



Cynghrair Niwrolegol Cymru  
Wales Neurological Alliance

## **Health and Social Care Committee Short Inquiry into wheelchair waiting times in Wales**

*The Wales Neurological Alliance is concerned by the lack of progress of the Welsh Government's work to implement the 23 recommendations of the May 2010 Health, Wellbeing and Local Government Committee report into wheelchair waiting lists.*

### **Background**

In Autumn 2008, the Wales Neurological Alliance was approached by a number of individuals who had been waiting for specialist electric wheelchairs for over 18 months. Constituent organisations spoke to the Artificial Limbs and Appliances Service (ALAS), which confirmed that there were a large number of patients, who had been waiting for a specialist wheelchair for 18 months to two years. It appeared that the problems were centred around the Artificial Limb and Appliance Centre (ALAC) in Wrexham, rather than the Cardiff ALAC, and that the waiting lists were typically longer the further someone lived from Wrexham.

### **WNA research**

The 26 charities of the Wales Neurological Alliance surveyed their members and stakeholders to ask them whether they were currently waiting for a wheelchair. The worst examples of delays are listed:

- Example 1 – man living with MS from Knighton in Powys was first referred for a wheelchair in May 2010. The powered wheelchair arrived in December 2011, but when he was assessed for the new chair by his occupational therapist, it was deemed unsuitable and had to be sent back for alterations. In February 2012 an altered wheelchair arrived, but he is still waiting to see a occupational therapist to confirm that the replacement is suitable
- Example 2 – 11 year old boy with Spina Bifida from Pembrokeshire saw a physiotherapist in December 2010 to seek a reassessment for a replacement wheelchair. By January 2011 the family had not heard anything so they contacted ALAS only to be told that the earliest he could be assessed would be July 2011. In order to speed up the process the family offered to travel to Cardiff and were given an appointment in April. The wheelchair arrived in August, but it was not suitable and did not have any handles. A further 2 visits were required before the wheelchair was fit for purpose in October 2012.

### **Health, Wellbeing and Local Government committee Inquiry**

Between November 2009 and May 2010 the Health, Wellbeing and Local Government Committee held an inquiry into wheelchair waiting lists and set itself the following terms of references:

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“To inquire into the provision of wheelchair services in Wales for children and adults, including:

- Waiting times for assessments and wheelchair provision;
- The arrangements for commissioning and providing wheelchairs both through the Artificial Limb and Appliance Service and through local arrangements for short-term use;
- The effectiveness of wheelchair services in meeting individual needs, such as those of children and young people, war veterans, and those with progressive conditions such as Multiple Sclerosis;
- The arrangements for reviewing individual need and for the updating, maintenance and repair of wheelchairs;
- Equality considerations in the provision of wheelchairs including, for example, geographical variation; provision across age-groups; issues affecting BME groups and Welsh speakers; and the accessibility of wheelchair services in terms of location, opening times and information;
- The use and effectiveness of performance and quality indicators in wheelchair services; and
- The resourcing of wheelchair services in Wales.”

The Wales Neurological Alliance contributed to the inquiry, giving oral and written evidence expressing concerns around the lack of targets, the structure of ALAS and the assessment process.

### **Recommendations and their implementation**

In May 2010 the HWLG Committee published its report and set out 23 recommendations. The Welsh Government had already established its own advisory Expert Group to investigate concerns with the wheelchair services and this had first met in early 2009. By the time the HWLG Committee was calling witnesses, voluntary sector organisations had become frustrated with the lack of progress of this group. The inquiry and the subsequent report put the Welsh Government under pressure to do something about wheelchair waiting lists and gave greater impetus to the work of the Expert Group.

The Minister for Health and Social Services formally responded to the committee on 30 June 2010 and set the Expert Group a deadline of August 2010 to report to her. In October 2010 the Expert Group published a lengthy report setting out its own recommendations for how the wheelchair service should be reformed. The Minister announced that an extra £2million would be allocated to the service in 2011/12 to support the implementation of the recommendations with most of this money focussed on reducing the waiting times for paediatric wheelchairs.

In July 2011 the Welsh Health Specialist Services Committee established the All Wales Posture and Mobility Partnership Board to implement the recommendations. This group has brought together professionals and a small number of voluntary sector stakeholders.

The Appendix sets out the recommendations of the HWLG Committee and to what extent they have been implemented.

### **Wales Neurological Alliance concerns**

The Appendix illustrates that some of the recommendations have been taken forward, but after almost two years many of them have still not been implemented. The WNA therefore has the following principal concerns.

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## **Timescale**

The Welsh Government's review has been ongoing for four years and yet only limited progress has been made. In May 2008 Edwina Hart AM, Minister for Health and Social Services, announced that she had commissioned a review of all wheelchair provision in Wales, encompassing long term and short term loans and paediatric wheelchair services. This work was still ongoing when the HWLG Committee undertook its inquiry and only came to a conclusion in October 2010.

However between October 2010 and July 2011 there was a 9 month break before the All Wales Posture and Mobility Partnership Board was formally established to implement the Expert Group's recommendation.

In January 2012 many recommendations have not been implemented and even the Minister's target of March 2012 for achieving the targets set by the Children and Young People's NSF will not be met.

## **Targets**

The Recommendations specifically relating to performance monitoring and targets (Recommendations 1, 5, 6, and 7) have still not been met. The Expert Group's October 2010 report proposed 18 Quality Indicators including a target of 18 weeks from referral to delivery, but these have not been implemented and it is unclear when this will be implemented.

The HWLG Committee report made a specific reference to paediatric wheelchairs in Recommendation 7 and the Welsh Government committed an additional £2million to meet the NSF target by March 2012. However in November 2011, the All Wales Posture and Mobility Partnership Board reported that this was unlikely to be achieved. A report stated that: "it is unclear at the current time what the combined impact of the new investment and measures implemented through the service improvement programme, will be on waiting times by March 2012."

## **Communication**

Recommendations 8 and 9 focussed on the need for a Communication Strategy so that stakeholders were engaged and informed. The Wales Neurological Alliance has seen no evidence that this has been developed and it did not feature in the recommendations of the Expert Group. Communication remains as poor today as it was before the HWLG Committee inquiry. For example the establishment of the All Wales Posture and Mobility Partnership Board was not communicated and groups that had participated in the Expert Groups were not invited to take part in it. The role of communication and stakeholder engagement was an important element of establishing monitoring and Quality Indicators and yet after two years this has not happened.

## **Direct Payments**

Recommendation 15 focussed on the joint funding of equipment with organisations and individuals. Whilst some progress has been made concerning joint funding with organisations and a draft protocol has been designed, there was very little progress on joint funding with individuals.

The WNA would like the Welsh Government to allow individuals to purchase wheelchairs via Direct Payments and have the option to provide joint funding through their own money if they so desire. The charity believes that this would give individuals the ability to purchase a

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wheelchair from a private provider if they were not prepared to wait for ALAS to provide one. This agenda has not been taken forward by the Welsh Government.

### **Structure of ALAS**

In Recommendations 3 and 4 the HWLG Committee expressed their concern for the structure of ALAS and of the absence of a strategic plan that integrated the wheelchair services with social services, education and other public bodies.

The Expert Group proposed ways to better integrate systems between the different sites and establish regional hubs, but there does not appear to be any proposals to develop a strategic plan or restructure the service. The WNA was concerned that the current structure of the Artificial Limb and Appliance Service (ALAS), based on two centres was too centralised and that responsibility should be devolved to the Health Boards. Currently the Wrexham ALAC serves half of Wales and covers an area as far south as Ceredigion. This is huge geographic area, and staff and equipment have to be transported great distances, whilst patients waiting for an assessment might have to travel over 100 miles to the centre.

In England, the responsibility for assessing and providing a wheelchair rests with the Primary Care Trust, the local health organisation. English PCTs have been encouraged to reduce wheelchair waiting lists to 18 weeks. Many have succeeded including Sefton PCT in Merseyside, meaning that depending on whether someone lives in Wrexham or across the border into Merseyside, the difference in wait for a wheelchair could be 18 weeks or 18 months.

### **Resource allocation**

Neither the Expert Group or the All Wales Posture and Mobility Partnership Board have made any recommendations on the level of additional funding required to sustain improved waiting times. Recommendation 11 of the HWLG Committee report asked the Welsh Government to “make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.” After two years this has still not occurred.

The only area where specific additional funding has been allocated was Paediatric wheelchairs (Recommendation 7). However the allocation of an additional £2million no longer seems sufficient to achieve this aim.

### **Number of Therapists**

During the inquiry the Wales Neurological Alliance was concerned about a possible shortage of Therapists in the Wrexham ALAC that might be contributing to the delay in assessment for a specialist wheelchair. This and evidence specifically from the College of Occupational Therapists influenced Recommendation 13.

Whilst the Expert Group has recommended greater training and the use of satellite clinics to improve services, it remains unclear whether the number of Occupational Therapists is sufficient.

### **Taking the agenda forward**

On 17 January 2012 the Cross-Party Group for Neurological Conditions made wheelchair waiting lists the main focus of the meeting and invited the Welsh Health Specialised Services Committee to give a presentation setting out what achievements had been made.

The paper is included as Appendix B, but the key areas of progress were:

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- Developments to improve waiting list management:
  - Agreement of definitions for measuring referral to delivery
  - Systems in place to enter all patients on waiting list within 24 hrs of receipt of referral, ability to actively monitor long waits/early warning systems/trigger points
- Upgrade of IT systems to support waiting list management
- Unification of IT system across Rehabilitation Engineering and ALAS
- Establishing satellite clinics
- Agreement to commence joint assessments with community therapists
- Changes in skill mix/allocation of duties introduced as a result of analysis of duties untaken for capacity and demand analysis

The Cross-Party Group for Neurological Conditions accepted that some progress had been made, but was disappointed that the majority of the 23 recommendations had not been met.

### **About the Wales Neurological Alliance**

The Wales Neurological Alliance (WNA) was established in 2002 to meet the challenges of a changing institutional and political structure in Wales post devolution. Membership has grown to include 26 voluntary organisations representing over 100,000 people and their families affected by a neurological condition living in Wales. The charities are:

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| ▪ Alzheimer's Society                   | ▪ Motor Neurone Disease Association                                     |
| ▪ Ataxia South Wales                    | ▪ MS Society Cymru  |
| ▪ Cerebra                               | ▪ Muscular Dystrophy Campaign   |
| ▪ Charcot-Marie-Tooth United Kingdom    | ▪ Myasthenia Gravis Association   |
| ▪ Chartered Society of Physiotherapy    | ▪ Myotonic Dystrophy Support Group                                      |
| ▪ College of Occupational Therapists    | ▪ National Tremor Foundation  |
| ▪ Dystonia Society                      | ▪ Parkinson's UK  |
| ▪ Epilepsy Action                       | ▪ Progressive Supranuclear Palsy Society                                |
| ▪ Epilepsy Wales                        | ▪ SHINE - Spina Bifida, Hydrocephalus, Information, Networking Equality |
| ▪ Genetic Alliance UK                   | ▪ Stroke Association  |
| ▪ Guillain-Barré Syndrome Support Group | ▪ Tourette's Syndrome Association                                       |
| ▪ Headway                               | ▪ Tuberos Sclerosis Association   |
| ▪ Huntington's Disease Association      | ▪ Welsh Association of ME & Chronic Fatigue Syndrome                    |

The aims of the Wales Neurological Alliance are to:

- Raise awareness of neurological conditions and their impact on individuals and alliance
- Inform and influence policy makers in Wales about the needs of people with neurological conditions
- Secure improved services and care for people with a neurological condition living in Wales
- Promote the dissemination of information about neurological conditions
- Support and promote appropriate research

**Progress on the 23 recommendations of the HWLG Committee report**

Recommendations from the HWLG Committee in May 2010	Response from the Welsh Government in June 2010	Progress to date
<p><b>Recommendation 1</b> We recommend that the Welsh Government ensures that a full, national service specification be prepared, including details on the service's approach to joint working with other organisations and individuals; and information on performance targets and monitoring systems.</p>	<p>Response: Accept This is being taken forward by the Project Board referred to in the Introduction. The development of a service specification and robust key performance indicators, to support performance improvement, are specified in the Terms of Reference.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p> <p>The maximum referral to delivery time should be 18 weeks, but the Project Group recommended concentrating on reducing component waits first.</p>
<p><b>Recommendation 2</b> We recommend that the Welsh Government should draw up a strategic plan, to give direction to the service over the coming years. This should be done in conjunction with the service providers, users, stakeholders and other interested parties.</p>	<p>Response: Accept The Project Board will advise me [The Minister] on the strategic priorities for service development and delivery. The Board is supported by a wider Reference Group, whose membership includes representatives from health and social care bodies, professional advisory groups, third sector and patient and user groups.</p>	<p>This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.</p> <p>The terms of reference are:</p> <ul style="list-style-type: none"> <li>- To advise the Joint Committee [of the Welsh Health Specialised Services Committee] with regard to the Quality Standards and Key Performance Indicators</li> <li>- To review performance against Quality Indicators and Key Performances Indicators, and report to LHBs through the Joint Committee</li> <li>- To revise, as the Board deems appropriate, the nature and target levels of the Quality and Key Performance Indicators, and to advise the Joint Committee of any changes proposed</li> <li>- To advise the Joint Committee on the scope and eligibility criteria for the Posture and Mobility Service</li> <li>- To provide advice to the Joint Committee on the specification for the Posture and Mobility Service</li> <li>- To provide a forum for communication and discussion between the providers of the service and its stakeholders</li> <li>- To promote understanding between the Posture and Mobility Service and its stakeholders</li> <li>- To support the provision of a high quality and responsive Posture and Mobility Service for Wales</li> </ul>
<p><b>Recommendation 3</b> We recommend that the strategic plan should address the need for better integration of the service with the community and other NHS services and with social</p>	<p>Response: Accept The Project Board is actively considering how better integration can be achieved.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>

services.		
<p><b>Recommendation 4</b> We recommend that the Welsh Government ensures that the arrangements for a restructured wheelchair service incorporate clear responsibilities and lines of accountability for service delivery.</p>	<p>Response: Accept The Project Board is considering future organisational arrangements, with a focus on ensuring clear responsibilities and lines of accountability.</p>	<p>Although there are proposals to change the systems used by ALAS the Project Board did not recommend any significant restructuring of the service.</p>
<p><b>Recommendation 5</b> We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.</p>	<p>Response: Accept New performance indicators will be developed by the Project Board, and will reflect all aspects of service delivery, including outcomes.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p> <p>The maximum referral to delivery time should be 18 weeks, but the Project Group recommended concentrating on reducing component waits first.</p>
<p><b>Recommendation 6</b> We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.</p>	<p>Response: Accept The Project Board is developing performance measures. These will set out my [The Minister's] expectations for what the service users can expect to receive. The performance measures will be included in the service specification, and LHBs will be held to account for delivering the required performance standards.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation.</p> <p>The Project Board did not specify any sanctions for non-compliance.</p>
<p><b>Recommendation 7</b> We recommend that the service specification should include an action plan, including targets and milestones, for meeting the standards in the Children's NSF on wheelchairs.</p>	<p>Response: Accept Once the service specification has been agreed by the Project Board, an action plan will be developed that sets out how equipment is delivered to children in a timely manner, in line with their needs and requirements. This will include amongst other areas, the reviewing of current manufacturer lead in times.</p>	<p>The Welsh Government had expected the NSF target to be met by March 2012 and an additional £2 million had been invested to deliver it. However in November 2011, the All Wales Posture and Mobility Partnership Board reported that this would not happen.</p> <p>A report stated that: "it is unclear at the current time what the combined impact of the new investment and measures implemented through the service improvement programme, will be on waiting times by March 2012."</p>
<p><b>Recommendation 8</b> We recommend that the Welsh Government ensure that the service prepares a communication strategy to outline how it will improve communication with users and stakeholders. This communication strategy should be drawn up and introduced as a matter of urgency.</p>	<p>Response: Accept The development of a communication strategy is being taken forward as one of the work streams reporting to the Project Board.</p>	<p>After two years there is little evidence of this communication strategy and there has been little communication with voluntary sector groups such as the Wales Neurological Alliance.</p>
<p><b>Recommendation 9</b> We recommend that the</p>	<p>Response: Accept The Communication Strategy</p>	<p>After two years there is little evidence of this communication strategy and there has been</p>

communication strategy should include measures to provide better information to users generally, but in particular on progress within the system.	will include such measures.	little communication with voluntary sector groups such as the Wales Neurological Alliance.
<b>Recommendation 10</b> We recommend that the Welsh Government should explore with the service, voluntary organisations and charities, options for providing the best possible interim solutions for users who will be waiting for significant periods for delivery or maintenance of a chair.	Response: Accept The Project Board is considering the arrangements for short term loans, and will define requirements and identify options for improving the service across Wales.	This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.
<b>Recommendation 11</b> We recommend that the Welsh Government should conduct an assessment of the long-term resources required to sustain improved waiting times; provide regular reviews for some users; and to clear the waiting list backlog in North Wales. The Government should then make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.	Response: Accept I [The Minister] will set out my intentions for the wheelchair service once I have considered the advice of the Project Board.	This recommendation does not appear to have been taken forward. Whilst an additional £2million was invested in 2011/12 to reduce the paediatric waiting lists it is currently unclear how much additional investment is needed to sustain improved waiting times.
<b>Recommendation 12</b> We recommend that the Welsh Government should explore opportunities for joint working between ALAS and organisations, charities, community therapists and others, and that this should form a central part of the service's strategic plan.	Response: Accept Developing joint working is at the heart of the strategy. Work currently in train includes building on the links already established with charities, such as Whizz Kids. The Project Board will discuss, with the Reference Group, how further opportunities can be identified and pursued.	This recommendation has transferred to the All Wales Posture and Mobility Partnership Board. This group includes health and social care bodies, third sector representatives and professionals.
<b>Recommendation 13</b> We recommend that the Welsh Government ensures that efforts are made to streamline the referrals process, possibly through the development of on-line resources.	Response: Accept The development of referral arrangements, including protocols and processes, is a key part of the work of the Project Board. I [The Minister] expect their report to identify ways in which referral arrangements can be further improved.	The Project Board found that there were inconsistencies in waiting list management practices. There were different IT systems and methods of managing patient waiting times.  The Project Board recommended that IT systems should be integrated and all referrals should be entered onto the system within 24 hours of receipt.
<b>Recommendation 14</b> We recommend that the Welsh Government should ensure that	Response: Accept. The clarification of the service specification and the	The Project Board and the HWLG Committee recognised that many of the delays were caused or worsened by the



<p>there is a sufficient number of community therapists trained to undertake Level 3 assessments.</p>	<p>development of performance standards will allow the NHS to identify the staffing requirements to deliver the service to meet my requirements. It will then be for the NHS to ensure that sufficient trained staff, including community therapists, is in place to undertake assessments and provide the service to wheelchair users.</p>	<p>absence of local community therapists.</p> <p>Satellite clinics have been established in Anglesey and in West Wales with proposals to establish further clinics.</p> <p>The recommendations focussed on increasing training for local therapists rather than recruiting additional Occupational Therapists so staffing issues remain a problem.</p>
<p><b>Recommendation 15</b> We recommend that, as a matter of urgency, the Welsh Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.</p>	<p>Response: Agreed The existing legislation allows for formal partnership arrangements between the NHS and Local Authorities. The Project Board will ensure that engagement and participation processes are refined within joint funding agreements ensuring this process is transparent. Local agreements are being developed, for example with Whizz Kids, that demonstrate this principle.</p>	<p>The Project Board recommended the adoption of 4 joint working proposals:</p> <ul style="list-style-type: none"> <li>- Contributions must be confirmed in writing</li> <li>- Funding will be provided equal to that which would have been required to accommodate essential posture and mobility needs from the posture mobility service</li> <li>- The ownership of the chair must remain with the posture and mobility service in order to guarantee ongoing maintenance and repair</li> <li>- For out-of-range products, consideration should be given to the need for an extended warranty for the additional features as part of the joint funding agreement</li> </ul>
<p><b>Recommendation 16</b> We recommend that the Welsh Government clarifies and makes public its policy and arrangements for the maintenance and repair of equipment bought by individuals.</p>	<p>Response: Accept The policy, as it currently stands is that the responsibility for maintenance and repair for equipment bought by individuals remains with that individual.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>
<p><b>Recommendation 17</b> We recommend that the Welsh Government should explore further the possibility of pooling existing budgets, particularly education budgets, in relation to the provision of equipment for users.</p>	<p>Response: Accept This matter will be considered by the Project Team, in liaison with other officials.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>
<p><b>Recommendation 18</b> We recommend that the Welsh Government should review arrangements for short term loans of wheelchairs which are not provided by ALAS to ensure that this service provision is adequately resourced.</p>	<p>Response: Accept A review of the commissioning and provision of wheelchairs for short term loan purposes will be undertaken by the Project Board.</p>	<p>The Project Board's review highlighted the important role the BRC provide in an area where there is currently no provision by ALAS. The Project Board recommended that a standard eligibility criteria and definition of a short term loan be defined.</p> <p>Three service models were proposed and will be considered by All Wales Posture and Mobility Partnership Board. The cost would</p>

		be approximately £200K and it was unclear whether the Welsh Government would provide additional funding.
<p><b>Recommendation 19</b> We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.</p>	<p>Response: Accept This is being addressed through the work stream to improve the short term wheelchair loans process referred to above.</p>	<p>The Project Board's review highlighted the important role the BRC provide in an area where there is currently no provision by ALAS. The Project Board recommended that a standard eligibility criteria and definition of a short term loan be defined.</p> <p>Three service models were proposed and will be considered by All Wales Posture and Mobility Partnership Board. The cost would be approximately £200K and it was unclear whether the Welsh Government would provide additional funding.</p>
<p><b>Recommendation 20</b> We recommend that the Welsh Government should ensure that the arrangements for maintenance and repair in Cardiff ALAC and Wrexham ALAC be kept under review, to ensure that the service is meeting the necessary standards.</p>	<p>Response: Accept Key Performance and Quality Indicators are being developed to support continuous monitoring of the maintenance and repair services and ensure that agreed standards are maintained.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p><b>Recommendation 21</b> We recommend that the Welsh Government should ensure that ALAS consults users and stakeholders on their needs in advance of any future tendering process for maintenance and repair contracts.</p>	<p>Response: Accept. ALAS will consult users and stakeholders as part of any future tendering process for maintenance and repair contracts.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p><b>Recommendation 22</b> We recommend the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions.</p>	<p>Response: Accept. The service specification and the key performance indicators will stipulate and monitor review requirements.</p>	<p>The Project Board proposed 18 Quality Indicators subject to consultation. The consultation is yet to commence.</p>
<p><b>Recommendation 23</b> We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.</p>	<p>Response: Accept I [The Minister] will ensure that joint working options are fully explored.</p>	<p>The Project Board did not consider this to any great extent and it did not feature in the recommendations. It therefore it would appear unlikely that the All Wales Posture and Mobility Partnership Board will take forward this recommendation.</p>

## **Welsh Health Specialised Services Committee**

### **Briefing for the Cross Party Group for Neurological Conditions**

#### **Partnership Board and Implementation of Recommendations**

Following the release of the final report of the All Wales Posture and Mobility Review in October 2010, the Welsh Government asked the Director of Specialised Services to establish the All Wales Posture and Mobility Partnership Board. The role of the Partnership Board is to audit the service against the quality indicators and to review and refresh the indicators on an annual basis.

The Partnership Board was established in April 2011, and has now held three meetings (April, July and October 2011). The next meeting is scheduled for March 2012. The Board is chaired by Director of Planning, WHSSC, and includes representation from service users, Local Health Boards, WHSSC, Local Education Authorities and Social Services. It is also attended by the Welsh Government policy lead for the Posture and Mobility Service, and representatives from both the National Leadership and Innovation Agency for Healthcare and the Delivery Support Unit

In parallel to the establishment of the Partnership Board, the wheelchair service has been engaged in a substantial service improvement programme, with the support of National Leadership and Innovation Agency for Healthcare and the Delivery Support Unit, to implement the recommendations of the Posture and Mobility Review. This programme aims to complete by March 2012.

A detailed progress report against each of the recommendations of the Review was presented to the Partnership Board in October 2011. Some of the key areas of progress include:

- Developments to improve waiting list management:
  - Agreement of definitions for measuring referral to delivery
  - Systems in place to enter all patients on waiting list within 24 hrs of receipt of referral, ability to actively monitor long waits/early warning systems/trigger points
- Upgrade of IT systems to support waiting list management
- Unification of IT system across Rehabilitation Engineering and ALAS
- Establishing satellite clinics
- Agreement to commence joint assessments with community therapists
- Changes in skill mix/allocation of duties introduced as a result of analysis of duties undertaken for capacity and demand analysis

#### **Waiting Times**

Welsh Government has invested a recurrent resource of approximately £2m from 2011/12 to support improvement in the wheelchair service, with particular emphasis on delivering the waiting times standard in the Children and Young People's National Service Framework (NSF) (6 weeks referral to assessment, 8 weeks assessment to delivery).

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The Welsh Government has outlined its expectation that this standard will be met by March 2012. It is acknowledged that this will be challenging as there are a number of factors which need to be taken into account, e.g.:

- i) A valid waiting times position will not be available until the new financial year. This is due to the time lag between implementing referral to treatment times, and the impact of clock stops feeding through into reported waits.
- ii) The impact of new investment will take time to feed through into waiting times improvement largely as a result of the time required for recruitment of additional staff.

Therefore, whilst it is clear that the ongoing service improvement programmes are already beginning to deliver benefits, it is unclear what the combined impact of the new investment and the service improvements will yield on waiting times by March 2012.

A report will be prepared for the Welsh Government at year end which will:

- Set out the indicative waiting times as measured in March 2012;
- Highlight the significant achievements of the service improvement programme;
- Outline the plan for a staged approach to improving waiting times based on an assessment of what is achievable and by when.