



Complete Agenda

Democratic Services
Swyddfa'r Cyngor
CAERNARFON
Gwynedd
LL55 1SH

Meeting

CARE SCRUTINY COMMITTEE

Date and Time

10.30 am, THURSDAY, 12TH SEPTEMBER, 2019

Location

Siambr Hywel Dda, Council Offices, Caernarfon, Gwynedd, LL55 1SH

*** NOTE**

This meeting will be webcast

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(DISTRIBUTED 04/09/19)

CARE SCRUTINY COMMITTEE

MEMBERSHIP (18)

Plaid Cymru (10)

Councillors

Gareth Jones
Alan Jones Evans
Olaf Cai Larsen
Linda Ann Jones
Vacant Seat - Plaid Cymru

Menna Baines
Dafydd Owen
Annwen Daniels
Peter Read

Independent (5)

Councillors

Eryl Jones-Williams
Beth Lawton
Angela Russell

Richard Medwyn Hughes
Dewi Wyn Roberts

Llais Gwynedd (1)

Councillor
Anwen J. Davies

Gwynedd United Independents (1)

Councillor
Vacant Seat - Gwynedd United Independents

Individual Member (1)

Councillor
Vacant Seat - Individual Member

Ex-officio Members

Chair and Vice-Chair of the Council

Other Invited Members

Dafydd Meurig, Cabinet Member Adults, Health & Well-being
Dilwyn Morgan, Cabinet Member Children and Young People

A G E N D A

1. APOLOGIES

To receive any apologies for absence.

2. DECLARATION OF PERSONAL INTEREST

To receive any declarations of personal interest.

3. URGENT BUSINESS

To note any items that are a matter of urgency in the view of the Chair for consideration.

4. MINUTES

4 - 7

The Chairman shall propose that the minutes of the meetings of this committee held on the 6th June 2019 be signed as a true record.
(attached)

5. SCRUTINY INVESTIGATION REPORT SUPPORTING DISABLED PEOPLE IN GWYNEDD

8 - 43

Final report on the investigation will be presented by Bethan Richardson (Council Business Support Officer), on behalf of the Working Group Members.

CARE SCRUTINY COMMITTEE 6/06/19

PRESENT:

Councillors: Menna Baines, Annwen Daniels, Annwen J Davies, Alan Jones Evans, Medwyn Hughes, Eryl Jones-Williams, Gareth T M Jones, Beth Lawton, Dafydd Owen, Dewi Wyn Roberts, Angela Russell.

OFFICERS: Gareth James (Member Support and Scrutiny Manager) and Rhonwen Jones (Member Support Officer).

ALSO IN ATTENDANCE:

In relation to item seven on the agenda: Councillor Dafydd Meurig (Cabinet Member - Adults, Health and Well-being) Rhion Glyn (Senior Business Manager - Adults, Health and Well-being), Eurig Williams (Corporate Support Advisory Services Manager).

1. ELECTION OF CHAIR

Resolved: To elect Councillor Dewi Wyn Roberts as Chair of this Committee for the year 2019/20.

The Chair welcomed a new member to the committee, namely Councillor Gareth T M Jones.

Councillor Eryl Jones-Williams was thanked for his work as Chair of the Committee over the past two years.

Gratitude and best wishes were expressed to Gareth James (Member Support and Scrutiny Manager) upon his retirement in August 2019.

2. ELECTION OF VICE-CHAIR

Resolved: To elect Councillor Beth Lawton as Vice-chair of this Committee for 2019/20.

3. APOLOGIES: Councillors Richard Medwyn Hughes, Linda Ann Jones, Cai Larsen, Peter Read.

4. DECLARATION OF PERSONAL INTEREST

Councillor Dewi Wyn Roberts declared an interest in item seven - Recruitment Difficulties, as his wife was employed in the care sector. As this item was a general matter concerning the recruitment of new staff, he was not of the opinion that it was a prejudicial interest, and he did not withdraw from the meeting during the discussion on the item.

5. URGENT ITEMS

No urgent items were received.

6. MINUTES

The Chair signed the minutes of the previous meeting of this committee held on 28 March 2019 as a true record subject to the inclusion of a reference to the third sector in the first sentence of the hub services paragraph under item five. *'Some ideas were noted along with the need for services that combined the work of the Health Board and Care and the third sector, including an element of Housing.'*

7. RECRUITMENT DIFFICULTIES:

A general report for information by the Cabinet Member for Adults, Health and Well-being. The report was first presented by the Senior Business Manager in November 2018, revealing the initial findings of the work done by CELyn company, looking into the recruitment and retention of domiciliary care staff.

Since then and on a wider scale, 'The Workforce and Recruitment within the Care Field' had been one of the Council's strategic priorities for 2018-23. The purpose of the report was to introduce a work programme.

Members' comments were expected, which were to be fed into the four work streams - namely pay, working conditions, workers' specialist skills and job profiles; in order to think of the best way to communicate and market staff recruitment in future.

Mapping the Work

- In response to a Member's question, the Cabinet Member noted that a group had been established and had commenced the work of mapping the current situation in order to identify any gaps which existed. The group included key officers from the Workforce Development Unit, Human Resources and Internal Provision. It was anticipated that other services would be drawn into the process over the coming months.
- The Member Support and Scrutiny Manager noted, as this work was ongoing for the unit, that the committee had made a decision the previous year to put the scrutiny investigation into the subject of Recruitment Difficulties on hold for the time being. One element of importance which needed to be recognised within the mapping work was the foundational work commissioned by the Mid Wales Healthcare Collaborative. Two Members of this committee had undertaken some scrutiny of the group's work, and therefore these experienced Councillors had an important contribution to make to mapping work.

Specific Steps:

It was expected that the mapping work would be completed by October 2019.

Pay and Working Conditions

The following discussion was presented by the Cabinet Member, while the Senior Business Manager - Adults, Health and Well-being and the Corporate Support Advisory Services Manager provided more detailed input around the work programme.

- It was noted that the service was of the opinion that there were inconsistencies in working terms and conditions within the independent sector and the internal provision across the field. It was noted that work to transform domiciliary care aimed to reconcile the variety which existed in the interest of the sector.
- It was explained that the work of transforming domiciliary care placed the focus on removing wastefulness from the current system. The service was of the opinion that it would be possible to fund improvements to working terms and conditions by identifying those elements which did not add value, and redistributing the money. In addition to improving working terms and conditions, there needed to be a change in the way we commissioned in future in order to provide staff with longer term work assurance and working patterns which ensured an improved work-life balance. It was also noted that work in the domiciliary care field was more developed than that of other fields, but that this work stream also provided an overview across the care field, including Residential / Nursing and Learning Disabilities. It was acknowledged that the work stream was ambitious and that it would be challenging.

Specific Steps:

It was expected that domiciliary carers' salary levels across sectors would be reconciled by April 2021.

Planning the Workforce - Specialist Skills

At the meeting, it was agreed that a good career pathway was needed within care, one which would provide training and nurture our own talent; through professional trainee programmes, apprenticeships, and work experience in collaboration with colleges and universities. An example of this existed in Gwynedd for students studying MA courses in Social Work and Occupational Therapy.

- A Member expressed the need to market these careers in a way which would attract both men and women. Currently, most posts in the care field were filled by women.
- The Members also perceived an inconsistency between Northern and Southern Gwynedd in terms of the staff recruitment provision.
- The importance of putting the right messages across to staff was emphasised by reflecting the imminent changes, developing good communication and marketing resources, and ensuring that the principles were easily understood.
- The Officers noted that time had been allocated for the Members to express their concerns in workshop sessions on the subject, and encouraged all Members to attend.
- It was agreed that there was a need to look at the way jobs were targeted in marketing, focusing on the purpose of the post and why it was needed.

Specific Steps:

It was noted that it was anticipated that this work would commence during July and August 2019.

Status, Image and Profile of the Post

It was noted that it was a legal requirement for frontline staff in the field of care across Wales to be registered with Social Care Wales. Staff perceived that they were burdened with more requirements and responsibilities but that there was no financial

acknowledgement of this. Despite this, it was noted that there were benefits to the change and that this could contribute towards raising the status of jobs within the field.

The Members were asked to draw the service's attention to the concerns of staff in order to investigate and respond to those concerns. Following an expression of concern regarding outsourcing the domiciliary care provision in particular, the Senior Business Manager - Adults, Health and Well-being explained that the change which was afoot did not mean a change to the current balance in terms of the percentages of internal and independent provision within the market.

- It was noted that the Council's language policy would be material in terms of the internal provision, and that linguistic requirements on the independent sector would be set and monitored by agreement.
- A Member noted that recruitment in the field of dementia was a problem in Southern Gwynedd. It was confirmed that forums across Gwynedd were in discussion with health around this matter. The Member added that there was a need to look into the possibilities of an improved training system for domiciliary carers in order to educate them on various professional skills within the field.

Specific Steps:

Domiciliary Carers had to be registered by March 2020. Residential Care Workers had to be registered by March 2022.

As well as regularly reporting to Performance Monitoring Meetings, there was a need to monitor the work programme's progress through the Cabinet Member's performance reports. The Cabinet Member was to use the Scrutiny Committee to report on the work's success, but also as a means to draw attention to any barriers which prevented the service from completing these steps. This matter was not to be brought back for scrutiny.

The Chair thanked the service for the presentation, and expressed the need to convey back to the Scrutiny Committee before going to Cabinet, for the reasons raised by the Members.

The Cabinet Member said that an informal meeting could be held with the Chair and Vice-chair in order to discuss the comments.

RESOLVED:

- That the Cabinet Member would present the Committee's comments at the Performance Monitoring meeting.
- The report was accepted.

The meeting commenced at 10:30am and concluded at 12.05pm.

CHAIR

Agenda Item 5

Scrutiny Investigation Report: Supporting the Disabled People of Gwynedd (Wheelchair Service)

A Draft Report submitted to the Care Scrutiny Committee on 12 September 2019.

Working Group Members:

Cllr Dewi Wyn Roberts (Chair)

Cllr John Brynmor Hughes

Cllr R Medwyn Hughes

Cllr John Pughe Roberts

Cllr Angela Russell

Officers:

Mari Wynne Jones, Senior Adults Services and Physical Disability Manager

Bethan Richardson, Council Business Support Officer (Lead Officer)

Glynda O'Brien, Member Support Officer (until 31/8/18)

Annes Siôn, Member Support Officer

CARE SCRUTINY COMMITTEE



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1. Foreword by the Chair

By conducting this scrutiny investigation we have lifted the veil on the service available to provide wheelchairs to the residents of Gwynedd, both adults and children. There are two possible routes open to those who need a wheelchair in the long term, namely by applying to the Health Service or by self-funding a chair and purchasing from a private company.

Since it was our intention to investigate and see if it is possible to improve the current provision we have chosen to concentrate on areas where we can make a difference, and have therefore only looked at the provision via the Health Service.

Whilst listening to individuals and discussing their experiences with them, it quickly became evident that they were pleased that the provision of wheelchairs was a matter receiving attention. I wish to sincerely thank those individuals who have contributed, and indeed to everybody else who has assisted in any way with the work of this investigation.

We wish to thank the Posture and Mobility Service, and Betsi Cadwaladr University Health Board, for their co-operation during this investigation, and for their willingness to collaborate in order to develop the wheelchair provision for the future.

The responsibility for scrutinising services provided by Health Boards in Wales belongs to Community Health Councils, and ultimately to the Welsh Government. Since these organisations have the responsibility and expertise to investigate in detail the matters which arise from this scrutiny investigation, we wish to share this report with them. We will, of course, be prepared to co-operate with any organisation that wishes to continue to investigate the provision of wheelchairs for the people of Gwynedd in the future.

Cllr Dewi Wyn Roberts.

September 2019.

2. Introduction

2.1 Following a Notice of Motion submitted by Councillor Peter Read to the Council meeting on 15 June 2017, the Council determined:

"That the Council refers the question of the suitability of arrangements to provide wheelchairs to the residents of Gwynedd for consideration on the scrutiny programme."

2.2 In line with the Council's scrutiny processes, the matter was referred to the Care Scrutiny Committee which decided that the best course of action would be to undertake a Scrutiny Investigation on the matter. A Working Group of the Scrutiny Committee was established in order to lead the Investigation, which includes some members of the Scrutiny Committee and two other Councillors, who in turn are supported by Council officers.

3. Aim of the Scrutiny Investigation

3.1 The Notice of Motion above derived from evidence from Gwynedd residents dissatisfied with some aspects of the existing wheelchair provision. The aim of the Scrutiny Investigation, in accordance with the Brief in Appendix 2, is to answer the following questions:

3.1.1 Is there evidence to show that the **individuals who use the services are put at the centre** of the process of assessing and providing suitable equipment, and are they assisted to live their lives in the way they wish to live them? (pages 10-19)

3.1.2 If there is **dissatisfaction or complaints** about the existing service, are they addressed in a satisfactory manner? (pages 20-23)

3.1.3 If needed, how could the **service be improved for the future?** (pages 24 - 26)

4. Summary and Recommendations

- 4.1 This investigation looks at a service that is provided by the Health Service in Wales, and there are organisations that specifically exist to scrutinise its work, and to listen to the voice of the Health Service users. Therefore, it is right and proper that organisations such as Community Health Councils in Wales, Welsh Assembly and Welsh Government consider the matters that have arisen through this scrutiny investigation, and act accordingly.
- 4.2 Additional elements of support are also provided to wheelchair users by other organisations, which are mostly Local Authorities and third sector agencies. We have also researched elements of this extra support and have proposed observations or recommendations where we believe there are opportunities to improve the existing provision.
- 4.3 Recommendations:
- 4.3.1 That the Cabinet Member for Adults, Health and Well-being refer this report for the attention of the North Wales Community Health Council, and ask them to consider the need to request that the Welsh Government hold a national review of the suitability of the wheelchair provision from the perspective of the service users.
- 4.3.2 That the Cabinet Member for Adults, Health and Well-being refer this report for the attention of the Minister for Health and Social Services at Welsh Government.
- 4.3.3 That the Welsh Health Specialised Services Committee publish its annual report on the performance on the Posture and Mobility Service, in accordance with its policy, so that it can be scrutinised publicly.
- 4.3.4 That the Posture and Mobility Service (PAMS) research the possibility of having an electronic form or referral system that everyone involved with the referral process can follow. If this is not possible, a communication system should be agreed which ensures that PAMS immediately informs the individual and the referee that the referral has been received, and the expected timetable for the provision of the wheelchair or equipment.
- 4.3.5 That the Posture and Mobility Service continues to work with other organisations (e.g. GPs, local nurses, occupational therapists in the community) in order to share information about an individual's needs assessments for a wheelchair. This should avoid duplication and the need to hold separate reviews for the provision of other equipment, e.g. shower chairs. This should also speed up the process of providing the necessary support for the service user.

- 4.3.6 That the Posture and Mobility Service, the Welsh Health Specialised Services Committee and Gwynedd Council (and other Councils if they so wish) continue to collaborate in order to attempt to overcome the existing barrier of having separate assessments for the needs of the individual who requires a wheelchair, and the need to modify the individual's home.
- 4.3.7 The outcomes of the new scheme being trialled in south Wales to train some specialist staff in the community to be able to conduct Level 2 assessments (specialist or powered wheelchairs) should be considered. If successful, consideration should be given to rolling it out nationally.
- 4.3.8 In line with the principles of the Social Services and Well-being (Wales) Act 2014, information and best practice should be shared via the Community Clusters (health and social care workers collaborating on a local level). Information regarding which staff from which organisations are trained to conduct Level 1 and 2 assessments should be shared locally amongst all organisations that support individuals in wheelchairs, in order to speed up the referral process for the benefit of the service user.
- 4.3.9 In line with the principles of the Social Services and Well-being (Wales) Act 2014, the Posture and Mobility Service should continue to work in partnership with other organisations in order to support and enrich the well-being of service users.
- 4.3.10 Consideration should be given to training local nurses, occupational therapists, physiotherapists, carers, etc. to monitor the use of specialist chairs and equipment in order to attempt to anticipate problems with the equipment, or to identify whether there is a need to adjust them to respond to the needs of the individual, and promptly inform the Posture and Mobility Service of any needs.
- 4.3.11 Local nurses, occupational therapists, physiotherapists, carers, etc. should inform the Posture and Mobility Service promptly if they are aware of defective chairs or equipment that are no longer in use, so that they can be collected and reused by others in need.
- 4.3.12 As training is already available to carers on the use of wheelchairs, this should be promoted and maximised.

5. Methodology

- 5.1. Four meetings of the Working Group, which was established to lead the Scrutiny Investigation, were held between August 2018 and August 2019 in order to receive and analyse evidence, and agree on recommendations.
- 5.2. In addition to these meetings of the Working Group, Members and Officers have held informal meetings as required in order to obtain further information at the request of the Working Group.
- 5.3. The background information and the evidence of individuals' experiences have been gathered through many methods: face to face meetings, questionnaires, phone calls, e-mails, public reports or policies, and reports commissioned specifically for the investigation. Data security and the right of an individual to privacy are vitally important, and the Council operates in accordance with GDPR guidelines. We haven't, therefore, shared details of individuals' circumstances in this report in order to protect their privacy. Neither have we included these testimonies in their entirety, opting instead to quote from them where relevant.
- 5.4. Neither do we claim that this report provides a full picture of the experiences of all Gwynedd residents who use a wheelchair. We have a responsibility to use our resources responsibly, and we research matters where we can make a difference to the lives of Gwynedd residents. For example, we have not touched upon the provision by the private sector or on the individuals' experience of receiving a service from such companies.
- 5.5. The main wheelchair provider for Gwynedd residents, children and adults alike, is the Health Service, through the Posture and Mobility Service. It is right that they are bound to data protection regulations, and therefore we did not have a failsafe method of contacting each individual who receives a service from them. It was therefore decided to select a small sample of wheelchair users in order to ask them about their experiences on a one-to-one basis, namely individuals who were already known to Council services.
- 5.6. We have also gathered evidence of individuals' experiences through the perspective of the professionals who work for social services in Local Authorities.
- 5.7. We are very grateful to everyone who has contributed in any way to this investigation. A list of the contributors can be found in Appendix 1.

6. Background

- 6.1. In Wales, a prosthetic and wheelchair provision is available to those who require it in the long-term (six months and longer), which is provided by the Posture and Mobility Service (PAMS). The Service is also still often known under its former name and acronym, namely ALAS (Artificial Limb and Appliance Service). PAMS provides a range of services, such as prosthetic attachments, communication aids or wheelchairs. For the purpose of this report, we are focusing on wheelchair provision and specialist seating equipment (cushion) only.
- 6.2. PAMS is a national service commissioned by the Welsh Health Specialised Services Committee (WHSSC), which in turn is funded by Welsh Government, and the service is provided through the co-operation of the Health Boards.
- 6.3. PAMS is responsible for assessing the needs of the individual and offering the most appropriate equipment, and then deliver, collect, repair and maintain the equipment for as long as the individual requires it.
- 6.4. In their own words, the aim of PAMS is:

'To offer a consistent and fair service to the people of Wales who have a long-term or permanent disability. PAMS is committed to offering an outstanding rehabilitation service to people with a disability. Our aim is to maximise ability and minimise disability.'
- 6.5. The Posture and Mobility Service has three centres - in Wrexham, Cardiff and Swansea - and the provision for Gwynedd residents is usually offered from Ysbyty Bryn y Neuadd in Llanfairfechan, but every new client must be referred to the main centre in Wrexham. The north Wales PAMS serve two-thirds of Wales' geographical area, extending as far south as Builth Wales, and a third of the country's population.
- 6.6. There are currently approximately 14,000 wheelchair or prosthetic provision service users who are registered with the centre in Wrexham.
- 6.7. In 2018, 515 referrals for this provision came from Gwynedd residents - 466 were adults and 49 were children. This is equivalent to 11.5% of the referrals that PAMS received for the year.
- 6.8. Assessment for a wheelchair
- 6.9. The first step of the process of obtaining a suitable wheelchair from PAMS is for the individual to be assessed for the most suitable equipment by a registered professional who has the relevant knowledge and skills. A number of various professions could undertake this work, such as GPs,

physiotherapists, the Health Board's occupational therapists or Gwynedd Council's occupational therapists.

- 6.10. There are two different types of assessments, depending on the nature of the individual's disability –
- 6.11 Level 1 Assessment - for **manual wheelchairs**. This more basic assessment could be conducted by a number of the professions named above, with the professionals completing the assessment and referring the application for equipment on to PAMS.
- 6.12 Level 3 Assessment - more complex/contentious cases with the need for **specialist equipment or powered wheelchairs**. These assessments are carried out by Occupational Therapists and Specialist Technicians employed by PAMS only.
- 6.13 As noted above, once the assessment is completed and referred to PAMS, the provision and maintenance of the equipment will be the responsibility of that body.
- 6.14 All wheelchairs and relevant equipment that are offered to residents in Wales, almost without fail, come from a list of recognised equipment that has been agreed and procured nationally through the WHSSC. Full details of the policy 'Specialised Services Service Specification: All Wales Posture and Mobility Services' can be seen on the Service's [website](#).
- 6.15 There are 26 different types of chairs in this list, which should address every requirement for adults and children. 19 are manual chairs, and seven are specialist or powered chairs.
- 6.16 Once the chair has been ordered for the individual, responsibility for the equipment is transferred to a third party that is commissioned under contract to the North Wales PAMS.
- 6.17 The Current contractor company (Approved Repairer) is Ross Care Ltd. This contractor works in partnership with the service to carry out several aspects of the service, that includes deliveries of equipment, repairs of equipment on issue and collection of equipment that is no longer required. On average, the contractor carries out thirteen thousand activities on behalf of the service per year.
- 6.18 First Fixes, that is repairs completed on the first visit, are currently subject to the development of a new performance target. Currently the average first fix rate is 80.4%.
- 6.19 The Cardiff PAMS Centre has chosen to provide and fix all wheelchairs and equipment through its own internal service. This service used to be arranged

externally, but a decision was taken to bring the work into the centre as a cost avoidance measure due to fluctuations in the contractor model, and because they believed that it would offer a better service for the client.

- 6.20 All the information above refers to the process of providing a wheelchair through the Health Service in Wales, which is obviously free of charge. If, for whatever reason, an individual does not wish to refer himself/herself to the Health Service, then the only other option is to arrange and self-fund the process of receiving a chair or equipment through a private provider.

DRAFT

7 Placing the individual at the Centre?

7.1 The Social Services and Well-being Act 2014 states:

'People will have control over the type of support they need, and they will have a voice, as an equal partner, in the decisions made about the care and support they receive.'

7.2 This message is clear, that care providers in Wales must ensure that the individual is at the centre of the process of planning provision for them.

7.3 This Act does not directly relate to the Health Service; however, as the provision of suitable wheelchairs is central to the well-being of the individual, and to the fulfilling of clinical needs, this Act is entirely relevant to this investigation.

7.4 Here is a summary of the evidence gathered from various contributors of their experiences of being assessed for a wheelchair in the first instance, and then the follow-up care for them and their equipment:

7.5 Individuals' Experience –

7.6 Evidence was received through face to face meetings or telephone calls with individuals who are service users, are known to the Council, and were prepared to share their experiences.

7.7 Person 1

Following a car accident, the person is paralysed from the waist down. After leaving hospital, the person waited eight months to be assessed for a specialist wheelchair, and a further three months to receive the equipment. There were also other matters, apart from providing a wheelchair, surrounding the care of the individual.

7.8 Person 2

The person needs a specially tailored wheelchair as the person is paralysed from the waist down. The person had waited over a year for the chair to be adapted, and during this time, the person developed complex health problems.

7.9 Person 3

This person was in hospital for three months, receiving treatment for a pressure sore that appeared due to unsuitable equipment. There were

also other matters, apart from providing a wheelchair, surrounding the care of the individual.

- 7.10 In addition to the above, five responses were received to the questionnaire asking wheelchair users from Gwynedd about their experiences of being assessed for a chair. The question was asked: "When you were assessed for a wheelchair, did you feel that your opinion about what you needed was considered in full? If your answer was 'No', please explain the reason for your dissatisfaction."
- 7.11 Two individuals were happy with the service but three individuals noted that they did not believe their needs had been considered. Despite this, one individual who had stated that he was happy with the service noted that he was unhappy that he had had to wait six months for the chair.
- 7.12 Here is a summary of the observations –
- 7.12.1 "They didn't listen to a number of considerations."
 - 7.12.2 "On many occasions I've had to refuse to return the broken chair until I have received a second chair."
 - 7.12.3 "Moving the chair into the car, and how I would be able to move within the car, was not considered."
 - 7.12.4 "The selection of powered wheelchairs is limited."
 - 7.12.5 "Not happy with the seat."
 - 7.12.6 "Contacting PAMS is difficult. I can't get through to them."
- 7.13 Two individuals noted that the front wheel castors were of a lower standard than expected.
- 7.14 Two individuals noted that the wheelchair's controls did not work properly or did not fulfil their requirements. One individual has a greater impairment on one arm than the other; nevertheless, wheelchair controls were installed on the weaker side, contrary to the individual's wishes. The other individual noted that the controls did not work properly, causing the chair to veer to one side or to go around in circles. It is not possible to move the controls out of the way either, meaning that it was not possible to move the chair under a table or a low counter.
- 7.15 The question was asked: "Are there aspects of the service you received that was to your satisfaction? What are they?"
- 7.16 Two individuals noted that the "staff were pleasant and happy to help" and another noted "some of the staff are very thorough and professional (but not everyone)".

7.17 Summary –

7.18 6 out of the 8 individuals who have shared their experiences note that elements of the service or equipment are problematic. Common problems that arise is that the chairs are not appropriate for their needs, and that there are difficulties in communicating with PAMS. However, many individuals commend staff's attitude and willingness to assist them.

7.19 Relevant Recommendations

7.20 4.3.1 – 4.3.12

7.21 The experiences of Local Authority Staff within the catchment area of North Wales PAMS

7.22 Written evidence was received from staff responsible for social services in Gwynedd, Anglesey, Conwy, Denbighshire and Wrexham Councils.

7.23 Gwynedd Council

7.24 Occupational Therapists employed by Gwynedd Council are professionals who have the appropriate information and skills to assess individuals for Level 1 wheelchairs.

7.25 Not every individual who requires a wheelchair assessment will be brought to the attention of the Adults, Health and Well-being Department. Many other professions such as GPs, physiotherapists, Occupational Therapists from the Health Board may make direct referrals to PAMS, but it is very likely that the Council staff supports the individuals in other ways - e.g. modifications to the home, domiciliary care.

7.26 Here are the experiences of Gwynedd Council's Adults and Children Social Services of supporting the county's residents who need a wheelchair in the long-term. Since beginning the work on this investigation, the Council's Adults, Health and Well-being Department staff have met with PAMS staff in order to share information and concerns, and therefore the observations below also refer to some plans that have already been agreed in order to develop or improve the service for individuals in future.

7.27 Observations of the Children and Supporting Families Department (Derwen Team) –

7.27.1 PAMS Therapists assess the needs of the individual for a wheelchair and provide them, and Therapists from the Derwen Team ensure any required provision or modifications to the individual's home.

There is effective collaboration between both organisations to share information about the most effective provision for the individual.

7.27.2 The Derwen Team has no information about problems when providing a service for disabled children and young people in Gwynedd, and it is not aware of any complaints or whether there are children or young people from Gwynedd on the PAMS waiting list for a wheelchair.

7.28 Comments of the Adults, Health and Well-being Department –

7.28.1 Waiting list of up to 40 weeks for posture assessments and electric wheelchairs.

7.28.2 One individual with MS had to wait 18 months for a wheelchair

7.28.3 A visually impaired individual was treated rudely

7.28.4 One individual had to wait 13 months to have the footplate on his wheelchair replaced

7.28.5 Little or no follow up by PAMS once a wheelchair has been provided.

7.28.6 Therapist contacted PAMS enquiring about a case. The therapist was informed that the individual was on a 30 week waiting list. ALAS was unable to give an estimate of when the wheelchair would be provided.

7.28.7 Concerns about the difficulties in contacting PAMS, unable to have an answer over the phone, a lack of communication

7.28.8 PAMS refusing a wheelchair request but not informing the individual or the referrer.

7.28.9 ALAS does not acknowledge referrals made by the Council.

7.28.10 GPs not filling in the necessary form or returning it to the wheelchair service promptly

7.29 It also became evident during this investigation that we as a Council did not have a process in place to keep a record and track referrals that we referred to PAMS on behalf of individuals. As part of the wider process of creating a community 'hub' that brings workers from the health and social fields together, the Council works with all other organisations to create safe arrangements for sharing information. Therefore, we are in the process of planning how we can keep a record and track referrals to PAMS as part of this wider work.

7.30 As noted, actions have been agreed with the aim of overcoming some of the above barriers, and the details can be seen in Section 9.

7.31 The experiences of Anglesey, Conwy, Denbighshire and Wrexham Councils.

7.32 The below experiences were commonplace at more than once Council, e.g:

7.33 Communicating with PAMS is difficult for the Councils and individuals - e.g. waiting 20 minutes on the phone, having to send a letter in order to arrange assessments.

“...informal feedback has been given from Occupation Therapists and service users that it’s difficult to get hold of PAMS and they have to wait a long time to get a review.”

7.34 The waiting time for an assessment for a powered wheelchair is too long, and then a further wait to receive the chair (approximately a year).

"...aware that there is a long delay for individuals who are referred for powered wheelchairs or any accessory for these chairs. Therapists are aware of the detrimental impact this has on their clients."

7.35 Council staff (occupational therapists, etc.) have received Level 1 training from PAMS. One Council is currently looking at developing training jointly with PAMS to carry out specialist postural seating assessments for children.

7.36 Two Councils encourage individuals to make a wheelchair application to PAMS through routes other than the Council, e.g. GP/district nurse/physiotherapist, unless the Council's therapists are already working with the individual.

7.37 More than one person noted that the criteria for withholding assessments for a powered/specialist wheelchair until an environmental assessment (the need to make modifications to the individual's home) has been carried out is problematic. However, one Council has said that they have worked with PAMS to carry out the environmental assessment, whilst another Council has stated that PAMS has refused to collaborate.

7.38 For information, the background to the above situation above is as follows:

7.39 Clause 4.3.5 of ‘CP59 All Wales Posture and Mobility Services Specification’ states:

The client's home environment has been risk assessed as appropriate for a powered wheelchair and all necessary adaptations must be in place prior to equipment being provided.

7.40 Other relevant observations by the Councils –

7.41 There was one example of effective collaboration between the staff of multiple agencies (PAMS, the Council, schools) in order to provide wheelchairs and specialist equipment for children.

“we are looking at shared training for complex seating and postural management of children with very complex needs. This has led to sharing of assessment information to ensure that whoever is working with a child can commence the specialist seating assessment and that this is shared with colleagues so as to avoid duplication. For example if the school physiotherapist commences the assessment this will be shared with PAMS and social service OTs who may be looking at home seating.”

7.42 Only one Council retained the information about the number of individuals who had been referred for a wheelchair assessment at PAMS.

7.43 Summary –

7.44 None of the five Councils noted that they believed that the service provided for children needed to be changed or improved. Indeed, one Council already worked with PAMS in order to consider sharing training arrangements.

7.45 The second-hand experience of the Councils' staff, where adults are assessed and then receive a wheelchair, demonstrate that there is quite a high level of dissatisfaction about the service.

7.46 Long waiting lists for specialist or powered wheelchairs, far beyond the target of 26 weeks.

7.47 Communication difficulties with PAMS, which lead to a delay in arranging assessments, and uncertainty for the individual and any staff who support him/her, because there are no updates on the application.

7.48 Failing to co-ordinate environmental assessments with the individual needs assessment causes a delay in providing the wheelchair.

7.49 Relevant Recommendations

7.50 4.3.4, 4.3.5, 4.3.6, 4.3.7, 4.3.8, 4.3.9, 4.3.10, 4.3.11.

7.51 The experience of the North Wales Posture and Mobility Service (PAMS)

7.52 The aim of the Service is:

- To work in partnership with Service Users and their representatives

- To assess the posture and mobility needs of people of all ages who have a permanent impairment or medical condition that affects their ability to walk and will need a wheelchair for more than 6 months
 - To prescribe and provide wheeled mobility and postural support solutions to meet essential needs
 - To promote function, comfort and independence while minimising the risk of complications and incorporating the “social model of disability”.
- 7.53 The first aim above ties in with the question in this investigation - Is there evidence to show that the individuals who use the services are put at the centre of the process of assessing and providing suitable equipment, and are assisted to live their lives in the way they wish to live it?
- 7.54 Therefore, it is promising that the PAMS believes that the best service is provided to that individual by working with service users and their representatives.
- 7.55 Partnerships
- 7.56 PAMS has also been developing partnerships over the past two years with public organisations and other third sector organisations. These partnerships allow the Service Users the chance to access opportunities that may be a benefit to the social, physical and mental health.
- 7.57 Here is a summary of the partnerships at work:
- Disability Sports Wales (DSW): active referral process by clinical staff, Service displays promoting groups, sports and clubs; Weekly site visits by DSW development Officers.
 - Coleg Cambria/Glyndwr University: information sharing and opportunity promotion.
 - Department of Works and Pensions: Advice available on benefits; local schemes to promote employment; site visits by Disability Employment Adviser for one to one advice.
- 7.58 Self-evaluation
- 7.59 PAMS continuously self-evaluates its work, and prepares reports on its performance on a monthly basis - further information about these processes can be seen in Section 8.
- 7.60 The targets that each of the three PAMS centres in Wales reports on are agreed on a national level with the WHSSC, but none of these targets measure the experience of the individual who receive the service. Again, see 8.2 in Section 8.

7.61 Nevertheless, North Wales PAMS collects the views of service users through the following methods:

7.61.1 **Welsh Health Specialised Service Stakeholder Group:** Actively provides feedback from a Service Users view point and is actively involved with service developments and setting the Key performance indicators for the service.

7.61.2 **User Experience Questionnaires:** These are gathered as per the Health Board's policy and are available at all sites in paper and electronic format. Additionally the services information sheets have a QR code present to allow for feedback via the internet. All Service Users have the opportunity to complete these forms after interaction with the service. This information is then collated and reviewed by the Health Board's Service User engagement team and feedback to the service.

7.61.3 **Research Project:** The service is a participant of a research project looking at outcome measures for Mobility and Quality of Life. This project is developing a patient reported outcome measure for mobility quality of life. This is a three-year project that the service hopes will provide a key indicator for the outcome of the equipment and the service the client has experienced.

7.61.4 **Approved Repairer Service Questionnaire,** feedback process.

7.62 The agency that provides and repairs wheelchairs, Ross Care, monitors the views of the clients about the service that is offered, and reports on this to the PAMS.

7.63 Here are the results of the satisfaction questionnaires of the previous years –

Complaints by year - data up to February 2019

2019	0
2018	1
2017	5
2016	2
2015	4

Compliments by year

2019	3
2018	5
2017	6
2016	2
2015	11

Previous Survey results - data up to February 2019

	Excellent	Very Good	Good	Satisfactory	Poor	Very poor
Standard of repair	72%	24%	4%	0	0	0
FSE Care	72%	24%	4%	0	0	0
Admin Service	48%	24%	20%	8%	0	0
Response speed	68%	8%	20%	4%	0	0

- 7.64 Ross Care works to a target of repairing a wheelchair or equipment in an emergency within 24 hours, and a target of three days for all other repair work.
- 7.65 Beyond the arrangements of submitting monthly reports on the national targets, PAMS assesses its own work to look for opportunities to improve. The identified fields that currently have room for improvement are:
- 7.65.1 Adult performance to National RTT target (the target of 26 weeks for the whole process between submitting an application for an assessment to providing the appropriate wheelchair or equipment).
 - 7.65.2 Range of equipment provided – focus on range to ensure needs of users are met. National discussion on overall product range.
 - 7.65.3 Quality standards – development of user pathway information
 - 7.65.4 Service user engagement – further development of Service via the information received from engagement.
- 7.66 Other matters -
- 7.67 A common problem for more than one individual who has contributed his/her experiences is that they have developed a pressure sore.
- 7.68 The Health Service in England notes:
- Up to half of all people who use a wheelchair will develop a pressure ulcer at some point during their life caused, in part, by ill-fitting or ill-equipped chairs. The cost of treating the worst cases of a pressure ulcer can be as much as 16 total hip replacements.
- 7.69 It is, therefore, unlikely that the possibility of developing a pressure sore can be fully eliminated, but the wheelchairs and specialist cushions that are provided to individuals must be fit for purpose so that this risk is as low as possible.
- 7.70 Each of the three PAMS Centres in Wales has different equipment used for pressure mapping, which measures a person's body in order to plan the unique cushion for him/her. Although the equipment is different, PAMS ensures that they all give the same results.

7.71 Summary –

7.72 The targets to measure performance focuses on the data of the time taken to provide or repair equipment, and do not necessarily measure whether the equipment addresses the individual's needs requirements. Work has commenced to develop new targets in this field, therefore this work should be monitored.

7.73 The north Wales PAMS has started to collect data on the service users' views on the provision and support that is directly offered by PAMS (apart from the Ross Care service), therefore the outcomes of this work should feed into developing new targets and work plans for the future.

7.74 Relevant Recommendations

7.75 4.3.1 – 4.3.12.

7.76 **The experience of Gwynedd Council's Disability Sports Development Officer**

7.77 Gwynedd Council has a Disability Sports Development Officer who is partly employed by the Council and by Disability Sports Wales. This Officer works closely with PAMS at its centre in Llanfairfechan, and is therefore part of the partnership scheme as described by PAMS in 7.57 above.

7.78 Through the partnership scheme, PAMS staff in Llanfairfechan are able to refer their service users who live in Gwynedd to the Disability Sports Officer, who in turn contacts the users in order to provide them with information and supports them to participate in any of the sporting opportunities that are open to them.

7.79 The results of the Gwynedd disability sports consultation were published in May 2018, and here are some of the results of that consultation:

- 65% believed that one of the main advantages of sports is improved fitness and mobility
- 60% believed that one of the main advantages of sports is socialising and meeting people
- 29% said that they believed that a lack of confidence was the greatest personal barrier which prevented them from participating in sports activities
- A barrier that impacted the majority (29%) from participating in sports activity was a lack of transport.

- 7.80 From this consultation, it became evident that offering sports opportunities to wheelchair users in Gwynedd is beneficial to their physical and mental health equally. The Disability Sports Officer is certain of the view that some of the wheelchair users in Gwynedd with whom he works have benefited from having support to look after their well-being and mental health, through sports, alongside the healthcare they receive through PAMS.
- 7.81 It should also be noted that PAMS does not provide specialist wheelchairs or equipment that enables service users to participate in sports. A number of users are able to use the wheelchairs they receive through the PAMS to participate in some sports, but if modifications are required, or different wheelchairs; grants must be applied for through sports organisations or self-funding.
- 7.82 Summary –
- 7.83 It appears that the partnership scheme through PAMS, Disability Sports Wales and Gwynedd Council leads to more opportunities for wheelchair users in Gwynedd to participate in sports and social activities, which in turn improves their well-being.
- 7.84 The work relationship between the three organisations seems to be effective, which in turn means that there are fewer barriers in the way of service users as they seek information or support.
- 7.85 The sports provision that is supported by this partnership has been planned with the needs of the individual at the centre.
- 7.86 Relevant Recommendations
- 7.87 4.3.5, 4.3.8, 4.3.10, 4.3.11, 4.3.12.

8. Response to dissatisfaction

8.1 The Welsh Health Specialised Services Committee (WHSSC) is responsible for commissioning the work of the PAMS in Wales, and is, therefore, also responsible for monitoring in order to ensure that the work is provided to an acceptable level.

8.2 Here are the Key Performance Indicators that are used, and the three centres throughout Wales provide the information for the targets below to the WHSSC on a monthly basis.

Key performance	Description	Target
Acknowledgement of receipts	Measures time between receipt of referral and the issue of an acknowledgement to the referrer and user	Acknowledgement to be sent within 5 working days of appropriately completed form
Appropriate referral form	Measures the percentage of referrals received that have an appropriately completed referral form	Target is used to improve the referral process from a referrer rather than service perspective.
Standard manual wheelchair referral to delivery time	Measures time between point of referral to point of delivery of standard chair	90% of standard manual wheelchairs held in stock to be delivered within 21 days
Complex wheelchair and/or posture management system ordered from manufacturer referral to delivery time	Measures time between point of referral to point of delivery of complex chair	90% of complex wheelchairs to be delivered within the terms of referral to treatment standards (26 weeks total)
Repaired on time (emergency)	Measures performance for emergency repairs	90% of emergency responses will be within 24 hours of the service user contacting the service
Repaired on time (non-emergency)	Measures performance for non-emergency repairs	90% of non-emergency responses will be within 3 working days of the service user contacting the service
Collected on time (non-emergency)	Measures performance for collections	90% of collections will be within 5 working days of the service user contacting the service

- 8.3 It should be noted that the target for providing specialist/powered wheelchairs by the Health Service in England is 18 weeks, whilst it is 26 weeks in Wales.
- 8.4 The North Wales PAMS noted that they had hit the targets for child provision for three years, i.e. that 97-100% of the wheelchairs are provided within the time targets noted above.
- 8.5 The adult service is currently at 81% compliance against the 26 weeks target and expects to be working back to 90% by the second quarter of 2019. The drop in performance was due to staff vacancies, sickness and increased demand, which resulted in some additional staff resource from WHSSC to support the activity.
- 8.6 Complaints -
- 8.7 Gwynedd residents presented one formal complaint a year to PAMS between 2015 and 2018.
- 8.8 PAMS has robust processes in place in order to record complaints, and the following steps have been taken in order to respond to those complaints:
- Ongoing review of all individual patient clinical care plans to develop bespoke packages of care.
 - Ongoing direct communication with individual Service Users and their family/carers to listen and engage, to develop improvements to promote dignity, respect and independence.
 - Allocation of a central contact clinician as to maintain patient care continuity.
 - Implementation of Call Centre Telecoms system taking place in February 2019.
 - Episode of Care Journey information, which will be given to Service Clients to improve understanding of the process and to give clear expectations of service provision.
 - Assessment Waiting Times: Investment received from WHSSC to increase staffing will allow for an increased number of assessment per year which will result in the overall waiting time reduction.
 - Equipment on contract review. Discussion on an All Wales basis to review equipment issued as to whether or not it is meeting the needs of the service.
 - Second opinion with Cardiff team.
- 8.9 The North Wales Community Health Council has recorded three complaints from Gwynedd residents since 2013, with only one of these being presented

as a formal complaint. This was a complaint about a delay in providing a powered wheelchair.

8.10 If the individual is still unhappy with the service or provision offered by PAMS, there are two follow-up steps that could be pursued:

8.10.1 The process for supply of wheelchair where an individual does not consider that the wheelchair provided meets their needs is through WHSSC via an Individual Patient Funding Request (IPFR). A panel convened by WHSSC consider the evidence based on the clinical assessment information provided.

8.10.2 The Posture and Mobility service in BCUHB also offers a second opinion with the service based in Cardiff, South Wales and this formal arrangement was put in place in 2018.

8.11 The figures for 'official' complaints about the provision is low - one a year from Gwynedd residents in the last three years, but the evidence of 'informal' complaints that has been gathered in light of this investigation paints a very different picture.

8.12 As we conduct this investigation, North Wales PAMS has responded constructively to discussions to look for opportunities to improve the service for the benefit of the user, and we believe that this spirit of collaboration between PAMS and Gwynedd Council should be developed for the future.

8.13 How will service users and the public know whether the service provided by PAMS reaches the expected standard?

8.14 The Welsh Health Specialised Services Committee (WHSSC) is the organisation that monitors the performance of the PAMS across Wales, and as noted above, the three centres have been sending their monthly reports on their Key Performance Indicators.

8.15 Below the Board, and advising them, is the All Wales Posture and Mobility Service Partnership Board.

8.16 The purpose of the Partnership Board is to:

- monitor the service provision against the key performance and quality indicators in order to assure the joint committee that the service is delivering in line with the all Wales service specification.
- review and renew the indicators every year
- advise the Joint Committee on the commissioning strategy for posture and mobility services, and note and support opportunities to incorporate joint-production as one of the core principles of the commissioning strategy

8.17 The Partnership Board's Terms of Reference is as follows:

- Advise the Joint Committee on the quality standards and the key performance indicators
- Review performance against the agreed quality indicators and the key performance indicators, and report to local health boards through the joint committee
- Amend, as the Board sees fit, the nature and target levels of the key quality and performance indicators, and advise the Joint Committee on any proposed changes.
- Advise the Joint Committee on the scope and eligibility criteria of the posture and mobility service
- Advise the Joint Committee on the specification for the posture and mobility service
- Provide a forum for communicating and discussing between the service providers and its shareholders
- Promote an understanding between the posture and mobility service and its stakeholders
- Support the provision of the responsive and high quality posture and mobility service in Wales within the existing financial parameters of NHS Wales.

8.18 Despite best efforts, it was not possible to obtain information on minutes or the reports published by the Partnership Board.

8.19 The WHSSC publishes annual performance reports on the entire range of its work (monitoring the work of the PAMS is only one element) and these are public documents that can be seen on their [website](#).

8.20 The WHSSC published an Annual Report for 2017/18, and it states:

“Achievement of RTT 26 weeks for Wheelchairs in the South Wales service following investment.

Commissioned a more equitable and sustainable Prosthetics service for South East Wales.”

8.21 Therefore, there is room to ask whether there are corresponding plans for reducing the waiting time for the rest of the population of Wales?

8.22 When it comes to wheelchair and specialist equipment provision, Section 6.1 of the CP59 policy states - ‘WHSSC will conduct performance and quality reviews on an annual basis.’

8.23 Despite requesting the information, unfortunately there are no records of any annual performance reviews of the PAMS service.

8.24 Summary –

8.25 Finding public information about the Posture and Mobility Service throughout Wales is problematic. Guidance on how to find such information needs to be made as clear and as simple as possible to the service user and the public.

8.26 Relevant Recommendation

8.27 4.3.1, 4.3.2, 4.3.3.

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9 Opportunities to develop or improve the service in future

- 9.1 Sections 7 and 8 of this report have looked at the first two questions of the brief for the investigation. Having received evidence from service users, Local Authorities, PAMS, WHSSC and others, and having considered whether there are any processes in place to address any dissatisfaction, we are moving on to consider the third question - 'If needed, how could the service be improved for the future?'
- 9.2 It would be very unusual if there was no room to improve any service offered by the Health Service or any of its partners. Holding this scrutiny investigation has given organisations the opportunity to come together to consider from anew whether the existing provision is the best it can be. By holding joint discussions, opportunities have arisen to consider new opportunities for the future.
- 9.3 These are the main matters raised:
- 9.4 PAMS notes that there are a number of reasons that targets had not been reached over the past years (staff sickness, increase in demand) which are now on the way to being resolved. It is also encouraging that a new phone system has been installed at the centre in Wrexham, therefore this should be monitored to see if it improves the service for the individuals and for partners.
- 9.5 An action plan in response is included in Recommendations 4.3.1. and 4.3.3.
- 9.6 In addition to providing clinical medical care to the individual who is dependent on a wheelchair, PAMS also works with a number of other agencies in order to offer wider support that would enrich the well-being of the individual. Plans are currently in place between North Wales PAMS and Disability Sports Wales, Coleg Cambria, Glyndŵr University and the Department for Work and Pensions. The work with Disability Sports Wales is expanded upon in 7.76. As the evidence we have so far has demonstrated that this partnership work leads to improving the quality of the service user's life, more opportunities should be investigated and the existing opportunities extended.
- 9.7 An action plan in response is included in Recommendation 4.3.9.
- 9.8 The north Wales PAMS is participating in a project looking at outcome measures for Mobility and Quality of Life. This project is developing a patient reported outcome measure for mobility quality of life. This is a three-year project that the service hopes will provide a key indicator for the outcome of the equipment and the service the client has experienced.
- 9.9 An action plan in response is included in Recommendation 4.3.9.

9.10 Gwynedd Council and PAMS Officers have discussed the options for collaborating across agencies in order to improve and speed up the service for the service user. One option discussed was to review the role of GPs in the process of submitting a referral to the service. PAMS's response was as follows:

'The service prides itself in its approach to promoting joint working with stakeholders of the service. The service is committed to creating a positive relationship with all its stakeholders and any opportunity that is available to enhance this will be taken by the service. The service will progress engagement with GP Cluster Leads to identify areas of improvement that will benefit from further development.'

9.11 An action plan in response is included in Recommendations 4.3.4, 4.3.5 and 4.3.8.

9.12 The existing paper form for referring individuals for assessments has received multiple criticisms -

9.12.1 Would an electronic system not speed up the process?

9.12.2 Need to acknowledge receipt of the form within five days (in line with the KPI target) and, also within that time, inform the individual and any professional helping the individual with the application form of any missing information or any additional information that is required

9.12.3 Would it be possible for professionals in organisations outside the PAMS to be trained, or at least receive information and direction in order to complete the application form as fully and as accurately as possible?

9.12.4 As this is a form that is used nationally by the three centres, a national level agreement would be required to amend it. Nevertheless, we believe that great benefit would derive from doing this.

9.13 An action plan in response is included in Recommendation 4.3.4.

9.14 PAMS and Gwynedd Council have agreed to collaborate in order to improve the communication path between both organisations, and to attempt to hold joint visits with individuals in order to assess them for wheelchairs.

9.15 An action plan in response is included in Recommendations 4.3.5 and 4.3.6.

9.16 There is one major factor that influences the speed of the service that PAMS offers, especially when having to repair equipment urgently; that is the geographical nature of the area it serves and the travel time and distance. One visit to an individual's home to repair a wheelchair could take almost a full day, and if it is not possible to repair it there and then (only 80% of chairs are fixed on the First Fix), then a second visit needs to be arranged. Therefore, it is

required to consider whether there are any steps that could be taken to minimise the need to repair equipment in the first place, or to identify any other problems that the individual could develop as soon as possible.

- 9.17 An action plan in response is included in Recommendations 4.3.10, 4.3.11 and 4.3.12.
- 9.18 PAMS has already agreed to look into some options to minimise waiting times for a wheelchair or to repair equipment. It should be emphasised that these do not replace the more intensive assessments that should be undertaken:
- 9.18.1 Regular maintenance arrangements on equipment
 - 9.18.2 Training for the individual, and any other carer or professional who supports him/her on how to use and look after the equipment
 - 9.18.3 Training for the individual, and any other carer or professional who supports him/her on how to identify signs of pressure sores
 - 9.18.4 The possibility of using technology, e.g. Skype, in order to conduct basic assessments of problems - before PAMS/Ross Care staff come out to repair equipment or assess the individual's health.
- 9.19 An action plan in response is included in Recommendations 4.3.10, 4.3.11 and 4.3.12.
- 9.20 The North Wales PAMS service has been performing training with Occupational Therapist students based at Glyndwr University for over 3 years. This training gives all successfully qualified new Occupational Therapist the appropriate skills and knowledge when referring in to the service.
- This is a commendable development, and therefore research should be carried out to see if it would be possible to use the same model when training new therapists in other areas.
- 9.21 An action plan in response is included in Recommendation 4.3.9.
- 9.22 Providing the individual with the correct equipment is only one part of the jigsaw, and everyone who supports the individual and provides him/her with a service needs to collaborate if the aim of PAMS is to be realised, namely "to maximise ability and minimise disability." Any opportunities that will help the individual to live the life he/she wishes to live should be sought and developed.

10 Contributors

Posture and Mobility Service – Wrexham Centre

Posture and Mobility Service – Cardiff Centre

Welsh Health Specialised Services Committee

North Wales Community Health Council

Children and Adults Social Services within Gwynedd, Anglesey, Conwy, Denbigh and Wrexham Councils.

Service users (individuals)

Gwynedd Council Disability Sports Development Officer,

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Supporting Disabled People in Gwynedd

<p>A</p>	<p><u>What is the matter being considered as a scrutiny issue, and why?</u></p> <p>Following a Notice of Motion proposed by Councillor Peter Read to a full meeting of the Council on 15 June 2017, the Council agreed:</p> <p>“That the Council refers the question of the suitability of the arrangements for providing wheelchairs for Gwynedd residents for consideration for the scrutiny programme.”</p> <p>In accordance with the Council’s scrutiny procedures, the matter was referred to the Care Scrutiny Committee who in turn agreed that the matter would be best resolved by undertaking a Scrutiny Investigation. At a meeting of the Care Scrutiny Committee on 30 January 2018 it was agreed that the suitability of prosthetic provision was to be added to the brief.</p>
	<p><u>Background</u></p> <p>In Wales, prosthetic and wheelchair provision is provided by the Posture and Mobility Service (PAMS), which has also been known in the past under the acronyms ALAS or ALAC.</p> <p>PAMS is an all-Wales service which is commissioned by the Welsh Health Specialised Services Committee (WHSSC), and its services are provided with the co-operation of 3 Health Boards and it also works with sub-contractors. The service has 3 Centres – Wrexham, Cardiff and Swansea – and the provision for Gwynedd residents is usually organised by the centre in Wrexham. The aim of PAMS is to provide a fair and consistent service which supports individuals to rehabilitate within their communities.</p> <p>Some members of the public and organisations that support disabled people, and the Gwynedd Council Disability Champion have been in touch to complain about some aspects of the service.</p>
<p>B</p>	<p><u>Aim of the Investigation</u></p> <p>The main matters to be considered will be</p> <ul style="list-style-type: none"> - The number and seriousness of the complaints of the wheelchair Service provided by ALAC. - What were the content and timetable of response from ALAC to the complaints? - How much evidence is there on the satisfaction/dissatisfaction with the Service? Are there any themes in the evidence/information?

	<ul style="list-style-type: none"> - Is there evidence to show that the individuals who use the services are put in the centre in the Process of assessing and providing suitable appliances and are assisted to live their lives in the way they wish to live it? - Is the process fit for purpose?
C	<p><u>Context</u></p> <ul style="list-style-type: none"> - Consider the requirements of the Social Services and Well-being Act 2014 in terms of putting the service user at the centre in the process of assessing and providing suitable appliances. - Consider requirements in terms of Welsh Government, the Health Board and procurement and contractual arrangements. - Consider Case Studies (the good and not so good) from Gwynedd and other areas of north Wales.
D	<p><u>Gathering Evidence</u></p> <ul style="list-style-type: none"> - Gwynedd Council and the Health Board <ul style="list-style-type: none"> o Mari Wynne Jones, Older People and Physical Disabilities Senior Manager o Ceryl Davies, Learning Disabilities Senior Manager o Area Leaders - <u>Health Board</u> <ul style="list-style-type: none"> o Tissue Viability Nurses o Medical Experts - Welsh Government - Contracting and Monitoring Officer - ALAC North Wales - Chief Officer - ALAC Cardiff - Chief Officer - ALAC Swansea - Chief Officer - Third Sector – ask Mantell Gwynedd for relevant organisations - Service Users - Careful consideration must be given to how feedback from service users can be obtained because of confidentiality and data protection issues.
DD	<p><u>Analysis</u></p> <ul style="list-style-type: none"> - Weigh up the evidence gathered from those interviewed
CH	<p><u>Good Practice and Lessons to be Learnt</u></p> <ul style="list-style-type: none"> - Consider how similar services are delivered in other areas.

	<ul style="list-style-type: none"> - Record obstacles and good practice
E	<p><u>Writing the Report</u></p> <ul style="list-style-type: none"> - Note and provide evidence of the main findings - Note the recommendations for short-term outputs - Note the longer term recommendations and outputs - Discuss and agree upon the draft Report with task leaders within Gwynedd Council and the Health Board and Welsh Government - Submit the Final Draft Report to the Communities Scrutiny Committee for observations and endorsement - Publish the Final Report
F	<p><u>Action Plan</u></p> <ul style="list-style-type: none"> - Make recommendations for the consideration of the Health Board and Welsh Government, Adults, Health & Wellbeing and Children & Young People Cabinet Members and ask for a response to the recommendations. -
FF	<p><u>Track Progress</u></p> <ul style="list-style-type: none"> - Depending on the outcome of the investigation, if there are recommendations that the scrutineers could receive an update, this will be provided as an informal update report.
G	<p><u>Timetable</u> –</p>

BCUHB response to the Scrutiny Investigation Report: Supporting the Disabled People of Gwynedd (Wheelchair Service)

BCUHB welcome the opportunity to respond to the recommendations of the investigation by the Care scrutiny committee. Unfortunately as the full report has only recently been made available for consideration we are unable at this time to make any detailed observations on its contents, but will commit to review the full report, along with our commissioners WHSSC and our service teams. We welcome the acknowledgment within the report of our willingness to engage throughout the period of investigation and will endeavour to use the findings within it to continue to improve service delivery for all users.

Response to Recommendations:

Recommendation 1

That the Cabinet Member for Adults, Health and Wellbeing refers this report for the attention of the North Wales Community Health Council, and ask them to consider the need to hold a national review of the suitability of the wheelchair provision from the perspective of the service users.

BCUHB response

We welcome to involvement of the Community Health Council in reviewing the service and providing their input to support continual improvement of services provided for the residents of Wales. In relation to the suitability of wheelchair provision in Wales, there are several aspects that could be explored, some of these BCUHB can influence, such as looking at a variety of ways in which the views of service users are gathered. Others, such as what is on the wheelchair framework and the approach to providing wheelchairs in Wales are not a decision the Health Board make, as they are made at an All Wales level through WHSSC and the Welsh Government.

Recommendation 2

That the Cabinet Member for Adults, Health and Wellbeing refers this report for the attention of the Minister for Health and Social Services at Welsh Government.

BCUHB response

BCUHB would ask that as part of this submission the original report provided to the scrutiny committee by the Posture and Mobility service be provided alongside their report.

Recommendation 3

That the Welsh Health Specialised Services Committee (WHSSC) publishes its annual report on the performance on the Posture and Mobility Service, in accordance with its policy, so that it can be scrutinised publicly.

BCUHB response

BCUHB acknowledges that this is a matter for WHSSC to provide the information

Recommendation 4

That the Posture and Mobility Service (PAMS) researches the possibility of having an electronic form or referral system that everyone involved with the referral process can follow. If this is not possible, a communication system should be agreed which ensures that the PAMS immediately informs the referee that the referral has been received, and the expected timetable.

BCUHB response

The Electronic referral forms has been raised between the Services in Wales and development is underway to address this. The Posture and Mobility service will also explore the options for improving the communication process with service users upon receipt of a referral and the next steps.

Recommendation 5

That the Posture and Mobility Service continues to work with other organisations (e.g. GPs, local nurses, occupational therapists in the community) in order to share information about an individual's needs assessments for a wheelchair. This should avoid duplication and the need to hold separate reviews for the provision of other equipment, e.g. shower chairs.

BCUHB response

As acknowledged within the report and shortly after the original scrutiny committee meeting in January 2019, meetings have been set up with the local social services Occupational Therapy team. This relationship will be one that continues to be in place to ensure that joint working forms a key part of the process for patients when assessing their social needs and their wheelchair needs, so that the any adjustments required are identified early and efficiently.

Recommendation 6

That the Posture and Mobility Service and Gwynedd Council (and other Councils if they so wish) continue to collaborate in order to attempt to overcome the existing barrier of having separate assessments for the needs of the individual that requires a wheelchair, and the need for adjustments to the individual's home.

BCUHB response

See response above

Recommendation 7

The outcomes of the new scheme that is being trialled in south Wales to train some specialist staff in the community in order to hold the Level 2 assessments (specialist or powered wheelchairs) should be considered. If successful, consideration should be given to rolling it out nationally.

BCUHB response

The Posture and Mobility service in BCUHB do work closely with their colleagues in South Wales and will liaise with South Wales regarding this trial and the outcomes and next steps associated with it, with a view to adopt/adapt when necessary for local implementation.

Recommendation 8

In line with the principles of the Community Clusters (health and social care workers collaborate on a local level), information regarding which staff from which organisations are trained to hold Level 1 and 2 assessments should be shared locally amongst all organisations that support individuals in wheelchairs, in order to speed up the referral process for the benefit of the service user.

BCUHB response

The Posture and Mobility service will work with Social Services colleagues to identify training needs and support that training where required. In terms of sharing information about training there will be GDPR considerations and this will be factored into the training provision and training logs.

Recommendation 9

Gwynedd Council to keep an eye on the Pressure Mapping scheme that is being trialled in the Wrexham area in order to see whether it is a success, and extending its provision in Gwynedd.

BCUHB response

Pressure mapping is used by Posture and Mobility for those service users where postural needs require specific assessment and provision. This is the case for all areas of BCUHB and has been in place for some time.

Recommendation 10

Consideration should be given to training local nurses, occupational therapists, physiotherapists, carers, etc. to monitor the use of specialist chairs and equipment in order to attempt to anticipate problems with the equipment, or to identify whether there is a need to adjust it to respond to the needs of the individual, and promptly inform the Posture and Mobility Service of any needs promptly.

BCUHB response

As outlined above, relevant training will be provided to partners to support the on-going management of service users who require a wheelchair.

There are occasions when faults occur with the wheelchairs and the service is continually reviewing processes to manage this. One relative recent addition to that support is an app that links to a service users mobile phone and can detect certain specific faults/issues with a wheelchair. This information can then be relayed to the Ross Care team who can then identify what is required, improving the “first fix” rates through identify the specific issue. This means that advice can be given over the phone (in some instances) and in others the technicians can identify what they need to take out (i.e. equipment) on their visit to fix the issue promptly. On-going review of the key performance indicators for this will be reviewed as part of the contract review process.

Recommendation 11

Local nurses, occupational therapists, physiotherapists, carers, etc. should inform the PMS promptly if they are aware of defective chairs or equipment not being used anymore, so that they can be collected and reused by others in need.

BCUHB response

The Posture and Mobility service would welcome this support

Recommendation 12

As training is already available to carers on the use of wheelchairs, this should be promoted and maximised.

BCUHB response

The Posture and Mobility service continually look at ways to promote the service and ways to engage with service users to develop the service.

BCUHB Summary

There are some points of correction that need to be raised in relation to the content of the report, which are outlined below. If these could be reflected in the final version that would be very much appreciated.

6.15 Correction: there are approximately 66 various models of wheelchair available to the service for Adults and Children.

7.45 The statement in point 7.45: *“The second-hand experience of the Councils' staff, where adults are assessed and then receive a wheelchair, demonstrate that there is quite a high level of dissatisfaction about the service.”*

BCUHB do not feel that this provides a balanced reflection of the service, given that only five people were consulted for feedback as part of the evidence gathering for the report. BCUHB feel that the statement should be amended along the following lines:

*The second-hand experience of the Councils' staff, where adults are assessed and then receive a wheelchair, demonstrate that there is **some** level of dissatisfaction about the service.”*

The BCUHB Posture and Mobility service would like to thank Gwynedd Council for producing this report and highlighting some area that the service can look to improve upon.

There have been a few other areas of improvement since the scrutiny committee meeting in January 2019 that are worthy of a mention here, not least the performance level of the service. As highlighted in the Gwynedd report, WHSSC sets a target that 90% of all adults and children are assessed and receive their wheelchair within 26 weeks. Currently (as of July 2019) the adult service is sitting at 92% and children is at 100%. This is a significant improvement on the adult performance, which was at 81% at the time of the scrutiny committee meeting. Weekly meetings are in place to review all service users who are

currently above 26 weeks, to identify what measures need to take place to improve this position further.

In addition, service user feedback information gathered from service users over the last 6 months have included the following comments:

February 2019

STAFF VERY POLITE AND HELPFUL. NOTHING WAS TOO MUCH TROUBLE. INCLUSIVE AND THE EVIDENCE OF THINKING OF THE BENEFITS TO BE ACHIEVED BY THE EQUIPMENT.

What could be improved?

HARD TO IMAGINE. EXCELLENT SERVICE.

March 2019

What was good about the service?

EVERYTHING WAS EXPLAINED AND IT WAS A VERY PLEASANT EXPERIENCE.

April 2019

What was good about the service?

CONSISTENCY. EXCELLENT STAFF.

MY NEEDS ARE DEALT WITH.

Informative. THE STAFF LISTENED.

KIND STAFF LISTEN TO ME.

EXPLAINED EVERYTHING IN DETAIL, LISTENED TO MY NEEDS.

EFFICIENT AND POLITE SERVICE.

What could be improved?

MORE STAFF FOR SHORTED WAITING TIMES.

August 2019

What was good about the service?

"They listened to what we had to say, were very understanding of our needs."

The Posture and Mobility service will continue to review a variety of methods of capturing service user feedback. The service does response promptly to formal concerns and On the Spot concerns. The service does acknowledge that not all informal concerns/complaints may reach the department but it will look at ways of making this easier for service users as well as improving some of the lines of communication that the report highlighted.