

## **APPENDIX ONE: Hampshire Wheelchair Service (HWS)**

### **1. Commissioning arrangement**

- 1.1 The HWS is commissioned, under a collaborative commissioning arrangement, by five Clinical Commissioning Groups (CCGs):
- NHS Southampton City CCG
  - NHS Portsmouth CCG
  - NHS South East Hampshire CCG
  - NHS Fareham and Gosport CCG
  - NHS West Hampshire CCG
- 1.2 West Hampshire CCG is the collaborative chair and coordinating CCG
- 1.3 The proportional split of the contract is based on population; Southampton City has 20% of the overall contract.
- 1.4 The service serves a population of 1,450,000; there are just over 17,500 service users.

### **2. Overview of contract arrangement**

- 2.1 The HWS was commissioned and started in April 2014; the current contract for Southampton and West Hampshire will finish on 31st March 2021

### **3. Contract provider**

- 3.1 The HWS is provided by Millbrook Healthcare.

### **4. Commissioned service**

- 4.1 The service is commissioned to meet the mobility needs of both children and adults and their related postural and pressure care needs.
- 4.2 The needs of the local population are met through the provision of:
- Wheelchairs, manual and/or electrically powered wheelchairs (indoor or indoor/ outdoor)
  - Wheelchair accessories
  - Specialist seating systems
  - Pressure relieving cushions
- 4.3 The service also provides a repair and maintenance service.

### **5. Support provided**

- 5.1 The majority of local patients access the service for support for the following conditions:

- Musculoskeletal (including peripheral joints, spinal injuries and arthritis)
- Trauma
- Birth Trauma
- Head injuries
- Congenital conditions (e.g. spina bifida)
- Neurological conditions (e.g. cerebral palsy, MS, Parkinson's, stroke or motor neurone disease)
- Learning disabilities
- Age related conditions

## **6. General Eligibility Criteria**

- 6.1 For people to be eligible they need to meet the following service criteria:
- Service users registered at a GP practice within the commissioning collaborative.
  - Children aged 30 months or over (There is no upper age limit)
  - Wheelchair provision is for those who require support on a frequent basis defined as: greater than four times a week and over four hours each day and for permanent use, which is longer than six months.
  - Shorter loan periods will be considered in support of terminal illness and palliative care with a prognosis of less than 6 months, depending on the clinical and lifestyle needs and individually assessed for under exceptional circumstances.
- 6.2 Specific criteria are in place for each element of service provision.

## **7. Individual Funding Requests (IFRs)**

- 7.1 For those who do not meet the eligibility criteria, there is the provision to seek an individual funding request. Each request is reviewed by a panel to consider the case for funding and make the decision as to whether this is to be supported or not.

## **8. Personal Wheelchair Budgets (PWBs)**

- 8.1 For those who may prefer a different wheelchair to that which the clinician assesses as meeting their mobility and postural needs, a voucher scheme has been in place since commencement of the service in April 2014.
- 8.2 In 2019 the voucher scheme will be replaced by the national offer of a Personal Wheelchair Budget (PWB). PWBs were launched in April 2019.
- 8.3 PWBs aim to increase choice and control for people who access a Wheelchair service by providing holistic assessments that take into account wider needs and increase independence to improve health and

well-being. PWBs will support people to identify their own health and wellbeing goals and offer an integrated approach by bringing together care and support agencies.

- 8.4 PWBs provide people a variety of options, these include:
- NHS provision a notional budget whereby the PWB is used for a wheelchair, repairs and maintenance are provided by the NHS
  - An alternative wheelchair, using the NHS provision but upgrading to an alternative model through top up by the individual.
  - Additional features, NHS provision with additional features topped up by individual
  - PWB, direct payment whereby the individual chooses a wheelchair outside of the NHS provision providing it meets their clinical needs.
  - Third party PWB, notional or direct payment and top up by another service under joint funding i.e. social care, education, access 2 work etc. (this will be available from Autumn 2019)

## 9. Commissioned activity

- 9.1 The service is now commissioned to receive 248 referrals each month. For Southampton City it is approximately 49 referrals a month of the total referrals.

## 10. Demand and capacity challenges

- 10.1 Since service commencement in 2014 the service has been under pressure due to:
- Higher than expected backlog of service users from the preceding provider
  - Higher referral volume than originally expected or planned due to lack of data
- 10.2 To address this, the commissioning partnership undertook a review in 2015 and concluded that the commissioned activity was insufficient to meet demand and agreed the following measures, implemented in July 2015:
- A variation in the contract for non-recurrent funding to clear the inherited backlog.
  - A variation in the contract for recurrent funding to increase commissioned activity from 161 to 248 referrals per month
- 10.3 The inherited backlog was cleared in June 2016.
- 10.4 However, despite these measures demand on the service has continued to exceed the planned activity. In the 12 month period March 2018 to February 2019 the service has received 3,852 referrals; 876 more than

the contracted levels.

- 10.5 For the same time period, for Southampton City, there have been 671 referrals; 83 more than the indicative activity plan. Of the 671 referrals for Southampton city 513 were for adults and 158 were for children.
- 10.6 In February 2019 63.5% of referrals, across the whole service, were re-referrals into the service, this is similar to other services nationally. Re-referrals are mostly for those who are already known to the service but have changing support needs for wheelchairs, accessories, seating or posture and repair or maintenance.
- 10.7 Referrals into the service vary from month to month across the whole service; between March 2018 and April 2019, the lowest number of referrals received was in December 2018 with 199 referrals. The highest number of referrals was received in October 2018 with 415 referrals in the month.
- 10.8 This unpredicted level of demand has an impact on capacity and the rate in which cases can be closed. The rate of referrals coming in versus closed cases (i.e. when a wheelchair, accessory or specialist seating are handed over to the patient or when a repair is complete) had improved in February to 1:1.17. In the same month 238 adult cases were closed and of these 57% were closed within 18 weeks. For children 50 cases were closed and 64% of these were closed within 18 weeks.
- 10.9 Staffing challenges within wheelchair services is a national issue; recruiting and retaining suitably qualified staff is problematic for services across the country. Not having the appropriate resource of staff will impact on any service capacity to deliver services to meet the local needs.
- 10.10 In addition to staffing challenges, there are also challenges in relationship to patient DNA (did not attend) rates. For the whole service, over the period March 2018 to April 2019 the average DNA (did not attend) rate was 9.5% which is slightly higher than the average expected for NHS services of 8%. Of the 2,731 appointments available, 260 were not attended. DNA rates also vary from month to month; between March 2018 and April 2019, the highest DNA rate was 18% in January 2019 with 42 of the 228 available appointments not being used. The lowest rate was in June 2018 at 4.6%
- 10.11 The service sends appointment letters and reminder text messaging prior to appointments however it must also be recognised that for some groups of patients accessing the service they will have complex or deteriorating conditions which may mean that they are unable to make appointments at short notice due to unexpected illness or ill-health.

## **11. Caseload, Waiting list and Waiting times**

- 11.1 Waiting times are fluid as they vary from month to month. For Southampton City, the average wait in weeks for adults was 16 weeks and for children it was 26 weeks as at the end of February 2019.
- 11.2 It should be noted that there is a national 18 week wait target for children from referral to handover of equipment but there is no target for adults.
- 11.3 All long waiter information is reviewed monthly by the Southampton City CCG Commissioner and service Quality Lead and follow-up requested of the provider for individual cases that are of concern.
- 11.4 The long waiters report includes children who have been waiting over 18 weeks and adults who have been waiting over 60 weeks.
- 11.5 The HWS does not utilise any stopping of the clock and so waiting times are indicative of the time from when the referral is received until when the case is closed. External factors do impact on the overall waiting time such as DNAs, the need for home improvements or other housing considerations.
- 11.5 For more complex clients research time is required to ensure that the right wheelchair is prescribed for them or they may require a bespoke chair. Driving tests are required for those who are prescribed an electric wheelchair to ensure that they will be able to manage the chair safely in and/or outside of their home environment. Trialling of chairs also often happens to ensure that the needs of the patient are met.
- 11.6 **NHS Southampton City CCG Long Waiters (Children):**
- 11.7 As at the end of February 2019, 78 children were on the HWS caseload, of these 13 were awaiting triage and 65 had been triaged and awaiting further action to be undertaken before the episode of care can be closed. Of those triaged 64.6% have complex needs.
- 11.8 Of the 78 children on the caseload in February 2019, 26 (33%) had been waiting over 18 weeks and waiting times in weeks range from 19 weeks to 63 weeks. The child that has been waiting for 63 weeks is waiting for a shoulder harness to be fitted and has an appointment booked in March at their school.
- 11.9 Of the 26 children on the long waiters report:  
46% have a booked appointment for March for assessment or handover of equipment.  
8% have a booked appointment at school clinics  
8% have a booked appointment for April for assessment or handover of equipment.

3% is waiting for home environment assessment which is booked in March.

8% are waiting for a stock check

19% are waiting for an order to be placed or for an estimated delivery date

8% have been seen and clinical review of provision is taking place

#### 11.10 **NHS Southampton City CCG Long Waiters (Adults):**

11.11 As at the end of February 2019, 329 adults were on the HWS caseload, of these 111 were awaiting triage and 218 had been triaged and awaiting further action to be undertaken before the episode of care can be closed. Of those triaged 52.2% have complex needs.

11.12 Of the 329 adults on the caseload in February 2018 (5.4%) had been waiting over 60 weeks and waiting times in weeks range from 61 to 121 weeks. The adult who has been waiting 121 weeks has required home adaptations and the service is now awaiting confirmation that this work is now complete before handover of the chair can be arranged.

11.13 Of the 18 adults on the long waiters report:  
23% have a booked appointment for March for assessment or handover of equipment.  
5% have a booked appointment at school clinics (aged 20 and still in education)  
23 % have a booked appointment for April for assessment or handover of equipment.  
23% are waiting for an estimated delivery date from the supplier  
5% are waiting review before an order can be placed  
11% are waiting for service users to complete paper work and return  
5 % are waiting for feedback from Community OT rehab team  
5 % is waiting for confirmation of completion of home adaptations

## 12. **HWS Review**

12.1 The Collaborative Hampshire Wheelchair Service Review was undertaken September 2016 to September 2017 in order to:

- Understand, investigate and respond to the concerns raised about the service.
- Review the current commissioned service to ensure that it meets the needs of service users in terms of capacity, performance and quality
- Identify areas for development and improvements to benefit service users and enhance their experiences, and inform future commissioning of wheelchair services.

12.2 The service review identified 6 key themes requiring actions:

- Communication and engagement
- Record keeping and digital solutions
- Culture of continual service improvement and workforce planning
- Waiting list and 18 week performance
- Commissioning solutions / system integration
- Local data integrity

12.3 The findings of the service review were published in a full and summary report.

12.4 12 months following the completion of the review Millbrook Healthcare had completed the majority of the actions and a Continuous Improvement Plan (CIP) has been put in place

### **13. Commissioner actions**

13.1 Outstanding actions have been incorporated into a Continuous Improvement Plan (CIP) to support improvements within the service. The provider has been delivering the actions within the CIP since September 2018.

13.2 6 key areas for improvement were identified, as follows:

- Waiting times
- Proactive Communication
- Workforce retention
- Record keeping
- Complaint handling
- Service Delivery model

13.3 Progress has been made in the first 6 months against the 6 key areas identified, these include:

- Enhancing the availability of standard stock within the depot to reduce the number of handovers reliant on ordering of equipment.
- Implementation of the revised School clinic model from January 2019 to improve the quality of care and experience within the school environment, following feedback from the School Clinic review.
- To provide entry level wheelchair prescribing training for community referrers, this will take place in April 2019. Community providers have engaged well and it is hoped that the initiative will reduce the number of basic assessments being undertaken by Millbrook Healthcare and therefore release capacity within the service to meet the needs of more complex referrals.
- Waiting list initiative for children's provision, starting March 2019.

The funded initiative will provide additional capacity to complete 188 handovers, of which 95% will be delivered within 18 weeks.

- Review of the local equipment matrix to ensure the standard equipment offer best meets the needs of children within the local population
- Commissioners to streamline the process for requesting non-standard equipment
- Improve the quality of referrals received through continued engagement with professionals who refer patients to the service.
- Continue to improve record keeping and documentation standards
- Amend reporting to commissioners with regard to complaint management and incident reporting with embedded learning outcomes
- Develop a harm review tool for long waiters
- Implementation of Personal Wheelchair Budgets from April 2019.

#### 14. Collaborative working to improve quality and prevent harm

14.1 HWS, community providers and the CCGs have worked collaboratively to improve and promote communication between the services to promote quality improvement and prevent harm. West Hampshire CCG has been leading this work on behalf of all CCGs within the Commissioning collaborative. The following provides some examples of these:

14.2 **Health Education England Quality Improvement (QI) Team based Fellowship Project:** during 2018/19 West Hampshire Clinical Commissioning Group, Millbrook Hampshire Wheelchair Service, Southern Health NHS Foundation Trust, Solent NHS Trust, the Motor Neurone Disease Association and a service user worked together as part of a QI Team Fellowship focusing on i) improving referrer knowledge and experience of referring in to HWS and ii) improving service-user satisfaction with the level of information provided by their community referrer at the point of referral into the service:

- Community provider link role: established the role of the community provider link between Solent NHS Trust, Southern Health NHS Foundation Trust and Millbrook Hampshire Wheelchair Service. The role of the community link is to develop relationships with HWS and share information and learning gained from the link days within their teams
- Provider link days: have set up link days for community provider links to improve communication between the services and to provide education
- Service users information at the point of referral: a guide has been produced for community providers to give to service users at the point of referral. It provides information about the service, why the patient has been referred, provides detail regarding what happens once a referral is made and information about getting to the appointment. Timescales for service-users to note have been



included in the document.

- Frequently Asked Questions (FAQ) guide for community therapists: an FAQ guide has been developed which answers questions that the service are regularly asked by community providers. The Community Link staff were involved in asking questions to which they wanted more clarity, for example, around the eligibility criteria and timeframes for the pathway.

14.3 A poster capturing the QI project and outcomes can be found at Appendix 2.

14.4 **Community Provider and HWS monthly meetings:** HWS has set up regular meetings with community providers to review service-user cases which are of concern to community providers.

14.5 **CCG-led quarterly community provider and HWS meetings:** West Hampshire CCG has set up quarterly meetings with community providers and HWS to review progress with regards the initiatives aim to improve communication and promote quality, for example, the group are looking at the harm review tool.

14.6 **Incident process:** West Hampshire CCG developed a collaborative incident reporting process which was agreed by HWS and Community providers as part of the service review in March 2017. This is in the process of being reviewed following feedback from the CCG-led quarterly community provider and HWS meetings.

## 15. **Conclusion**

15.1 This paper provides an overview of the HWS contract, the challenges around demand and capacity and the work that has already been undertaken to improve quality and waiting times.

15.2 The key challenges relate to sustained high levels of demand, the capacity within the service to meet this, staff recruitment and retention difficulties which are a national issue and a number of external factors outside the service's control, including waits for home adaptations, waiting for paper work to be returned or actions to be undertaken within the community. A collaborative approach is required to address these and commissioners continue to work with the HWS, community services and other key stakeholders including service users to address this and a number of improvement initiatives are in place. Additional investment has also been made in extra clinical capacity to reduce waiting times for children who started in March 2019 and is expected to increase compliance with the 18 week standard to 95% over the next 6 months and clear the backlog moving forward.

15.3 Going forward amendments to the contract KPIs have increased the

visibility of what is happening within the service, enabling more constructive discussions and targeted action to be taken and there are monthly forums in place with community providers to discuss complex cases. Better data is also supporting the planning for future re-procurement as the service moves towards the end of its contract and commissioners develop the specification for the future model, taking account of the learning from the current contract.