WELCOME

Agenda

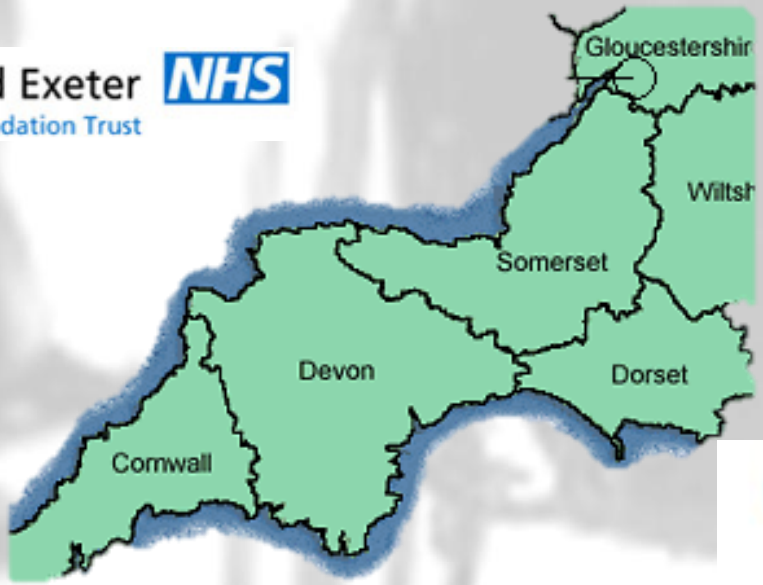
- Welcome and introduction
- User perspective on AQP
- Provider perspective on AQP
- Complex or simple? case examples
- Discussion session
- AOB and thank you

Introduction

North Bristol NHS Trust

Gloucestershire Care Services

Royal Devon and Exeter NHS Foundation Trust



Wiltshire Community Health Services

Dorset HealthCare University NHS Foundation Trust

Contacts	
North Bristol NHS Trust	Henry Lumley- 0117 3235700
Royal Devon & Exeter Hospital	Kirsty Simpson- 01392 403660
Dorset Healthcare University	Julia Kinsella- 01202 892874
Wiltshire Community Health Services	Karen Grant – 01225 701083
Gloucestershire Care Services	Sian Waygood- 08456 598325

User perspective on AQP

Provider perspective on AQP

Setting the scene

- Subscribe to the need for change
- Enthusiastic about opportunities to improve services for users
- Keen to share our knowledge with commissioners to support lasting improvement
- But anxious not to lose strengths
- Also share concerns and caveats

- Above all we are keen to work with you

What does it mean for users?

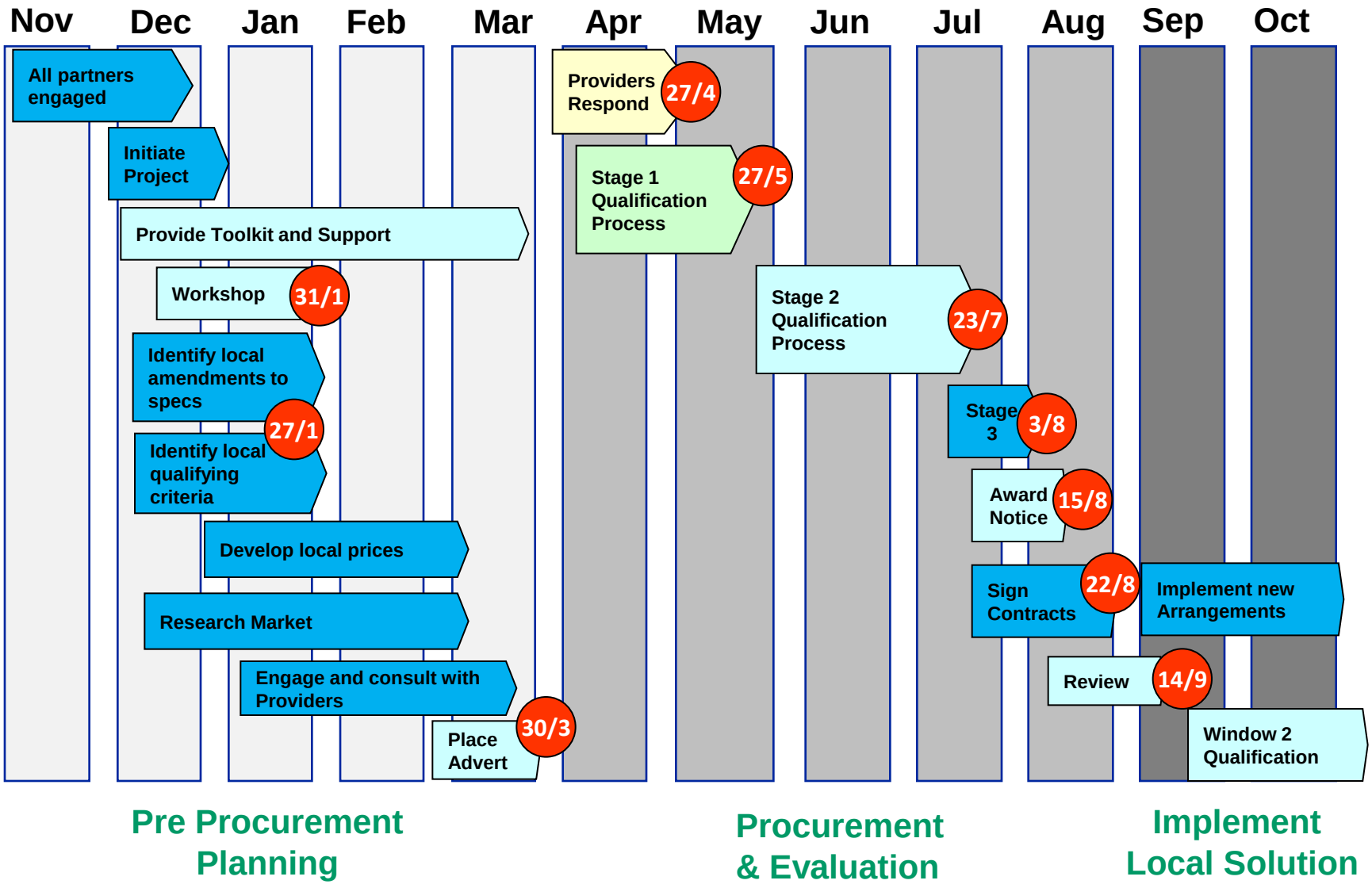
- move towards fitting services around people, not people around services
- Creating the ability to give freedom, choice and control back to users
- Getting it right first time -'Child in a Chair in a Day'
- Open up the market -innovation, service improvement and value for money
- End postcode lottery for service quality
- Enable pooled or joint commissioning for users with complex needs

DH – 31/01/12

Where are we now?

- Evolving project
- Timescales are a concern
- Need to share commissioning issues
- Receive and act on DH guidance
- Reservations about DH assumption of costs
- Early implementers carry biggest risk

AQP Timelines



Overall assumptions

- Scope to extend choice for users
- Need to understand the limitations of that choice within the different models
- DH guidance stresses this is more about choice than price
- Tariffs will be in place to support new contracts
- Demand will become a shared responsibility
- But this may result in cost pressures
- Has implications for "*end of postcode lottery*"

Service models

- Split service
  - Assessment & prescription
  - Provision & aftercare
- Integrated service
  - Assessment, prescription, provision & aftercare
- Complex seating through specialist centres

Specialist v complex seating

- Special seating
  - Custom made seating
  - Individually cast/made/mounted seat
  - Any seat requiring individual clinical assessment and fitting
- Complex seating
  - Any individually prescribed & manufactured (made to measure) wheelchair
- How much of this goes to specialist services?
- Question is who could issue a prescription??

Concerns about split model

- Ability to write a prescription that enables user to have choice of equipment
- Most non standard chairs require assessor to commission the chair at delivery
- High number of non standard chairs require fitting of range of accessories
- Large number of bespoke modifications required, normally the domain of the assessor to manufacture & fit

Concerns about provision only

- Who is responsible for outcome
- Who validates that wheelchair supplied by a *qualified provider* meets assessed needs
- Who fits accessories
- Who designs/makes/fits modifications

Financial concerns

- *"There is significant opportunity to secure greater value for money, product innovation and the quality of wheelchairs"* ***DH – 31/01/12***
- Where's the evidence?
- How will Commissioners monitor and control with multiple Providers?

Advantages of integrated approach

- Overall accountability
- Assessor responsible for outcome
- Integrated handover, supply and fit
- Easy access to on-going support
- One stop shop for users
- Offers choice to users
- Needs an agreed pathway to ensure level competition

Existing users

- Who will maintain equipment on issue to existing users
- Who will provide on-going clinical support to existing users

Qualification of providers

- What are commissioners looking for
- Currently Providers are wholly accountable for the entire pathway/episode
- Can retailers accept these risks?
  - Do they understand them?
- Different for integrated model?

Tariffs

- What will they cover?
  - Assessment
    - New/follow up tariffs?
    - Review as follow up?
  - Provision
    - Equipment
    - Accessories
    - Modifications
    - Repair & maintenance
- Transition from annual to a 5 year package?
- Block to variable??

Tariffs

- How will costs be managed within the Healthcare network (currently Providers do this)
- Management of disputes
- Top up options?
- Extending choice comes at a cost
- Potential for major cost pressure if eligibility criteria not maintained

User Perspective

Split service

- Choice of assessor?
- Choice of equipment?
- Accountability?
- Who interprets the assessment?

Integrated service

- Choice of provider
- Choice of equipment
- Provider accountable for episode of care
- Confidence

South West Wheelchair Services

The Simplicity and Complexity of Wheelchair Provision

Including Case Studies

A Brief Outline of the Facilities and Services Provided by Wheelchair Services in the South West Region

- Most areas have an eligibility criteria that would have been agreed with their commissioners.
- Initially all clients are individually referred by either an accredited health professional or GP; and triaged by specialist wheelchair clinicians. This ensures that the requested wheelchair and comfort cushion for 'simple issue' meets their clinical need by either; evaluation of the data received on the referral form or by offering further specialised clinical assessment.
- Following a review of current SW statistics it has been identified that within the region the number of simple referrals for wheelchairs that are sent straight out is approximately 25% -30% as opposed to the figure provided by DOH (Department of Health) of 95%.
- The services have dedicated clinic rooms with suitable manual handling and weighing equipment, however, domiciliary visits are offered for those unable to travel or leave their homes in line with the DOH recommendations of keeping the service closer to the client.
- Joint clinics are run with other members of the health profession, local government, educational and transport at specialists schools, neurological units, child development centres, day centres and specialist seating clinics.

A Brief Outline of the Services Provided by the Wheelchair Services in the South West Region

- An agreed level of stock wheelchairs and comfort and pressure cushions are purchased by these services to allow for an efficient and prompt provision if required.
- Standard wheelchairs and cushions are generally delivered or repaired within 1 working day for an emergency, 3 working days for urgent and 10 working days for routine.
- Client choice is promoted via use of the voucher scheme; a national scheme that allows clients to ‘top up’ on the amount that a wheelchair would cost the NHS to meet their clinical need. Dependent on if a partnership or independent voucher was utilised, maintenance and repairs may or may not be provided.
- All staff undertake mandatory training in line with their trusts policies, all specialist wheelchair clinicians are required to be registered with a governing body to practice and have to undertake continuing professional development to retain that registration.

Simple versus Complex

- It has been recommended by DOH that AQP services will not be providing services for short term use. AQP is now being developed not only for “non specialised wheelchairs” (simple) but also for “complex needs provided by specialist services.” However the criteria for identifying complex needs has yet to be clearly established.

- **Is it the client or the equipment that we are attempting to classify as ‘simple’ or ‘complex’?**

Simple versus Complex

- Specialist wheelchair clinicians take into consideration a spectrum of needs including social, educational, employment and charities; linking with the appropriate professionals for support and guidance to reduce the stress for the client and hence provide a seamless service wherever possible.
- Assessment is holistic, funding is not…. yet

Simple or Complex ?

- A referral is received for a client of school age, stating he is unable to mobilise long distances, to keep up with his peers. He has no postural needs. Would this make him a simple mobility case?
- On 1st reading of the referral it would seem so….
- All children are assessed by wheelchair services to ensure the wheelchair/ buggy is age appropriate and has the capacity to "grow" to meet their needs;
- During the assessment it comes to light that he has behavioural issues which need to be taken into consideration.
- These behavioural needs are quite severe and therefore a risk assessment and best interest case needs to be completed involving the family, the child development OT and physiotherapist, the wheelchair clinician, teacher/ key worker at school and possibly the local authority transport manager to support the need for restraints to help maintain him safely in the wheelchair when out with his family and on school transport.
- It is essential that when a young person requires restraint in their wheelchair that a multi disciplinary team approach is taken to attempt to address the behavioural issues rather than to compensate for them.
- This would make him a complex case when taking into consideration his mobility needs, family interactions, school transport, the MDT approach and the sharing of confidential clinical notes.
- If an AQP had provided the initial simple wheelchair as per the referral would they then have to transfer the case to the specialised wheelchair service to complete once the risks had been identified post provision?

Simple or Complex ?

- A referral is received for a 91 year old lady who has had a stroke in the past. She has had a wheelchair from the service which met her needs, but she is now leaning to the right. Minimal postural support is needed as current wheelchair still suitable, therefore simple case?
- On assessment client was sat in pressure cushion the wrong way round, she was leaning heavily to the right, but this could be rectified with support.
- Provided simple lateral support on right side and wedge under right hip, the client sat in good position, the equipment changes were handed over verbally to day centre staff who agreed to pass information onto home care staff.
- Contacted by community OT and day centre staff and informed that client is leaning heavily to right side again. On visiting discovered that lateral support was fitted incorrectly and client was not hoisted into a suitable position to allow good posture.
- Pictorial documentation was produced and sent out to all parties involved with this client to ensure that the equipment was used correctly and she was positioned suitably, This became a complex case as photographic documentation was needed to be signed and produced to achieve a successful and comfortable sitting position.
- Failure to recognise this type of clinical situation could result in multiple assessments and the over prescriptive provision of a tilt in space wheelchair which would be have a cost implication of £1100.00 as opposed to the cost of the ‘off the shelf’ equipment it required at a cost to the service of £66.00

Hoisting into her Wheelchair

1. The Flotech image cushion has gel at the back and a wedge under her right side (this is inside the cushion cover)
2. There is Velcro on the right side of the back canvas on the wheelchair and the small Qbitus lateral (looks like a black triangular wedge) is attached to it.
3. Hoist ***** into the chair ensuring that her left hip is guided away from the edge of the chair and right back as far as you can seat her to help with maintaining correct positioning.
4. The lateral should help with maintaining **** in an upright position if she is still leaning to the right you can remove the lateral and reposition it.
5. You may find that it is easier to fit the right lateral after hoisting or that leaving it in place works best for your staff.

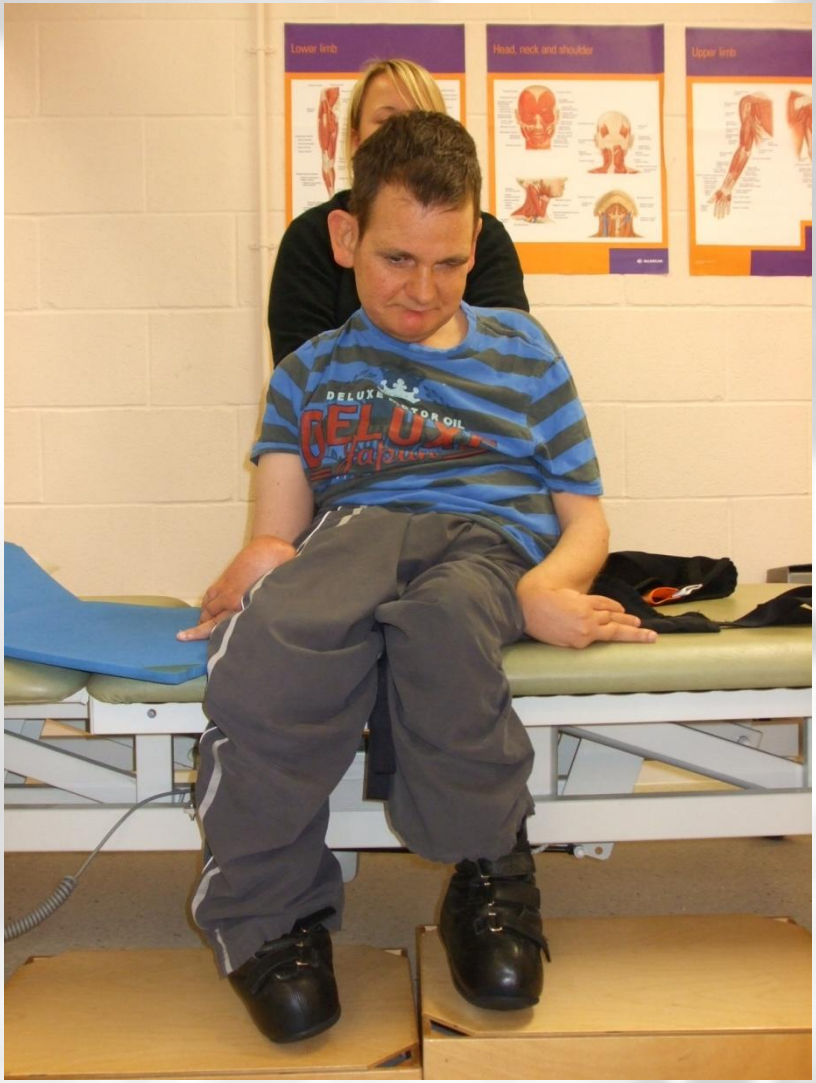
As described in point 1.

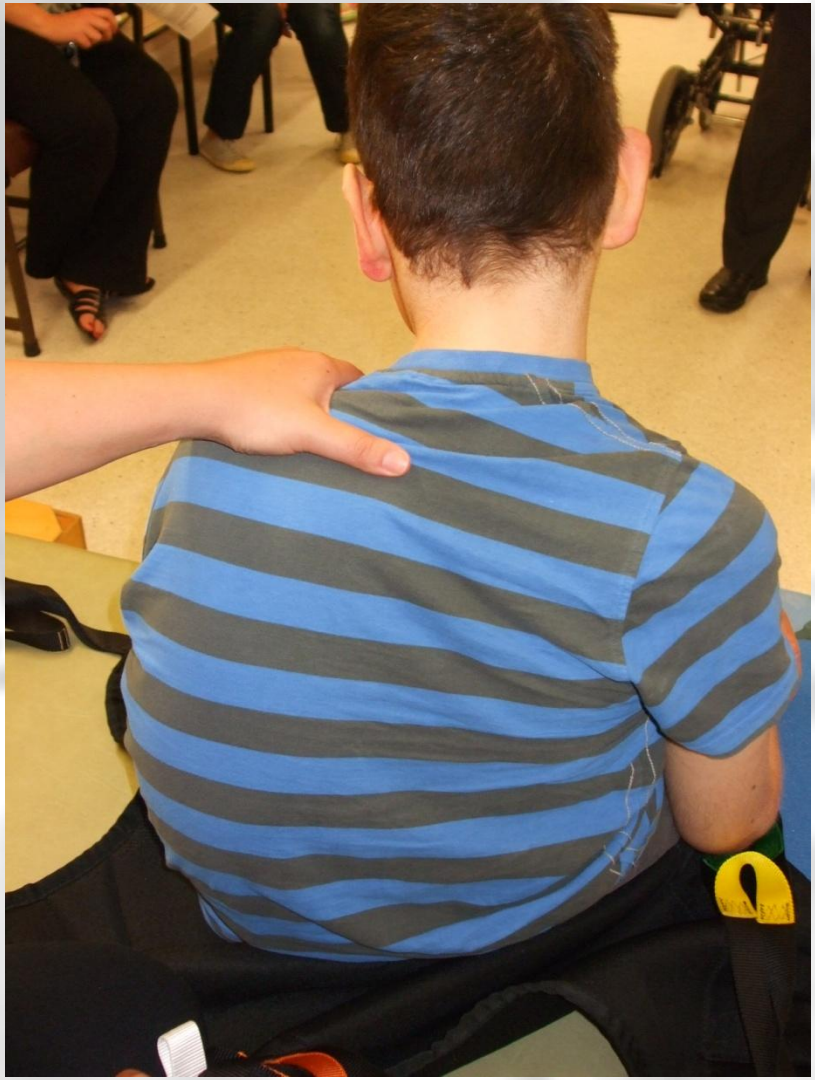
As described in point 2.

As described in point 4 a safe suitable position for *****

Simple or Complex ?

- A seating system had been made for a client with complex postural requirements on a tilt in space wheelchair base that has been crashed tested to allow the client to travel in his wheelchair.
- The Wheelchair Service clinician was contacted by a physiotherapist from the learning disabilities team reporting that the client had had an emergency admission to hospital with aspiration, this had started to occur after the new seat system had been provided. When the hospital undertook a video fluoroscopy to identify his ability to swallow whilst seated in his wheelchair nothing was identified.
- An urgent appointment was made to review him in clinic where suitable manual handling equipment was available; in attendance was the client, his carer, his mother, the physiotherapist, the wheelchair service clinician and his speech and language therapist. It was agreed to use an oxygen saturation monitor during this assessment.
- The joint assessment using the clinic room equipment allowed the MDT to identify that the clients oxygen saturation levels dropped to an unsafe level when he was positioned in supine dropping to 84%, In anterior tilt it dropped to 86%, both levels returned to 100% within seconds when in a normal sitting position. This would affect his ability to swallow and was the probable cause of the aspiration. When sat in an upright position he was assessed as being able to manage a reasonable swallow.
- The seating angle was changed to ensure a upright position was maintained and advice given to use a spirit level to ensure that the wheelchair base was not in anterior tilt or to a great angle in posterior tilt, thus reducing the risk of aspiration and further hospital admissions.
- The outcome was there was no financial cost to supply further equipment and no further emergency hospital admissions and distress to the client, family and carers, this was achieved by health profession team working in clinic time


Lower limb
Head, neck and shoulder
Upper limb



Simple or Complex ?

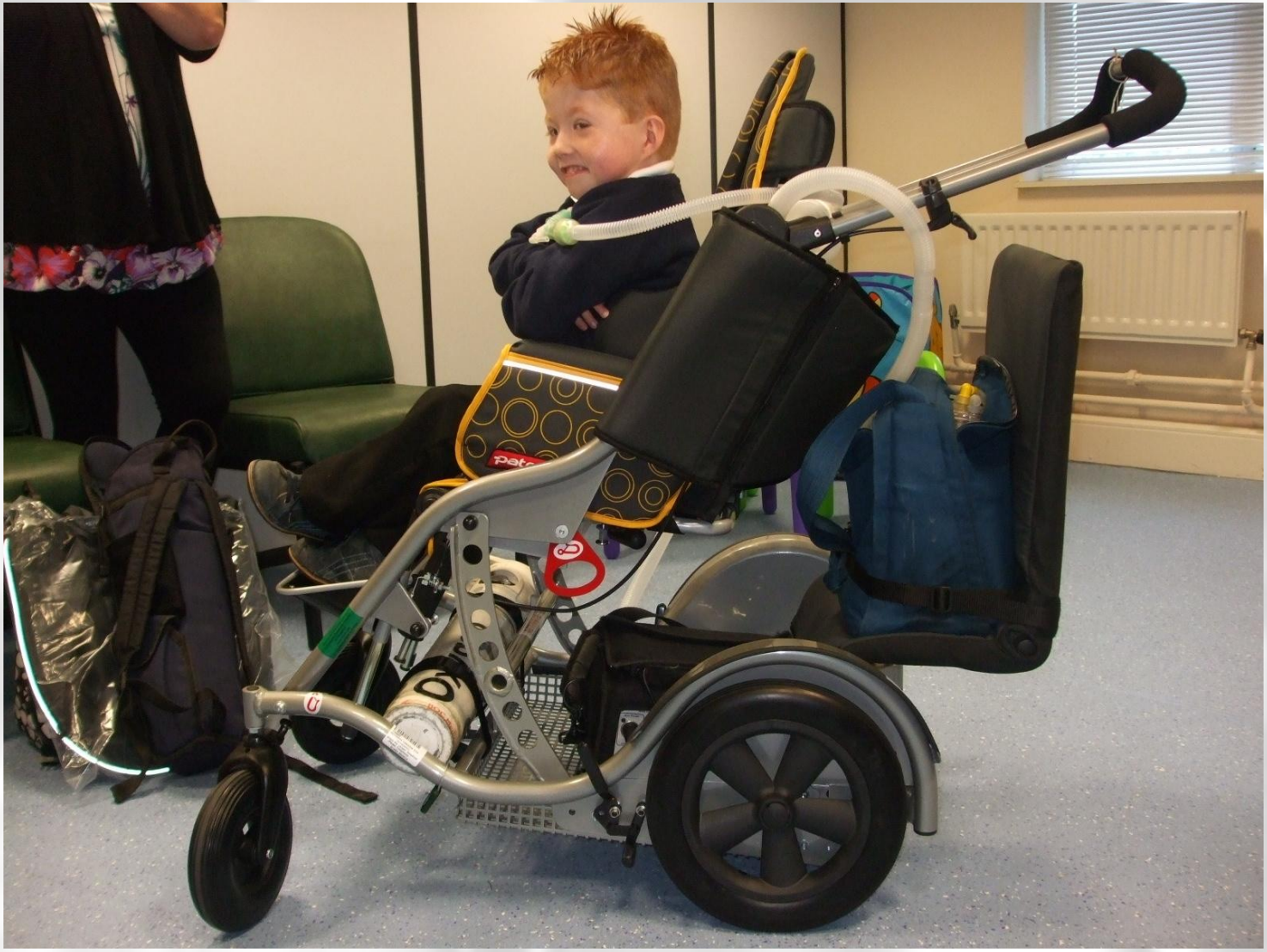
- A referral was received from a physiotherapist at the child development centre, it reported limited mobility, ventilator dependent but only required for “outdoor use & less than 3 times a week” (but more in the holidays)

- This type of referral would normally be ineligible as usage is less than 3 times a week. However, as it was triaged by a specialist clinicians it was considered appropriate for assessment as he is ventilator dependent.

- On assessment it was identified that client required a ventilator, suction machine, oxygen cylinder and an emergency bag of medical items. It was also reported that the client had a scoliosis that was currently not operable and needed to be tilted back if his tracheotomy tube became detached by accident.

- Stability now became an issue owing to the extra equipment required, therefore a risk assessment was needed to support the suitable positioning and securing of the oxygen cylinder and medical devices.

- A tandem buggy with lateral postural support, (that is not in our NHS approved range) was provided without the second child's seat fitted to allow space for his medical equipment His family purchased a rain hood to keep the ventilator dry.



Simple or Complex ?

- A referral was received directly from the client to review her current wheelchair as her shoulder strength had deteriorated.
- The client has congenital lower limb deficiency and has been using a self propelling wheelchair since her teens when a prosthetic limbs discrepancy had caused a scoliosis. She has been using the same type of folding basic wheelchair.
- This would be identified as a simple case?
- It was identified on assessment that the most important issue for the client was her independence which was largely gained by lifting the wheelchair in and out of her car boot. A discussion around methods of transferring the wheelchair into the car led to the client investigating purchasing a hoist for her boot, which in turn increased the scope of wheelchairs available through the approved range to meet her clinical needs.
- An assessment was undertaken with a variety of wheelchairs and it was identified that the method that the client used to transfer in and out of her wheelchair could affect its stability, and therefore over all safety. Therefore a further assessment of the clinically appropriate wheelchair needed to be undertaken by one of our Rehabilitation Engineers to identify the safety of the framework to reduce the risks of the wheelchair tipping during transfers .
- The correct wheelchair was supplied and specialist bespoke cushion made to allow for her medical need to sit with her hips in an anterior tilt; this input made the case a complex one, which was not immediately obvious when the request was made.


Ultra-Light

Simple or Complex ?

- There are certain diagnoses that cannot be split into simple and complex due to their progressive nature; for example Motor Neurone Disease (MND). What may appear simple on the initial referral and may stay so for a period of time, can frequently become a fast deteriorating situation becoming complex in all aspect of management.
- Specialist clinicians are aware of the functional deterioration of MND, prognosis and the speed in which this may occur.
- MND is the only condition that is exempt from most eligibility criteria as it is such a rapidly deteriorating condition. Outdoor mobility needs are often the initial requirement, but as clients can deteriorate within weeks to become a complex postural & mobility case services provide a wheelchair as early as possible to allow the client to develop wheelchair skills and by doing this are generally more psychologically accepting of the powered wheelchair when they are required
- The specialist wheelchairs and accessories for MND clients are often held separately from standard stock to ensure that immediate provision is available. Most services have previously been supported by the MND Association with funding given towards some of the manual and powered wheelchairs.
- This client group are offered urgent appointments and provided with a variety of specialist extras when required including; dual controls for the clients families as they fatigue very quickly, elevating leg rests for comfort when fatigued, postural support and tilt mechanism to improve breathing and specialist headrests to maintain head position which supports swallowing and communication.
- The removal of the wheelchair when it is no longer required in a timely and professional manner is also a very important facility offered.
- However some client may never progress from a standard off the shelf wheelchair and cushion and therefore would be classified as simple, but who can predict the progress of any medical condition?

With MND the Wheelchair Needs Can Change Rapidly

From this simple wheelchair

To dual powered controls

To a postural reclining & tilting wheelchair

Questions to consider when choosing a provider

- Does your provider have the clinical experience and medical expertise to identify if a “typical medical condition” is simple or complex?
- Some complex cases can be solved by an ‘off the shelf’ modular piece of equipment, however it’s the knowledge about the existence of these pieces of equipment that is often specialist.
- Does your provider have suitable facilities for clients and offer home assessments?
- Would your provider be able to transfer clinical information safely and confidentially between other services when a simple case becomes complex?
- Is your provider able to use commissioner criteria consistently through the process of assessment to provision?
- Is your provider able to maintain the wheelchairs on issue to Manufactures specifications and respond to MHRA alerts?.
- Will your service provider demonstrate value for money? Evidence of AQP in practice now suggest that equipment expenditure is almost double that of NHS services (Tower Hamlets, NHS spend annually £128,785 Whizz Kidz £240,000 annually)
- What happens when a client leaves a commissioning area? How will the money follow? Lots paperwork?!
- Many Commissioners have a block contract with NHS services. What will the new tariff system cost?

References

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- NHS Specialised Services: Assessment and Provision of Equipment for People with Complex Physical Disabilities (all ages) Definition no.5 (3rd edition) 2010 www.specialisedservices.nhs
- DOH White paper: Equity and excellence: Liberating the NHS July 2010
- DOH White paper: Our health, our care, our say: a new direction for community services:2006
- frontier economics. “Impact of Whizz Kidz Support to Primary Care Trusts” October 2010