

Posture and Mobility (Wheelchairs) Service
Report to the Adults Health and Social Care Scrutiny Board
August 2018

1. Introduction

- 1.1 This paper provides an update to previous papers presented to Scrutiny during 2018. It provides information in relation to developments with the Provider and the progress made by commissioners in the commissioning of the future service.
- 1.2 The CCGs have continued to work closely with Opcare and have seen improvements: in the clearing of the waiting list as well as addressing delays in the length of time taken to assess and provide equipment to service users. The complexity profile of cases remains significantly higher than the original demand forecast and continues to place a cost pressure on the Service.
- 1.3 Over the course of the contract we have seen a continuation of increased activity and a change in the types of products being required due to evolving demand across the footprint, particularly around children and complex cases. With a year on year increase in demand for children and adults with more complex needs requiring wheelchairs, we have worked continuously with Opcare to explore and put into place solutions to address and ease the pressures.
- 1.4 A further period of engagement with key stakeholders across Calderdale and Kirklees recently concluded. Led by Parents of Children with Additional Needs (PCAN) and the CCGs' community assets, this built on previous engagement findings gathered over the last five years. Its aim was to address gaps previously identified and support the CCGs in the development of a future service pathway and service specification, ready for 2019. This latest period of engagement activity began 11th May 2018 and concluded on 20th July 2018 with stakeholder events held at the Holiday Inn, Brighouse. Attendees at both included wheelchair users, carers, members of the voluntary sector and health professionals.
- 1.5 In May 2018, the CCGs shared existing stakeholder feedback about the current service and invited them to add to this feedback and be involved in co-designing the future service. Attendees said they felt positive that the CCGs were "...looking forward and looking at what needs to be done with the new contract" and recognised they needed further input from a wider range of stakeholders. They felt "It was a really useful opportunity to voice our views about the service and to try and improve this".
- 1.6 In July 2018, PCAN presented their initial, high level findings about what people in Calderdale and Kirklees had to say about the current service (ranging from care pathways, accessibility, waiting times, training for provider staff and service users, repairs, support/information/advice, to involving service users). They also presented stakeholders' initial ideas about what 'good' needs to look like. The CCGs have expressed gratitude to everyone involved for providing feedback and shared how options for delivering the future service will be developed with their continued involvement. Attendees said they felt the CCGs were not just paying "...lip service, that there is a willingness to listen" and felt "encouraged that the wheelchair service is going to change to be more fit for purpose."

2. Background

- 2.1 Four years ago, Calderdale, Greater Huddersfield and North Kirklees CCGs recognised that local posture and mobility services, which include the provision of wheelchairs and specialist wheelchair seating, needed improving and following a competitive procurement process we commissioned Opcare Limited to take forward the contract.

- 2.2 The service to cover the Calderdale and Kirklees area (Calderdale, Greater Huddersfield and North Kirklees CCGs) was commissioned through the use of a competitive procurement process during 2013/4 with the intention of the re-commissioned service commencing on 1st September 2014. However, a delay in finalising the agreement resulted in the start of the contract being set as 1st October 2014, and as result of commissioners exercising the options to extend, the contract will end on 30th September 2019.
- 2.2 The contract cost envelope was originally set based on the then known value of activity determined by information requested and gained from the then incumbent provider of the service, Calderdale and Huddersfield NHS Foundation Trust (CHFT). The contract consequently had a fixed cost envelope of £4.2m over the initial 3 year period.
- 2.3 The contract based on a detailed service specification is for the provision of posture, mobility and wheelchair services for all children and adults with complex or non-complex requirements where a permanent physical/cognitive or degenerative long term condition has been identified which impairs mobility.
- 2.4 Prior to the procurement a review was undertaken by Yorkshire & Humber Commissioning Support Unit which indicated that the average wait for assessment was around 10 weeks in 2010, 26 weeks in 2011 and 28 weeks for 2012. It was estimated that the average wait for provision of either adult or child seating was 40 weeks.
- 2.5 The financial envelope for each of the CCGs across the full five contract years is shown in Table 1 below:

All values are inclusive of VAT*	Contract Value											
	Calderdale CCG			Greater Huddersfield CCG			North Kirklees CCG			Overall		
	'000s*			'000s*			'000s*			'000s*		
	Core	N-R	Total	Core	N-R	Total	Core	N-R	Total	Core	N-R	Total
Year 1	£408.5	£420.0	£828.5	£500.0	£39.3	£539.3	£503.4	£39.3	£542.7	£1,411.9	£498.6	£1,910.5
Year 2	£408.5	£50.0	£458.5	£500.0	£39.3	£539.3	£503.4	£39.3	£542.7	£1,411.9	£128.6	£1,540.5
Year 3	£408.5	£0.0	£408.5	£500.0	£39.3	£539.3	£503.4	£39.3	£542.7	£1,411.9	£78.6	£1,490.5
Year 4	£408.5	£300.0	£708.5	£500.0	£87.5	£587.5	£503.4	£87.5	£590.9	£1,411.9	£475.0	£1,886.9
Year 5	£408.5	£278.8	£687.3	£500.0	£278.8	£778.8	£503.4	£278.8	£782.2	£1,411.9	£836.4	£2,248.3
TOTAL	£2,042.5	£1,048.8	£3,091.3	£2,500.0	£484.2	£2,984.2	£2,517.0	£484.2	£3,001.2	£7,059.5	£2,017.2	£9,076.7

Table 1

- 2.6 As part of the consideration to extend the contract, representatives from each of the three CCGs undertook an evaluation of the service in April 2017, reviewing the service provided and demand. During the period of evaluation, the CCGs' engagement and quality team worked directly with Opicare to:
- Undertake a review of the Patient Charter
 - Identify any solutions to existing complaints
 - Look at an approach which would help to manage a reduction of any future complaints and address any issues
 - Develop a Service Development Improvement Plan in respect of Patient Experience and Patient and Public Engagement
- 2.7 This provided insight into existing systems, processes and challenges from Opicare's perspective, with Opicare identifying demand for urgent referrals as a particular challenge.
- 2.8 The three CCG's and Opicare met on the 24th May 2017, Opicare informed the CCG's they were unable to accept an extension post September due to the risk inherent in increasingly long waiting lists and them being unable to continue to support the contract. Opicare offered to work with the CCGs in providing an action plan to balance funding and demand that would allow them to accept an extension without an unacceptable level of clinical, financial and reputation risk.

- 2.9 North Kirklees and Greater Huddersfield CCGs committed to providing £175k of non-recurrent funding during the remainder of 2017/18 financial year. This commitment was sufficient to enable Opcare to commit to the extension of the contract until 30th September 2018. Subsequent increased funding from Calderdale in 2017/18 and from all CCGs in the 2018/19 financial year has allowed agreement to extend the contract until the end of September 2019.

3. How has demand changed?

- 3.1 The overall waiting list at the beginning of Year 1 of the contract was 1,649. At the beginning of Years 2 and 3 of the contract the waiting list was 1,157 and 1,381 respectively. At the beginning of Year 4 it was 1,954.
- 3.2 A comprehensive comparison of the improvement of service brought about by the commissioning of this contract is limited due to the lack of performance indicator monitoring available in previous years. The specification for the service anticipated the following annual referral level to be 1,925 a year. This was an overall figure i.e. not being capable of being broken down by individual CCG.
- 3.3 For the period October 2014 to September 2015, actual referrals to the service were 2,642 representing demand in excess of **37%** in year over the original anticipated figure. This did not include the activity identified as backlog at the commencement of the service. For the period October 2015 to September 2016 actual referrals to the service were 2,959, representing demand in excess of **53%** in year over the original anticipated figure. For the period from October 2016 to September 2017 actual referrals to the service were 2,904, representing demand in excess of **50%** in year over the original anticipated figure. Referrals in the current year have reached 1,942 (9 months data). Averaging this out over a 12 month period represents a demand in excess of **34%** over the original anticipated figure.

4. Current Contract Position.

- 4.1 In recognition that the demand and complexity remained significantly higher than the demand forecast thus creating a waiting list beyond 18 weeks as commissioned, the CCGs invested further non-recurrent funding to reduce the waiting list. The funding breakdown is as follows:
- Calderdale CCG committed £250,000 in non-recurrent funding to the service at the end of the 2017/18 financial year.
 - In 2018/19 Calderdale, Greater Huddersfield and North Kirklees CCG have all committed an additional £278,803 each.
- 4.2 In addition to this, a waiting list reduction plan was put into place with Opcare, who have committed to reduce the waiting list to the specified 18 weeks, also in line with national guidance, by the end of September 2018. Opcare have also recruited additional staff to deliver the reduction plan.
- 4.3 An additional action plan (Service Development and Improvement Plan (SDIP)) has been put into place to address the findings of service user engagement. Findings from engagement are discussed further in Section 8 of this report.

5. Current Performance

- 5.1 The service continues to be monitored against a wide range of performance indicators. There are 29 indicator domains and some 42 separate measures. In terms of monitoring and comparing performance levels, the following domains are used as key indicators:

KPI 11 – Waiting Times

KPI 18 – Equipment Delivery Times

KPI 26 – Emergency Call-Out and Repair

KPI 27 – Urgent Assessments completed within 10 days

- 5.2 Table 2 provides the key individual indicators within these domains. Current levels of performance are shown as ‘Overall’ i.e. across all three CCGs comparing October and November 2017 contract performance with outturn of the 16/17 and 15/16 contract years. This is provided below over the first three years of the contract and by individual CCG. The CCGs are in the process of validating Year 4 YTD performance data as part of quality assurance.

Average Waiting Time (from referral to provision)								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	118	16.9	118	16.9	131	18.7	122	17.4
Year 2	110	15.7	123	17.6	137	19.6	123	17.6
Year 3	152	21.7	151	21.6	136	19.4	146	20.9

Table 2

- 5.3 Further analysis of completed pathways provides a further breakdown between provision against new referrals (Tables 3-4) and re-referrals (Tables 5-6) for both adults and children.

Average Waiting Time - New Referrals: Adults								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	62	8.9	82	11.7	84	12	76	10.9
Year 2	52	7.4	84	12	91	13	76	10.8
Year 3	99	14.1	101	14.4	89	12.7	96	13.8

Table 3

Average Waiting Time - New Referrals: Paediatric								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	98	14	146	20.9	102	14.6	115	16.5
Year 2	92	13.1	142	20.3	141	20.1	125	17.9
Year 3	108	15.4	78	11.1	131	18.7	106	15.1

Table 4

Average Waiting Time - Re-Referrals: Adults								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	165	23.6	145	20.7	173	24.7	161	23
Year 2	157	22.4	154	22	163	23.3	158	22.6
Year 3	194	27.7	180	25.7	159	22.7	178	25.4

Table 5

Average Waiting Time - Re-Referrals: Paediatric								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	209	29.9	217	31	196	28	207	29.6
Year 2	195	27.9	190	27.1	190	27.1	192	27.4
Year 3	214	30.6	239	34.1	222	31.7	225	32.1

Table 6

- 5.4 Further analysis of completed pathways has provided a further breakdown of those clients waiting longer than 18 weeks for provision against new referrals (Tables 7-8) and re-referrals (Tables 9-10) for both adults and children. This is provided below over the first three years of the contract and by individual CCG.

Waiting Time > 18 weeks New Referrals: Adult				
	C CCG	GH CCG	NK CCG	Overall
Year 1	90	132	116	338
Year 2	51	130	107	288
Year 3	72	76	49	197

Table 7

Waiting Time > 18 weeks New Referrals: Paediatric				
	C CCG	GH CCG	NK CCG	Overall
Year 1	7	15	19	41
Year 2	6	17	18	41
Year 3	4	4	8	16

Table 8

Waiting Time > 18 weeks Re-Referrals: Adult				
	C CCG	GH CCG	NK CCG	Overall
Year 1	206	165	172	543
Year 2	158	196	187	541
Year 3	138	156	93	387

Table 9

Waiting Time > 18 weeks Re- Referrals: Paediatric				
	C CCG	GH CCG	NK CCG	Overall
Year 1	53	35	62	150
Year 2	46	43	77	166
Year 3	40	41	45	126

Table 10

- 5.5 Table 11 below provides a recent breakdown of the waiting list according to level of need category; these categories are defined [in Annex A](#).

		New Referrals	Awaiting Assessment	Awaiting Equipment	Total
C CCG	High Need	10	24	31	65
	Low Need	9	26	31	66
	Medium Need	17	33	31	81
	Specialist Need	5	19	13	37
	Total	41	102	106	249
GH CCG	High Need	8	23	35	66
	Low Need	12	26	33	71
	Medium Need	17	43	36	96
	Specialist Need	2	4	12	18
	Total	39	96	116	251

		New Referrals	Awaiting Assessment	Awaiting Equipment	Total
NK CCG	High Need	13	26	28	67
	Low Need	19	37	24	80
	Medium Need	15	44	30	89
	Specialist Need	4	9	19	32
	Total	51	116	101	268
Overall	High Need	31	73	94	198
	Low Need	40	89	88	217
	Medium Need	49	120	97	266
	Specialist Need	11	32	44	87
	Total	131	314	323	768

Table 11

6. Current summary of performance

- 6.1 The target for open referrals was 1,060 for the end of June 2018. The current position suggests the actual number of open referrals at the end of June was **930**, which indicates that Opcare are clearing the waiting list quicker than anticipated. Table 12 shows the number of open referrals by level of need, CCG and age categories.

	Tot	C CCG	GH CCG	NK CCG
All open referrals	930	292	319	319
Open referrals – Adults	711	230	259	222
Low need	260	81	96	83
Medium Need	224	72	81	71
High Need	179	59	67	53
Specialist Need	48	18	15	15
Open referrals – children	219	62	60	97
Low need	44	10	10	24
Medium Need	82	19	34	29
High Need	44	15	9	20
Specialist Need	49	18	7	24

Table 12

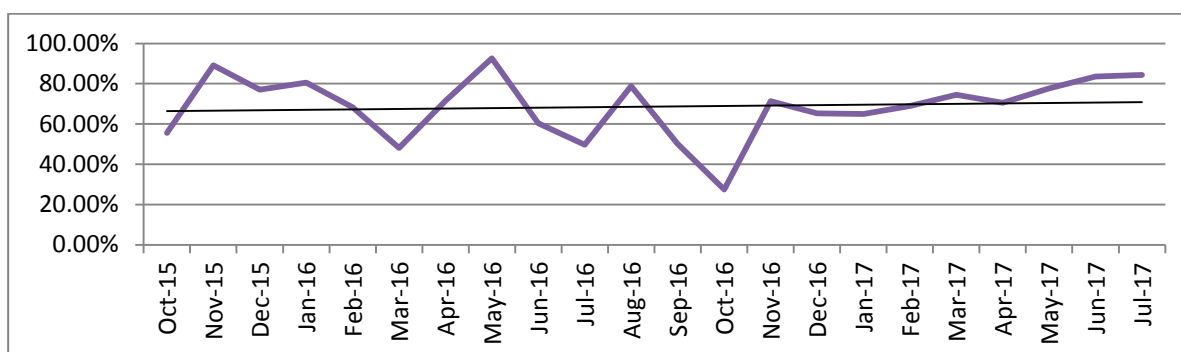


Chart 1: Referral to handover within 18 weeks October 2015 – June 2017 (shown as %)

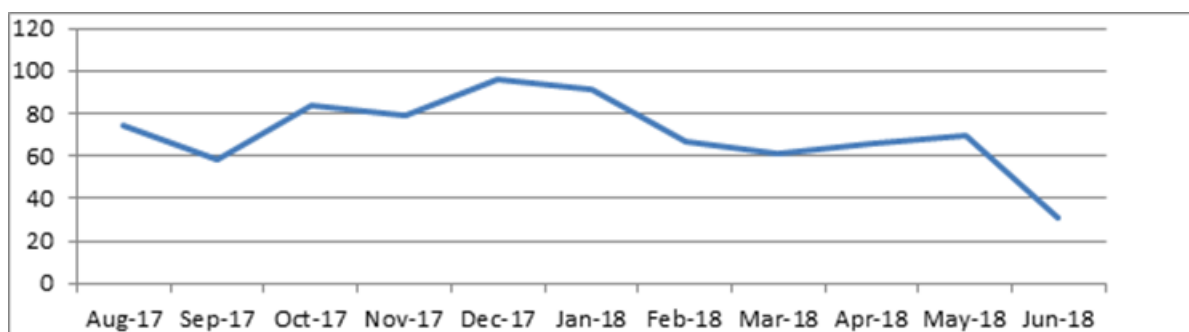


Chart 2: Referral to handover within 18 weeks August 2017 – June 2018 (shown as %)

- 6.2 The wheelchairs service continues to clear the waiting list in line with the CCG plan, which was firstly, to prioritise reducing waiting times for high need and complex cases and secondly, reduce waiting times for low need cases. Work has been carried out to address the first stage of the plan and the focus is now on addressing waiting times for low need cases. While work on this second stage of the plan is underway, breaches of the referral to treatment/handover within 18 weeks (RTT) target will initially continue as historical lower priority cases are cleared from the waiting list. This is illustrated in Chart 2 above.
- 6.3 It is worth noting that the current position suggests that the average waiting time for pathways completed in June 2018 was **4 weeks** across the three CCGs. As previously mentioned, the plan is for the waiting list to achieve the referral to treatment (RTT) 18 week pathway **by the end of September 2018** and for this to be maintained for the final year of the contract.
- 6.4 Total open referrals at the end of September 2017 were 1,954. Table 13 shows the impact of the additional funding, which brought the open referral list down to 1,323 by the end of October 2017 and 930 by the end of June 2018. This shows that the number of open referrals and average RTT times have effectively **more than halved** since September 2017.

Open Referrals	C CCG	GH CCG	NK CCG	Total	Average RTT time per case
Open referrals end of September 2017	671	660	623	1,954	8.1 months/ 35.2 weeks
Open referrals end of October 2017	452	436	435	1,323	5.5 months/ 22 weeks
Open referrals end of November 2017	463	447	491	1,401	5.8 months/ 23.2 weeks
Open referrals end of June 2018	292	319	319	930	3.8 months/ 15.5 weeks

Table 13

7. Evidence of service user/patient satisfaction

7.1 The objective of the Wheelchair Service is to provide:

- a referral and triage system for access to the service providing a timely multi-agency (where appropriate) clinically based comprehensive holistic assessment that also takes account of carers, parents and families abilities;
- a prescription (based on need) of manual and/or powered wheelchairs within a maximum of 2 working days of assessment;
- information at the time of referral to enable the individual and their parents/carers to make informed decisions regarding care and requirements;
- support, information and scheduled reassessments at the time of first assessment;
- a wheelchair as part of the care plan for end of life care;
- flexible and proactive services for those children and adults with rapidly deteriorating conditions; and
- as part of the requirements for Long Term Conditions (LTC) the individuals agreed care plan is to be an integral part of the process.

7.2 Service users were involved in the initial procurement process during 2014/2015. This information provided a baseline of service user feedback. Since then Opcare have undertaken an annual satisfaction survey and run a service user group; neither of which have sufficient levels of engagement to ensure full representation of the range of service users. The most recent feedback was gathered by Healthwatch Calderdale and Kirklees who engaged with 91 parents/carers and service users up to April 2017. The engagement activity identified 5 key service gaps:

- Lack of routine review appointments for children and young people to assess their changing needs
- Long waiting times for assessment
- Long waiting times for repairs
- Poor communication relating to accuracy of information provided and responsiveness to concerns
- Equipment provision not meeting service user/family needs

7.3 Chart 3 below provides detail of the number of complaints received by the CCGs since the start of the service. Complaints started to increase in August/September 2016, with the majority relating to waiting times.

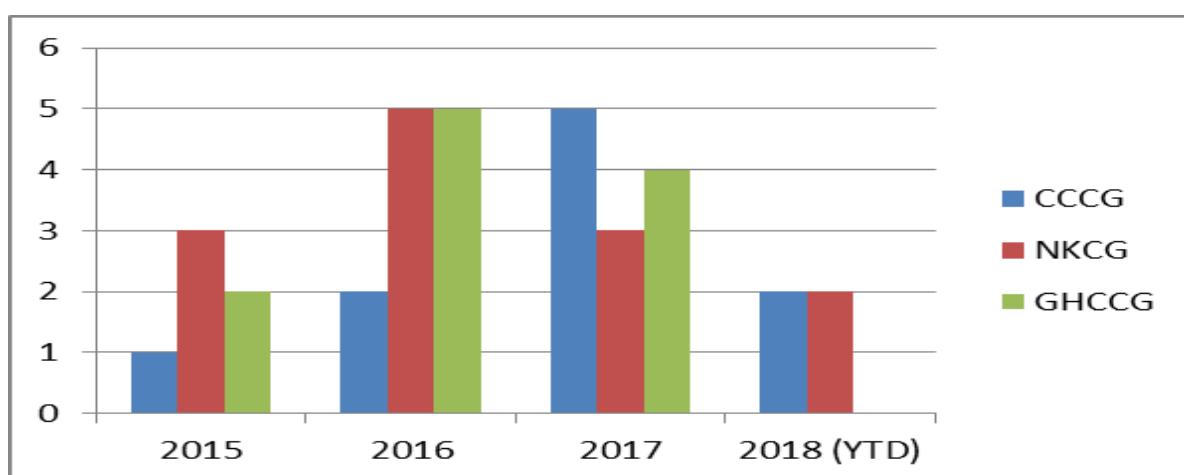


Chart 3: Number of complaints received per CCG

8. Engagement with key stakeholders

- 8.1 As part of improvement work, CCG Engagement colleagues supported Opcare to undertake a thorough stakeholder analysis and comprehensive engagement activity in 2017. The final draft report of findings was provided to Scrutiny in January 2018.
- 8.2 The survey was developed in partnership with Healthwatch Kirklees who had previously engaged people who use wheelchair services. Its aim was to gather views of the Service from patients, families, carers and stakeholders for current service improvement and understand what 'good' looks like for the new service and contract, to commence in October 2019.
- 8.3 48% (134) of total respondents said they were service users, 45% (126) said they were carers of adults or children and young people, and just over 9% (26) were from other groups.
- 8.4 The report of findings highlighted areas of good performance, and areas of improvement. Overall, parents/carers and service users collectively gave Opcare a star rating of 2.1 out of 5 (1 being poor, 5 being excellent).
- 8.5 The broad areas for improvement (1 being poor, 5 being excellent) were:

	Average rating (out of a maximum of 5 stars)
Access to premises	3.4
Communication	2.3
Staff attitude	3.2
Confidence in technical staff	3.1
Confidence in admin support	2.9
Helpfulness	2.7
Flexibility of appointments	2.3
Waiting time	2.0

Table 13: Average rating for areas of the service

Particular areas of focus were highlighted:

- **No regular reviews/assessments for growing children:** Parents/carers told Healthwatch they are incredibly frustrated by the fact that there is no regular, routine assessment in place for their child to ensure that the wheelchair they are using is suitable for their size and needs.
- **Poor communication:** People told Healthwatch how they struggle to get information from Opcare and wanted it to be much clearer about when service users could expect their matter to be dealt with.
- **Waiting times:** People spoke of the frustration they felt during long periods when they were on a waiting list at various points when being assessed for a new wheelchair.
- **Repairs:** One member of staff in a school told Healthwatch how some of the technician's turn up with hardly any tools and say they've only have 2 weeks training.
- **Equipment not fit for purpose:** People raised concerns that service users' needs change so much between assessment and receiving their new or adjusted chair, that their new or adjusted wheelchair then doesn't fit properly.

- **Funding and Commissioning Issues:** Parents/carers and service users told Healthwatch that they had been informed by Opcare that it was not possible for the service to provide them with new wheelchairs due to “funding”, “no money” or “budgets”.
 - **Accessibility of clinics:** Staff and service users in North Kirklees have been made aware that Opcare is paying to have a room at Eddercliffe Health Centre in Cleckheaton but it never uses this.
 - **Order delays:** People mentioned that Opcare staff often told them that items were on order when they were not. They said they would rather be told the truth, even if the waiting time was going to be lengthy.
 - **Choice of wheelchair:** Healthwatch also spoke to several people whose perception was there were “limited options for wheelchairs” and “limited choices for specialist seating”.
- 8.6 Equality analysis of the engagement findings indicated that further engagement was needed with specific groups: BME service users, their carers/families, people aged 61 years and above, and people from North Kirklees.
- 8.7 Further engagement was carried out from 11th May 2018 – 20th July 2018. This was led by Parents of Children with Additional Needs (PCAN) and the CCGs’ community assets and was designed to enable stakeholders across Calderdale and Kirklees to add to engagement findings gathered over the past five years, address the gaps identified in 8.6 above, and support the CCGs in developing of a future service pathway and service specification, ready for 2019.

Post Engagement Deliberation

- 8.8 An internal half-day Post Deliberation Workshop will be held on 20th August 2018. Staff from the CCGs and other key stakeholders will review national guidance, best practice, equality and quality intelligence and engagement findings - including the outcome of the most recent, PCAN engagement.
- 8.9 The workshop will be used to develop a proposed future pathway for Wheelchair Services and agree next steps, including whether or not there is likely to be significant service changes that requires public consultation. Input on proposals will be obtained from CCG clinical forums before being progressed through appropriate internal and external Governance routes.
- 8.10 The CCGs are committed to open dialogue and engagement with Adults Health and Social Care Scrutiny Board, and will share further updates on the outcome of the PCAN engagement, and as this work progresses.

9. Commissioning of the new service

- 9.1 Dependent on the outcome of post engagement deliberation, it is expected that the new service will be commissioned, most likely through the use of a competitive procurement process which will begin in January/February 2019.

10. Recommendation

- 10.1 That Adults Health and Social Care Scrutiny Board receive this report as an update on the developments with the Provider and the progress made in the commissioning of the future service.

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on behalf of Greater Huddersfield, North Kirklees & Calderdale CCGs
August 2018

Annex A: Referral categories

National wheelchair data collection definitions	
Low Need	Occasional users of wheelchair with relatively simple needs that can be readily met
	Do not have postural or special seating needs
	Physical condition is stable, or not expected to change significantly
	Assessment does not typically require specialist staff (generally self-assessment or telephone triage supported by health/social care professional or technician)
	Limited (or no) requirement for continued follow up/review
	Equipment Requirements – Basic, non-modular wheelchair (self or attendant-propelled)/standard cushion/up to 1x accessory/up to 1x modification
Medium Need	Daily users of wheelchair, or use for significant periods most days
	Have some postural or seating needs
	Physical condition may be expected to change (e.g. weight gain / loss; some degenerative conditions)
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up / review
	Equipment requirements – Configurable, lightweight or modular wheelchair (self- or attendant propelled) / low to medium pressure relieving cushions / basic buggies / up to 2x accessories / up to 2x modifications
High Need	Permanent users who are fully dependent on their wheelchair for all mobility needs
	Complex postural or seating requirements (e.g. for high levels of physical deformity)
	Physical condition may be expected to change / degenerate over time
	Very active users, requiring ultra-lightweight equipment to maintain high level of independence
	Initial assessment for all children
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up/review with frequent adjustment required/expected
	Equipment requirements – Complex manual or powered equipment, , fixed frame chairs, high pressure relieving cushions, specialist buggies, up to 3x accessories / up to 3x modifications / needs are met by customised equipment.
Specialist Need	Highly complex postural or seating requirements (e.g. for high levels of physical deformity)
	Physical condition may be expected to change / degenerate over time
	Permanent users who are fully dependent on their wheelchair for all mobility needs
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up / review with frequent adjustment required / expected
	Equipment requirements – <ul style="list-style-type: none"> ○ Highly complex powered equipment with specialist controllers ○ Tilt in space chairs ○ Seating systems on different chassis ○ Complex manual wheelchairs with integrated seating systems ○ 4 or more accessories/4 or more modifications/highly complex modifications that needs are met by bespoke equipment/specialist controls/devices that require Integration with other assistive technology drivers