

Letter by Email to:
Jackie Baillie MSP:
Jackie.Baillie.msp@parliament.scot

NHS Lanarkshire
Kirklands
Fallside Road
Bothwell
G71 8BB

Jackie Baillie MSP
Room M1.13
Scottish Parliament
Edinburgh
EH99 1SP

Date: 28 June 2019
Our Ref: CC/JM
Direct Line: 01698 858176
Email: calum.campbell@lanarkshire.scot.nhs.uk

Dear Ms Baillie

Ref: Wheelchairs (Short term Access) (Scotland) Bill consultation.

I write in response to the consultation being carried out on developing a statutory requirement for health bodies (either NHS Boards or Health and Social Care Partnerships) to make available wheelchairs for any patient that suffers from short-term mobility problems.

As Chief Executives in the West of Scotland Health Boards we have been able to seek advice from a number of professionals including the Manager of the West of Scotland wheelchair service (Westmarc), Occupational Therapists, Physiotherapists and General Practitioners. We have also reviewed the papers provided by the Red Cross – both “*Putting the Wheels in Motion*” 2015, and “*A Prisoner at Home*” 2013, and the research paper by Kantar Public. We cannot support the proposal on the basis of several issues:

1. *The question of re-ablement:*

As you will be aware there is considerable emphasis on re-ablement within health care. Healthcare professionals work to support patients to regain the highest level of independence that is possible so that, longer-term, they reduce dependence on others and have more control over their own lives. The early provision of a wheelchair does not always promote re-ablement, and may instead prompt the patient to settle for reliance rather than re-ablement.

We do however recognise that in some situations a wheelchair can be exceptionally helpful – such as in terminal care, and when a patient has suffered a lower limb fracture but has severe multi-morbidity. In these cases the service provided by the Red Cross is greatly valued; the ability to access a wheelchair for appropriate cases is also often augmented by district nursing services.

2. *The imposition of a statutory duty*

In a health service with constrained resources Health Boards have to inevitably make difficult choices: this is not something that is undertaken lightly. The imposition of a statutory duty to provide a new service over-rides any prioritisation process and may “trump” other health interventions that Boards may judge to provide more benefit to the population we serve.

This may not be the case if the full funding is provided from Scottish Parliament:- Health Board prioritisation of expenditure will not appear to be impacted. However the funding requirement will have been top-sliced at the centre, therefore reducing the funding dispersed to Boards.

3. *Monitoring of the duty by Parliament*

We were surprised by this proposal as we understand that it would normally be a duty of Scottish Government to monitor performance, and that the legislature should not be involved in direct performance management.

4. *Anticipated costs*

It is hard to estimate the potential costs of the provision of this new service. We note that the costs to the Red Cross are approximately £50 per hire, and that the research paper suggests that the requirement across Scotland will be in the order of 34,000 patients per year. This gives a minimal cost of around £1.7 million. We are however advised that the true costs would be more than that if the requirement is to provide a wheelchair within 24-72 hours: The storage across the country of sufficient wheel chairs, and urgent delivery arrangements suggest that the recurrent costs would be significantly *more*. *The Red Cross have suggested that they were able to supply 5,381 loans per year using 1,700 wheelchairs: Such figures if directly extrapolated to the provision of 34,000 loans would suggest that a total of over 10,000 wheelchairs would be required at a cost of £150 each – a total of £1.5million.*

We are advised that the costs of arranging a delivery and uplift service would be significant. However, failure to provide such an arrangement increases the risk that there is inequity of access with older and poorer patients being less able to access a service. Other expenditure would relate to administration, maintenance, transport and replacement, significantly adding to the minimal cost described above.

5. *Expected savings in healthcare of £ 1,676*

The consultation paper alleges that there will be an average saving to health services of £1,676 per patient. We feel that the authors have overlooked the fact that this is not a cash-releasing saving. Indeed there is an implicit suggestion that the provision of wheelchairs will, overall, save money. There will be a minimal reduction of variable costs, but negligible reduction in fixed costs.

6. *Confusion regarding the evidence presented.*

We felt that a more rigorous review of the data presented is required to accurately determine the benefit that a new service would provide. For example it is highlighted that 34% of patients with unmet need (in relation to a period of impaired mobility) reported that they had to leave employment. This is a regrettably high figure, but no evidence is presented that the provision of a wheelchair would reduce that figure. There are vague claims in the consultation document (for example a suggestion that the provision of a short-term wheelchair loan service would reduce hospital acquired infections by reducing the length of stay) that are presented without evidence.

In summary we have significant misgivings about the imposition of a statutory duty (with or without resources) on Health Bodies. While we recognise a need to work on improving the provision of wheelchairs to those, for example, with lower limb fractures and concurrent severe long-term conditions, we are firmly of the opinion that a statutory duty would be an inappropriate, top down improvement technique that is not consistent with NHS values.

We further understand that Scottish Government is currently developing guidance on the short-term loan of wheelchairs as part of a national review on equipment and adaptation for mobility impairment. It might be appropriate to await the outcome of this review, which we understand will be later this year.

Thank you once again for the opportunity to comment on this consultation

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Calum Campbell', written in a cursive style.

Calum Campbell
Chief Executive