

APPENDIX ONE: Hampshire Wheelchair Service update, November 2019

1. Introduction

- 1.1. The Hampshire Wheelchair Service is commissioned under a collaborative commissioning arrangement, by five Clinical Commissioning Groups (CCGs) and serves a collective population of 1,450,000.
- 1.2. The CCGs in the collaborative arrangement are:
 - NHS Southampton City CCG
 - NHS Portsmouth CCG
 - NHS South East Hampshire CCG
 - NHS Fareham and Gosport CCG
 - NHS West Hampshire CCG (which leads on the contract on behalf of the collaborative)
- 1.3. The service is commissioned to meet the mobility needs of both children and adults and, within their mobility needs, related postural and pressure care needs.
- 1.4. Millbrook Healthcare is the current provider of the service providing assessments, clinical/postural interventions, wheelchair equipment and repairs & maintenance. The service provides the following equipment based on the assessment of service user needs:
 - Wheelchairs, manual and/or electrically powered wheelchairs (indoor or indoor/ outdoor)
 - Wheelchair accessories
 - Specialist seating systems
 - Pressure relieving cushions
- 1.5. In the financial year of 2019/20 the total value of the contract is £4,534,187.
- 1.6. Further information relating to the contract was provided to the Panel on 25 April 2019. This is available to view online here:
<http://www.southampton.gov.uk/modernGov/documents/s40153/Hampshire%20Wheelchair%20Service.pdf>
- 1.7. This update follows on from that report and provides detail relating to activity data, service user feedback, Personal Wheelchair Budgets and our future commissioning intentions.

2. Commissioning review process for the contract

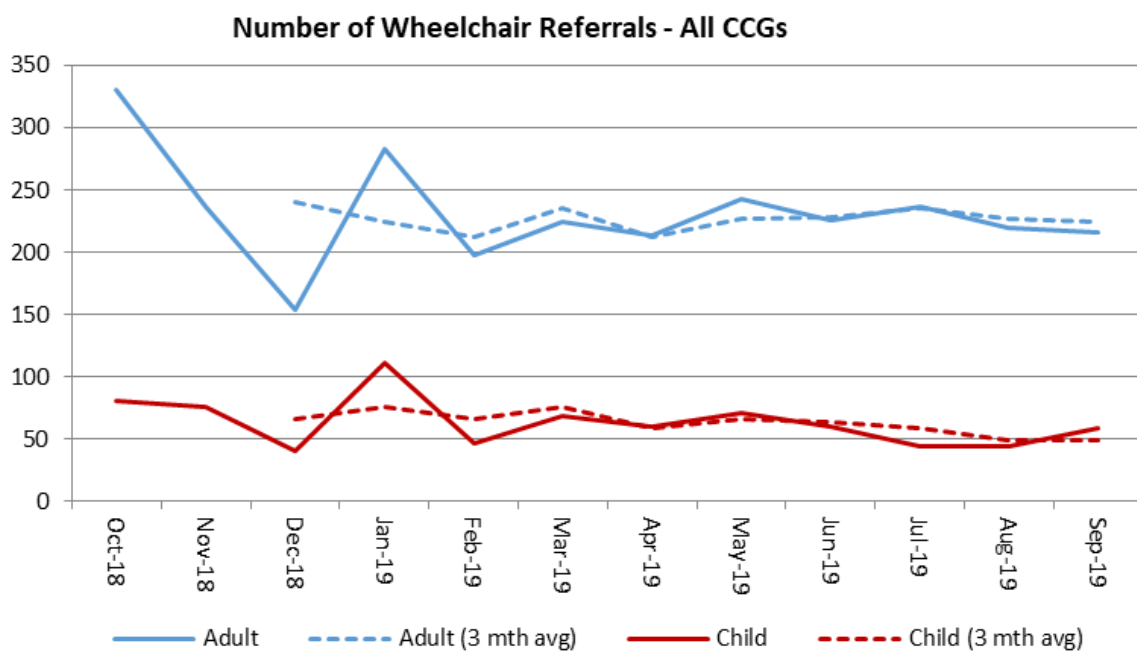
- 2.1. Commissioners, including quality representatives, formally meet with the provider on a monthly basis to review the service's contractual performance and quality scorecard.
- 2.2. The key performance indicators were comprehensively reviewed and updated in April 2019. This was to ensure full visibility, appropriate challenge, and identification of improvement actions against all elements of a patient's pathway (i.e. the clinical triage process, the assessment process, the internal ordering of equipment, the procurement and delivery of equipment from manufacturers, the handover of equipment, and the repairs and maintenance of equipment).
- 2.3. Commissioners also receive individualised updates for all of the service's long waiters and will scrutinise the list and identify areas for challenge at Contract Review Meetings. On a quarterly basis, in addition to these scorecards, commissioners receive narrative quality reports for review. These include patient stories, learning from incidents, learning from complaints, safeguarding report, and a joint working forum update.
- 2.4. Outside of the contractual process, commissioners have instigated meetings between the provider and representatives from our two community providers for Southampton and Hampshire, Solent NHS Trust and Southern Health NHS Foundation Trust, on a monthly basis. This forum gives these providers an additional opportunity to raise any patients of concern to the provider's clinical team for appropriate action and review.

3. Activity data

3.1. This section provides a data set on the key activity areas of the service over the last 12 months for which data is available (October 2018 – September 2019). This data covers all the collaborative CCG areas.

3.2. Number of referrals:

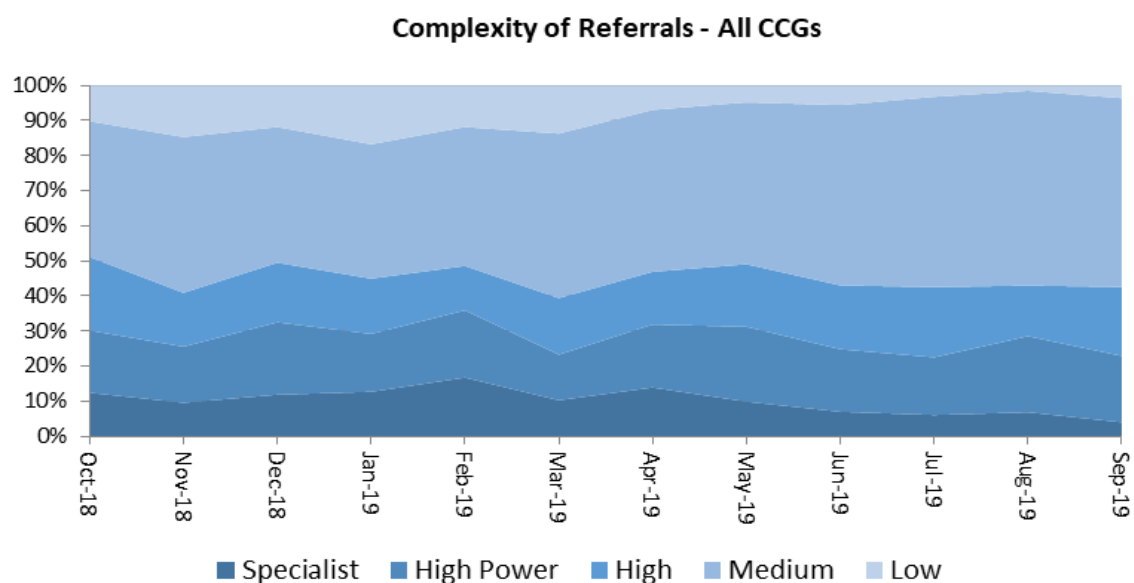
Number of Referrals - All CCGs												
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Adult	330	237	154	283	198	224	213	243	226	236	219	216
Adult (3 mth avg)			240	225	212	235	212	227	227	235	227	224
Child	81	76	40	111	47	68	60	71	60	44	44	59
Child (3 mth avg)			66	76	66	75	58	66	64	58	49	49



3.2.1. The number of referrals can vary significantly in some months, which can be challenging from a staffing perspective. This position is further compounded by the national shortage in wheelchair service clinicians.

3.3. Complexity of referrals:

Complexity of Referrals - All CCGs												
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Specialist	12%	10%	12%	13%	17%	10%	14%	10%	7%	6%	7%	4%
High Power	18%	16%	21%	16%	19%	13%	18%	21%	18%	16%	22%	19%
High	21%	15%	17%	16%	13%	16%	15%	18%	18%	20%	14%	20%
Medium	39%	44%	39%	38%	40%	47%	46%	46%	51%	54%	56%	54%
Low	10%	15%	12%	17%	12%	14%	7%	5%	6%	3%	2%	4%

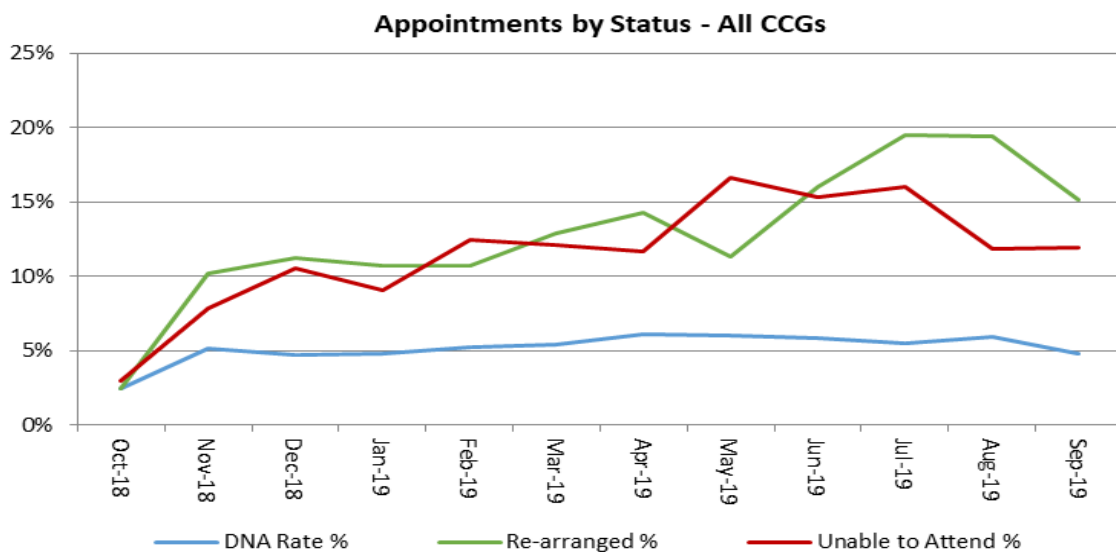


3.3.1. The charts above show that, over that past twelve months, there has been a reduction in the small number of specialist referrals but also a particular reduction in low level need referrals and a corresponding increase in the number of referrals classified as medium need. This is relevant because it demonstrates the overall increase in complexity of referrals.

3.3.2. Medium need is defined by NHS England as those who are daily users of a wheelchair, or use a chair for significant periods most days. Service users will have some postural or seating need and a physical condition that may be expected to change (e.g. weight gain / loss; some degenerative conditions). Medium need service users will require a comprehensive, holistic assessment by a skilled assessor and regular follow ups and review will be required.

3.4. Appointments by status:

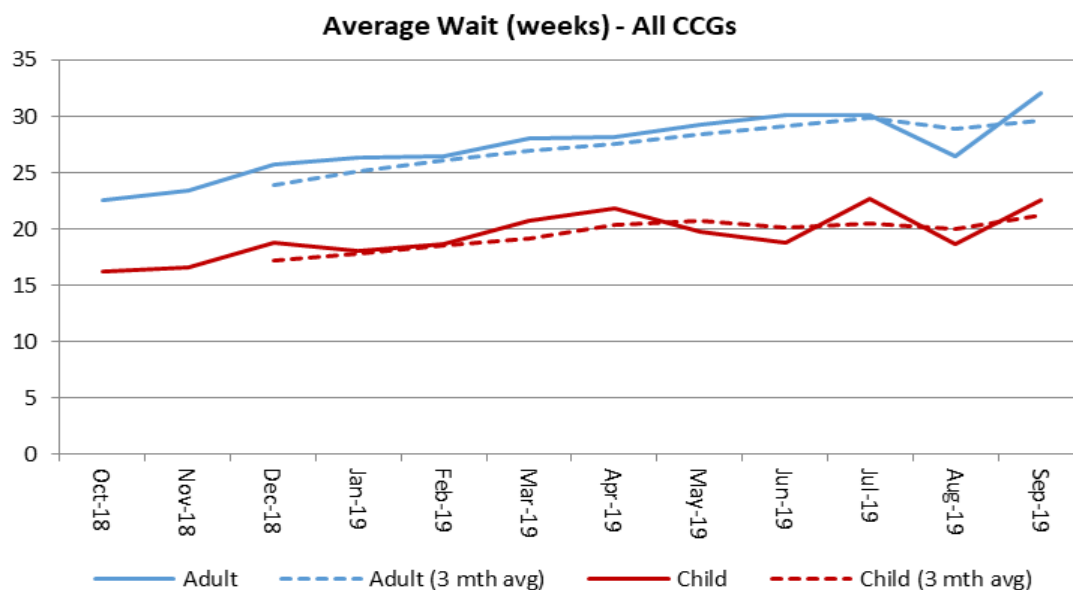
Appointments by Status - All CCGs												
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
DNA Rate %	2%	5%	5%	5%	5%	5%	6%	6%	6%	5%	6%	5%
Re-arranged %	2%	10%	11%	11%	11%	13%	14%	11%	16%	19%	19%	15%
Unable to Attend %	3%	8%	11%	9%	12%	12%	12%	17%	15%	16%	12%	12%



3.4.1. The graph above shows the percentage of appointments that are rearranged or that clients have been unable to attend has been increasing since October 2018, although there has been a reduction over the summer of 2019. The service continues to send out appointment reminders, but we accept there will be circumstances in which attendance will be affected by unpredictable situations such as hospital admissions, service users / staff sickness, or transport issues. This will have an impact on the number of assessment and handover appointments conducted.

3.5. Average wait in weeks:

Average Wait (weeks)	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
Adult	22.5	23.4	25.7	26.3	26.4	28	28.1	29.2	30.1	30.1	26.5	32.1
Adult (3 mth avg)			24	25	26	27	28	28	29	30	29	30
Child	16.2	16.6	18.8	18.1	18.6	20.7	21.8	19.8	18.8	22.7	18.6	22.5
Child (3 mth avg)			17	18	19	19	20	21	20	20	20	21



3.5.1. The charts above show the average wait in weeks for both adults and children. It is important to note that not all service users will be waiting for a wheelchair. Over the last twelve month period, only 44% of all referrals were for wheelchairs / seating equipment to be issued; users will also be open to the service for reviews and clinical interventions.

3.5.2. The average wait in weeks for adults has increased since October 2018 from 22.5 weeks to 32.1 weeks. For children the increase has been from 16.2 weeks to 22.5 weeks. Whilst this is by no means acceptable, it should be noted that this is a national issue, primarily linked to the challenges in recruitment and retention of clinical staff within wheelchair services. This is further discussed in Millbrook Healthcare's workforce report.

3.5.3. Commissioners have been working with Millbrook to implement a range of initiatives to address the waiting list which have included:

- Enhancing the availability of standard stock within the depot to reduce the number of handovers reliant on ordering of equipment, and promoting chair in a day opportunities
- Implementing the revised School clinic model to improve the quality of care and experience within the school environment, following feedback from the School Clinic review.
- Providing entry level wheelchair prescribing training for community referrers to allow community therapists to directly order equipment for 'low need' individuals without requiring an additional assessment within the wheelchair service
- Implementing a waiting list initiative for children's provision; providing additional capacity to complete 188 handovers
- Improving the quality of referrals received through continued engagement with professionals who refer patients to the service; improving the service's ability to triage responsively, and increasing opportunities to issue equipment at the first appointment

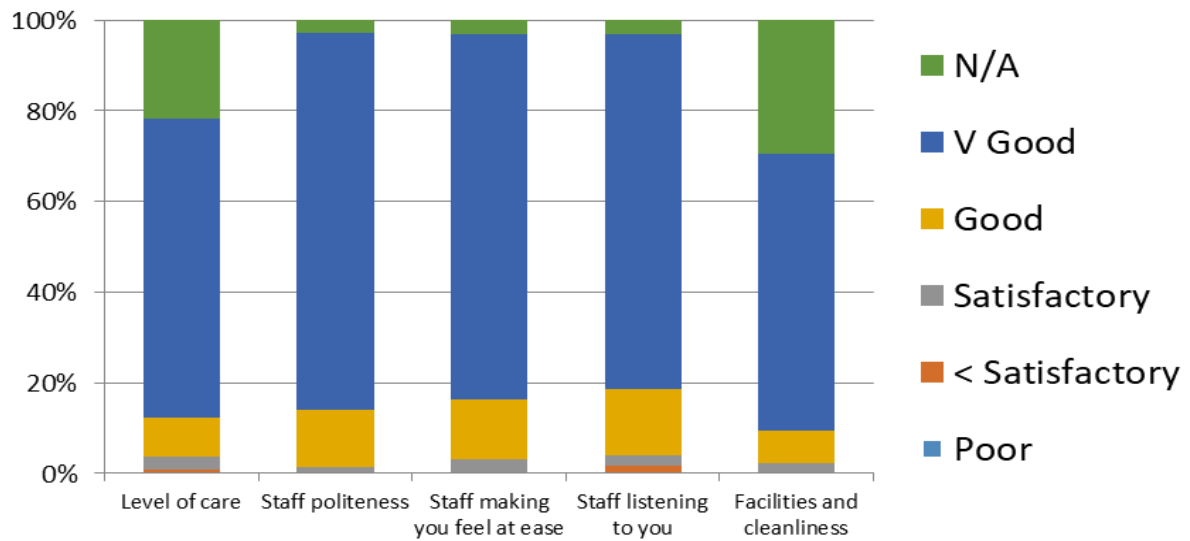
3.5.4. The staffing challenge however within the service has limited the impact of some of these initiatives on the waiting list, most notably the waiting list initiative for which there was additional investment. Finding staff with the appropriate specialist skills to deliver the additional capacity funded has been difficult.

3.5.5. The staffing challenges within the service are covered in more detail in the Workforce paper. However, one area that commissioners and the service are exploring with the community NHS Trusts is the role that community therapists can play in the direct prescription of wheelchairs with a view to reducing duplication and increasing capacity.

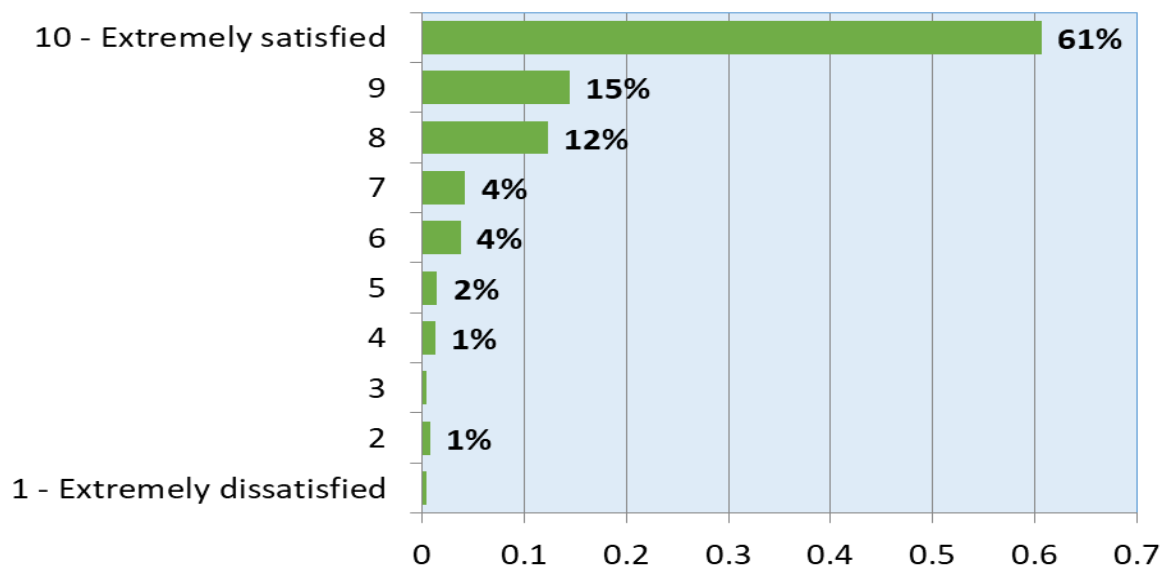
4. Service user feedback

4.1. We expect the service to continually ask for feedback from service users on their experience of the service. The following graphs provide feedback from 42 service users captured in August 2019, which is the most recent data available.

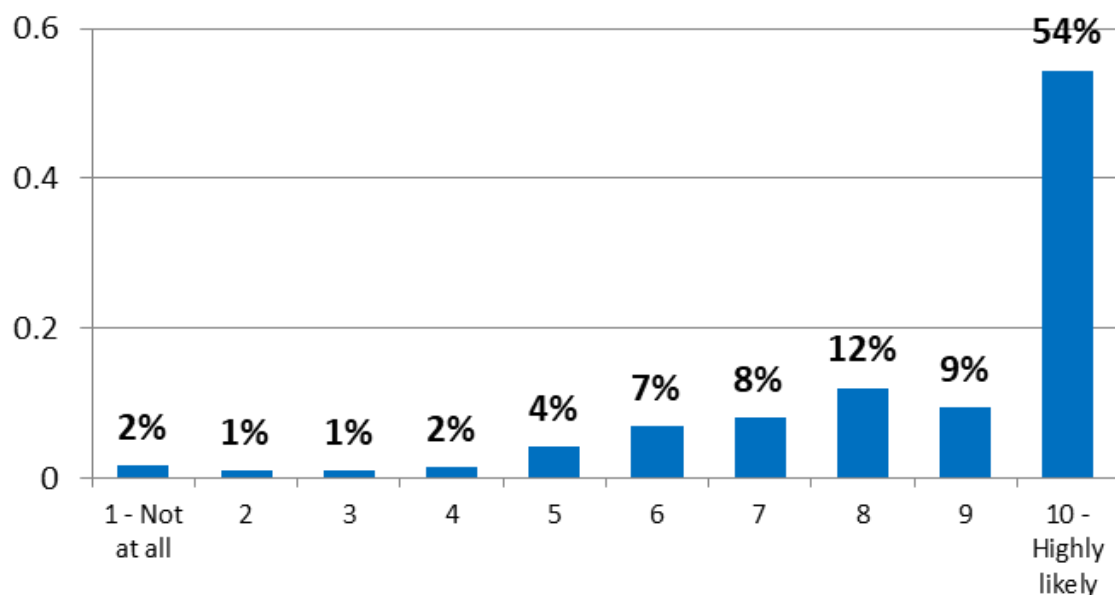
4.2. Respondent ratings:



4.3. How satisfied were you with your experience of the service?:



4.4. How likely are you to recommend our service?:



4.5. The self-reported service user experience rating of the service is 'good' or 'very good'. The majority of service users completing the survey would recommend the service to others and were 'extremely satisfied' with their experience.

5. Personal Wheelchair Budgets

5.1. 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.

5.2. In 2019 the voucher scheme was replaced by the national offer of a Personal Wheelchair Budget (PWB). PWBs were launched in April 2019.

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

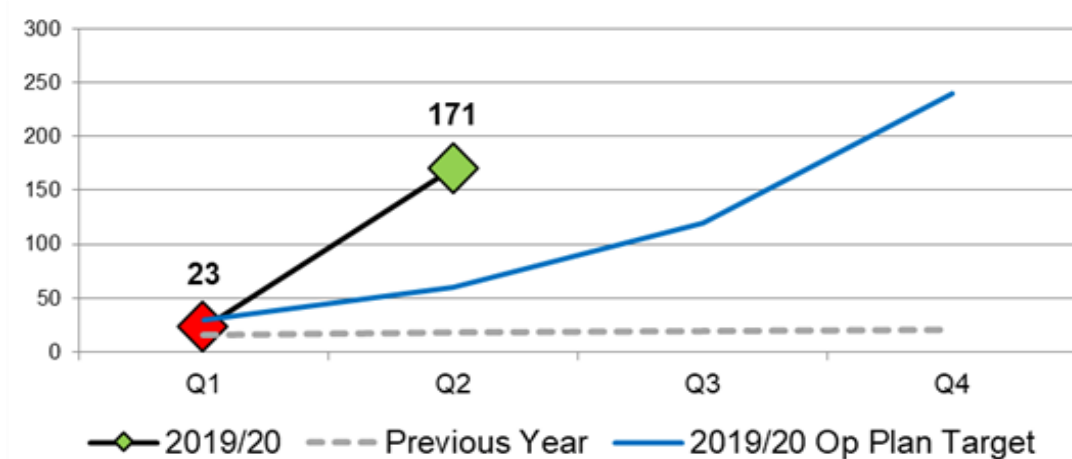
5.4. PWBs provide people a variety of options, these include:

- NHS provision of 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.

5.5. Each CCG within the collaborative is required to report the overall number of Personal Health Budgets (PHBs) taken up each quarter to NHS England.

5.6. Quarter 2 is the first quarter that the number of Personal Wheelchair Budgets (PWBs) has been included in the overall PHB return.

5.7. The following graph demonstrates the Quarter 2 PHB return for Southampton City CCG:



5.8. Of the 171 PHBs taken up, 139 were PWBs and 32 PHBs.

6. Future commissioning intentions

- 6.1. The current contract with Millbrook Healthcare finishes on 31 March 2021 for Southampton City and West Hampshire CCGs. For the other CCGs in the collaborative (Portsmouth, South Eastern Hampshire, and Fareham and Gosport CCGs) on 31 March 2020.
- 6.2. Southampton City, West Hampshire and Isle of Wight CCGs will be commissioning a new service together, which will commence on 1 April 2021.
- 6.3. In preparation for this procurement, commissioners are taking into consideration the challenges within the current service and making a number of changes to the specification and contractual model. There has been extensive engagement of service users and stakeholders whose feedback has helped to develop the new service specification. A full engagement report has been published online. Between February 2019 and August 2019, 400 people provided feedback to help inform the future provision of a Wheelchair and Posture Service. 262 people completed a service user survey, 87 healthcare professionals completed a second survey and 17 focus groups were held.
- 6.4. A market warming event was held on 5 June 2019. The Invitation To Tender (ITT) will be published in December 2019.