

NHS Scotland Wheelchair Modernisation Delivery Group

WHEELCHAIR & SEATING SERVICES QUALITY IMPROVEMENT FRAMEWORK

Background

1. NHS Scotland Wheelchair and Seating Services (WSSs) provide a broad range of wheelchairs and postural support equipment for people with widely varying complexities of need. They aim to provide a comprehensive service to people who have mobility impairments, including the consideration of function, posture, pressure relief and comfort. They support people's mobility and independent living in their own home to help enhance their and their carers' quality of life. They provide not only initial provision of the equipment, but ongoing support; in most cases for the lifetime of the user. Seating is provided to those who need additional support in their wheelchair due to postural instability or irregular body shape. Many wheelchair users, and especially those with special seating requirements, are effectively in a continuum of care that is punctuated by specific episodes of intervention.

2. To maintain momentum and continue improvement in these services, following the £16m modernisation programme, NHS Boards will wish to be assured that ongoing care is of the highest quality possible and sustainable. In that context these services (and the wider re-enablement services) are particularly relevant to delivering the 20:20 Vision (Annex A) by supporting people in living longer, healthier lives at home or in a homely setting¹.

Development of Clinical Healthcare Quality Standards

3. As part of the WSS modernisation project quality standards were developed by a group with clinical, user and carer and third sector involvement. The Wheelchair Modernisation Delivery Group welcomed the Clinical Healthcare Quality Standards (CHQS) (Annex B) as a useful tool for local service improvement but noted concern that measuring all criteria may place an undue burden on WSS and detracts from time for clinical care. In order to recognise the importance of the CHQS and measuring improvement it was suggested that a Quality Improvement Framework be developed. The CHQS underpinned the development of this Quality Improvement Framework which is designed to support the delivery of WSSs in accordance with NHS Scotland's *Healthcare Quality Strategy*². It is therefore envisaged that NHS Board WSSs will work towards delivering this vision through the five overarching objectives in the CHQS (Annex B).

4. It will be a matter for NHS Boards to determine the extent to which it is possible and beneficial to self assess services against all of the criteria set out in the CHQS. This may be the aim over time as, for example, data capture systems are developed and/or improved to ease the burden of data collection and analysis on front line staff and release as much time as possible for clinical care.

¹ Achieving Sustainable Quality in Scotland's Healthcare, a 20:20 vision, Edinburgh, 2011 (see appendix A)

² *The Healthcare Quality Strategy for NHS Scotland*, Edinburgh, 2010.

5. The Quality Improvement Framework contains 9 Quality Ambitions for Wheelchair Services statements which represent key elements of a quality service. The Quality Ambitions for Wheelchair Services will be challenging to achieve in their entirety but the most important outcome of measurement against these ambitions will be the demonstration of continual quality improvement and commitment to providing excellence in care to users of the service.

Healthcare Scrutiny Model

6. The Quality Improvement Framework uses a Healthcare Scrutiny Model to provide risk-based and proportionate scrutiny to recognise and learn from good practice and effective systems and to focus on key improvement areas. In the context of WSSs, the model has three key elements:

- The Quality Improvement Framework
- The Clinical Healthcare Quality Standards (CHQS)
- The Clinical Healthcare Quality Standards (CHQS) Evaluation Tool

7. The Quality Ambitions for Wheelchair Services bring together information about performance that can be used to prompt any necessary scrutiny activity. In this way they present an estimate of risk that expected service levels may not be consistently achieved and guide toward scrutiny and inspection.

8. The CHQS consists of person-focused and evidence-based standards that set out the best practice requirements for WSSs. The CHQS Evaluation Tool (Annex C) can be used for self-assessment by services to identify priority areas for improvement, highlight areas of good practice, and determine if further quality improvement activity is required.

9. It is recognised that WSSs should also adhere to national and local strategies and targets that will support and assist these services as they seek to achieve the Quality Ambitions for Wheelchair Services and the wider NHS Scotland Quality Ambitions. Each WSS may therefore wish to add their own supplementary Quality Ambitions for Wheelchair Services to the annual assessment on an ongoing basis or for short periods to support specific developments.

Quality Ambitions for Wheelchair Services

10. Nine Quality Ambitions for Wheelchair Services have been developed, based on the criteria within the CHQS and are noted below.

11. These Quality Ambitions for Wheelchair Services support the three NHS Scotland Quality Ambitions³ (Annex D) that provide the focus for everything NHS Scotland does in its aim to deliver the best quality healthcare to the people of Scotland and, through this, make NHS Scotland a world leader in healthcare quality.

12. The Quality Ambitions for Wheelchair Services have been aligned to the NHS Scotland Quality Strategy and to the relevant CHQS Standard(s), however, as CHQS Standard 1 relates to pre-referral to WSS it is not currently possible for services to self assess against it. However, over time, as further integration of health and social care services progresses and opportunities for collaborative working and joint consideration of patients' mobility needs develop it should hopefully be possible to do so.

³ NHS Scotland Healthcare Quality Strategy: The Quality Ambitions, Edinburgh, 2010

Quality Ambitions for Wheelchair Services

Person Centred

13. NHS Scotland Quality Ambition - There will be mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

| Quality Ambition for Wheelchair Services | | May wish to evidence by | Related CHQS |
|--|---|---|--------------|
| 1 | Specialist assessments are person-centred and anticipatory, and based on the factors detailed in the CHQS, annex B | User/ carer engagement and random sampling of patient notes | 2 |
| 2 | Specialist assessments are conducted within 4 weeks of referral in at least 95% of cases and within 8 weeks for 100% of cases. | Figures recorded in local IT system | 2 |
| 3 | 85% of clinical appointments should be conducted in user's own NHS Board area where it is possible to do so. | Figures recorded in local IT system | 2 |
| 4 | Accessible information about services should be readily available to disabled people, their families and carers, and other interested stakeholders. | Copies of documents, etc. and user/ carer engagement | 4 |

Effective

14. NHS Scotland Quality Ambition - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

| Quality Ambition for Wheelchair Services | | May wish to evidence by | Related CHQS |
|--|---|---|--------------|
| 5 | All patients should be contacted at least once a year and planned clinical reviews scheduled where appropriate. Users and carers should also be made aware of how to request a review at other times if they feel it appropriate. | Figures recorded in local IT system and User/ carer engagement and random sampling of patient notes | 3 & 4 |
| 6 | Standard provision, for which a specialist assessment was not required, is provided within 2 weeks of referral in at least 95% of cases and within 3 weeks for 100% of cases | Figures recorded in local IT system | 4 |

| | | | |
|---|---|-------------------------------------|---|
| 7 | Following a specialist assessment, provision is within 14 weeks of referral in at least 95% of cases and within 18 weeks for 100% of cases. | Figures recorded in local IT system | 4 |
|---|---|-------------------------------------|---|

Safe

15. NHS Scotland Quality Ambition - There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

| Quality Ambition for Wheelchair Services | | May wish to evidence by | Related CHQS |
|---|---|---|---------------------|
| 8 | Centres should be aware of the percentage of currently issued wheelchairs over 5 years old and the percentage of stock wheelchairs over 5 years old. A model of equipment renewal is in place that responds to technological advances and involves users and carers | Figures recorded in local IT system and procurement plans | 4 |
| 9 | 75% of urgent repairs completed within one day and 90% of routine repairs completed within five days. | Figures recorded in local IT system | 4 |

Notes

All times are from the point of receipt of a referral by the WSS that contains all essential information in accordance with the CHQS.

The targets given are calendar days, not working days.

For definitions of terminology see the full CHQS.

Assessment of Quality Ambitions for Wheelchair Services

16. To provide local (NHS Board) assurance of the quality of services, it is recommended that WSS should aim to self assess performance against the Quality Ambitions for Wheelchair Services at least annually (following establishment of an initial baseline). The outcome of this assessment should be reported through routine channels to the Health Board Governance committee or other appropriate forum as agreed locally.

17. NHS Boards/services may wish to measure performance on a more regular basis throughout the year to ensure ongoing quality improvement locally. Boards/services may also find it helpful to utilise measures from the full CHQS, as appropriate, in conjunction with the assessment of the Quality Ambitions for Wheelchair Services, to provide evidence of quality improvement and underpin benchmarking across Scotland.

18. It is also recommended that services should engage with users at least once every two years to check their and their carers' satisfaction with the service provided and how well their equipment meets their needs. This engagement could be in the form of a survey of users.

Annexes

- A. Achieving Sustainable Quality in Scotland's Healthcare, a 20:20 vision
- B. Clinical Healthcare Quality Standards (CHQS)
- C. CHQS Evaluation Tool
- D. NHS Scotland Healthcare Quality Strategy: The Quality ambitions

ACHIEVING SUSTAINABLE QUALITY IN SCOTLAND'S HEALTHCARE

A '20:20' Vision

Introduction

During the first month of the new Parliament, the Cabinet Secretary for Health, Wellbeing and Cities set out her strategic narrative and vision for achieving sustainable quality in the delivery of healthcare services across Scotland. The key messages contained in this narrative were discussed and agreed with NHS Scotland Board Chief Executives and Chairs and with Scottish Government Health and Social Care Management Board, and are set out in this document.

This strategic narrative now provides the context for taking forward the implementation of the Quality Strategy, and the required actions to improve efficiency and achieve financial sustainability. It is agreed that many of the actions required are urgent in order to respond to the immediate challenges and the need to simultaneously protect and improve quality. Everyone involved in the delivery of healthcare in Scotland is now asked to play their part in turning the vision into a reality.

Recent Progress in improving Quality

Significant progress has been made in recent years through impressive improvements in waiting times for access to high quality healthcare services and treatments. We have a world leading patient safety programme which is making a real difference to standards of care and to hospital mortality. We have made substantial progress on issues as varied as access to GPs and dentistry, support for people with long term conditions, outcomes for cancer, stroke and heart disease. We are producing improved outcomes for people in terms of reduced need for hospitalisation, shorter stays, faster recovery and longer life expectancy.

Through our Quality Strategy we have set ourselves three clearly articulated and widely accepted ambitions based on what people have told us they want from their NHS: care which is person-centred, safe and effective. We are already seeing real progress in terms of positive impacts for patients.

For example:

- Improvements in care for people with long term conditions have resulted in the avoidance in 2009/10 of over 125,000 bed days for people aged over 65.
- Improvements in safety in our hospitals have resulted in a 7% reduction in hospital standardised mortality rates since 2007.
- A reduction in the rates of Clostridium Difficile of over 70% since 2007.

Looking ahead – the Challenges

We all know that the demands for healthcare and the circumstances in which it will be delivered will be radically different in future years.

Over the next few years we must ensure that - in the face of these demands and changing circumstances - we can continue to provide the high quality health service the people of Scotland expect and deserve into the future.

Annex A

In order to achieve this, we must collectively recognise and respond to the most immediate and significant challenges we face - which include Scotland's public health record, our changing demography and the economic environment.

Over the next 10 years the proportion of over 75s in Scotland's population – who are the highest users of NHS services - will increase by over 25%. By 2033 the number of people over 75 is likely to have increased by almost 60%. There will be a continuing shift in the pattern of disease towards long-term conditions, particularly with growing numbers of older people with multiple conditions and complex needs such as dementia. Over the next 20 years demography alone could increase expenditure on health and social care by over 70%.

Scottish public expenditure will fall in real terms in the period to 2014/15. The revenue position for the NHS has been relatively protected. However that vital protection needs to be seen in the context of the global pressures on health spending. To meet those pressures, health boards are working this year to release cash savings of £300 million to be retained locally.

We must be bold enough to visualise the NHS that will best meet the needs of the future in a way that is sustainable, and then make the changes necessary to turn that vision into reality.

Our Values

We remain committed to the values of NHSScotland: the values of collaboration and cooperation partnership working across NHSScotland, with patients and with the voluntary sector; of continued investment in the public sector rather than the private sector; of increased flexibility, provision of local services and of openness and accountability to the public. We oppose the route being considered in NHS England as their response to the global challenges.

Our '2020 Vision'

Our vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management. When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.

Action Required

- We need a shared understanding with everyone involved in delivering healthcare services which sets out what they should expect in terms of support, involvement and reward alongside their commitment to strong visible and effective engagement and leadership which ensures a real shared ownership of the challenges and solutions.
- We need to develop a shared understanding with the people of Scotland which sets out what they should expect in terms of high quality healthcare services alongside their shared responsibility for prevention, anticipation, self management and appropriate use of both planned and unscheduled/ emergency healthcare services, ensuring that they are able to stay healthy, at home, or in a community setting as long as possible and appropriate.
- We need to secure integrated working between health and social care, and more effective working with other agencies and with the Third and Independent Sectors.
- We need to prioritise anticipatory care and preventative spend e.g. support for parenting and early years.
- We need to prioritise support for people to stay at home/in a homely setting as long as this is appropriate, and avoid the need for unplanned or emergency admission to hospital wherever possible.
- We need to make sure people are admitted to hospital only when it is not possible or appropriate to treat them in the community - and where someone does have to go to hospital, it should be as a day case where possible.
- Caring for more people in the community and doing more procedures as day cases where appropriate will result in a shift from acute to community-based care. This shift will be recognised as a positive improvement in the quality of our healthcare services, progress towards our vision and therefore the kind of service change we expect to see.

Scottish Government
NHSScotland
SEPTEMBER 2011

The Quality Ambitions

Three Quality Ambitions provide the focus for everything NHSScotland does in its aim to deliver the best quality healthcare to the people of Scotland and, through this, make NHSScotland a world leader in healthcare quality.

Person-Centred

There will be mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

The aims are:

- to improve and embed patient-reported outcomes and experience across all NHSScotland services
- to support staff, patients and carers to create partnerships which result in shared decision-making
- to inform and support people to manage and maintain their health, and to manage ill-health

Safe

There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

The aims are:

- to secure the improvements which have been delivered through the success of the Scottish Patient Safety Programme, and roll out across other areas of NHSScotland activity
- to support integrated programme of action to reduce occurrence of Healthcare Associated Infection (HAI)

Effective

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

The aims are:

- to ensure continuity in all care pathways through implementation of long-term conditions action plan
- to apply information from quality data to drive consistently better care across NHSScotland
- to increase focus on preventative and anticipatory care and intervention