



## South West Wheelchair Pilot

Advisory Group Meeting 28<sup>th</sup> October 2010

***Integrated independent living service providing a holistic approach to an individual's needs :-  
the right solution at the most appropriate time for the individual in a cost effective way***

# Agenda

Overview

Progress to date

Challenges

Learning's

Next steps

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## Vision

Integrated independent living service providing a holistic approach to an individual's needs providing the right solution at the most appropriate time for the individual in a cost effective way

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# Project Overview

## The need for change :-

Lots of reviews no action

Users not central to the process

Wheelchair service is patchy and unequal

Lack of forward planning and strategic management

Cross service potential synergies are not harnessed

Service level is not responsive enough to meet needs

Lack of effective information to drive improvement

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# Project Overview

## Our aspiration:-

Users at the centre driving service choice

Maximisation of procurement power

Standardise assessment criteria – remove inequalities

Improve independence and outcomes

Rapid localised assessment and access to a chair

Change the market to become responsive and service orientated

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## Progress Made to Date

- Data
  - Data sources established and collection commenced
- Assessment criteria
  - Criteria collected and analysed cross regional criteria alignment commenced
- Communication strategy development
  - User leaflet on the project and how to get involved established
  - Initial discussions on web page development
- Stakeholder engagement
  - Engaged with supplier base in the development of the case for change
  - Engaged with third sector on potential project involvement
  - Commissioners engaged in the case for change
  - Engaged finance departments on development of personalised budgets
  - Discussions with West midlands and East of England on potential synergies
- Inventory reduction
  - Discussions with supply chain / other parties re inventory –
  - General agreement to reduce
  - Collecting inventory data before approach to reduction established.

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# Challenges

- Consultation timescale (OSC)
- Cross agency alignment (budgeting and procedural)
- Highlighting key players to assist cross sector alignment
- Long term commissioning arrangements for the service
- Cross regional coherence
- Potential on cost to PCTs of criteria alignment and reduced wait time
- Additional costs from new patient group needs as the waiting time reduction makes broader provision possible
- Collective national approach is key to cost reduction eg. Inventory reduction
- Breadth of areas of opportunity
- Broad stakeholder base

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# Stakeholders



**A wide group of stakeholders have involvement in the process**

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## Joint working

Between pilot sites

- Alignment around common principles is being considered
  - Assessment criteria
  - Triage process
- Areas of potential common outcomes
  - Inventory reduction and alignment
  - Catalogues
  - Procurement and pricing
- Areas of potential common infrastructure
  - Contact centre
- Market development
- Knowledge sharing and best practice

Other areas

- Discussions over common inventories
- Discussions over common assessment approaches
- Discussions over common triage approaches
- Discussions of design development opportunities

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# National Programme

- Financial
  - Support has been given to the pilot teams in the form of funding to assist with an element of project team costs
- Shared Learning
  - Ensuring knowledge including best practice is shared across the project teams and across the wider wheelchair arena
- Network and contacts
  - The provision of key contacts in areas of project development
- Access to ministerial support
  - Provides influence to drive change in areas such as cross agency working

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# Learning's to date

## Market

- Inventory
    - The inventory we operate is vast impacting on cost across the system
    - At the simpler end of provision especially the need for such a breadth has to be questioned
    - The “lightweight” option examination to ascertain if design adjustments are required to reduce its “total cost.” before major inventory change in this direction
  - There is a lack of strategic market management which is impacting overall system costs
  - Increased complexity as the interface with each service is different
  - Design issues exist
    - Lack of crash testing on some models
    - Some elements not fit for purpose e.g. power packs
- Lightweight / active chairs of questionable durability

## Efficiency

- Opportunity in examining current activity and driving lean processes
- Lack of whole system thinking – service delivery from the user perspective
  - We need to consider who does what to maximise effectiveness
- The effort applied at each level of complexity is the key to efficiency
  - reduce cost to serve simple chairs to increase resource for complex

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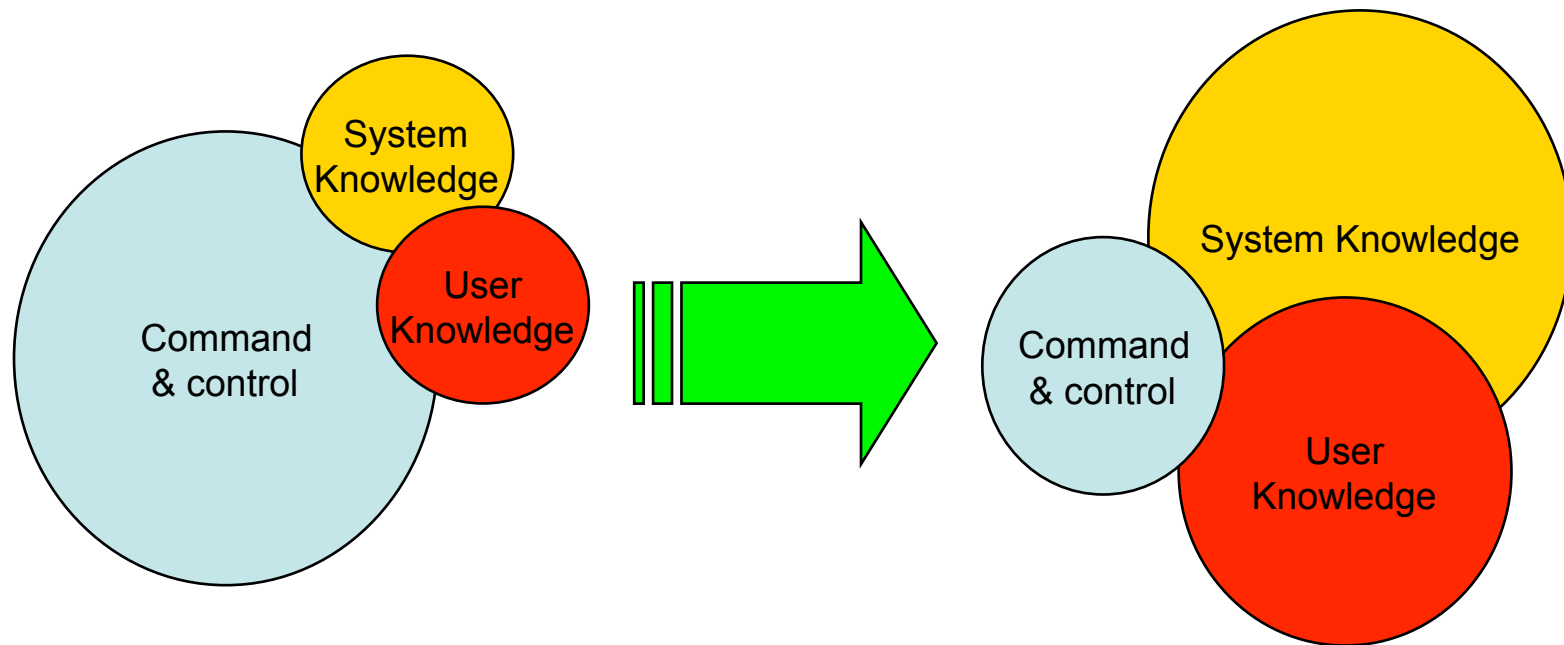


# System change

Lean or whole system thinking is about putting the citizen at the heart of the design

Command and control

Systems Thinking



Application of this approach reduces costs delays and lead times while improving customer outcomes, productivity, efficiency, service quality and VFM.

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# Learning's to date

## Exemplars

- There are exemplars in various aspects of the service throughout the country including SW we need to bring these together
- European and antipodean models operate utilising the private sector to a greater extent
- Specialist seating number of flexible solutions can speed up the process and require further consideration
- Generic prescribing offers an opportunity to progress inventory issues

## Patient outcomes

- The time to serve complex patients is an issue – simpler issues are improving
- Lack of 24 hour posture care is a major issue
- The patient is still not really at the heart of the service
- Voucher scheme is not heavily utilised due to disincentives around maintenance and ongoing accountability if we wish this to work system change is required – It is novel to wheelchair services as a part payment approach
- Carers generally given little focus in provision “who's responsibility”

## Data

- Quality issues - How many real users?
- Service sizing ?

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## Learning's to date

### Procurement

- Patchy in its effectiveness
- Supply chain contract is constrained to a call off approach when commitment ordering is clearly needed to provide best costs
- Far east sourcing could offer significant savings but this does not necessarily deliver the best total value
- Cushions specialist seating and low volume high cost items have had limited focus
- Need to move towards total lifetime costing of products

### Commissioning issues

- Contracts not driving supplier best behaviour
- Contracts not defined sufficiently to drive contract management
- Limited budgetary control and forecasting of future volumes
- Lack of cross service and cross sector join up

### Skills

- Not maximising the skills present in the market – duplication is occurring

**These suggest a major opportunity exists for improvement**

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## White paper impact

- Consideration how we will achieve market management on a broad enough scale to be effective
  - Includes inventory management, procurement, data management.
- How will we ensure equity of access
- Without alignment of criteria is there an impact of the ability to deliver personalised budgeting
- Involvement of GPs in the decision process?
- Are we really commissioning 3 elements in the service – assessment, chair, repair and maintenance – do we need to think differently about these areas?
- What are the impacts for tertiary centres?
- Fragmentation is one of the key issues driving the current status of wheelchair provision how can we ensure this is not perpetuated?
- Going forward we need to ascertain the best approach for wheelchair services within the laid out commissioning structure

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## Next steps

- Data collection and alignment
- Working groups operational
- Assessment criteria alignment / discussions of cost of change
- Consideration of requirements for the contact centre and triaging
- Options for inventory reduction
- NHS generic chair design vs manufacturing engagement
- Complex centre options
- Personalised budgets and market development
- Development of business case for change

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