

Posture and Mobility (Wheelchairs) Service – Report to Scrutiny – January 2018

1.0 Introduction

- 1.1 Three years ago, Greater Huddersfield, North Kirklees and Calderdale CCGs recognised that local posture and mobility services, which include the provision of wheelchairs and specialist wheelchair seating, needed improving and following a procurement process we commissioned Opcare Limited to take forward the contract.
- 1.2 Since then, working closely with Opcare, the CCGs have seen improvements: in the clearing of the larger than expected inherited backlog of requests within the first year; as well as addressing delays in the length of time taken to provide equipment to users; and the premises from which the service operates. However, over the course of the contract we have seen an increase in the volume of activity and a change in the types of products being required significantly over and above the initial forecast of demand. With a year on year increase in demand for people requiring wheelchairs with more complex needs, we are working with Opcare to explore what we can do to ease current pressures.
- 1.3 In terms of demand the forecast of activity at the time of the award of contract based on activity data from the then provider indicated a level of demand representing 1,925 cases a year, in the last two years demand for the service has been around 2,950 cases each year representing the delivery of a 53% increase. In conjunction to this we have seen that the service has provided a higher proportion i.e. an average of 35% of wheelchair and seating products rather than cushions and accessories than originally expected. This has clearly created pressures within the contract to maintain performance and continue the improvements we had seen previously.
- 1.4 In recognising these pressures and the work carried out by Healthwatch in respect of the service, we know there is still a lot more to do. We are also carrying out a full review of the requirements of the service so we can provide a sustainable, quality service into the future. As part of this, we will be engaging and if required consulting with wheelchair service users and key stakeholders. This will give us an in depth understanding of the needs of our service users and help ensure that the service is fit for purpose in the long-term.
- 1.5 We are committed to working with Opcare to continue to improve the service and deliver the best possible outcomes for service users.

2.0 Background

- 2.1 The service to cover the Calderdale and Kirklees area (Calderdale, Greater Huddersfield and North Kirklees CCGs) was commissioned through the use of a competitive procurement process during 2013/4 with the intention of the re-commissioned service commencing on 1st September 2014. However, a delay in finalising the agreement resulted in the start of the contract being set as 1st October 2014 for a period of 3 years with option to extend on a 1 year plus 1 year basis.
- 2.2 The contract cost envelope was set based on the then known value of activity determined by information requested and gained from the incumbent provider of the service, Calderdale and Huddersfield NHS Foundation Trust (CHFT). The contract consequently had a fixed cost envelope of £4.2m over the initial 3 year period.
- 2.3 The contract based on a detailed service specification is for the provision of posture, mobility and wheelchair services for all children and adults with complex or non-complex requirements where a permanent physical/cognitive or degenerative long term condition has been identified which impairs mobility.
- 2.4 Prior to the procurement a review was undertaken by Yorkshire & Humber Commissioning Support Unit which indicated that the average wait for assessment was around 10 weeks in 2010, 26 weeks in 2011 and 28 weeks for 2012. It was estimated that the average wait for provision of either adult or child seating was 40 weeks.

- 2.5 Activity information was provided in respect of product issued. Historically the service had not categorised users into groups or categories, therefore there was limited data in respect of the type of complex needs, this lack of clarity extended to data on most types of provision. A key risk identified at that time was the extent and complexity of the backlog of both assessments and provision of equipment following assessment.
- 2.6 Bidders were provided with information on this and asked to provide a plan on how they proposed to deal with this and identify and explain any associated costs. From this it was identified that the most cost effective way of clearing the waiting list was to fund this across the 3 year term of the contract.
- 2.7 It was recognised that this placed a risk within the affordable financial envelope. The financial envelope was based on previous block funding arrangements, with the caveat that there may be variances between stated values and expenditure within the wheelchair services function. This coupled with poor activity and pathway statistics represented a risk as each CCG started to understand its particular activity. This risk is directly affected by the investment to clear the waiting list. Improved reporting based on specific CCG activity would be used to regularly review activity in line with expectations.
- 2.8 The financial envelope for each of the CCGs across the three plus one contract years is shown in the table below:

	Contract Value											
	C CCG			GH CCG			NK CCG			Overall		
	'000s			'000s			'000s			'000s		
	Core	N-R	Total	Core	N-R	Total	Core	N-R	Total	Core	N-R	Total
Year 1	£ 408.5	£ 420.0	£ 828.4	£ 500.0	£ 39.3	£ 539.3	£ 503.4	£ 39.3	£ 542.7	£ 1,411.8	£ 498.6	£ 1,910.5
Year 2	£ 408.5	£ 50.0	£ 458.5	£ 500.0	£ 39.3	£ 539.3	£ 503.4	£ 39.3	£ 542.7	£ 1,411.8	£ 128.7	£ 1,540.5
Year 3	£ 408.5	£ -	£ 408.5	£ 500.0	£ 39.3	£ 539.3	£ 503.4	£ 39.3	£ 542.7	£ 1,411.8	£ 78.7	£ 1,490.5
Year 4	£ 408.5	£ -	£ 408.5	£ 500.0	£ 87.5	£ 587.5	£ 503.4	£ 87.5	£ 590.9	£ 1,411.8	£ 175.0	£ 1,586.8

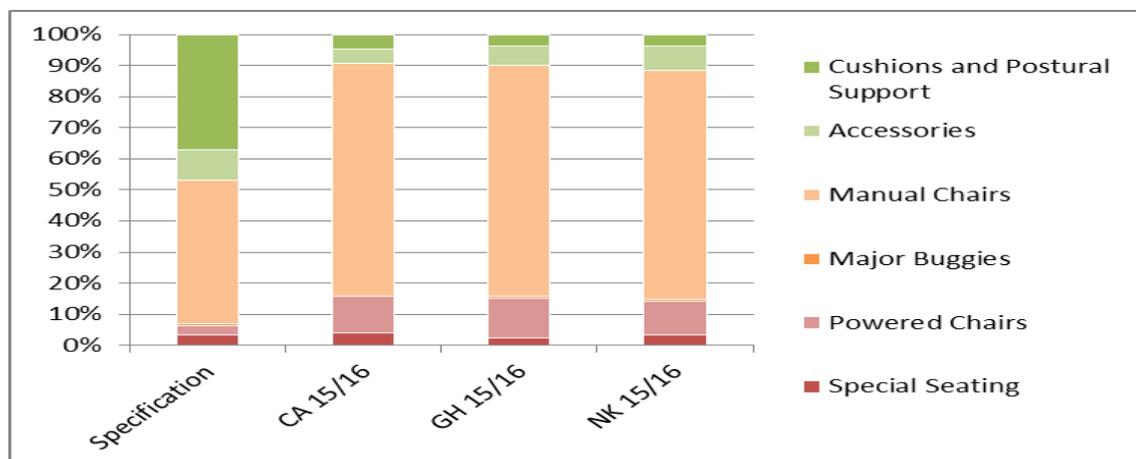
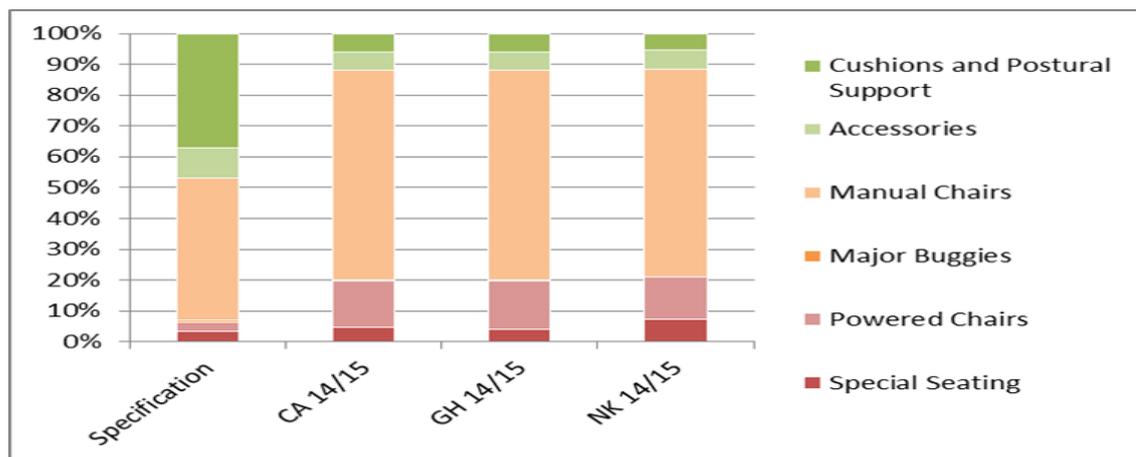
3.0 How has demand changed?

- 3.1 Following commencement of the contract Opcare had the opportunity to re-assess the backlog presented to it. The re-assessment identified that there were 407 clients requiring assessment. The combination of those awaiting assessment and those requiring re-assessment for complex seating and equipment due to the length of time that had elapsed amounted to 1,400 backlog therapy appointments. The original forecast cost of eliminating the backlog within the first 12 months had been £295k; the CCGs had committed non-recurrent funding over the three year period amounting to £354k. Following the re-assessment the revised estimate of the funding required to clear the inherited backlog was £635k.
- 3.2 During the 2014/15 financial year Calderdale CCG provided additional non-recurrent funding to support the contract in the order of £302k to allow the completion of the work required to remove the inherited backlog during the contract year. Calderdale CCG provided a further £50k non-recurrently in 2015/16 financial year to support development of premises at Elland.
- 3.3 For comparison the overall waiting list at the beginning of Year 1 of the contract was 1,649, at the beginning of Years 2 and 3 of the contract the waiting list was 1,157 and 1,381 respectively.
- 3.4 A comprehensive comparison of the improvement of service brought about by the commissioning of this contract is limited due to the lack of performance indicator monitoring available in years previous. The specification for the service anticipated the following

annual referral level to be 1,925 a year. This was an overall figure i.e. not being capable of being broken down by individual CCG. The profile of referral reason provided was as follows:

Referral Reason categories	Specification breakdown of equipment issued	%
Manual Chairs	1,236	46.24
Powered Chairs	80	2.99
Major Buggies	16	0.6
Accessories	262	9.8
Cushions and Postural Support	992	37.11
Special Seating	87	3.25

- 3.5 For the period October 2014 to September 2015, actual referrals to the service were 2,642 representing demand in excess of 37% in year over the original anticipated figure. This did not include the activity identified as backlog at the commencement of the service. For the period October 2015 to September 2016 actual referrals to the service were 2,959, representing demand in excess of 53% in year over the original anticipated figure. For the period from October 2016 to September 2017 actual referrals to the service were 2,904, representing demand in excess of 50% in the year to date over the original anticipated figure.
- 3.6 As previously described the individual commissioner complexity was not available, the specification provided the breakdown as a whole for the service. Since the start of the service this split has been available and provides a 'complexity mix' that can be used.



3.7 Analysis of the data for 2016/17 suggests that the profile and therefore the complexity mix are consistent with 2015/16. The detail is provided below:

	2014/15	2014/15	2015/16	2015/16	2016/17	2016/17
Referral Reason categories	CCCG	%	CCCG	%	CCCG	%
Manual Chairs	589	68.01%	768	74.64%	678	71.52%
Powered Chairs	131	15.13%	121	11.76%	86	9.07%
Major Buggies	2	0.23%	0	0.00%	5	0.53%
Accessories	50	5.77%	47	4.57%	78	8.23%
Cushions and Postural Support	53	6.12%	50	4.86%	46	4.85%
Special Seating	41	4.73%	43	4.18%	55	5.80%
Totals	866		1029		948	

Referral Reason categories	GHCCG	%	GHCCG	%	GHCCG	%
Manual Chairs	634	68.17%	790	74.25%	665	71.05%
Powered Chairs	148	15.91%	135	12.69%	106	11.32%
Major Buggies	1	0.11%	7	0.66%	8	0.85%
Accessories	55	5.91%	67	6.30%	49	5.24%
Cushions and Postural Support	55	5.91%	40	3.76%	62	6.62%
Special Seating	37	3.98%	25	2.35%	46	4.91%
Totals	930		1064		936	

Referral Reason categories	NKCCG	%	NKCCG	%	NKCCG	%
Manual Chairs	570	67.38%	639	73.79%	608	72.64%
Powered Chairs	114	13.48%	93	10.74%	75	8.96%
Major Buggies	0	0.00%	4	0.46%	0	0.00%
Accessories	54	6.38%	68	7.85%	57	6.81%
Cushions and Postural Support	45	5.32%	32	3.70%	42	5.02%
Special Seating	63	7.45%	30	3.46%	55	6.57%
Totals	846		866		837	

3.8 Based on the activity levels over the first three years of the contract, the anticipated demand, if no change is made to eligibility or threshold criteria is around 3,000 issues of equipment with the complexity mix being similar to that seen over the last two years. It should be noted that work is underway to review the service and the demand profile, this work is covered later in this paper.

3.9 During the period of the contract, recognising that the contract has been based on a fixed financial envelope, the CCGs have sought to respond to the emerging evidence of increased activity and complexity by providing when available non-recurrent funding in Years 1 and 2 and again for the start of Year 4.

4.0 How is the contract monitored?

4.1 The service is monitored against a wide range of performance indicators. There are 29 indicator domains and some 42 separate measures. In terms of monitoring and comparing performance levels, the following domains are used as key indicators:

KPI 11 – Waiting Times

KPI 18 – Equipment Delivery Times

KPI 26 – Emergency Call-Out and Repair

KPI 27 – Urgent Assessments completed within 10 days

- 4.2 The following table provides the key individual indicators within these domains. Current levels of performance are shown as 'Overall' i.e. across all three CCGs comparing October and November 2017 contract performance with outturn of the 16/17 and 15/16 contract years.

Key Performance Indicator	Target	Overall Year 15/16	Overall Year 16/17	GHCCG Year 16/17	GHCCG Nov 17/18	NKCCG Year 16/17	NKCCG Nov 17/18	CCCG Year 16/17	CCCG Nov 17/18
Waiting Times (KPI 11)									
11d - Urgent referrals pathway 2 weeks	100%	63%	74%	68%	83%	65%	83%	73%	90%
11e – Standard receipt of referral to prescriptions 6 w/weeks	100%	60%	41%	46%	78%	48%	75%	42%	69%
11f – Prescription to delivery basic standard chair 3 w/weeks	100%	80%	61%	60%	56%	60%	57%	49%	64%
11g – Prescription to delivery manufacturer order 6 w/weeks	100%	79%	66%	63%	67%	65%	70%	62%	74%
11h – Prescription to delivery made to measure 12 w/weeks	100%	82%	70%	27%	0%	33%	0%	38%	0%
Equipment Delivery Times (KPI 18)									
18a – Assessment to handover – standard wheelchair 3 weeks	98%	78%	78%	75%	56%	72%	57%	75%	64%
18b – Made to measure wheelchair 6-12 weeks	98%	80%	87%	77%	0%	65%	0%	52%	0%
18c - Prescription receipt 12 weeks	98%	80%	76%	76%	89%	76%	79%	78%	88%
18d – Referral to handover within 18 weeks	98%	69%	62%	66%	83%	71%	77%	68%	77%
Evidence Emergency Call out & Repair within timeframes (KPI 26)									
26b – Urgent emergency repairs completed within 24 hours	100%	98%	83%	91%	25%	100%	100%	92%	22%
26c – Repairs to powered and non-powered chairs within 3 days	100%	74%	81%	74%	100%	74%	94%	72%	90%
26d – Delivery of powered and non-powered chairs 3 days	100%	69%	33%	31%	72%	31%	64%	26%	85%
26e – Collection of powered and non-powered chairs 5 days	100%	92%	92%	82%	100%	86%	95%	82%	96%
Urgent assessments completed within 10 (KPI 27)									
27c - % Completed within 10 working days	98%	82%	56%	80%	83%	76%	93%	72%	100%

- 4.3 The contract is based on a NHS Standard Form of Contract, which within it has provisions relating to management of performance. The contract is monitored through monthly (more frequently if required) contract management meetings. At this meeting performance is reviewed in conjunction with other issues such as any service user complaints; waiting list information; budget run-rate; provider staffing position and risks.
- 4.4 The CCG has at its discretion the ability to issue a performance notice to the provider setting out its requirement to provide the CCGs with a remedial action plan setting out what actions it will take to remedy breaches in performance. Failure to deliver either the outcome of the action plan or milestones set out within it would ordinarily be subject to a financial sanction. The particular nature of this contract, in that it is a fixed value, and that performance deficiencies are fully investigated within the contract management process and are attributed to increased activity and complexity as described earlier rather than provider inefficiency has meant that commissioners have not sought to pursue this as a viable option. The view being such action was likely to further exacerbate reduced performance against the key performance indicators.

4.5 Ordinarily, contract performance is then presented for scrutiny to the CCGs' Finance and Performance Committees, with an extract being provided routinely to Governing Bodies. However, particular issues would be subject to specific discussions in other forums such as the CCG's Senior Management Team meetings.

5.0 Summary of performance over the period of the contract

5.1 Information provided by Opcare indicates that the average waiting time to be 15 weeks with many cases closed well within this period. The length of time for those in excess of 18 weeks is estimated to be around 33 weeks. We are advised that provision outside 18 weeks relate primarily to re-referrals as opposed to new referrals. The following provides highlight performance and trend from October 2015, the point from which detailed information was available. The graphs below show performance as strong a year into the contract i.e. October 2015 but with a steady deterioration since that time. Performance against 18 weeks has remained fairly constant across the period.



5.2 In terms of average waiting times experienced by users of the service it is clear that this has deteriorated over the last two years of the contract. The following table provides the average wait (for all clients) for each of the first three years.

	Average Waiting Time (from referral to provision)							
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	118	16.9	118	16.9	131	18.7	122	17.4
Year 2	110	15.7	123	17.6	137	19.6	123	17.6
Year 3	152	21.7	151	21.6	136	19.4	146	20.9

5.3 Further analysis of completed pathways provides a further breakdown between provision against new referrals and re-referrals for both adults and children. This is provided below over the first three years of the contract and by individual CCG.

Average Waiting Time - New Referrals: Adults								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	62	8.9	82	11.7	84	12.0	76	10.9
Year 2	52	7.4	84	12.0	91	13.0	76	10.8
Year 3	99	14.1	101	14.4	89	12.7	96	13.8
Average Waiting Time - New Referrals: Paediatric								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	98	14.0	146	20.9	102	14.6	115	16.5
Year 2	92	13.1	142	20.3	141	20.1	125	17.9
Year 3	108	15.4	78	11.1	131	18.7	106	15.1
Average Waiting Time - Re-Referrals: Adults								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	165	23.6	145	20.7	173	24.7	161	23.0
Year 2	157	22.4	154	22.0	163	23.3	158	22.6
Year 3	194	27.7	180	25.7	159	22.7	178	25.4
Average Waiting Time - Re-Referrals: Paediatric								
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	209	29.9	217	31.0	196	28.0	207	29.6
Year 2	195	27.9	190	27.1	190	27.1	192	27.4
Year 3	214	30.6	239	34.1	222	31.7	225	32.1

5.4 Further analysis of completed pathways has provided a further breakdown of those clients waiting longer than 18 weeks for provision against new referrals and re-referrals for both adults and children. This is provided below over the first three years of the contract and by individual CCG.

Waiting Time > 18 Weeks- New Referrals: Adults				
	C CCG	GH CCG	NK CCG	Overall
Year 1	90	132	116	338
Year 2	51	130	107	288
Year 3	72	76	49	197
Waiting Time > 18 Weeks- New Referrals: Paediatric				
	C CCG	GH CCG	NK CCG	Overall
Year 1	7	15	19	41
Year 2	6	17	18	41
Year 3	4	4	8	16
Waiting Time > 18 Weeks- Re-Referrals: Adults				
	C CCG	GH CCG	NK CCG	Overall
Year 1	206	165	172	543
Year 2	158	196	187	541
Year 3	138	156	93	387
Waiting Time > 18 Weeks- Re-Referrals: Paediatric				
	C CCG	GH CCG	NK CCG	Overall
Year 1	53	35	62	150
Year 2	46	43	77	166
Year 3	40	41	45	126

5.5 The following table provides a recent breakdown of the waiting list broken down by referral category; these categories are defined in Annex A.

		New referrals	Awaiting Assessment	Awaiting Equipment	Total
C CCG	Low Need	84	29	250	363
	Medium Need	49	50	87	186
	High Need	43	34	95	172
	Specialist Need	10	16	22	48
	Total	186	129	454	769
GH CCG	Low Need	89	32	218	339
	Medium Need	75	60	90	225
	High Need	40	35	78	153
	Specialist Need	6	8	22	36
	Total	210	135	408	753
NK CCG	Low Need	79	30	214	323
	Medium Need	57	38	62	157
	High Need	48	36	68	152
	Specialist Need	7	18	38	63
	Total	191	122	382	695
Overall	Low Need	252	91	682	1025
	Medium Need	181	148	239	568
	High Need	131	105	241	477
	Specialist Need	23	42	82	147
	Total	587	386	1244	2217

- 5.6 Total open referrals at the end of September 2017 (end of Contract Year 3) were 1954. The table below shows the impact of the additional funding which brought the open referral list down to 1323 by the end of October.

OPEN REFERRALS	GH CCG	CCCG	NK CCG	Total
Open referrals end of September	660	671	623	1954
Open referrals end of October	436	452	435	1323
Open referrals end of November	447	463	491	1401

6.0 Service provided to service users

- 6.1 The following provides information in respect of the day to day operation of the service and is provided in response to a range of specific queries or lines of enquiry.
- 6.2 *What is the waiting list system* - New and re-referrals are received on a daily basis through various channels. Referrals are all handled the same way regardless of source and upon receipt of a referral the process can be summarised as follows: Referral received; Screening/Triage; the screening process determines the next steps and categorisation i.e. Urgent / Priority / Standard Issue / Routine; appointments are booked if required in date order e.g. oldest date first.
- 6.3 *What information is given to parents/carers about replacing wheelchairs* – Opcare currently provide information relating to care of equipment, servicing and maintenance rather than information on replacement.
- 6.4 *What is the system for replacements for children* – Once a child is under the care of the service they can be re-referred at any time if their clinical need or condition changes. The re-referrals generally come from parents, carers and healthcare professionals. If the change in clinical need or condition has developed to a point where the current equipment no longer meets or cannot be adapted to meet the need, it will be replaced.
- 6.5 *How is the assessment made on the best equipment and what factors are taken into account* – Assessments are made purely on clinical need. Before an assessment the patient's notes will be reviewed and any necessary paperwork completed before patients are invited into clinic. This may include environmental assessments if powered products are indicated as being required. For the sake of efficiency of resources, Opcare tend to run clinics by type i.e. Buggies; bespoke wheelchairs; powered wheelchairs; and special

seating clinic where this clinic will focus on service users who require special seating equipment. The assessment process can be complex and Opcare allow up to 2 hours for a complete and thorough assessment. All of Opcare's clinicians are registered with the Health Care Professions Council and hold a clinical qualification in Occupational Therapy or Physiotherapy. In addition to clinical staff, Opcare has a support team of rehabilitation engineers, technical wheelchair instructors and product specialists. Some third party suppliers of equipment included in the product fleet will also provide a level of support and training. It should be noted that the equipment type to be provided in respect of condition and need is set out within the contract.

- 6.6 *Are wheelchairs being repaired where in the past they would have been replaced* - If a wheelchair is economically repairable then Opcare will repair the wheelchair. If the wheelchair is beyond economical repair then it will be replaced. Opcare are expected to optimise budget expenditure by repairing whenever it is viable, the contract requires this and Opcare's approach to this has not changed.
- 6.7 *How does the CCG assess if there are children that are using the wrong wheelchairs because of delays in the system and what action do the CCGs take* – The CCGs do not measure this aspect of the service directly. The 18 week pathway is reviewed through the monthly contract review by the CCG. The CCG receives a contract review report detailing performance and any issues. The CCG responds appropriately and consistently to queries and complaints as and when they are raised and will raise such issues with Opcare and if necessary require action as they occur.

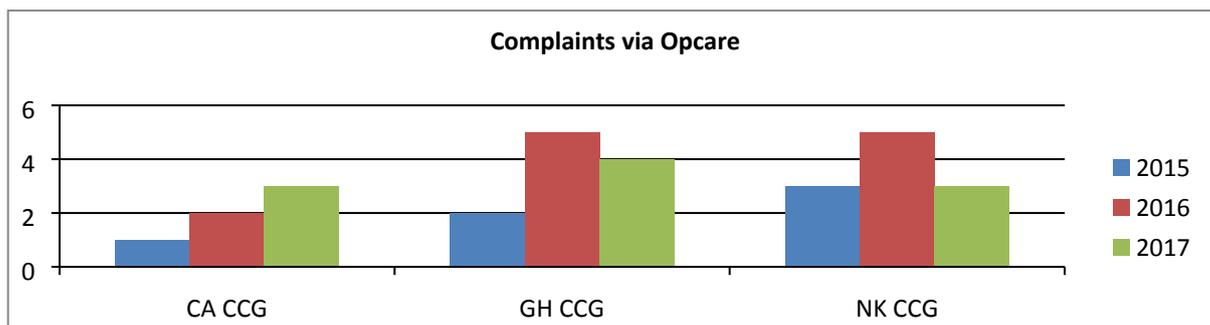
7.0 Work to improve the position

- 7.1 As part of the consideration to extend the contract by one year, representatives from each of the three CCGs undertook an evaluation of the service in April 2017, reviewing the service provided and demand. During the period of evaluation, the CCGs' engagement and quality team have been working directly with Opcare and the existing Opcare Service User Group to:
- Undertake a review of the patient charter
 - Identify any solutions to existing complaints
 - Look at an approach which would help to manage a reduction of any future complaints and address any issues
 - Develop Service Development Improvement Plan in respect of Patient Experience and Patient and Public Engagement
- 7.2 This has provided insight into existing systems, processes and challenges from Opcare's perspective, with Opcare identifying demand for urgent referrals as a challenge.
- 7.3 Following the evaluation a meeting was held to discuss the next steps and agreement was reached for the CCGs to meet with Opcare to discuss short, medium and long term options for the future service, identifying any associated risks and mitigating actions.
- 7.4 When the three CCG's and Opcare met on the 24th May 2017, Opcare informed the CCG's they were unable to accept an extension post September due to the risk inherent in increasingly long waiting lists and them being unable to continue to support the contract. Opcare offered to work with the CCGs in providing an action plan to balance funding and demand that would allow them to accept an extension without an unacceptable level of clinical, financial and reputation risk.
- 7.5 North Kirklees and Greater Huddersfield CCGs committed to providing £175k of non-recurrent funding during the remainder of 2017/18 financial year. This commitment was sufficient to allow Opcare to commit to the extension of the contract until 30th September 2018. Even with this financial commitment there is expected to be significant pressure on the ability to prevent further deterioration of performance.

- 7.6 Initial modelling of the impact of the £175k non-recurrent funding would enable Opcare to end the current financial year with a waiting list of between 2,100 – 2,200 open referrals, based on current volumes and eligibility criteria.
- 7.7 A Steering Group has been established with two sub- groups being tasked to review the contract current offer including thresholds and the range of wheelchairs/seating available within the contract. It is intended that the recommendations from the sub-group will be taken through the CCGs' governance process in January.
- 7.8 The other sub-group is considering the future service specification, in line with updated guidance around and the introduction of Personal Health Budgets for wheelchairs and including the service user view.

8.0 Evidence of user/ patient satisfaction

- 8.1 The objective of the Wheelchair Service is to provide: A referral and triage system for access to the service providing a timely multi-agency (where appropriate) clinically based comprehensive holistic assessment; that also takes account of carers, parents and families abilities; a prescription (based on need) of manual and/or powered wheelchairs within a maximum of 2 working days of assessment; information at the time of referral to enable the individual and their parents /carers to make informed decisions regarding care and requirements; support, information and scheduled reassessments at the time of first assessment; a wheelchair as part of the care plan for end of life care; flexible and proactive services for those children and adults with rapidly deteriorating conditions; and as part of the requirements for Long Term Conditions (LTC) the individuals agreed care plan is to be an integral part of the process.
- 8.2 Service users were involved in the initial procurement process during 2013/2014. This information provided a baseline of service user feedback. Since then Opcare have undertaken an annual satisfaction survey and run a service user group; neither of which have sufficient levels of engagement to ensure full representation of the range of service users. The most recent feedback was gathered by Healthwatch Calderdale and Kirklees who engaged with 91 parents/carers and service users up to April 2017. The engagement activity identified 5 key service gaps:
- Lack of routine review appointments for children and young people to assess their changing needs
 - Long waiting times for assessment
 - Long waiting times for repairs
 - Poor communication relating to accuracy of information provided and responsiveness to concerns
 - Equipment provision not meeting service user/family needs
- 8.3 As part of the improvement work CCG Engagement and Experience colleagues have supported Opcare to undertake a thorough stakeholder analysis in preparation for a comprehensive engagement activity. A full collated report will be made publically available in January 2018 all respondents to the surveys etc. who requested to see the final report will receive copies.
- 8.4 In the region of 100 service users & carers have also notified Opcare that they wish to have some level of ongoing input into the future service developments and specification design. The CCGs have asked Opcare to contact these individuals to check that they are happy with their details been shared with the CCG so that we can involve/contact them directly so as to avoid any potential conflicts with future plans for procurement etc.
- 8.5 In terms of formal complaints since the start of the service, the charts below provide detail of the number of complaints received by Opcare since the start of the service. Complaints started to increase in August/September 2016 with the majority relating to waiting times.



	2014/15			2015/16			2016/17			Total		
	Referrals	Complaints	Rate									
Calderdale	866	1	0.12%	1029	2	0.19%	948	3	0.32%	2843	6	0.21%
Greater Huddersfield	930	2	0.22%	1064	5	0.47%	936	4	0.43%	2930	11	0.38%
North Kirklees	846	3	0.35%	866	5	0.58%	837	3	0.36%	2549	11	0.43%
Totals	2642	6	0.23%	2959	12	0.41%	2721	10	0.37%	8322	28	0.34%
Rate per 000	2.27			4.05			3.68			3.36		

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 Greater Huddersfield, North Kirklees & Calderdale CCGs
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Annex A

National wheelchair data collection definitions	
Low Need	Occasional users of wheelchair with relatively simple needs that can be readily met
	Do not have postural or special seating needs
	Physical condition is stable, or not expected to change significantly
	Assessment does not typically require specialist staff (generally self-assessment or telephone triage supported by health/social care professional or technician)
	Limited (or no) requirement for continued follow up/review
	Equipment Requirements – Basic, non-modular wheelchair (self or attendant-propelled)/standard cushion/up to 1x accessory/up to 1x modification
Medium Need	Daily users of wheelchair, or use for significant periods most days
	Have some postural or seating needs
	Physical condition may be expected to change (e.g. weight gain / loss; some degenerative conditions)
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up / review
	Equipment requirements – Configurable, lightweight or modular wheelchair (self-or attendant propelled) / low to medium pressure relieving cushions / basic buggies / up to 2x accessories / up to 2x modifications
High Need	Permanent users who are fully dependent on their wheelchair for all mobility needs
	Complex postural or seating requirements (e.g. for high levels of physical deformity)
	Physical condition may be expected to change / degenerate over time
	Very active users, requiring ultra-lightweight equipment to maintain high level of independence
	Initial assessment for all children
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up/review with frequent adjustment required/expected
	Equipment requirements – Complex manual or powered equipment, , fixed frame chairs, high pressure relieving cushions, specialist buggies, up to 3x accessories / up to 3x modifications / needs are met by customised equipment.
Specialist Need	Highly complex postural or seating requirements (e.g. for high levels of physical deformity)
	Physical condition may be expected to change / degenerate over time
	Permanent users who are fully dependent on their wheelchair for all mobility needs
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up / review with frequent adjustment required / expected
	Equipment requirements – <ul style="list-style-type: none"> ○ Highly complex powered equipment with specialist controllers ○ Tilt in space chairs ○ Seating systems on different chassis ○ Complex manual wheelchairs with integrated seating systems ○ 4 or more accessories/4 or more modifications/highly complex modifications that needs are met by bespoke equipment/specialist controls/devices that require Integration with other assistive technology drivers