

Wheelchair Services in South Hampshire



Report of public meeting between
West Hampshire Clinical Commissioning Group,
Millbrook Healthcare and Service users
March 2016



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Introduction and Executive Summary



Healthwatch is the independent consumer champion for health and social care in England. Healthwatch's function is to engage with local people to seek views about locally delivered

services, signpost service users to relevant information and to influence the design of local health and social care provision.

Healthwatch Hampshire is part of a network of local Healthwatch across 152 local authority areas that launched in April 2013 to ensure local voices are heard and enable them to influence the delivery and design of local services. Our sole purpose is to understand the needs, experiences and concerns of people who use health and social care and to speak out on their behalf. Healthwatch have statutory powers, as stated in the Health and Social Care Act 2012, to ensure the consumer's voice is strengthened and heard by those who commission, deliver and regulate health and care services. Local Healthwatch helps people get the best out of their local health and social care services; whether it's improving them today or helping to shape them for tomorrow.

Healthwatch Hampshire became increasingly aware of issues with the Hampshire Wheelchair Service through its outreach and engagement work in late 2014. Since which time Healthwatch has been finding out more about people's experiences of the wheelchair service and liaising with patient support groups, in particular the MS Society, the service provider and the lead commissioner.

Initial areas of concern included long waiting times both for assessments and from assessment to the handover of equipment; the suitability of wheelchairs issued; patient records being lost or not updated correctly and difficulties contacting the service provider to raise concerns. Since these concerns were raised, a new provider, Millbrook Healthcare, was contracted to take over the service and a number of improvements were made. Despite this, many service users continued to share negative experiences of the service.

Healthwatch Hampshire's work on wheelchair services culminated in a public meeting on Friday 18th December 2015. This report outlines the main points raised at the meeting and identifies ways of moving forwards to improve service safety and quality as well as involving users and carers in the commissioning and development of the service. Whilst the focus of Healthwatch Hampshire's work is at a local level, one cannot ignore what is happening nationally with the wheelchair service and this report also provides a wider overview and some of the work that is going on more generally.





Context

It is estimated that there are 1.2 million wheelchair users in England, which is just over 2% of the population; 72% are over 60 years of age and around 825,000 are regular users of NHS wheelchair services. For these individuals, their wheelchair is integral to living an independent life in the community.

The National Wheelchair Managers Forum define NHS Commissioned Wheelchair Services as:

Wheelchair and Seating Services (hereinafter referred to as 'the Service') have been developed to provide essential mobility and associated postural management based on the holistic needs of the referred client.

A continuing review and provision process allows the Service to best meet the user's changing needs. The Service provides assessments and prescriptions of manual and powered wheelchairs, specialised seating and cushions, modifications and accessories that address the clinical and wider, holistic needs of the user. Assessment will also consider those associated with the user, such as family, carers, guardians, teachers, allied healthcare professionals etc., and the environment in which the user lives.

The Service will also provide equipment maintenance facilities and client review programmes in keeping with nationally recognised standards.

In general, wheelchair services are available to people of all ages who have a long-term need for mobility help. However, the specific criteria for whether someone is eligible are decided locally and will vary depending on need and circumstances. Referrals are taken from GPs, hospitals and other allied health professionals.



Within Hampshire there are two wheelchair services covering the county. The contact details for these are as follows:

Millbrook Healthcare (operating as Hampshire Wheelchair Service)

Telephone for queries: 0333 0038071
Telephone for repairs: 0333 0038072
Fax: 0333 0038073

Basingstoke is covered by North Hampshire Clinical Commissioning Group who commission the wheelchair service from another provider. They are not included in this report.

Basingstoke and surrounding areas
Telephone: 01256 376485
Fax: 01256 376481



Assessment

Before being offered a wheelchair, patients have to undergo an assessment to determine what type of mobility equipment is most appropriate. Patients are assessed according to clinical need for long term use, in Hampshire this has been agreed by all the collaborating CCGs. The people who assess patients are all health professionals. Assessments are normally carried out within wheelchair service centres as well as the home, schools or workplace. Chairs can be adapted if necessary to meet specific needs. This is particularly important for children, as their equipment must adjust to their growth and changing needs and need regular reassessment.

Many wheelchair services have a waiting list for assessment appointments, and it is not uncommon to have to wait several weeks after being referred to have an assessment. Nationally wheelchair services are of varying quality and it is widely recognised that wheelchair services aren't delivering consistently good and equitable standards of care across the country.

In 2014 NHS England launched the Wheelchair Services Improvement Programme after acknowledging the service wasn't good enough. It has held two summits and is working alongside a number of groups and organisations to transform wheelchair services including the Wheelchair Leadership Alliance which was set-up in January 2015, led by Baroness Tanni Grey-Thompson. One of the Alliance's aims is to specifically mention wheelchair services within the NHS mandate ensuring provision of the 'right chair at the right time'.

The Wheelchair Leadership Alliance have conducted their own research into national wheelchair service quality and found that 70% of patients have to wait for more than three months for their new chairs, 30% have to wait over six months and 15% have to wait for a year or over before they get the equipment that could be vital for their mental and physical health.

Feedback received by Healthwatch Hampshire is that waiting times in the county are far longer than the national average. Several other Healthwatch areas have taken up the issue locally and share the same concerns. Where provision is poor, significant harm, waste and delays result as evidenced in the feedback Healthwatch has received. Some NHS wheelchair services, Hampshire included, offer a voucher scheme where patients receive a voucher to the value of the chair they would have been offered after their assessment (which is determined locally in each individual case). Patients can then put the voucher towards the cost of a chair they buy privately or in partnership with the NHS giving them more choice.





The local picture

In Hampshire the incumbent provider, Solent NHS Trust, after holding the Wheelchair Service contract for less than three years gave 12 months notice of their intention to cease providing the service with effect from 31st March 2014. This necessitated a re-procurement of the Service which led to a single collaborative procurement between Southampton City CCG, Portsmouth CCG, Fareham and Gosport CCG, South East Hampshire CCG, West Hampshire CCG and NHS England Specialised Commissioning with West Hampshire CCG taking the lead.

As part of the re-tender process, the CCGs involved to varying degrees carried out consultations and engagement with service users and carers to identify how the service was currently received, how it should be received in the future and the level of support that should be provided to patients. Feedback was used to inform the development of the new service specification.

The key themes highlighted from the patient and public involvement were:

1. **Communications**
2. **Accessibility**
3. **Timeliness**

Two years on and Healthwatch Hampshire is hearing the same negative feedback from service users, so decided to carry out further consultation. Healthwatch contacted the MS Society, who it transpired had written to the CCG about the problems experienced by patients back in January 2014. Further discussions with the MS Society and the Personalisation Expert Panel (PEP) culminated in a joint letter being produced and

sent to the lead commissioner for the service, West Hampshire CCG, raising their concerns. Please see Appendix A. A reply dated 8th April 2015 was received, see Appendix B.

Healthwatch Hampshire continued to engage with service users and liaise with the provider and commissioner. On 18th March 2015 Healthwatch Hampshire conducted a focus group with residents and staff at Enham Trust in Andover. Feedback gathered from service users was added to our work on wheelchair services. See Appendix C.

Representatives from Healthwatch Hampshire attended the Portsmouth Disability Forum meeting on 30th July 2015 at which representatives from Millbrook and Portsmouth CCG answered local service user questions.

Healthwatch then heard from a service user that the service only operated during normal office hours and there wasn't an out of hour's emergency contact as specified in the contract. Communication with Healthwatch and the Senior Community Commissioning Manager rectified the situation.

In November 2015, Healthwatch Hampshire was copied into a letter addressed to all Directors of Commissioning in Hampshire from Salisbury NHS Foundation Trust Spinal Treatment Centre expressing their concerns about the provision of wheelchairs to their patients and the fact that the wheelchairs "are not always fit for purpose". See Appendix D. The letter states that a significant number of wheelchairs have been issued to patients that have not met the clinical needs of the patient as assessed by their



clinicians. The negative impact of this provision puts patients at risk of pressure sores, postural deformities and raises safeguarding concerns. They suggest that it is possible to prevent unintended harm with expensive secondary consequences such as pressure sores and fractures, exacerbation of ill health for the wheelchair users and avoidable carer burden.

As a result of this letter, Healthwatch decided to convene a public meeting with the commissioner and provider as soon as possible. The meeting was held on Friday 18th December 2015, between 10:00 -12:00 at Kent Hall, Velmore Centre, Chandlers Ford, Hampshire, SO53 3GY. This event was attended by 20 people. The panel was chaired by Emma Leatherbarrow, Director of Partnerships, Help & Care. Also on the panel were Kate Smith (KS), Senior Commissioner, West Hampshire CCG and Carole Phillips (CP), Head of Integrated Governance, Millbrook Healthcare.

For the full programme please see Appendix F. Key points from the presentation given by Carole Phillips on the current status of the Hampshire Wheelchair Service:

- Millbrook Healthcare took over the commissioned area from 1st April 2014 from incumbent provider Solent NHS Trust. From April 2015 they have also taken over the service formerly known as Winchester Posture & Mobility Service
- When Millbrook started in April 2014 the inherited and undeclared situation was:

1,011 people waiting for an assessment with a significant number of people who had been waiting for over 24 months.

Demand for the service was over 100% more than tendered with Millbrook receiving over 200 referrals a month, rising to nearer 300 in the summer.

Initial staffing levels were based information presented during the tender. Having secured additional funding staffing levels have now increased and reflect current demand placed on the system.

- Millbrook realised very early on there were issues and spoke to West Hampshire CCG. This resulted in a system of triaging all cases and basing decisions on highest, most complex clinical need across adults and children and has meant that the Service has had to be reactive instead of proactive. An action plan has been implemented including monthly analysis of the waiting list. Millbrook is actively working with West Hampshire CCG to reduce this backlog. The CCG have informed Healthwatch Hampshire that this is being achieved.

As a result of Millbrook's continued focus, the waiting list at this time (March 2016) has reduced to 667 with an average wait for assessment of 27.2 weeks.

- A key complaint received is about lack of communication which has left service users feeling neglected and frustrated. Due to the significant volume of calls to the service, staff were unable to answer all calls. About 10% of calls are about waiting times. Some of the other issues are:





Unable to talk with clinicians. Millbrook now have a duty therapist to alleviate this problem.

Call back promised and not delivered.

Calls not answered, constant ringing.

- There is currently a monthly café held in Portsmouth for minor issues to be fixed and to speak with Millbrook staff.
- Millbrook have piloted a 'Friends and Family Test' project to gather service user feedback. They have had 450 responses of which 88% of those in Hampshire said they were 'likely' or 'extremely likely' to recommend the service.
- Millbrook hold a number of other NHS Wheelchair Service contracts nationally. Their Plymouth service was cited several times as a good example.



Question and Answer session

The meeting allowed time for members of the public to ask questions of both the Clinical Commissioning Group and of Millbrook Healthcare. The Q&A session was chaired by Emma LeatherBarrow. Questions were answered by Kate Smith, Senior Commissioner, West Hampshire CCG (KS) and Carole Phillips, Head of Integrated Governance, Millbrook Healthcare (CP).

Question: The predecessors to the CCG, the PCT were supposed to put in a 'turnaround team' to deal with the large numbers of patients needing to access Wheelchair services... this didn't happen, who is accountable?

Response (KS): Unable to answer the specifics of this question as it is referring to the PCT's which no longer exist. A new provider (Millbrook) was brought in as it was felt a new approach was needed and the CCG are working very closely with Millbrook to ensure a good service. The CCG acknowledge the difficulties and issues and are very pleased with the way in which Millbrook are working to resolve the problems.

Question: The MS Society has heard numerous complaints from Hampshire County Council Occupational Therapists (OTs) who are 'tearing their hair out' trying to engage with the service.



Response (CP): These issues are being heard loud and clear by Millbrook and the CCG. We are working together to do the best we can to improve but there are only so many clinicians and they are often out doing their job and therefore unable to answer phone queries as effectively as we would like. All issues should be raised with the service manager directly to try and resolve locally and then escalated accordingly.

Question: People are scared to complain because they feel that their service may be compromised.

Response (CP & KS): We would like to reassure anyone wanting to raise a concern or make a complaint that it would never compromise or affect their service. We need people to talk to and engage with us so we can make improvements in the right places. We do however appreciate that these concerns exist and we will do what we can to reassure people.

Response: Two people present (one service user, one professional) spoke about positive experiences of making a complaint to Millbrook.

Question: You referred earlier to the fact that the waiting list for people waiting for powered chairs is now cleared... those who are still waiting... will they have to wait much longer now?

Response (CP): No. The need is prioritised by highest clinical need so those in most need will now have their chairs but as we are a health provider we assess on clinical not social need.

Response (KS): We do want to move towards a more social model.

Question: Who monitors what you do? I feel that there is a lack of accountability towards service users. You have standards that aren't being met and have never been met, how is this monitored?

Response (KS): We do have standards in our contract with Millbrook and these are primarily based around waiting times. These are analysed every month by the CCG... there is a strong line of accountability. Millbrook also have an annual engagement plan for service user engagement.

Response (CP): We have had 205 events recorded as service users giving feedback, raising a concern or wishing to raise a formal complaint and 102 compliments about our service... we do want a service user group in Hampshire, hopefully that is something that can come out of today.

Question (Motor Neurone Disease Association): If someone is assessed and prescribed a wheelchair, are there financial limitations to procurement?

Response (KS): There is no budget cap on an individual's wheelchair. Every department has a budget which makes it difficult for us to assess true financial need across the whole area.

Question (Carer for son and Gov. of Solent NHS Trust): I am concerned, and have numerous detailed examples, that there is a systematic lack of delivery that is leading to safeguarding concerns for children that require and that use wheelchairs. (Some examples were given). The parents of these children are desperate - this is not hidden from you. How are you managing the risk?





Response (KS): I am unaware of these individuals' cases and would be happy to talk to you later but these will need to come through the complaints service so we can monitor them properly.

Response (CP): We will take these individual complaints away and look into them. We have had no safeguarding concerns raised with us at Millbrook or through the CCG.

It was mentioned at this point that Millbrook had no safeguarding officer until 18 months ago and the training changed six months ago. CP undertook the NSPCC 'train the trainer' course to roll out the changes in legislation.

Clarification from Millbrook: *Millbrook has always had trained safeguarding officers in place. In addition to Carole's training two safeguarding officers had both undertaken Hampshire County Council's 'train the trainer' course.*

Question: I am aware of people who have wheelchairs that they would be willing to give to you, are you in a position to take them?

Response (CP): Yes. Please get in touch with us and we can look into this further.

Question: How much training do staff have on the phone line? They often need to refer to someone else for more information.

Response (CP): When the service first took over the staff had basic training so that we could be up and running quickly. We are now developing the training. They currently have monthly training

sessions to improve their knowledge and they also shadow other parts of the team to develop understanding.

Comment: I made a formal complaint which was dealt with over 8 months regarding the need for a cushion due to pressure sores. I believe this is a common issue...

Response (CP): We have developed pressure mapping tools after concerns from many people. These tools should allow us to assess need more effectively and reduce the risk of sores. It takes time to develop and implement these types of systems but it will be in place next year (2016).

Clarification from Millbrook: *We have always had in place pressure mapping tools which enable clinicians to score and assess risk to service users, these are the same tools used across the NHS and other wheelchair services. The statement made by Carole refers to the implementation of a new IT based pressure mapping system which is being rolled out.*





Question: If someone orders a wheelchair but their situation then changes and they start to come to harm then what happens?

Response (CP): If someone is at serious risk of harm then they will be seen within 24 hours.

Question: Is there a problem at the Spinal Unit in Salisbury with the quality of wheelchairs being issued for them?

Response (CP): We are aware of this issue and we are working directly with the unit in Salisbury to overcome these problems.

Question: Regarding your earlier statements about safeguarding... are your staff trained to highlight safeguarding concerns?

Response (KS & CP): We will go away and look at this. We have safeguarding policies in place and we would expect staff to fully understand the process.

Question: Are you working with Southampton University to help with the recruitment of OTs?

Response (CP): Yes, we are hoping to be part of their rotation scheme.





Group Discussion

One of the main aims of the public event was to determine user priorities for the service and how the service can engage with patients in the future. Feedback gathered from the group discussions was as follows:

Group 1 Top Priorities:

- Injection of clinical expertise to be injected into the system to try and help with the backlog. Maybe taking some people from Plymouth to help.
- Specialised seating and cushions are a real priority.
- Real need to follow up service users kit being delivered to make sure it meets their needs. To ensure that any follow up action can happen and also to make sure repair of chair doesn't impact on other areas of their health. This links well with the wheelchair cafe idea like in Portsmouth which was supported. Important to keep the dialogue going.
- Make sure that service users are monitored for deterioration to ensure chairs are always trying to match the need.

Engagement ideas:

- Idea of having an online forum was supported especially for professionals who may like to log issues.
- Newsletter to service users was really liked, to share messages and dates of engagement opportunities.

- Need to be more accountable to service users and one way to do this was to become more transparent. So sharing key data like waiting times and other KPIs would also be liked within a newsletter.
- Need to share contact details and key contacts with existing service users.
- Need to build a database and network of stakeholders that could be contacted about future engagement events.

Group 2 Top priorities:

- Getting the right equipment - particular concern for Spinal Injuries Unit staff at Salisbury Hospital. Issues with specifications by clinicians not being followed and poor quality chairs being supplied; risk of postural deformities as a result of sub standard and/or inappropriate equipment being supplied.
- Greater certainty on when individuals will receive their chairs; time limits ie 'you will wait no longer than'. Knowing whether people are on the list and/or which list, be it for an assessment or a change in needs.

Engagement Ideas:

- Regular meeting(s)/forum for service users at a more convenient time and location. This could either be facilitated by Healthwatch as an independent body or by an existing group such as Spectrum in Southampton and/or Enham in Andover.



Group 3

Top Priorities:

- Transparency of communication (we didn't know much about the changes being made to improve the service until today)
- A service user group would be welcomed but there would need to be more than one for the size of area and they would need to be at different times of day to allow people to access them effectively.
- Patients need clearer ways to feedback into the service.
- The CCG need to be better at measuring performance of Millbrook - specifically a more joined up approach to safeguarding and more training for staff, a service user group that can hold the CCG to account and service users on the monitoring committee.
- Millbrook should connect into already existing groups and organisations for their service user groups.
- An engagement plan was mentioned today but this isn't publicly available. We would like to see a copy of this so we can hold Millbrook to account for their engagement.





Conclusion & Recommendations

Wheelchairs enable many people to live happier, fuller lives and yet the wheelchair services provided by the NHS often fall short of meeting the needs of users despite best efforts from clinicians and wheelchair services. It is clear that the way we provide wheelchair services in Hampshire is a vital issue impacting people's safety, dignity and wellbeing.

Recommendations

- Waiting times, in particular reduction in delays in assessment and equipment handover. Service users should be provided with clear information on when they can expect their referral to be actioned and kept informed of the progress with their referral.
- In light of concerns raised at the public meeting the service provider's safeguarding procedures should be reviewed. It is also Healthwatch's view that all staff providing the service should hold an up to date DBS check, not just those working with children.
- A user engagement forum be set-up to involve users and carers in the commissioning and development of all elements of the service.
- Engagement Plan. Healthwatch would recommend the publication of Millbrook's public engagement plan.
- Healthwatch would welcome clarity on funding for the service.

Clarification from Millbrook: Regarding DBS Checks: All staff, in all areas, warehouse, customer services, engineers and clinicians have a DBS check. This has always been so, and is a mandatory requirement to being offered full time employment with Millbrook.





Commissioner and Provider responses

Joint statement from West Hampshire Clinical Commissioning Group and Millbrook Healthcare

It is acknowledged that historically performance has not been at the standard that Hampshire residents expect. The partnered CCGs that commission the Millbrook Wheelchair service for Hampshire residents appreciate all the concerns of service users. Inheriting a service in 2014 with long waiting lists and increasing demand Millbrook have focussed on reducing waiting times and have worked with commissioners to secure additional funding for the service. Millbrook are keen to continue their progress and endeavours to improve provision and user experience ensuring that those with the highest needs are prioritised and their individual needs met.

Millbrook are eager to work with all stakeholders to continue and develop dialogue with service users, ensuring there is open and transparent dialogue regarding service development, performance and work being undertaken to meet the demands placed upon the service. It is the commissioners role as a custodian of public funds to work with and hold Millbrook (as it does with all providers) to account and manage performance as necessary, the CCGs are committed to this function.

Further information provided by Millbrook Healthcare

Safeguarding: 91% of the Millbrook staff team have undertaken blended safeguarding training (this consists of both face to face and online learning). As well as the blended learning training that has been undertaken across all sites nationwide, we are scheduling learning events to commence in Q1 2016/17 where any safeguarding related incidents, lessons learnt from feedback received and outcomes from incidents/accidents will be shared with staff. The purpose behind these being to continue engagement with staff and provide feedback on the concerns they have raised and what action has been taken on the back of their concerns. It will be a 360° learning event where we can provide learning on an organisational scale but also provide a local focus where information is available. The blended learning training will continue for staff. Any new contracts will undergo this training and staff will be trained to competency level 3.





We also hold monthly safeguarding boards where all safeguarding issues and concerns are discussed and actions arising from interrogated and reviewed and any risks identified are added to the risk register. These boards are attended by the Managing Director, HR Director and Designated Safeguarding Officer for the company.

We are also actively involved in safeguarding with close working with adult and children services in areas we provide services. Any concerns raised by staff are reported on to the local safeguarding teams if there are genuine concerns for the individual's safety and well-being. The Designated Safeguarding Officer has also been involved in section 47 enquiries and attended meetings with local safeguarding boards and the families concerned. Following the roll out of blended learning safeguarding training we have seen an increase in the number of concerns raised by staff and the engagement of staff in this process has been very good.

Engagement Plan: Millbrook will supply an engagement plan at the next contract review meeting in April 2016. We are currently recruiting a Patient Engagement Officer. We are hopeful that we will have someone in post by April 2016. A large part of their role will be the engagement and building/improving close working relationships with service users and stakeholders.

Complaints: If you have a complaint this should be shared with us as the service provider in the first instance. We are obliged to share all complaints with the CCG at the monthly contract review meetings, and share how a solution has been obtained.

Complaints initially should be sent to the Hampshire Wheelchair Service so that they can be resolved locally. They can be sent in writing to:

Hampshire Wheelchair Service
Unit D, Centurion Industrial Park,
Bitterne Road West
Southampton
Hampshire
SO18 1UB

Concerns and complaints can also be e-mailed to:

hampshirewheelchairservice@millbrookhealthcare.co.uk

As part of our escalation process there is also a central feedback e-mail address should the complainant remain dissatisfied following local resolution:

feedback@millbrookhealthcare.co.uk

Should you remain dissatisfied once it has been internally reviewed, it is then escalated on to the Parliamentary and Health Service Ombudsman having exhausted the internal complaints process.



References

1. Papworth Trust - Disability in the UK 2010
2. NWMF Healthcare Standards for NHS-Commissioned Wheelchair Services (April 2015)
<http://www.wheelchairmanagers.nhs.uk/pubs.html> Document link 59
3. <http://www.bhta.net/content/baroness-tanni-grey-thompson-headsnew-campaign-aimed-securing-better-deal-wheelchair-users> British Healthcare Trades Association (2015)

Further details regarding provision of wheelchairs and a full list of NHS Wheelchair Services can be found at:
www.nhs.uk/NHSEngland/AboutNHSservices/social-care-services/Pages/nhs-wheelchair-services.aspx



Appendix A

Joint letter of concern to West Hampshire CCG



Healthwatch Hampshire
Westgate Chambers
Staple Gardens
Winchester
So23 8SR

01962 440262

Sarah Schofield
Chair, West Hampshire CCG
On Behalf of all Hampshire CCG's
Omega House
112 Southampton Road | Eastleigh | Hampshire SO50 5PB

Date: 11th March 2015

Dear Dr Schofield,

Wheelchair Services in Hampshire provided by Millbrook Healthcare.

On behalf of Healthwatch Hampshire, the MS Society and the Personalisation Expert Panel we wanted to write to you regarding the wheelchair services that are commissioned by the CCGs on behalf of Hampshire residents.

The MS Society wrote giving details of the problems patients were experiencing in January 2014 but received no response from the CCG. Our three organisations have over the past months again received negative feedback from service users about the provision of wheelchair services. After hearing this feedback we have contacted our networks to collect some historical information regarding the issues relating to this service.

We understand that the CCG has invested additional funding in the Wheelchair Service to address the backlog of cases that was inherited by Millbrook from the previous provider of the service. We also appreciate the issues the new provider faces in bedding in the service and addressing the historical challenges the service have faced in the past. However a good amount of time has elapsed since Millbrook took over the contract and they did give patients assurances at that time that there would be a significant improvement.

Wheelchair service users are particularly reliant on these services and therefore patient feedback in making sure their needs are addressed is ever more vital. Even an extra day has a huge effect on their lives.

The feedback we have received from patients and professionals ranges from issues of very long wait times for patients to be seen and get a wheelchair provided, to records being lost or not updated appropriately. We have also received feedback that chairs provided are not suitable and patients not being able to get hold of anyone at the provider to raise concerns. As you can appreciate all of the feedback received is not related to waiting times.

We are writing to you to ask you to review your current wheelchair service provision to ensure that feedback from patients forms a part of service improvement and that you are doing all you can to ensure wheelchair provision is being provided to a high standard for vulnerable patients.



Joint letter of concern to West Hampshire CCG - Page 2 of 6

Specifically can you address the following points in addition to giving a comment about the notes attached to this letter?

1. What mechanisms do you have in place to actively review the contracts you have with the providers of commissioned services to ensure that patient feedback is actively considered and acted upon?
2. What role does customer feedback play in your role of commissioning the services for wheelchairs on behalf of the Hampshire CCG's?
3. Can you demonstrate that patient feedback will be taken very seriously in relation to wheelchair services commissioned in Hampshire in the future?

We look forward to hearing from you¹,

Yours sincerely,

Steve Taylor
Manager, Healthwatch Hampshire
On behalf of the MS Society and PEP

¹ As part of the Health and Social Care Act 2012 - Health providers and commissioners must respond to Healthwatch within 20 working days.





A selection of the feedback we have received which highlights a number of issues. Not all of the feedback relates directly to Millbrook but it gives an overall impression of the issues these people are facing. All personal identifiable information has been removed but all comments are otherwise in the service users or staff's own words and range in date from very recently to around 12-18 months ago.

1. Patient seen by myself over several years. A wheelchair prescription was made 27/11/13 by myself. Being a wheelchair prescriber means that there was no need for wheelchair services to assess him and the prescribed chair was a basic self propelled chair. This should have been sorted quickly and easily.

In June pt had still not had wheelchair. We chased this with Wheelchair services (WCS) and spoke with several people and were informed that pt had received the wheelchair - this was not the case.

- 17th June we spoke with xxxx and the original referral was refaxed to her for urgent attention.
- 18th June WCS called asking for update on pt's weight - update given.
- 22nd Sept - Pt reports still not had call from the Wheelchair Services despite MS Team's conversations with Wheelchair Services. Pt would like to speak directly with them to voice his displeasure. Discussed situation and advised to contact PALs (details provided). Pt also given details of Wheelchair Services Contact number and the names of people previously spoken to.
- 24th Sept - Pt reports that he has spoken with xxxx at Wheelchair services as a man turned up at his home this morning to fit some extra wheels to his wheelchair, despite fact that he still has not had a wheelchair. xxxx asked if MSP could liaise with her as she said that they have never heard of MSP or had a referral for him.

T/C made to xxxxxx - she reports that she has taken this up with manager and they will issue him with a wheelchair ASAP. They were unable to give indication of date for this.

MSP left message for pt and also suggested that he make a formal complaint to PALs and to call MSP if he feel that he needs more support/information etc.

2.I have a client who has a thoracic level complete spinal cord injury and is a full time wheelchair user who lives in Romsey. An engineer for Southampton Wheelchair service, as it was then visited Feb/March 2014. The engineer replaced the front castor of his manual wheelchair and when the castor did not touch the floor advised that the frame was twisted and needed replacing. My client understood from the engineer that as a result of this visit a replacement manual chair would be ordered.

In June 2014 OT contacted Millbrook to advise that client was still without replacement wheelchair. Millbrook only had client's name, but no records of his medical history, which was surprising and OT supplied medical history to Millbrook. Millbrook advised they would send one of their engineers out, as they also had no record from Southampton wheelchair service of the last engineer's report. It is concerning that unless OT had been proactive in contacting Millbrook then there would have been no follow up for my client who is dependent on wheelchair for all his mobility and had already been waiting three months. A Millbrook engineer visited in June 2014.

In August 2014 my client phoned Millbrook and asked for an update on his replacement chair. Millbrook are reported to have advised they did not know anything about this and would send another engineer out to re-measure. The current situation is my client still does not have a replacement chair, some quotes from him- "I've been paralysed 26 years and I can't afford to buy a new one", "the wheelchair I'm in is on its last legs, if it breaks when I'm out and about then I'm stuck". In the event of the wheelchair breaking while my client is out it would be an emergency service call out to assist him, "before Millbrook took over it was fine, I've got no confidence in Millbrook".

The same client advised he had been waiting a year for a replacement pressure relieving cushion, which has recently arrived. My client has been advised he requires a new cushion every year to avoid the risk of pressure sores, which he is vulnerable to as paraplegic. His previous cushion was in use over two years in spite of frequent phone calls to Millbrook, commencing a year and a half ago. A considerable amount of anxiety has been caused to my client by the delay in providing a replacement cushion. He has also developed a pressure sore on his bottom, which is requiring nursing intervention. This is a



demonstration of physical and psychological harm being caused to my client because of delays and inefficiencies in the provision of the specialist wheelchair service my client requires.

3. The stroke rehabilitation team are reported to have ordered a wheelchair for my client in March 2014. In October 2014 his daughter contacted them to ask what was going on. She was told it should have already been delivered and that wheelchair services were going to chase it up and get back to her. She has never heard back. My client is still using a Red Cross wheelchair and is concerned that they will ask for this back before wheelchair services have provided a replacement of his own. My client lives in Romsey, therefore Millbrook Health Care would be his provider.

4. Following an accident involving a slip and fall Mr X acquired an incomplete spinal cord injury at level L2. He had a period of several months in hospital including rehabilitation at Salisbury Spinal Unit. Following intensive physiotherapy he is able to walk short distances indoors with crutches but is primarily dependent upon a self-propelling wheelchair. During his time at the spinal unit his OT referred him to the wheelchair service for the provision of a light weight self propelling wheelchair. Unfortunately the wheelchair service were unable to provide a wheelchair which was reportedly due to lack of funding. This resulted in Mr X being a delayed discharge in hospital for at least 2-3 weeks (exact dates not known). He was eventually provided with a wheelchair for discharge by the wheelchair service but this was not ideal. During a follow up home visit on 22nd Oct to Mr X he informed me of the problems with his wheelchair which included

- backrest has no adjustment and that the bars attached to the push rims are digging into his ribs and back.
- He is also having difficulty propelling the wheelchair as the position of the wheel cannot be adjusted far enough forward on the axle to enable him the circulation he requires at his shoulders (Mr X range of movement in his shoulders is limited due to problems with the rotator cuff muscles).
- There is no rubber coating on the push rims which means the rims get cold and slippery.
- the chair is wider than the one he used in the hospital therefore he cannot access his kitchen, shower room or spare bedroom (which he uses as his office).

Mr X has been in touch with his local MP about the ongoing problems he has had with getting a wheelchair. He is currently awaiting a clinician from the wheelchair service to visit him regarding the problems. I have contacted the wheelchair service directly to highlight the problems and urgency of his situation. Mr X lives in Romsey.

5. I have a client with MS - an elderly man. He lives with his wife in the Andover area and has care calls twice a day.

His wife is also elderly and has her own health issues including arthritis. They have a manual wheelchair but she struggles to push him in this and to get him in and out of the house due to pain in her hands and arms.

He is unable to navigate a powered chair himself as he has sight loss/double vision and so we have been asking for months and months for a battery pack to be fitted to his chair or for an attendant controlled power chair so that she is able to move him from place to place.

She tried standing behind the chair and reaching around him to the controls but unfortunately this has resulted in the wheelchair tipping over and in him falling from it.

There has been much confusion over whether or not they can have an attendant controlled power chair leaving them unsure and struggling. My understanding is that they are now waiting for a power pack to be fitted to the chair but they have been waiting now for this for almost 3 months. It has been a much longer involvement than this with the service in general but much too-ing and fro-ing and not being clear on what the provision would be has made this a very stressful experience for my clients.

6. My second client does not have MS but was told she could not have a powered wheelchair as she did not have the correct access provision in place (even though she had been assessed for one and had GP support) I have worked with her and we have installed ramping and platforms and new doors at the property to enable her to be independent. When I mailed the service to confirm these were in place now I was told she would need a reassessment and another eye test due to the length of time that had elapsed. This seems unfair and again there are mixed messages and changing goalposts.





7. As you know I am using the wheelchair loaned to me from the MS Society branch. I contacted the wheelchair services weeks ago about this, earlier in the year, actually, and they said I will just have to wait until they get an indoor electric chair. They never said how long or anything. They never answer my messages. Maybe you can get more of an idea? I would be very grateful. If I didn't have yours I would now be totally dependant on xxxxx pushing me about in my manual.

8. A referral was made by L's GP mid April for L to be reassessed and as we hadn't heard from the wheelchair service after 3 months I phoned Millbrook Healthcare in July and was told they had no record of a referral. I phoned L's GP and a reminder was sent and I contacted Millbrook a week later who confirmed they had now received the reminder and would be in touch in a couple of weeks. I waited for 3 weeks and phoned them again to say we hadn't heard and was then told it could be 4 to 8 weeks before they would be in touch. Eventually received a letter from Millbrook dated 4 September, saying they had *recently* (my italics) received a referral for L to be assessed or reviewed by the wheelchair service. An OT from Millbrook came out, at long last, to see L on 2 October. I had listed half a dozen or so points for discussion and I expected the OT to maybe ask L's weight and height and maybe show us some wheelchairs - but she didn't. So, based on seeing L sat in her wheelchair, the OT said she would order a new wheelchair but no money at present so in the meantime she would order a new seat cushion and a side/back support. The OT dropped these items off on 7 October, without staying to check that they were OK. It turned out that they were not suitable and I phoned Millbrook and the OT phoned me back to say go back to using the old seat cushion! She also told me it could be 4 to 6 weeks before L gets the new wheelchair.

So, original referral in mid April and it could be mid December before L gets the wheelchair - 8 months! And then, is it going to be the right one as we won't obviously know until L tries it out - sorry, rather cynical. In the meantime L is clearly not correctly seated and, as we all know, this could lead to all sorts of medical problems arising sooner rather than later.

As a matter of interest, I have emailed Millbrook on a number of occasions regarding the poor service and asking them to 'put me in the picture', but have never had the courtesy of a reply.

It is also interesting to read the Millbrook Healthcare website under 'Wheelchair Services - Clinical'. A couple of extracts:-

- Commissioners combining clinical assessments and wheelchair services into the same contract will benefit from a more cost effective and *timely* (my italics) service than using traditional methods. Millbrook provides clinical wheelchair services by a team of occupational therapists.
- The advantage is that the assessment and prescription is conducted at the same place and time as the provision of the wheelchair, cutting out delays and *getting waiting lists down*. This results in *over 60% of patients/users going home with the right wheelchair on the day of their assessment - what we call 'a chair in a day'*. This initiative has resulted in a *huge increase in customer satisfaction, with our customer services and prescribers receiving unsolicited letters of thanks and appreciation*. (my italics)

It goes on about 'Rehabilitation' and 'Clinical Governance'. Who is responsible for this 'misleading' information?

9. Most of my knowledge about wheelchair services has been personal experience in Winchester and Eastleigh. This is my third power chair. It has been dire in the past. I have learnt to ask for what I need before I need it, usually in January so by the time it has been assessed and approved the new budget is through. I know that many people are not able to plan ahead like this. In this area the current contract with Winchester Posture & Mobility Service is about 50 times better than it has ever been before. The phone is always answered, you get given a date that day when an engineer will come out, issues are resolved within a week, the OT's who do the assessments are in the same building, the budget is divided into 12 months, I could go on. With previous contractors it could take three weeks to get them to return a phone call. A friend of mine in Southampton is having problems with Millbrook's, they took her chair away for 4 weeks and when they returned it it wasn't fixed. It has taken 3 official complaints to the CCG and involvement from MP just to get it fixed. The way they have spoken to her is utterly deplorable.




10. My client is a gentleman in his 70s who lives in the Romsey area and has bilateral lower limb amputations- one above knee and one below. He mobilises using either a self propelled or powered wheelchair and does not mobilise using prosthetics. My client described visiting Southampton wheelchair services at the beginning of 2014/end of 2013 and being assessed for a manual self propelled wheelchair. He advised when the self propelled wheelchair was delivered it was not the same as the wheelchair he had sat in for the assessment and the brakes "collapse" and do not secure the chair. My client advised he has been visited on several occasions by engineers who have tried to remedy the brakes, but he feels the problem is that the self propelled wheelchair chair that has been provided does not meet his needs as well as the one he was assessed with in Southampton.

My client advised he has been waiting six months for his powered wheelchair to be changed and his is due to be visited by a member of the clinical team next week. My client described his experiences of Millbrook Healthcare as "like talking to a brick wall" and said if he was allowed to say this then his feeling can be summarise by saying "it's a load of crap".





Appendix B Response from West Hampshire CCG


West Hampshire
Clinical Commissioning Group

Headquarters
Omega House
112 Southampton Road
Eastleigh
Hampshire
SO50 5PB

Our ref: 1354

8 April 2015

Private and Confidential
Mr Taylor
Manager, Healthwatch Hampshire
Westgate Chambers
Staple Gardens
Winchester
SO23 8SR

Direct Dial: 023 8062 2718
Switchboard: 023 8062 7444

Dear Mr Taylor

Re: Wheelchair Services in Hampshire provided by Millbrook Healthcare

Thank you for your letter that was received on 16 March 2015 on behalf of Healthwatch the MS Society and Personalisation Expert Panel. I am grateful to you for bringing the concerns of the service users about the communication, delays and provision of wheelchairs.

As you are aware at the time of redesigning the service and working to identify a new organisation to provide the service, commissioners were not accurately informed about the waiting list which would be passed to the new supplier. When Millbrook Healthcare started their service on the 1 April 2014 they inherited a long waiting list which was not foreseen.

We now have an agreed plan to reduce waiting times over the next 6 months. Commissioners from each of the five Hampshire Clinical Commissioning Groups and NHS England have worked together with Millbrook Healthcare to identify a preferred option for clearing the backlog and to manage the increase in referral rates the service is currently experiencing. To meet the requirements of the agreed recovery plan, Millbrook Healthcare has increased staffing levels to ensure a sustainable delivery of the service.

A review will take place in April 2015 to assess what has been achieved and a plan for the following 6 months will be developed.

You have asked three questions relating to ensuring that feedback from patients forms part of service improvement and I will answer each question in the order they were presented.

What mechanisms do you have in place to actively review the contracts you have with the providers of commissioned services to ensure that patient feedback is actively considered and acted upon?

We have monthly contract review meetings with our providers of wheelchair services. These meetings focus on a review of performance against contractual terms and conditions. This includes activity and finance, quality and performance standards.



A key requirement of the quality standards is for our providers to proactively demonstrate that service user and carer experience is being actively sought and acted upon. This includes:

- The requirement for Millbrook Healthcare to establish with service users, carers and user groups the key expectations of the service which form the basis of the 'expectation assessment' and to demonstrate achievement using comprehensive user and carer/parent engagement and feedback. Millbrook Healthcare is required to implement a continuous improvement cycle where expectation is not being met and to report the actions taken.
- Evidence that user and carer/parent identified outcomes are being met.
- Millbrook Healthcare undertake audits of patients experience of the service and the production of a 6 monthly report detailing patient feedback and how this is being utilised to improve and develop the service.

In addition, a variety of quality standards are monitored including compliments, complaints and incidents.

What role does customer feedback play in your role of commissioning the services for wheelchairs on behalf of Hampshire CCGs?

Patient and Public involvement is critical in the design and development of services. Comprehensive Patient and Public Involvement engagement was undertaken as part of the development of the new service specification to ensure that the views of local people informed and helped actively shape the newly commissioned service.

Customer feedback continues and is also critical in monitoring the quality of services we commission and helps us to ensure that our providers are providing high quality and responsive care in line with the commissioned outcomes and quality standards. Customer feedback is a core quality requirement for providers within the contracts that we hold. This is to ensure that we continue to get regular feedback and can take action required in line with the terms and conditions of the contract.

Can you demonstrate that patient feedback will be taken very seriously in relation to wheelchair services commissioned in Hampshire in the future?

We take patient feedback very seriously. As stated, patient feedback has been used to inform the new service model and will continue to be used as an important means to monitor the quality of the service provided and to help ensure continuous quality improvement.

Whilst at this time this is not the service that we wish our patients to receive we are working hard to overcome the current challenges and deliver the service we have commissioned. There is commitment from the five Clinical Commissioning Groups to deliver real improvements. As part of this work a realistic plan to achieve the specified waiting times has been developed and agreed

We recognise that wheelchair services nationally are of varying quality and therefore we are devoting time to being involved with multiple national work streams to improve the quality of wheelchair services now and in the future.





I do hope that the above information provides a satisfactory response to the concerns raised and addresses them all fully. I appreciate, however, that there may be further questions or comments and I would be happy to reply to these.

Yours sincerely

Mr Mike Fulford
Chief Financial Officer (Deputy Chief Officer)

for and on behalf of

Heather Hauschild (Mrs)
Chief Officer





Appendix C Feedback from Enham focus group



Healthwatch Hampshire conducts focus group on Wheelchair services in Hampshire

On 18th March 2015 Healthwatch Hampshire conducted a focus group with residents and staff at Enham Trust in Andover. The discussions focused on Wheelchair services and produced some interesting points and areas for improvement.



General feelings

The groups spoke about their own experiences of obtaining, using and having repairs on their NHS wheelchairs. All but one of the service users used Winchester wheelchair services. The feedback was mostly positive about the individual staff that come to carry out repairs. The trust and relationship with key staff was essential to those that took part.

All those that participated reported that their chairs are prone to breaking and needing attention and the repair services are not always easy to contact.

Key Points

- Services need to be contactable in an accessible way, they are not always very easy to get hold of, opening times are not long enough and receptionists can be hard to understand.
- Wheelchairs need to be fixed quickly. Speed is essential. A triage system to deal with urgent repairs should be brought in.
- Services need to know about the area
- Service staff should attempt to build up a relationship with the service users it is very important to them to know who is repairing their chair and they need to trust them.
- Service users often felt that their views were not listened to.
- Some feedback about Winchester wheelchair services was poor
- Long wait for some repairs leading to loss of mobility for many for several weeks. Without their chair many residents are trapped and feel as if their lives are on hold.
- Appointments and services are made at times that do not always suit - there is no flexibility or booking with service users, often turning up unannounced. They have to adapt to appointments.




Next Steps-

- We will add this feedback to our existing work on wheelchair services
- We will also let the West Hampshire CCG and local providers know about these key points.





Appendix D Letter of concern from Salisbury NHS FT

Salisbury 
NHS Foundation Trust

Directors of Commissioning:
West Hampshire CCG
North Hampshire CCG
Fareham & Gosport CCG
Southampton CCG
Portsmouth CCG
South Eastern Hampshire CCG
North East Hampshire & Farnham

The Duke of Cornwall Spinal Treatment Centre
Salisbury NHS Foundation Trust
Salisbury District Hospital
Salisbury
Wiltshire
SP2 8BJ

Telephone: 01722 336262
Ext. 2449

02.11.15

Dear Commissioner

We are writing to all commissioners in Hampshire to express our concerns about the provision of wheelchairs to our spinal cord injury (SCI) patients from Millbrook Healthcare, and the fact that these wheelchairs are not always fit for purpose.

A wheelchair for a patient with a long term health condition, especially one such as an SCI is more than simply a chair on wheels, it is in fact a prosthetic limb. Manufacturers deliberately design wheelchairs which are configurable and come in a wide selection of designs and specifications that enable professional specialists in wheelchairs, posture and seating to be able to manage the postural deformities of patients. This includes accommodating or correcting deformities and reducing the risk of medical complications such as pressure ulcers or compromised organ function.

For patients with a long term health conditions such as SCI, being as independent as possible is paramount, SCI patients at the Duke of Cornwall Spinal Treatment Centre (DoCSTC) undergo an extensive rehabilitation programme in order to achieve this goal, and for the majority of patients this includes being able to self propel a wheelchair. In order for a patient to self propel a wheelchair it has to be mechanically efficient. It is the physics and geometry of the wheelchair that makes this possible, and the assessment, careful selection of components and set up of the wheelchair is extremely important. As an example, narrow high pressure pneumatic tyres which do not distort under load, are fundamental in reducing rolling resistance, thereby making the wheelchair easier to self propel and contributing to the preservation of shoulder function that is essential in maintaining independence in the long term.

Without the ability to self propel, SCI patients will have increased dependency as an attendant will be required to push the wheelchair and maintain the patient's freedom. (At an early stage, shoulder preservation is essential in maintaining independence.)

Unfortunately, a significant number of wheelchairs that have been issued to our patients from the Southampton/Portsmouth/Hampshire division of Millbrook Healthcare have not met the specifications based on the clinical needs of the patient, as assessed by our clinicians. The Spinal Centre Rehabilitation Engineer and clinicians invest substantial time and effort into assessing, trialling and recommending the required wheelchair specification and components, and it is disappointing and frustrating that these requirements are often, at best, overlooked; and, at worst, disregarded by Millbrook.

For example, in place of the configurable, medium active wheelchairs recommended as interim wheelchairs for a patient's discharge, we have received poor quality, lower specification standard/low active wheelchairs; the latter being designed for people without any significant long term medical conditions.

The negative impact that the provision of such wheelchairs has on our patients in terms of reducing independence and comfort cannot be underestimated, and if we were to issue patients with these

1



A key requirement of the quality standards is for our providers to proactively demonstrate that service user and carer experience is being actively sought and acted upon. This includes:

- The requirement for Millbrook Healthcare to establish with service users, carers and user groups the key expectations of the service which form the basis of the 'expectation assessment' and to demonstrate achievement using comprehensive user and carer/parent engagement and feedback. Millbrook Healthcare is required to implement a continuous improvement cycle where expectation is not being met and to report the actions taken.
- Evidence that user and carer/parent identified outcomes are being met.
- Millbrook Healthcare undertake audits of patients experience of the service and the production of a 6 monthly report detailing patient feedback and how this is being utilised to improve and develop the service.

In addition, a variety of quality standards are monitored including compliments, complaints and incidents.

What role does customer feedback play in your role of commissioning the services for wheelchairs on behalf of Hampshire CCGs?

Patient and Public involvement is critical in the design and development of services. Comprehensive Patient and Public Involvement engagement was undertaken as part of the development of the new service specification to ensure that the views of local people informed and helped actively shape the newly commissioned service.

Customer feedback continues and is also critical in monitoring the quality of services we commission and helps us to ensure that our providers are providing high quality and responsive care in line with the commissioned outcomes and quality standards. Customer feedback is a core quality requirement for providers within the contracts that we hold. This is to ensure that we continue to get regular feedback and can take action required in line with the terms and conditions of the contract.

Can you demonstrate that patient feedback will be taken very seriously in relation to wheelchair services commissioned in Hampshire in the future?

We take patient feedback very seriously. As stated, patient feedback has been used to inform the new service model and will continue to be used as an important means to monitor the quality of the service provided and to help ensure continuous quality improvement.

Whilst at this time this is not the service that we wish our patients to receive we are working hard to overcome the current challenges and deliver the service we have commissioned. There is commitment from the five Clinical Commissioning Groups to deliver real improvements. As part of this work a realistic plan to achieve the specified waiting times has been developed and agreed

We recognise that wheelchair services nationally are of varying quality and therefore we are devoting time to being involved with multiple national work streams to improve the quality of wheelchair services now and in the future.





increase the number of transfers needed daily in order to transfer from wheelchair to wheelchair, and worsened the problem of their shoulder pain. For a young and active patient this was completely disabling and reduced their independence greatly. The patient subsequently reported a fall from the wheelchair after discharge as they were having difficulty using the two chairs.

It had been requested by the SCI clinician in their covering letter that the patient be reviewed in the community for a more appropriate chair. However post-discharge when the patient called Millbrook to find out when this appointment would be, they were told that Millbrook would not be reviewing them for a more active chair. The SCI clinician then contacted Millbrook and was informed that the patient was "at the bottom of a very long waiting list" and stated that "it may be worth looking into why she was prescribed a wheelchair that did not meet her needs in the first place" The SCI clinician did not recommend either wheelchair that Millbrook issued; as neither of the issued chairs were appropriate. Both wheelchairs were prescribed and issued by Millbrook.

Patient D,
SCI Level T2 Complete paraplegic.

The recommendation of the SCI clinicians was for an interim high specification Action 4 17" x 20" wheelchair with full tension adjustable backrest. This was requested on 29.06.15. Millbrook were not able to provide the requested wheelchair in time for the patient's discharge date of 29.07.15. In a rare exception the DoCSTC allowed the loan of a stock wheelchair in order to facilitate discharge, but this wheelchair was not returned to the centre until 21.09.15.

This is something the DoCSTC is extremely reluctant to do due to there being very limited sizes in stock and if another patient were to be admitted needing the size of chair that had been lent out, it would not be available, thereby compromising the service the Centre can offer. In addition the DoCSTC wheelchair is not insured and if something had gone wrong with this wheelchair the Centre would not be able to carry out repairs.

There are also concerns about the service provided by Millbrook to the DoCSTC outpatients, most of whom require follow-up for further assessment and review following discharge from the Centre. I have attached a letter from a patient's relative addressed to our Pressure Clinic staff detailing their distressing experience with Millbrook, and cite the below example also :

"The patient's wife rang the DoCSTC to report that she was having difficulty with Millbrook and getting the patient's wheelchair. She reported that she had spoken to Millbrook several times - and so had the community physiotherapist. Each time they had given a different response - reporting that they (Millbrook) had not ordered the wheelchair, that there had been a 'mix up' from Salisbury, that the wheelchair had been ordered and they (Millbrook) were waiting for delivery, that they had no money to be able to order the wheelchair and that it would be months before the wheelchair could be ordered.

The patient's wife then rang back to say she had had a phone call from a Millbrook manager and they had today ordered the wheelchair and they would look for an appropriate interim wheelchair as the ordered one would be eight weeks until it could be delivered.

The patient's wheelchair was ordered by the DoCSTC whilst the patient was an inpatient, and when the DoCSTC clinician spoke to Millbrook, again whilst the patient was an inpatient, Millbrook reported that the wheelchair had been ordered."

In support of our concerns we would draw your attention to the 2014 NHS Improving Quality report "Right Chair, Right Time, Right Now" which details the necessity of the correctly prescribed wheelchair being provided by Wheelchair Services and the detrimental effects this can cause when the correctly prescribed wheelchair is not provided.

In addition we would highlight the 2015 All Party Parliamentary Group (APPG) on SCI report "A Paralyzed System" which recommends that "The wheelchair provided on discharge must enable the person with the SCI to maintain the level of independence they achieved during rehabilitation" (APPG, 2015, p35).



As well as restricting patients independence and presenting a potential risk to SCI patients, the delays incurred by rectifying and negotiating the wheelchair issues with Millbrook result, as you are aware, in significant daily financial penalties to the CCG and we would therefore request your urgent involvement in appraising the current service provided by Millbrook in order to ensure appropriate provision for our patients and to resolve this crucial matter.

Yours Sincerely

Wendy Slater
General Manager
DoCSTC

Catherine Whitmarsh
Therapy Lead
DoCSTC

Rachael Coulson-Smith
Clinical Specialist
DoCSTC

Ian Warren
Rehabilitation Engineer
DoCSTC

Emma Leadbeater
Discharge Co-ordinator
DoCSTC

Cc. Jonathon Wright, Directorate Senior Manager, Musculo-Skeletal Directorate, Salisbury District Hospital.
Cris Mulshaw, Therapy Services Lead, Salisbury District Hospital.
Steve Taylor, Healthwatch Hampshire Impact Manager.



Appendix E Flyer for the public meeting

healthwatch
Hampshire

Have your say on Wheelchair services in Hampshire

With Millbrook Healthcare and West Hampshire CCG attending
Hosted by Healthwatch Hampshire

Have a say in how the wheelchair service engages with patients in the future and get responses to your concerns and questions. Millbrook will be available to answer your questions and speak about their plans in the future.

18th December 2015

10am - 12pm

Kent Hall

Velmore Centre, Falklands Rd

Chandlers Ford

SO53 3GY

Tea & Coffee provided

Directions and parking info call: 023 8026 1139

Specific Individual issues or concerns should be directed to the service before the meeting as they will not be able to respond to them at the meeting.





Appendix F Programme for the public meeting



Have your say on Wheelchair Services

18th December

10am – Velmore Centre, Falkland Road, Chandler’s Ford, Eastleigh, Hampshire, SO53 3GY

Parking is available in the rear car park, plus on road parking in the area is available.

Programme

Time	Discussion
10:00 – 10:10	Welcome and outline of meeting General Outline from Healthwatch
10:10 – 10:15	Update on current service from Commissioner
10:15 – 10:25	Update from Millbrook about current status of Wheelchair service – update on the priorities of the service and current issues.
10:25 – 11:15	Questions and concerns to be discussed with Millbrook and Commissioners.
11:15 – 11:35	Future Priorities & Future Engagement Efforts Discussion and table work to determine user priorities for the service and ways that the service can engage with patients in the future.
11:35 – 11:45	Feedback on discussions
11:45	Close

Healthwatch Hampshire

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