



British Society of Rehabilitation Medicine  
C/o Royal College of Physicians  
11 St Andrews Place  
London NW1 4LE  
Tel: 01992 638865  
Fax: 01992 638674  
admin@bsrm.co.uk  
www.bsrm.co.uk

## **Transforming Community Equipment and Wheelchair Services**

### **Position statement of the British Society of Rehabilitation Medicine**

**July 2008**

It is a year since the British Society of Rehabilitation Medicine (BSRM) first raised concerns regarding the Department of Health's Transforming Community Equipment and Wheelchair Services programme (TCEWS)<sup>1</sup>. The purpose of this paper is to summarise the BSRM's continuing concerns in the light of recent developments.

New arrangements for community equipment have been in place for about two years. The BSRM's perception is that community equipment and wheelchair services have been improving during this period. In spite of this, Government policy is to promote a radical new programme, although at present Primary Care Trusts are under no obligation to implement the new proposals.

#### **Summary of current policy<sup>2</sup>**

The policy envisages providing less costly items such as bath-boards, commodes, raised toilet seats and walking aids through retail outlets or voluntary sector agencies. Statutory services will contribute to the cost through a prescription or voucher scheme.

A second supply stream is identified for items which are more costly, on loan, or requiring specialist servicing and support. Whilst such equipment is said to represent a mere 6% of equipment need, it is claimed that the more complex items account for 50% of the current service workload. Items in this category will be listed in a catalogue to be compiled by a new agency, the National Commissioning Body. Such items will include, for example, beds, hoists, respirators and stair lifts as well as electronic assistive technologies. The storage, provision and recycling of this equipment will be the responsibility of a limited number of centres coordinated by the carrier DHL working with the NHS Supply chain.

#### **The BSRM position**

The BSRM supports the evolutionary development of services, which could include a range of means to improve direct access to equipment suppliers. We support the view expressed in their position statement by the College of Occupational Therapists<sup>3</sup> that appropriate expertise must be available to all categories of service user. The BSRM is concerned that this objective will not be achieved. A document published by the Care Services Efficiency Delivery (CSED) programme) merely states that proposed Independent Needs Assessors "are

*likely* to be professionally qualified people, *probably*, occupational therapists or physiotherapists" (our italics) <sup>4</sup>. The BSRM seeks much stronger reassurance than that regarding the competencies and accreditation of staff advising disabled people about equipment. As things stand, the BSRM remains concerned that the TCEWS proposals:

- fail to protect the interests of those service users who may be confused and vulnerable
- fail to utilise expertise available within the existing statutory workforce
- fail to address the need to develop appropriately accredited systems of training and clinical governance across the sector

System for lower-cost items: The BSRM foresees two problems with this aspect of the new arrangements:

1. Equipment would belong to the user. Requirements often change as illnesses progress and there could be need to reconsider and revise equipment provision. A service model that excludes the return and refurbishment of serviceable pre-used equipment could be expected to increase costs.
2. There would be need for participating retailers and non-statutory bodies to be able to facilitate simple technical support – for example the fitting of raised toilet seats, of grab rails, or of access ramps.

System for more costly and more complex equipment: The BSRM foresees two problems with these arrangements:

1. The delivery of bulky, complex and expensive equipment by carrier from a remote warehouse would be totally inappropriate. Carriage is not the only issue: equipment needs to be formally received, assembled and fitted into the user's home, prior to users and carer being instructed in its operation.
2. Setting up equipment, instructing users and carers in its proper usage and offering on-going technical support on a call-out basis requires locality-based expertise. To dispense with this would be detrimental to patient care and would significantly increase equipment maintenance costs.

### Impact of the policy on services

The BSRM is concerned that the prescription scheme would necessitate the setting up of yet another body, the Prescription Clearing House, which may complicate rather than simplify equipment provision. Moreover, a new National Commissioning Body is envisaged. The difficulties that beset and finally overtook the National Purchasing and Supply Agency should be sufficient to discourage Ministers from adopting this proposal. In our view, regional existing purchasing cooperatives work well and offer local services and manufacturers the opportunity to share knowledge of each other and of user need. Locality-based technical personnel overseen within a formal scheme of clinical governance would evaluate equipment more effectively and realistically than a new national body.

<http://www.cot.co.uk/public/introduction/pdf/TCES-position-statement.pdf>

1. Transforming Community Equipment & Wheelchair Services -a commentary for the British Society of Rehabilitation Medicine [BSRM] Dr Emlyn Williams July 2007
2. <http://www.csed.csip.org.uk/workstreams/transforming-community-equipment-and-wheelchair-services-programme.html> (accessed July 6 2008)
3. <http://www.cot.co.uk/public/introduction/pdf/TCES-position-statement.pdf> (accessed July 6 2008)
4. <http://www.csed.csip.org.uk/silo/files/community-equipment-summary-outline-retail-market-model-finaldoc.doc> (accessed July 6 2008)