



## Minutes of the meeting held on 12<sup>th</sup> July 2011 Leeds

### Present:

Alex Winterbone  
Krys Jarvis  
Sarah Sherwood  
Peter Gage  
Alan Moore  
Nila Panchal  
Claire Watt  
Brian Smith  
Elaine Coope  
Julie Croysdale  
Jacqui Twomey  
Jane Coates  
Sue Cobby  
Samantha Sterling  
Barbara Hatton  
Cathy Ryan  
Carol Bartley  
Yvonne Baron  
Jane Thurlow  
Rory Davies  
Hazel Derbyshire  
Maurice Rand

Suffolk  
Shropshire  
Bedfordshire  
Essex  
Manchester  
Doncaster  
Horsham  
Northern  
Airedale  
Leicester  
N & NE Lincs  
Manchester  
East Sussex  
Leeds  
Wigan  
West Pennine  
Salford  
Chorley, South Ribble & West Lancs  
York  
Preston  
Preston  
MHRA

### In Attendance

Janice O'Connell  
Lesley Cave

Supply Chain  
EoE SHA

### Apologies

Kath Griffiths  
Alison Ravenscroft  
Jan Smith  
Sarah Howarth  
Tania Tulloch  
Henry Lumley  
Graeme Johnston  
Julia Cunningham

Crewe  
Wales  
Newcastle  
Nottingham  
North Yorkshire  
Bristol  
Dudley  
Whizz Kidz

### Introductions

### **Minutes of the meeting on 13<sup>th</sup> April were agreed**

- Minutes approval system worked well.
- Charge to non member services still ongoing as it has taken a while to update the members list.
- Jackie went to the Parliamentary Limb Loss Group Meeting
- Brian went to DFT meeting

### **Matters Arising**

#### **Web Site:**

Been very busy; 5460 visits since it was launched in April a lot of these from non NHS computers. The most visited page is the directory of services. 40% of traffic is from the general public looking for their local wheelchair services. Positive feedback on the new website. 170 queries mostly from the general public. Ian has only received 25 service updates. Sarah to e-mail stats to Alex.

### **PLEASE UPDATE YOUR SERVICE DETAILS EVEN IF THERE IS NO CHANGE THEN THE UPDATE DATE CAN REFLECT THIS.**

Thanks were recorded to Ian for his work everyone agreed it was a huge improvement.

There is a page for local networks but no-one has given Ian details so if you have a local network let him know. There is also a page for User Groups so if you have either please let Ian know, you can do this through the website.

### **Competencies**

- Claire was not inundated with responses to last meetings appeal for any information people had.
- A lot of what she has received is KSF outlines rather than competencies.
- Is it a case that people haven't got them or have they just not sent them to Claire?
- W Sussex are still developing more competencies,
- Has anyone got an induction pack that they use with new starters?
- Claire will continue to work her way through them and then share with everyone else and they can go on the website.
- Elaine volunteered to help Claire.

### **Update on Developments at NWSAG & Pilot Sites. Lesley Cave**

DOH expecting to publish the NWSAG report before parliament rises for the summer break i.e. this week or next week.

Themes: Single point of access

Eligibility Criteria

Tariffs

Purchasing / choice

EoE want to pursue the themes raised in the pilot, Bedfordshire to be a pilot site for this development.

Lesley Cave has been appointed as the project manager to pursue the themes that have been raised.

To work out tariffs:

Work with Sarah's team

What has the project told us so far?

Maybe some old fashioned time and motion type work.

? National Tariff – DOH are saying that these will need to be set locally but if the EOE have come up with something everyone could use that.

Commissioning – GP Consortia definitely on lower end and medium stuff. There has been some suggestion about Specialised Commissioning Board for the more complex stuff, this is still to be resolved.

“Any Qualified Provider” – much discussion and speculation it looks like the DoH is about to publish some more information.

Sarah has been volunteered for this work by her Chief Exec and would appreciate everybody's help so will be e mailing questions around.

Discussion around qualified staff and support staff - who can do what? We need to be more flexible and risk assess interventions, making sure the right person is doing the right thing. That way we can compete on a level playing field with other possible providers.

Discussion about Whiz Kidz provision and transition issues. The service provided seems to differ around the country.

Any comments e mail Lesley at: [Lesley.cave@eoecph.nhs.uk](mailto:Lesley.cave@eoecph.nhs.uk)

### **Supply Chain Janice O'Connell**

An E mail should have been received by everyone regarding the setting up of a task force, the current agreements have been extended and the task force is to work on the specification for the next contract. Trying to make sure they have the right information to formulate the next contract and advice about product evaluation.

Thinking about combining the special seating and cushion contracts.

If you have not had an e mail then contact Janice and she will ensure you get an invite.

3 main suppliers represent 94% of the market.

Would “Any Qualified Provider” be able to access supply chain agreements? No not currently in theory but Leicester are still buying from them although they are Blatchfords employees.

7% Reduction in cost on the extension of the contract overall.

Nursing Hygiene Varioxx wheelchair has gone on the contract.

### **Election of Officers**

The election of a new Chair and Chair Elect was held over from the last meeting. Peter is stepping down at this meeting.

**Chair** - Nomination received for Krys Jarvis as Chair: Proposed by Alex Winterbone, Seconded by Peter Gage Carried unanimously.

**Chair Elect** – Jackie Twomey. Nominated Julie Croysdale, Seconded Claire Watts. Carried unanimously.

An amended constitution is attached to these minutes.

### **Resmag (Rehab Engineering Services Managers group)**

BS 7176 Part 3 under review

The last meeting mainly had discussions about modernising scientific careers and registration.

Discussions about Coventry Undergraduate Course this is currently free, they will need to start charging in a couple of years.

There will be a 1 day training course in February 2012 for Rehab Engineers.

New website is up and running offers support to Engineers (Google Resmag)

### **MHRA**

There is a change in the way of working because of the increase in numbers of incidents across the whole organisation. Everything is risk based and includes the actual or potential for injury to the user. They have introduced a triage system done at a daily meeting to prioritise those incidents which will be investigated and who by, the majority of reports across the whole organisation come from manufacturers however in Assistive Technology (AT) that is only 5%. Anything that is minor injury is left to the manufacturer, MHRA will only investigate where there is serious injury or the potential for serious injury and even then the manufacturer may be asked to take the lead.

In AT there has been no increase in reports although they are now dealing with the whole range of equipment. Since 1<sup>st</sup> April there has been a 30% drop in reports.

The Agency is facing a 30% cut over the next 3 years, currently there are 140 staff this will be cut to 100 over the next 3 years. Blackpool will close sometime in the next 4 months, the people dealing with AT will be based in London. The fact that there have been so few reports in the last few years is part of the problem if there were more they may have stayed.

Maurice doesn't know whether anyone will be available to attend Forum meetings in the future. The organisation will still be available for advice etc by e mail etc.

*Spares guidelines:* Device Bulletin, Managing Medical Devices Section 8.5. Spares must match the original manufacturer's specification. Its not just about looking the same but about their performance and liability the person fitting the part needs to be able to demonstrate that the part is the same. Details of the original part will be in the manufacturer's technical bulletin.

Maurice was thanked for his help over the years.

### **DFT Meeting**

Brian attended representing the forum: The meeting started off about Scooters then agreed that wheelchairs are different from Scooters. There will be a report coming soon.

Training – should be mandatory but who will supply and who will regulate especially the second hand market.

Criteria – what about epilepsy and blackouts – private sector don't necessarily ask. Legislation pushing wheelchairs into class 3 vehicles is hindering wheelchair services but changing legislation is complex and it would be necessary to do it twice for scooters and wheelchairs separately.

Government is introducing "Red Tape Challenge" to remove red tape that is outdated and not fit for purpose. They are trying to find areas of law that can be got rid of, some of this legislation is hindering independence for disabled people.

DVLA have brought out a new guide for Medical Practitioners it is on their website. Are you quoting the DVLA standards for blackouts and eyesight tests – they have no standards for class 2 vehicles.

### **Wheelchair Freedom**

Peter presented this for the company as something that we might find useful to signpost our patients too if they are not eligible for a chair from wheelchair services. They will send a boxed product, they use Sunrise chairs. Order on website or phone prices include VAT. Delivery costs included, different seat sizes:

£14 per week dropping to £7 after 12 weeks for the Moonlight after 1 year they give you the chair.

The company had provided a presentation on memory stick if anyone wants a copy let Linda know and she will e mail it to you. [Linda.paris@suffolkpct.nhs.uk](mailto:Linda.paris@suffolkpct.nhs.uk)

### **Office of Fair Trading – Phil James & Maria Rican**

Handouts in hard copy if you want one let me know and I will post it.

Consultation on what should be included in a study of mobility aids. In terms of wheelchairs responses from WCS, DoH, Supply Chain, Charities, members of the public.

Consumer research which was more to do with doorstep selling of scooters and stair lifts.

The Team are now looking at potential remedies to problems that appear to have been found.

Looking at the way the public sector purchases wheelchairs which is a large proportion of the purchases in the UK

### ***Taken from Handout***

#### **Hypothesis:**

Public purchasing practices may distort or dampen competition.

#### **Emerging Key Findings**

- Public purchasers repeatedly select same (three) firms in series of tenders, however these firms offer cheap prices for wheelchairs and good, comprehensive levels of service. Repeat selection of the same (three) firms may reduce the number of items in the market over time.
- Despite cheap headline prices and the existence of a national framework agreement, fragmented buying and limited sharing of information and best practice between Wheelchair Services / PCT's may nonetheless lead to lack of harnessing buying power which may stifle the public sectors ability to drive competition.
- There is a trend toward purchasing more innovative models. This is facilitated by larger suppliers developing new models in response to demand from some larger WCS/ PCT purchasers. However, public purchasers remain relatively conservative in view of the level of innovation available. Significant contributing factors are budget constraints and lack of switching.
- There is an inability to add new suppliers to the national framework agreement partway through its term.

#### **Hypothesis:**

High prices for spare parts.

- A large proportion of WCS non staff costs are attributable to spare parts and accessories.
- Some manufacturers have informed us that they make greater returns on spare parts and accessory sales than on wheelchairs.
- Spare part price are not currently negotiated as part of the national framework agreement.
- Public purchasers may have difficulties in obtaining spare parts from independent third parties due to contractual terms, incompatibility of stocked parts across brands, lack of awareness of alternatives or lack of awareness regarding the ability to purchase from alternative suppliers
- Public purchasers face limited ability to predict and evaluate whole-life value for money due to lack of reliable and consistent data across relevant agencies and associated IT system limitations, which may result in purchasers choosing a wheelchair that is more expensive over it's lifetime than an alternative would have been.

#### **Key potential Remedies**

*Increasing choice of suppliers and innovative equipment.*

- Shorter time period for national framework agreement and / or enable new suppliers to be added mid-term
- Trade-fair type event, open to all suppliers, for purchasers and clinicians to have sight of equipment and suppliers on the national framework agreement.

*Increasing purchasers ability to obtain whole-life value for money on equipment.*

- Include spare parts (including third party generic spare parts manufacturers) within NFA
- Clarify MHRA guidance on use of generic spare parts (e.g. publication of supplementary guidance)
- Purchasers to request data on whole-life cost of equipment from suppliers in addition to up-front price
- Purchasers request dis-aggregated data on repairs/servicing costs from servicing contractors
- Set up NFA for servicing / maintenance contracts
- Purchasers send simple feedback form to NHS Supply chain following purchases from NFA

*General / cross cutting*

- OFT publish high level guidance on pro-competitive purchasing practice in it' report
- OFT recommendation that detailed guidance on pro-competitive purchasing practice is produced by Government
- OFT publish examples of current good practice used by wheelchair services in its report.

There was considerable discussion about the slides and considerable unhappiness as to their accuracy in some instances.

*Drivers for the project* – those in the industry and purchasers particularly charities had concerns. Are people able to make informed choices? are people being treated fairly particularly doorstep selling? Complaints data held on mobility aids. In wheelchairs the concerns were competition specific, certain charities are unhappy about the level of service they get. Internationally the 2 larger suppliers are the 2 largest globally.

**Any Other Business**

Lincolnshire have now issued their first personal health budget calculated on the cost of the chair and maintenance. Very similar to a voucher.

Wakefield WCS has been transferred to Social Services

What criteria do people apply for powered chairs if people have had a seizure? Most areas allow use of the chairs indoors some don't.

**Date of next meeting**

Tuesday 18<sup>th</sup> October - Kettering  
24<sup>th</sup> January 2012 - Doncaster