



**NATIONAL WHEELCHAIR MANAGERS
FORUM**
(England and Wales)
www.wheelchairmanagers.nhs.uk

Minutes of the meeting held on 24th January 2012 Doncaster

Present:

Alex Winterbone

Krys Jarvis

Alan Moore

Claire Watt

Elaine Coope

Samantha Sterling

Cathy Ryan

Caroline Desjardins

Angela Cannon

Kath Griffiths

Jan Smith

Peter Gage

Brian Smith

Jacqui Twomey

Sue Cobby

Barbara Hatton

Carol Bartley

Yvonne Baron

Jane Thurlow

Rory Davies

Hazel Derbyshire

Julie Green

Jane Coates

Suffolk

Shropshire

Manchester

Horsham

Airedale

Leeds

West Pennine

Leicester

Stoke on Trent

Crewe

Newcastle

Essex

Northern

N & NE Lincs

East Sussex

Wigan

Salford

Chorley, South Ribble & West Lancs

York

Preston

Preston

Bolton

Manchester

In Attendance

Lesley Cave

Simon Fielden

EoE SHA

Coventry University

Apologies

Alison Ravenscroft

Henry Lumley

Francis Beavis

Sarah Sherwood

Julia Cunningham

Julia Mannering

Julia Kinsella

Wales

Bristol

Gloucester

Bedfordshire

Whizz Kidz

Gloucester

Dorset

Introductions

Minutes of the meeting on 18th October 2011 were agreed

Matters Arising

Web Site:

No update

Competencies

Competencies

Claire and Elaine had a look before Christmas and realised what a huge project it is. Claire has been in touch with BAOT for advice but they are rewriting theirs so could not give any information or even a format. Claire asked if there were any Physios who could contact CSP, none present but some members had Physio's in the team and they could be asked. Looked at national qualifications there are some for assistive devices but nothing for wheelchairs. Envisaged having a format that was specific to show the range or service we offered.

Format from one service which detailed tasks specific to the band. Wanting to train test and sign off that this person is competent in this task.

Colin Plumb had sent some competencies for RE', . Alan to investigate further.

If anyone is interested in helping Claire please contact her claire.watt3@nhs.net

Education & Training for Rehabilitation Engineers

Simon Fielden – Coventry University.

Simon's presentation is on the website.

His role encompasses university courses related to this field, research and liaising with businesses.

Discussion around the tasks of Rehabilitation Engineers. Booklet has been added to the website.

Levels of Rehabilitation Engineering:

Clinical Scientist	HPC	<i>MSc</i>
Clinical Technologist (RE)	Voluntary Register of Clinical Technologists	<i>BSC</i>
Assistant Practitioner		<i>FD</i>

Clinical Technologists are not going to be HPC registered now – this government won't support further regulation.

Technician - Workshop type work.

Current course funded by NHS

Modernising Scientific Careers – trying to unify healthcare science which has 51 professions in it. Rehab engineering is a very small part of it. The standard requires a 3 year vocational degree in a range of scientific subjects. Coventry are looking to meet this standard, the current course is 4 years. This course will be funded via the normal student route; summers will be spent on placement at the students own expense so not a very attractive package. Must recruit 20 to the course or it won't run.

No clarity about the graduate programme.

There is scope for RE's to be employed in the Telehealth/ Telecare sector rather than rely on the manufacturers to provide this service.

Summary

Services should comply with VRCT requirements to protect their organisations and their staff

The graduate diploma can be used to get staff quickly to this level

The BSc will provide a future pool of RE's to recruit from

Working to develop a range of CPD short courses which will be available to RE's and Therapists, this will be announced at PMG. May be able to link together to form a module with university credits attached.

Leaflets about Assistive technology courses circulated.

To view the VRCT register just Google VRCT.

Debate about specification of qualification levels specified under AQP. Registered staff are not specified.

Lesley Cave -If we could have put a defined set of standards we would have. Commissioners will not know about the qualification of individuals but about the organisation; can they meet the required legal requirements e.g. risk, corporate and clinical governance etc it will be down to the provider to decide what individual can deliver the service to the required legal standard. The provider will need to show the commissioners and provide the evidence that they are delivering the service to the required standard.

Any Qualified Provider – Lesley Cave

Specifications are now in draft and out with the commissioners.

On the supply2health website there is a map of where commissioners have said wheelchair services are to go to AQP. Some services should be ready to go by autumn 2012.

Implementation packs are all together but they have not been published, no major changes since we saw specs 1 & 2 at the last meeting.

Concerns have been raised about the national qualifications

Not happy that the definitions of service have not been nailed down properly yet. What falls in the area of AQP and what falls into specialised commissioning – comments are coming in at the moment; the deadline is Thursday afternoon 26th January. Agreed that the Forum would do a combined response which would be considered after Lesley's presentation. Specification 3 is for complex services the debate is whether this is within AQP or the NHS, the decision has not been made yet.

DoH have set up a separate patient panel and are meeting with them regularly, the next meeting is in the middle of February.

So far the DoH have not engaged with the Specialist Commissioning Board and the EoE team have tried but they have not been successful.

Best way of influencing this is to flood Lesley's inbox by Thursday afternoon, 26th January.

A paper has gone to David Nicholson about frustrations in what has had to be left out of the work that the team has been doing particularly around qualifications definitions and specialist commissioning, there is still a lot of work to do.

The team have from now until September to qualify providers in the areas where commissioners have decided to start AQP the process will look very like tendering. Meeting commissioners next week, meetings with users are set up, there are likely to be meetings with providers but dates for these are not yet set so look out for them.

SHA's have moved into 4 cluster areas each cluster has an AQP lead who should be talking to commissioners who should be talking to you.

AQP is not the only commissioning solution commissioners can decide that existing services will continue to provide the complex part of the service or any other bit.

The team are trying to give commissioners the messages that they have been getting so that they don't undo the good things that are happening.

AQP Process

Adverts will be placed on the supply2health website and anyone wanting to qualify will complete an online questionnaire which will include organisational and specific questions.

How does TUPE factor into this - it doesn't. Lesley will check and e mail for a post meeting note on the minutes. *Lesley has confirmed that there will be no TUPE considerations in this process.*

Stage 2 of the process will be work with commissioners. Commissioners need to look at specifications and decide if there is anything so specific to the local area that they need a local variation. Commissioners have to come back with what local variations they need by the end of this week. The rest of the qualification process will be handled by the National Qualifying Centre of Excellence.

Local commissioners will award contracts to whoever the NQCE have decided should be on the list.

Similar processes to a tendering process but there are different people involved in each stage so that makes it more complex.

Other work streams are a bit ahead of wheelchairs but only 3-4 weeks.

There is a project plan which could deliver by the end of September without any hiccups, 1st hiccup has already happened the implementation pack has not been released so it is unlikely that all will be in place by then.

There is no limit to the number of AQP providers that a commissioner can have, but they are not keen to have too many because the performance monitoring is so onerous.

Commissioners will need to establish if there is a market and in some areas there may not be enough providers interested to make AQP viable. They also need to do the work around the specification and they have to untangle block contracts and come up with tariffs.

Commissioners need to work out what they are going to do about existing contracts which may still have up to 2 years to run. They could get rid of existing contracts under the terms of the contract and start again or see those contracts out.

The management of the fleet will be up to local commissioners

What about reconditioning – providers can choose to offer reconditioned chairs or not but they will have to be up front about it. Providers will have to make those decisions within the cost envelope.

NHS Choices are likely to get involved in providing information and relaying performance data to patients.

Specification 3

The Forum worked through this specification making comments which Krys will put into a response format and send to Lesley by Thursday afternoon. *This response has been circulated prior to these minutes.*

Constitution / Terms Of Reference

These need to be revisited in the light of services being tendered out and other recent developments, we have potentially more diverse providers wishing to join. What affect will AQP have?

The Centre Managers Group have decided that anyone not employed by the NHS can no longer attend.

The Forum held a discussion about should we or should we not allow non NHS employees to be forum members.

We agreed that managers of NHS Commissioned Wheelchair Services should be eligible to be members of the Forum regardless of who their employer is.

AW to reword and circulate for comment.

NHS Supply Chain

Have e mailed through the web site wanting to meet with us. We agreed that we didn't get any benefit from their attendance. Krys to e mail questions rather than invite.

ResMag update – Meeting tomorrow and having education update.

Any Other Business

Krys has been asked to be chair of PMG Political Committee and asked members for advice as to whether she should accept the role and would there be a conflict of

interests with the role as chair of NWMF. An alternative has been suggested Peter Rowell, Rehab Engineer in Birmingham, decided that Krys will support Peter and agree to being his deputy.

Newton are no more but Mobility Solutions are doing spares. Brian has details.
Circulated prior to these minutes

Lisa Ledger - Clinical Guide for Commissioners paper. Do we want her to present?
Yes April.

Stability survey: please send on widely

Bariatric survey: please send on widely.

CES guidelines which includes wheelchairs.- <http://www.cecops.org.uk/code-of-practice-scheme/the-official-code-of-practice-book> .

Date of next meeting: 18th April 2012

To try and sort out a venue, Gloucester, Cheltenham, Oxford area.