

Kent and Medway Wheelchair Service Update January 2021

Situation

This paper provides an update on the performance of the NHS-funded Kent and Medway Wheelchair Service. The wheelchair service continues to see a steady improvement in service performance, with the open episodes of care caseload and average waiting times now at expected levels.

- The waiting list has reduced to less than a third of the size it was at its peak
- Average waiting times have halved
- Episodes of care closed within 18 weeks have improved, meeting the national target for children
- Reduction in the number of complaints received
- Standard repairs completed within 3 working days remains an area where performance is below expected levels although progress has been made with an ongoing improvement plan in place.

Background

The Kent and Medway Wheelchair Service is provided by Millbrook Healthcare and commissioned by Kent and Medway Clinical Commissioning Group (CCG). There are currently 22,559 registered users of the service.

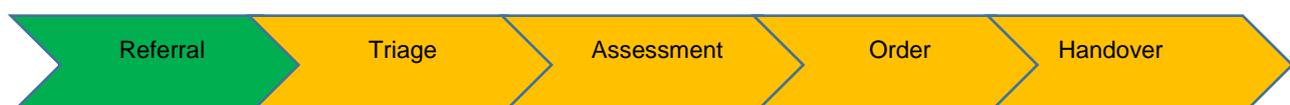
The wheelchair service provides buggies, manual and powered wheelchairs, pressure relieving cushions and custom made seating systems to meet the clinical needs of children, young people and adults with a long term (over six months) disability or illness to enable them to become independently mobile.

Additional funding was provided by Kent and Medway CCGs to overcome the impact of an unbalanced caseload inherited from the previous provider as well as an increase in recurrent demand, which resulted in service users experiencing long waiting times for assessments, equipment and repairs. In addition, Millbrook Healthcare also implemented improved processes and increased the number of clinical and support staff.

Performance Overview

There are five key stages to an episode of care (EOC) which should take a maximum of 18 weeks to complete however timelines will vary depending on clinical need and complexity.

Referrals



Referrals are received from healthcare professionals for example, GP’s, District Nurses, Occupational Therapists, Physiotherapists, Consultants and Health Visitors. In addition, existing users of the service may self-refer back into the service for a re-assessment if their condition or circumstances have changed.

Table 1 shows that between January 2020 and the end of December 2020 there has been a total of 4,811 referrals into the service, of which 15 per cent are referrals for children. Urgent referrals account for around 10 per cent of total referrals and follow a shorter pathway.

Table 1: Referrals received, January 2020 – December 2020

Referral Type	Children	Adult	Total
Routine	641	3,689	4,354
Urgent	105	376	481
Total	746	4,065	4,811

Chart 1 shows the increasing trend in the number of total referrals received by the wheelchair service over the last two years. In January 2018, 390 referrals were received, in January 2019 there were 460 referrals, and in January 2020, 564 referrals were received.

The chart also shows the significant impact that the pandemic has had on the number of referrals received by the wheelchair service, especially during the first lockdown where numbers dropped significantly.

Chart 1: Total number of referrals into the wheelchair service

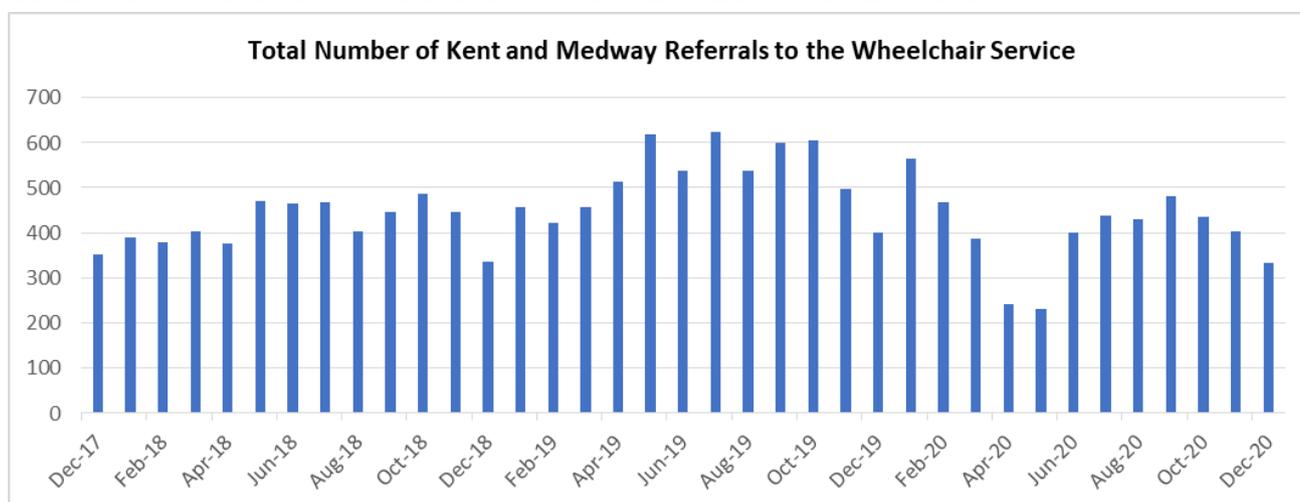
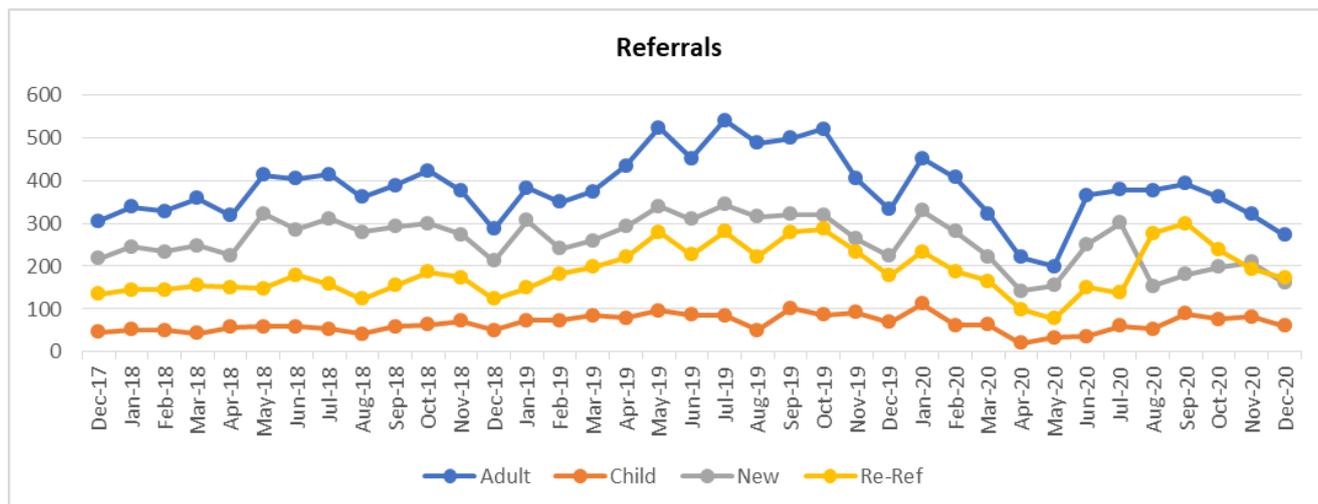
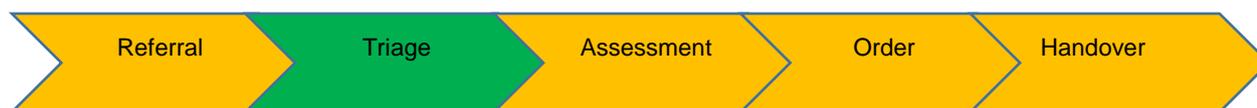


Chart 2 shows how referral rates picked up after the end of the first lockdown, initially with new referrals coming in and with self-referrals increasing as service users’ anxieties have eased. The number of child referrals has remained relatively constant throughout. Tier 4 and the third lockdown appear to be having an impact with referral rates declining again.

Chart 2: Referral breakdown

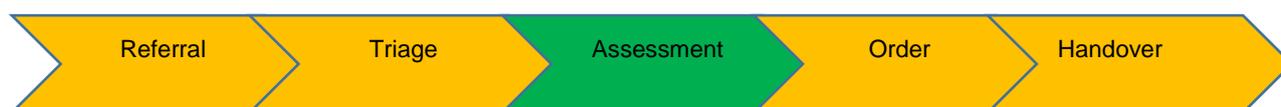


Triage



The aim is to triage referrals within 2 working days by approved personnel within the wheelchair service. Latest data to end of December 2020 shows that 92 per cent of referrals were triaged within this time. The reasons why some referrals took longer than expected include the fact that the service needed to go back to the referrer for more information and during the pandemic the service are conducting extended triages to try to gather as much information as possible to enable more efficient use of clinic time.

Assessment

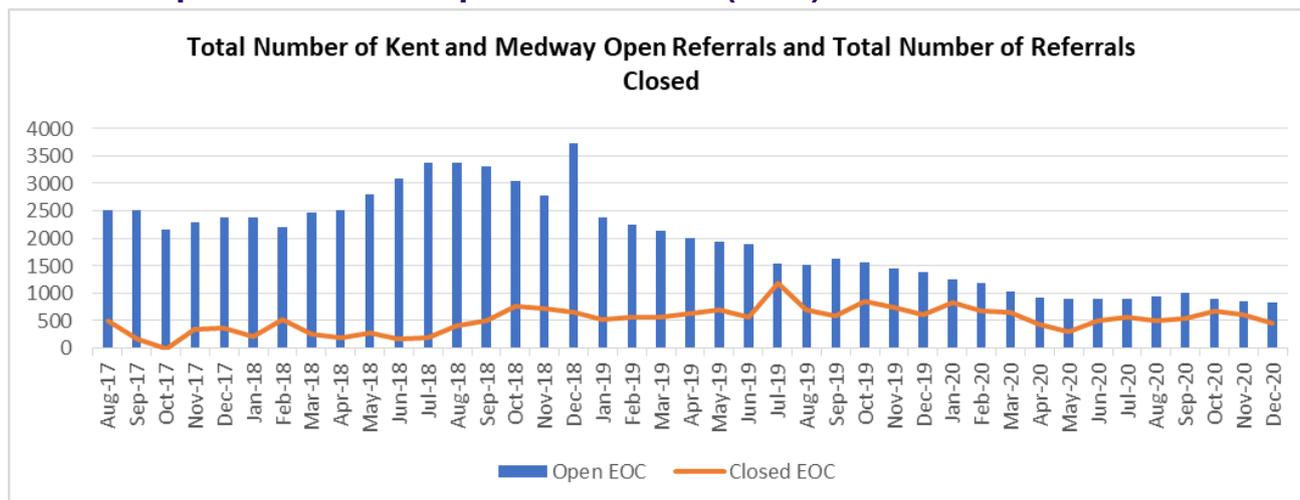


In November 2020, 78 per cent of urgent referrals were assessed within 2 working weeks of receipt of referral: reasons why some assessments took longer are due to service user availability, clinician/Rehabilitation Engineer availability and, some assessments needed to be conducted at service users’ homes which would usually have been clinic based.

Routine referrals should be assessed within 6 working weeks and latest data to end of November 2020 shows that 89 per cent were conducted within this time.

Previously there was a very large waiting list which resulted in service users experiencing unacceptable long waits to get an assessment and equipment. Chart 3 shows that there has been significant improvement in the size of the waiting list reducing from 3,313 in September 2018 to 822 in December 2020.

Chart 3: Open and closed episodes of care (EOC)



The number of children on an open episode of care has more than halved from 401 in September 2018 to 186 in December 2020, which is ahead of target levels. At the end of December 2020 there were 50 children who have waited over 18 weeks. Millbrook Healthcare reviews all of these children on a weekly basis to assess risk and to understand the barriers to help progress each case further along the pathway. Chart 4 shows the improvement in the size of the waiting list for child cases and the reduction in the number of children waiting over 18 weeks.

Chart 4: Children on an open episode of care

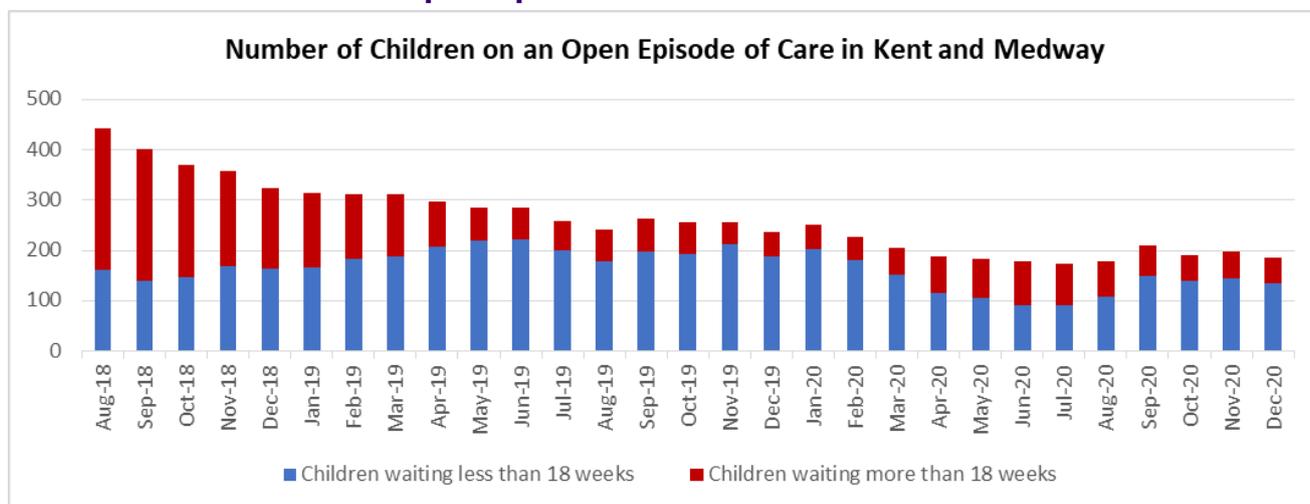


Chart 5 shows how the percentage of children on an open episode of care waiting less than 18 weeks has increased from 35 per cent in September 2018 to 73 per cent in December 2020. There are a number of reasons for delays to case closures which are service user led and therefore beyond the control of the wheelchair service, these include Did Not Attend appointments (DNA), admission to hospital, sickness, holiday, service users wishing to delay and more recently self-isolation or shielding. All episodes of care which have valid service user led reasons for non-attendance are recorded as exceptions. This enables data, with and without exceptions, to be recorded. Since February 2020, with service user led

exceptions considered, the service has met the 92 per cent target for percentage of children having provision within 18 weeks.

Chart 5: Percentage of Children waiting 18 weeks or less

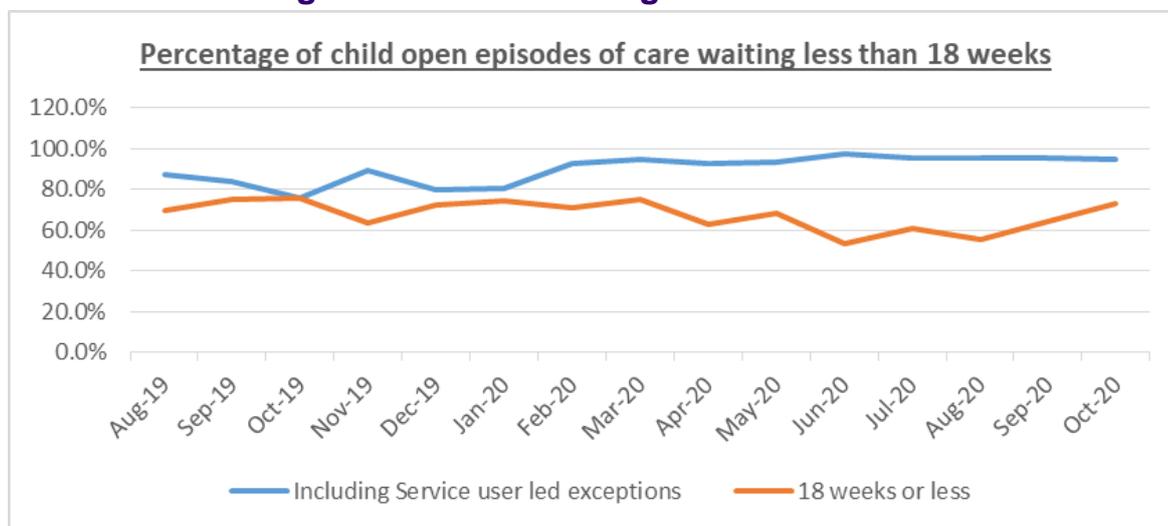
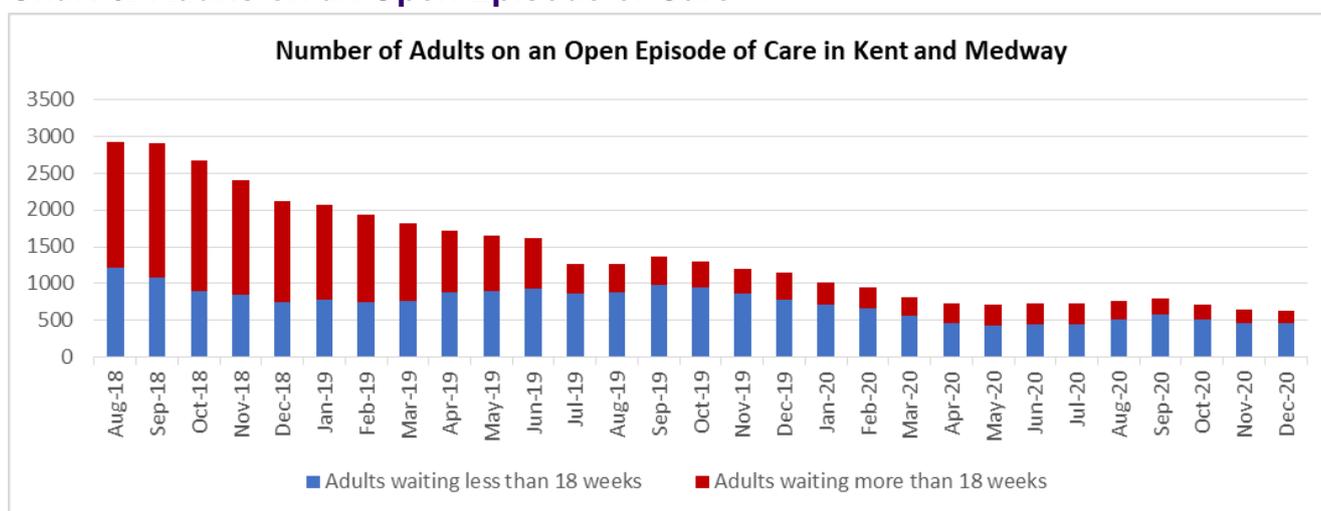


Chart 6 shows that the number of adults on an open episode of care has continued to decrease, from 2,912 in September 2018 to 625 in December 2020 which is ahead of target levels. The service has improved its performance towards the 18 week pathway target of 90 per cent for adults. In September 2018, just over a third of adults (37 per cent) on an open episode of care were waiting less than 18 weeks, in November 2020 this has increased to 72 per cent and when we take into consideration valid service user led exceptions this then increases to 81 per cent.

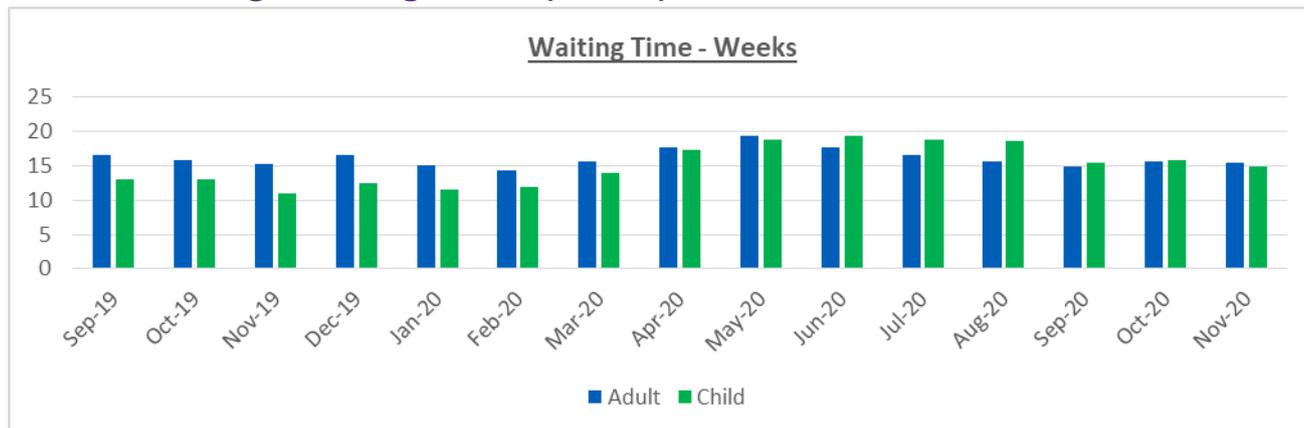
Chart 6: Adults on an Open Episode of Care



There has been a marked improvement in the length of time service users are waiting for provision. In September 2018, the average length of wait for those on an open episode of care was 29 weeks and since then waiting times have shortened considerably to 15.4 weeks in December 2020 which is within the 18 week target timeline.

Chart 8 shows that there has been an impact by Covid-19 on waiting times for some service users as average waiting times increased to a maximum of 19.2 weeks during the May – August period due to service users needing to self-isolate, shield or having reluctance to attend clinic appointments and the service having reduced access to schools. However, the wheelchair service has worked hard to progress open episodes of care and waiting times are beginning to return to pre-pandemic levels.

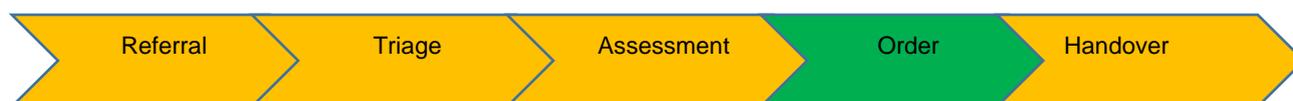
Chart 8: Average Waiting Times (weeks)



One of the key barriers that impact the ability of the wheelchair service to progress an episode of care is when service users fail to attend booked appointments; either did not give notice (DNA), gave very late notice (UTA) or was unable to be brought to appointment by a parent or carer (WNB). Since January 2020 these have accounted for over 800 missed appointments.

Whilst there are mechanisms in place to give a service user every opportunity to advise the wheelchair service well in advance, which include; appointment letters, a call to confirm the booking, and a reminder call 48 hours prior to appointment, the 802 missed appointments not only mean that the episode of care for these service users is extended, but it also means that other service users have missed out who could have been seen in their place.

Equipment Order

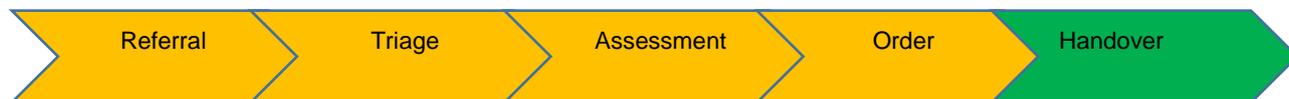


Following assessment a prescription is written which then enables equipment to be ordered, whether it be new or through the equipment recycling programme.

A strong emphasis is placed on the recycling of equipment and wherever possible once a wheelchair or part has passed through the decontamination process and been safety checked it will be utilised for building future provisions. Since January 2020, 1,711 wheelchairs were collected from service users whose provision was no longer required or due to a necessary change of equipment.

The wheelchair service conducts regular reviews of stock holding to improve availability of equipment and parts so that lead times for repairs or provisions are as short as possible.

Equipment Handover



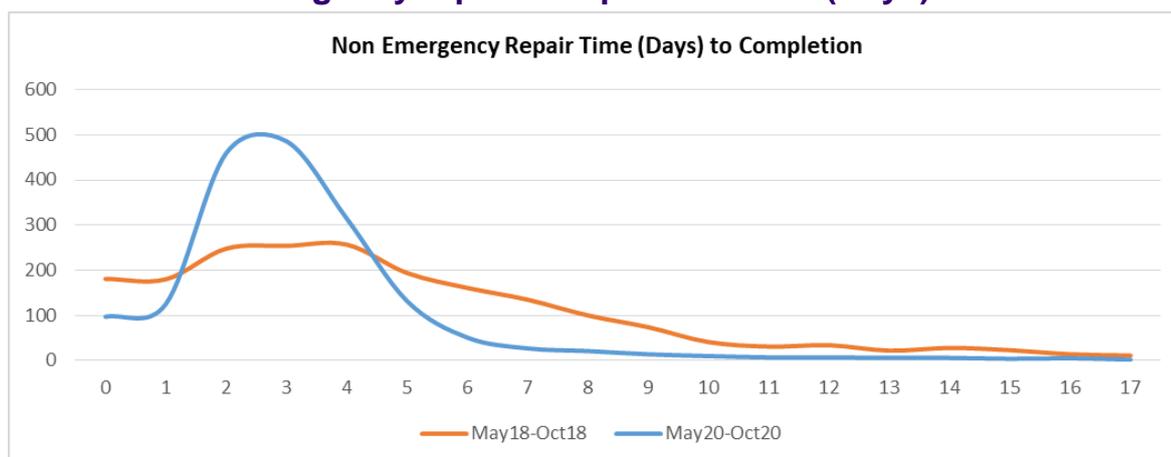
Equipment handover can be carried out in clinic or by one of the Field Service Engineers, dependent on the complexity. Between January 2020 and December 2020, 5,376 episodes of care were closed (789 children and 4,587 adults), of which 4,728 involved the handover of equipment including 525 specialist provisions.

Repairs

In November 2020 there were 244 non-emergency repairs completed, of which 62 per cent were completed within three working days. Some of the reasons why performance is below target is due to service users requesting a later repair visit that is more suitable for them or the service user not being available to contact and book a repair. Another reason is that to complete some repairs, a specialist part is required which have extended lead times.

Although performance is below expected levels, there has been an improvement in the length of time service users have to wait for a repair to be completed. Chart 9 illustrates the improvement in the time taken to complete non-emergency repairs. Previously we reported to HOSC that it was taking an average of 6 working days to complete a non-emergency repair and this has now shortened to an average of 4 working days. Further work still needs to be done and an ongoing improvement action plan is in place to drive and monitor progress.

Chart 9: Non-emergency repair completion times (Days)



An emergency repair needs to be completed within 24 hours and is defined as when the service user is rendered immobile and they do not have the use of a back-up wheelchair or is at risk of harm. Table 2 shows the steady improvement over the last two years in the percentage of emergency repairs completed within 24 hours, which is currently at 100%.

Table 2: Percentage of emergency repairs completed within 24 hours

	Nov-18	Nov-19	Nov-20
Emergency repairs completed within 24 hours	58.8%	88.9%	100%

Wheelchair Service Response to Covid-19

The impact of Covid-19 has resulted in an overall reduction in activity and a change in referral patterns with a significant decline in the number of both new and self-referrals received, an increase in average waiting times and an increase in the number of cases over 18 weeks for both adults and children.

Millbrook Healthcare’s response to the pandemic has been very positive and proactive with the Kent and Medway wheelchair service remaining open throughout. Initially the service prioritised urgent cases with clinical staff remaining on site triaging all referrals and assessing service users at home and in clinic who were deemed as meeting the urgent criteria. The service also continued to offer appointments and a repair service to any service users who were happy to engage with the service.

Service restoration has been dependent on service users’ willingness to be seen and assessed. The wheelchair service has worked hard to reduce service users’ anxieties as much as possible by giving them reassurance around the various measures Millbrook Healthcare has taken to manage the risk of Covid-19 to ensure that clinics are Covid-19 secure environments. The service also introduced the option of video assessments when appropriate to use for some service users and repairs are being completed outside of people’s property whenever possible.

Many service users were shielding and therefore cancelling appointments. In these cases, a clinician conducts a follow up call with the service user to risk assess the situation and try to progress the episode of care as much as possible. The wheelchair service has a process in place to monitor and manage the risk for service users who are shielding, self-isolating or choosing not to attend appointments due to Covid-19.

There is ongoing communication with service users, care teams, service user forums and the Service Improvement Board (SIB), to try to reassure service users that clinics are safe environments, and that every precaution is taken when doing a home visit. Millbrook Healthcare has proactively contacted vulnerable service users to do a wellbeing check. This also included contacting the families/carers of children who have waited near to 18 weeks or longer to try and encourage and reassure them to attend appointments and getting appointments booked.

Recently the referral rate has picked up and service users are returning and contacting the service to book appointments.

Personal Wheelchair Budgets

Personal Wheelchair Budgets (PWBs) are available by the Kent and Medway Wheelchair Service to support wider wheelchair choice for service users. The PWB scheme was introduced to broaden the scope of the mobility equipment that can be provided by taking advantage of other funding sources as well as NHS Wheelchair Service funding. This could be via other statutory agencies or charitable organisations, or a service users' own financial contribution. This is not to reduce what is on offer but to consider how service user wider care needs could be met with a joined-up approach and by pooling resources.

Service users can either accept the wheelchair prescribed free from the NHS or choose from one of the other options:

Notional PWB options			Third Party PWB
NHS provision	Top-Up	Alternative	
You can have a clinically-appropriate model from the NHS Wheelchair Service range	You can have additional features fitted to the wheelchair provided by the NHS	You can upgrade to an Alternative model within the NHS Wheelchair Service range	You can choose a model of wheelchair outside of the NHS range, provided it meets your clinical needs
The wheelchair is owned by the Wheelchair Service			You own the wheelchair
The Wheelchair Service is responsible for all maintenance and repair costs			You pay all repair costs
No cost to you	You pay the cost of the additional features PLUS The cost of any replacement Top-Up parts	You pay the difference between NHS provision and your chosen wheelchair	You pay the difference between NHS provision and your chosen wheelchair

Representatives from the Kent and Medway CCG and Millbrook Healthcare are members of the South East Regional Wheelchair Network Group who meet regularly to discuss PWBs and share learnings and identify areas where joint working could help progress engagement with other agencies. The Kent and Medway wheelchair service is focussed on raising awareness of PWBs and engaging with stakeholders to facilitate a more joined up approach to working and funding.

Quality and Safety Overview

The CCG conducted a quality visit, informally based on the CQC framework, on the 9th December 2019 which resulted in the service being rated overall 'Good'.

Overall / Domain category	Rating
Overall Rating	Good
Caring domain	Good
Responsive domain	Requires Improvement
Effective domain	Good
Safe domain	Good
Well Led domain	Good

However, the visit team found several areas within the Responsive domain that ‘Requires Improvement’ such as evidencing that learnings from complaints are driving improvements in service delivery and, the requirement for more proactive communication with service users.

Quality Review Group meetings between Millbrook Healthcare and the CCG quality team oversee the implementation of the action plan which captures the recommendations from the visit as well as reviewing performance against the wider quality and safety schedules to help sustain and drive further improvements in the Kent and Medway wheelchair service.

There has been significant progress over the last 12 months with many of the actions now completed, which include:

Infection, Prevention and Control:	<ul style="list-style-type: none"> • IPC Specialist advisors appointed by Millbrook
Information and Planning:	<ul style="list-style-type: none"> • Improved triage to ensure as much information is available for staff to review before appointments to enable better planning and outcomes
Communication:	<ul style="list-style-type: none"> • Improved internal communication with staff to share feedback received. • Improved communication with service users, supported by the Service Improvement Board • Improved positive feedback from service users in relation to their episode of care.
Training:	<ul style="list-style-type: none"> • Refresher training for staff around how to communicate with service users during clinical assessments and discussing future care requirements.
Safeguarding:	<ul style="list-style-type: none"> • Safeguarding champions being introduced within the service • Improved safeguarding training • Review of safeguarding policy to ensure Domestic Violence Bill is included and localised for the Kent and Medway service • Local safeguarding reporting and escalation posters updated
Complaints:	<ul style="list-style-type: none"> • Improved reporting on complaints themes and trends and actions taken by the service • Improved response times to complaints

Outstanding actions will be discussed with the new Millbrook Healthcare Governance Lead in January 2021 when they come into post with a view to closing. In normal circumstances the CCG would undertake a review quality visit but that is currently not possible due to Covid-19.

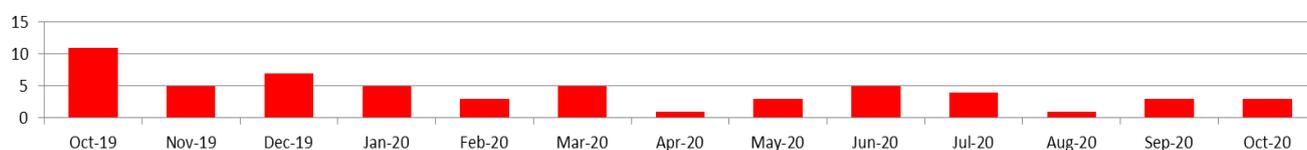
Recent improvements have been made to ensure the safety of patients who have been declining reviews due to the pandemic, with a comprehensive risk assessment and service

user advice tool implemented. The service is strengthening its reporting and investigation of incidents and serious incidents and has participated in the system wide serious incidents communities of practise, learning from other organisations and creating relationships to support joint investigations.

Complaints

There has been a downward trend in the number of complaints and concerns received by the wheelchair service, as shown in Chart 10. The main themes of these are around waiting times and the eligibility criteria. The appointment of a Community Liaison and Engagement Officer has helped to improve complaint handling and communication with service users.

Chart 10: Number of complaints received



Learnings from complaints have led to a number of changes within the service which have helped to strengthen its drive for better communication with service users, through better data gathering, timely information updates and greater interaction with service users. An escalation process within Customer Service has been introduced to ensure any concerns or complaints are dealt with as quickly as possible. The CCG has also worked with Millbrook Healthcare to improve the clarity of the eligibility criteria for both service users and clinicians which has also helped to reduce the number of complaints received regarding eligibility.

Service User Involvement and Stakeholder Engagement

The Kent and Medway wheelchair service and the CCG recognise the value and expertise service users can bring and are committed to ensuring that service users are involved in a real and meaningful way which influences the development of the service. The Service Improvement Board provides the opportunity to work in partnership with service users, carers and family members to ensure their voice is central in the delivery of the service improvement plan.

Providing mechanisms for service users to assess the wheelchair service from their own experiences and perspectives are important to help evaluate and improve the quality of the service. In addition to patient reported experience measures, the service has also introduced patient centred outcome measures as part of PWBs which involves creating measures that are most important to a service user and using these measures to understand how well the service has delivered against the agreed outcomes.

There is continued engagement with locally based forums such as Healthwatch Kent, the Physical Disability Forum (PDF) and the Centre for Independent Living to ensure that the wheelchair service listens and responds to service users' feedback. An example of our partnership working is reflected in the recent national Healthwatch awards where the PDF

were Highly Commended in recognition of their work in helping drive improvements in the service.

In order to provide a high quality wheelchair service that delivers personalised care for service users, it needs to be supported with stakeholders and other agencies. Millbrook Healthcare and the CCG are working together to engage with other health, social care and education partners to facilitate greater joined up working.

Conclusion

Since September 2018 there has been a significant improvement in the performance of the Kent and Medway wheelchair service. The waiting lists for equipment and repairs continue to reduce and average waiting times are within expected levels. However, although there has been steady progress in the number of repairs completed within three working days this remains an area below target and an action plan is in place to drive further improvement.

The wheelchair service has responded proactively to the Covid-19 pandemic ensuring that the service has remained open and providing information and support to service users across Kent and Medway. Despite the pandemic, improvements in service performance have still been made and the CCG and Millbrook Healthcare continue to work collaboratively to build on the good progress that the wheelchair service has delivered.