

Posture and Mobility Centre

Contents

1. Background.....	1
2. Current Position.....	2
3. Options Discussed	2
3.1 Gold Standard Framework.....	2
3.2 Care Home Pool Chairs	4
3.3 Provision on Behavioural Grounds/ Infrequent Use.....	5
3.5 Value for Money	6
4. Meeting Targets	6
4.1 Skill Mix Adjustment.....	7
5. Summary	8

1. Background

The Posture and Mobility Centre (PMC) provide assessment for the provision of a wheelchair and associated equipment following initial referral from the GP or other healthcare professional. The service is based at Callaghan House (Heywood) and is accountable through the Pennine Care community services management based at Heywood, Middleton and Rochdale (HMR). Whilst the service is based within HMR it is provided across the two boroughs HMR and Bury and commissioned through each CCG separately, with Bury CCG as lead commissioner.

All costs and activity figures included in this paper cover the service in its entirety and are not separated out per borough. It is expected that savings or activity improvements would be equally shared between both localities.

The service has a detailed service specification, reviewed during 2018, outlining the criteria for assessment and provision of wheelchairs and caters for all age groups based on registered clients within the two boroughs. The service is complex and currently does not always meet the nationally set 18 week referral to equipment provision target. Continual monitoring of the 18 week target is undertaken and reasons for breaches are reported back to the commissioners on a monthly basis through the contract monitoring report schedule.

Review of the service model for 18-19 has taken place with the primary aim of improving the 18 week referral to equipment provision performance. This report details the outcome of the discussions undertaken and options put forward in order to improve the performance against the target.

2. Current Position

Over the past few years the service has been subject to review due to the significant costs of equipment that are involved. Additional investment has been received from Bury commissioners that has eased the pressure on the equipment budget. The equipment budget is closely monitored and sits separately from the overall running costs of the service. This allows for a more timely intervention and decision process should the equipment spend be close to the limit of the budget.

During the first quarter of 2018/19 there were 144 new referrals received for children and 343 new referrals received for adults (average 48 and 114 per month respectively). On average there were 319 appointments made per month with a total of 956 over the period.

Waiting times are reported to the CCG on a monthly basis with further analysis of the 18 week target identifying the reasons for the breaches.

The maintenance, refurbishment and storage of the wheelchairs when not in use are covered under a block contract with Ross Care.

3. Options Discussed

During the period January to May 2018 the PMC Manager, the Head of Adult Therapies, and the lead Commissioner (Bury) met to discuss the future of the service and options available to ensure the sustainability of the service going forward. A number of service model amendments were identified that, going forward, will support the continuing development of the service. These options are discussed below for comment.

3.1 Gold Standard Framework

At present the Gold Standard Framework (GSF) is applied to all who are placed on the end of life pathway. Such patients would receive a wheelchair unconditionally. This equates to approximately 10-15 referrals per week (520 – 780 per year).

Chairs are supplied from stock or purchased new at a cost of £211. The intention is that these chairs are returned from the family, or a request to collect is made to PMC, at the appropriate time, however this is not always the case and PMC are not informed that the chair is no longer required. It is estimated that only 60% of these chairs are returned, resulting in a loss of chairs supplied. During 2017/18 this resulted in 124 chairs being purchased for this service at a cost of £26,164.

Option 1 – Cease Provision

The proposal is to cease unconditional provision in its entirety. This option would leave patients / carers having to source and provide their own chairs should they wish to use them. Significant savings could be released, however there are also a

number of risks involved with this option and support would be required from Commissioners.

Chairs returned over the period would be added to stock for use in another area of PMC provision. Refurbishment, storage and/or scrapping of these chairs would be covered in the block Ross Care contract and would not incur extra costs. However depending on numbers returned and the timing of those returns, there is a slight possibility that the returned chairs could incur a cost by taking numbers over those agreed for storage in the block contract.

Equipment savings released:

Current Equipment Costs based on 2017/18 purchases:

124 replacement chairs procured at £211 per chair – Total Cost £26,164 (excluding VAT)

For the 10-15 referrals received each week an assessment is required for approximately 4 cases per week (208 per year) resulting in staff time in carrying out the assessment. These are completed by the band 4, with admin support from the band 2 to make the appointment and raise the prescription. In the majority of cases these are carried out as home visits.

Should the option to cease provision be chosen this would release both the band 4 and the band 2 to undertake work against the complex clinical caseload and support achievement of the 18 week target.

Staff time released from GSF home visit assessments:

Assessment (band 4)	105 minutes by 208 assessments	- 364 Hours released
Admin (band 2)	15 minutes by 208 assessments	- 52 Hours released

The effect of this released time to achieving the 18 week target for main clinic provision is discussed within section 4.1.

Under this option whilst the unconditional provision will cease there will be no effect for any client who meets the remaining service specification criteria and provision will still be made on an individual basis. An extensive communication and education programme would be required with referrers in order to ensure appropriate referrals are made and that referrers understand the criteria relevant for provision.

At present there is no process to determine how many referrals may be made under this new circumstance.

Risks:

- Reputation risk resulting from cessation of service
- Patients unable to access provision due to costs involved in sourcing own chairs

- Patients sourcing their own chairs could lead to inappropriate chairs being chosen, influenced by provider interests rather than to the right chair.
- Voluntary / private sector may not have the capacity to cover increased demand

3.2 Care Home Pool Chairs

A number of Care Homes within the locality are provided with pool chairs which can be used to assist in the movement of patients around the home. They are provided pro-rata against the numbers of patients within the home with approximately 286 currently in use. There is no assessment of need, although there is training given around the use, maintenance and decontamination of the chairs. There is no provision in the service specification to provide planned preventative maintenance of these chairs. Across the boroughs the chairs are replaced on a rolling programme of approximately 20 chairs per year, therefore any reduction in these chairs would not provide a significant in year saving.

However more importantly following an audit of chairs in use, a significant risk was identified in that only a small percentage of these chairs (extrapolated as 19%, 49 chairs) are being used effectively and in good working order. The audit indicated that 40% (114) of chairs held within homes are not in perfect working order. There is therefore a high likelihood that a patient may be transported around a Care Home in a broken chair.

The audit undertaken looked at 12% of the assets in care homes (35 of 286 chairs). Of these:

- 15 (42.8%) could not be located
- 14 (40%) required repair – one of which was beyond repair and required to be scrapped
- 6 (17.1%) were located in a good state of repair

Extrapolating these figures to the full allocation of 286 chairs this leaves:

- 123 are likely to be lost
- 114 are likely to require repair with 8 of these requiring to be scrapped
- 49 are likely to be found in a good state of repair.

Option 2 - Withdrawal of Chairs

It is proposed to withdraw the chairs from the homes due to the risk arising from the audit that indicates only a small percentage of chairs are being used effectively and are in good working order. Withdrawal of the chairs would also release savings from the rolling replacement programme (approx. 20 chairs per year). Should this option be taken sufficient notice will be given to the homes in order for them to make alternative arrangements for provision. There would be no in-year saving for this scheme due to the notice period for homes, savings would materialise from 1st April 2019.

This withdrawal would not affect the assessment and provision on an individual basis to patients within the home who required their own personal chair.

The audit above indicated that 155 (114+49-8) chairs would be released from this exercise. Due to the ceasing of the GSF provision there would be no further use for these chairs. They could be retained in stock however they would need to be stored for a lengthy period before being used. The cost of storing the chairs before being used is not cost effective. Therefore the preferred option would be to scrap the chairs following withdrawal.

Equipment savings released:

Annual Rolling Programme of replacement chairs			
Approximately 20 chairs per year, at £160.00 per chair;	total of		£3,200
Less Scrapage costs 163 chairs at £1.02 per chair;	total of		£166.26
		Total savings released	£3,034

Homes could be signposted to other suppliers and approved repairs in order to purchase their own supply of chairs.

Risks:

- There is a significant risk that not taking this option opens the trust to liability in the risk of potential injury to patients through being transported in not fully working order chairs.
- There is a possibility that there will be an increase in referrals from homes for the postural assessment for patients to receive a postural chair. In these instances homes would use the chair for the postural needs of the patient and receive an individual chair for that patient.
- Reputational risk that the homes would not welcome the withdrawal.
- Reputational risk due to clients and/or families being persuaded by the home to purchase chairs for residents.

3.3 Provision on Behavioural Grounds/ Infrequent Use

Currently within the service specification there is provision to allow for the supply of chairs to children and adults where there is no postural / permanent mobility need. This provision is based on fatigue / seizures/ behavioural grounds. Nationally a number of safeguarding issues around this provision has arisen which has caused continuing this provision to be questioned in general.

It is difficult to quantify the numbers of adults receiving chairs for behavioural reasons due to adults normally receiving chairs for more than one reason. The information system does not allow for interrogation of episodes that would identify individual occurrences. The type of chairs in use for this provision is usually the basic chair, therefore ceasing this provision would not provide for significant saving. This will be reviewed on an on-going basis and further options put forward should provision change in the future.

Review of the April 17 to March 18 children’s caseload indicates that there were 43 cases of provision to children purely for trips and infrequent use. In general this is approximately 9% of the total children’s provision.

Option 3 – Cease provision to children based on behavioural grounds/ infrequent use

The proposal is to refer such cases to other providers. Due to the estimated limited extent of this provision, costs released would be minimal. Based on actual cost of the provision for the 43 cases identified during from April 17 to March 18, the following costs could be saved

Equipment supplied	No of cases	Costs
Action 3 + cushion	39	£11,505
Dobuggy	3	£585
Ben NG	1	£170
Total	43	£12,260

However it is expected that only two thirds of these items would need to be procured new with stock items being provided for all other cases, leading to an actual saving of £8,173 based on the 17/18 figures.

Equipment savings released:

Based on 2017/18 activity two thirds of x £12,260, total saving = £8,173 (exc VAT)

Risks:

- There is significant difficulty in sourcing wheelchairs for children on the private supply market.
- Reputational damage due to exclusions and difficulties faced by users, parents, carers and educational leads.
- Continuation of provision indicates a risk around deprivation of liberty depending how the chair is used on behavioural grounds
- Potential risk of excluding children from school trips.
- Significant risk of injury as a result of uncontrolled behaviour.

3.5 Value for Money

The service is always seeking to improve and reduce costs by obtaining the best value for money for the chairs used. The options proposed will additionally support release of chairs that can be used for other purposes therefore reducing purchase costs overall.

Currently a review is underway of two different chairs supplied for complex referrals to determine whether the less costly chair provides value for money yet still performs to expected standards. The results of the review will be shared with the commissioners when a conclusion has been reached.

4. Meeting Targets

As noted within the introduction, the key purpose for the options identified within this paper is to release savings in order to ensure the service can consistently meet the 18 week referral to equipment provision national target going forward.

4.1 Skill Mix Adjustment

The changes proposed in this paper provide the opportunity to undertake a skill mix review to ensure appropriate skills are maintained within the team to achieve performance improvements and for the service to consistently meet the 18 week target.

It is estimated that there are on average 20, 18 week target breaches per month, resulting in an estimated total of 240 breaches per year. It is estimated that these are split across complex and highly complex cases on a 50% basis (120 cases of each per year).

A number of these highly complex breaches (27%) are due to the need for special seating. This is a pathway that is managed efficiently within the confines of the manufacturing process and financial resource available. All patients concerned are active clients and will have existing seating in place. They remain on the waiting list for updates and changes to their provision.

It is estimated that a further 29% of the total breaches are beyond the control of the service and are influenced by the method of identifying waiting times as described nationally. This is with regard to the inability to 'stop the clock' on waiting time should the patient be unable to be assessed or unable to receive the equipment due to their condition/health needs. There is a project nationally to review this through NHSE. It is however anticipated that if the initial assessment could be brought forward then a number of these breaches would not occur. The skill mix review will therefore seek to ensure that the initial assessment is brought forward in order to avoid as many of these breaches as possible.

The service currently has 9 members of staff (clinical, support and administration). As part of this review some internal skill mix changes have been identified that could provide an additional 0.4wte band 4 from the existing pay structure. Further changes identified within this paper (option1) would also release the equivalent of another 0.3wte band 4 which when combined (0.7wte) would be used to reduce the number of complex breaches as outlined below.

Complex Case Breaches

It is anticipated that to meet the 18 week target for all complex cases 1.1wte Band 4 is required. 0.7wte Band 4 can be released as discussed above, leaving a further 0.4wte required to meet the target. There is also an equipment cost associated with the avoidance of breaches due to costs being shifted forward as potential breaches are avoided – estimated at 40 cases.

Costs generated from options noted (excluding VAT release):

Option 1	£26,164
Option 2	£ 3,034
Option 3	<u>£ 8,173</u>
Total	<u>£37,371</u>

Total costs released as noted above	£37,371
Cost for remaining 0.4wte band 4	<u>£11,059</u>
Remaining funds available for equipment	£26,312

At a per capita cost of £550 per chair the funds available will allow for 47 chairs to be purchased which is sufficient to cover the estimated 40 complex breaches (shifted forward provision) that would require funding.

Highly Complex Case Breaches

Whilst the proposals contained in this paper allow sufficient staffing and equipment resource release to address 18 week compliance for complex case breaches, there is insufficient savings to support an improvement in the highly complex breaches. To enable an improvement in the highly complex breach case load, additional equipment and staffing resource would be required. However it is anticipated that recruiting to the correct skill level would also be a challenge due to the lack of appropriately qualified practitioners available in this field.

5. Summary

Should the options in this paper be acceptable, further detailed capacity and demand work will be undertaken along with detailed trajectory planning. This will result in a comprehensive impact assessment of the consequences of these options and modelling of the service going forward.

Paula Jones, Head of Adult Services
Deborah Keogh, Posture and Mobility Centre Service Lead
Helen Marsh, Business Development Manager

20th September 2018