



SCOTTISH EXECUTIVE

**SCOTTISH EXECUTIVE RESPONSE TO
RECOMMENDATIONS MADE IN THE
REPORT 'MOVING FORWARD:
REVIEW OF NHS WHEELCHAIR AND
SEATING SERVICES IN SCOTLAND'**

January 2007

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1. Introduction

The Executive welcomes the independent Review of the NHS Wheelchair and Seating Service, *“Moving Forward – Review of NHS Wheelchair and Seating Services in Scotland: March 2006”*, as a comprehensive critique of existing services from the viewpoint of users and carers. It is a valuable tool in guiding the Executive in addressing the concerns of those who use the service and indicating ways in which clients believe the service should develop.

The Executive commissioned this Review as a direct result of the Petition to Parliament, PE798, in December 2004 by the late Mrs Margaret Scott, urging the Executive to “resolve the current critical problems in the provision of wheelchairs and specialist seating services within the NHSScotland through a review which, in consultation with users, addressed minimum standards, the scope of equipment provided and the delivery of services.”

The Executive is aware that NHS MEL(1997)47, in responding to a review of the relevant services in 1996, highlighted improvements to the service that the Scottish Office wished implemented. This latest review endorses the need to continue to address these improvements.

Many of the proposals for change identified in 1997: increase in the number of satellite services to bring services closer to patients; improvements to patient transport arrangements; efficiency savings in the refurbishment procedures; criteria for provision of a second wheelchair; clearer definitions of the parameters of the service; and more integration with other service providers remain equally valid today.

Furthermore, the new Disability Equality duty, which came into force in December 2006, obliges public bodies, including the Executive, to be proactive in identifying and eliminating discrimination against disabled people, to promote positive attitudes to disabled people and to their participation in public life, while the United Nations International Convention on the Rights of Persons with Disabilities will come into force during 2007.

The challenge, therefore, for all stakeholders involved in addressing the issues raised, is to establish an effective mechanism whereby client-centred transformational change can be achieved realistically, while maintaining - and improving upon - existing services.

The current policy direction within the Health Department is based on *Delivering for Health*, published in November 2005, in response to the Kerr Report *Building a Health Service Fit for the Future, May 2005* sets the framework for developing policy and delivery for health services in Scotland.. Community Health Partnerships (CHPs) are being encouraged to find innovative ways to deliver client-centred services at local level via a joined up approach.

The independent Review of NHS Wheelchair and Seating Services identifies priority areas for improvements to the service for both users and carers, and recommends the way forward in implementing the improvements in partnership with the client group.

The outcome of the Review is the desire, expressed by both users and carers, for a move to a more integrated model of service delivery, which meets individual and social needs more effectively.

The Review Steering Group, including of a number of professional experts and representatives from service providers, and users and carers, made 40 recommendations. The Executive, NHSScotland and the wider agencies involved will work together on how best to implement the recommendations, both in the short and longer term. We are aware that there will be concerns over capacity and resource issues and we will need to discuss how these can best be managed. The priorities set by the Steering Group provide a helpful framework. However, those recommendations with significant additional financial implications require to be considered as part of the next Spending Review, due to take place in the summer of 2007.

There are, however, significant opportunities to make improvements without committing major new resources, for example, through rolling out of examples of best practice which have already been identified. NHS Boards are encouraged to consider the recommendations with this in mind.

We are extremely grateful to the members of the Steering Group, and all external stakeholders who took the time to respond to the regional, national and formal consultation process. The responses have helped to identify areas where there is most need for improvement. The challenge will be to target those areas where changes will benefit the greatest number of users and carers, within a reasonable timescale, and in ways that are cost effective to NHSScotland and its partners.

2. Structure of Response

The Executive's response addresses the 40 recommendations. A number of linked/parallel policy initiatives which support the implementation of recommendations have also been identified. These are highlighted in the response.

3. Strategic Direction

3.1 Pilot National Service

Recommendations Covered

Recommendation 1 – establish an implementation team

An Implementation Team will be established to take forward delivery of the recommendations made in this report on behalf of the Minister for Health and Community Care.

Recommendation 2 – reorganise into a national, integrated, assistive technology service

The provision of all assistive technology services (including wheelchairs, seating, prosthetics, orthotics, augmentative communication, environmental controls) will be integrated into a single national service, funded centrally but delivered locally. The NHS Wheelchair and Seating Service will be accountable for expenditure through a budgetary process. With guidance from an Advisory Group comprising representatives of users, carers, service professionals and appropriate government departments, the national service will establish minimum performance standards for the service.

Executive's response

A Project Board, reporting to the Executive, should be established to drive the transformational change identified by the Review. Advice on the composition, remit and tenure of the Project Board should be sought from the NHS Rehabilitation Technology Advisory Group (ReTSAG.), the advisory group established under NHS MEL(1997)47.

The Project Board, led by a senior NHS manager, should address the recommendations in the Review and develop a national Action Plan within the first 12 months for delivering change, for consideration by the Executive. The Board should provide appropriate leadership to drive forward change leading to improvements within the service.

An Advisory Group, consisting of professional experts in the field of rehabilitation and representatives from users, carers and the voluntary sector, should be established to advise the Executive, **specifically**, on progressing the recommendations. This Group should provide strategic direction and influence policy towards excellence in the delivery of Scotland's Wheelchair and Seating service.

The Advisory Group should establish national guidelines, within the same timescale as the Project Board, on minimum performance standards for the service to complement the Action Plan. In the longer term, it should examine how the goal of an integrated national service, encompassing all aspects of rehabilitation and assistive technology could be delivered locally in partnership with other agencies in accordance with the principles of *Delivering for Health*. It is vital that this group be aware of, and integrate, cross cutting policy developments which affect service delivery, into its recommendations.

(Example: Currently the Health Department is developing a Rehabilitation Framework as an outcome from Delivering for Health. This framework is designed to support services for older people, people with long term conditions and people returning to work after a period of ill health. It promotes a co-ordinated approach to delivering integrated care in community settings, focusing on developing the roles of nurses and of Allied Health Professionals. The Advisory Group should consider how the Review recommendations fit within this framework.

(Example: Changing Lives: Report of the 21st Century Social Work Review (2006))

3.2 Embrace Social Inclusion

Recommendations Covered

Recommendation 3 – maximise social inclusion

The central ethos of the NHS Wheelchair and Seating Service will be to maximise social inclusion. At referral, assessment and provision, services will be led by the requirements of users and carers embracing individual lifestyles and aspirations, taking into account domestic, educational, vocational and environmental requirements.

Executive's response

It will require significant change to transfer services towards a more integrated approach which meets individual and social needs. However there is a strong argument that a holistic approach in assessing needs should take into account the wider health benefits of ensuring and sustaining adequate mobility. This then assists an individual to access services, employment, and social networks, all of which will contribute to improved health and wellbeing and, in turn, reduce demand on health and social services. There should be long term benefits to individuals, and to service providers, in ensuring rapid and appropriate provision of Wheelchair and Seating Services.

Recommendation 3 is in line with the Joint Future position on referral, assessment and provision. We agree, in particular, that the user **and** carer requirements are an essential part of the assessment process.

The Executive understands that eligibility criteria can, at times, be difficult to accept for those users and carers who wish to access the service. However, it is important to have clear, transparent criteria which reflect local and national priorities, and are developed in partnership with users and carers.

The Executive believes that, in easing the burden on service-users, by improving the range of services and support, more people dependent upon Wheelchair and Seating Services would have greater opportunities to participate more fully within their communities and within society generally.

Through its "Closing the Opportunity Gap" policy approach to tackling poverty and disadvantage, the Executive is looking at ways to improve access to enhanced services for people who could otherwise face barriers to full participation in society.

The Executive recommends that local partnership agreements between Local Authorities and NHS Boards consider joint funding arrangements for the provision of wheelchairs in certain situations. The development of local Community Health Partnerships should facilitate this process.

3.3 Life-change Transitions

Recommendations Covered

Recommendation 21 – services to support more effectively life-change transitions

Services will be provided so that critical life-change transitions affecting users and/or carers (child to adult service user, loss of key carer (e.g. parent), university to workplace) are continuous and driven by the wishes of the user and carer.

Executive's response

The Executive supports this recommendation and understands that, in some parts of NHSScotland trained volunteers already provide support, particularly during the transition from children to adults services. Joint Future is identifying examples of good practice in, for example, Glasgow and addressing, with Social Work colleagues, whether involving the voluntary sector more actively in this support/advocacy role to users and carers can be delivered in the wider NHS.

3.4 Removal of Criteria

Recommendations Covered

Recommendation 9 – phased removal of eligibility criteria

Current eligibility criteria for NHS Wheelchair and Seating Services will be removed by phased implementation, unless they relate to safety.

Executive's response

The Executive acknowledges that the service is working within narrow parameters. The Executive is aware that phased implementation of this recommendation would be resource intensive. Changes in criteria should, therefore, be suitably phased in over time; should be developed in partnership with users and carers; should be open and transparent; and should be regularly reviewed. NHS Boards should aim to provide the most appropriate support possible to users and carers within their general allocations.

“Policies and criteria should genuinely contain the possibility of flexibility, based on the individual needs and circumstances of particular clients or patients”

(to avoid the courts reacting against public bodies which impose rigid policies or rules that are incapable of considering exceptions. This is known as “Fettering of discretion”).

Extract from “Using the Law to develop and improve equipment and adaptation provision” Executive, 2003

To achieve this goal, the Advisory Group should work with the Executive, service providers, users and carers, in setting criteria for the future service delivery within the resources available.

Criteria in relation to safety would remain paramount, but be clearly defined and explained. Users and carers should be involved in defining the level of risk on a case by case basis.

3.5 Agreed Mobility Plan

Recommendations Covered

Recommendation 10 – agreed mobility and seating plan for each user

An individual mobility and seating plan will be developed for each user assessed and should form an agreement that is signed by the user, carer and wheelchair service clinician. In the event that there is a failure to agree on the mobility and seating plan then an independent review group will be available to arbitrate an agreement.

Executive's response

The Executive supports the recommendation that an individual mobility and seating plan be developed for each user assessed, and that NHS Boards should encourage service providers to develop and implement the use of such plans as an ongoing needs assessment tool. While it is acknowledged that this may increase the patient journey at assessment stage, it is considered an important aspect of service delivery.

It is a similar recommendation to that contained in "Care Management" and a National Training Framework and Resource Pack was developed by the Executive to support partnerships who have been asked to implement "Care Management" by June 2007. The Wheelchair and Seating Service could adapt this to suit service needs.

The Executive has noted the second part of the recommendation that an independent review group be established. However, there are already mechanisms in place to obtain a second opinion from another clinician or another regional service if that is thought to be necessary. There is also a formal NHS Complaints Procedure in place, and a right of appeal for individuals to the Scottish Public Services Ombudsman. It is acknowledged, however, that the importance of highlighting people's rights and providing them with appropriate information on the various stages and options available to them is a necessary strand in implementing this recommendation. This is an area where voluntary organisations could be asked to play a role in the dissemination of information.

3.6 Assessment

Recommendations Covered

Recommendation 5 – provide support for privately purchased wheelchairs

The NHS Wheelchair and Seating Service will support assessment and maintenance for a defined range of privately purchased wheelchairs.

Recommendation 8 – self-referral for reassessment

Users and carers will be informed that they can self-refer to the service for reassessment and repairs when they feel they are required. Any healthcare professional will be able to make a referral to the NHS Wheelchair and Seating Service. Training will be established to improve communications between referring community-based staff and service staff.

Recommendation 11 – assessment to document optimum equipment specifications

The assessment process will clearly document the optimum specifications to meet user and carer goals and requirements. Financial considerations should not be a key issue.

Recommendation 12 – assessment and provision for those who need the service

Assessment and provision of equipment will be available to all with mobility and/or postural support needs, including those in care homes, bariatric users and carers, people with terminal illness and people with acute needs.

Recommendation 14 – assessment to be integrated, multi-disciplinary and multi-agency

Assessment leading to provision of equipment will be an integrated, multi-disciplinary and multi-agency approach. Deployment of staff will be flexible, with medical staff available when needed but reserved for assessment of those with complex, multi-factoral needs.

Recommendation 15 – assessment to ensure compatibility with carer requirements

The assessment will include review of the particular requirements of carers ensuring that any equipment provided is compatible with requirements.

Executive's response

It is acknowledged by the Executive that patients should be given choices with regard to the services and equipment that is available, so that they can make informed decisions on the options that best meet their particular needs. By doing so, individuals are simply exercising their right to enhance their quality of life.

Feedback from the consultation exercise indicated that users generally have a high regard for the advice and support given to them by the staff within the Wheelchair and Seating service, and it is this professional advice that they wish to be able to access when choosing a privately sourced wheelchair. They are also aware that the range of NHS equipment available will always have financial limitations. The Executive will, however, enter into discussions with NSS National Procurement about the range of wheelchair provision currently available and whether there is a case for this to be extended.

The Project Board would be expected to examine and quantify the potential for increasing the range to better address the needs of clients, the attendant impact on repair and maintenance, and the legal implications of doing so.

Self referral is already happening in some NHS Board areas and the service has agreed to roll it out across all regions. There is a desire, however, to recognise: (a) that healthcare professionals making referrals should be state registered; and (b) there would be a need for sufficient, appropriately trained, staff within the service if the referral rate increased the pressures on the service.

The Project Board should consider how best to achieve the balance between self referral, referral by a state registered healthcare professional and others such as local authority staff (occupational therapists for example), and service provision once a referral is made, which minimises the length of the patient journey. Although each local CHP will have its own Local Delivery Plans, the Project Board should give guidance on best practice.

It will be important to establish whether, and when, other partners in the mobility journey may allocate a wheelchair as an alternative to referral to the service, and at what point referral to the service is necessary. This should be an integral element of any training package for service providers. The resource issues require attention. For example, Local Authorities required to install ramps to enable wheelchair use, should be part of the decision making process at the Single Shared Assessment (SSA). This will enhance their awareness of the importance of their role in the provision process; alert them to the financial implications; and that they can sign up to the mobility plan.

Appropriate training packages - including distance learning - should be designed to achieve the level of knowledge required to inform the decision to make a referral. There is also a recognised need to raise the profile of the Wheelchair Service within the NHS, with more commitment to AHP clinical placements.

The Executive is aware of the resource implications of recommendation 11, and while it is clearly the desired outcome for users and carers, the need to manage the service within available resources will require careful consideration to be given as to how this recommendation may be best delivered. In this respect partnership working within CHPs will be essential.

It is suggested that optimum equipment specifications should be documented at the SSA stage, at local level, on the basis of need, and the mobility plan should reflect agreement from all partners as to the best way to adequately meet that need, both in practical and resource terms.

Consideration should be given to the user's lifestyle, including whether they wish to undertake outdoor activities, or are in employment or education, and the appropriate partners should be involved in the SSA.

The Executive supports the principle of the provision of a wheelchair to anyone who needs one. As manufacturers have addressed the issue of very heavyweight users, unless it is on the grounds of safety, this is no longer an issue for the wheelchair service. Care home residents who have specific needs are entitled to access the local wheelchair service in the same way as any other individual living in the community.

The National Care Standards for care homes set out what the people using care home services can expect from the provider. The Standards specify that each resident will have a personal plan which details their needs and preferences and sets out how these will be met. This includes any special furniture, equipment and adaptations requirements.

The Executive is aware that service delivery can vary in different areas and locations, although in producing national standards for the wheelchair and seating service, it is hoped that any anomalies would be eliminated.

Patients with acute conditions linked to their mobility will have different needs, which should be met by appropriate provision within the Acute sector.

The establishment of Community Health Partnerships should facilitate the delivery of recommendation 14. The Executive agrees that wheelchair services should be provided through a whole system/multi agency approach. A skills mix from various agencies are required to co-ordinate, not just assessment, but a range of supporting provision. Local Joint Future Partnerships should include the Wheelchair and Seating Services in developing joint care pathways for these services and in working with users and carers to develop Local Improvement Targets, based to improve outcomes for service users, as part of the Joint Performance Information and Assessment Framework.

The Joint Performance Information and Assessment Framework (JPIAF) is being extended beyond services for Older People, to all client groups for adult community care. Consideration will be given to including wheelchair services as a target area for physical disability in the guidance for 2007-08.

The Executive acknowledges that training issues and guidelines around referral issues will need to be addressed appropriately.

Including the needs of carers in assessing wheelchair and mobility needs is to be welcomed, as the Executive believes that carers should have the right to their own assessment within this service, as is currently the case within Community Care. However, it is recognised that this would have significant resource implications due to the likely demand for equipment such as lighter weight or power propelled chairs.

Service providers have indicated that they would welcome the ability to deliver this wider service to carers. However, there is the potential for differences between the views of the user and the carer and any national guidelines would have to allow appropriate flexibility to address this. Local agreements around carers should take account of this recommendation.

The Executive's response to the Care 21 Report – "the future of unpaid care in Scotland", highlights carer training as one of the four priority areas that the Executive will deliver, along with improving carer health, better support for young carers and improved short breaks for carers. The Executive is currently working with stakeholders to assess capacity and resource issues in preparation for the 2007 Spending Review. The Executive is likely to focus on generic training for carers, for example on carers' rights, and stress management/coping strategies.

4. Resources

4.1 Improved Infrastructure

Recommendations Covered

Recommendation 23 – communication links between centres and staff working locally

Appropriate communication links will be established to ensure that staff working remotely from the centre can lead assessments, and access information and advice. Experienced staff in specialist centres (e.g. spinal injury/head injury, multiple sclerosis, stroke units) may wish to directly assess the requirements of the user and carer who may be based in their facility. They will need to seek approval for supply of the equipment based on the assessment and an agreed mobility and seating plan.

Recommendation 24 – improvements to infrastructure

The infrastructure to provide training on wheelchair and seating needs to be established and accredited. All staff, including reception, administration and technical staff, will receive training in ‘customer relations’ with an emphasis on the specific requirements of people with disabilities and their carers.

Executive’s response

These recommendations support the Joint Future position that staff involved in assessment and care management should have access to shared electronic records. Examples of good use of modern technology exist in Fife, with the use of palm pilot computers and a web based system in the Scottish Borders. Delegation of access to wheelchairs should be as full as possible and should avoid bureaucratic systems for approval. Approximately 80% of chairs are currently issued without the need for specialist intervention. However, relevant training may be required to increase the capacity to assess and issue wheelchairs. Care must be taken to ensure that the point at which further referral is required is clear and easy to implement.

Care should also be taken to include the user and carer in technical discussions during assessment. This could be achieved by telemessaging for example.

Accreditation should encompass the wider equipment and adaptation competency framework and other agendas such as sector skills. Currently all NHS staff are required to undertake disability awareness training, although wider policy issues such as multi-complex needs and equality must also be addressed.

The Executive has recently launched new guidance for improving access to NHS services, to assist all staff within NHSScotland to understand and meet their responsibilities under Part 3 of the Disability Discrimination Act. It covers rights of access to goods, services, facilities and premises for disabled people. Fair for All – Disability is a partnership between the Scottish Executive Health Department and the Disability Rights Commission. The initiative aims to remove the barriers that Scots with disabilities sometimes experience when they use the NHS. The guidance is available to view on line at www.fairforalldisability.org

There may be scope for addressing the skills/recruitment issues by training existing health/social care staff to undertake some of the work associated with the Wheelchair Service. This has the benefit of increasing people’s skills base and may offer a wider pool of people from which to recruit, especially if they are able to work in an area which offers career development opportunities.

4.2 A Career Structure

Recommendations Covered

Recommendation 25 – review career structure for service staff

A review should be undertaken by NHS Education for Scotland (NES) to ensure that an appropriate career structure exists for clinicians and technicians delivering wheelchair services.

Executive's response

The Executive recommends that career paths should not be confined to Wheelchair services. There is a need to maintain flexibility and movement in and out of the service. The training and development agenda should be seen in the wider health and social care context within Joint Future. Any formal course, however, should include the opportunity for at least six months work experience within one of the five Centres.

NHS Education for Scotland (NES) has not been formally charged with undertaking such a review. Training needs should relate to existing Local Delivery Plan targets.

Details of the NHS Career Framework have been announced by the Minister for Health and Community Care. It has nine levels and is based on workforce competences at each level of responsibility. The framework can be seen on line at www.skillsforhealth.org.uk/careerframework

4.3 Reviewing Staffing Levels

Recommendations Covered

Recommendation 26 – review staffing levels throughout the service

A review will be undertaken to determine whether current staffing levels are adequate and whether the most appropriate skill-mixes are in place.

Executive's response

NHS Boards should consider the staffing requirements, including the level and skills mix, to deliver the agreed service model as part of their ongoing workforce planning function and take the necessary steps to implement this. The Review highlighted considerable variations in levels of staffing and skills mix across the five Centres. It is recommended that the service explore which models are proving most effective in terms of service delivery and adopt best practice.

4.4 Staff Training

Recommendations Covered

Recommendation 27 – appropriate training for service staff

Staff referring to the service should receive appropriate training.

Executive's response

The Executive agrees there is a need to increase awareness of the services provided by the Wheelchair and Seating Service, and that simpler and more transparent processes for referral would improve the overall service to users and carers. Consideration should be given to the provision of web-based training and raising awareness levels of procedures in place. A mechanism to check understanding should be built in to such a process for staff likely to refer.

Staff training was essential in the implementation of the Single Shared Assessment. It was one of the difficulties identified in the implementation of Care Management – hence the requirement for the National Training Framework referred to in comments made on Recommendation 10.

4.5 Access to Paediatric Staff

Recommendations Covered

Recommendation 38 – provide access to specialist paediatric clinicians

Clinics will provide access to specialist paediatric clinical expertise as needed.

Executive's response

NHS Boards should ensure that all patients have access to appropriate clinical expertise. Some centres do not, in reality, deal with many children. However, they should have local arrangements in place that allow access to appropriately trained paediatricians when necessary. This recommendation could be addressed in part in the training package (see recommendation 27). There is an opportunity to consider better use of modern technology, such as telemedicine to address some of the issues raised under this recommendation.

4.6 Child Facilities

Recommendations Covered

Recommendation 35 – facilities will be family friendly

All facilities will ensure that they are family-friendly with dedicated waiting areas and clinical facilities for children.

Recommendation 37 – all services for children provided in child-oriented facilities

All services for children will be undertaken in family-friendly, child-oriented, facilities by staff specially trained in the assessment of children with requirements for wheelchairs and seating.

Executive's response

The Executive supports the proposal of providing family friendly facilities, and dedicated waiting areas and clinical facilities for children. The Executive considers this to be best practice and is working with existing hospitals and new builds to achieve this. This will ensure that parents will feel more comfortable bringing young children to the services. Consideration should also be given to the environment in which children are treated. This is an area where national guidelines should be established.

Recommendation 37 concentrates on the aspect of staff being specifically trained to deal with the assessment of children. Boards and professional bodies should consider what additional training needs there may be to achieve this, as well as ensuring adequate service delivery from their existing skills base.

4.7 Teams to Deal with Children

Recommendations Covered

Recommendation 36 – children to have access to a multi-disciplinary team

Children should have comprehensive access to a multi-disciplinary team when being assessed or reviewed for wheelchair and seating systems.

Executive's response

The Executive supports this recommendation and encourages CHPs to consider the particular needs of children at assessment. Everyone involved in the care and treatment of the child, including the child's family, teachers etc. should be aware of the decisions made by service staff and should participate as necessary to ensure a seamless delivery of service.

4.8 National IT System

Recommendations Covered

Recommendation 22 – national IT system to support management

A robust national IT system allowing management of waiting lists and equipment, and facilitating performance comparisons will be established. This will have the facility to link to the electronic patient record and record comprehensive information about each user and the equipment they use.

Executive's response

The Executive is aware that an IT system (ReTIS) has been developed by the service to specifically meet the needs of the wheelchair service and prosthetists. This has been rolled out and training is ongoing. Building upon this platform to establish a more robust, fit-for-purpose system to monitor performance and aid service delivery is encouraged as an important element to improvement. The Executive looks to ReTSAG to drive this forward.

The eHealth strategy as outlined in HDL(2005)46 requires that there is convergence of systems across Scotland which are web based and that there should be an incorporation of data standards and assessment proformas. Data set development workshops are currently ongoing to work towards multi-professional service delivery, single shared assessment and the single patient record.. (Further information is available on the eHealth website www.show.scot.nhs.uk/ehealth).

4.9 Mobility Pathways

Recommendations Covered

Recommendation 6 – establish evidence-based mobility pathways

Documented, evidence-based mobility pathways (similar to 'patient pathways') will underpin all stages of the service provided to users and carers.

Executive's response

The service is currently working towards this model. The Executive notes that the Rehabilitation Technology Information Service (ReTIS) IT system requires further development to address the wider issues.

The service should develop a set of generic pathways reflecting best practice. The Advisory Group should ensure that this is given priority, and that it includes the performance standards. This pathway should dovetail into the wider "user pathway" approach, which looks at roles and responsibilities across the equipment and adaptations agenda in community care. The *Rehabilitation Framework* will also have input into this model. The principles of Single Shared Assessment and Joint Future will be underpinned by developing the ReTIS IT model to deliver the data required to monitor the service to users and carers.

The Executive has already issued guidance to NHS Boards requiring them to develop NHS Carer Information Strategies in partnership with local authorities, carer organisations and the voluntary sector. These can be found on the web at: http://www.sehd.scot.nhs.uk/mels/HDL2006_22.pdf

4.10 Multi-agency Links

Recommendations Covered

Recommendation 40 – establish multi-agency links

Centres will establish properly functioning multi-agency links.

Executive's response

The establishment of multi-agency links is a main strand in *Delivering for Health*. All CHPs should consider meeting the needs of users and carers of the Wheelchair and Seating Service in their Local Delivery Plans and in wider Partnership Agreements.

4.11 More User Information

Recommendations Covered

Recommendation 13 – users and carers to be offered more information about the service

All users and carers will be offered a simple introduction to the NHS Wheelchair and Seating Service so that they understand:

- *the purpose of the assessment and associated individual mobility and seating plan*
- *their right to appeal the specifications of the equipment to be supplied*
- *how to provide feedback to the service, including the complaints process, and*
- *procedures for obtaining repairs and preventative maintenance.*

Executive's response

The Executive understands that an information leaflet, covering these points, has been developed by one region of the service and will be rolled out nationally. It is important to ascertain the languages it should be available in, the mediums to use and who is the target audience. The Executive recommends that advice is sought from the Scottish Accessible Information Forum and/or the Scottish Consumer Council in preparing this information.

4.12 User Groups at Centres

Recommendations Covered

Recommendation 18 – each centre will establish user and carer working groups

User and carer working groups will be established in association with each centre. The groups will provide advice to the centre and will be supported with basic secretarial services to enable them to confer with other users and carers.

Executive's response

Experience indicates that it can be difficult to actively engage users and carers in shaping the service at local level. It is recommended that existing local networks should be nurtured, including the voluntary sector, and that the support needs of the individual to allow participation should be taken into account. Each regional centre should assign a member of staff to be specifically employed to communicate effectively with users and carers. Boards should undertake an annual review on user and carer satisfaction.

Consideration should be given to representatives of local networks also being a member of the national Advisory Group, to ensure issues of local and national interest are addressed.

5. Delivery

5.1 National Service Delivered Locally

Recommendations Covered

Recommendation 2 – reorganise into a national, integrated, assistive technology service (also applies to section 3.1 – Pilot National Service)

The provision of all assistive technology services (including wheelchairs, seating, prosthetics, orthotics, augmentative communication, environmental controls) will be integrated into a single national service, funded centrally but delivered locally. The NHS Wheelchair and Seating Service will be accountable for expenditure through a budgetary process. With guidance from an Advisory Group comprising representatives of users, carers, service professionals and appropriate government departments, the national service will establish minimum performance standards for the service.

Recommendation 17 – establish as a national service delivered locally

The national service (as proposed in Recommendation 2) will be operated by a Management Group comprising members of the user and carer working groups (Recommendation 18) and representatives of other relevant stakeholders.

Executive's response

As indicated in response to recommendation 2, the Executive supports the establishment of an Advisory Group, with representation from users and carers and the range of agencies involved in providing services to this client base, to focus on national standards and key performance indicators. *Delivering for Health* promotes local delivery through Community Health Partnerships and Local Improvement Targets are set by the partnerships themselves under the Joint Performance Information and Assessment Framework (JPIAF). Work is currently being taken forward to develop a number of national outcome targets for community care, which will be published in 2007. The Executive, therefore, does not see the need to establish a separate management group. The national guidelines should be managed regionally, with compliance monitored nationally by the Advisory Group, which could then raise areas of concern with the Executive and advise on future policy direction.

In setting up the Advisory Group, it will be necessary to provide it with clarity of role and remit to ensure its effectiveness as a driver for improvement.

The Wheelchair and Seating Service providers should work towards achieving the national quality assurance system standard ISO 13485. Effective quality management systems are recognised as a key regulatory consideration for allowing, for example, medical device manufacturers to market their products around the world. ISO 13485 provides a focus and structure for improving systems involved in providing a service.

5.2 More Centres/Clinics etc.

Recommendations Covered

Recommendation 4 – increase number of centres, local facilities and clinics

The number of centres, local facilities and clinics will increase in a manner to be determined by further consultation. There will be a substantial increase in the number of local facilities and clinics that will be staffed by centre staff. Suitably trained community staff will also support local facilities as they become available.

Executive's response

Delivering for Health believes that locating health services close to communities will promote the provision of faster and more effective treatment nearer to people's homes. To achieve this, there is a need for services to join up, co-locate, share resources and to seek to achieve a seamless patient journey.

The delivery of the Wheelchair and Seating Service falls neatly into this model. The challenge is not to try to achieve a "one size fits all" model, but to allow local partnerships to identify local needs and to work up a delivery service that best meets the needs of the client in a way that is cost effective.

The main route for this is through the Community Health Partnerships, which involve community partners beyond health - most notably, local authorities.

A major barrier that has been encountered to date in increasing the number of satellite centres has been the cost and availability of adequate premises. Within partnerships, there should be scope for the sharing of premises, for example by co-locating social services, primary care and Wheelchair and Seating Services. The need for geographical spread may be addressed by using shared premises, part time in different locations within a wider area.

Joint Future – Joint Premises – The Executive established a Joint Premises Project Board to work towards delivery of the 22 recommendations from the Short Life Working Group in 2002. A toolkit to assist practitioners in the delivery of Joint Premises project was published in 2004. In December 2005 Ministers accepted the Joint Venture model for Scotland and the hub initiative was launched in February 2006.

The Executive feels that, while significant progress has been made on the Joint Future agenda to date, there is still room for improvement. The national partnership of COSLA, NHSScotland and the Executive has agreed to put new emphasis on the achievement of outcomes. A National Outcomes Project Board has been established and consultation on a number of themes is underway. Following this, it is hoped final plans for delivery will be agreed and implemented during 2007/08.

Consideration should also be given to the option of a mobile unit for remote areas.

The difficulties in travelling to centres was highlighted as a major issue for this client group. Discussions need to take place with the Scottish Ambulance Service and other providers of non-urgent patient transport facilities to establish how such an arrangement might be implemented. There may be a need to train community staff, and there might also be a requirement to increase staffing levels within the Wheelchair and Seating Service to accommodate this change.

5.3 Accessible Premises

Recommendations Covered

Recommendation 33 – ensure facilities are fully accessible to people with disabilities

All wheelchair service facilities must be fully accessible to people with disabilities and their carers.

Executive's response

NHS Boards have a statutory duty to ensure their services are accessible and appropriate for disabled users. The Review highlighted instances where this was not the case for the Wheelchair and Seating Service. The Executive considers it a priority for NHS Boards to address any inadequacies in access to the existing wheelchair and seating services, and to ensure such facilities as disabled toilets are available. These issues should also be addressed when establishing satellite centres where a storeroom and clinical facilities should be together.

5.4 Space for Assessment

Recommendations Covered

Recommendation 34 – ensure facilities have adequate space for clinical assessment

All facilities should be provided with appropriate space for clinical assessment, storage and the equipment needed to support effective assessment.

Executive's response

This recommendation links to the previous recommendation. Users should have fast access to properly equipped facilities at assessment without facing the difficulty of being sent somewhere else to receive this, unless clinically necessary. Consideration should be given to opportunities to link to the wider advice and demonstration agenda within local authority services.

5.5 Link to Community Service

Recommendations Covered

Recommendation 7 – improve co-ordination with community services

A review in the context of recommendations made in this report will be undertaken to improve co-ordination between wheelchair and seating provision and community services responsible for making home, school and workplace adaptations to ensure compatible solutions are developed in an efficient and timely manner.

Executive's response

The overarching equipment and adaptations agenda is already looking at arrangements and joint working, including those between wheelchair providers and those responsible for home modifications across Social Work Services.

The Single Shared Assessment (SSA) has the potential to address much of this together with some form of local partnership arrangement to meet local needs. The Executive encourages NHSScotland and social services staff to collaborate on finding local solutions. However, home, education and the workplace are distinct sectors and the types of stakeholders required to make progress in each of those areas should reflect this. The Project Board should consider how best to achieve local solutions across each sector.

The eligibility criteria should be seen as a barrier to progress and all services must decide how best to minimise the impact on users.

5.6 Delivery to User Within Known Times

Recommendations Covered

Recommendation 16 – equipment to be delivered within known timeframes

Systems will be established to ensure that equipment is available within a known timeframe following the assessment process. Agreed timescales and lead-times will be stated following the assessment, and a commitment will be made to communicate any unexpected delays.

Executive's response

The Executive acknowledges the need to establish national standards and appropriate performance indicators for the delivery of this element of the service. These should be carefully monitored and any national system should be able to identify problems and overdue orders to allow NHS Boards to measure performance against national criteria and address delays. The Executive would expect the service to address this through the ReTIS system and suggests that ReTSAG be asked to ensure a system is in place within 12 months and monitor effectiveness in improving delivery targets.

5.7 Punctual Repairs

Recommendations Covered

Recommendation 28 – agreed response times for repair and maintenance

The NHS, at all levels in the service, will provide repair and maintenance support. It should have response times that are determined through the national service consultation process involving users and carers.

Recommendation 29 – provision of out-of-hours support

Out-of-hours support, including weekends and holidays, will be provided. The feasibility of using NHS 24 as a means for users and carers to contact centres and obtain emergency response outside normal business hours will be considered.

Recommendation 30 – review of in-house refurbishment practices

A review of using in-house workshops to refurbish and customise chairs will be carried out.

Executive's response

The Executive supports recommendation 28 and that a nationally agreed response time should become a key performance indicator. It is acknowledged that there is currently no national definition of "emergency" for this service and that services vary according to local arrangements. NHS Boards are encouraged to consider this aspect of the service when looking to set up satellite centres. These should include sufficient space for storage and the carrying out of local repairs/minor adjustments.

The Executive supports recommendation 29. It would be helpful to users and carers if such a service fitted with social work services out of hours services so that enquiries could be passed on appropriately and speedily should they come through that route. NHS24 should be in possession of contact details to be able to direct users to the appropriate local out of hours arrangements.

The Executive agrees that an independent review of the efficiency of in house workshops and refurbishment practices should be carried out. This would highlight whether there is scope for efficiency savings and also consider the issue of equipment safety.

5.8 Mobile Service

Recommendations Covered

Recommendation 31 – provide mobile service

To provide dedicated area technician support for preventative maintenance and minor repairs, centres will consider provision of a suitably qualified mobile service.

Executive's response

The Executive is aware that a mobile service has been introduced by the Inverness Centre and recommends other NHS Boards consider adopting this. Early evidence indicates this resolves a number of issues raised by users and carers. For example, there is a reduction in equipment failure which, in turn, reduces the need for repairs and would relieve pressure on any out of hours service. It also removes, in most cases, the need for wheelchair users to visit centres. It is particularly helpful in rural areas where transport is difficult and would relieve pressures on the Ambulance Service. It is recognised that most Centres do try to undertake repairs in the home situation and minimise the need for travel.

5.9 Planned Maintenance

Recommendations Covered

Recommendation 32 – establish planned preventive maintenance programmes

Planned preventive maintenance (PPM) programmes should be established. Inventory management systems should include measures to remove obsolete equipment from use to ensure that stocks keep pace with currently available technology.

Executive's response

The Executive recommends NHS Boards consider introducing Planned Preventative Maintenance (PPM) across Scotland. The issues around repair time and out of hours funding would then diminish. Such a scheme would be in line with the Medicines and Healthcare products Regulatory Agency (MHRA) guidelines on medical devices.

5.10 Repairs in Any Area

Recommendations Covered

Recommendation 20 – services available to users and carers at any centre in Scotland

Users and carers will be able to obtain services from any centre in Scotland.

Executive's response

Currently, most users have the option to have an assessment, or get repairs, in their own home, or locally. They are only required to attend a clinic where a specialist service is required. If further satellite centres as part of CHPs' local delivery strategy are introduced, this will cut down on the amount of travel required to regional centres.

If a user is on holiday in another area, then appropriate arrangements exist to allow them to access the services in that area.

CHPs, generally follow Local Authority boundaries. However, regional planning groups, when considering locations of any satellite services for the future should take into account the location of users who might be affected by lengthy travel.

5.11 Extended Loans

Recommendations Covered

Recommendation 39 – extended equipment loan programmes

Extended equipment loan programmes will be introduced to provide longer periods of time for children to be trained so that they can learn to use equipment during the assessment process, prior to making a decision for its provision.

Executive's response

The Executive understands that all equipment currently supplied is on a loan basis. If the assessment is of sufficient quality, this should preclude problems arising in most cases. It is acknowledged, however, that there will be some occasions where re-assessment or review is required. We would look to the service to provide adequate support and expect services to hold more items in stock.

It is, however, recognised that clients are well informed of what equipment is available on the open market and that agreement should be reached at assessment on what is clinically appropriate and available within the NHS contract rather than on what may have merely a cosmetic value.

6. Accountability

6.1 National Standards, etc.

Recommendations Covered

Recommendation 19 – governance and complaints overseen by national service

Governance and complaints processes will be specific to the wheelchair service and linked to the national service's governance system.

Executive's response

There are defined procedures for handling complaints within the NHS in Scotland, which form part of the NHS clinical governance structure. Wheelchair and Seating Service managers are required to deal with all complaints made about their service. It is acknowledged that providing users and carers with clear guidance on their rights and the mechanics of the Complaints Procedure would help them to better understand and use the Procedure. Voluntary organisations such as Citizens Advice Scotland could have a role in providing this information as part of the general advice outlined in recommendation 10 on the mobility pathway.