Is Different Better?

North East Essex Wheelchair Service

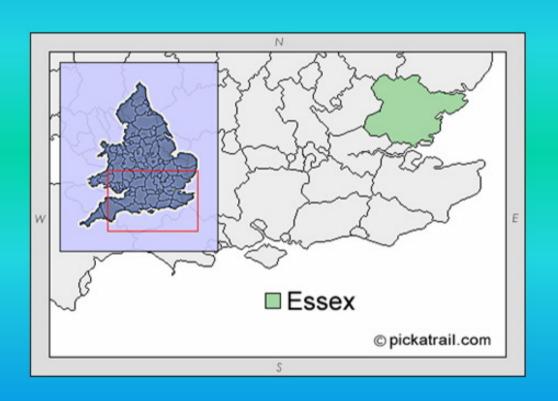
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North East Essex





Service Outline

- 8,000 service users in Colchester and Tendring Boroughs.
- Service funded by North East Essex PCT



Where were we in 2000?

"Therapy staffing is so minimal as to be dangerous".

- Senior 1 Therapist 2 days a week, Rehab Engineer 9 days a month, Administrator 20 hpw, Wheelchair Services Manager 11 hpw
- No funding for annual maintenance
- Obsolete computer software
- No electronic links with approved contractor
- Client notes archived in another hospital
- · No access to washing machine

How bad did it get?

 "The Service is going through a transition...however, the transition is much too slow, has immovable blocks placed in its way, and is still being kept on track by the goodwill of the minimal staff still remaining loyal to the service.....Whilst progress is being made on a broad front, the reality is that for those working in the service, very little has changed since the service collapsed in March 2000 and some situations have got worse."

What was the effect?

- Limited number of appointments available
- Three year waiting list
- High number of written and verbal complaints
- Aggressive and stressful telephone calls on a daily basis
- Staff morale plummeted

What changed?

- Increased funding for staffing:
 - 1.5 Senior 1 OTs
 - 1 Senior 2 OT
 - 1Technical Instructor
 - 1.5 Admin posts
 - 1 Manager 11 hpw
- Sam Shaw software



Productivity Increased!

	MON	TUES	WED	THURS	FRIDAY
CLINIC	R.E	PAED	H.V. Wakes Hall	H.V	GENERAL
8-9	OFFICE	OFFICE	8 clients Mr.C, Mr Q	OFFICE	OFFICE
9-10	Mrs Jones	J. Cram	Mrs L	Mrs Trust	Mr North
10-11	Mr Mead	L.Twig	Mr N	Miss Twirl	Mr North
11-12	Mr North	S.Sure	Mr J	Mr Rinse	Mr North
1-2	Mrs Flash	P.Mint	MrsN		OFFICE
2-3	Mrs Cross	R.Queue	Miss P	Mr Nice	OFFICE
3-4	Mr Links	F.Mull	J. Pull	Mrs Not so	OFFICE

Improved the staffing but not all the systems



- Chaotic Procedures
- No increase in budget for equipment
- Poor spending habits
- 2 computers 7 staff
- Loss of clinic room for a year
- Exhausted personnel
- Poor team commitment

Budget Freeze

- Budget freeze hits hard
- December 01 April 02
- September 02 -April 03
- No orders
- Unable to see new cases
- Waiting lists increased
- Complaints at an all time high

 July 2003 the over worked and highly stressed administrative team, a full time therapist and the service manager left.

The service stalled.



Serious restructuring!

ADMIN	CLINICAL	TECHNICAL
Coordinator	Clinical Lead	TI
Sam Free	Nicky Ellis 29	Mick Beagley
Sept 03	hours	
Administrator	Senior OT	RE
Chris Gee	Tracy Freeman	8 days/month
Dec 03		
	October 2006 Rotational OT	
	3 days/week	

What did we want to improve?



- Accessibility
- Waiting times
- Increased choice for all service users
- Improve budgetary control
- Profile of service
- Staff morale

How did we improve? Accessibility

- Telephone Answering
- Introduced Duty System
- Direct electronic link with approved repairers DGT in 2006
- Query handling: telelog to named therapist or put into the Questionnaire Folder.

Questionnaire Folder

- Responsibility of the rotational therapist
- Criteria and Guidelines clearly defined at the front
- BERs/Initial requests/Paediatrics/General requests/Admin.
- All queries are triaged and called back.
- Saying no does not mean we will not help!

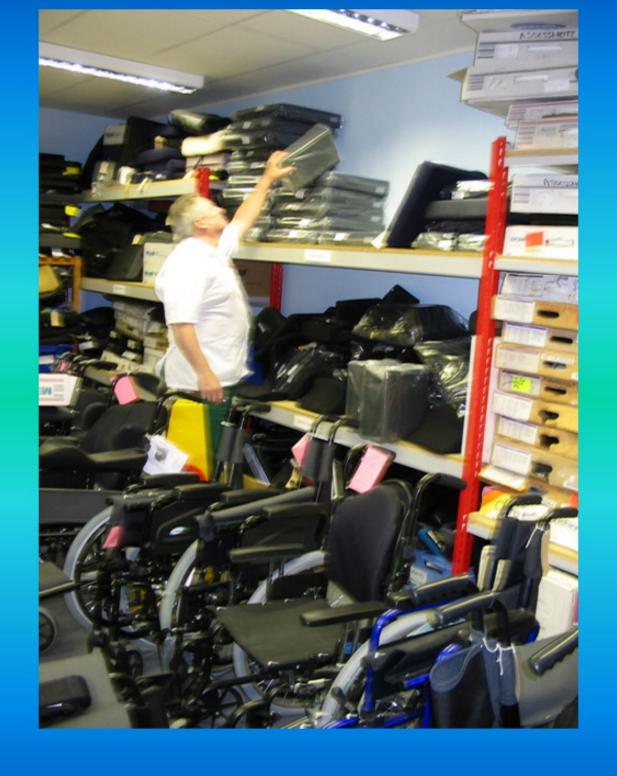
Catalyst House

- In October 2006 the service moved out of the acute hospital setting into the Independent Living Centre.
- Situated on the outer edge of Colchester close to the A12.









How did we improve? Waiting Lists

- Sam audited service users 8000 (400 Paediatric users)
- Tracy validated the waiting list 462 to 244 people waiting- implementation of new system
- Telephone Assessments
- Pool System for Residential Homes
- Improved use of TI skills and time

How did we improve? New Clinics

- Neuro with support from Acute neuro team
- Double Paediatric clinics with support from Reps
- Active User/Voucher Clinics with support from dealers
- Learning Disability clinics led by an OT from LD team and RE
- Full day clinics at individual SN schools and high dependency homes.
- Photographic records

How did we improve? Improving Budgetary Control

- Sam introduced a highly organised system with very good 'paperwork' trails
- Budget divided into monthly allocation
- Negotiation with companies for best deals
- Efficient auditing of stock
- Joint funding -Education/Social Services/Charity/clients
- Recycling of equipment photographed stock

How did we improve? Improving Budgetary Control

- Total annual spend £658, 903.84 (monthly spend £54,908.65)
- Includes the AR contract, Rehab Engineer 8
 days a month and the Special Seating contract
- Repairs & New Equipment £414,800 (monthly spend £34,500)
- In 2004 PPM's started and £20,779.92 allocated
- Transparency Sam with team, team with clients

How did we improve? Increased Choice

- Clinicians being open to all ideas and listening to the client
- Joint funding
- Close working with Dealers and Reps improves knowledge of equipment available



How did we improve? Staff Morale

- Monthly team meetings reintroduced
- Regular supervision
- Team members encouraged to bring new ideas
- If we all agree implement asap!
- · One office/own work area

-Are you lonely?: Tired of working on your own? Do you hate making decisions? HOLD A MEETING! You can -See people Show charts Feel important Point with a stick Eat donuts Impress your colleagues All on company time!

MEETINGS

THE PRACTICAL ALTERNATIVE TO WORK:



How did we improve? Staff Morale

- Flexible working restores work/life balance
- Every member of the team is vital to our success
- Every opinion is valued.
- Implementation requires unanimous approval
- Study days
- Annual away days
- Training
- Students
- Acceptance and acknowledgement when things go wrong



How did we Improve Raising the Profile

- Students accessing service
- Prescribers' courses
- TI training days led by TI
- Teaching on degree programs and in schools
- Joint working with DN's and TVN's
- Whizz Kids training days
- Publications in local media
- Mentoring
- THIS!!!



What Else?

- Buddy System
- Joint funding of a test track area
- Drop in Clinics
- Training of the team by Reps
- Short Term Loan Service



How do we know we are doing well?

- Client feedback
- Reduction in complaints
- Equipment coming back well used after 3-4 years
- Less abandonment of equipment
- Waiting times significantly reduced
- No current overspend
- Professional colleague/student feedback
- Lots more laughter!
- · We feel a team!









Short Term Wheelchair Loan Service







The Beginning

- Jan 27th 2006 Red Cross left Colchester
- This resulted in a complete loss of short term loan equipment (wheelchairs) to Colchester and Tendring residents.
- Pressure from acute trust to provide for Hospital DC (despite not meeting criteria)
- NEE WCS do not provide wheelchairs for any short term loan or occasional user

Cross Agency Working

- Essex Rivers Healthcare (NEE WCS)
- Essex County Council
 - Colchester Borough Council
 - Essex Equipment Service
- North Essex PCT
- Colchester League of Hospital Friends (charity no 212577)
- Colchester Catalyst Charity (charity no 228352)
- Ongoing steering group made up of above who meet every quarter

How did we set it up?

Research

- NEE WCS staff discussed problem with Catalyst.
- Discussion with other WCS
- Spoke with Red X
- Room availability
- Legislation re: Ax, maintenance & cleaning

Funding

- Colchester Borough
 Council who gifted £3,000
- Colchester Catalyst Charity gifted £3,000
- League of Friends agreed to complete the accounts/banking
- North Essex PCT agreed not to charge for hire of room

Essex Equipment Service

- EES agreed to clean the returned chairs in their warehouse
- Agreed cleaning procedure

Approved Repairer

- Contract made with AR used by WCS
- Initial £ based on 31 chairs
- Agreed set day for AR to visit
- Drew up check list

NEE WCS

- NEE WCS OT trained volunteer for measuring and prescribing
- NEE WCS OT formulated all paperwork and wrote conditions of loan
- NEE donated chairs at beginning

Manufacturer/Rep

- Negotiated special price for purchase of new chairs
- Discussion re: annual maintenance

Paul Our wonderful volunteer



Official Launch



- 03rd July 2006 at the ILC
- Opened by the Mayor
- Had loaned 2 chairs previous to the launch.
- Press ran article in paper and scheme took off!!

Process of Loan

- Open 10 12 Monday to Friday
- Chairs can be hired and returned between these times only
- Delivery is available but heavily discouraged
- Chairs can be hired from 1 day to 3 months, longer on volunteers discretion
- Forms completed with 2 forms of ID and sign conditions of loan (seen on next slide)
- £40 deposit, fully refunded when returned chair has been cleaned and inspected and deemed in good working order
- Able to give donation at point of collection or return and complete gift aid form

Conditions Of Loan

- Two forms of identification as proof of address is required prior to any hire period.
- Loan period can be between one day and three months and will be negotiated with the service at the volunteers discretion.
- There is a £40 fully refundable deposit (conditional) required for the loan period of the wheelchair.
 Please make cheques payable to Colchester League of Hospital and Community Friends.
- The service is open Monday to Friday between the hours of 10am to 12 noon
- The wheelchair can only be loaned and returned during these hours and will not be accepted out
 of these hours. Please report to the reception area.
- If you do not return the chair by the agreed date you may forfeit your deposit
- The chair will be inspected upon its return, cleaned and refurbished.
- Your deposit will be fully refunded to you once this inspection has occurred and the chair has been deemed in good working order. We anticipate your deposit will be returned to you within 7 – 14 days of the return.
- N.B. If the wheelchair is deemed to have been mis-used or abused we will not return your deposit to you and use the deposit to repair the chair to a good working order.
- If the chair is lost or stolen whilst in your care you must report it to the police to obtain an incident number. If this does not happen we will not refund your deposit.
- Please inform the service if you are planning to take the chair out of the Colchester/Tendring district.
- Please adhere to the safety precautions detailed in the wheelchair user manual and only use the wheelchair for the purpose it is intended.
- In the unlikely event that a fault occurs with the wheelchair whilst in your care please telephone
 the number overleaf and we will swap the chair over for you.
- CLHF can not accept any liability for any accident/damage occurring whilst the wheelchair is in your care.

What's available?

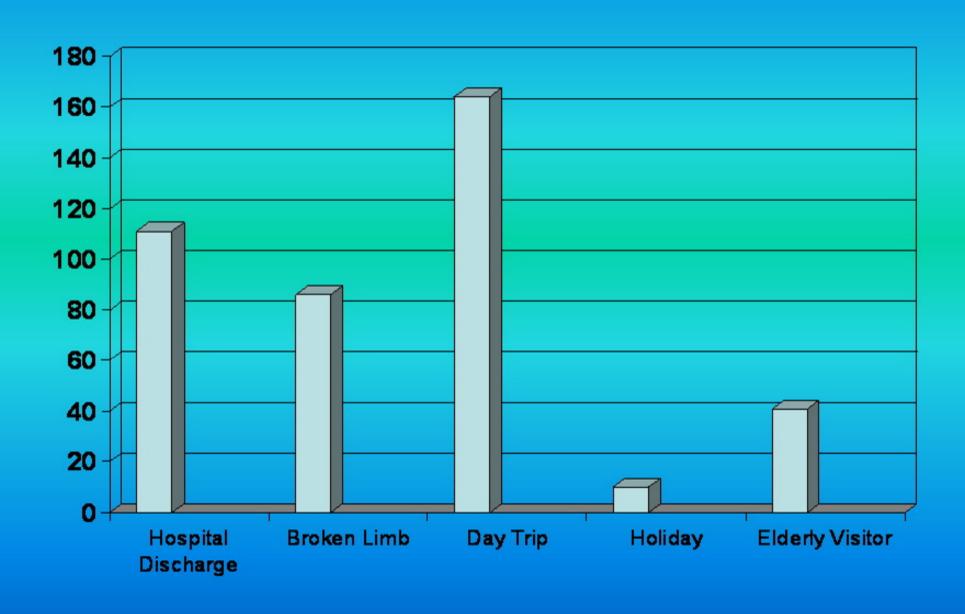
	Transit	Self Propel
13"- 15"		(5) 10
15"-16"	(9) 20	(9) 31
16"-16"	(6) 36	(5) 43
17"-17"	(6) 41	(17) 52
18"-17"	(11) 27	(6) 34
19"-17"		(4) 48
19"-18"		(1) 45
20"-17"		(2) 25

Number of size chair available (81 total)

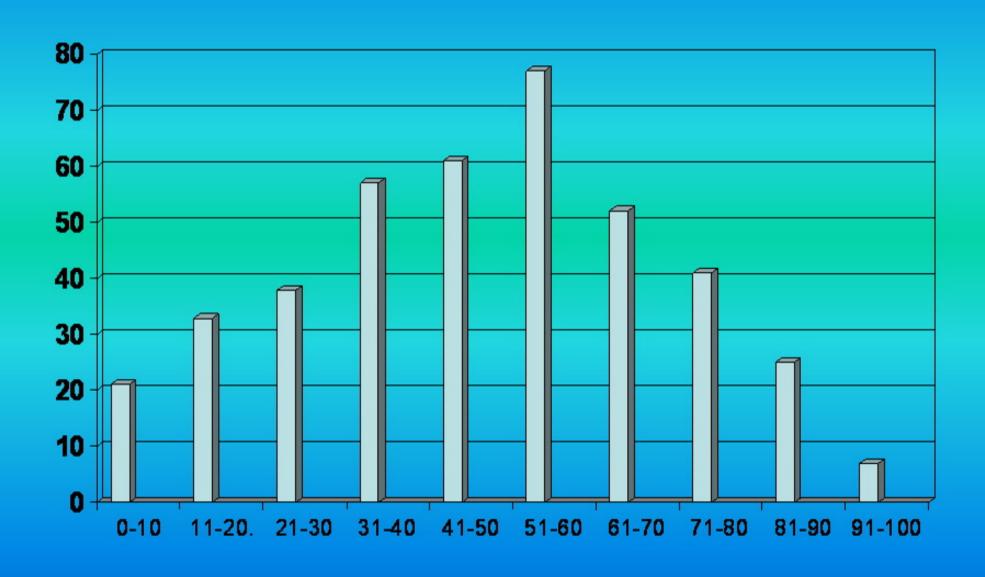
Times size chair has been loaned out

- Total loaned from July 06 Jan 08 = 412
- Non returns 2
- 1 broken side frame. Sent back to manufacturer as still under warranty and back in fleet again

Reasons for Loan



Age Range



Some more statistics

Average time period loaned (weeks)

	2006/2007	2007/2008
Mar/Apr/May		7
June/July/Aug	10	6
Sep/Oct/Nov	9	7
Dec/Jan/Feb	9	10

Gender

- 185 males
- 227 Females

Repair and Maintenance

- Chairs being cleaned in line with policy by Essex Equipment Service in warehouse on same site
- Initially AR completing maintenance on every chair returned
- Proved costly and contract changed
- AR taught Volunteer maintenance
- Follows AR checklist for every chair returned
- AR service all chairs on annual basis
- Volunteer approaches manufacturer for spare parts

Donations

- £ 6,290 donated
- Gift aid form
- What's it spent on
 - more chairs, ELR's, cushions
 - Stationary
 - ongoing running costs
 - Parts
- Donated some back to L of F and CC Charities

What Now?

- ILC have just won award in recognition of its joint working
- Applying for its own independent charity status
- Steering group is changing to become an advisory group with formal chairperson
- Changing some of the transits into SP
- Buying more stock (SP's)

Some words of wisdom

- Press and information leaflets were instrumental in its success, be careful we very quickly ran out of chairs at the beginning and needed to buy more.
- A dedicated volunteer is at the heart of the service and your success will depend on them
- Volunteers ability to maintain chairs vital to reduce running costs
- Multi agency working and co-operation is required
- Someone will need to take responsibility for the wheelchairs and declare them as assets
- If chairs are needed for hospital DC encouragement to families to collect chair is needed. If client gets chair on ward from OT we have found confusion when return date arrives as they think it is health provided
- NEE WCS have not spent any money (except OT's time) and have a very succesful STL service running alongside it

Thank you for listening

Any Questions??