction of market developments to support individual budgets/ personal health budgets and the referral hub operates across the region
4. As Option 3 but all provision is moved into the marketplace
5. Option 5a – Total marketplace solution for assessment and provision
6. Option 5b - As Option 5a including the provision of the referral hub

Although the detail was limited and there was much still to be discussed, the general feeling was that Option 4 had the features they felt would deliver most improvements. Again, the improvements were not seen as being age specific.

The general feeling from Commissioners and Service Leads was that, although the current provision for children’s wheelchairs was varied across the region and much was needed to improve the speed of delivery and flexibility of solutions, the children’s wheelchair service should not be separately commissioned to adult services. Their view was that any separation of service, if economically viable, should be between specialised and core/standard wheelchair services irrespective of age. This separation could address the concerns that services discriminate against individuals with the most complex needs with these individuals waiting months even years for their chairs and being less likely to receive what they need to live independently – this is particularly true for children

There are a number of executive meetings planned during April where decisions about the proposed options and buy in to the development of the proof of concept operating model and implementation pathway will be sought.

1.3 Review of alternative children’s wheelchair solutions

There are a number of new approaches in relation to wheelchair services for children which were investigated including:

- Whizz-Kidz solution with Tower Hamlets and the recent working with other London and Plymouth PCTs
- Specialist commissioning for children in Kent where 4 multi-agency specialist hubs are being implemented
- Joint working between health and education in Telford & Wrekin

Commissioners should source provision of solutions from providers who are best able to improve quality and productivity and there were private sector and third sector providers already working successfully in this market – even for specialised equipment.

1.4 The commissioning landscape

The Government’s reforms are designed to promote closer working between health and social care. Whilst there is a lack of clarity around the detail of the new commissioning landscape, all the policy drivers and levers are in place to support the improvements expressed in the views from children, parents and carers and commissioners and service leads.

1.5 Recommended commissioning approach

Children’s wheelchair and seating services benefit from being integrated with adult services and the recommendation is that they **should not** be separately commissioned. This allows for greater economies of scale and prevents individuals being ‘lost’ between children’s and adult services.

Solutions to the areas of difficulty currently experienced and the views on improvements can be achieved through changes to the system that are age-neutral. These have been fully incorporated

into the proposed new system design undertaken as part of the South West wheelchair services review.

Critical to the provision of services that put individuals, and the people who care for them, at its heart are specifications designed around measuring outcomes, performance and innovation.

Wider commissioning recommendations follow as part of the South West wheelchair services review.

1.6 South West wheelchair services review

The proposed option that is being recommended for testing through the proof of concept phase will be presented for approval during April. The components of the proposed new system for wheelchair service provision all reflect the ambitions of Government reforms.

It is essential to develop an operating model and implementation with a minimum of one locality in the region. We believe that if we prove the concept with this locality, whilst involving the others in the development of the new model so that they can feed in where there may need to be changes to reflect their locality requirements, the model will be scaleable and able to be adopted quite quickly across the region and potentially across England.

The recommendations within the wider wheelchair service review propose changes to how wheelchair services are commissioned to improve quality, provide opportunities for innovation, increase productivity and efficiency and promote prevention strategies. The potential benefits could include:

Commissioning strategy

1. Establishing an alternative to block contracting to give commissioners access to a well structured pricing system as well as greater clarity on the outcomes delivered for people who use services, and those who care for them
2. Commissioning of wheelchair and seating services separately between
 - a. specialist services to meet the needs of those with most complex needs, be they adult or child, and
 - b. core/standard wheelchair and seating services
3. Joint commissioning across multi agencies, linked with improved shared funding mechanisms, centring on the person and their family is the key to ensure that the most flexible solutions are in place to best meet their needs
4. Developing commissioning strategies across health, social care, education and work to maximise outcomes in the provision of integrated postural management solutions
5. Commissioning a referral hub to deliver improvements through provision of basic screening, self assessment/referral, information on products and equipment, progress of orders and deliveries, 'Choose and Book,' provision of support to find related services, out of hours service and proactive customer services contacts to arrange re-assessments, equipment maintenance
6. Driving the service quality upwards through clear customer and carer feedback process and by the more accurate collation and analysis of data to measure and benchmark performance across the region

Focussing on outcomes

7. Common and transparent eligibility criteria across the region should help people know where they stand at the outset
8. Cross agency commissioning and funding enables whole life assessments involving carers and offers the most flexible solutions for individuals
9. Measuring provider performance so they are accountable for achieving the contracted targets and rewarded for innovative practices

10. Sourcing provision of both assessment and equipment provision solutions from providers who are best able to improve quality and productivity.
11. Developing packages of wheelchair equipment and support, underpinned by currency and tariff establishing visibility of how the budget is being spent across the South West.
12. Driving consistency across provider activities which will enable greater purchasing power and more effective procurement activity
13. Up-skilling of accredited assessors will enable a greater level of direct issue, improving the provision timeline for user and reduce the overall cost base
14. With more straightforward cases being dealt with by accredited assessors, the more specialised clinicians within the wheelchair service will have more capacity to assess complex patients and this will reduce waiting for appointments

There has been great interest shown in the marketplace in the concepts behind the proposed new system with a number of private and third sector suppliers seeing a strong opportunity for growth. Providers see that there is scope for greater rationalisation and standardisation which also provides a strong base for cost reduction.

During a period of a proof of concept, the development of an outcomes based specification can be undertaken. Much work has been completed on developing measures that fit with the current outcome frameworks which will assist the development of outcomes based specifications.

The wider programme has also developed optimal pathways and timelines for the provision of wheelchair services which are included in section 8.4

Collectively, these system changes deliver significant enhancements in quality for people who use services as well as significant increases in efficiency of operations. This is a system designed for the next 15 – 20 years.

2 Context and objectives for the project

NHS South West wishes to develop commissioning models to improve the provision of wheelchairs and equipment related services to disabled children and their families in a cost effective and efficiency focussed environment. There is a need for clarity to decide whether children's wheelchairs are included as part of the wheelchair service or whether there will be better outcomes if the service is provided separately to adults.

2.1 Context

The Department of Health (2009)³ set out plans to test and expand new approaches to the provision of services. The DH (2010)⁴ subsequently established a short programme of regional pilots to develop commissioning models for children's equipment, including regional or sub-regional commissioning. This project is currently being undertaken by Linda Parker, Programme Director, Children and Families at the South West Development Centre. Reviewing wheelchair services for children links in to the wider children's equipment work and was commissioned by Linda Parker.

2.2 Objective

The objective of this document is to recommend the best commissioning model for wheelchair services for children to NHS South West for:

- Improving services and meeting unmet need
- Specifying service delivery outcomes
- Considering optimal organisational governance with clear levels of accountability and drive for continuous improvement
- Re-engineering pathways to exploit effective use of multi disciplinary teams in assessment and effective service delivery from providers
- Considering the future role of wheelchair services
- Considering new commercial opportunities, including those with the Third and Private sectors
- Making administrative savings

The specific deliverables included

- a) A collaborative recommended commissioning model for children's wheelchair services
- b) Specific recommendations regarding sourcing and reorganisation options
- c) Market Assessment in terms of appetite for change
- d) A high-level assessment of benefits (cashable and non cashable benefits)
- e) Feeding information into the development of an outcome specification (including performance measurement framework) by the recommended commissioning organisation

The project has obtained a robust body of evidence to support the deliverables identified and to inform the collaborative approach to recommending the way forward. The recommendation is framed such that other services/equipment excluded from the scope can be incorporated into the new commissioned service in the future.

2.3 Scope

The scope of the project includes:

- Wheelchairs, specialised seating and cushions, etc

³ Department of Health (2009), **Healthy Lives, Brighter Futures- The strategy for children and young people's health**, London

⁴ Department of Health (2010), **Models and Options for Children's Equipment and Related Services**. London

- Links with community equipment, mobility equipment, other aids, minor adaptations and fit children by councils and their health partners in the South West

2.4 Current case mix

A figure between 1,000 and 3,030 wheelchairs and seating systems are provided to children within NHS South West. This equates to roughly 9%⁵ to 11%⁶ of the total provision from the regions wheelchair services.

The type and volume of wheelchairs provided is between

- 400 - 2,200 standard manual chairs
- 450 - 630 modified manual chairs
- 150 - 200 powered chairs

The range exists because it was not possible for every wheelchair service to provide data split between children and adults, so data collected was interpolated and extrapolated and cross checked with two previous data sources. The first data source estimated approximately 10,500 wheelchairs being issued in the South West annually, the second, approximately 32,000.

What is clear is that the cost pressure in the wheelchair and seating services is 15% - 20%. This is significantly in excess of the normal NHS growth and makes the service unsustainable in its current form.

2.5 Researching the best way forward for the South West

To understand the various views on the best commissioning approach for children's wheelchairs, it was necessary to consult with the widest possible range of stakeholders across the region. It was clear at the onset that the wider piece of work around children's equipment would consider the delivery model framework proposed by DH (2010) referred to above.

2.6 Methodology and approach

Research was undertaken through focussed interviews, emails, telephone calls, internet research, workshop events and surveys.

The following groups were targeted to investigate if children's wheelchair and seating services should be commissioned separately from adults:

- Children
- Parents and carers
- PCT and local authority Commissioners of children's services
- Local authority Directors of Children's Services
- Local authority leads for disabled children
- Local authority SEN leads for children

User engagement events were held in Bristol and Exeter during March as part of the wider wheelchair review but no children were able to attend as they were scheduled during school time. However, 6 parents were able to attend and provided valuable information. The summary of this information is in section 3.

Research was undertaken to understand where there were alternative systems for providing children's wheelchairs and seating services. Focussed interviews or site visits were arranged where possible. The summary of this information is in section 4.

⁵ South West data from PCTs and Providers 2009/10

⁶ Care Services Efficiency Delivery Programme, Department of Health data, 2007/08

3 Views from Children, Parents and Carers, Commissioners and Service Leads

3.1 Children

To capture the views of children, a short questionnaire was prepared (see section 8.1) and Whizz-Kidz was approached to circulate it to their contact database in the South West.

Disability Cornwall run a web survey on a monthly basis covering a variety of topics and agreed that our children's survey, along with an adult questionnaire, be their March survey. They turned around the surveys within 10 days. In total 24 responses from children less than 18 years of age were returned and 63% of these individuals had contact with the wheelchair service in the previous 12 months.

3.1.1 Key findings around funding wheelchairs and seating

- 50% of children use **one chair** for all their activities
- 38% of children have a chair for school
- 17% of children received partial funding from wheelchair services for chairs
- 13% of children received **no funding** from wheelchair services
- 62% of children received funding from a charity

3.1.2 Conclusions around funding wheelchairs and seating

This indicates barriers still exist between different agencies that operate different criteria for wheelchair provision. This results in duplicate issue of chairs rather than focussing on the child and pooling resources to provide the most flexible solution to best meet their needs and those of the people who care and support them at home, at school or work, and at leisure.

3.1.3 Key findings around product choice and delivery

- 42% of children thought the choice of wheelchairs from the wheelchair service was fairly poor or very poor
- 46% of children had to wait up to 3 months for their wheelchair to be delivered
- 42% of children waited over 3 months for their wheelchair to be delivered
- 100% of children thought it was fairly or very important to have a choice of chair and seating

3.1.4 Conclusions around product choice and delivery

This is not a consumer led service responding with products that children would like to choose. Children's chairs are not being delivered as timely as possible running the real risk that the child outgrows the chair before it arrives.

3.1.5 Key findings around assessment and agreed outcomes

In the table relating to Q12 below it is reassuring to see that the interaction with wheelchair services staff is viewed positively with 50% to 71% of responses to all questions being recorded as fairly good or very good.

12. How good did you find the staff at each of the following? (Please tick one box for each row)							
	Very good	Fairly good	Neither good nor poor	Fairly poor	Very poor	Don't know	Response Count
Giving you enough time	41.7% (10)	29.2% (7)	16.7% (4)	12.5% (3)	0.0% (0)	0.0% (0)	24
Asking about your needs	58.3% (14)	12.5% (3)	16.7% (4)	4.2% (1)	8.3% (2)	0.0% (0)	24
Listening to you	54.2% (13)	16.7% (4)	16.7% (4)	0.0% (0)	12.5% (3)	0.0% (0)	24
Explaining wheelchair and seating options to meet your needs	34.8% (8)	21.7% (5)	21.7% (5)	8.7% (2)	13.0% (3)	0.0% (0)	23
Involving you in decisions about your care	29.2% (7)	20.8% (5)	20.8% (5)	12.5% (3)	16.7% (4)	0.0% (0)	24
Treating you with care and concern	33.3% (8)	29.2% (7)	20.8% (5)	8.3% (2)	8.3% (2)	0.0% (0)	24
Taking your problems seriously	41.7% (10)	25.0% (6)	8.3% (2)	12.5% (3)	12.5% (3)	0.0% (0)	24
						answered question	24
						skipped question	0

In addition, 96% of children responded that they felt it is fairly important or very important to pull together all the pots of money for funding wheelchairs.

3.1.6 Conclusion around assessment and outcomes

There is a very positive view of assessments being provided by NHS professionals but not such a positive view of the equipment prescribed to meet the agreed outcomes. Linked to the responses in 3.1.1 and 3.1.2 above, there is disconnect between the assessment outcome, the perceived poor choice of equipment provision and the funding to provide it.

3.1.7 Key findings around overall satisfaction and advocacy

Overall satisfaction with the service is disappointing:

- 42% of respondents recorded they are fairly satisfied or very satisfied
- 38% of children expressed dissatisfaction with the service
 - 56% cited the reason for their dissatisfaction as the wheelchair not meeting their needs
- 25% of respondents recorded that they would speak highly of the system for providing wheelchairs with or without being asked
- 58% of children recorded they would be critical of the system with or without being asked

3.1.8 Conclusions around overall satisfaction and advocacy

We can reasonably compare these results with a similar patient experience survey undertaken within the NHS.

The recently published results for the GP Patient Survey collated for the South West SHA⁷ have two important comparable findings:

- 92% of respondents indicated satisfaction with the care received at their GP surgery
- 88% of respondents would recommend their GP surgery to someone who has moved to the local area

This is evidence of a service that is perceived as poor quality by the people it is there to serve.

3.2 Parents and Carers

A number of emails and phone calls were made to parents who were contacted through the 'Our Voice Matters' networks who also provided links into other organisations and to third sector organisations such as Whizz-Kidz.

6 parents were also able to contribute at the wider wheelchair review events held in Bristol and Exeter in March.

Their experiences varied from very positive to heartbreaking:

- A mother of a child with Duchenne Muscular Dystrophy has been told by her local wheelchair service that they will be unable to provide any chair for her son and that she can have a voucher and purchase her own chair privately
- A mother of a disabled child advised she has 107 different contact people involved in supporting and delivering her child's care and 3 filing cabinets of letters and responses as she chases the money and entitlements for her son
- All expressed apprehension about proposals to join up funding between health and social care – the concern being that one agency will reduce their contribution when they see what the other contributes
- This also was a concern in relation to personal budgets – parents present at events said they felt overburdened now and couldn't contemplate additional work to employ carers etc
- There is a huge concern at what is happening with Disabled Living Allowance and how this will translate into wheelchair and equipment provision

Whilst the feeling was expressed that children's provision was tagged on to adults almost as an afterthought, it was felt that better specification of outcomes and measures of performance were the answer rather than separately commission a service for children.

Particular points gathered around provision for children include:

- Little understanding currently of children's differing needs
- The current service is too slow with children outgrowing wheelchairs by the time they arrive
- Eligibility criteria need to be different for children
 - Children needing alternative access such as switches are not provided with a powered chair because they are unable to show they can drive, yet they have switches to operate computers
 - Rules around indoor/outdoor use for powered chairs don't take into account they normally have a supervising adult present and school playgrounds are great places to practice moving around
- There is a need to provide mobility training
- An out of hours service would be great for parents who work
- Recognition is required of the potentially unique requirements of every user
- Families are prepared to travel to a specialist centre if they could be guaranteed that all their needs would be met in a 'one stop shop'

⁷ Ipsos MORI for the Department of Health (2011), **The GP Patient Survey** [online]. Available at <http://www.gp-patient.co.uk/results/weighted/sha/>. [Accessed 16.26, 29 March 2011].

The attendees at the Bristol and Exeter events were also asked for their opinions relating to the proposed options for wider wheelchair services reform. These centre around 5 proposed options, which are covered in more detail in section 8.2:

1. Incremental Improvement
2. Introduce local referral hub and regional procurement hub with process improvements
3. As Option 2 plus the introduction of market developments to support individual budgets/ personal health budgets and the referral hub operates across the region
4. As Option 3 but all provision is moved into the marketplace
5. Option 5a – Total marketplace solution for assessment and provision
6. Option 5b - As Option 5a including the provision of the referral hub

Although the detail was limited and there was much still to be discussed, the general feeling was that proposed **Option 4** had the features they felt would deliver most improvements.

3.3 Views from Commissioners and Service Leads

Initial contact was made with over 75 individuals covering commissioning and service management and team management roles for children with physical disabilities and/or special educational needs. Responses were received from 39 individuals and more detailed phone interviews or email responses were conducted with 14 individuals, 36% of individuals who responded.

Commissioners expressed the view was that any separation of service, if economically viable, should be between specialised and core/standard wheelchair services irrespective of age. This separation could address the concerns that services discriminate against individuals with the most complex needs with these individuals waiting months even years for their chairs and being less likely to receive what they need to live independently – this is particularly true for children

The general feeling was that, although the current provision for children's wheelchairs was varied across the region and much was needed to improve the speed of delivery and flexibility of solutions, the children's wheelchair service should not be separately commissioned to adult services. There were many reasons for this:

- There could be improvements to all individuals who have more specialised or non standard needs irrespective of their age – clinical priority should be the driver, not age
- Wherever possible it should be the practice to jointly commission across multi agencies to spend money wisely and provide the most appropriate wheelchair and seating solution for both children and adults
- Fully support the principle of whole life/holistic assessment provided there was the right funding mechanisms to support commissioners
- The level of service and the standards of equipment must clearly be defined so that individuals, their families and health and social care teams are clear on the provision, whether it be NHS provision, or preferably, joint provision covering social inclusion, educational inclusion, individuality, personality, fun etc
- We would prefer to keep an integrated model; children, and their needs, would be well known to and understood by the service as they reach adulthood
- There are concerns that separation of the services would be more of a problem at transition and that there may be young adults who would slip through and miss out on services
- Efforts should be made to upskill therapists to provide a specialist paediatric wheelchair therapist within the team
- All children's therapists need to understand what is available and not have expectations raised unreasonably and unnecessarily
- Efforts should be made to improve postural management services across all age groups, not just children
- Common and transparent eligibility criteria across the region should ensure a standard provision

- The number of children provided with wheelchairs is less than 10% of the total wheelchair user population, so separating the service may make it unattractive and uneconomical to providers, particularly by individual commissioned services and even at a regional level
- Commissioners should source provision of solutions from providers who are best able to improve quality and productivity and there were private sector and third sector providers already working successfully in this market – even for specialised equipment
- We need to work on improving how we engage directly with children and young people and how they can feedback about all aspects of the service and equipment.

4 Alternative wheelchair and seating solutions currently commissioned for children in England

There are a number of new approaches in relation to wheelchair services for children which are investigated below. The detail comes from the Department of Health (2010)⁸, site visits and focus interviews.

4.1 Whizz-Kidz solution with Tower Hamlets PCT

4.1.1 Description of solution

NHS Tower Hamlets had limited funding to purchase high quality electric wheelchairs, and budget restrictions contributed to waits of up to 18 months for children's powered wheelchairs. The PCT was also unable to spend sufficient time on teaching wheelchair skills meaning children remained isolated at home and failed to use community resources as local accessibility improved. Provision was also restricted by eligibility criteria as equipment only met mobility needs and didn't treat children holistically.

OT's and Physios used to take practical wheelchair measurements and often worked on rotation for 6 months in the wheelchair service. There was no specialised wheelchair therapist, and certainly not one with skills in paediatric postural management.

Pre the partnership with Whizz-Kidz the Children's OT service were allocating almost 1 WTE to writing to exception boards and various charitable organisations chasing money to provide wheelchairs. This uncertainty about provision being made possible and the inherent delays in the system in an area with both high levels of unemployment and disability was unacceptable and unsustainable.

NHS Tower Hamlets commissioned the charity Whizz-Kidz to deliver wheelchair services for children and young people. Originally the service started as a partnership arrangement whereby Whizz-Kidz provided funding for additional wheelchair accessories or topped up costs of more expensive electric wheelchairs.

From 1st April 2008, Whizz-Kidz was contracted to meet the seating and mobility needs of all children and young people with disabilities in Tower Hamlets. Under the service, Whizz-Kidz therapists – experts in paediatric mobility – assess all children and young people referred to the service and prescribe mobility equipment that takes account of their educational, social and clinical needs. Whizz-Kidz also runs regular clinics with the three main special educational needs schools in Tower Hamlets – this reduces the amount of time that children and young people are out of school for appointments. The charity also arranges Wheelchairs Skills Training Courses and recruits ambassadors for its wheelchair services from its user-base – offering them life skills training and work experience.

4.1.2 Volumes handled within option

Frontier Economics (2010)⁹ has prepared an evaluation report examining Whizz-Kidz work at Tower Hamlets. From this report, which was confirmed by PCT staff at site visit, there is the following volumes data:

⁸ Department of Health (Dec 2010), **Local Innovations in Wheelchair and Seating Services**, London

⁹ Frontier Economics Limited (Oct 2010), **Impact of Whizz-Kidz support to Primary Care Trusts, an evaluation**, London

Frontier Economics	Whizz-Kidz	Tower Hamlets Wheelchair Service
Approx no of users seen annually	300	123
Approx no of chairs issued annually	205 (2 in every 3 seen)	47 (2 in every 5 seen)

Frontier Economics (2011) ¹⁰ report that a total of 23 extra pieces of equipment were delivered for the under 5's, with 15 buggies but both powered chairs and manual chairs were also provided. This is an age range that often traditional wheelchair services fail to reach. Tower Hamlets previously only provided pushchairs to the 5-8 year age group.

4.1.3 Cost of solutions within option

During the visit to NHS Tower Hamlets no financial information was shared in addition to the information contained within the Frontier Economics evaluation report, apart from the fact that the programme received pump prime funding at the beginning. The PCT Head of Service that was interviewed did not believe this had a detrimental effect on the funding for adult wheelchair and specialised seating provision.

It should also be noted that in Tower Hamlets the decision was taken, and totally supported by Senior Executive Teams, to additionally

- Extend the age range in the new solution to 25 years old as there was a large cohort of young people who had never had the opportunity to have a wheelchair
- Include children who were able to walk at home but not round their school, particularly those of secondary school age. In the past this cohort would have had to raise their own funds for a chair as it was not previously seen as NHS provision

Frontier Economics	Whizz-Kidz	Tower Hamlets Wheelchair Service
Annual cost	£240,000 (100%)	£128,785 (100%)
• Of which staff costs are	£90,000 (37.5%)	£108,000 (83.9%)
• Of which equipment costs are	£150,000 (62.5%)	£20,785 (16.1%)

4.1.4 Cashable efficiencies

Whizz-Kidz collects as much detail about a child as possible during the referral period (by phone and email) before their assessment. This makes it possible to enable 'a child in a chair in a day' as the specialist paediatric expertise has a good idea of what chair is required when a child arrives for assessment.

Better quality chairs and lower unit costs result in the Whizz-Kidz service delivering in excess of 20% efficiencies in Tower Hamlets.

Frontier Economics	Whizz-Kidz	Tower Hamlets Wheelchair Service
Annual cost	£240,000	£128,785
• Per user	£800	£1,047
• Per chair	£1,171	£2,740

4.1.5 Non cashable efficiencies – quality improvements

Providing a faster and better quality service has resulted in

- reduced waiting lists

¹⁰ Frontier Economics Limited (Mar 2011), **Social return on Investment for Whizz-Kidz' services**, London

- Shorter waiting times
- Provision of higher quality chairs more appropriate to children's needs
- Providing equipment to more children and young people, including children under 5
- Increased mobility for users (more powered chairs issued)
- Higher customer satisfaction
- Providing training to allow best use of equipment

It is also likely that there is wider health and social care cost savings that are difficult to quantify financially such as:

- Ability to participate in more active pursuits to improve wellbeing and remove isolation
- Potential to improve performance at school and subsequently improve chance of employment
- Prevention of health conditions developing or deteriorating as rapidly for children and the people who care for them (e.g. spinal conditions)
- Freeing up time for families and carers thereby improving their quality of life and even being able to take on paid employment
- In addition, Whizz-Kidz invite children to participate in their Ambassador programme and Work Placement schemes both funded purely through donations

4.1.6 Pros and Cons of option

Pros

- The referral process sets up the actual assessment to make 'a child in a chair in a day' possible. This lean process means there is a chair that is ready for most children when they turn up, with a team on hand that can make the final adjustments to the equipment that are needed
- Whizz-Kidz have looked closely at their supply chain and manufacturers have provided free consignment stock at clinics and have improved their lead times to deliver other chairs
- There is a proactive review process to check how the child is progressing and how the chair is holding up rather than reactively waiting for something to break
- The introduction of outreach clinics at schools has been really positive - at one school alone in Tower Hamlets, over 100 children are wheelchair users
- The skills training is seen as a real bonus by the PCT Service Leads
- Whizz-Kidz have worked hard to understand and provide solutions for children with the most complex needs, which was a new area of service to them

Cons

- The only concern raised by the PCT Service Lead was that Whizz-Kidz may struggle in the current climate to increase their charitable donations, which provide the added value skills training, as they increase their provision across London and to new contracts such as Plymouth

4.1.7 Return on Investment (ROI)

In the absence of detailed financial information it is not possible to complete a traditional ROI profile.

To value benefits it is possible to compare the improvements in quality of life (using the standard Quality Adjusted Life Years – QALYs) that result from shorter waiting and better chairs with the standard threshold about society's willingness to pay for such improvements. This is an approach that is taken by the National Institute for Health and Clinical Excellence (NICE) whose guidance typically approves treatment for use by the NHS if it costs less than £20,000 per QALY.

The Frontier evaluation report demonstrates that the Whizz-Kidz service to Tower Hamlets, meeting unmet demand cost an extra £108,000 and delivered 12 – 16 additional quality adjusted

life years (QALYs). This results in a QALY of **£6,700 - £8,800** which is well within the £20,000 threshold that NICE guidance approves as effective treatment acceptable for use within the NHS.

	Pre Whizz Kidz	Post Whizz Kidz	Unmet need
Wheelchairs issued	47	205	158
Waiting time for a wheelchair (months)	6	1	5
Total additional waiting time Pre-Whizz Kidz (months)			790
Total additional waiting time Pre-Whizz Kidz (years)			65.8
Gain in QALY per 1 year: reduction in waiting time			0.15 - 0.2
Total gain in QALYS from reduced waiting			9.9 – 13.6
Approx. annual powered wheelchairs issued (assumes Whizz Kidz serve all need)	1	21	20
QALY lost when manual supplied but powered required (per year)			0.12
Total gain in QALYs from supply of right chair			2.4
Total gain in QALYs: improved waiting time + supply of right chair			12.3 – 16.2
Sources: NHS Scotland, 2006, "Moving Forward: Review of NHS Wheelchair and Seating Services in Scotland"; Tengs & Wallace, 2000, "One Thousand Health Related Quality of Life Estimates", Medical Care; "Tower Hamlets Activity Analysis"; Barnados /Whizz-Kidz Survey of waiting times.			

4.2 Specialist Commissioning for children's services in Kent

4.2.1 Description of option

It is a national and Kent priority to develop integrated processes for vulnerable groups of children and their families, and to promote the co-location of staff. Eastern and Coastal Kent PCT and Kent County Council are creating multi-agency specialist hubs to provide services to disabled children and young people.

The hubs offer:

- Reviews of children's needs in a multi-disciplinary environment leading to (among other things) the provision of wheelchairs and specialist seating systems
- A single base for Kent County Council (KCC), NHS and Third Sector staff
- A multi-agency approach to providing advice, training and outreach support for early years settings, schools and leisure providers on including disabled children and young people in their activities
- Joined up approach to providing assessments, interventions and reviews
- Specialist centre to enable severely disabled children and young people to be able to access a short break during the day and evening
- Local community venue for providing training, advice and support for parents and carers

The commissioning intention is to operate hub and spoke model of advice and interventions, utilising existing premises as 'spokes' such as residential centres, GP centres, schools etc.

4.2.2 Volumes handled within option

No specific information on volumes was provided but the new centres will operate in Swale, Thanet, Ashford (areas with high numbers of DLA claimants) and Maidstone/Royal Tunbridge Wells.

The person centred approach will cover children and young people up to 25 years old.

4.2.3 Cost of solutions within option

Funding was provided through the PCT board (£1.9m capital), from Short Break provision from the Aiming High Programme and a cross government co-location grant

4.2.4 Cashable efficiencies

No information was provided but it is anticipated that maximising the use of capital space and, by coming together to develop new models of working through co-location and operation of staff will bring benefits.

4.2.5 Non cashable efficiencies – quality improvements

- They have established creative solutions by promoting the active participation of disabled children, young people and their families in the development of the service
- A 'one stop shop' is being developed to enable disabled children, young people and their families to receive the right information and support at the right time, in the right place. This includes the assessment for wheelchair and seating provision at hubs and with outreach clinics at the spokes
- All disabled children aged between 0-7 with highly complex needs are allocated a Key Worker, having access to a multi-agency family plan
- A range of training courses have been developed for promoting the inclusion of disabled children in early years settings and schools

4.2.6 Pros and Cons of option

This has been a major strategic decision across multiple agencies and is encompassing the entire range of children's services rather than just wheelchairs, so it is difficult to consider specific pros and cons relating to wheelchair services

4.2.7 Return on Investment (ROI)

This information was not shared.

4.3 Joint working between health and education in Telford and Wrekin

4.3.1 Description of option

Provision of wheelchairs and seating equipment for solely educational use has always been a problem in terms of who is the responsible budget holder and the wheelchair service remit to provide an equitable service across all age groups.

Under the current scope of service provision eligibility criteria mean that users often do not get wheelchairs they require i.e. a child may be able to walk but the distances and speed to access lessons requires a powered wheelchair which they are not provided with. Generally, problems are encountered in secondary schools due to distances required to get to classrooms and work table accessibility.

To resolve the problem a service level agreement (SLA) was drawn up between Telford & Wrekin Council, Education and NHS Telford & Wrekin in order to enhance wheelchair provision for children and young people attending secondary school.

4.3.2 Volumes handled within option

Nine children have benefited in 3 years.

4.3.3 Cost of solutions within option

A virtual allocation of £8,000 from the education access budget has been allocated to enhance wheelchair provision. This largely replicates the voucher scheme – the wheelchair service assesses as usual with the input of the paediatric occupational therapist responsible for special educational needs and provision is agreed. Where an addition is required above what would have been supplied by the service, Education pays that ‘top-up’ element (the ‘enhancement’). The wheelchair service retains the ownership of the wheelchair and is responsible for repairs.

4.3.4 Cashable efficiencies

These were not quantified, but on occasions, the Service Lead advised that money was being wasted by providing two or three pieces of equipment to solve access issues, (i.e. variable height tables in a number of classrooms) when a joint investment in a sophisticated wheelchair would be more cost-effective and better for the young person.

4.3.5 Non cashable efficiencies – quality improvements

An appreciation of each other’s roles, responsibilities and limitations enhances the holistic approach to provide meaningful and flexible solutions to meet individual’s needs.

- Equipment previously not accessible through the NHS can be considered and loaned under this agreement
- The children involved have benefited from increased independence, socialisation and learning opportunities
- The enhancements are dependent on the needs of the child i.e. joint funding was agreed to provide a child with a higher performance self propelling wheelchair for him to participate in sports; therefore, imaginative solutions can be considered to improve the child’s access in the broadest terms

4.3.6 Pros and Cons of option

Pros

- A knowledgeable commissioner and open-minded education officers was key to improving the system
- The provision of maintenance and future disposal by the wheelchair service of any equipment purchased resolved many of the concerns held by education staff

Cons

- There was a lack of knowledge and poor promotion of the wheelchair service which required a lot of explanations to the education staff in the initial stages

4.3.7 Return on Investment (ROI)

No further information was shared.

4.4 Conclusion

It is reassuring that there are different models including private sector and third sector providers already working successfully in this market – even for specialised equipment.

Commissioners should source provision of solutions from providers who are best able to improve quality and productivity

5 The changing commissioning landscape

5.1 Current commissioning practice

At the moment, existing wheelchair services are commissioned by PCTs solely for their own localities. As the budget for delivering wheelchair services is a small fraction of primary care trusts' overall spend, commissioning practice is often neglected. Commissioners rarely conduct needs assessments for their population in relation to wheelchairs and often commission the service as part of a block contract. In this commissioning environment, the activity of wheelchair services has focussed on purchasing sufficient wheelchairs within the given budgets; using locally developed eligibility criteria to manage spend.

Specialised wheelchair services are generally not commissioned by Specialised Commissioning Groups or provided by specialist centres. In most of the South West region, specialised wheelchairs are provided by the general wheelchair service, which occasionally bring in specialised assistance from seating manufacturers. In such circumstances a potential conflict of interest can easily arise between clinician and sales representative.

Some services in the South West refer to the specialist centre in Salisbury or out of region to Selly Oak or Oxford.

5.2 Health and social care reforms

Following the White Paper (2010)¹¹ and the introduction of the Health and Social Care Bill (2011) the Government no longer wishes to mandate commissioning models or micro-manage NHS services from Whitehall. Subject to Parliamentary approval, PCTs and SHAs will be abolished in 2013 and replaced by groups of GP practices working together in consortia, supported by an independent NHS Commissioning Board.

GP Consortia will be statutorily responsible for providing wheelchair services and will commission then as they will commission the majority of NHS services. However, the commissioning of specialised wheelchairs and seating systems sits currently in the Specialised Services Definition Set of the National Commissioning Board. This Board will consult with the appropriate experts at some stage to decide how these will be commissioned, but are looking to the background work undertaken by the South West and East of England wheelchair reviews.

The Government's reforms are designed to promote closer working between health and social care. The new health and Wellbeing Boards of the local authority will offer a formal means through which local authorities and consortia work together. Consortia will have a duty, before the start of each year, to prepare commissioning plans including proposals for how they intend to use their commissioning budget and how they intend to improve outcomes for individuals. These need to reflect joint strategic needs assessments of need and joint health and wellbeing commissioning strategies. This should ensure that financial allocations for wheelchair services are related to needs within the population and are agreed between health and social care teams.

The NHS Commissioning Board will issue commissioning guidance and model contracts and templates for some services. It is envisaged that the work undertaken by the wider review of wheelchair services in the South West (and East of England) could form the basis of such guidance on wheelchair provision generally, should the Board decide to issue same.

¹¹ Department of Health (July 2010), **Liberating the NHS**, London

5.3 Education reforms

The Department for Education has produced a Green Paper focused on improving the experience of accessing support for parents of children with special educational needs (SEN) and disabilities. This proposes to introduce a new single assessment process and 'Education, Health and Care Plan' by 2014 to replace the statutory SEN assessment and statement. This new single plan will bring education, health and social services together with the family to agree a straightforward plan that reflects the family's ambitions for their child from the early years to adulthood, which is reviewed regularly to reflect their changing needs.

Parents will have the option of personalised funding by 2014 to give them greater control over their child's support, with trained key workers helping them to navigate different services.

The provision of wheelchairs to children with physical disabilities is an important part of the package of support children receive to help them access learning, and will be included in the single plan that children receive, enabling the most flexible solution to be jointly developed.

5.4 Conclusion

Whilst there is a lack of clarity around the detail of the new commissioning landscape, all the policy drivers and levers are in place to support the improvements expressed in the views from children, parents and carers and commissioners and service leads.

The proposed option that is being recommended for testing through the proof of concept phase will be presented for approval during April. The components of the proposed new system for wheelchair service provision all reflect the ambitions of the reforms.

6 Recommended way forward

6.1 Recommended commissioning approach

Children's wheelchair and seating services benefit from being integrated with adult services and the recommendation is that they **should not** be separately commissioned. This allows for greater economies of scale and prevents individuals being 'lost' between children's and adult services.

Solutions to the areas of difficulty currently experienced and the views on improvements can be achieved through changes to the system that are age-neutral. These have been fully incorporated into the proposed new system design undertaken as part of the South West wheelchair services review.

Critical to the provision of services that put individuals, and the people who care for them, at its heart are specifications designed around measuring outcomes, performance and innovation.

Wider commissioning recommendations follow as part of the South West wheelchair services review.

There are a number of executive meetings planned during April where decisions about the proposed options and buy in to the development of the proof of concept operating model and implementation pathway will be sought.

6.1.1 Proposed new system design principles

It is the conclusion of the wider wheelchair services review that a fundamental change to the current approach is needed to deliver this proposed new system. This view has generated a number of design principles:

- The system should work across services and overcome the barriers to joint working. This will enable flexible solutions that best meet the needs of the individual and enable them to live independently;
- There needs to be a culture of getting it right first time and of continuous improvement;
- Commissioners should source provision of solutions from providers who are best able to improve quality and productivity;
- The system must be able to absorb demographic growth;
- Effort and resources should be focused on people with the greatest need;
- The marketplace must be stimulated to offer sustainable alternatives to public provision for people with low level needs.

6.1.2 Key components for the proposed new system

The wider wheelchair and seating services review has identified key components for a proposed new system design which are described in more detail in section 8.3:

- Joint Commissioning across services to focus on person centred approaches
- Supporting development of virtual funding streams across health, social care, work and education
- Commissioning packages of wheelchair equipment and support
- Accrediting assessors and supported decision making
- Referral Hub (Contact Centre)
- Common eligibility criteria
- Personal health budgets/individual budgets
- Stimulated and developed marketplace

- Procurement Hub
- Measures

6.1.3 The South West wheelchair services recommendations

The recommendations within the wider wheelchair service review propose changes to how wheelchair services are commissioned to improve quality, provide opportunities for innovation, increase productivity and efficiency and promote prevention strategies, including:

Commissioning strategy

1. Establishing an alternative to block contracting to give commissioners access to a well structured pricing system as well as greater clarity on the outcomes delivered for people who use services, and those who care for them
2. Commissioning of wheelchair and seating services separately, subject to an economic evaluation, between
 - a. specialist services to meet the needs of those with most complex needs, be they adult or child, and
 - b. core/standard wheelchair and seating services
3. Joint commissioning across multi agencies, linked with improved shared funding mechanisms, centring on the person and their family is the key to ensure that the most flexible solutions are in place to best meet their needs
4. Developing commissioning strategies across health, social care, education and work to maximise outcomes in the provision of integrated postural management solutions
5. Commissioning a referral hub to deliver improvements through provision of basic screening, self assessment/referral, information on products and equipment, progress of orders and deliveries, 'Choose and Book,' provision of support to find related services, out of hours service and proactive customer services contacts to arrange re-assessments, equipment maintenance
6. Driving the service quality upwards through clear customer and carer feedback process and by the more accurate collation and analysis of data to measure and benchmark performance across the region

Focussing on outcomes

7. Common and transparent eligibility criteria across the region should help people know where they stand at the outset
8. Cross agency commissioning and funding enables whole life assessments involving carers and offers the most flexible solutions for individuals
9. Measuring provider performance so they are accountable for achieving the contracted targets and rewarded for innovative practices
10. Sourcing provision of both assessment and equipment provision solutions from providers who are best able to improve quality and productivity.
11. Developing packages of wheelchair equipment and support, underpinned by currency and tariff establishing visibility of how the budget is being spent across the South West.
12. Driving consistency across provider activities which will enable greater purchasing power and more effective procurement activity
13. Up-skilling of accredited assessors will enable a greater level of direct issue, improving the provision timeline for user and reduce the overall cost base
14. With more straightforward cases being dealt with by accredited assessors, the more specialised clinicians within the wheelchair service will have more capacity to assess complex patients and this will reduce waiting for appointments

Collectively, these system changes deliver significant enhancements in quality for people who use services as well as significant increases in efficiency of operations. This is a system designed for the next 15 – 20 years.

People who use services will be empowered by cross service choice of the most appropriate solution for them. They will be contributing, through their feedback, to the development of a service that puts their needs, and those of the people who care for them, at its heart. They will benefit from a service that meets their needs effectively and more timely.

6.1.4 Market Assessment

The current providers do not always realise that they are part of the marketplace and that there are alternative providers offering alternative solutions.

The proposed new system will be more market orientated and focus on

- assessment provision to understand needs and prescribe solutions to achieve agreed outcomes to meet these needs and
- provision of wheelchair equipment and support packages to deliver the outcomes

The provider marketplace will be driven by the choice of the individual as they will want to be serviced by those suppliers who deliver effectively what they as individuals want. This applies equally to referral to assessment processes and timelines as well as those from assessment to handover of their wheelchair and seating products.

As part of the discussions in the wider wheelchair service review there has been great interest shown in the concepts behind the proposed new system with a number of private and third sector suppliers seeing a strong opportunity for growth. Providers see that there is scope for greater rationalisation and standardisation which also provides a strong base for cost reduction.

Some of the private sector suppliers were frustrated at the length of time it currently takes to complete funding approval processes for many children's wheelchairs, citing the child often had to be reassessed as they had grown during the elapsed time from the first assessment.

Interestingly, manufacturers have stated that reshaping the equipment provision and linking repair and maintenance to be provided through a package by the supplier/dealer is likely to see a redesign of products. The underlying conclusion is that, with a lot of services issuing refurbished and reused chairs before they would purchase a new one, the plethora of components and parts is where margins are being made. Packages of wheelchair equipment and support for 5 years as the core standard and making this a provider responsibility will result in the most efficiently designed products being provided.

Some concerns have been raised by people who use services or their families/carers that there could be conflicts of interest between assessors and suppliers if the market for assessment is opened up. Accreditation requirements around training and competencies in the marketplace should address these concerns.

6.1.5 High level Benefits

The recommended way forward, that is still to be approved for wider wheelchair services redesign in the South West, will deliver improved health and wellbeing outcomes for disabled children and their families. Simplified pathways will deliver better experience for children and their families through increased satisfaction in the overall service delivery (from referral through to aftercare/after sales)

The high level benefits for disabled children and their families include:

- Being able to access an assessment and wheelchair or specialised seating provision through appropriate professionals or by directly through a contact centre where trained personnel will be available
- Being given an initial assessment which will consider their wider enablement needs across a range of services looking at the requirements to assist them to live independently

- Only having to give their information once during this assessment as information will be collected for all the services
- Being offered options of the ranges of equipment that meets their needs, receive product information and advice and know what funding is available to them irrespective of their basic or specialised requirements
- Being offered the choice of a personalised budget with advice and support to manage this budget available from or signposted by the assessors in the community or from the contact centre
- Being offered flexibility to pool personalised budgets from a number of services and reapportion them in a way that best suits them to maximise the impact on their daily lives
- Being able to have multiple interventions or deliveries coordinated to minimise disruption to their daily life
- Being able to access 24 hour repair and maintenance services
- Being able to provide feedback to the contact centre to drive future improvements

The work to complete the financial modelling of the components and the proposed options is not complete at the time of preparing this report. There is an expectation that the proposed new system will deliver quality improvements, absorb demographic growth for the next 3 – 5 years and be at worst, cost neutral.

6.1.6 Moving towards developing an outcomes based specification

The proposed proposed new system requires extensive testing, both of the model and its costing before it can be implemented. During a period of a proof of concept, the development of an outcomes based specification can be undertaken.

Much work has been completed on developing measures that fit with the current outcome frameworks which will assist the development of outcomes based specifications.

The wider programme has also developed optimal pathways and timelines for the provision of wheelchair services which are included in section 8.4.

7 South West wheelchair services review implementation pathway

It is essential to develop an operating model and implementation with a minimum of one locality in the region. We believe that if we prove the concept with this locality, whilst involving the others in the development of the new model so that they can feed in where there may need to be changes to reflect their locality requirements, the model will be scalable and able to be adopted quite quickly across the region and potentially across England.

7.1 Executive Sponsorship and Agreement

There are a number of executive meetings planned during April where decisions about the proposed options and buy in to the development of the proof of concept operating model and implementation pathway will be sought.

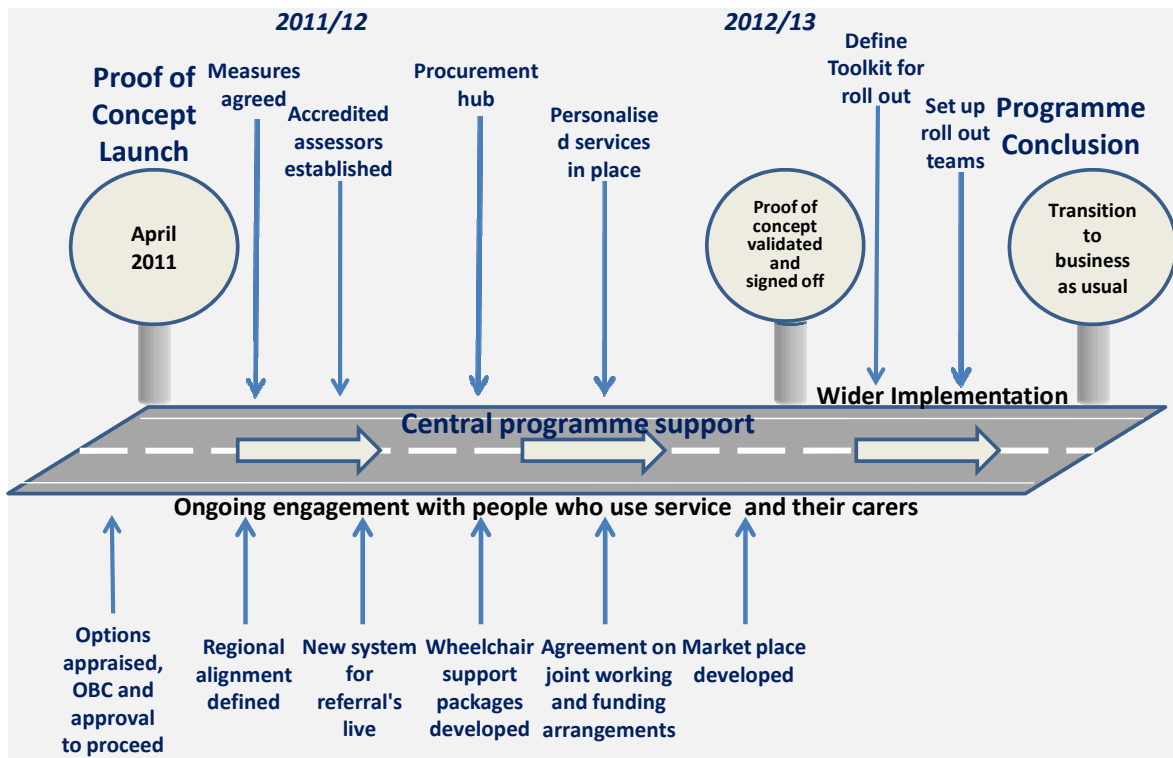
7.2 Proof of concept activities

To achieve this, the programme deliverables will be

- A confirmed new system model and operational savings
 - Cross sector approach to deliver enablement
 - Redesign of assessment process through decision support
 - Confirmation of optimal pathway
 - Validation of commissioning packages of wheelchair equipment and support
 - Increased uptake of personal budgets
- Key components defined and operation tested/evaluated
- Funding model and process defined
- Implementation plan developed for the region
- Implementation methodology developed
- Third and private sectors mobilised for go live

7.3 Implementation Milestones

A roadmap with key next steps



8 Appendix

8.1 Children's Survey Questionnaire



Whizzkids Survey Summary Data Protected.pdf

8.2 The proposed options around the new wheelchair and seating system

A number of proposed options have been developed to deliver the proposed new system. A more detailed descriptor for each option follows:

8.2.1 Option 1 – Incremental improvement

- Commissioners make decisions based on local priorities and information resulting in fragmentation of budgets and lost opportunities to remove postcode lotteries
- Current services continue with their own local improvement and efficiency plans
- No strategic approach to consider
 - geography and the interaction of public bodies within an area when planning services
 - leveraging budgets and spending money wisely across a wider base area
 - consistency and efficiency in delivery, eligibility criteria, processes and systems
- Some development of a standard e referral system deployed locally

8.2.2 Option 2 - Introduce local referral hub and regional procurement hub with process improvements

- A referral hub is utilised within the locality with e-referral systems to improve process efficiency
- Triage is in place in the referral hub with the potential to book assessments in local centres
- Common eligibility criteria is used across region
- Where possible additional criteria in place for DWP and education
- Common data sets established for measurement and service improvement
- A central procurement hub is established and a commodity strategy is developed to strategically source equipment and services
- Inventory is standardised across region and stockholding is reduced in centres
- User feedback is collected to drive further improvements

8.2.3 Option 3 - As Option 2 plus the introduction of market developments to support individual budgets/ personal health budgets and the referral hub operates across the region

- All as described in option 2
- A central referral hub is established within the region with e-referral systems to improve process efficiency
 - Offering 'Choose and Book' across the region to all state supported and self funding individuals as universal provision
 - Specialist support is available within the referral hub
- Criteria and supporting funding in place for social care so whole life needs can be assessed and provided for
- Stimulating and accrediting private provision with NHS service continuation
- A network of 'accredited' dealers is developed to provide the assessment for private purchasers including individuals with personal budgets

- A network of ‘accredited’ repairers is developed to support breakdown, maintenance and repair for privately purchased equipment
- Capturing outbound feedback from customers – advocacy of service

8.2.4 Option 4 – As Option 3 but all provision is moved into the marketplace

- All as described in option 3
- Greater involvement of the supply base with a transfer of responsibility putting complex elements and risk in the hands of those best able to manage it
- All equipment provision - direct delivery, breakdown, repair and maintenance - is provided through the manufacturing/dealership supply base
- Contracts would be let on total cost of ownership/lifecycle models or ideally as a package of wheelchair equipment and support
- The potential exists to develop a sustainable marketplace with the capacity to absorb increased demand as a result of population growth
- The potential exists to create efficient and sustainable alternatives to public provision for low level needs
- Assessment would remain in the service and would issue generic prescriptions

8.2.5 Option 5a – Total marketplace solution for assessment and provision

- The marketplace has the capability to accept referrals and assess individuals for packages of equipment and supporting services
- The marketplace has the capability to provide complete packages of equipment and supporting services based on a number of service options
 - Standard equipment
 - Standard and bespoke equipment provided to all moderate and low level needs users
 - Equipment, home adaptations and complementary equipment

8.2.6 Option 5b – As Option 5a including the provision of the referral hub

- Additionally includes the marketplace providing the Contact Centre

8.3 Key components of a proposed new system for wheelchair and seating services

8.3.1 Joint working

Establishing person centred outcomes and committing to collaborate across services will drive assessments considering whole life needs that enable individuals to live their life to their fullest potential. Whole life assessments including all home, education or work requirements considered as standard resulting in a number of potential enablement options being provided to individuals. Whole life assessment also results in carers needs being fully considered, consequential costs of non –provision are understood and the required equipment is funded therefore improving outcomes.

8.3.2 Virtual funding mechanisms

Establishing ways of working that ensure the seamless funding across health, social care, work and education to underpin the whole life assessment process without onerous or delaying authorisation processes. Cross sharing across agencies facilitates patient choice.

8.3.3 Commissioning packages of wheelchair equipment and support

By aligning the supply base to the requirements of the service we move from the purchase of chairs and seating systems to the purchase of packages of wheelchair equipment and support. Commissioners will source packages of wheelchair equipment and support from an accredited

provider marketplace. Packages of wheelchair equipment and support will normally be for between 1 and 5 years dependant on growth, condition deterioration, etc and include all equipment, modification, servicing and maintenance requirements. Packages of wheelchair equipment and support are supported by a tariff and provide clarity of equipment ownership (it is with the supplier).

Criteria will need to be established within a service specifications to trigger reassessment should an individual's condition change. This moves the responsibility for repair, maintenance, inventory management and refurbishment of equipment to manufacturers and their dealership networks as those most equipped to deliver it cost effectively. Breakdown assistance may be commissioned as a service that is paid by individuals. This also supports individuals with personal budgets by increasing the visibility and accessibility of equipment and supporting services in an accredited marketplace.

8.3.4 Accredited assessors and supported decision making

It is proposed that through the deployment of decision support tools, accredited assessors will be able to carry out whole life assessments. The systemisation of the assessment process minimises rework, applies standards across services and establishes baseline financial allocations for categories of assessment.

8.3.5 Referral Hub (Contact Centre)

Users, carers and professionals will be able to contact the Referral Hub for a wide range of services. Utilising 'Choose and Book' individuals would benefit from improvements in referral processing and appointment booking being able to choose the assessment location of their choice and the date and time of their assessment. This delivers improved referral to treatment (in this case provision) timelines.

The Contact Centre will be able to triage and act as a knowledge resource that provides advice relating to a wider range of equipment and services and not just relating to posture and mobility It is envisaged that specialist assessors based in wheelchair centres will also provide expert advice that complements that of local assessors.

The contact centre offers the facility to arrange maintenance and repairs for all people who use wheelchairs or special seating and may initially deal with breakdown requests. This will negate the need for users to have a range of contact numbers for chair repairs and deal with a single point of contact.

There will be a strong emphasis on customer services, actively seeking feedback to help drive choice and areas for improvement. This feedback will be broadened from just consideration of wheelchairs to their enablement needs and will be based on measuring outcomes to maximise their effectiveness and will be used to assist user choice.

Currently data on services is minimal, inconsistently collected and defined. A consequence of the new model will be that a wealth of standardised data will be available for commissioners and accredited providers to drive a culture of continuous improvement. The contact centre will also be the conduit for transfer charges back to originating budget holders.

8.3.6 Common eligibility criteria

Establishing common eligibility criteria across region including health, social care, Department of Works and Pensions and education criteria means that anyone ineligible for state funded services can be informed at the beginning of the process. Individuals can be given information relating to the services provided by the State, options for self funding of equipment and signposting to the accredited marketplace where they can have their needs met. The criteria in the new cross-

service model will in due course effectively act as a budget setting mechanism rather than access criteria

8.3.7 Personal Health Budgets

Increasing the availability of personal health budgets/individual budgets underpinned by skilled support staff and improved and accessible information with corresponding stimulation of marketplaces will empower individuals to exercise choice – of equipment, of provider, of other aspects of their enablement needs. It requires a marketplace to enable the individual to spend their budget on products and services that will deliver the outcomes agreed in the support plan.

Personal budgets should replace the current voucher scheme. The potential of the Buying Solutions national government framework that enables funds to be provided to individuals through prepayment ‘virtual cards’ will be examined as part of the detailed analysis. This approach has in other service areas shown significant reductions in back office processing.

Personalised budgets will be supported through the referral hub where a specialist team will be able to offer advice and also be able to signpost to potential appropriate managing agencies for their personalised budgets.

8.3.8 Stimulated and developed marketplace

It is proposed that the marketplace for wheelchairs, specialised seating and other associated equipment should operate like any other consumer driven market. Stimulating and accrediting the marketplace to innovate, provide solutions and increase visibility and accessibility of products for all wheelchair users, not just those whom the state supports, is critically important to the development of the proposed new system.

Accreditation criteria and processes will be developed, similar to that already established as a national standard for community equipment provision, that give people who use wheelchair services confidence that accredited manufacturers, dealerships and other willing providers are competent in wheelchair assessment and provision and provide good quality services.

The marketplace can be developed to provide a sustainable alternative to current provision, thereby enabling those with the lowest level of needs to self support. New entrants to this market already are the national grocery chains, Tesco and ASDA and retail park retailers, Halfords and Argos but the market is currently lacking consistent assurance mechanisms. Existing marketplace providers must be encouraged to provide increased choice and ensure quality of service to those who self fund including individual budget holders. Stimulating this marketplace will develop increased capacity that will help meet the increased future demand as a result of population growth.

An increasingly normal marketplace for wheelchairs, specialised seating and other associated equipment allows people who could benefit from the current range of low cost/value products to self-help. This enables state funding to support people with the greatest need.

8.3.9 Procurement Hub

The model would require strategic sourcing expertise, particularly around market management and to support commissioning of specialist packages so that they may be delivered more effectively through preferred supplier frameworks rather than the developing marketplace. This is likely to change over time as the marketplace evolves and matures. There is scope within both EU procurement and competition law to deploy different strategies through the development of the marketplace. This is of particular importance in more specialist and lower frequency areas of provision where aggregation may have greater incremental benefits.

The capture of customer feedback via the Contact Centre is vital in driving improvements in quality and efficiency in the marketplace.

8.3.10 Measurement

The current management information and key performance indicators are very weak and focus on the operation of current services rather than effectively measuring individual's outcomes. The NHS performance regime reflected in the NHS Outcomes Framework and Operating Framework, the proposed outcomes framework for social care and the GP Survey have been examined to develop measures and tools consistent with the national reporting requirements.

The pilot is developing a measurement tool and a survey that will be validated and signed off by the end of March and tested during the next phase of the programme. The tools measure:

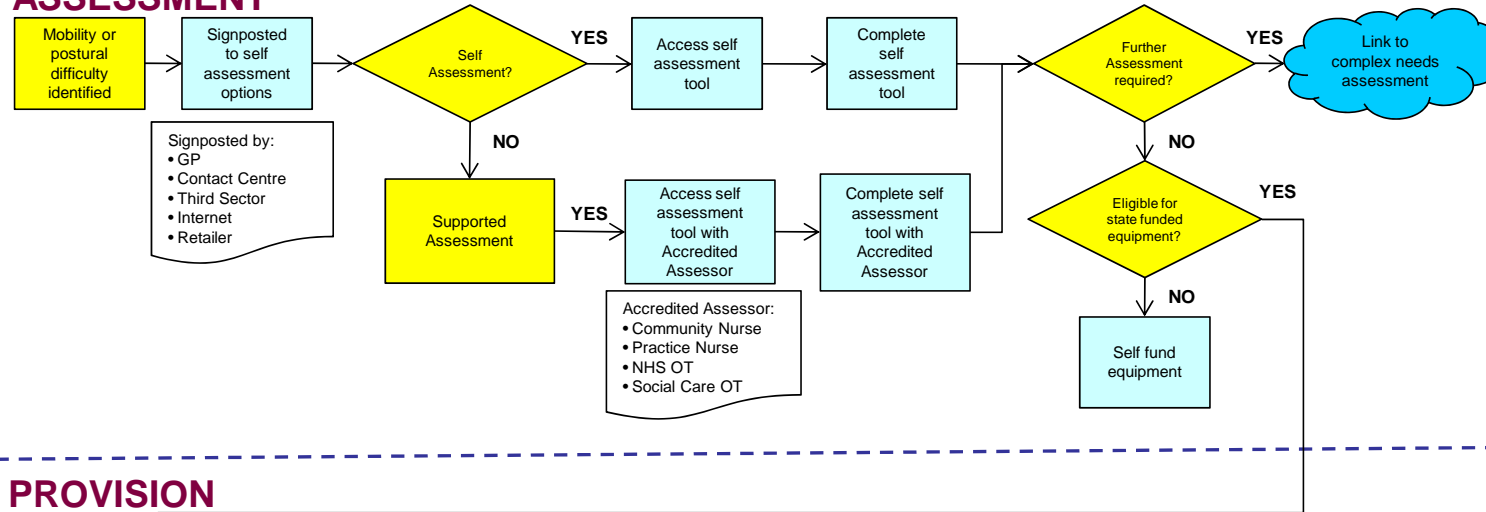
- Quality, covering safety, effectiveness and patient experience
- Resources, covering finance, capacity and activity and
- Reform, covering commissioning, provider markets, building capability and partnerships

In order to effectively deploy these measures it is recognised that data needs to be managed more effectively, for this reason consistent measures and data capture approaches will be deployed through the referral hub.

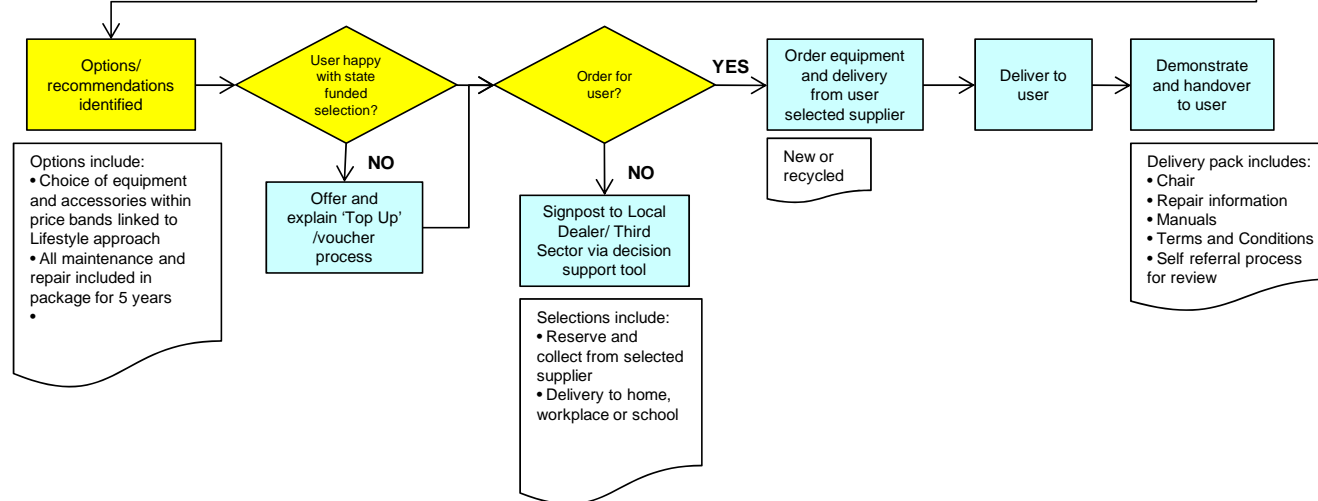
8.4 Optimal Pathway and Timeline

8.4.1 Low/Moderate needs optimal pathway

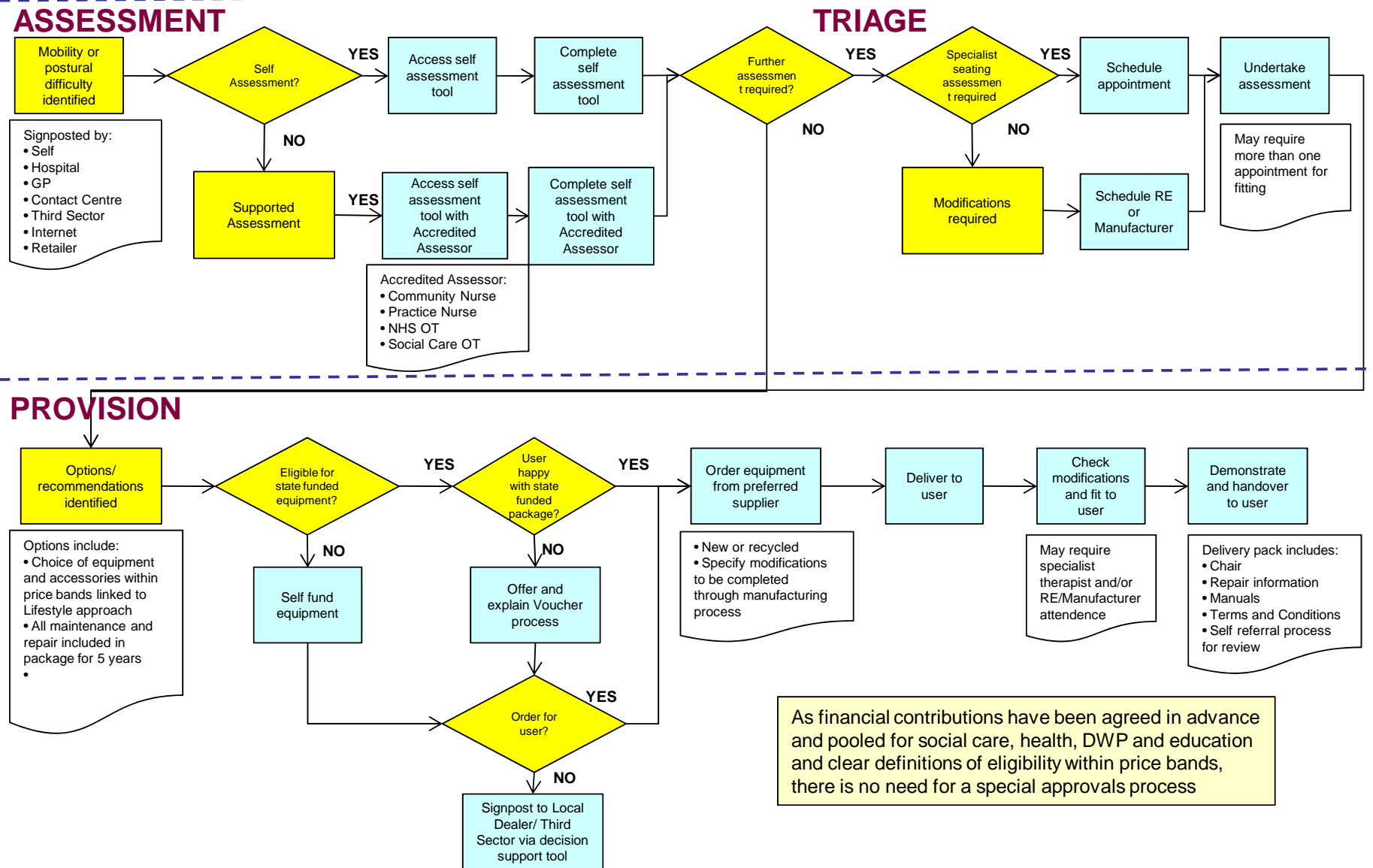
ASSESSMENT



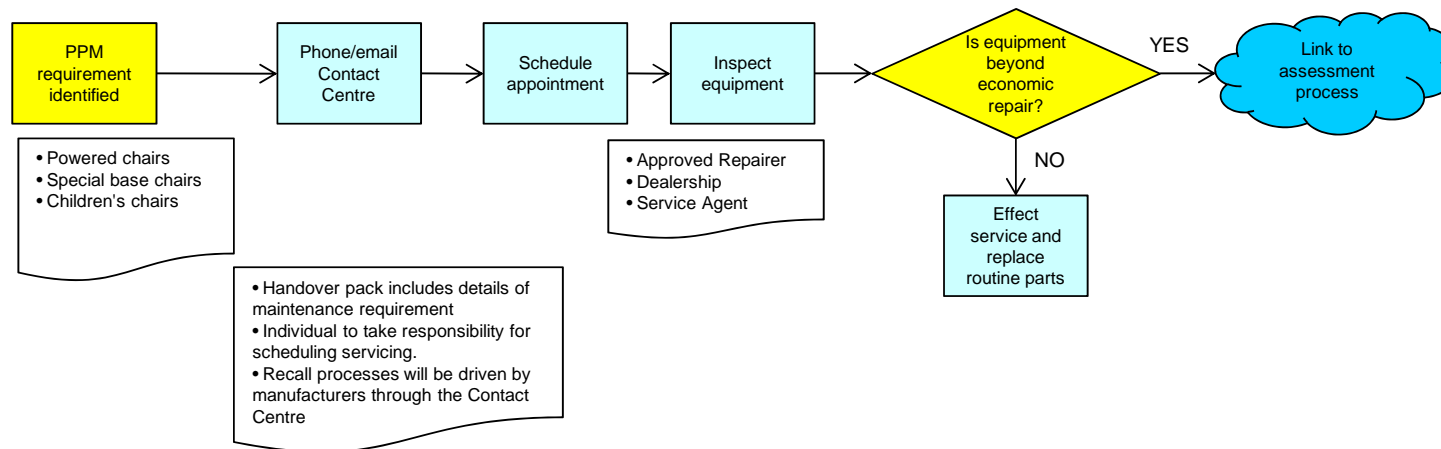
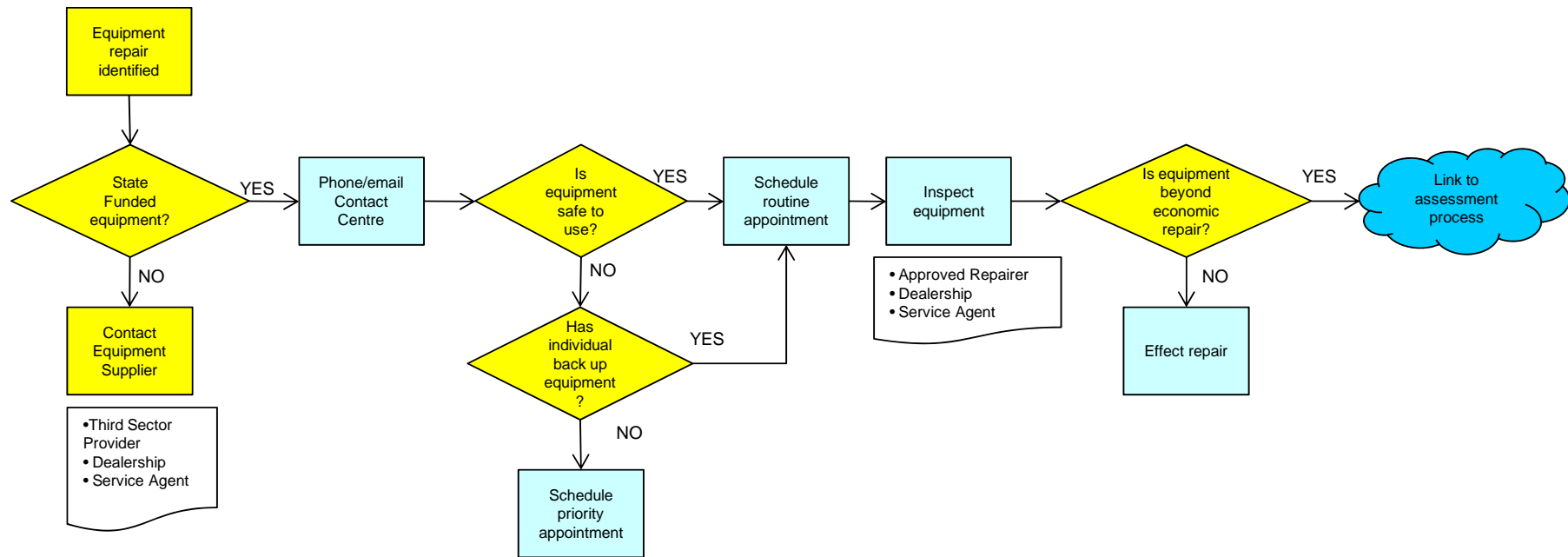
PROVISION



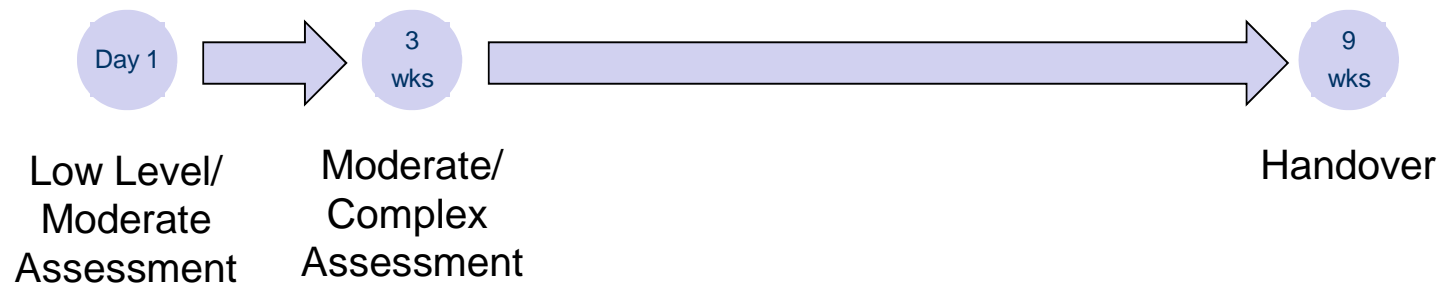
8.4.2 Moderate/Complex needs optimal pathway



8.4.3 Aftercare optimal pathway



8.4.4 Optimal Timeline



- Accredited assessors, using the decision support tool, can undertake an increased range of low to moderate needs assessments instead of completing a referral form to send to the Wheelchair & Seating Service
- This is estimated at 55% of current referral patterns
- The remaining moderate to complex needs assessments are referred for more specialist assessment
- This timeline can be improved to 21 days maximum waiting time based on current average priority waiting time from referral to assessment
- The maximum time from agreeing equipment package to equipment handover should not exceed 6 weeks based on manufacturers feedback
- Total timeline maximum of 9 weeks