

July 2010

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Title of the Report Transforming Community Equipment Service

Ward(s) All

Portfolios: Councillor McCracken

Executive Summary:

The Transforming Community Equipment Programme was launched during 2006, tasked with undertaking a comprehensive review of existing community equipment services in England, and developing a different 'retail' delivery model for a new service that gives people greater choice and control.

The retail model means changing from a process whereby individuals rely upon the state run service to deliver items of equipment, to one where they will receive a prescription they can use to purchase directly from a catalogue of items that will be available from retail outlets across the Borough. The Centre for Independent Living will be developed to provide an opportunity for people to receive advice and assistance, and to try out items of equipment before they purchase.

Community equipment has been divided into simple items and complex items. The retail model is a solution for simple items, typically that cost less than £100.

Delivery of complex items will continue with the same arrangements as provided by the current service.

Reason for scrutiny:

This is a fundamental change in the access arrangements for simple items of equipment. It would place greater choice and control with individuals who need simple items, and it would mean a greater number of people will be able to access simple items than currently do.

Recommendations:

That:

The Scrutiny Committee support the continued exploration of the benefits to be achieved in moving to a retail model for access to simple items of equipment, alongside the development of a Centre for Independent Living.

Background papers:

None

Resource and legal considerations:

The move to a retail model changes the nature of the relationship between the individual, and the Council as the assessor of need and provider of service. Most people who only need simple items of equipment are usually not eligible for social care service against the Fair Access to Care Services (FACS) eligibility criteria. However, there is a strong case for continuing the provision as a preventive measure.

Individuals will receive an assessment of need and subsequent advice as regards their independence and well being. In the retail model, they then become an active citizen, directly purchasing simple items and protected in law by consumer protection.

It is estimated to achieve savings of over £200,000 per year on simple items. This may be needed to offset an expected growth in demand for complex items in line with demographic changes.

Some commissioning energy will need to be given over to working with retailers in Walsall to provide simple items from the Directory for sale. Some national chains have started to provide such items, and the pace of change will need to be calibrated to ensure that there is sufficient supply of items in the local retail market as the direct delivery of the same items is withdrawn.

Citizen impact:

The aim is to provide greater choice and control for those individuals who need to use simple items of equipment, because they will be able to purchase items directly. They may be able to add to the state or prescription funding with their own means, thus enhancing their level of service.

Environmental impact:

There is no environmental impact

Performance management:

There is a PI target to achieve over 95% of deliveries of items of equipment within 7 working days. However, the retail model would mean the service is no longer delivering items directly.

Equality Implications:


An Equality Impact Assessment has not yet been carried out. We are in the early stages on evaluating the likely benefits of moving to a retail model.

Consultation:

Limited consultation to date.

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WALSALL'S CURRENT SERVICE

Walsall currently has an in-house service provided through NHS Walsall based at the Integrated Community Equipment Services (ICES) store at Bentley Lane Industrial Estate. The store provides a procurement, storage, delivery, installation, maintenance, collection, cleaning and recycling service. The 2009/10 pooled budget within NHS Walsall Community Health for ICES was £1,359,696. The budget was allocated as follows;

Description	Sum of Annual Budget
Equipment	£896,830
Income	(£31,800)
Non Pay	£128,700
Pay	£65,966
Grand Total	£1,359,696

The proportionate shares for 2009/10 were;

NHS Walsall contribution £555,104 (41%)

Walsall MBC contribution £808,298 (59%)

Total Pool £1,363,402

Retained by Walsall MBC for audit fees £3,706

Total SLA Value £1,359,696

There was a small inflationary uplift on these figures for the 2010/2011 budget.

In the year October 2008 to September 2009 there were a total of 21,814 items of equipment issued across the social care and health service. Of these issues, 94% (20,574) were items under £100 while just 6% (1,240) of issues were for items over £100. In this same period 7,932 orders were processed meaning an average of 2.75 items of equipment are provided in each order.

Community equipment has been segmented into simple aids to daily living (SADLs) and complex aids to daily living (CADLs). The retail model is a solution for simple aids to daily living, typically simple equipment that is less than £100.

RETAIL MODEL

The Transforming Community Equipment Programme was launched during 2006, tasked with undertaking a comprehensive review of existing community equipment services in England, and developing a different 'retail' delivery model for a new service that puts users and carers at the centre.

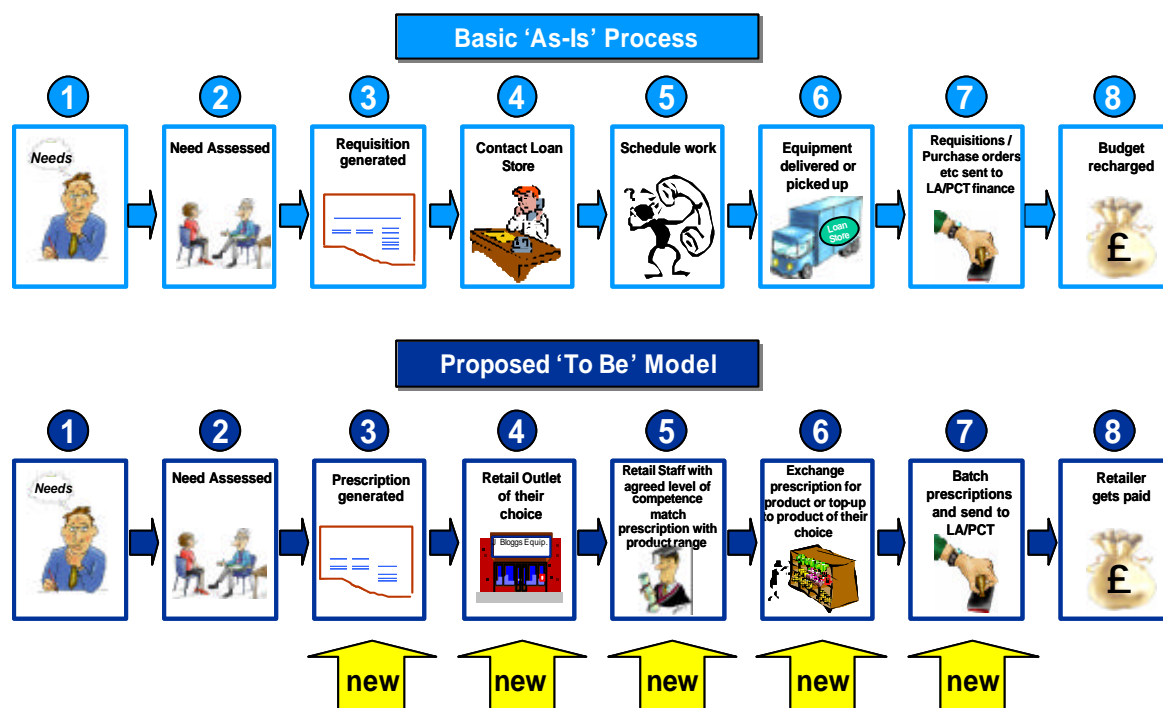
Fundamentally the retail model means changing from a process whereby individuals rely upon the service to deliver their items, to one where they will receive a prescription that they can use to purchase their items directly, from a catalogue that will be available from retail outlets across the Borough. Retail outlets may have to meet terms and conditions and standards for supply in order to meet a local accreditation process.

Prescriptions can be redeemed at any accredited retailer, not just accredited retailers in the locality of the issuing Local Authority / NHS partnership. Retailers would send fulfilled prescriptions to NHS Walsall or Walsall Council for payment.

The service currently operates according to a local catalogue that was prepared following extensive consultation by all interested parties. A National Catalogue has been prepared incorporating the most common items of equipment issued through community equipment stores in England. Generic specifications, meeting clinical need, have been developed to ensure the widest range of equipment items are available in the retail marketplace. Each Local Authority and Health partnership will be able to tailor the Catalogue to reflect the range of products they will provide within their locality.

High-Level Process

In place of a needs assessor generating an internal requisition, the user will be given a prescription to be redeemed at a retailer of their choice:



Delivery, Fit & Installation

If a user has the ability to access a retailer on their own or with support from a carer or family member, a prescription would be issued for them to redeem themselves. This is agreed at the point of assessment. When redeeming the prescription the user could choose to pay for delivery, delivery and fit or delivery and installation of the equipment. The retailer determines the cost of delivery, fit and installation services.

The retail model does take into consideration users who are unable to access a retailer on their own and have no carer or family network (i.e. vulnerable patients). In these situations delivery, delivery and fit, or delivery and installation can be prescribed. The user can arrange their own delivery with a retailer of their choice or jointly with an assessor. On delivery day the retailer will bring a selection of equipment along with the prescribed equipment so the user will still receive choice. The retailer will demonstrate how to use the equipment and will fit and/or install if required. A price for delivery, fit and installation is available on a National Tariff.

Where delivery, fit and installation services are not offered by the retailer, they will be provided through a locally commissioned arrangement.

Hospital Discharge Process

Best practice and planning is crucial to making the retail model work. Where a patient has a planned hospital visit i.e. hip replacement, equipment can be prescribed and redeemed at a retailer in advance in readiness for when the patient is discharged. Where a patient has an unplanned hospital visit, simple equipment can be issued from a pool of stock on hand then replenished through local retailers.

A majority of hospital discharges that require items of equipment are for simple items, however some discharges require both simple and complex equipment. This will be provided through the existing service as a mixed pack.

Urgent / Out of Hours Process

Out of hours and urgent equipment requests will be handled by emergency stores as currently done. Replenishing emergency stock of simple equipment would be done through arrangements with local retailers.

ISSUES WITH CURRENT SERVICE CONFIGURATION

The state is the largest single purchaser of community equipment. As a result the products:

- Lack any aesthetic and lifestyle appeal; they have a 'medicalised' appearance and are usually only available in white
- Are over-engineered for use in a home environment, unnecessarily adding to material manufacture costs
- Are specified to state requirements of basic functionality, longevity and ability to refurbish

Concerns regarding the existing community equipment service delivery were gathered from a variety of sources and are England wide. They are typical of many of the service and qualitative challenges faced by Local Authorities and Health Partners:

Eligibility	Assessment & Referral	Information
<ul style="list-style-type: none"> • ‘Postcode lottery’ – eligibility criteria vary across the country • Those who shout loudest, get what they want • Eligibility criteria exclude those not eligible for state funding from receiving anything – even advice • Decisions about users’ needs may be over-ruled due to financial constraints 	<ul style="list-style-type: none"> • Little self referral, but multiple, confused and sometimes conflicting pathways • Assessments are not holistic – e.g. lifestyle not taken into account • Assessment process does not allow for changing needs • Where different agencies are involved, assessment is disjointed • Only partial needs are considered • Users have to repeat the same information to different individuals involved in the process • Assessment takes into account financial consideration for the service 	<ul style="list-style-type: none"> • Insufficient information about products available for self-funders • “System is bewildering” • Lack of signposting (to other state and independently-provided services) • Service is poorly advertised to general public • Lack of basic information e.g. guidance notes on available services, lack of signposting between organisations

Customer Service	Waiting Times	Products
<ul style="list-style-type: none"> • Attitude, skill and knowledge of assessors not consistent even within the same authority area • There should be dignity and respect on both sides 	<ul style="list-style-type: none"> • Waiting times can be unacceptably long – waiting for assessment or for delivery of equipment 	<ul style="list-style-type: none"> • Lack of choice • Assessments only take account of products that are state-funded, not the full range of products available

KEY BENEFITS of the RETAIL MODEL

The key benefits of the retail model include:

Benefit	Description
Normalisation / mainstreaming of the service	Everyone will benefit from normalisation of the service. Under the retail model, the service becomes a mainstream service. It is unlikely to continue to be called an 'equipment service'. It will change from a state provided 'medicalised' service to a retail outlet for aids to daily living. Normalisation of the service will benefit those who are current Service Users as well as those who would not categorise themselves as having a medical or social care need.
Increased accessibility and improved delivery mechanisms	More accessible service as there will be accredited retailers rather than limited access through the state. Retailers will have to employ competent staff who are qualified to a regulated standard. Products can be purchased and taken directly or delivered conveniently. Independent Needs Assessors will offer full assessments and allow for more accessible needs assessment unconstrained by budget considerations for self funders. A self assessment tool on the web will support the expectation of future users.
Greater flexibility	Users can pay for the equipment using Individual Budget (IB), Direct Payment (DP), Smart Payment mechanisms (if eligible for state help) or self-fund, or top up.
Improved assessment times	Due to increased use of self-assessment and self-referral and a more accessible service, users will not experience the current lengthy waits for assessment. Future users, who are more web attuned, will be able to access web solutions.
Greater control	The retail market model is consumer driven. Users and carers are at the heart of the service as they have spending power and they will have a more dynamic relationship with suppliers and practitioners.
Access to consumer protection legislation	Moving from state provision to a retail model will offer publicly funded users and carers the additional benefits of protection under consumer protection legislation.
Change from commissioned service to retail market dynamics	The market dynamics will drive competition and innovation. The incentives to meet the prevention agenda will be aligned (i.e. the market will encourage those with low level needs to purchase equipment and normalise access to equipment as needs deteriorate vs limiting demand and rationing equipment to only those entitled (complex needs). The commissioning exercises to be undertaken at a national and local level will also be better informed. The accredited retailers will collect spend data. Commissioners will incorporate it with other data to accurately forecast supply and demand for state provision.

Easier access to information	A key component of the retail market model is the national communication standard. This will be developed jointly with all key stakeholders. The national communication standard will be delivered by participants in the market to ensure that information about equipment is readily available to all. The communication standard is supplemented by the proposed web portal.
Benefits of owning equipment	The existing service is a loan service whereas the retail market model proposes that users own their equipment. The benefits to ownership include: Users prefer to have new, not refurbished equipment, particularly equipment used for personal activities e.g. toileting. Users have freedom to use equipment how, where and when they want – they are not tied to the ‘conditions for use’ set by local authorities. These can restrict how and where users can use equipment, e.g. users may not be allowed to take the piece of equipment on holiday. The top-up option will allow users to get what they really want, not just what the state can afford.
Innovation	The removal of the states’ disproportionate influence over product specification will create a direct and dynamic relationship between the user and suppliers. Greater competition will drive innovation as suppliers vie to attract customers.

OPTIONS APPRAISAL

The commissioning team is currently examining a number of different options.

1). The ‘Do Nothing’ Option: A considerable overspend was experienced during 2008/09 resulting in a considerable effort to consolidate the service to be within the budget during 2009/2010. This was achieved by a concerted effort to re-cycle significantly more items than in previous years, and to limit the availability of items on the directory. As a result of this work, the 2010/2011 budget situation was much better than had been believed possible in 2008/2009.

However, demand for items of equipment continues to grow in line with population changes. Current 2010/2011 financial year expenditure to the end of May 2010 is higher than in any previous year and so it is necessary to rationalise the current level of provision.

Work elsewhere has shown that up to 60% of the population that could benefit from using simple items of equipment do not have access to the service. This is largely due to the process of having to go through the NHS or Social Services systems. The move to a retail model would provide universal and direct access to simple items.

2). The Retail Model: As described in this paper. However, the model as implemented elsewhere has retained a degree of state control in that the Council and the NHS would continue to regulate demand; fix supply in the form of a directory; provide accreditation

of retail suppliers; fix prices in the form of a national tariff; and require a process of assessment to be completed in order to receive a prescription.

There is a strong argument for opening up access to simple items purely via a retail market with consumers having the freedom to purchase for themselves with no prescription.

Further work is needed to link the development of the retail model with the broader of transformation of health and social care services to ensure that:

- There is sufficient availability of items via the retail market in Walsall
- There is close co-ordination between the continuing supply of complex items with simple items of equipment
- There is joint working with the acute hospital trust to ensure timely supply of all kinds of equipment at the point of hospital discharge
- There is appropriate supply of items for children as part of the system

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