



7 August 1997

Dear Colleague

**REPORT ON THE REVIEW OF ARTIFICIAL LIMB AND
APPLIANCE CENTRE (ALAC) SERVICES**

Summary

1. A Working Group led by the National Services Division was set up in 1995 to look at the efficiency and effectiveness of ALAC services and to review the purchasing and providing arrangements for delivery of the service. It reported early in 1996 and, from 1 April 1996, funding of ALACs was devolved on a weighted capitation basis to Health Boards.

2. The attached Report, which recommended a number of changes in the service, is the outcome of the Review.

Action

3. Trust Chief Executives and Health Board General Managers are requested to bring the Report and the commentary at Annex A to the attention of all interested parties.

Other Information

4. The Report traces the background to the ALAC service; defines its aims; outlines the requirements of a value for money, quality service; examines the current service arrangements; and sets out the opportunities for change.

5. The recommendations in the Report include changing the title 'ALAC', devolvement of funding (already implemented); the need to develop satellite wheelchair clinics; the importance of applying evidence based best practice; a phased introduction of modern wheelchair technology; and the setting up of an Advisory Group.

6. The Management Executive acknowledges the time and energy the Working Group has spent on the review and has examined their recommendations, many of which are aimed at Health Boards.

Addressees

For action:
General Managers,
Health Boards

Chief Executives,
NHS Trusts

General Manager,
Common Services Agency

For information:
General Manager,
State Hospitals Board for Scotland

General Manager,
Health Education Board for Scotland

Executive Director,
SCPMDE

Enquiries to:

Mr G Wildridge
Provider Policy Development
Division
SHS Management Executive
St Andrew's House
EDINBURGH EH1 3DG

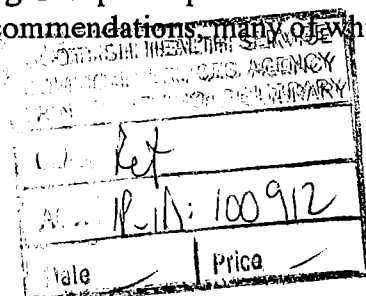
Tel: 0131-244 2433
Fax: 0131-244 3487

Further Copies to:

Mr Raymond Murray
Provider Policy Development
Division
SHS Management Executive
St Andrew's House
EDINBURGH
EH1 3DG

Tel: 0131 244 4049
Fax: 0131 244 3487

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7. Annex A gives the Management Executive's views on some of the key recommendations contained in the Report, which recipients may wish to note.

8. An Advisory Group, consisting of representatives from Health Boards, providers, the Management Executive and users, has been established to monitor the transition in purchasing arrangements; to advise on the commissioning of services in the light of the review and future Government policy; to encourage equity and consistency in the service throughout Scotland; and to facilitate the effective co-ordination and dissemination of new developments.

Yours sincerely

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

PAUL WILSON
Director of Trusts

the Common Services Agency who should be able to provide advice if required.

“Improvements should be sought in patient transport arrangements”.

- Improvements in the level of service may have cost implications whether provided by the Scottish Ambulance Service or by other providers. This is a matter for Trusts to take forward, within the resources available to them, when drawing up their transport requirements and priorities.

Wheelchairs

“Service configuration should combine the maintenance of expertise at main centres for dealing with complex cases whilst taking the service closer to patients through the establishment of satellite centres”.

- The Management Executive endorses this recommendation and notes that there already exist a number of outreach facilities on which to build. It therefore sees this as the development of an existing trend rather than a radical reconfiguration of services, and hopes that the new Advisory Group will be able to hasten this development through the pooling of ideas and dissemination of existing best practice.

“Refurbishment of equipment is already well established and this needs to remain as efficient as possible. All steps should be taken to promote the return of chairs which are no longer required”.

- This is an area where the Management Executive would expect the new information systems proposed above to deliver improvements.

“Centres should be made aware of the scope of the Wheelchair service in the provision of equipment and of the responsibilities which fall to other sectors”.

- The Management Executive agrees that there is scope for more clearly defining the parameters of the service and spelling out where responsibilities may fall to another service. This is an area on which the Management Executive would welcome draft guidelines from the Group to consider the context of the interface between social service and the health services.

“A consistent definition of service should be developed. Criteria for the issue of second wheelchairs should be specified”.

- The Review calls for a consistent definition of the service to be developed by the Scottish Seating and Wheelchair Group (SSWG). The Management Executive would welcome sight of the Group’s draft proposals. The criteria for the issue of a second chair is, of course, a matter for clinicians.

COMMENTARY ON KEY RECOMMENDATIONS LISTED IN THE EXECUTIVE SUMMARY OF THE REPORT

General

The Department endorses the broad thrust of the Review and agrees in principle with all the Working Group's recommendations (although with regard to the proposed review of the disabled living allowance the Government has not yet come to a decision on this point and whether it should be included within the scope of its social security review). Decisions on the implementation of recommendations, and in particular on the allocation of resources required to deliver them, are of course for consideration by individual Health Boards and providers, working in conjunction with the Advisory Group referred to at Paragraph 8 of this MEL. The Management Executive does, however, wish to offer comments on the following key recommendations listed in the Executive Summary. (Recommendations are shown in *italics* and are reproduced under the headings and in the order they appear in the Executive Summary).

SERVICE PROVISION

General

"The Title 'ALAC' should be replaced by the generic title 'Prosthetic and Wheelchair Service'".

- The Department supports the change of title and is aware that the recently formed Scottish Rehabilitation Technology Providers Group (SCOTRET) has already adopted the term 'Rehabilitation Technology'. It is hoped that the terminology to be adopted by the Advisory Group will be decided at its next meeting, depending on the scope of its remit.

"All centres should establish representative user groups and/or local consultative committees".

- The Management Executive supports this recommendation and suggest that links should be established between groups where they already exist.

"A working party should be established to review existing IT capabilities and develop a solution which will allow a common minimum dataset of information and can be implemented in a short timescale."

- This seems generally sensible. However, to preserve the freedom of Trusts who host such services to decide on the most appropriate IT the Management Executive suggests that it should be dataset that is common rather than the 'solution' (computer system). The type of work envisaged is not dissimilar to other work undertaken in the past by the Information and Statistics Division of

“Ring-fencing of powered indoor/outdoor wheelchair money should be removed and funding included in the main allocation for wheelchair services”.

- This has now been done.

“The Scottish Office should urge a review of provision of the mobility component of the disabled living allowance to ensure that there is equity of provision of powered mobility aids”. [This relates to the fact that the mobility component is not payable to those who become disabled after the age of 65].

- The age qualification of 65 currently exists because the DLA is the product of a series of surveys of disability commissioned and carried out by the Office of Population Censuses and Surveys (OPCS) between 1985 and 1989. The evidence from these surveys showed that there was significantly greater disparity in income between younger disabled and non-disabled people than between those over pension age. In particular, it highlighted the position of younger people who had been disabled either from birth or early in life and so had not been able to save and make provision for themselves during their working lives. It was decided therefore to direct DLA to people disabled earlier in life. Once awarded it remains in payment as long as the person continues to satisfy the normal conditions of entitlement.

Modernising the social security system is, however, a key priority of Government. The DSS are committed to a review with the objective of reducing poverty and welfare dependency and to provide work incentives. Whilst provision for disabled people will form part of that review they have not yet decided on the scope, and will, it is understood, announce details in due course.

Prosthetics

“Prosthetic services should be provided from large centres with a caseload of at least 500 patients. These services should be integrated with the main wheelchair centres”.

- The Management Executive endorses this recommendation but notes that this is a matter ultimately for purchaser to decide.

“Dedicated in-patient facilities for amputee rehabilitation should be considered by Health Boards.”

- The Management Executive agrees that Health Boards should consider the provision of ‘facilities’ where appropriate, but notes that this may not necessarily require ‘in-patient facilities’.

Developments

“Ideally all existing wheelchairs require to be replaced with their modern equivalents. A phased introduction of modern technology into the wheelchair service is recommended. Earmarked funding should be made available for planned development of the service.”

- Recurring funding of £0.5m has been made available to Health Boards to modernise the wheelchairs available and finance ongoing replacement/upgrade programmes over the coming years. The Management Executive will keep this matter under review in the light of the growth in demand for wheelchairs.

“A discrete amount of money should be made available and allocated for the development, on a nationwide basis, of evidence based practice on which future purchasing decisions may be made. Studies should include voucher schemes, inter-agency working and equipment trials.”

- There are currently no separate Scottish Office resources earmarked for such an allocation. However, the Management Executive strongly endorses an evidence based approach. In Scotland the development of clinical guidelines and good practice statements has been encouraged through the work of the Scottish Intercollegiate Guideline Network (SIGN), a collaborative venture undertaken by the Scottish Royal Colleges and other health professionals, and the Management Executive Clinical Research and Audit Group (CRAG). The validated guidelines produced by SIGN are intended for local implementation through protocols and have the potential to help patients in very direct ways by ensuring that knowledge about the most effective practice is available to all clinical staff. The Advisory Group may wish to explore the scope for making use of these networks or receiving guidance from them. There may also be scope for the Group to agree a standardised dataset of performance criteria to aid the development of evidence based practice.
- With regard to the voucher scheme, the Management Executive will monitor the development of the scheme established in England and consider with the Advisory Group whatever evaluative data is produced from that scheme.

“The development of outcome indicators should be progressed through completion of evaluation studies.”

- The Management Executive considers that ALAC services are best placed to carry out this work and to include the costs within the charges levied to their purchasers.

Purchasing Arrangements

“Funding should be devolved to 15 Health Boards on a weighted capitation basis from 1 April 1996. Some estimate should be made of the service contribution of the National

Centre for Prosthetics and Orthotics and the teaching contribution of Southern General Hospital NHS Trust to balance the equation."

- Funding was devolved from 1 April 1996.

"Purchasers should be informed about the dimensions and requirements of a quality service through the provision of guidelines and dissemination of contractual information from National Services Division."

- The dissemination of contractual information to new purchasers took the form of a seminar hosted in 1996 by the Medical Director, National Services Division. The seminar provided the opportunity for purchasers to highlight areas of concern and to raise any questions they had on the purchasing of a quality ALAC service. A copy of the contract and of the draft review report was provided.

"A co-ordinating group should be established to ensure the smooth transition from national to devolved purchasing."

- An Advisory Group, consisting of representatives from Health Boards, providers, the Management Executive and users has been established to smooth the transition to devolved funding arrangements for ALAC services; to help advise purchasers on the provision of services in the light of the NSD Review and future Government policy; to encourage equity and consistency in the service throughout Scotland; and to facilitate the effective co-ordination and dissemination of new developments and best practice in ALAC provision.