Dudley MBC Select Committee on Good Health

Review of Access to Wheelchair Services for adults (Draft)

Chapter 1 Purpose of the review

This review is a consultation about the expectations and experiences of adult wheelchair users in Dudley. The Review examines the following:

- The wheelchair service provided by Dudley Group of Hospitals (DGOH) and related NHS services.
- Where relevant, aspects of the Community Equipment Service provided by Social Services.
- Housing, to see if housing meets the needs of wheelchair users; how houses are being adapted for wheelchair users and in particular if houses are being built/adapted to meet the needs of those who use electric-powered chairs; waiting times for adaptations.
- The suitability of transport in the Borough: "Ring and Ride", taxis, trains, buses, provision of suitably adapted cars.
- How the borough environment is being adapted to meet the needs of wheelchair users.
- The opinions of wheelchair users and carers about provision of services and experience of being wheelchair users and carers.

Justification for the review and background

In 2004 there were around 1.2 million wheelchair users in England. 825,000 are regular wheelchair users, with others using wheelchairs for certain short-term needs: holidays or shopping, for example. Over 70 percent of users are over 60 years of age. Wheelchair Services on average have between 4,000 and 8,000 clients. Around 60 percent of Services are managed by Primary Care Trusts, 34 percent by Acute Hospitals, the remainder being shared between Community, Mental Health, and Care Trusts.

The Department of Health Report **Wheelchair Services in England 1997-98: Structure and Analysis of Human Resources**, estimated the basic cost of a wheelchair service was then typically £150,000 plus £55 per client.

Prior to 1991 wheelchairs were supplied by Artificial Limb and Appliance Centres. They operated within centrally-controlled civil service structure with well-defined procedures for assessment and service delivery. Equipment was designed and purchased centrally. In 1986 a service-wide review by Professor McColl led to devolution of services. From 1987-1991 supply of wheelchairs and associated equipment was the responsibility of the Disablement Services Authority which managed 23 centres across the country. The DSA was abolished in 1991 and its functions assumed by Regional Health Authorities with service provision being devolved to local District Health Authorities. After 1991 service provision became increasingly varied as wheelchair services found it increasingly difficult to establish a consistent level of provision across the country. An ageing population and improvements in assistive technology placed pressure on limited resources allocated to local wheelchair services. The National Prosthetic and Wheelchair Services Report

1993-1996 noted that wheelchair services were hampered by limited resources, both financial and staffing. Problems identified were:

- increasing inequality in service provision
- delays in delivery of equipment, especially non-standard equipment;
- longer waiting times for clinic appointments;
- waiting lists for occasional users
- dissatisfaction with assessments
- wheelchairs too heavy
- difficulties for clients in contacting staff.

Audit Commission Reports.

In 2000 the Audit Commission published a report of its study of certain assistive technology services, including wheelchair services. **"Fully Equipped"** concluded that "the organisation of equipment services was a recipe for confusion, inequality and inefficiency". The report noted, amongst other things, that there was

- wide variation in provision of services
- little account was taken of underlying levels of demand;
- in certain services quality was unacceptably low;
- eligibility criteria were unclear, to staff as much as to patients/clients;
- many equipment services were small and fragmented;
- clinical leadership was lacking.

In 2002 the Commission published a follow up report: **"Fully Equipped 2002: Assisting Independence".** It concluded that whereas there had been progress in some areas, "for the most part equipment services remain in a parlous state". Improvement in wheelchair services was disappointing.
The Report said that ineffectual commissioning was at the heart of the problem:

- service commissioning is not integrated with wider healthcare and social objectives; yet equipment services can make a valuable contribution to health and wellbeing by promoting independence, reducing morbidity and reducing admissions to acute hospitals;
- services are often measured in terms of pieces of equipment, not people;
- equipment services are commissioned to match a limited budget, rather than to meet need.

The Audit Commission Report suggested that "one size fits all" was a prevailing attitude and that in many services user satisfaction surveys were rarely undertaken. (However, a report from the Department of Health, **Wheelchair Services in England 1997-98: Structure and Analysis of Human Resources**, noted that 79 percent of Services claimed to gather user feedback in various ways. The remaining 21 percent who did not cited as reasons lack of time, lack of or inappropriate user group response or fear of raising user expectations).

The Audit Commission considered that equipment services needed greater integration with other services, better clinical leadership, more senior management involvement to bring about change, improvements in quality and increased cost-effectiveness.

Present Situation

The NHS Plan and the National Service Framework for Older People have encouraged improvements. Attention is now being paid to user involvement, clinical governance and creation of national standards. The NHS Modernisation Board has initiated the set-up of Wheelchair Services Collaboratives, 45 teams, across the country to stimulate change. Change, however, is still slow.

National **Health Care Standards for NHS Wheelchair Services** are being developed at present. A set of standards have been published, in draft form, in February 2004 by the National Wheelchair Managers Forum, and agreed by the British Society of Rehabilitative Medicine and user groups (*em*POWER, Whizz-kidz, National Forum of Wheelchair User Groups and Posture and Mobility Group). These standards cover such things as access to services, eligibility criteria, referrals, assessment, provision, repair and maintenance of equipment, user involvement, staff training, information, record-keeping.

In January 2004 *em*POWER published a comprehensive survey of the 150 NHS Wheelchair Services in England. **The NHS Wheelchair and Seating Services Mapping Project** investigated such topics as equitable access to services, staffing levels, clinic and centre environments, education and training, information technology, research and development, information, user involvement, waiting times, budgets, referrals, best practice, maintenance.

Wheelchair Mapping Project - summary of findings.

- 107 Services responded, though some did not answer all the questions.
- 75 services did not have enough staff and were dissatisfied with the provision of car parking spaces at their centres.(cross ref Corbett)
- There was a fairly even split between services who were satisfied or who were dissatisfied with office space, clinic facilities, storage space and car parking spaces. Some had made limited improvements by re-organising space and furniture,
- Wheelchair Service staff find it difficult to find time for continued professional development.
- All use computerised systems but the desire for better and more reliable IT systems is a recurring theme, especially in respect of update about safety issues.
- 67 Centres felt that they had no significant influence on commissioning.
- Expenditure per user ranged from £30 to £276, with the average of £91. Very few Centres are involved in the detail of budget-setting. At present a Management Task Force is undertaking research into how to create a national benchmark for comparing funding of wheelchair services.
- Eligibility criteria are set locally. The Audit Commission regards present criteria as a mechanism to contain demand within available budgets. User

Groups consider that there is a post-code lottery, with people in some areas obtaining certain sorts of equipment which is unavailable elsewhere. Examples are: electric-powered indoor/outdoor chairs (EPIOC); powered wheelchairs for young children; ripple cushions; lightweight transit wheelchairs; second wheelchairs (for clients who use a manual wheelchair indoors but need a powered chair for going out); wheelchairs with attendant controls.

- There has been a considerable reduction in the UK manufacturing base from 20 companies to 6 mainstream organisations. Imports from USA, the Far East and Eastern Europe dominate. The NHS Model of Procurement stifles research and innovation and discourages new entrants into the market..
- There are wide variations in waiting times. For example, the average waiting time between urgent referral and assessment for a manual chair is 7 working days. The average wait from urgent assessment to delivery of a manual chair is 4 working days. In respect of an EPIOC the wait from referral to assessment is 29 working days and from assessment to delivery is 23 working days. In the latter case the range of waiting times runs from 1 to 365 working days.
- On average 14 percent of referral forms received by Wheelchair Centres are incomplete. This causes more delays.
- The majority of services have a user group and those that do not have a user group carry out surveys of their clients.

Given this evidence the Select Committee on Good Health considered it timely to review Wheelchair services in the Borough. This has been reinforced by the White Paper ‘Our Health, Our Care, Our say’, which signals a very significant investment in community services.

Chapter 2 Methodology

In the design and implementation of the Review the Select Committee followed Dudley MBC's Project Management Guide.[1] Accordingly a Project Board and a Project Team were established.

Membership of the Wheelchair Services Review Project Board

February to June 2005
Cllr Shaukat Ali
Cllr Margaret Aston
Cllr Martin Bradney
Cllr Patrick Harley
Mr Steve Woodall (Head of Personnel and Support Services and Lead Officer for Health Scrutiny).

From June 2005
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Cllr Margaret Aston
Cllr Patrick Harley
Mr Steve Woodall. (Head of Personnel and Support Services and Lead Officer for Health Scrutiny).

Membership of the Wheelchair Services Review Project Team

The following were invited to be members:

Ann Askew – Social Services, Dudley MBC
Lorraine Bradney – Wheelchair user
Ron Chambers – Carer
Judith Chambers – Wheelchair user
Sue Dickie - DGOH
Sue Kingston – Integrated Living Team DGOH
Svea Martinson – Dudley Group of Hospitals (DGOH)
Andrew Rickards – Wheelchair user
Aaron Sangian – Health Scrutiny Dudley MBC
Carrie Spafford – Dudley PCTs
Mark Walton – Access Officer, Dudley MBC
Seán Ward – Health Scrutiny Dudley MBC

[1] **Dudley MBC:** *The Principles of Managing a Project*. First Issue. November 2003.

The Project Board was responsible for the strategic direction of the review and its members took evidence from health, social care and voluntary sector organisations at formal hearings. The Project Team was responsible for the design and implementation of the Review and for collecting and collating evidence. The Project Team also advised about what was possible and impossible to do, time-scales, how to find witnesses and, in some instances, what the evidence meant. The final report is the result of collaboration between the Project Board and Project Team.

The Select Committee on Good Health wishes to acknowledge its indebtedness to the members of the Project Team who gave freely of their time, knowledge and experience. The committee also wishes to thank NHS and Dudley MBC officers who gave information about wheelchair services and to patients, clients and carers who provided a wealth of opinion and information during a series of very lively and frank meetings.

Collection of evidence

The review gathered its user evidence base via; a borough wide questionnaire; focus groups; one to one interviews; and interviews with NHS and Council service providers. The methodology of each of these is set out below.

Overview of the research design of the survey

The research was planned in three stages.

1. A consultation with the DGOH information management service of how the Scrutiny Function could be allowed access the wheelchair client database which held data on 8,000 users.
2. In-depth interviews and consultation with the project team and other stakeholders with the objective of creating a questionnaire which could be used to survey the needs of all wheelchair populations.
3. The questionnaire developed in stage 2 would be posted to a wider population of wheelchair users.

The process of questionnaire design was as follows:

- Initial design
- Mock up
- Consultation with expert NHS Service providers (Project Team/Steering Group)
- Modify
- Consultation with steering group
- Modify
- Pilot (Copies were sent to wheelchair users at Queens Cross Centre and necessary amendments were made).
- Modify
- Post to sample

The process was intended to check the reliability of the questionnaire before sending it to the random sample[2] (2,000) of wheelchair users on the DGOH data base. A response of between 10 and 20% was expected. A response of the upper end of this scale will provide a reliable indication of the circumstances of the population of wheelchair users in the borough.

Research by others highlighted three main types of problem with research into the circumstances, experiences, views or attitudes of wheelchair users: they either have generalised from very small samples (for example Furnham and Thompson 1994[3]); or they have failed to reach a representative sample particularly in terms of age or they have restricted themselves to younger people. We counteracted the unrepresentative element by implementing the stratified sampling procedure, making sure the proportion of each age group on the system is weighted against the 2000 sample. The scope of the review is aimed at wheelchair users aged 18 above, thus allowing assessment of both elderly and young adult wheelchair user responses.

Although it had been planned to survey 2,000 wheelchair users by taking details from a database supplied by Dudley Group of Hospitals, came across two main set backs:

1) The review encountered delays with the submission to the Local Research Ethics Committee. Health Service colleagues on the project team advised that the project ought to seek approval from the LREC. The proposal was submitted but unfortunately for a number of months was lost in the system. In October 2005 the Local Research Ethics Committee wrote to the Health Scrutiny Officer to say that the project was not one that is required to be reviewed by the Ethics Committee under the terms of the Governance Arrangements for Research Committees in the UK but may require management approval to access patients' names and addresses Despite the delay the outcome is helpful because it clears up, at least in Dudley, the confusion about the relationship between scrutiny reviews and the requirements of medical research ethics and ethical approval. Scrutiny reviews are in effect service evaluations or consultation, not medical trials.

2) After sending out a first batch of 400 questionnaires it became apparent that the database contained the names of former clients, some of whom had died a rather long time ago. The health scrutiny officers received fifteen complaints from distressed relatives. Letters of apology and explanation were sent to these people. It was decided that no more questionnaires should be sent out using the database as it was likely that more people might be distressed at receiving questionnaires addressed to deceased relatives. Dudley Group of Hospitals has been informed about this and the Committee recommends that the accuracy of the database is checked as a matter of

[2] stratified random sampling will be used to form the 2000 (n=2000) user sample. The strata factor in our case will be age group. Each strata sample will contain a representative number of users in the borough. The calculation to determine the representative number in each age group (in our case each group is singular age) is simply, (number of people of wheelchair users aged z / total number of wheelchair users y) x 2000. The users within each age group strata on the database will be chosen using a random number generator function.

[3] Furnham, A. & Thompson, R. Actual and perceived attitudes of wheelchair users. Counselling Psychology Quarterly (1994).

priority. If the number of current live clients is overstated this may affect the assumptions in respect of resource allocation.

All responses were analysed using SPSS software (Statistical Package for Social Scientists). The data was initially entered into SPSS and then we ran frequencies to check for erroneous values in each variable. These were then checked against the questionnaires and certain common errors were detected and corrected. A 10% sample was then completely checked and again, any patterns of errors were further investigated and corrected.

Focus Groups

Wheelchair users who attended the Queens Cross Day Centre, Wellington Road agreed to take part in two focus groups over two days with 10 in each group. The group consisted of manual and powered both full and part time wheelchair users. A report was drafted based on the feedback for each group pass comment. The report was based on a selection of questions from the survey with a 'wish list' focused questions.

One to One interviews

The review also did one-to-one in depth interviews with three wheelchair users.

Interviews with NHS and Dudley MBC service providers
Representatives from the following bodies were conducted;

DGOH and PCTs– Estates Management
Directorate of Law and Property – Taxi Committee Officers
Directorate of the Urban Environment – Planning and Access
Directorate of Adult, Community and Housing Services – Housing Adaptations

Chapter 3 The National Scene and Dudley

At present there are 150 Wheelchair Service and Seating Centres in England managed by a variety of organisations including Primary Care Trusts, Acute Trusts, Community Trusts, Health Care Trusts, and Mental Heath Trusts. It is estimated that there are 1.2 million wheelchair users in England (around 2% of the population) . It is estimated that 825,000 are regular users of NHS wheelchair services excluding those needing to use the service for a time limited period only.[4] Dudley has approximately 8,000 (2.6% of the population) registered wheelchair users. DGOH is the provider of NHS services in Dudley and is based at Corbett Hospital in the south of the Borough.

Improving Services for Wheelchair Users and Carers – Good Practice Guide

In 2000 the Audit Commission published Fully Equipped,[5] a subsequent report **Fully Equipped 2002[6] - Assisting Independence** found that progress had been patchy particularly in relation to improvements in wheelchair services. In response to this the Department of Health (DoH) created a Wheelchair Service Collaborative which was launched in November 2002, developed in partnership with the NHS Modernisation Agency (MA) and the Audit Commission. The collaborative had two aims:

- To work with a cross section of services from across the country who were committed to bringing about significant improvements in their services and support them in doing just that[7].
- To track the improvements that each service made and draw together a publication that summarised the conclusions of the work both as a source of reference for participating teams and others to use as a guide to get started.

A reference Panel of 60 members was formed by users and professionals from all elements of wheelchair service provision (including, rehabilitation professionals, manufactures and suppliers, service managers, commissioners and charities) to 'develop a framework for a collaborative programme to enable services from across the country to work together to bring about significant improvements in service and to run that programme for 18 months'

'The overarching goal of the Reference Panel 2002 – The Needs of the User and Carer are addressed, facilitating improved quality of life for both, in a way that minimises delay and ensures an efficient use of resource'

Source : **Improving Services for Wheelchair Users and Carers – Good Practice Guide**

[4] NHS Wheelchair and Seating Services Mapping Project Final Report, 2004
[5] Audit Commission. Fully Equipped: The provision of equipment to older or disabled people by the NHS and Social Services in England and Wales. Audit Commission , 2000.
[6] Audit Commission. Fully equipped 2002 – Assisting Independence. Audit Commission, 2002
[7] Improving Services for Wheelchair Users and Carers – Good Practice Guide page 5. DOH, 2005

Running parallel to initiating the Reference Panel was the formation of the Wheelchair Service Teams (WST). The programme was offered to 45 of the 151 services which were selected from across England and one from Wales each comprising of 1800 to 35,000 users. Each team agreed to work in line with the programme framework to

- Reduce delays in their service
- Maximise efficiency
- Make sure that the needs of users and carers were understood and addressed
- Ensure that the outcome for each user and carer was an enabling experience which promoted independence[8].

Once reference panel considered the current 'journey' for users and their carers from the point of identification of the need for a chair to when the chair is supplied, reviewed and maintained. It identified areas of good practice from around the country and areas that were not working so well. From these findings the Panel selected areas for improvement, or 'opportunities', that in combination with existing good quality provision would deliver the greatest improvements to services. Clarity and measurability were the main factors the panel had to consider when producing their 'opportunities'. The conclusion of the work of the Panel was 13 key areas for improvement under four strategy headings with a condition that one or more 'opportunities' had to be chosen under each strategy (see table 3.1)

A Faculty with members drawn from the original Panel, plus others representing wheelchair services including the voluntary sector, met quarterly and supported national learning and sharing events. The Faculty made sure that the programme offered appropriate breadth and depth to its work and challenged participants to make significant improvements in service[9].

[8] Improving Services for Wheelchair Users and Carers – Good Practice Guide page 6. DOH, 2005
[9] Improving Services for Wheelchair Users and Carers – Good Practice Guide page 7, DOH, 2005

Wheelchair Services Collaborative strategies and opportunities

Strategy One - Overall experience	**Strategy Three** - Efficient use of resources
The needs of each user and carer are understood and addressed • Eligibility criteria to be agreed and published for all parts of the service • All users and carers to receive clear and appropriate information on the chair supplied, full tuition and point of contact if problems arise • All services to agree local guidance for repair response with local user groups	There is optimum deployment of existing expertise and facilities • Inappropriate referrals to be no greater than 5% unless clinical circumstances have changed • Reduce inappropriate prescription decisions to less than 5% • All equipment to be regularly maintained based on NHS Controls Assurance Standards
Strategy Two - Minimising delay	**Strategy Four** - Outcome
The only time spent in the pathway by each user is consistent with their optimum treatment and care • 100% of referrals to be acknowledged within five working days and a named contact given • 100% of standard prescriptions to be processed by an appropriate assessor and the chair delivered within 10 working days • To reduce the time from urgent referral to assessment by at least 60% • To reduce the time from routine referral to assessment by at least 60% • To reduce the time from assessment to supply on both urgent and routine prescriptions by at least 60%	The outcome for each user and carer has been an enabling experience and promotes independence • All users to have a mechanism for contact/review based on original assessment objectives • All users and carers to rate the service as very good or excellent

Table 3-1 Wheelchair Services Collaborative Professional framework[10]

[10] Taken from Impoving Services for Wheelchair Users and Carers – Good Practice Guide page 9, DOH, 2005

Throughout the 18 month programme from November 2002, information and learning was shared between the Improvement Leads, and their teams, along with the Reference Panel and NHS . This was made possible by four national learning events and four Improvement Lead events and access to an On – Line reporting system allowing teams to record their own improvements on a monthly basis and track progress of other teams. Below are the published 'Key Learning' comments of the collaborative of each strategy;

Strategy 1

Overall experience
The needs of each user and carer are understood and addressed
● Eligibility criteria to be agreed and published for all parts of the service
● All users and carers to receive clear and appropriate information on the chair supplied, full tuition and point of contact if problems arise
● All services to agree local guidance for repair response with local user group

Key Learning[11]
Developing and publishing agreed eligibility criteria can be a long and involved process. Work out realistic timescales and individual responsibilities for:
– reviewing existing criteria
– consulting with national colleagues
– developing and agreeing revised criteria
– circulating widely to colleagues and users/carers for comments
– publication and distribution
■ Ensure that everyone involved in the provision of wheelchairs understands the need for clear and appropriate documentation and tuition. Consider producing documentation in alternative formats such as large print, audio, supplemented by diagrams/photographs and translations into other languages
■ Actively seek the opinions of users and carers, ensuring that they know how to access the service
■ When planning and developing improvements within your service your local Modernisation Lead may be able to help identify potential sources of funding. These may include your Strategic Health Authority or local Workforce Development Organisation

Strategy 2

Minimising delay
The only time spent in the pathway by each user is consistent with their optimum treatment
and care
● 100% of referrals to be acknowledged within five working days and a named contact given

[11] Improving Services for Wheelchair Users and Carers – Good Practice Guide page 15, DOH, 2005

● *100% of standard prescriptions to be processed by an appropriate assessor and the chair to*
be delivered within 10 working days
● *To reduce the time taken from urgent referral to assessment by at least 60%*
● *To reduce the time from routine referral to assessment by at least 60%*
● *To reduce the time from assessment to supply on both urgent and routine prescriptions by*
at least 60%

Key Learning [12]

Mapping your service will help identify parts of the pathway that add no value and can be eliminated, thereby reducing waiting time without needing to invest
extra resources
■ Measuring, producing and recording data about your service can be invaluable in supporting requests for additional funding, eg. monitoring number ofreferrals
■ Backlogs may have built up over a long period. Reduce your waiting list so that no one waits longer than they need to:
■ Ensure that everyone on the waiting list needs to be there
■ Make sure that you have the right number of assessment slots in place to deal with new referrals and existing clients
■ Keep to two queues – urgent and routine – seeing clients in date order
■ Introduce partial booking to ensure that appointments are convenient and thereby reduce the number of clients not attending
■ Offer services outside traditional hours and at alternative locations if appropriate
■ Keeping clients informed about their expected wait time and letting them know you are working towards reducing waits can improve client relationships

Strategy 3 efficient use of resources

There is optimum deployment of existing expertise and facilities
● *Inappropriate referrals to be no greater than 5% unless clinical circumstances have changed*
● *Reduce inappropriate prescription decisions to less than 5%*
● *All equipment to be regularly maintained based on NHS Controls Assurance Standards*

Key Learning [13]
■ Following up incorrectly completed referral forms by telephone or post and giving feedback to the referrer about the need for information can improve the quality of referrals
■ Providing training for prescribers' can reduce the number of inappropriate

[12] Improving Services for Wheelchair Users and Carers – Good Practice Guide page 19, DOH, 2005
[13] Improving Services for Wheelchair Users and Carers – Good Practice Guide page 24, DOH, 2005

prescription decisions and improve the comfort and safety of users
■ Developing simple systems for planned preventative maintenance such as annual reminder letters and accurate logbooks accessible to users and carers as well as the wheelchair service can reduce clinical risk
■ Highlighting the cost implications to your commissioners of PPM and the risks of not carrying it out can assist your planning process
■ Maximising the use of staff skills available to the service and redesigning roles can result in increased efficiency, quality and boost staff morale

Strategy four

Outcomes
The outcome for each user and carer has been an enabling experience and promotes independence
● *All users to have a mechanism for contact and review based on original assessment objectives*
● *All users and carers to rate the service as very good or excellent*

Key Learning[14]
Discussing and agreeing assessment objectives between clients and clinicians can take time to establish but will result in
real benefits for both the user and service. Clients are more satisfied with the service and feel part of their process of care
■ Assessment objectives are essential to regular and effective reviews and to ensuring that equipment is fit for the purpose
■ Support and encourage user group involvement in service redesign and development. Wheelchair users and carers are a valuable and often untapped resource who add value and credibility to your service
■ Seeking a comprehensive understanding of the user and carer perspective will increase satisfaction and raise staff morale.

The framework compiled by the collaborative will in later sections be referred to and used as the key tool in measuring performance Dudley's NHS Wheelchair Service against national standards.

[14] Improving Services for Wheelchair Users and Carers – Good Practice Guide page 25, DOH, 2005

The NHS Wheelchair and Seating Services Mapping Project

Working alongside with the Collaborative was the Wheelchair and Seating Services Mapping Project, funded by the DoH and managed by 'emPOWER' a charities consortium, of Users of Prosthetics, Orthotics, Wheelchairs and Electronic Assistive Technology. The aims of this project were to:

1. Map NHS Wheelchair and Seating Services
2. Illuminate Best Practices
3. Help spread Best Practices[15]

As a major part of the Consultation process the Project Steering group commissioned a questionnaire, of the year ending 31 March 2003, and was sent to all known NHS Wheelchair services. The survey covered

User characteristics; Eligibility criteria; Referral and assessment procedures; Workforce planning and practice; Environment and accommodation; Innovation and research and development; Annual budget; Commissioning; Procurement; Maintenance; Links and relationships with other services, agencies, charities, etc…; Involvement of Users; Outcomes and future planning; Waiting list numbers, times and management; Information management and communication; Clinical governance[16].

107 out of a possible 149 services (covering 707,663 users) returned the questionnaire, below are some of the main findings relating to the aforementioned themes[17] (wherever possible, Dudley Wheelchair Services figures are evaluated against the national survey findings);

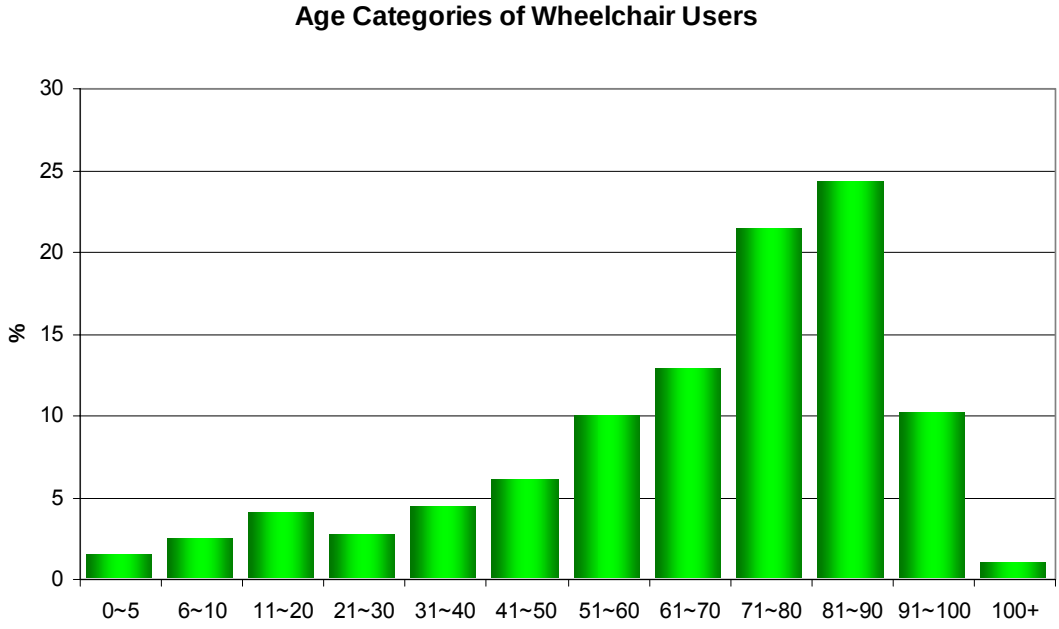

Figure 3-1 Mapping Project survey findings: Age categories of wheelchair users from all service providers

[15] NHS Wheelchair and Seating Services Mapping Project Final Report, page 4, 2004

[16] NHS Wheelchair and Seating Services Mapping Project Final Report, page 6, 2004

[17] Data was extracted from the mapping project pages 7 to 31 to construct the graphs

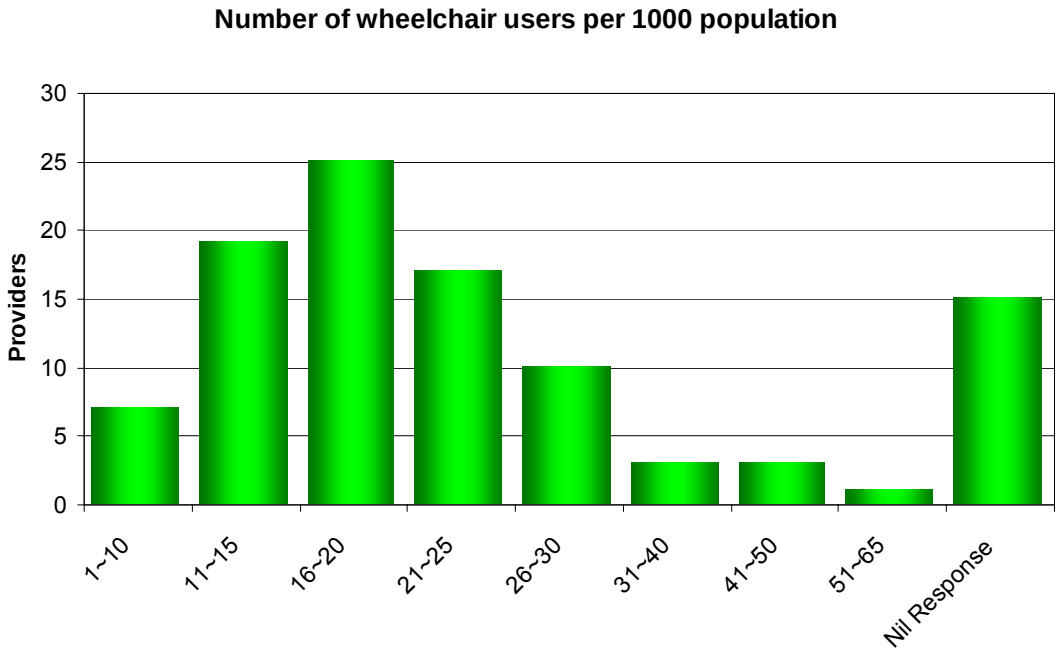

Figure 3-2 Mapping Project survey findings: Number of Wheelchair users per 1000 population by wheelchair service provider

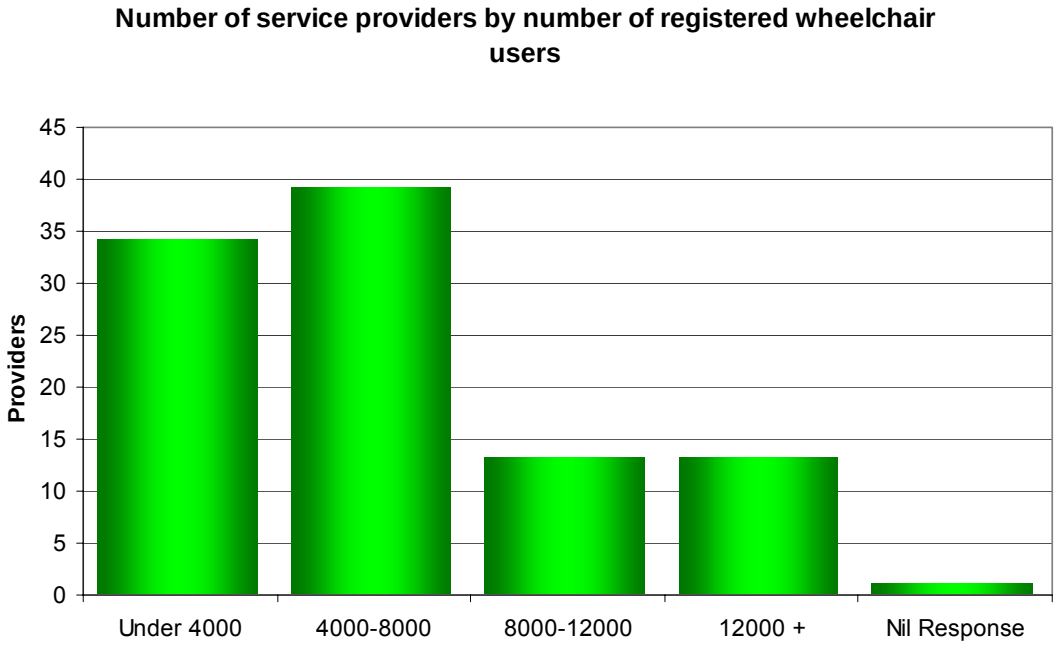

Figure 3-3 Mapping Project survey findings: Number of wheelchair users by wheelchair service provider

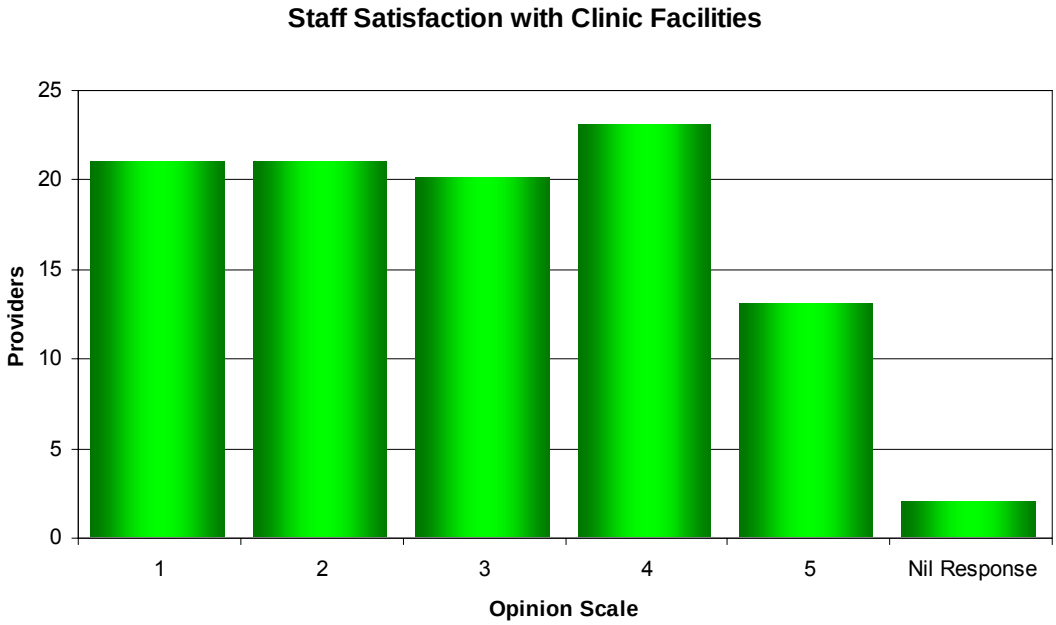

Figure 3-4 Mapping Project survey findings: Satisfaction or Dissatisfaction with clinic facilities[18]

Figure 3-5 Mapping Project survey findings: Satisfaction or Dissatisfaction with parking spaces

[18] Figures 3-4 to 3-5: Satisfaction or Dissatisfaction with clinic facilities and parking where 1 equals very dissatisfied; 2 equals dissatisfied; 3 equals neither satisfied nor dissatisfied; 4 equals satisfied; 5 equals very satisfied.

	(a) No. employed	(b) WTE	(c) Optimum Number
	RANGE	AVERAGE	AVERAGE
Manager	0 - 2	0.8	1.2
OT Senior I	0 - 4	1.2	1.7
OT Senior II	0 - 8	0.7	1
OT Basic Grade	0 - 1	0.5	1
Physiotherapist	0 - 4	0.8	0.8
Therapy Assistant	0 - 4	1	1
Technical Instructor	0 - 4	1	1.4
Clerical	0 - 15.5	3	3.1
Rehabilitation Engineer	0 - 6	1	1.5
Rehabilitation Technician	0 - 6	3	2.7
Repair and Maintenance	0 - 12	4	4.7

Table 3-2 Mapping Project survey findings: Wheelchair Services Provider Workforce composition[19]

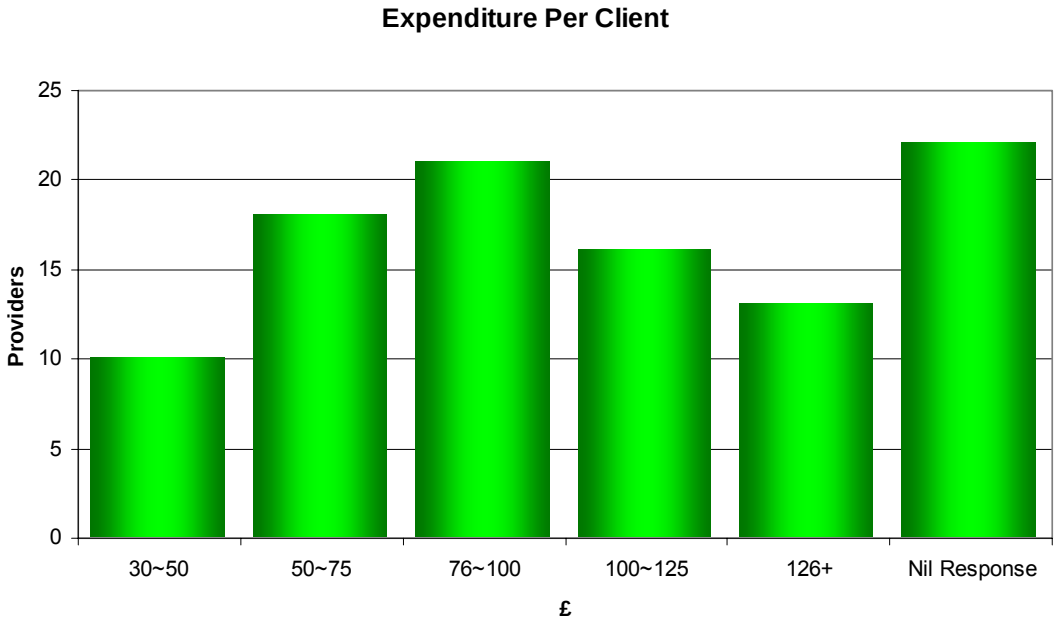

Figure 3-6 Mapping Project survey findings: Wheelchair service providers' expenditure per client.

[19] Table 3-2: *Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 14, 2004*
explanations:
(a) Number of staff applicable to the wheelchair service - The RANGE – i.e the highest value recorded to the lowest value recorded.
(b) Number of Whole Time Equivalents (WTE) – The Average.
(c) Optimum number of staff respondents feel their wheelchair service needs – The Average

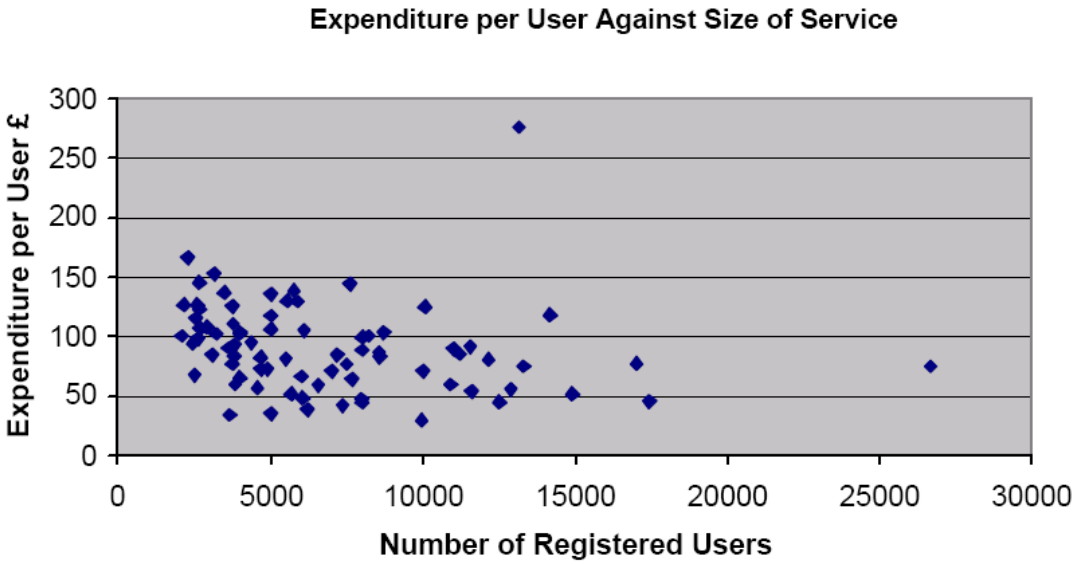

Figure 3-7 3-8 Mapping Project survey findings: Wheelchair service providers' expenditure per client against the size of the Wheelchair Service Provider[20]

Location	No. of Services
Primary Care Trust	61
Acute Trust	34
Community Trust	2
Health Care Trust	1
Mental Health Trust	1
Nil response	1
TOTAL	**100**

Table 3-3 Mapping Project survey findings: Organisational Location of Wheelchair Services[21]

Model		Is this Model Purchased?		
		Yes	No response	Total
Manual Models	User Propelled	96	4	100
	Attendant Push	96	4	100
	Modular	76	24	100
Basic	User Propelled	79	21	100
	Attendant Push	77	23	100
	Modular	39	61	100
Lightweight	User Propelled	97	3	100
	Attendant Push	65	35	100
	Modular	44	56	100

[20] Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 14, 2004

[21] Table Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 16, 2004

Table 3-4 Mapping Project survey findings: Wheelchair Models Purchased[22]

	AVE.	HIGHEST	LOWEST
MANUAL	7	69	1
SELF PROPELLING	7	69	1
POWERED	15	69	1
EPIOC	29	365	2

Table 3-5 Mapping Project survey findings: Waiting Times (in working days) between URGENT referral and assessment[23]

	AVE.	HIGHEST	LOWEST
MANUAL	44	280	1
SELF PROPELLING	42	280	2
POWERED	66	400	3
EPIOC	131	730	5

Table 3-6 Mapping Project survey findings: Waiting Times (in working days) between ROUTINE referral and assessment

	AVE.	HIGHEST	LOWEST
MANUAL	4	43	0
SELF PROPELLING	5	43	0
POWERED	13	60	1
EPIOC	23	365	1

Table 3-7 : Mapping Project survey findings: Waiting Time (in working days) between URGENT assessment and delivery of wheelchair

	AVE.	HIGHEST	LOWEST
MANUAL	19	100	0
SELF PROPELLING	19	90	0
POWERED	36	200	2
EPIOC	48	365	4

Table 3-8 Mapping Project survey findings: Waiting Time (in working days) between ROUTINE assessment and delivery of wheelchair

Main causes of delays include:

- Manufacturer delays
- Repairer delays
- Staff sickness – 1 service said the PCT would not fund a locum
- Errors with order/ lost items/ defective equipment arriving
- Items not in stock – inadequate storage
- Insufficient staff levels
- No funding until next financial year
- Complex procedures for EPIOC assessments
- Equipment that requires specialised modifications or parts
- Inappropriate referrals

[22] Table Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 17, 2004

[23] Tables 3-5 to 3-8 Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 25, 2004

Source	Number of Wheelchair Services that take referrals from this source
GP	96
Occupational Therapist	93
Consultant	90
Physiotherapist	89
Community Therapist	88
District Nurse	71
User	48
Nursing Home	35
Other	24
Nil response	1
Total	**100**

Table 3-9 Mapping Project survey findings: Sources of Referrals[24]

Profession	No. of Wheelchair Services
GP	0
District Nurse	7
Social Services	3
Occupational Therapist	94
Rehabilitation Engineer	85
Physiotherapist	52
Consultant	24
Other	33
Nil Response	1
Total	**100**

Table 3-10 Mapping Project survey findings: Who carries out assessment after referral?

[24] Tables 3-10 and 3-11 Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 26, 2004

Chapter 4 Findings from collated Evidence

Findings from survey

Due to unforeseen circumstances explained earlier in the methodology of the study, the roll out of our questionnaire only reached 400 of the intended 2000. However this had no affect on the expected return rate of between 10 and 20%. Of the 400 surveys sent out 64 were returned equating to 16%, the top end of our estimated count. Had the intended number of surveys rolled out we would have expected a returned sample of 320 which would have allowed us to draw more definitive statistical conclusions. Statistical analysis on a normally distributed sample of 64 can still yield some interesting results but findings should only be used as an illustration of client opinion*. (Note: refer to appendix 1 to view the raw data counts).*

It is desirable for the collected data from returned questionnaires to follow a 'normal distribution'. However this can only be ascertained by testing quantitative variables, of which there are only two out of the sixty three. The age variable was then chosen to represent the extent of normality of the sample. The normality of this variable was tested using a Q-Q plot, the closer the observed age and expected normal age followed a straight line the more it can be assumed the data follow a normal distribution. As we can see below this seems to be case and therefore assume the returned sample is normal.

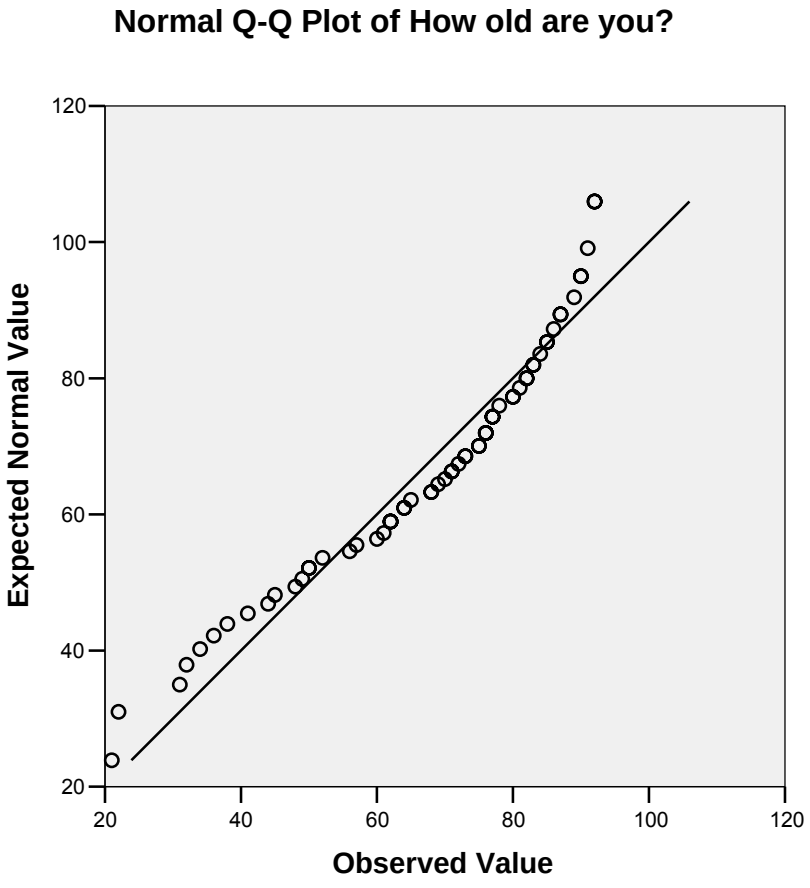

Figure 4-1 QQ plot of the sample observed age and expected age normal values

Of the 64 returned surveys 27% were not completed by the individual wheelchair user. In many cases the 'other' person that filled in the questionnaire were carers within the individuals home or at a registered care home.

In figure 4.2 the histogram shows that an overwhelming majority of wheelchair users have been in a wheelchair for the last 1 to 7 years. The normal curve in 4.2 shows that individuals on average[25] have spent eight years in a wheelchair, and that numbers decrease as years increase over this figure. 'N' represents that number of individuals the data has taken into account. We can see that in 4.2 n=54 which infers that 10 individuals did respond to this question.

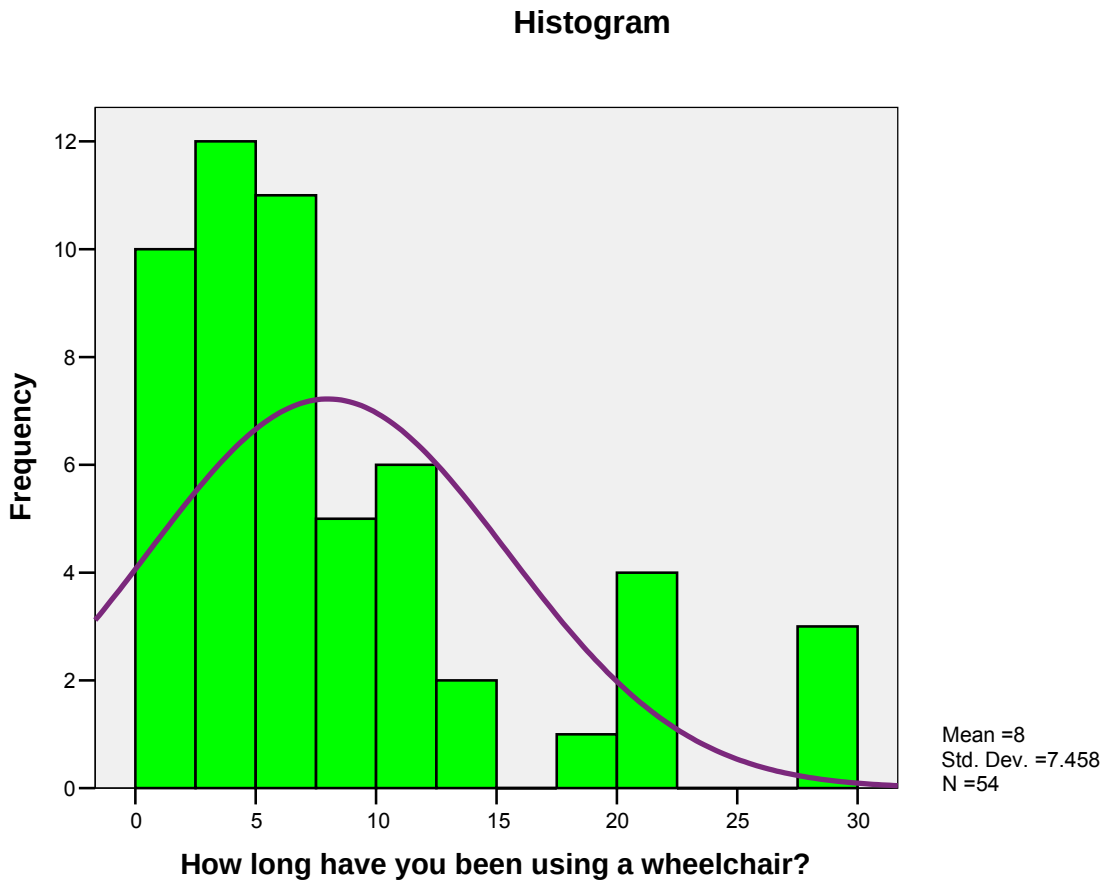

Figure 4-2 Histogram of the number of years individuals have spent in a wheelchair

[25] An average can be represented by the mean, median or mode. All averages in this report have been calculated using the 'mean' method.

As figure 4.3 shows 63% of wheelchair users **do not** use their chair all of the time.

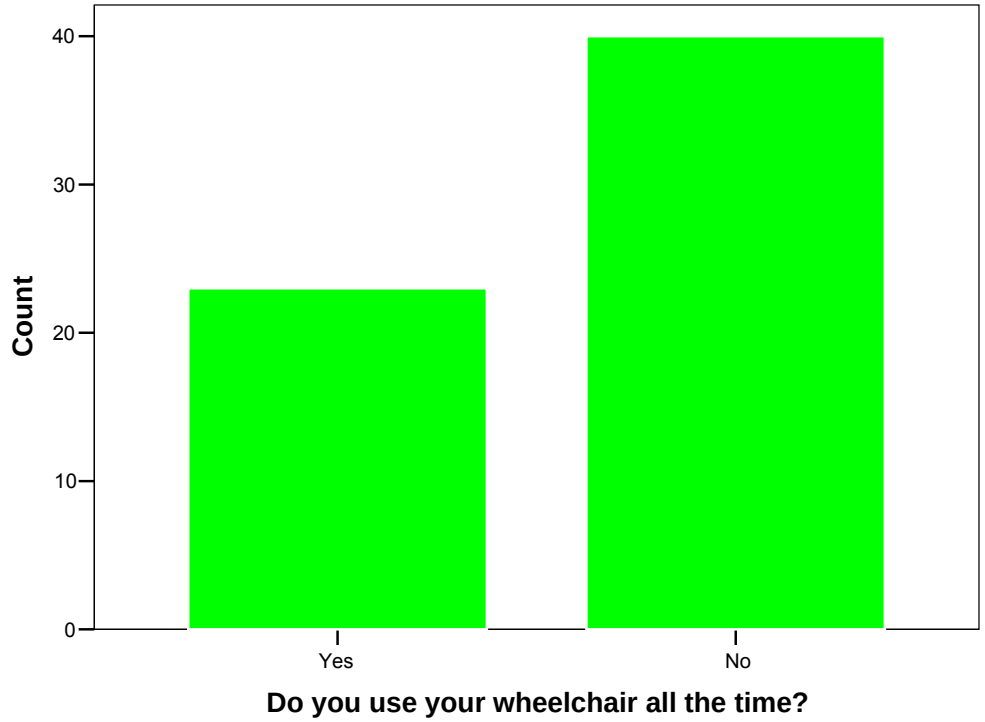

Figure 4-3 Bar chart of responses to whether the individual uses their chair full time

Individuals responded similarly to 4.3 when asked whether they used their wheelchair in the home, 61% stated they did not. Four individuals (6%) did not answer this question and were deemed as missing values. In the analysis missing values are labelled in graphs as ‘no response’.

Only 4 individuals (6%) ***did not*** use their chair outdoors. It was interesting to observe that only 30% of individuals could operate their wheelchair on their own, 67% reported that they needed assistance and 3% did not respond.

Figure 4.4 illustrates where the individual acquired there wheelchair. It can be seen that an overwhelming majority obtained their chair from the NHS.

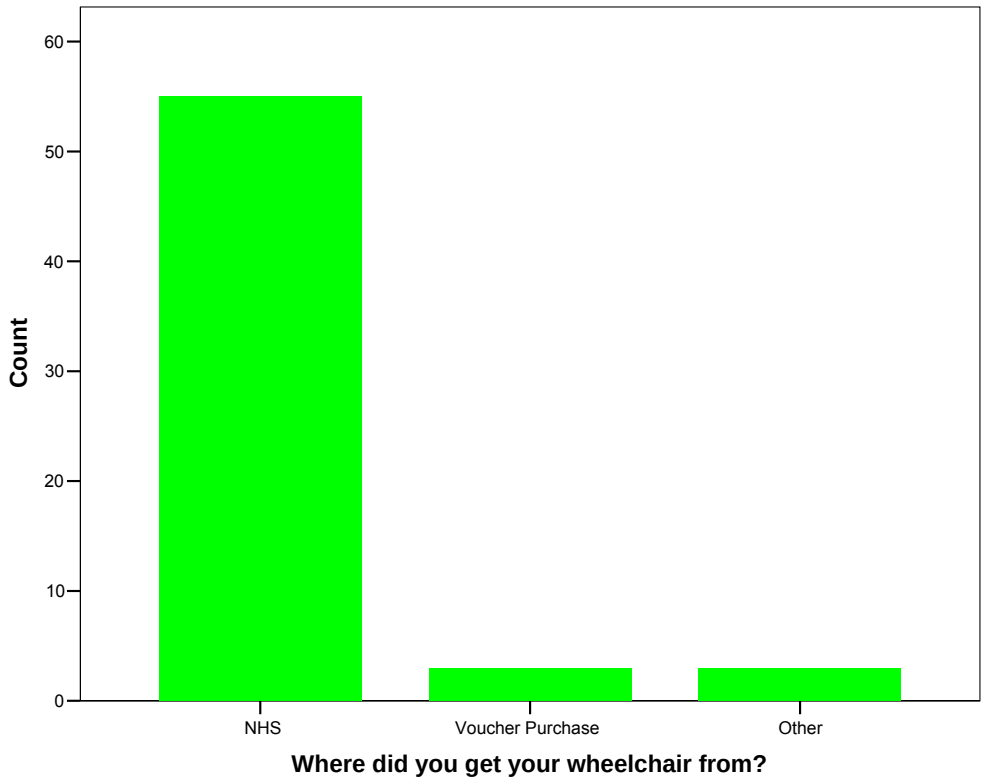

Figure 4-4 Bar chart showing where the individual acquired their wheelchair

It was observed that 93% of individuals used a manual chair, 5% use both manual and electric powered chairs and only one individual used an electric powered chair.

Figures 4.5 to 4.11 show how individuals rated the following aspects of their wheelchair respectively; weight, manoeuvrability, ease of propelling, balance, transportability, appearance and comfort.

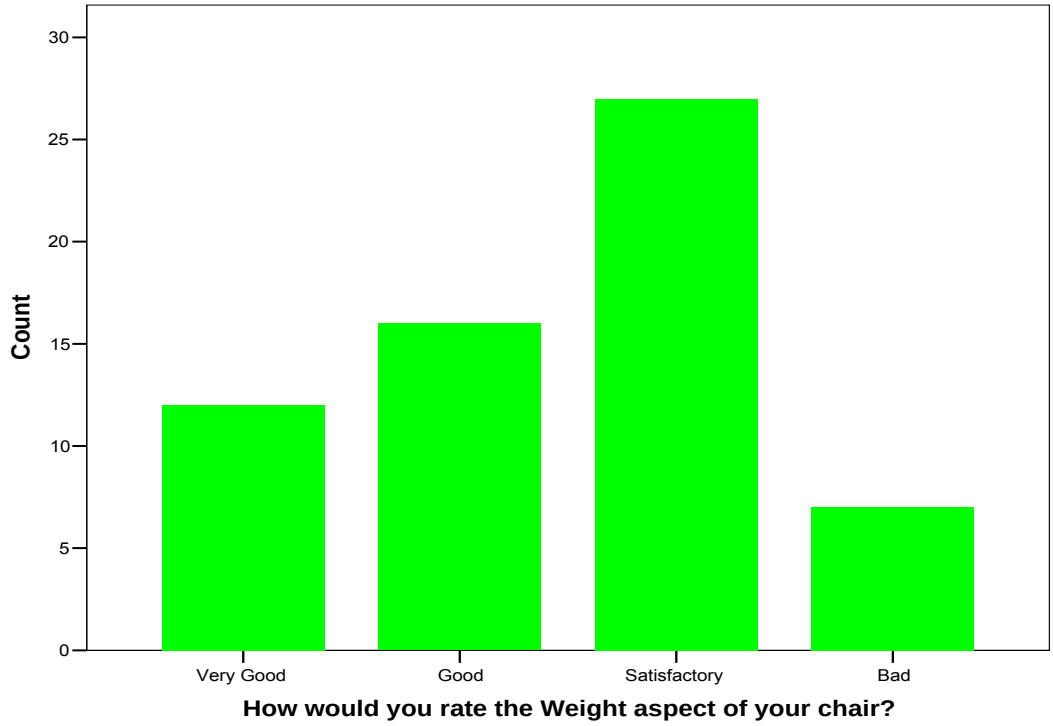

Figure 4-5 Bar chart to show how individuals rated the weight aspect of their chair

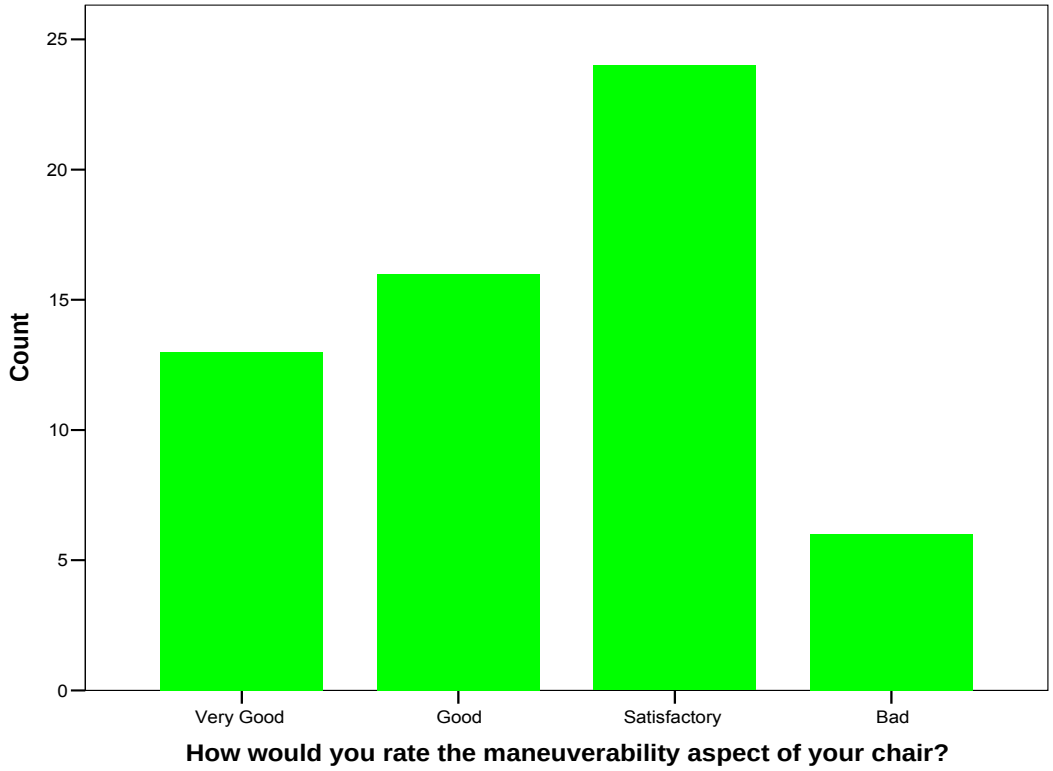

Figure 4-6 Bar chart to show how individuals rated the manoeuvrability aspect of their chair

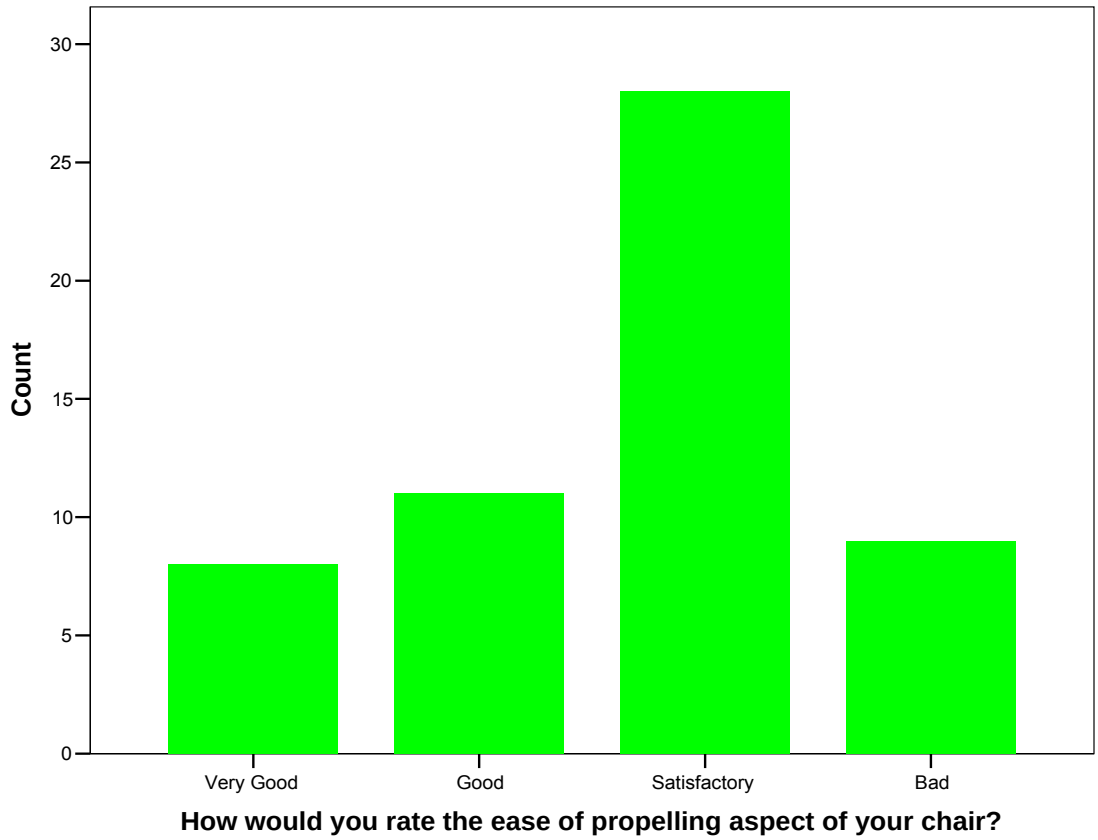

Figure 4-7 Bar chart to show how individuals rated the ease of propelling aspect of their chair

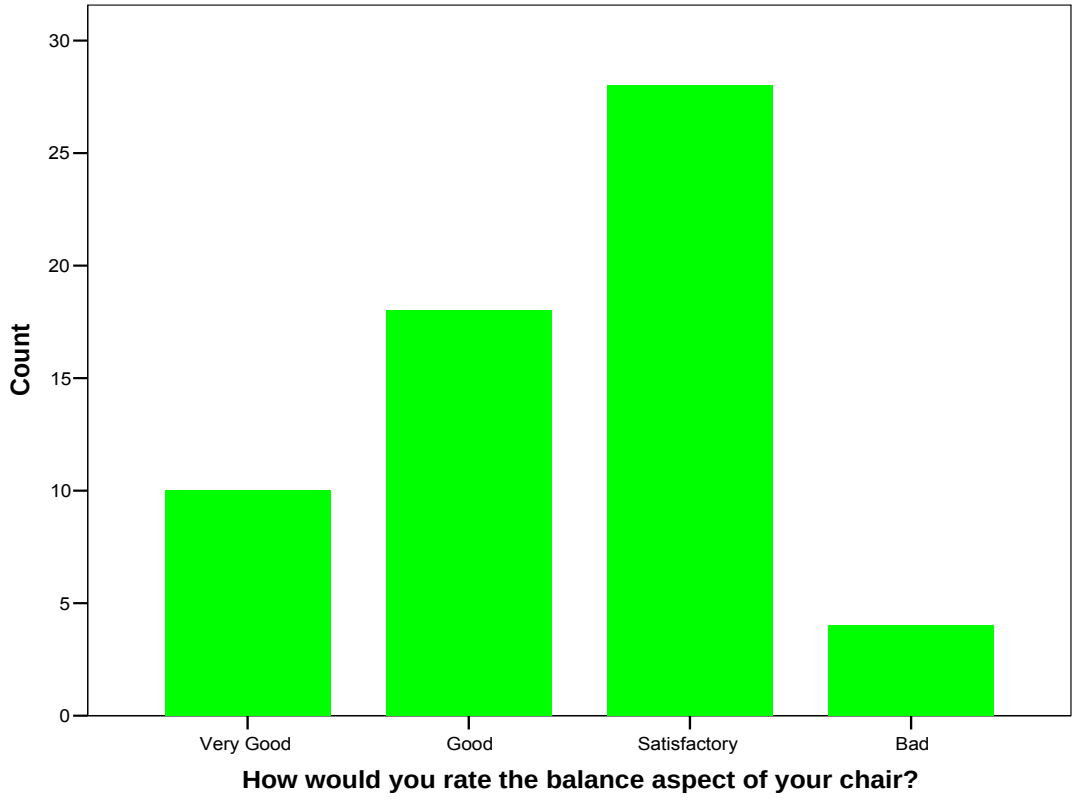

Figure 4-8 Bar chart to show how individuals rated the balance aspect of their chair

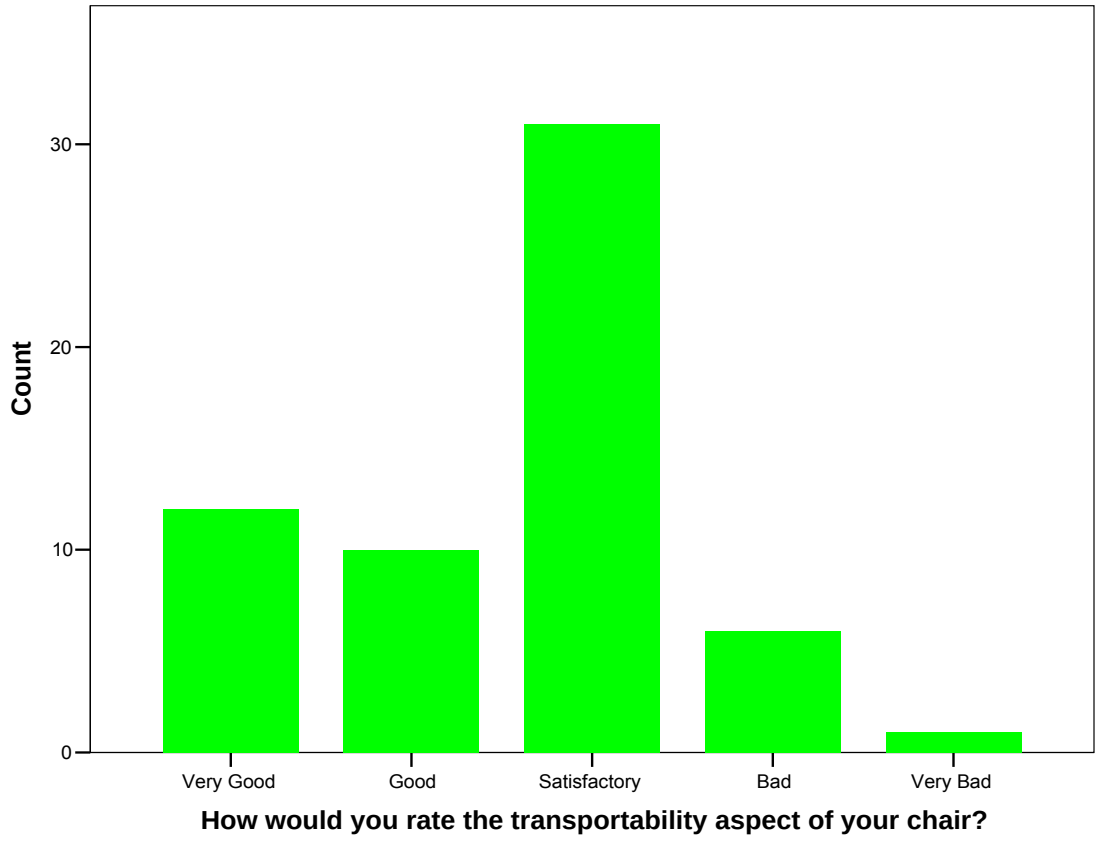

Figure 4-9 Bar chart to show how individuals rated the transportability aspect of their chair

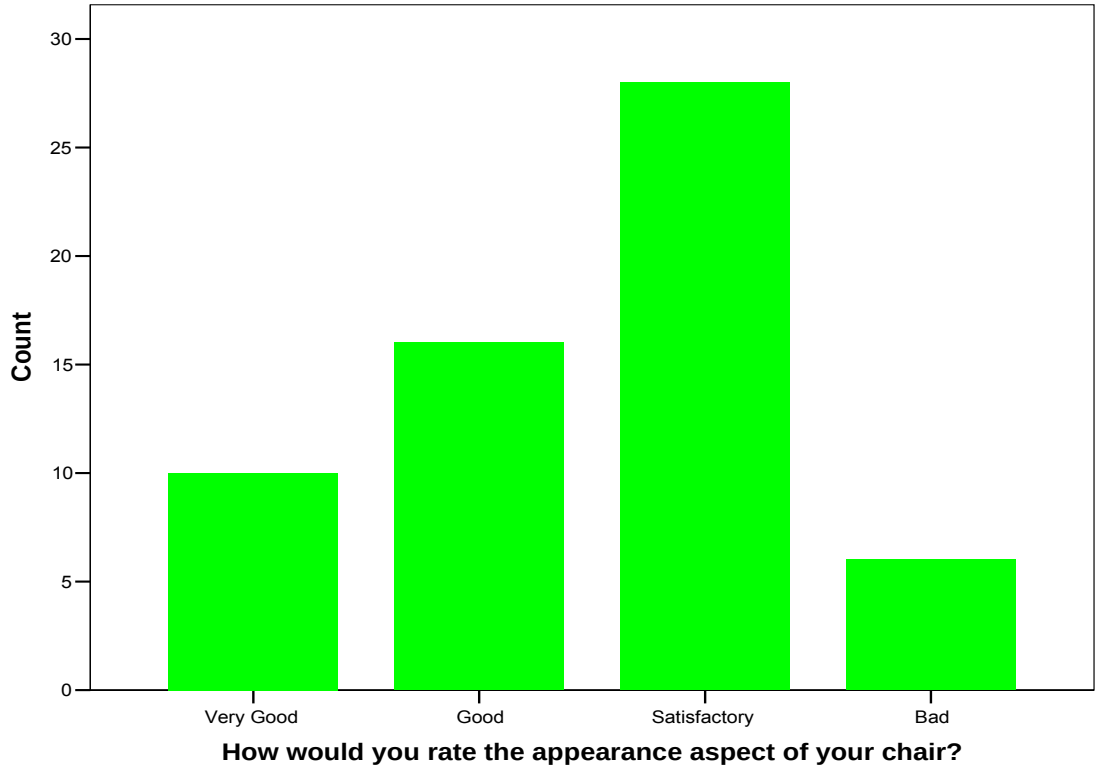

Figure 4-10 Bar chart to show how individuals rated the appearance aspect of their chair

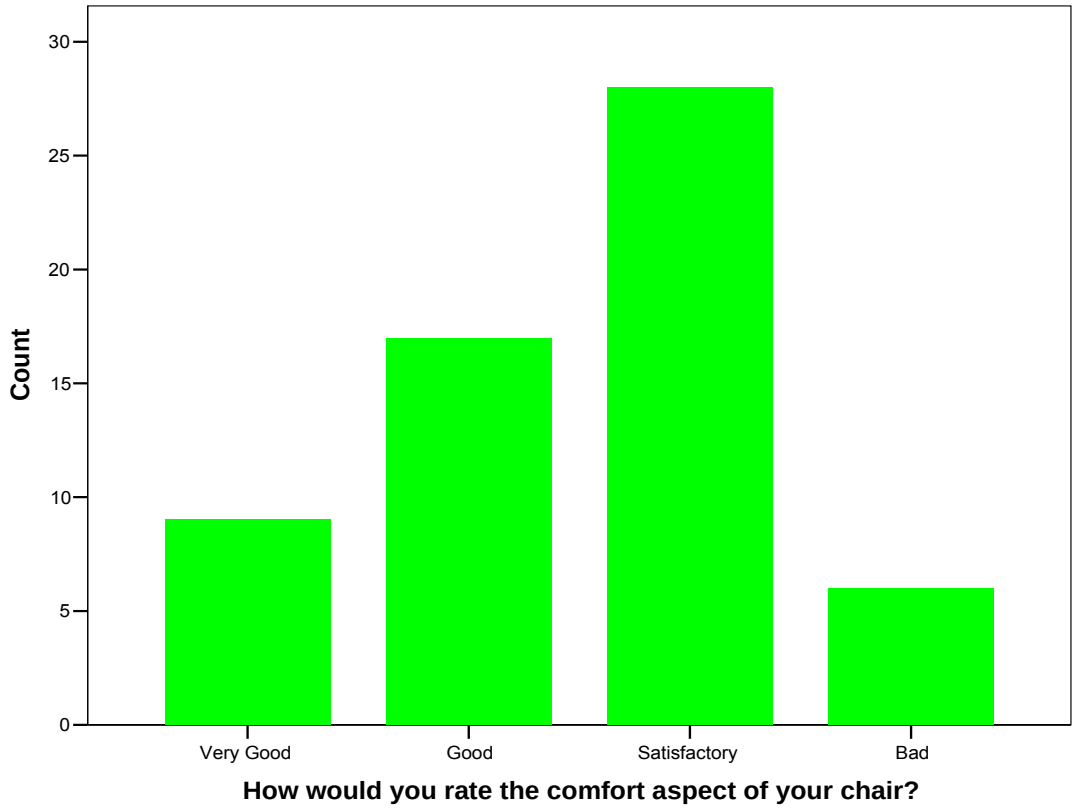

Figure 4-11 Bar chart to show how individuals rated the comfort aspect of their chair

Figures 4-12 to 4-27 illustrate the findings from a set of questions asking the individual if they agreed or disagreed (on a scale of one to five where one represented the individual strongly agreeing) with the questions relating to public services and the urban environment.

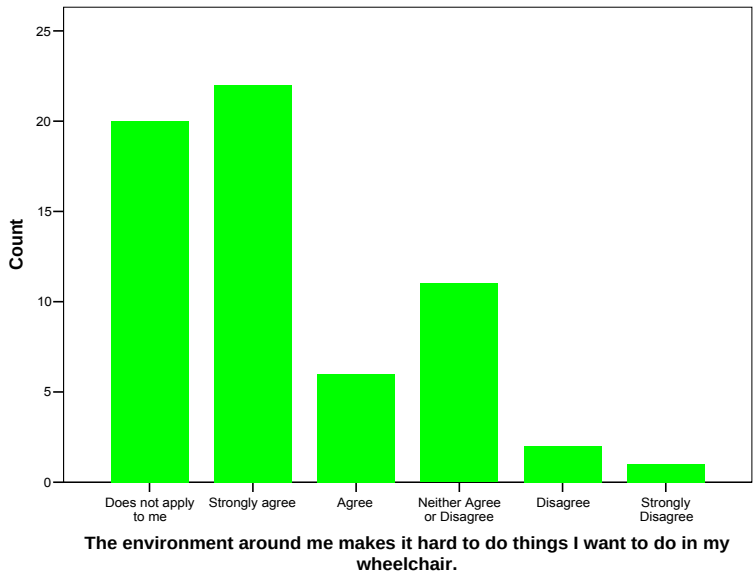

Figure 4-12

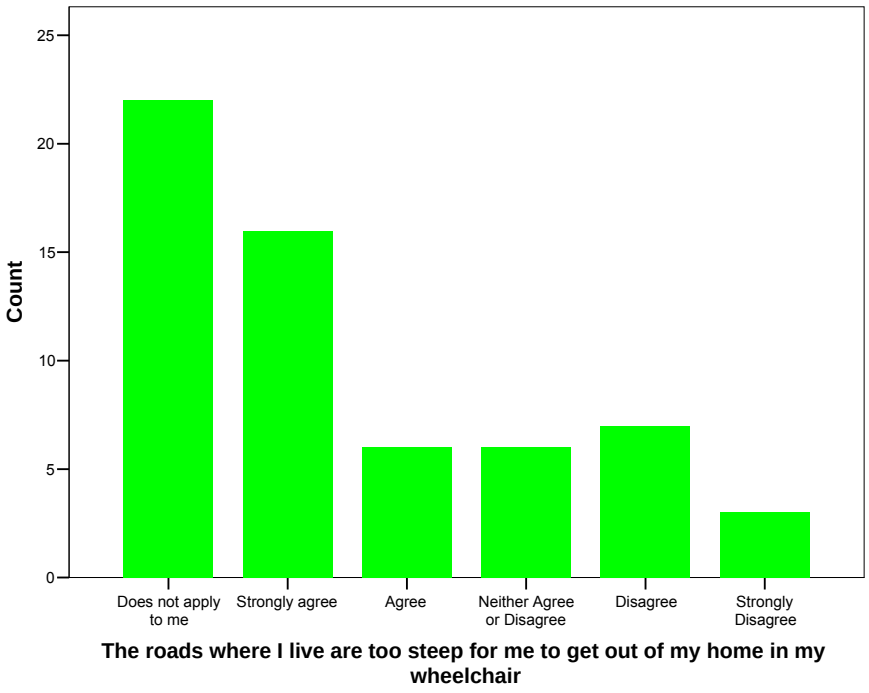

Figure 4-13

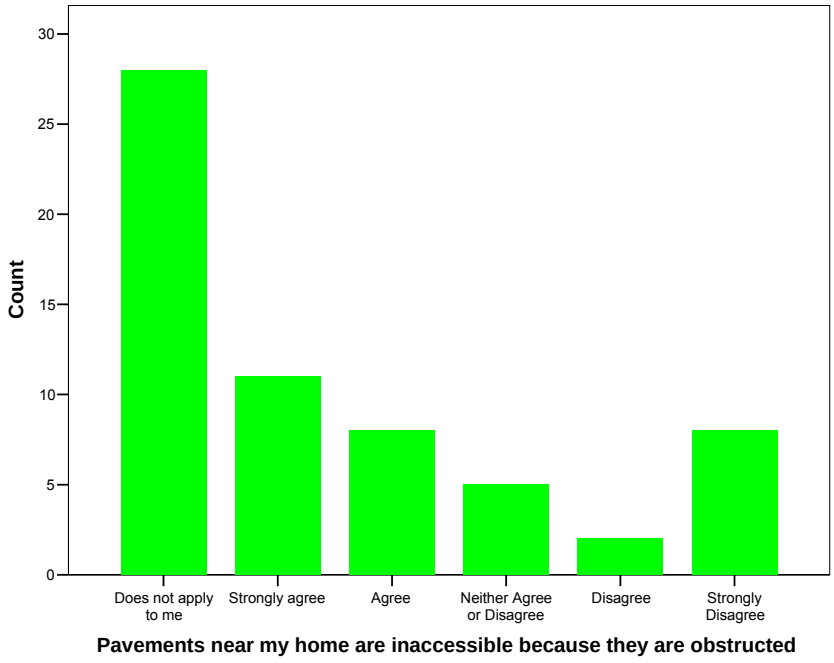

Figure 4-14

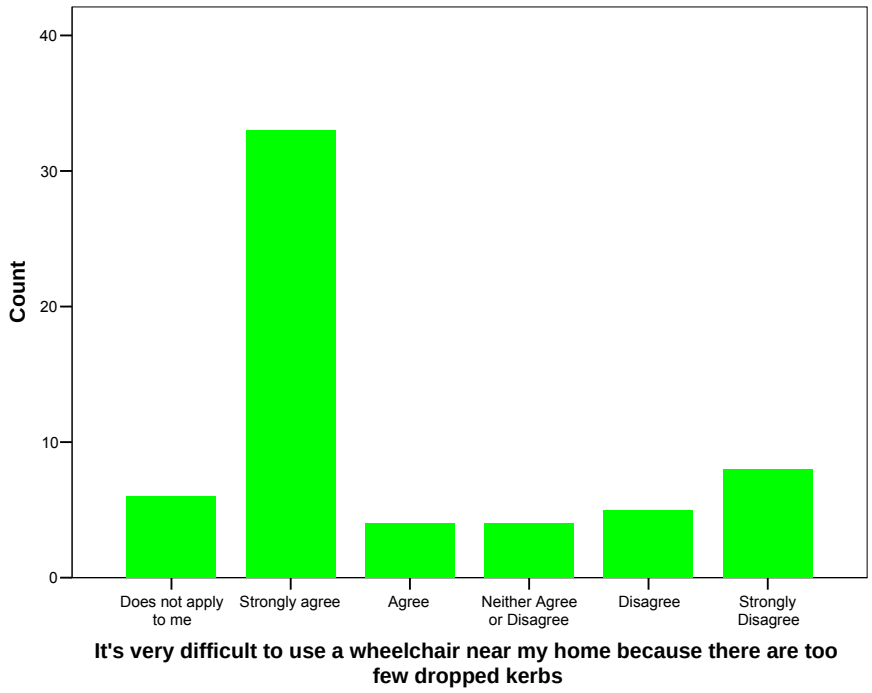

Figure 4-15

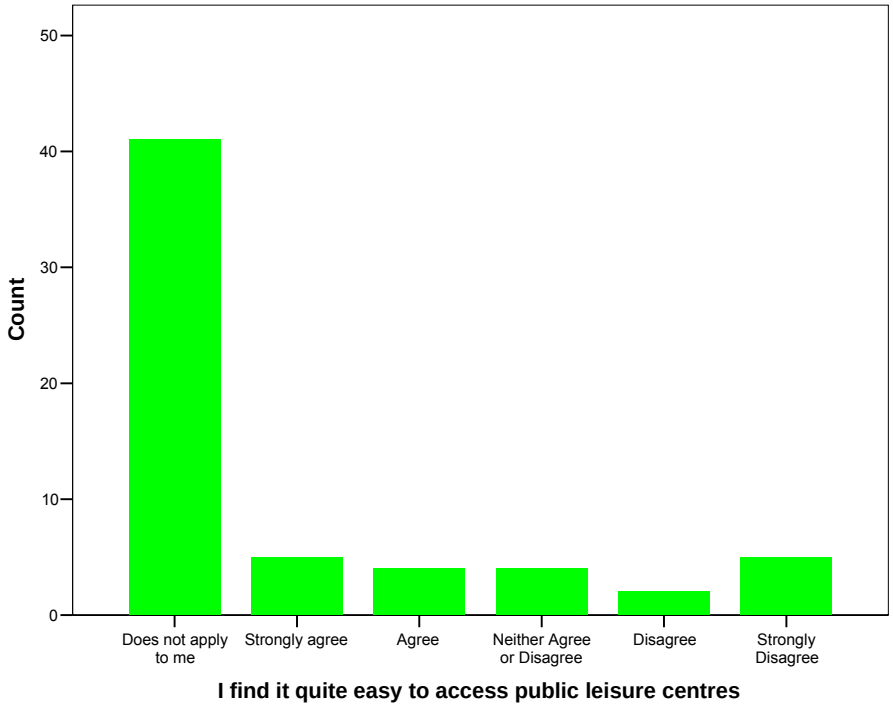

Figure 4-16

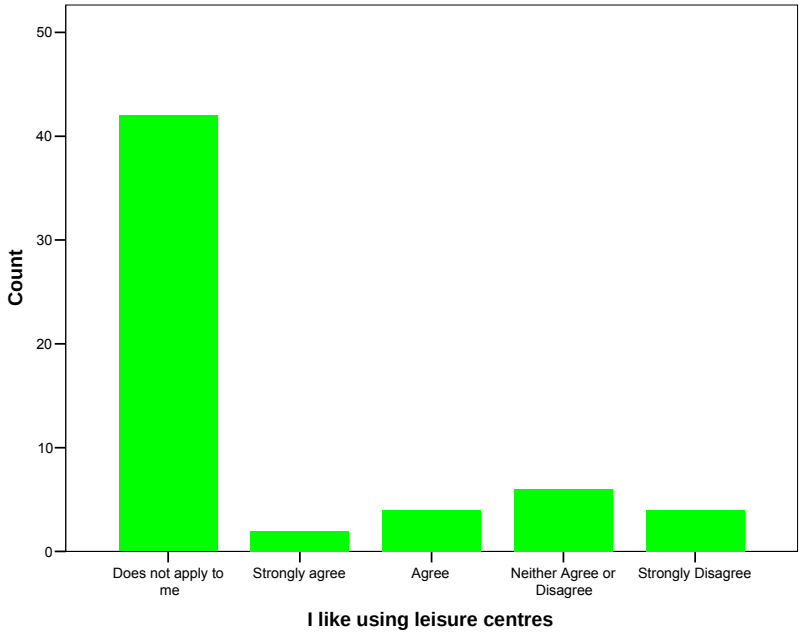

Figure 4-17

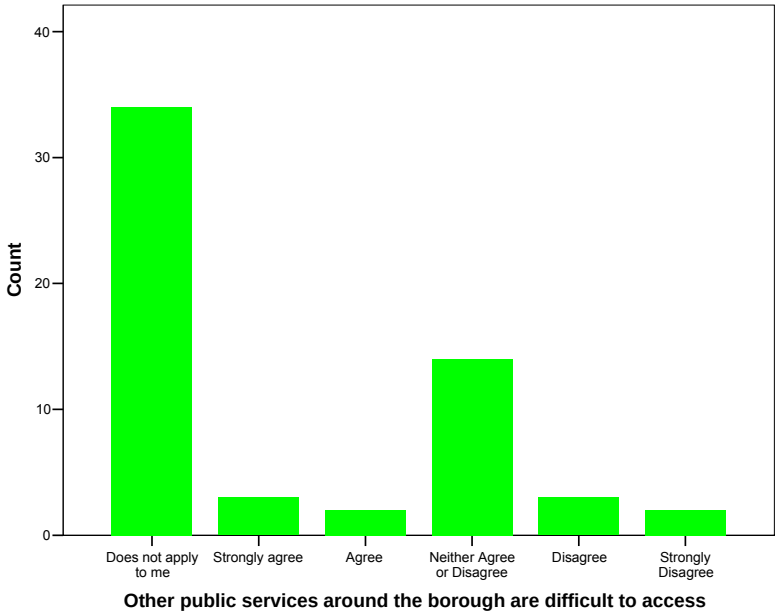

Figure 4-18

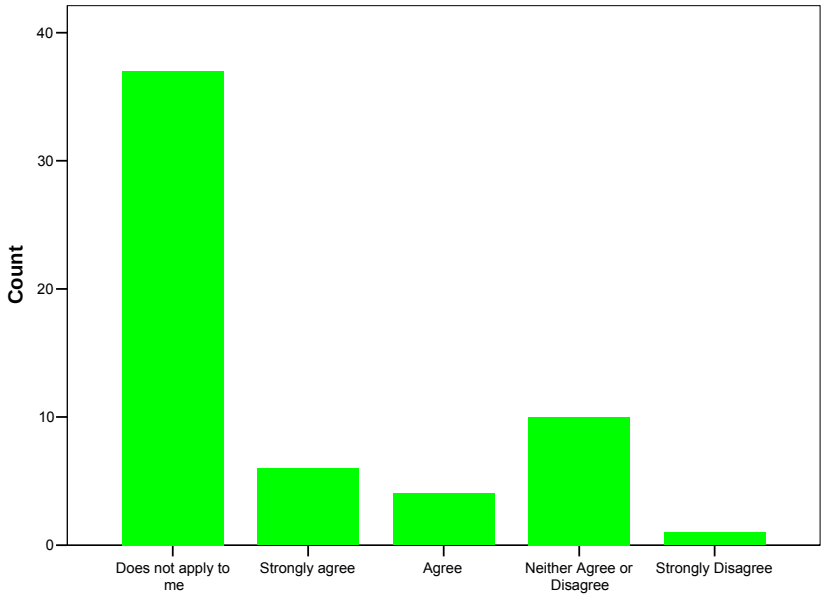

Figure 4-19

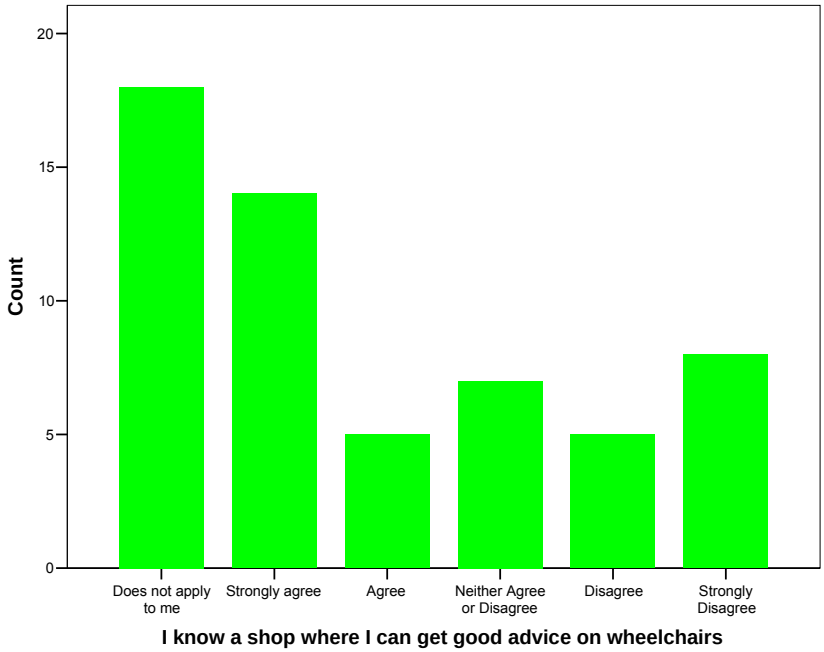

Figure 4-20

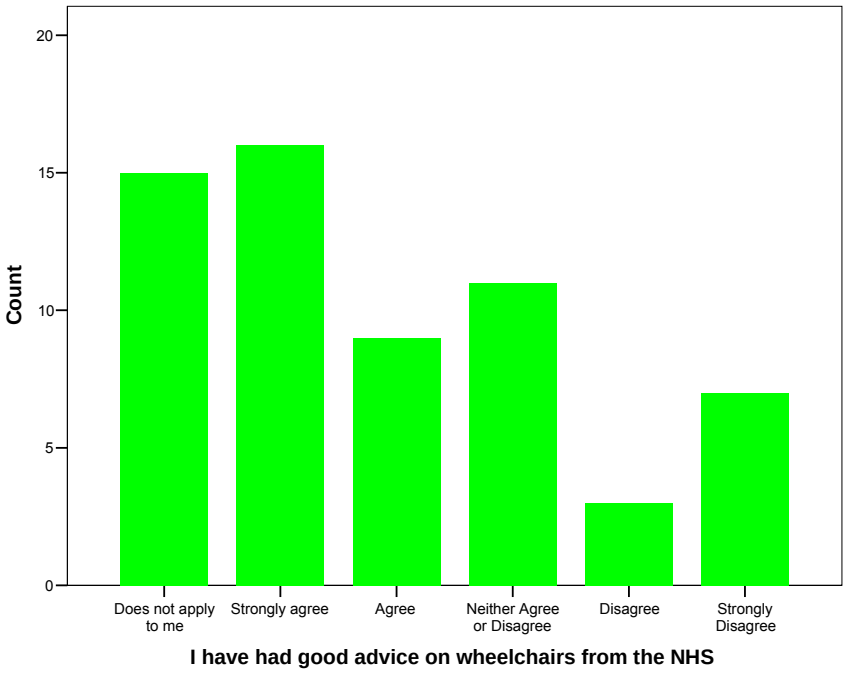

Figure 4-21

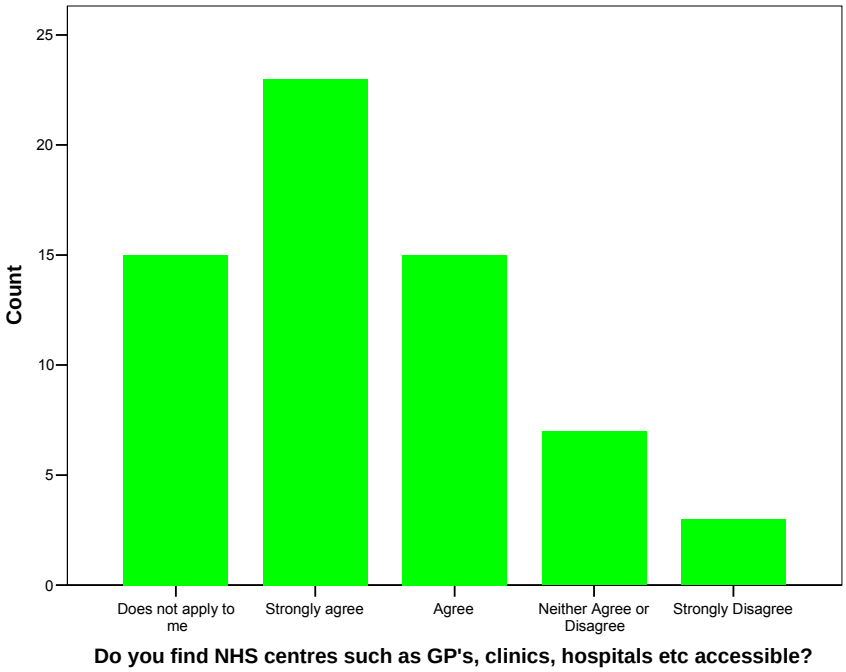

Figure 4-22

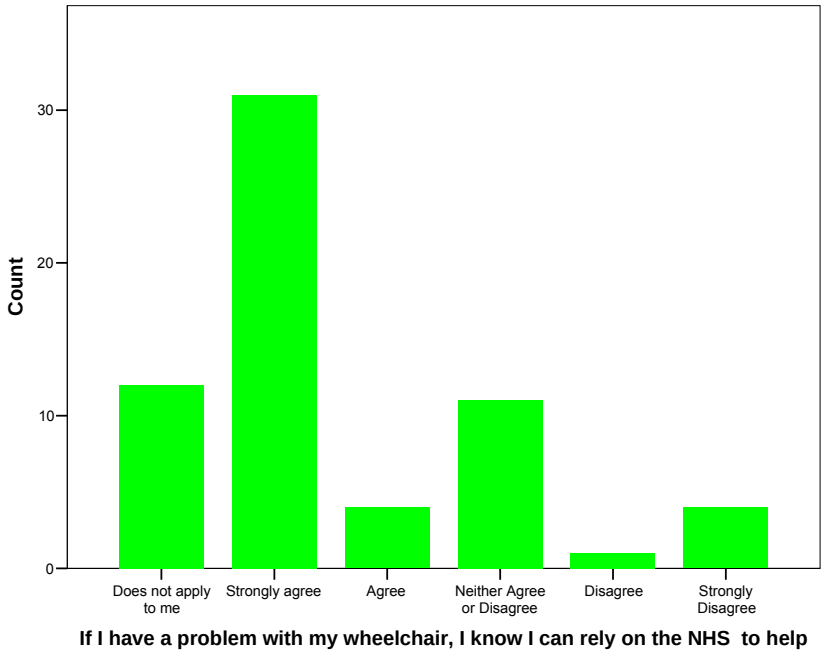

Figure 4-23

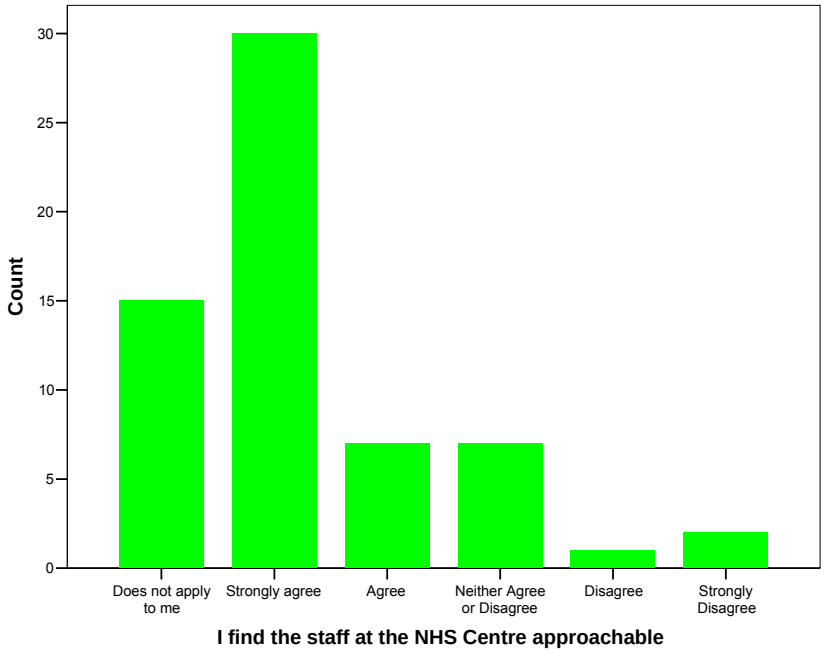

Figure 4-24

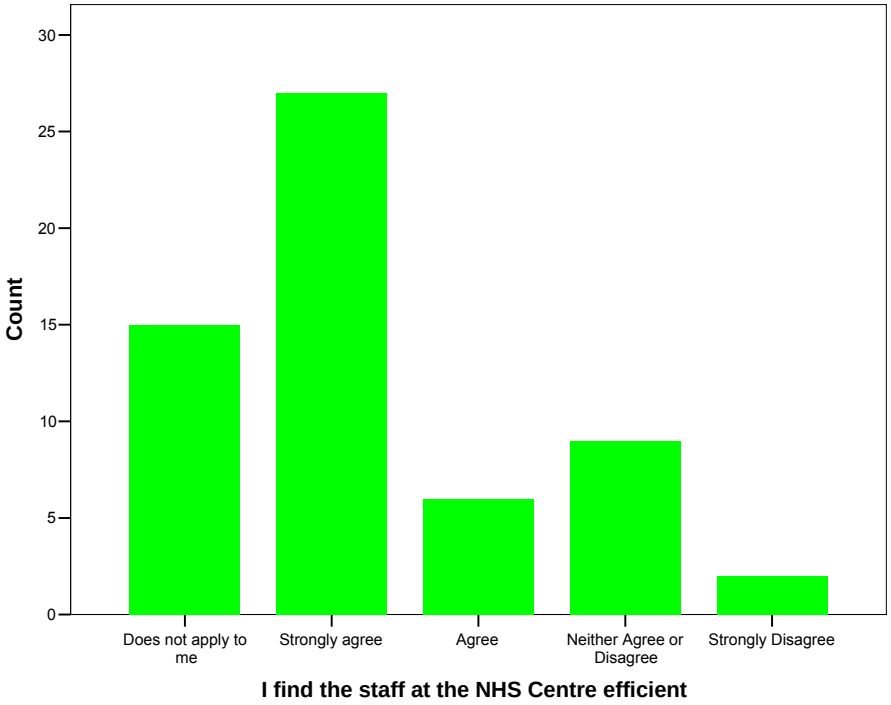

Figure 4-25

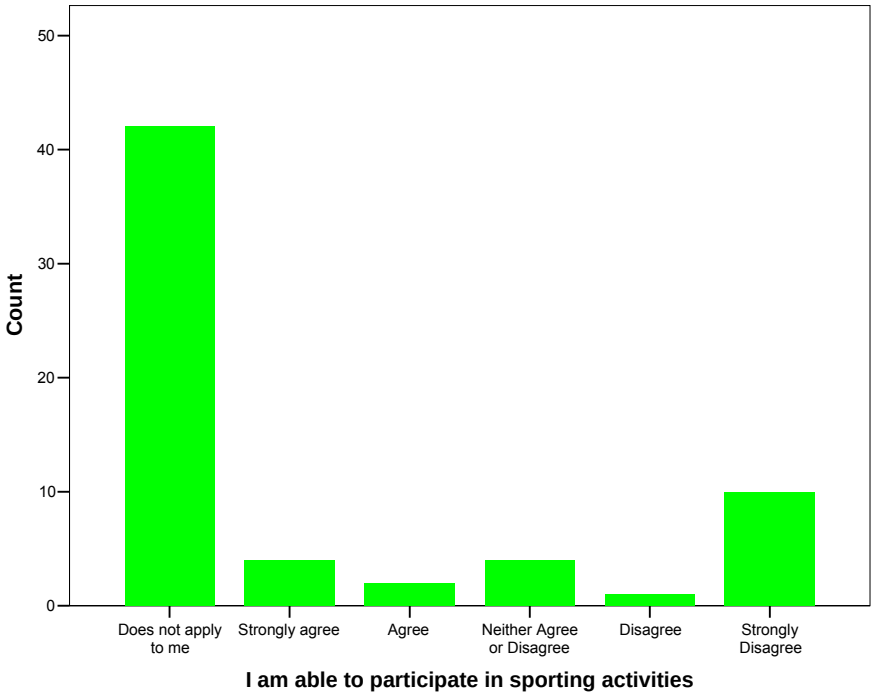

Figure 4-26

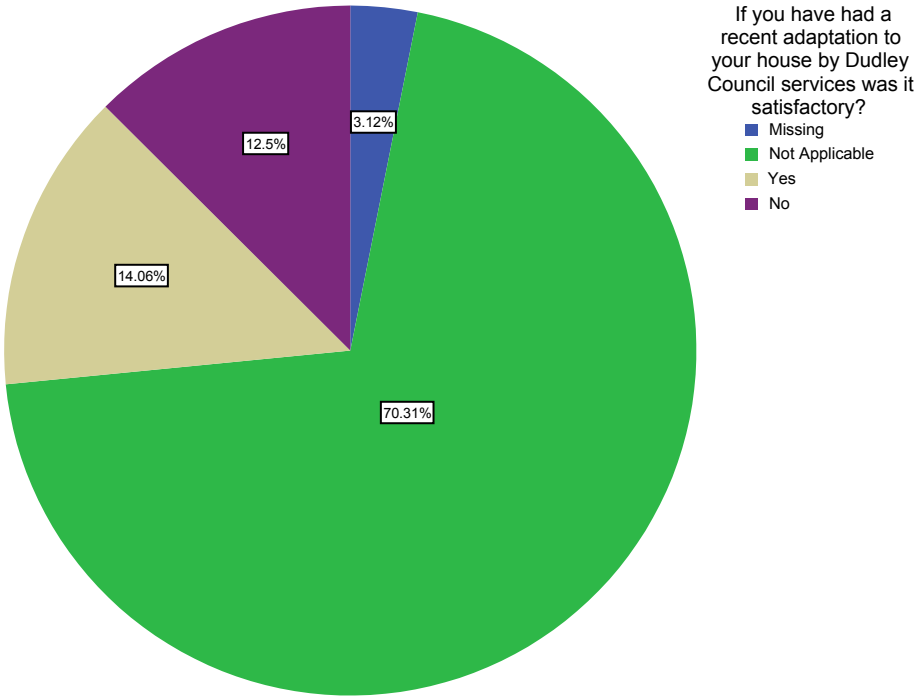

Figure 4-27

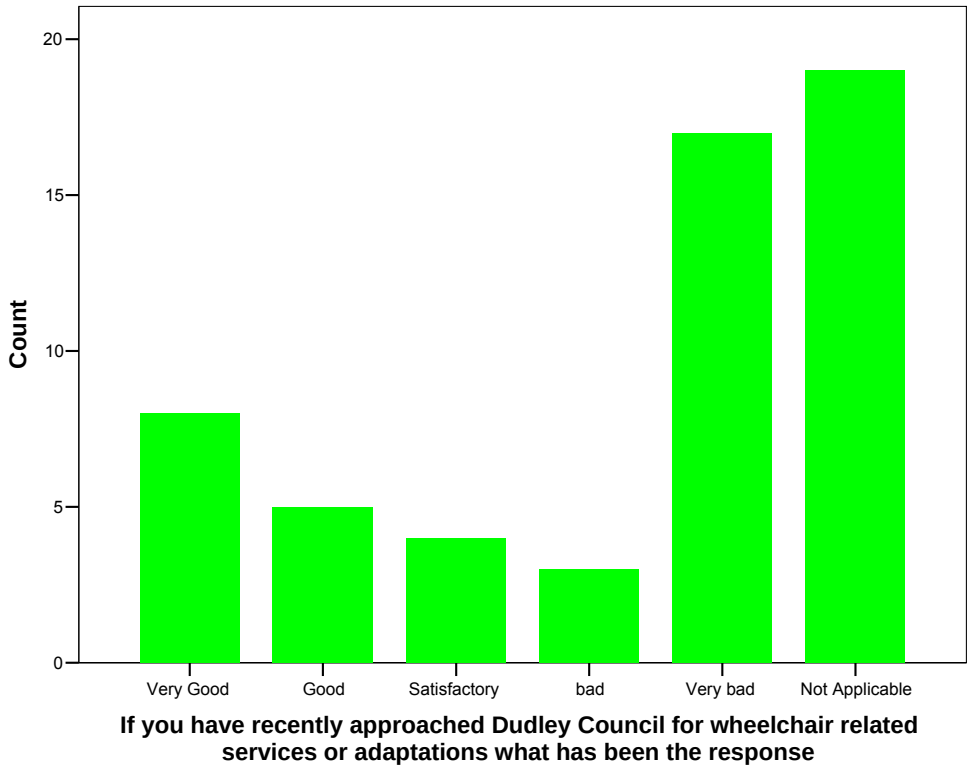

Figure 4-28

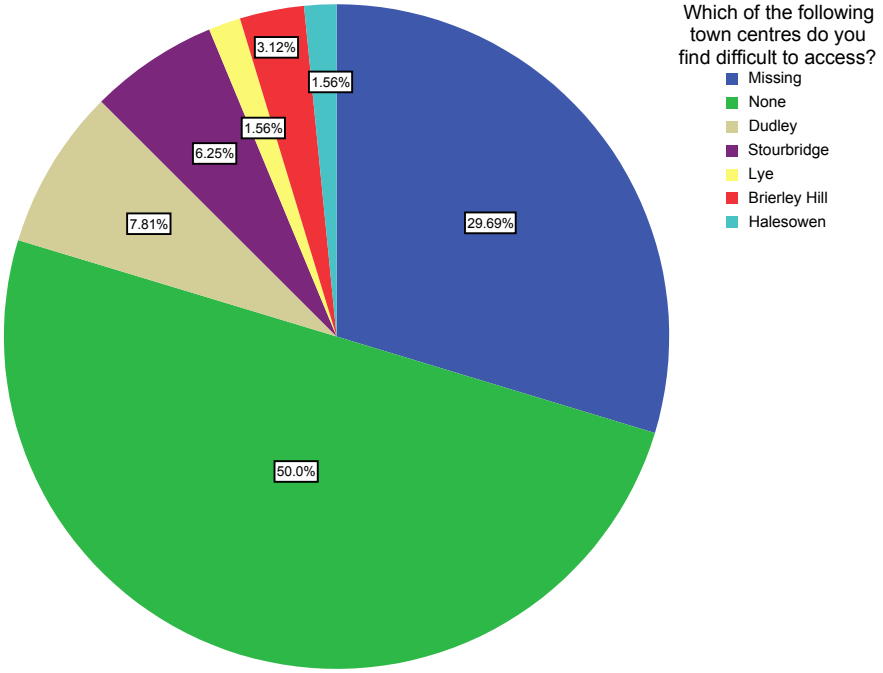

Figure 4-29

Individuals were asked if they found it difficult or not using a car, taxi, bus and train. Figures 4-30 to 4-33 illustrate the responses. Below each figure are a summary of the individuals responses to questions asking whether they found it difficult using these methods of transport *with assistance.*

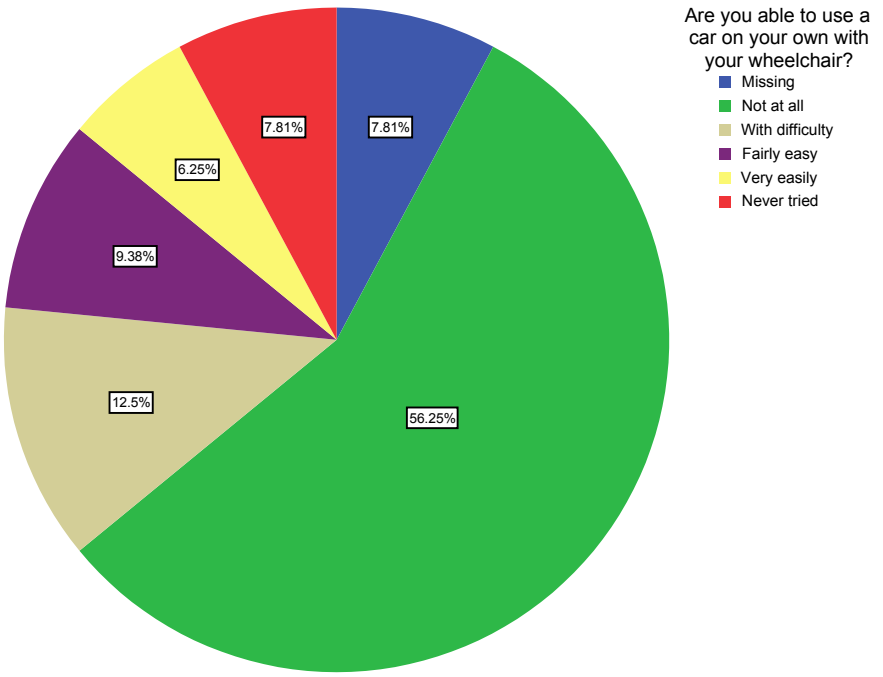

Figure 4-30

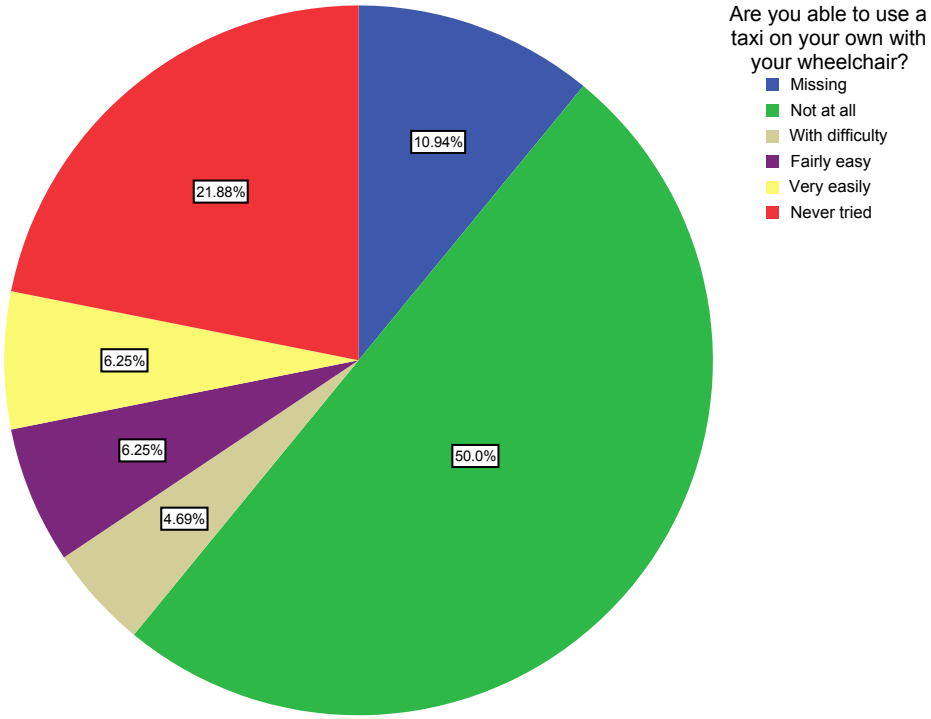

Figure 4-31

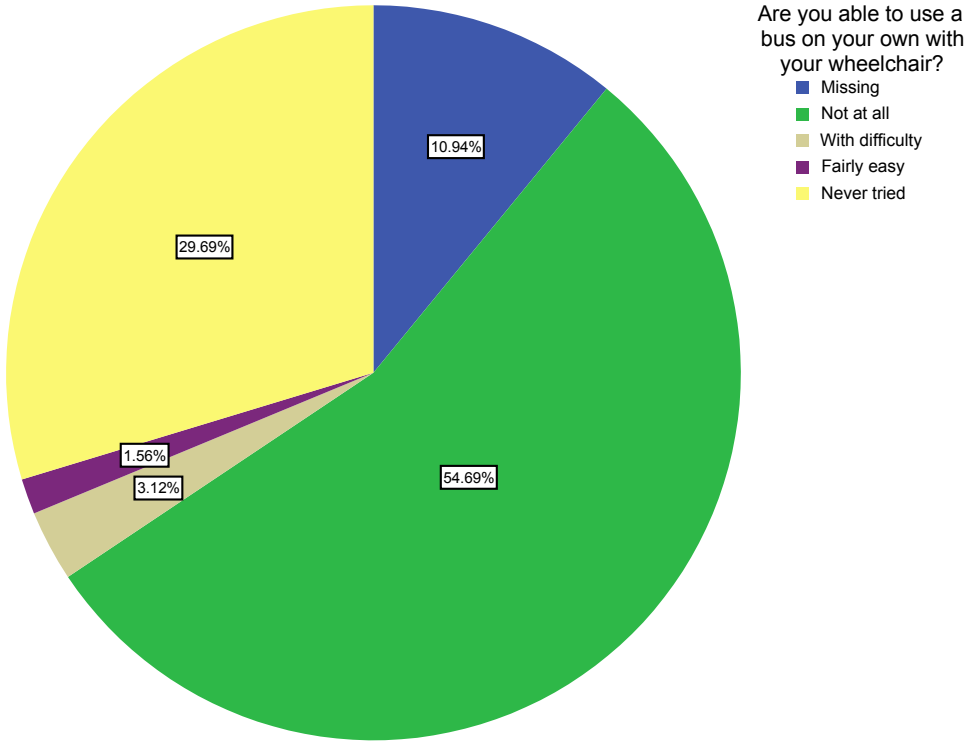

Figure 4-32

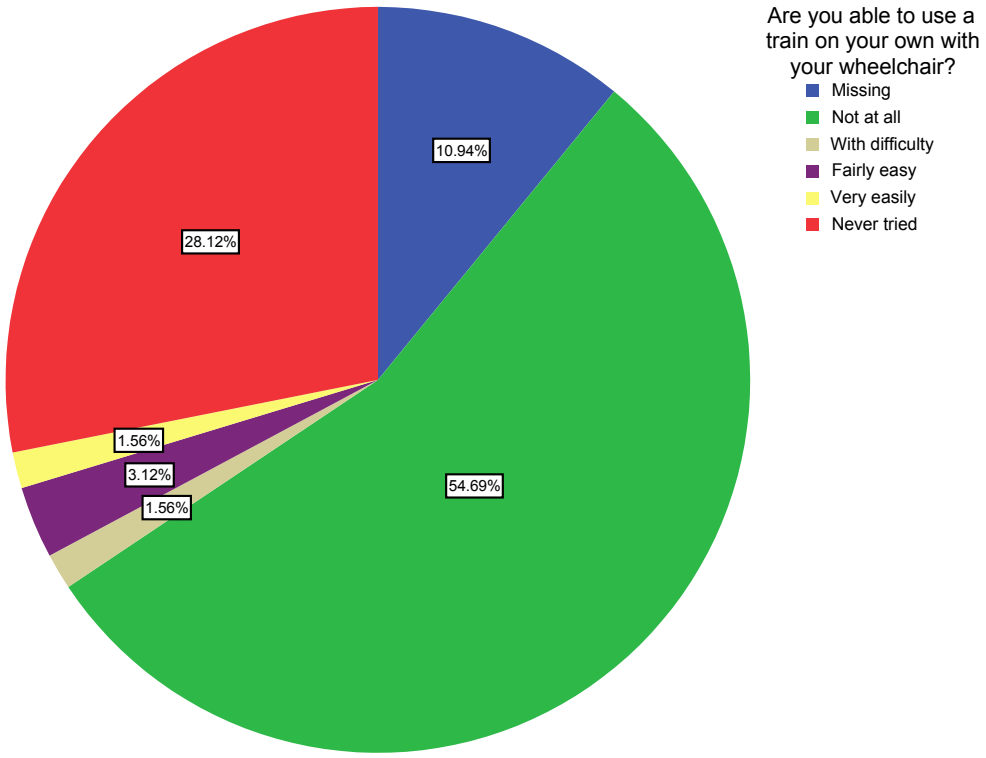
Are you able to use a train on your own with your wheelchair?
Missing
Not at all
With difficulty
Fairly easy
Very easily
Never tried
10.94%
54.69%
1.56%
3.12%
1.56%
28.12%

Figure 4-33

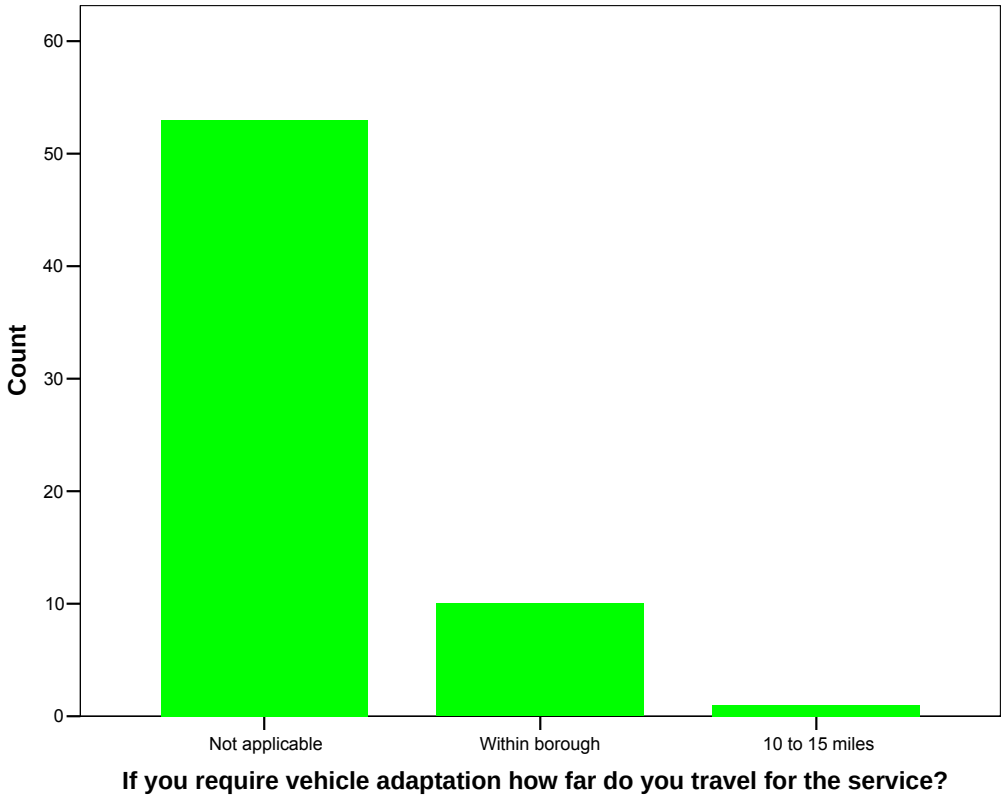

Figure 4-34

Of the 11 individuals who used a vehicle adaptation service 9 reported that they received an adequate service.

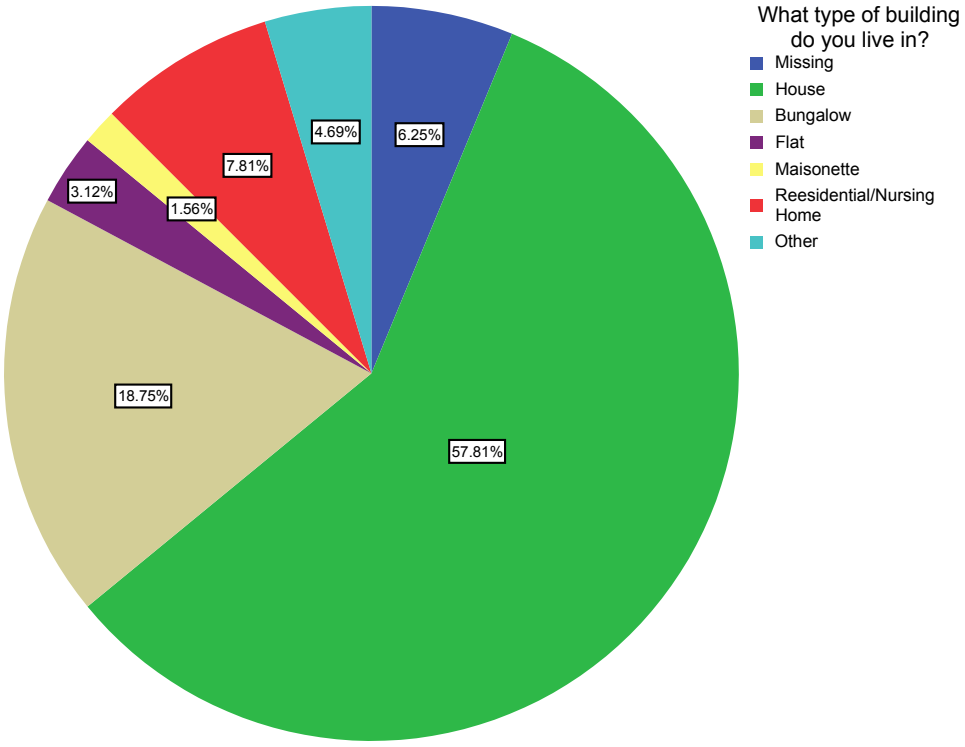

Figure 4-35

		Is your home purpose built for wheelchair use?		
		yes	no	Total
Do you use a wheelchair in your own home?	Yes	5	16	21
	No	2	33	35
Total		7	49	56

Table 4-1 Do you use **a wheelchair in your own home? Cross tabulated with** Is your home purpose built for wheelchair use?

8 cases missing.

		Is your home adapted for wheelchair Use?		
		Yes	No	Total
Do you use a wheelchair in your own home?	Yes	11	9	20
	No	2	30	32
Total		13	39	52

Table 4-2 Do you use a wheelchair in your own home? **Cross tabulated with** Is your home adapted for wheelchair Use?

12 cases missing

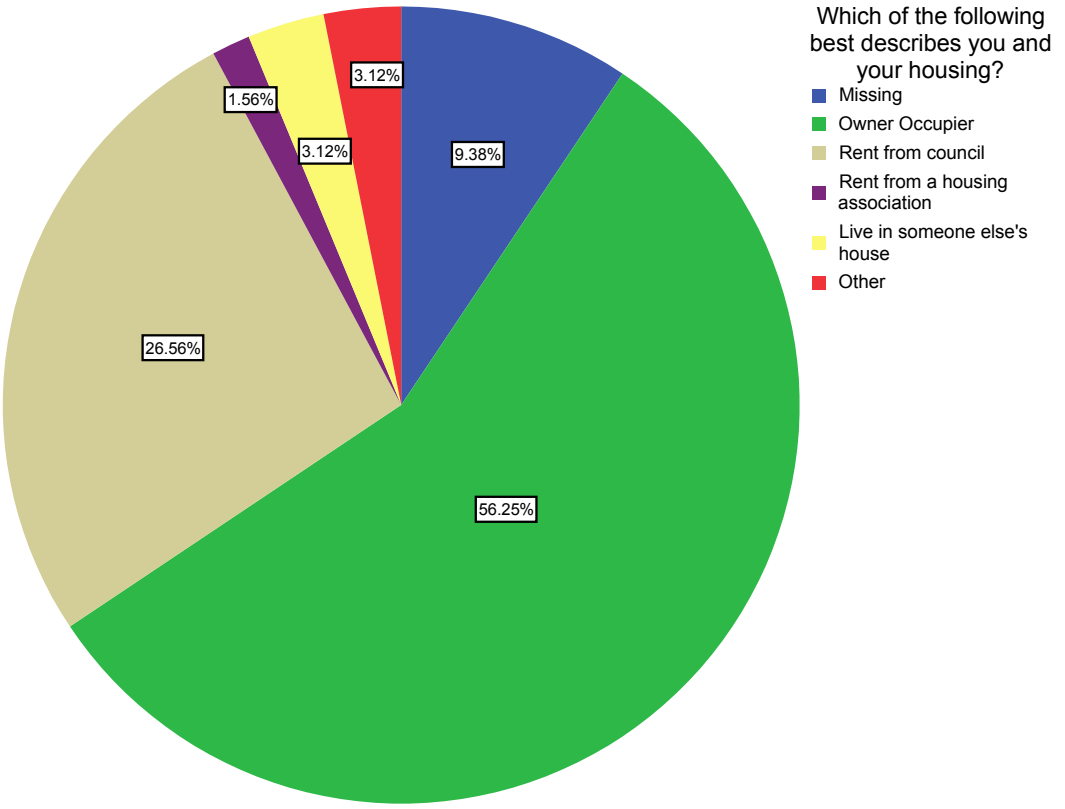

Figure 4-36

		Are you satisfied with the access within your home?		
		Yes	No	Total
Which of the following best describes you and your housing?	Owner Occupier	26	8	34
	Rent from council	7	9	16
	Rent from a housing association	1	0	1
	Live in someone else's house	2	0	2
	Other	2	0	2
Total		38	17	55

Table 4-3 Which of the following best describes you and your housing? **Cross tabulated with** Are you satisfied with the access within your home?

		Are you satisfied with the access within your home?		
		Yes	No	Total
What type of building do you live in?	House	23	12	35
	Bungalow	8	3	11
	Flat	2	0	2
	Maisonette	1	0	1
	Residential/Nursing Home	4	1	5
	Other	1	2	3
Total		39	18	57

Table 4-4 What type of building do you live in? **Cross tabulated with** Are you satisfied with the access within your home?

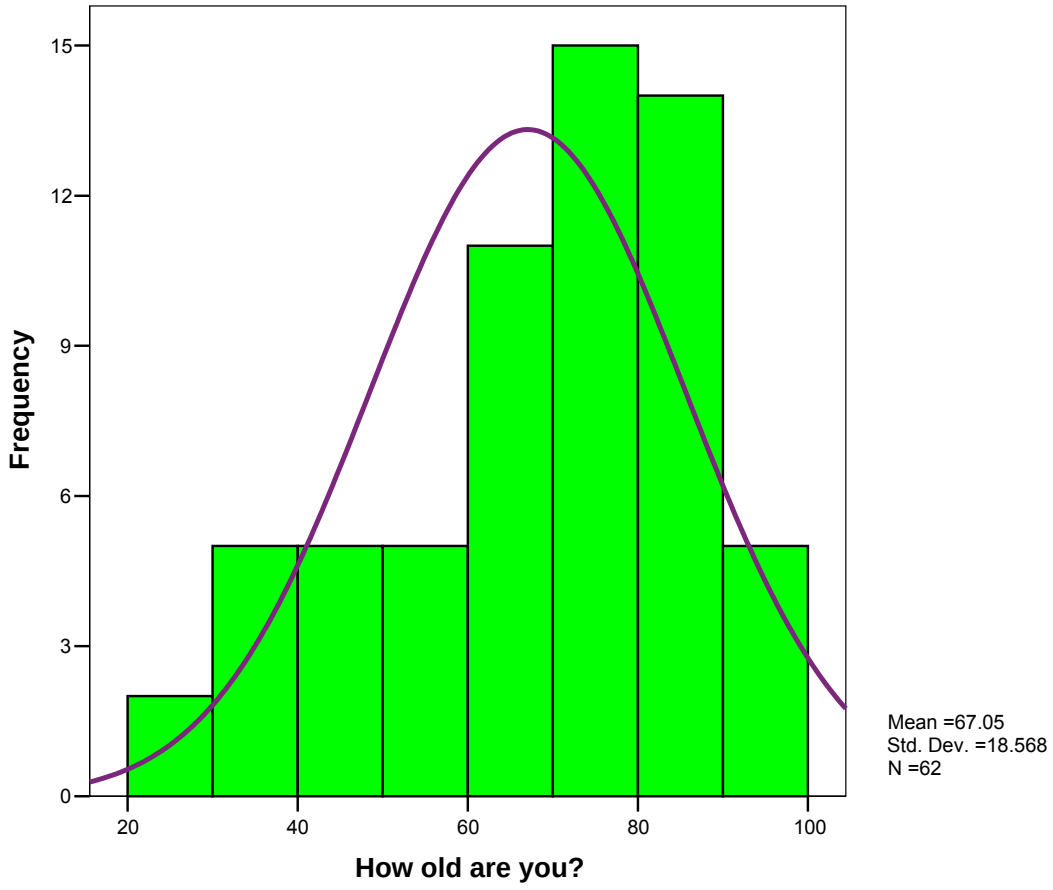

Figure 4-37

Findings from Focus Groups

Focus Group 1 - Queen's Cross Day Centre, Wellington Road, Dudley

This focus group was held with seven wheelchair users. The discussions were facilitated by Seán Ward and Aaron Sangian (Health Scrutiny Officers with Dudley MBC.) Participants were asked a series of questions. These questions are set out below as section headings.

1. **What aspects of your Wheelchair do you feel are good and not so good?**

Two participants expressed considerable concerns with their chairs. One suffered from epilepsy and had undergone triple bypass surgery. The main problem this participant faced was coping with slopes in a self propelled chair. Due to the design of his chair a power pack could not fitted nor does the participant meet the criteria for an EPIOC. The second, who used a wheelchair from time to time, was dissatisfied with the bulky foot rests because they get in the way so he tended to sit in the chair and use his feet to scoot along.

All participants agreed that a greater range of wheelchairs should be made available especially for younger users e.g. sporty chairs. Some participants would like a wider range of colours, other than standard black or grey, for both chairs and cushions; with the purpose of creating a sense of individuality.

One participant said that her wheelchair had a seat moulded especially for her. This made her chair particularly comfortable.

Those participants with EPIOCs said that battery packs run out of charge quite quickly and suggested consideration should be given to alternatives that give 'more miles per charge'.

2. **Do you feel you are able to move around your local area/town centre easily?**

Two members mentioned that shops in Halesowen Town centre were easy to access but there were problems with the lack of parking spaces. One participant when using Halesowen housing services has to be served at the top of stairs, where all her business has to be carried out including paying bills. The participant distressed by this because she does not want to deal with private business in a public area. The lift at Halesowen Housing Office was too small for certain wheelchairs.

Participants praised the Merry Hill Centre its excellent access for wheelchairs. It was thought to be comparable to The Bull Ring in Birmingham and that it had significantly better access than the Trafford Centre, Manchester. On the other hand one participant mentioned that it was rather boring always to have to use the Merry Hill Centre. It would be good to be

able to go elsewhere for a change but poor access for wheelchairs prevented this.

Although most participants said that they did not use the library one participant said the lift in Halesowen Library was too small for her powered chair.

The majority of participants expressed an interest in making use of leisure centres. However, all agreed that the changing rooms were ill equipped for wheelchair users. Some wheelchair users, who are more seriously disabled need "changing beds" to enable them to get undressed and dressed with greater ease and with a measure of independence. Changing rooms in leisure centres in Dudley do not have 'changing beds'. It was for this reason why many did not use the Borough's leisure facilities.

All participants agreed that almost ALL disabled toilets were too small, having been designed for "walking disabled" rather than for wheelchair users. Participants said that if planners and developers designed toilets with needs of the most disabled in mind there would be enough space for all disabled people.

3. **Do you feel it is easy to get into places such as leisure centres, libraries, pubs, clubs, shops?**

Participants said that staff at the Showcase Cinema at Castle Gate were very welcoming and helpful and the site had good parking facilities. Participants mentioned that automatic doors that open outwards cause problems because it is difficult to get close enough to activate them yet stay to stay out of the way when they open.

4. **What do you think about the Wheelchair Service provided by the National Health Service in Dudley?**

All participants who had used Wheelchair Services at Dudley Guest were informed by letter of the relocation of services to the Corbett Hospital, Stourbridge. All but one of the participants said the move to Stourbridge made visiting the Centre more convenient. None of participants had been consulted about the move prior to its taking place.

Some participants thought that at times NHS staff came across as patronising. Some participants said that they were told that they were too heavy and needed to lose weight. They said that they were aware of the need to lose weight and wanted to lose weight but felt offended at the way the matter had been put to them. They said that staff offered no help or information about how to lose weight: nothing about about diet or suitable and safe exercise. Participants said that it would have been more helpful if NHS staff had referred them to a dietician or physiotherapist or specialist exercise consultant. Participants said they found it difficult to lose weight because they were, obviously, sedentary. All participants agreed that following a healthy diet alone is not sufficient for losing weight and that they

wanted to exercise and would do it if they had advice about how to exercise safely.

Participants felt that their GPs understood their needs and felt that there was a good referral process to Wheelchair Services.

5. **Do you feel that you can move easily around your own home? If you have had any adaptations made to your house by Dudley Council what do you feel about the service provided?**

Most participants said that they could move easily around the house, although some required assistance from relatives to get into and out of the house or to get upstairs. Those participants who lived in residential care found it easy to move around as the buildings had been purpose-built.

Only one participant had contacted Dudley MBC about adaptations. The extension down stairs had to be built twice. The initial construction was too small and had to be built again; the whole process took two and half years to complete. It took six weeks from the point of contact with the council for an inspector to visit the participant's house and make the necessary assessments.

6. **Do you feel that it is easy to travel around the area by public transport?**

All participants said that they used public transport. Principally the group used taxis and the Ring and Ride service (RR) with only a minority utilising the West Midlands bus and train service.

Every participant who used taxis and RR expressed concerns with the service which are noted below under separate sub headings.

Participants felt that in many ways taxis offered a poor service. All participants who used taxi (most of the group) reported that some drivers regularly breach the Regulations by placing them in the black cab sideways rather than with their back to the driver or facing to the front. Nor do some drivers secure the wheelchair properly in the vehicle by means of straps or clamps. Drivers tend to rely on the wheelchair's brakes alone to restrain chair and its occupant. One participant said that when the taxi drives over traffic calming speed humps, it causes the wheelchair to jolts and become unstable as they are not clamped incorrectly. It is not possible to prepare for such events because speed humps can't be spotted from the back of the cab. Several other users claimed that more often than not taxi drivers charged them more than they had agreed when booking the taxi by phone. One participant told the group he booked a 'White Star' cab over the phone where it was agreed that he would be charged £10 each way from his home to Sandwell. In fact he was charged £12.50 each way. When the participant asked the reason for the price difference he was told it was because a wheelchair user used up more of the driver's time, which is chargeable.

Another participant said it was not unusual to be charged double the fare when two people in wheelchairs use the same cab.

Ring and Ride

Participants in the group all agreed that the Ring and Ride service was very unpunctual and inflexible. Participants said they have to book the service in advance and had to accept the drop off and pick up times given to them.

All participants who used Ring and Ride were of the opinion that preference is given to retired people, significantly limiting availability for wheelchair users. Participants said that elderly people who do not appear to have a disability or limiting long term illness use Ring and Ride. Participants gave examples of elderly people using Ring and Ride in the morning to go shopping and returning on the bus with full shopping bags.Another participant said that manyelderly people use Ring and Ride just to get to the bingo in the evening,

7. **To finish, could you mention one especially good thing or one especially bad thing about being a wheelchair user?**

Comments were:

Good things:

'Independence'

'Public awareness of Wheelchair Users is slowly increasing, people are less ignorant than in the past'.

Bad things:

'Courtesy seems to be lacking with the general public.'

'People still do not move out the way, they can be very obstructive.'

'Why do people stare at us like we are a nuisance, we didn't ask to be in a wheelchair. People do not seem to give us the respect we deserve'.

'Often people seem think we must be backward or stupid because we are in a wheelchair. Our ability to walk is affected not our intelligence.'

'More often than not, people speak to us as though we are children'.

'The only way someone will even begin to realise what it is like to be a wheelchair user is to spend a week in one'.

Focus Group 2- Queen's Cross Day Centre, Wellington Road, Dudley

This focus group was held with 13 wheelchair users. The discussions were facilitated by Seán Ward and Aaron Sangian (Health Scrutiny Officers with Dudley MBC.) Participants were asked a series of general questions. These questions are set out below as section headings.

1. **What aspects of your Wheelchair do you feel are good and not so good?**

Most participants were satisfied with their chairs, especially those using EPIOCs. All felt that their chairs gave them independence and an opportunity to lead as close to a normal life as possible.

Comfort was an important factor. Participants felt that the chairs they had now were comfortable.

All stated that their chair enabled them to move around the borough satisfactorily. The EPIOC users stated their chair was ideal for long distances.

Some of those with manually-propelled chairs were not so happy. Two said that their carers had problems pushing the chair because they were no longer as fit as they had been. Neither had heard of power packs that could be fitted to the wheelchair to assist carers.

One participant had purchased an EPIOC. This participant had been unhappy with the chair issued by the local National Health Service Wheelchair Service because it was too big.

2. **Do you feel you are able to move around your local area/town centre easily?**

No one stated they had problems getting around any of the town centres in the Borough. Most of the group reported that the larger stores (Woolworths, Beatties, Wilkinsons) in Dudley were especially easier to move around.
All were satisfied with access in and around the Merry Hill Centre.

3. **Do you feel it is easy to get into places such as leisure centres, libraries, pubs, clubs, shops?**

A number of the younger participants complained that quite a lot of pubs were impossible to enter because they had steps. They noted it was very often the pubs they particularly wanted to go to that were impossible to get into. Other participants said that some pubs/hotels had excellent access and facilities for people in wheelchairs (The Ward Arms and Kingfisher were mentioned).

Night clubs, however, posed a problem. Access for people in wheelchairs was frequently denied on the grounds that people in wheelchairs pose a health

and safety risk in the event of an emergency. Club managers could not guarantee that wheelchair users could be evacuated safely and quickly.

Crystal Leisure Centre was recommended for its service and access by some participants. However, participants felt that changing facilities in leisure centres should be improved for wheelchair users because present facilities do not offer sufficient space.

Access to libraries was thought to be good but there were problems with high shelves and with access to computers. Participants readily acknowledged that staff were always happy to help but that reduced the participants' independence. They said that always felt obliged to rush through things so as not to delay staff; they could not browse through the library like other users. Lower shelves would enable them to reach books by themselves.

Participants thought that access to supermarkets in the Borough was very good indeed but in some high shelving was a problem. Staff were always pleased to help but, as with libraries, this reduced the independence of wheelchair users. Participants said that Tesco at Castle Gate had gone a long way in improving access for wheelchair users and in reducing the height of shelves.

4. **What do you think about the wheelchair Service provided by the National Health Service in Dudley?**

Participants felt that the service provided by Dudley Group of Hospitals was very good. Some had had disagreements about the sort of chair they wanted and what staff had recommended. Participants felt that the NHS Wheelchair Service offered a wide range of wheelchairs and staff at the Wheelchair Centre were helpful and skilfull.

Participants mentioned that none of them had been consulted about the change of location in the Wheelchair Service from Dudley Guest to the Corbett Hospital. The move came as a big surprise to them. They would have liked to have been consulted about the move in advance. Lack of consulation about this move confirmed what participants felt, that those who provide services to them frequently treat them as being stupid and incapable of understanding things. The big message that participants want to put out is that people who use wheelchairs are not stupid, quite the reverse in fact, and they expect others to treat them as social and intellectual equals.

Participants felt that the referral system to Wheelchairs services worked well. GPs understood their needs.

Participants said that their main concern was the repair service. Participants were unhappy with the " courtesy wheelchairs" offered to them while their own chairs were in for repair. They pointed out that wheelchairs are measured for them by the Wheelchair Service. The courtesy chair, however, is not. They are offered a close approximation which most of the time is not a very good fit and they felt nervous about using the chair. Participants said that repairs for a

manual chair could take up to three working days, electric chair repairs up to three weeks. The main features on an electric chair to fail were the motor and directional control box. Delays in obtaining replacements for such complex electronics was often the cause the lengthy wait for repairs.Tyres, batteries and cushions were the other causes of frequent repairs.

5. **Do you feel that you can move easily around your own home? If you have had any adaptations made to your house by Dudley Council what do you feel about the service provided?**

Most participants said that they could move easily around the house, although some required assistance from relatives to get into and out of the house or to get upstairs. Three participants lived in residential care homes or sheltered accommodation and found it very easy to move around as the buidlings had been purpose-built.

Only two participants had contacted Dudley MBC about adaptations. Both said that they found the experience difficult. Both said that the applications they made had resulted in long delays and in a lot of argument and dissatisfaction with the Council departments involved. In one instance the planned facility offered to the wheelchair user by the Council was unacceptable to the rest of the family and in another insufficient funds had caused a two-year delay.

6. **Do you feel that it is easy to travel around the area by public transport?**

All participants said that they used public transport often.

Participants who used the bus all spoke of the same problem, of the driver pulling off too soon after they had got on and not giving them time to station their chairs safely. Another problem was that of having to wait for a suitable bus. Bus companies have gone a long way in providing suitable buses but not all are suitable. Participants felt that the 'kneeling' mechanism to help disabled passengers to get on and off the bus was useful and made a difference; participants held similar views on the disabled spaces at the front of the bus.

Many participants rely on taxis as their main means of transport. They expressed mixed views on the level of service provided by both Hackney Carriages (black cabs) and private car hire (white cab). Two participants reported that some drivers breach the Regulations by placing them in the black cab sideways rather than with their back to the driver or facing to the front. Nor do some drivers secure the wheelchair properly in the vehicle by means of straps or clamps. The wheelchair's brakes would not be a sufficient restraint in the event of an accident. Several other users also claimed that more often than not taxi drivers charged them more than they had agreed when booking the taxi by phone, in effect overcharging wheelchair users. Some have charged extra for the chair and some have charged double the fare when two people in wheelchairs use the same cab.

Ring and Ride received praise from all but one participant. Most felt that the service was usually reliable and were prepared to overlook the occasional unpunctuality of the service.

About one third of participants said they used the train from time to time but it was a difficult process and required forward planning. It was impossible to make a journey by train on the spur of the moment, as other more able-bodied people do. At present most train stations do not have the facilities to offer wheelchair users the flexibility they would like to have. Participants said that if they wish to use the train they have to phone the station of choice at least 24 hours in advance. They are given a specific train time so that staff will be present to give assistance on getting on and off the train. Participants felt that facilities on the train were good for wheelchairs – it was the complete lack of flexibility beforehand that was annoying.

7. **To finish, could you mention one especially good thing or one especially bad thing about being a wheelchair user?**

Comments were:

Good things:

'Independence'

'Freedom to move around by myself'

'Gets me away from mom'.

Bad things:

'Courtesy seems to be lacking with the general public.'

'People at times fail to let us pass and are obstructive.'

'Why do people stare at us like we are a nuisance, we didn't ask to be in a wheelchair'.

'Often people seem think we must be backward or stupid because we are in a wheelchair. Our ability to walk is affected not our intelligence.'

'People think we can't hear them so they feel the need to talk slow and loud at us'.

'The only way someone will even begin to realise what it is like to be a wheelchair user is to spend a week in one'.

Findings from interviews with service representatives

1) Evidence Received from Wheelchair Services Manger at Corbett Hospital

The comments on EPIOCs have been positive. There is a problem with carers pushing wheelchairs. Dudley Wheelchair Service does not provide attendant controlled powered wheelchairs for a disabled carer unless the user needs to the wheelchair most of the time. DWS does not provide power packs. This decision was confirmed after a three year follow up indicating infrequent use of the power packs.
The main criteria for EPIOCs is that the person is 'unable to mobilise or to use a self-propelling wheelchair to access the home environment due to the nature of the condition or disability.' EPIOCs are indoor powered chair with a limited outdoor capacity. The batteries should last for driving about 4 miles, depending on where and how the person drives and their weight

The move

We did not inform clients of our move. We have 8000 users and decided against sending letters. We kept a notice up in our waiting room for 6 months prior to the move. No user groups were involved in the design or move.
Choice of wheelchair & colours
There is no choice in colour on the standard shaped and sized wheelchairs. A client can get permission from us to have the chair painted another colour themselves. If a client meets the criteria for more than a basic wheelchair, a range of chairs that are available will be considered. We are committed to ordering through the Regional Wheelchair Trading Service. They in turn assess new products, get the cheapest price, etc. This often result in a reduced choice of colour. Sport wheelchair such as rigid frames ones are only allocated to the very active user.

Approved Repairer

The courtesy wheelchairs offered by the approved repairer are as per our contractual agreement with them. A standard shape and sized wheelchair is offered. If the approved repairer can find a suitable loan power wheelchair during an extended repair times; this can only be used as an indoor chair.. Dudley Wheelchair Service has never given the approved repairer any loan powered chairs. Three working days is the agreed contractual time for basic repairs. Although the approved repairer runs an out of hour service this is for emergencies only. Calls for repairs should be made to then between 9 and 5 Monday to Friday.

Client Centre Practice

DWS has focused on a client centred approach over the last two years. We did a small survey last year and seemed to be getting it right! From the comments this is not always the case. Heavy clients are a challenge to wheelchair provision. DWS staff should have been more tactful in dealing with this. The procedure if the client wanted help would be to refer them to their GP.

Thinking about money:

For interest we purchase wheelchair at the following prices (excluding VAT this needs to be added on)

Standard attendant propelled wheelchair size 17 " seat width	£130
Heavy duty 19 to 21"	£310.00
Children standard wheelchair (Blade)	£330.00
Standard self propelling wheelchair	£175.00

The above chairs are readily available and held in stock at DWSj

Very large wheelchair over 25 stone weight limit	£780.00
Fairly active user chair eg Echo	£340.00
Active user rigid frame chair	£750
Comfort chair	£1700.00
Powered wheelchair standard eg a Harrier	£1574.00
Extra heavy duty version	£2174.00

The above chair are individually ordered and can take from 4 to 12 weeks to delivered to DWS

Cushions range from £34.50 vinyl covered foam to basic pressure care cushion at £55 to some costing over £400.00 special seating and molded seat cost around £800.00 to £1700.00

Dudley Wheelchair Service does not provide powered wheelchairs for outdoor use only. Anyone who can walk indoors (or self propel indoors) does not qualify for a powered wheelchair.

Dudley Wheelchair Service(DWS) aims to deliver an efficient friendly service tailored to satisfy individual wheelchair needs.

1. Our main focus is on people with permanent disabilities who need indoor wheelchairs. We offer specialist knowledge and solutions to poor posture by considering :

self-propelling wheelchairs,
attendant propelled wheelchairs
indoor powered wheelchairs and
indoor powered with a limited outdoor capacity.

We offer a professional service, seating and postural support and pressure care for use in wheelchairs.

2. Our secondary focus is on

the provision of basic attendant propelled wheelchairs for occasional wheelchair users.

Under special circumstances we may provide attendant controlled powered wheelchairs.

Consideration can be given to a voucher to contribute towards a privately purchased wheelchair.

3. We offer a short-term loan wheelchair service (without assessment) for palliative clients.

4. The administration staff run a small hire service.

Although there is small short-term loan and hire service, all other services are on a waiting list.

A subcontractor delivers our wheelchairs, provides repairs to the wheelchairs and responds, where possible, within 3 working days.

We do not issue power packs, however, these can be fitted to many of our wheelchairs. We do not issue powered outdoor only wheelchairs.

2) Meeting of the Access Officer for Department of the Urban Environment (DUE) and Scrutiny officers to the Committee

Background

The post of Access *O*fficer has been in place circa 20 years. Dudley was one of the first authorities in the country to pioneer such a position. Dudley has 1 officer, with an assistant, based *within the Development and Environmental Protection Division of the Directorate of the Urban Environment. The post holder takes a lead role in the delivery of council statutory duties through the Building Act (*the Building Regulations 2000 - Approved Document 'M': Access to and Use of Buildings) *and Planning Legislation to ensure an accessible environment. He has various areas of responsibilities, some of which have been highlighted below.*

The Building Regulations – Approved Document M

Prior to *introduction of the latest regulations above,* regulations for disabled groups mainly covered provision for Wheelchair Users. Regulations in the revised document *instructs accessible design for ALL people including people with disabilities.*

The Building Regulations apply If:

- *A non-domestic building or a dwelling is newly erected;*
- *An existing non-domestic building is extended or undergoes a material alteration or*
- *An existing building or part of an existing building undergoes a material change of use to a hotel or boarding house, institution, public building or shop. The terms institution, public building and shop are explained in the regulations.*

There are a range of factors involved when considering an application. For example:

Approach to buildings

Internal Circulation issues
Corridor Widths
Vertical Circulation
Platform Lifts
Passenger Lifts
Facilities in Buildings: example, sanitary convenience, induction loops.

The minimum compliant dimensions of a lift under Part M must equate to 1.4m x 1.1m, which should be adequate for a manual chair and assistant.

Part M tackles *new* housing, *addressing broad accessibility issues.* Part M *ensures reasonable provision should be made for dwellings in the following:*

- *So that people including disabled people can reach the principal or suitable alternative entrance to the dwelling*
- *so that people including disabled people can gain access into and within the principal storey of the dwelling, and*
- *For wc provision at no higher storey than the principal storey.*

It is understood that the domestic regulations are under review by the OPDM.

The Building Regulation/the Disability Discrimination Act/Listed Buildings

There is a unique relationship between the Building Regulations and the DDA. The effect of the DDA 2001 Regulations is that, for a period of 10 years, a service provider need not remove or alter any aspect of a physical feature of a building that accords with the relevant provisions of the Approved Document M.

If an organisation has failed to comply with DDA regulations it is the responsibility of the client to take legal advice and proceed with taking a prosecution claim through the civil law courts. Local authorities *do not police this legislation nor do they* have a duty to *pursue* third party claims against *an* organisation through the legal system.

Due to very strict modernisation regulations in place under listed category buildings, adaptations and amendment can be very limited. Conservation officers and access officers work together on listed buildings but conservation *issues* generally *take precedent*.

Consultation with People with Disabilities

The DUE have established a base for consultation with people with disabilities through its Disability Consultation whose main function is to develop strategy and policy. Mark Walton, Access Officer, was instrumental in taking the lead

and setting up another group ‘Access In Dudley’ which is focused on planning issues. This ‘focus group’ involves mainly disabled members of the public without a strong officer influence. This group meets fortnightly *to help advise planning officers and applicants about accessible design.* Now, lead by disabled users, ‘Access in Dudley’ is a more independent group especially after receiving training and education on policies by Mark and achieving semi financial independence. An example of some of there recent work involved consultation and influence on the planning applications stage of the design of the new CATs centre. Although the building was classified as an ‘internal alteration’ and therefore exempt from statutory Part M regulations the Access in Dudley Group called in the planning application and recommended changes.

Information and Advice

Access Guides are also published by the DUE with close consultation with *people with disabilities*. These *provide people with invaluable advice about the standard of accessibility to a host of different buildings. These are available free of charge from all the councils public libraries. They are also* available in large print.

The Access Officer provides ongoing advice and interpretation of accessible design and legislative requirements for private sector developers and for council directorates involved in the design process.

The Audit Commission has a performance indicator for measuring the level of public service buildings which are accessible to all groups of people. In the terms of reference the AC defines public service buildings as only those where the public is expected to gather. An example of this distinction would be Civic Offices and Front Line Benefit claim or Housing Services Reception. The 2004-5 borough figure stands at 16.5% of public service buildings are accessible to all.

3) Meeting of Scrutiny Officers and Project Chairman with Senior Planning Officer (SPO) of Russell’s Hall Hospital, with Project Board Chairman and Scrutiny Officers to the Committee

The SPO, with the master plan technical drawings of the hospital, explained that the aims was to assign car parks to the respective building blocks which could be seen by the drawings. Although this was the aim of the project plan, the SPO informed us that with current resources it would be impossible to check and police that every car was in the respective parking area. At this point SW informed the SPO of an article by the E&S falsely reporting that our maternity review stated that it was unquestionable that The Maternity Car Park was to be used exclusively for maternity services users. SPO said that such a policy would be impossible to implement due to reasons aforementioned.

SPO informed us that when planning for public transport access to the hospital it was the intention that it should be located in close proximity to all entrances. We could see that the bus shelters were practically outside the main entrance. This 'priority' was extended so that taxi ranks and disabled badge holder spaces were designated spaces at the front edge of the car parks and near entrances.

The Hospital was based on a 3 storey plan. The SPO said that Great consideration went into planning which patient services should be based on the ground floor as to improve access. We were told that frequently used services such as blood testing, pharmacy, and the Chaplin to mention but a few were strategically based on the ground floor.

We were shown in both plans and on the ground that each area of car park was close to paths which had dropped kerbs, leading all the way to hospital entrances. Upon entry the wheelchair user would be greeted by electronic sliding doors which are on all main entrances. We were told that although every effort was taken to ensure doors could open as easy as possible it would have been economically infeasible to have all doors to have push button access.

We chose at random a disabled toilet in one of the wards to see if they were large enough for full time electric wheelchair users as we recently found in focus group that many toilets in the service industry were just too small. SW thought they were very spacious compared to what had been reported in previous focus groups.

The SPO had drawn our attention to the lowered payphones purposely designed for people in wheelchairs in the lobby areas. We were also shown low purpose built kiosk points which were at every main reception desk. Outside, we were shown out-of-hours security minicoms mounted on the wall next to the Maternity Services entrance, the height of these were also suitably placed for people in wheelchairs.

4) Report of Meeting with Mike Bosworth Asset Manager DUE with Project Board Chairman and Scrutiny Officer to the Select Committee

The main function of the AM's team is maintaining and developing the engineering aspects of the boroughs streets and roads.

A Disability Consultation Group was setup in February 1998 initially to deal with a single issue relating to the Urban Environment (dealt with by Department of Engineering and Transportation) but developed into a working group consisting of disabled members of public and senior DUE officers who meet every quarter to discuss issues that affect disabled people. It was the opinion of the Asset Manager that the existence of the group is invaluable to the Council in raising awareness of issues important to the lives of disabled people and its influence is reflected by adaptations made around the borough.

The group has also been a key part of the consultation process for various strategic council matters, such as the draft unitary Development Plan and recent Customer Access to Services (CATs) project. The group have representation on various other service plans since its conception in February 1998 which, in the opinion of the AM, lead to real improvements for disabled people. The services included Taxi Licensing, Waste Collection, Car Parking, Highway issues and recycling. Below is a selection of some of the 'headline' achievements by the group;

Feb 1998: Resolved Difficulties for WC users and visually impaired people, by agreeing to the introduction of 'flush' dropped kerbs with tactile paving. This led to change in policy across department and Council.

Nov 98: Consultation with Ring and Ride service resulted in a visit to the booking office, creation of new dropped kerbs at pick-up and drop off points and a survey of Ring and Ride users.

Jan 00: A special meeting was convened to provide consultation on the Stourbridge Integrated Regeneration Scheme.

Sept 03: The group was involved in the consultation process for Red Routes

March 04: Visits to the boroughs leisure centres were arranged which led to awareness raising amongst the staff and some improvements being made for disabled people.

June 04 : Involved in the consultation process for the Best Value Review for Maintenance of the environment.

Jan 05: Involved in the consultation process for the redevelopment of Dudley Town centre and CATs.

The project chairman (PT) and scrutiny officer (SO) asked the AM to describe how the needs of wheelchair users/ disabled people are incorporated into a work programme of a typical municipal year and to identify any problems he faces when implementing works regulations under the DDA act part iii Duty of providers of services to make adjustments.

One major recurring problem, the AM informed us, was a conflict of interests within disabled groups and between non disabled wider public. He explained that what assists one disabled group may arise as an inconvenience for another e.g. blistered tile (tactile paving) at crossings which help guide the visually impaired make it difficult to manoeuvre a wheelchair around. However conflicts can occur amongst disabled groups and the general public e.g. Bollards on pavements which protect pedestrians and commercial and civil buildings from straying vehicles can also act as obstacles for wheelchair users and the visually impaired.

Both tactile paving and dropped kerbs are paid from the same capital budget spend which amounts to 15,000 per annum. There are also separate budgets for Dropped Crossings and 'Aged and Disabled' totalling 50,000 in 2004, however this saw a drop

by half in 2005. There are circa 3,700 streets in the borough. Under the current rolling resurfacing/conditioning programme it would take an estimated 20-30 years bring to date the boroughs pathways. We were informed that if DUE were instructed to carry out all of the improvements in the short term, a capital spend of £2m would be required.

If the WC user complains about a particular route in which dropped kerbs could improve, the DUE would send out officers to investigate with a view to fix the problem.

It was agreed by Cllr Aston that the Scrutiny Officer should, at the next Select Committee, enquire whether members would consider it appropriate that the OSC should consider quarterly progress reports of engineering projects and related developments regarding disabled groups.

5) Report of meeting of Licensing Officer and Enforcement Officer with Scrutiny Officer to the Select Committee on Health

There are two types taxi that operate within the borough:

1. The HACKNEY CARRIAGE (London type of Taxi or People Carrier). These vehicles can be any colour apart from WHITE in Dudley.

2. The PRIVATE HIRE CAR. These vehicles are like the normal saloon cars BUT they MUST be WHITE.

The Disability Awareness Training Course is located at the Offices of the Community Transport, Fens Pool Avenue, Wallows Industrial Estate, Brierley Hill. It takes place every Tuesday from 5pm at a cost of £20 per driver which they are liable for. The course was setup July 2005 and has a weekly capacity intake of 12 drivers. There are an estimated 800 taxi drivers (both Hackney and Private Hire) in the borough each expected to sign up for the course upon their annual renewal of licence. Given these terms and constraints it is expected that all drivers should have received, or been invited to, the awareness training by July 2007.

It is not a statutory requirement to complete the course but a mandatory condition agreed by the Taxi LC. Failure to comply with this regulation would result in the individual being in breach of condition/bye law and the LC refusing to renew or issue a valid licence. Any person who is late or fails to attend will not be allowed on the course for that date and will have to pay a further £7.50 to attend another course. Should the individual fail to attend that Second Course then it may result in the licence to Drive Hackney/Private Hire vehicles being suspended until they have completed a course at a further cost.

What the Course Involves

Drivers are firstly required to observe a presentation which comprises:

1) The outcome of the Course, explaining that by the end of the course they will be able to; identify problems faced by Passengers with a disability; Understand the need to correctly load and unload passengers; and Secure Wheelchairs in vehicles correctly.

2) The definition of Disability under the Disability Discrimination Act 1995 and duties upon a driver, under section 36[26] of the act, of a regulated taxi which has been hired by or for a Disabled person using a wheelchair.

3) Talking to people with Disabilities and assisting passengers with Hearing Impairments.

4) Assisting Passengers with Mobility Impairment and those who use Wheelchairs.

After the presentation drivers are then divided equally into three groups, private hire taxi and both old and new style Hackney Carriage. Drivers learn first hand procedures on how to treat people with disabilities and impairments e.g. For insight on the experience of wheelchair user during loading and unloading drivers are asked to act as the WC user and are placed in the chair throughout the demonstration on the appropriate process.

Sue Lane demonstrates the difficulties faced by people with visual impairments to each group. All drivers have to change over between all 3 types of taxi group this ensures all drivers are aware of the different procedures to implement for each taxi type.

Upon completion of the course drivers are issued with a ‘pack’ which contains a certificate awarded by the Directorate of Law and Property. It certifies that the driver has attended a Disability and Passenger Assistance Course. Also in the pack are laminated illustrated information sheets, suitable for in-car storage, on; finger spelling alphabet and numbers; sign language motions; a number and alphabet grid with common useful phrases grid useful for passengers who are hearing impaired; an orange ‘Disability Trained’ car

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[26] Drivers of regulated taxis will also be placed under duties by the provisions of Section 36 of Act:-

to carry a disabled person who wishes to remain in a wheelchair; and not to make any additional charge for doing so;

to carry the wheelchair, if a disabled person in a wheelchair prefers to travel on a passenger seat of the taxi;

to take such steps, as are necessary, to ensure that a disabled passenger is carried in safety and reasonable comfort;

to give such assistance as may be reasonably required;

to help the passenger into and out of the taxi;

to enable a passenger who wishes to travel in a wheelchair to get into or out of the taxi while in that wheelchair;

to load and unload the passengers luggage; and

to load and unload the wheelchair into or out of the taxi, if the passenger does not wish to remain in it.

It is a criminal offence not to comply with any of these duties.

Source : ***The Disability Discrimination Act 1995: The Government's proposals for taxis, Section 2 Part 2 - duties of drivers of regulated taxis***

sticker which should be visible on the windscreen; and a Taxi Driver's ten point check card which lists:

1. Communication – ask your passengers what they need.
2. Always use ramps and restraints for WC users.
3. Always allow assistance dogs – they are trained
4. Face your passenger – they may not hear you and/or may need to lip read.
5. Collect and assist your passenger – to the door or find them help.
6. Collect and assist your passenger – don't blow the horn
7. Allow someone with a disability more time.
8. Offer assistance
9. You open and close car doors – your passenger may struggle.
10. Help your passengers out of the vehicle on the pavement side.

2.0 Booking a taxi and charges – Wheelchair Users

The wheelchair user should firstly be aware of the different types of taxi available (descriptions can be found early on page 1).

When **booking** a vehicle the individual must inform the person taking the call that he/she is disabled and use a wheelchair.

The type of vehicle that will normally collect the person is the HACKNEY CARRIAGE. The driver cannot charge the individual for the wheelchair however the company can make a booking charge of £1.50 this price is set by the taxi's committee, however this ONLY applies to HACKNEY CARRIAGES not PRIVATE HIRE. The only instance where the booking charge does not apply to HACKNEY CARRIGES is when the individual acquires use of HACKNEY CARRIAGE at a taxi rank. Individuals should be reminded that the taxi meter should be started when you move off and not before.

If the individual specifically requires a 'private hire' cab it must be booked over the phone or ordered at a taxi base. It is the responsibility of the individual to agree an exact fare over the phone or kiosk, failing to do so the driver could lawfully administer an uncapped fare. Individuals should be aware that private hire cabs are not permitted to accept on board passengers who have not booked.

The driver cannot refuse to take the individual unless the chair size will not fit into the vehicle, or they have a medical exemptions certificate. The person taking the booking has no right to refuse to take the individual either.

Under Section 32 of the DDA Act drivers of taxis that are regulated will be required i.e. those to which the regulations apply [first licensed or re-licensed after January 2002] to comply with certain provisions of the regulations.

These are:-

- to carry ramps or other devices so that a wheelchair user can get into and out of the taxi (for example, to carry a transfer board and to help a disabled person to use it); and

- to comply with requirements to secure a wheelchair and occupant being carried in the taxi (straps and clamps).

As with section 36, it would be a criminal offence for drivers not to comply with these regulations.

Access in Dudley (the origin function of which can be found in the evidence taken from Access officer) produced a guidance pamphlet for booking taxis and includes a list 'Things to watch out for', which are a broad translation of the duties of taxi drivers' under regulations of section 32 and 36 of DDA. Advice and details on booking charges and meters are also on the leaflet.

During a meeting with officers and representatives of the Taxi trade it arose that some wheelchair users were insisting that they be carried seated in their wheelchair whilst facing sideways within the passenger compartment of the vehicle. Following discussions a letter was sent out to ****** informing wheelchair users that such requests were contrasting to current advice issued by Department of Transport. Below is an extract of the letter dated 28th June 2005 from the licensing officer;

'The current advice issued by the DoT is that occupants of wheelchairs should be secured within the passenger compartment so that they are rearward for forward facing, dependant upon the type of hackney carriage being used. There is evidence to suggest that sideways facing passengers risk far more serious injury in the event of a collision and in addition, there are no effective means of securing the wheelchair when passengers are carried in this fashion.

We are advising all our taxi drivers, therefore, to secure occupants of wheelchairs in accordance with the DoT's advice.

I thought that I should write to you with regard to the above in the hope that you convey these details to your members.'

Enforcement and licensing officers can only take action against drivers if the client reports the driver to the council with a note of the vehicle registration and Yellow plate number at the back. The enforcement and Licensing officer reported that people dissatisfied with the level of service often do not complain or are of the opinion that they should accept a sub standard service. Officers encourage complaints as penalties for inconsiderate drivers would encourage them to raise service levels. Complaints against taxi drivers can be directly referred to Enforcement officers from the Council Plus Service.

6) Evidence Received from Housing Services

Dudley council has a vision to promote a cost effective and quality housing service targeted to meet the individual needs of the people of Dudley and to support the regeneration of communities by working in close partnership with local people and agencies (Housing Strategy 2003/4 – 2008/09)

We are also working on a joint vision with key partners to specifically support Adaptation Services Development in the borough.

The Housing Department works closely with partners to provide various services for people with disabilities, which is reflected in the newly formed directorate of Adult, Community and Housing Services. The services and projects outlined in this document are expected to be of specific interest to the review group and further information can be supplied if required.

Sheltered Housing:

All Dudley MBC schemes have been assessed for general and access improvements and a 3 year (2005-2008) programme of works incorporating DDA requirements has been agreed. A budget of £450,000 has been allowed for this programme. This has/will include for example; provision of or renewing of ramps; new doors and door furniture; new level access shower facilities.

Repairs:

Ongoing consideration is given to completing repairs in council properties to meet the needs of people with disabilities. This is achieved by:

- Housing OT involvement with specification issues (specification core group)
- Repairs policy - allows a persons disability to be taken into consideration, before completing a standard repair. For example if a new kitchen is required and the tenant is requesting surfaces are fitted at a specific height for their disability needs, the repairs service can refer to Housing OT for advice and complete the repair as required.
  Specific advice has also been given re the renewal of slabbing. If a step can be easily eradicated by slabbing so access is level, this will be completed. This is managed within existing resources.

Consideration is also given to disability needs when Private Sector Housing are involved with renovation works

Adaptations:

Social Services and Housing work together, to provide adaptations for people with disabilities. Minor adaptations are items such a grab rails or stair rails, Major adaptations include lifts and level access showers for example.

- Adaptations in both sectors are completed following an OT assessment and recommendation to Housing. An OT assessment would consider the service users current and long term needs including the potential for wheelchair use and adaptations are recommended accordingly.
- Adaptations are also completed in Public Sector void properties, where it cost effective to do so, to enable best use of the property for re-letting to a person with disabilities. This increases the availability of properties available for people needing wheelchair access.
- The budgets for major adaptations in 2006/7 are:
  - Public sector adaptations - £1.2 million (to be confirmed)
    (£1.2 million committed 2005/06)
  - £100,000 Public sector void works (to be confirmed)

(£70,000 committed 2005/06)
    - Private Sector adaptations £2.1 million (to be confirmed) (£2.6 million committed 2005/06)
- Waiting Times are:
    - OT assessment – 6 months from referral
    - Adaptation provision (public and private sector):
        - Major – 6 months from OT recommendation *
        - Minor – 7 days from OT recommendation (as of April 06 for public sector)

        * subject to administration of Disabled Facilities Grant in Private Sector.

- Other initiatives
    - Partnership with West Midlands Fire Service to pilot the use of domestic sprinkler systems for vulnerable council tenants with disability needs.

- Adaptations Development; is an ongoing process involving Social Services, Public and Private Sector Housing. An Adaptations Development Plan was initially completed in March 2005 following a review of various advice and guidance available on Adaptations issues. The plan is updated quarterly and the developments completed/planned are to benefit all users, but specific improvements have been made to benefit wheelchair users eg. Pilot project – provision of modular ramps

Re-housing:

- An alternative to adaptation – Re-housing is actively supported where properties are not suitable or appropriate for adaptation. The Housing department employs an Occupational Therapist who provides support and advice with the re-housing process for people with adaptation needs.

- Adapted Properties:
    - Are referred to the Housing OT to advise re allocation.
    - Housing Policy has been amended to enable adapted properties to be let to the person/family whose needs best match the property, rather than on points level.
    - Eg. Properties that have been adapted and are wheelchair accessible would be offered first to applicants who need wheelchair access, even if they are not in the highest housing need.
    - Further adaptations can be completed to make best use of partially adapted properties (see adaptations)
    - Further incentives are available to support people with re-housing where their current property is not suitable for adaptation. Eg, Support from tenant liaison officer, arranging/funding removals, assistance with other moving costs.
    - In the last 12 months 9 people using manual wheelchairs indoors and 6 people using electric wheelchairs indoors, have moved to adapted properties

- Register of Needs

- At present the Housing OT maintains records of applicants requesting a move to an adapted property, as referred from within housing or from other agencies. This includes 45 households at present. 9 of these include a person using a manual wheelchair indoors and 3 use an electric wheelchair.
- Applications for people needing adapted properties are highlighted on the housing database, so they can be easily identified for adapted properties
- A Disabled Person's Housing Register application form and leaflet is due to be piloted specifically for people needing adapted properties, which will increase awareness and accessibility of the service
- Once a comprehensive register is in place this will show trends in needs and demands, which will be useful in longer term developments.

Housing Stock

- Major Adaptations to council housing are recorded and held on the housing data base – this does not show if a property has been adapted for wheelchair use, but shows the type of adaptation provided.
- The potential to hold more detailed information regarding accessible/adapted and inaccessible properties will be explored as part of the future Choice Based Lettings project
- Liaison is ongoing with Housing Associations to gain information regarding their stock

Chapter 5 Recommendations from Findings

Recommendation	Intended Outcome	Action By