



**NATIONAL WHEELCHAIR MANAGERS  
FORUM**  
(England and Wales)  
[www.wheelchairmanagers.nhs.uk](http://www.wheelchairmanagers.nhs.uk)

## Minutes of the meeting held on 18<sup>th</sup> January 2011 Doncaster

### Present:

Alex Winterbone

Krys Jarvis

Elaine Coope

Sarah Sherwood

Peter Gage

Alan Moore

Samantha Sterling

Tania Tulloch

Nila Panchal

Claire Watt

Alan Lynch

Jan Smith

Brian Smith

Yvonne Baron

Barbara Hatton

Jane Coates

Carol Bartley

Hazel Derbyshire

Rory Davies

Suffolk

Shropshire

Airedale

Bedfordshire

Essex

Manchester

Leeds

North Yorkshire

Doncaster

Horsham

MHRA

Newcastle

Northern

Chorley

Wigan

Manchester

Salford

Preston

Preston

### In Attendance

Rebecca Molyneux

DoH

### Apologies

Colin Plumb

Julie Croysdale

Kirsty Simpson

Jane Walker

Kath Griffiths

Sue Cobby

Henry Lumley

Alison Ravenscroft

Graeme Johnston

Jacqui Twomey

Caroline Oakes

Alan Kendrick

Julia Mannering

Louise Ryan

Plymouth

Leicester

Devon

Gloucester

Crewe

East Sussex

Bristol

Wales

Dudley

N & NE Lincs

Cheshire

## **Introductions**

**Minutes of the meeting on 12<sup>th</sup> October were agreed**

## **Matters Arising**

### **Website Development:**

Specification issued after the brainstorming done at the last meeting, this was sent to Ben Lumley and Ian Sherwood asking them for proposals. Ian sent through some sample pages and offered to do it for the same price as we have been paying £500 per year + hosting costs which are £85 per year with 3 for 2 offer currently available. Ben said he would need to pay someone to do the design and the cost would be circa £2500. Peter has written to Ben thanking him for his help over the last 10 years and asking him to carry on till the end of March to give Ian time to get up and running by 1<sup>st</sup> April. New name will be: [wheelchairmanagers.org.uk](http://wheelchairmanagers.org.uk)  
A small group will be needed for Ian to bounce ideas off.

### **Supply Chain**

Peter has met with Paul Rochford since the last meeting he was going to send him some notes and further information for this meeting but hasn't done so yet. There is nothing further to add. Rebecca has also had some discussions with them, Supply Chain themselves are also under discussion by the government so they have rolled the contracts over for another year; if they still exist they will be looking to re-tender for 2012/13 and will require input from a lot of people.

At the last meeting they agreed to send out the local contacts list but they have not done so. Elaine said this information can be found on their web site.

### **Whizz Kidz**

Peter has met with Ruth Owen and Ian Legrand because there were some misunderstandings / tensions developing between the Forum and Whiz Kidz. Ruth had declined to come to the Forum to speak on their strategy but had agreed to talk to Peter. Hopefully these misunderstandings no longer exist.

Whizz Kidz will be competing for tenders in the future in both the childrens and adult fields. Public , Private & Third sectors may compete with them head-on in the future. The current charity precludes them dealing with adults but they are making moves to address this.

Rebecca commented that they are good publicists and have a high profile within government.

It was broadly agreed that, as service providers, Whiz Kidz to be invited to join the group.

## **DoH Project & Regional Pilot Projects - Rebecca Molyneux**

Rebecca reminded the group about the background to the project. Minister Paul Burstow (each minister has a number of personal projects - wheelchairs are one of his personal projects.) This was originally going to be a commissioning project but with the abolishing of PCT's DoH can't tell them how to commission any more so the project is now looking at how wheelchairs might fit in the new world and trying to make sure that they don't get lost.

The new white paper is due out tomorrow, it will be the responsibility of GP Consortia. Consortia will be able to delegate this power to the local authority if they choose to do so. The commissioning board will issue guidance on the commissioning of many things including wheelchairs.

Any willing provider is the most important policy; patients will be able to choose from any willing provider who can match quality specifications and costs. Any willing provider to be implemented by 2014 and the minister has said he would like wheelchairs to be one of the first to be treated this way. Rebecca will be putting a report to the minister by the end of January.

Personalised budgets are being implemented in social care, not clear how this may effect wheelchair services but there is discussion about extending this to health for people with long term conditions and could affect wheelchair services. There is a small pilot going on at the moment which has included a wheelchair.

Specialised commissioning:

The specialised commissioning definition set is being revised, i.e. which services should transfer to the commissioning board and which could be commissioned by GP Consortia. Developing pathways as to how it could work and to develop a specification as to what could be deemed to be specialised, what are the volumes and costs. This work is needed by the summer and our help will be needed in April /May time.

Discussion around complex versus less complex but agreed that with GP Consortia there is likely to be more variation than there is now.

Any willing provider - In order to introduce this you need to have a tariff this could be national, like a hip replacement. Tariff specialises each segment of care. A national tariff for wheelchair services would mean that any willing provider would have to match this tariff. It would need several levels of need and a different tariff for each. GP's will need to commission to the national standard from any willing provider. If it's a national tariff it becomes mandatory. Work on tariffs would take about 3 years but the team is in place to do it if the minister says that's the way to go.

South west pilot is looking at how the level of need is changing and how this reflects on the costs.

Keen that the initial assessment is separate from any provider.

Still can't get to the data that says how much a wheelchair costs.

Trying to encourage more joint assessment, for example where a more high specification wheelchair could reduce care costs.

Presentation slides are attached to these minutes.

## **Pilot Sites – East of England and South West.**

### **South West:**

Substantial growth, current situation unsustainable. Costs.

Thinking about how the service operates and putting the burden of maintenance and storage etc back to the manufacturers.

Other thoughts:

- E referral
- Common eligibility criteria for the region
- Self assessment
- Separate route for complex patients
- Inventory reduction/ product design /
- Direct issue from manufacturer
- Requirement for regular review
- Requirement for regular maintenance
- What elements could be regionally based
- 24 hour postural management.

### **EoE pilot**

Workshops this month & next.

Thinking about:

- Should the NHS deliver wheelchair services
- Referrals and access to wheelchair services
- Personalised budgets and choice
- Contracts and performance management
- Pathways in the new world e.g. GP Consortia
- Pathways in the new world NHS

Work done by pilot sites could be used elsewhere:

Common eligibility criteria

Pathways

Referral forms

The local innovations document could be examples of good practice

PCTs are receiving £648 million to spend on joint PCT / Local Authority working in financial year 2011/12. Some PCTs are struggling to know what to do with it; they have to give this to local authorities to spend on social care which has a direct and provable health benefit. Wheelchair services may be able to access some of this funding especially where the equipment could reduce the social care needs. If you want to apply for this contact Rebecca who will put you in touch with the relevant person in your area.

To send contact name to Peter

## **What Next**

Advisory Group meeting 9<sup>th</sup> March in London all Forum members welcome – 15 spaces left details sent out straight after the meeting.

Report published end of March. Information on commissioning WCS for GP Consortia – will be in some sort of pack

Implementation in the pilot site regions, they are looking for funding from SHA's to carry on with the current work.

*Question:* If there is going to be a greater link between WCS and the local authority does this mean that WCS could be means tested. *Answer:* No the minister has already decided that WCS will never be means tested under this government.

## **Outcome Measures**

**Manchester:** 15500 users.

Predominately staffed by RE's wanted to change the way they conduct assessments and conduct more goal orientated assessments.

Redesigned assessment forms – segmented form into specific areas to keep it concise. The form will tie into the outcome measures provided by Soft Options on their Best system.

Wanting to do outcome measures for every client and enter them on the computer system.

Referred to service initially complete assessment form and then translate that to screen. Idea is 4 weeks after chair is delivered someone visit and assess if it meets their outcome, this is not possible because of volumes default is that outcomes have been met. If someone subsequently phones up and says it is not right within 4 weeks the screen will be changed to reflect his.

Ideally would want to set specific objectives and assess whether they have been met but the volumes preclude this. Majority of chairs are basic prescribed by accredited therapists and normally meet the patients needs.

Others doing something along the same lines. Some are following up 4 weeks later others are not. Of those following up downsides some do not respond, others change the goalposts.

Previous work done by this forum was to develop a common set of outcome measures which could be used by any service with any system.

We should be encouraging commissioners to consider what extra value the wheelchair provides e.g. prevention of pressure areas, prevention of corrective surgery, reduction in care, joint working with education to fulfil statutory duty to access education.

## **Physionet & Margaret Carey Foundation & The Wheelchair Foundation**

Introduced by Tania who has been working with them in North Yorkshire.

Peter Thompson, John Smith, David Brown

**Physionet** is a charity which is recycling manual wheelchairs & other equipment for use in the 3<sup>rd</sup> world. They will also collect spares and send them out to repair chairs sent previously. Will also collect cushions. They send 3 /4 40ft containers out each year. Send mixed shipments of equipment and wheelchairs so that they can find reliable sources at the other end to arrange distribution.

The Wheelchair Foundation – a Rotary charity founded in the USA which buys and ships wheelchairs. Last year they shipped 3000 wheelchairs. They only supply standard type wheelchairs.

**The Margaret Carey Foundation** began as the Inside Out Trust their emphasis was on prisoner rehabilitation, the charity went broke 3 years and was resurrected as The Margaret Carey Foundation. Wheelchairs which cannot easily be mended by Physionet are sent into the prisons for refurbishment.

If you offer any wheelchairs which you are scrapping they will be collected from your centre, need about 40/45 wheelchairs at a time.

*Question to Tania, do you have to get permission from your PCT ? -, Yes, disclaimer from the legal department. When collecting happy to sign to say that they accept equipment as it is and will not come back to the trust.*

All identifying marks are removed.

Other advice: You are not giving away wheelchairs – you are giving away scrap.

Contact: Dave Siswick on [dave@siswick.me.uk](mailto:dave@siswick.me.uk) or 01423 325290

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

Meeting next week.

Brian is compiling a list of RE's in the country.

## **MHRA**

Please see Alan's notes attached;

Discussion regarding:

- DoH have agreed to review artificial limbs for war veterans. Information on the DoH website - may have a spin off for wheelchairs. Raised by All Party Limb Loss Group.

- A couple of services had asked about mid wheel drive wheelchairs because they are over the weight limit for class 2 vehicles. Invalid Vehicle Regulations apply to class 3 vehicles which require the driver to be over 14, have an audible warning device, rear view mirrors, direction indicators, and hazard warning signal devices. These regulations would have to be enforced by the police, are they going to do it? DoH had a consultation document out last year we could contribute to that review. Brian and Alan Moore to bring up at Resmag and then draft a letter.

Chairmans note on this: Bottom line is: Despite the issues, the Law is the Law. It should not knowingly be broken.

- What is the procedure for Residential and Nursing Homes receiving MHRA notices? Care Quality Commission regulate care homes and they have said it is not their job to notify care homes. Discussions going on between CQC & MHRA currently only 25% of care homes have signed up on the MHRA website. MHRA sent a pack of information to every known care home last year.

Alan is retiring in May. The Forum thanked him for all his work for the forum over very many years.

### **Any Other Business**

- Competencies – the competencies on the website are not related to bandings. May need to be revisited, but it may be difficult because services vary and those doing the same jobs were banded differently.
- ***Next meeting in the afternoon, we will split into 2 groups one to look at competencies and the other to look at outcome measures.***
- AGM next Meeting.
- What are the fees used for - £60 per year. Used for catering and the web site.
- Has anyone done a quality of life questionnaire? No

**Date of next meeting 13<sup>th</sup> April - Library Room 1, Warwick University (prior to PMG)**

