



## Review of Wheelchair Services for adults in Dudley.

A Report by the Select Committee on  
Health and Adult Social Care

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## Chapter 1 PREFACE

I have pleasure in presenting this Review about Wheelchair Services in Dudley. This Review was initiated by the Select Committee on Good Health because Members wanted to examine the experiences of people in Dudley who use wheelchairs all the time. Members of the Project Board for the Review decided that the Review should cover health and social care, housing, transport and the local environment because they were very much aware, from their own personal experiences and from the experiences of their constituents, that people who have to use wheelchairs daily face difficulties, annoyances, barriers, and discrimination that non-disabled people can scarce imagine and certainly would not tolerate for a moment.

A report, published in 2004 by Demos, sums up the situation for disabled people as a whole:

*“In all areas of social and political life disabled people are typically seen as persons requiring charity and services, not as human beings with full civil rights. They are all too often objects of pity and compassion. And yet disabled people are people whose difference should be celebrated, whose contribution to society as people of integrity and perseverance should be appreciated, and whose right to determine the key decisions that shape their own lives should always be enabled and paramount..... As with racism and sexism, disablism is the concern of everybody – and everybody needs to be involved in its eradication”. (Disablism. How to tackle the last prejudice. Paul Miller, Sophia Parker, Sarah Gillinson. Demos 2004).*

A report from the Prime Minister’s Strategy Unit noted that disabled people “face a wide range of barriers” including attitudes, policy, the physical environment and lack of empowerment. (**Improving the life chances of disabled people.** Final Report January 2005.)

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”. 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 Review into wheelchair services in Dudley looks at the national situation and compares and contrasts it with the situation in Dudley. We found many aspects of services in Dudley provided by Dudley MBC and the NHS to be commendable but there are areas where there is room for improvement, most notably transport arrangements and access to leisure and entertainment facilities.

This report is intended to stimulate not stifle debate about wheelchair services in particular and, hopefully, the discussion will also include care for

people with disabilities in general. This Report should be seen as the first word rather than the last word on the subject. We hope that people will engage with us in the discussion so that improvements can be identified and made.

The Project Board and Project Team have worked very hard indeed to produce this Report. I would like to thank them for their efforts. I would like to thank all the people we met who talked to us about their experiences of being in a wheelchair and who spoke to us with such frankness and openness.



Cllr Margaret Aston, Project Board Chairman  
Access to Wheelchair Services Review

## Chapter 2 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 a 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 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 initiated the set-up of the Wheelchair Services Collaborative, 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 (*emPOWER*, 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 *emPOWER* 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.
- 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 3 Methodology

In the design and implementation of the Review the Select Committee followed Dudley MBC's Project Management Guide.<sup>1</sup> 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*

Cllr Shaukat Ali

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 - Dudley Group of Hospitals

Sue Kingston – Integrated Living Team

Svea Martinson – Dudley Group of Hospitals

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

**Please Note:** In May 2006 the Select Committee on Good Health was replaced by the Select Committee on Health and Adult Social Care.

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<sup>1</sup> **Dudley MBC:** *The Principles of Managing a Project*. First Issue. November 2003.

The Project Board was responsible for the strategic direction of the review. 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 Health and Adult Social Care 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. Above all the committee wishes to thank 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 evidence through: 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. Cooperation with information management service of Dudley Group of Hospitals to enable access to 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<sup>2</sup> (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<sup>3</sup>); or they have failed to reach a representative sample particularly in terms of age or they have restricted themselves to younger people. This review 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, there were two important problems.

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 Wheelchair Services database was not up to date and included 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. Other clients included on the database had changed address and moved to other districts, some as far as Scotland, and it is difficult to see why they would want to continue to use the Dudley Service. 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

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<sup>2</sup> 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.

<sup>3</sup> Furnham, A. & Thompson, R. Actual and perceived attitudes of wheelchair users. *Counselling Psychology Quarterly* (1994).

Committee recommends that the accuracy of the database is checked as a matter of priority. If the number of current clients is inaccurate 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 checks were done 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 Queen's Cross Day Centre, Wellington Road agreed to take part in two focus groups over two days with 10 in each group. The groups comprised wheelchair users who used their chairs all the time and others who used chairs occasionally. Some had manual chairs and some had powered ones. A report was drafted based on the feedback for each group.

### **One to One interviews**

One-to-one in-depth interviews were held with three wheelchair users.

### **Interviews with NHS and Dudley MBC service providers**

Representatives from the following gave information to the Committee:

Dudley Group of Hospitals and Primary Care Trusts – Estates Management.

Directorate of Law and Property – Taxis Committee Officers.

Directorate of the Urban Environment – Planning and Access .

Directorate of Adult, Community and Housing Services – Housing Adaptations.

## Chapter 4 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 Health 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.<sup>4</sup> Dudley has approximately 8,000 (2.6% of the population) registered wheelchair users. Dudley Group of Hospitals is the provider of Wheelchair services in Dudley and the services 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's reports **Fully Equipped**,<sup>5</sup> and **Fully Equipped 2002- Assisting Independence**<sup>6</sup> found that progress in the development and commissioning assistive technologies had been patchy, particularly in relation to improvements in wheelchair services. In response to this the Department of Health created a Wheelchair Service Collaborative which was launched in November 2002, developed in partnership with the NHS Modernisation Agency 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<sup>7</sup>.
- 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, manufacturers 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.

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<sup>4</sup> NHS Wheelchair and Seating Services Mapping Project Final Report, 2004

<sup>5</sup> 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.

<sup>6</sup> Audit Commission. Fully equipped 2002 – Assisting Independence. Audit Commission, 2002

<sup>7</sup> Improving Services for Wheelchair Users and Carers – Good Practice Guide page 5. DOH, 2005

In addition to the Reference Panel Wheelchair Service Teams (WST) were created. 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<sup>8</sup>.

The Reference Panel considered the current 'journey' for users and their carers from the time of the need for a chair was identified 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 4.1).

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<sup>9</sup>.

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<sup>8</sup> Improving Services for Wheelchair Users and Carers – Good Practice Guide page 6, DOH, 2005

<sup>9</sup> Improving Services for Wheelchair Users and Carers – Good Practice Guide page 7, DOH, 2005

 **Wheelchair Services Collaborative strategies and opportunities**

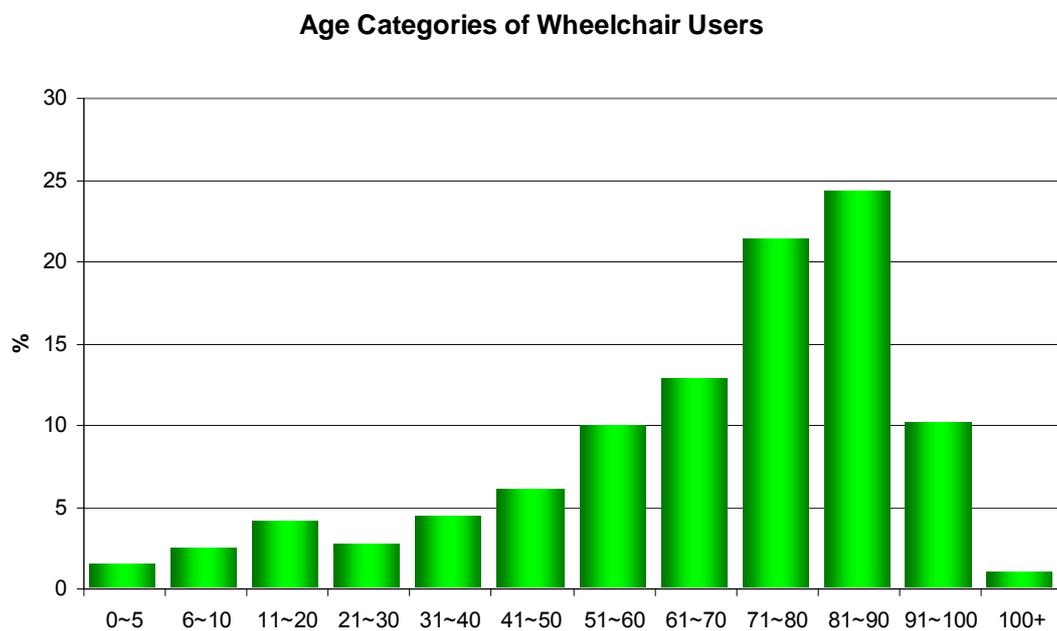
 <b>Strategy One - Overall experience</b>	 <b>Strategy Three - Efficient use of resources</b>
<p>The needs of each user and carer are understood and addressed</p> <ul style="list-style-type: none"> <li>• Eligibility criteria to be agreed and published for all parts of the service</li> <li>• All users and carers to receive clear and appropriate information on the chair supplied, full tuition and point of contact if problems arise</li> <li>• All services to agree local guidance for repair response with local user groups</li> </ul>	<p>There is optimum deployment of existing expertise and facilities</p> <ul style="list-style-type: none"> <li>• Inappropriate referrals to be no greater than 5% unless clinical circumstances have changed</li> <li>• Reduce inappropriate prescription decisions to less than 5%</li> <li>• All equipment to be regularly maintained based on NHS Controls Assurance Standards</li> </ul>
 <b>Strategy Two - Minimising delay</b>	 <b>Strategy Four - Outcome</b>
<p>The only time spent in the pathway by each user is consistent with their optimum treatment and care</p> <ul style="list-style-type: none"> <li>• 100% of referrals to be acknowledged within five working days and a named contact given</li> <li>• 100% of standard prescriptions to be processed by an appropriate assessor and the chair delivered within 10 working days</li> <li>• To reduce the time from urgent referral to assessment by at least 60%</li> <li>• To reduce the time from routine referral to assessment by at least 60%</li> <li>• To reduce the time from assessment to supply on both urgent and routine prescriptions by at least 60%</li> </ul>	<p>The outcome for each user and carer has been an enabling experience and promotes independence</p> <ul style="list-style-type: none"> <li>• All users to have a mechanism for contact/review based on original assessment objectives</li> <li>• All users and carers to rate the service as very good or excellent</li> </ul>

**Table 4-1 Wheelchair Services Collaborative Professional framework<sup>10</sup>**

<sup>10</sup> Taken from Improving Services for Wheelchair Users and Carers – Good Practice Guide page 9, DOH, 2005

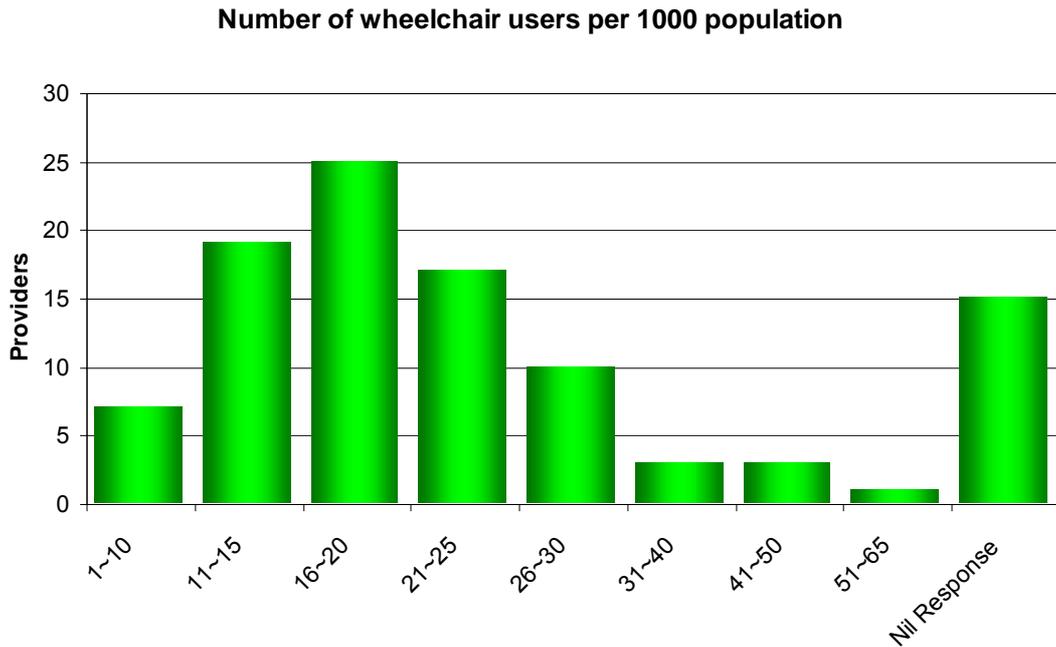
Comparison between the National and local Scene

In this section are the findings on the national survey as part of the Wheelchair and Seating Mapping Project. Where possible, data from Dudley were collected to compare against the survey findings.



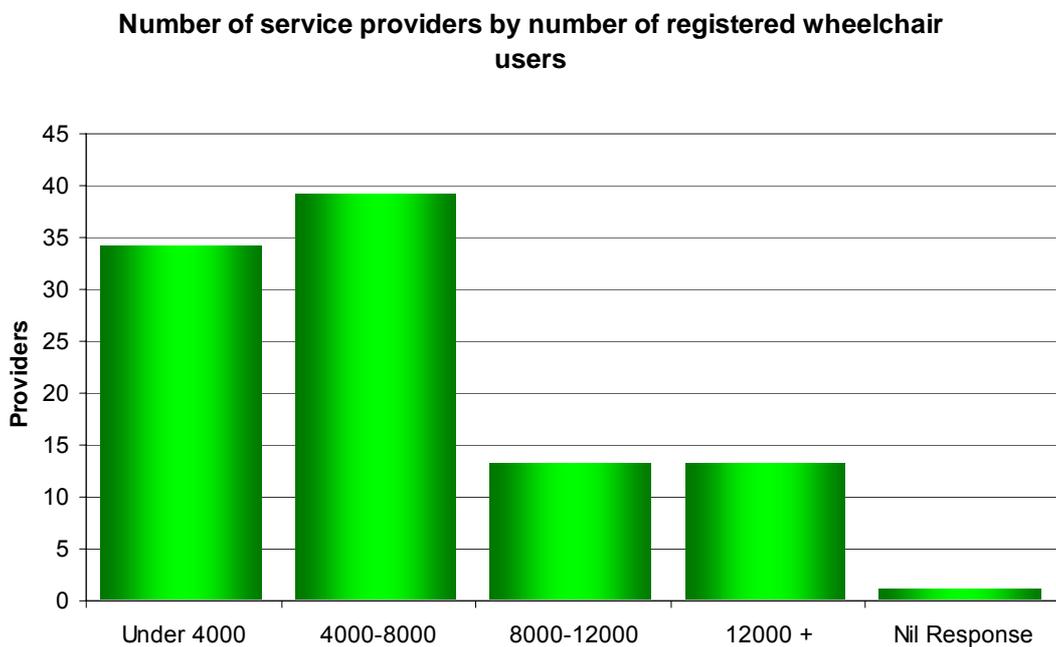
**Figure 4-1 Mapping Project survey findings: Age categories of wheelchair users from all service providers**

The age distribution of Dudley Wheelchair Service clients is very similar to that in figure 4-1.



**Figure 4-2 Mapping Project survey findings: Number of Wheelchair users per 1000 population by wheelchair service provider**

Dudley falls within the range of providers who serve a population with 26-30 wheelchair users per 1000 population (the actual rate in Dudley is 26.22 per 1000).



**Figure 4-3 Mapping Project survey findings: Number of wheelchair users by wheelchair service provider**

In Dudley the Wheelchair Service has 6,500 registered clients which is similar to 39 other providers.

	(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 4-2 Mapping Project survey findings: Wheelchair Services Provider Workforce composition<sup>11</sup>**

Below is a comparison to figure 4-2 of the Dudley Wheelchair Service staff composition:

Clinical Manager 1:0 whole time equivalent

Therapist [OT/Physio] 0:80 wte

Technical Assistants 1:4 wte

Admin and clerical 1:66 wte

Rehabilitation Engineers 6-7 sessions per week [supplied by Regional Service]

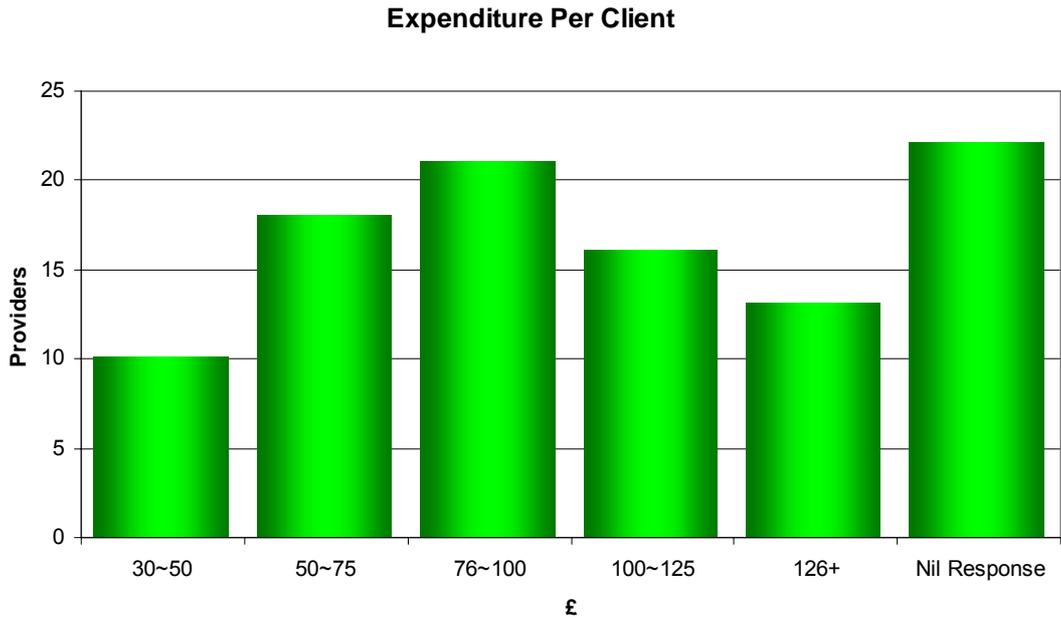
Approved Repairers and external contractors also provide some input to the service

<sup>11</sup> Table 4-2: *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.

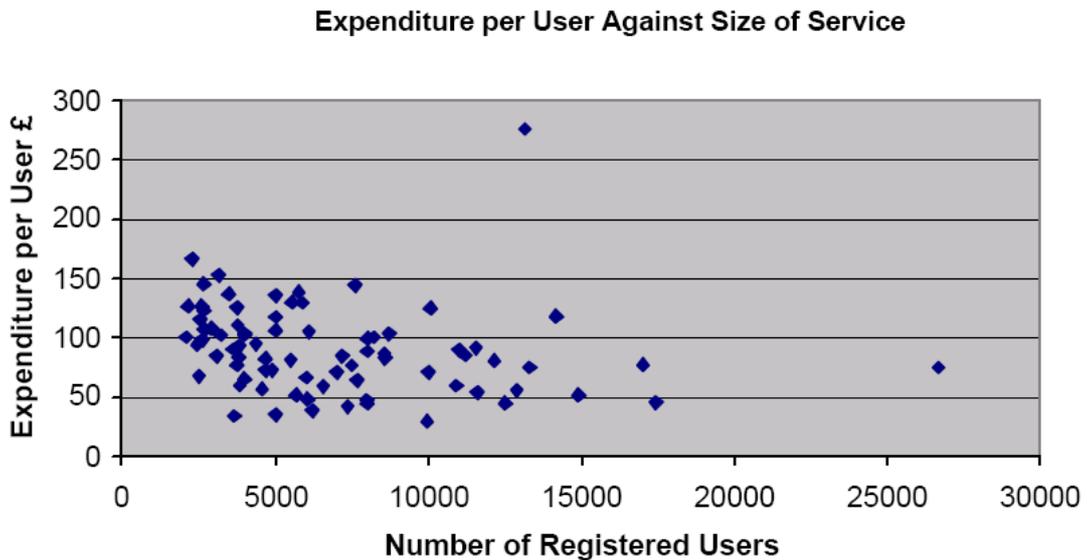
(b) Number of Whole Time Equivalents (WTE) – The Average.

(c) Optimum number of staff respondents feel their wheelchair service needs – The Average



**Figure 4-4 Mapping Project survey findings: Wheelchair service providers' expenditure per client.**

Dudley Wheelchair Service was unable to provide local data to compare with the findings in figure 4-4.



**Figure 4-5 Mapping Project survey findings: Wheelchair service providers' expenditure per client against the size of the Wheelchair Service Provider<sup>12</sup>**

Dudley Wheelchair Service was unable to provide the Review with average expenditure per client figures. The Dudley Wheelchair Service manager confirmed

<sup>12</sup> Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 14, 2004

that at as April 2006 the centre had 6500 registered users. According the Mapping Project Findings in 4-7 the **average** expenditure per client for a service of a similar size to Dudley is £90 with a maximum spend of £150 per client.

Dudley Wheelchair Service was able to provide the review with an inventory of chairs it purchases, with associated costs. These are:

Standard attendant propelled wheelchair size 17 " seat width	£130
Heavy duty 19" to 21" seat width	£310.00
Children standard wheelchair (Blade)	£330.00
Standard user propelled wheelchair	£175.00
<b>The above chairs are readily available and held in stock.</b>	
Very large wheelchair over 25 stone weight limit	£780.00
Fairly active user chair (e.g. Echo)	£340.00
Active user rigid frame chair	£750
Comfort chair	£1700.00
Powered wheelchair standard (e.g. 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.**

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

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
<b>TOTAL</b>	<b>100</b>

Table 4-3 Mapping Project survey findings: Organisational Location of Wheelchair Services<sup>13</sup>

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

Table 4-4 Mapping Project survey findings: Wheelchair Models Purchased<sup>14</sup>

<sup>13</sup> Table Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 16, 2004

Dudley Wheelchair Service provided the Review with a response to a question similar to that in table 4-4:

Chair Type	Provided by Dudley or not?
Manual	User Propelled..... Yes
	Attendant Push..... No
	Modular..... No
Basic	User Propelled..... Yes
	Attendant Push..... Yes
	Modular ..... No
Lightweight	User Propelled..... Yes
	Attendant Push..... No
	Modular..... No

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

**Table 4-5 Mapping Project survey findings: Waiting Times (in working days) between URGENT referral and assessment<sup>15</sup>**

The waiting time between urgent referral and assessment in Dudley is five working days

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

**Table 4-6 Mapping Project survey findings: Waiting Times (in working days) between ROUTINE referral and assessment**

The waiting time between routine referral and assessment in Dudley is 21 days

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

**Table 4-7 : Mapping Project survey findings: Waiting Time (in working days) between URGENT assessment and delivery of wheelchair**

Dudley Wheelchair Service was unable to provide local data to compare with the findings in figure 4-7.

<sup>14</sup> Table Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 17, 2004

<sup>15</sup> Tables 4-5 to 4-8 Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 25, 2004

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

**Table 4-8 Mapping Project survey findings: Waiting Time (in working days) between ROUTINE assessment and delivery of wheelchair**

Dudley Wheelchair Service was unable to provide local data to compare with the findings in figure 4-8. However chairs that are specially designed to meet the specific needs of a particular user can take from four to twelve weeks to be delivered.

The Wheelchair Service manager reported that the main causes of delay in providing clients with chairs are:

- 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

<b>Source</b>	<b>Number of Wheelchair Services that take referrals from this source</b>
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
<b>Total</b>	<b>100</b>

**Table 4-9 Mapping Project survey findings: Sources of Referrals<sup>16</sup>**

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

**Table 4-10 Mapping Project survey findings: Who carries out assessment after referral**

<sup>16</sup> Tables 4-9 and 4-10 Extracted from NHS Wheelchair and Seating Services Mapping Project Final Report, page 26, 2004

## Chapter 5 Information gathered from Wheelchair Users and Service Providers in Dudley

Information was gathered from wheelchair users and service providers through focus groups, one-to-one interviews and a questionnaire. Due to problems with the database of names and addresses explained earlier in the Methodology section, the questionnaire was sent to 400 users instead of the 2000 originally intended. 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).*

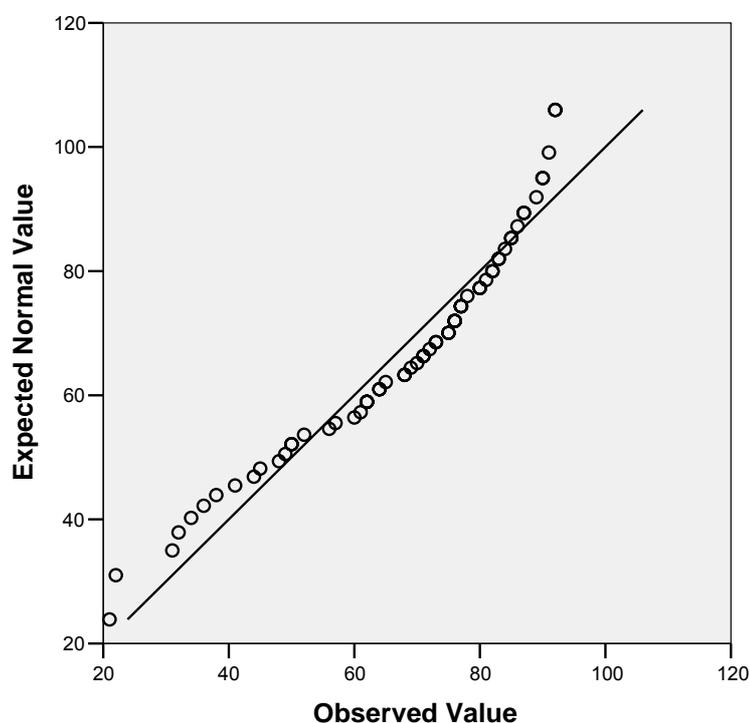
It is desirable for the collected data from returned questionnaires to follow a normal distribution<sup>17</sup>. However this can only be ascertained by testing quantitative variables, of which there are only two out of the sixty three. The age variable was then chosen to represent the extent of normality of the sample. The normality of this variable was tested using a Q-Q plot<sup>18</sup>, 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 (figure 5-1) this seems to be case and therefore assume the returned sample is normal.

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<sup>17</sup> Synonymous with the standard normal distribution. The normal distribution (a bell-shaped curve) represents a theoretical frequency distribution of measurements. In a normal distribution, scores are concentrated near the mean and decrease in frequency as the distance from the mean increases.

<sup>18</sup> A QQ (Quantile Quantile) plot is a very useful visual tool for assessing whether the distribution for sample data follows a particular known distribution. The most common example is checking whether data can be assumed to follow a normal distribution, although the method applies equally well to any distribution of interest.

### Normal Q-Q Plot of How old are you?



**Figure 5-1 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 was a carer within the individual's home or at a registered care home.

In figure 5.2 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 5.2 shows that individuals on average<sup>19</sup> 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. In figure 5-2 n=54 i.e. of the total sample (64), 54 people responded to this question and 10 individuals chose not to respond.

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<sup>19</sup> An average can be represented by the mean, median or mode. All averages in this report have been calculated using the 'mean' method.

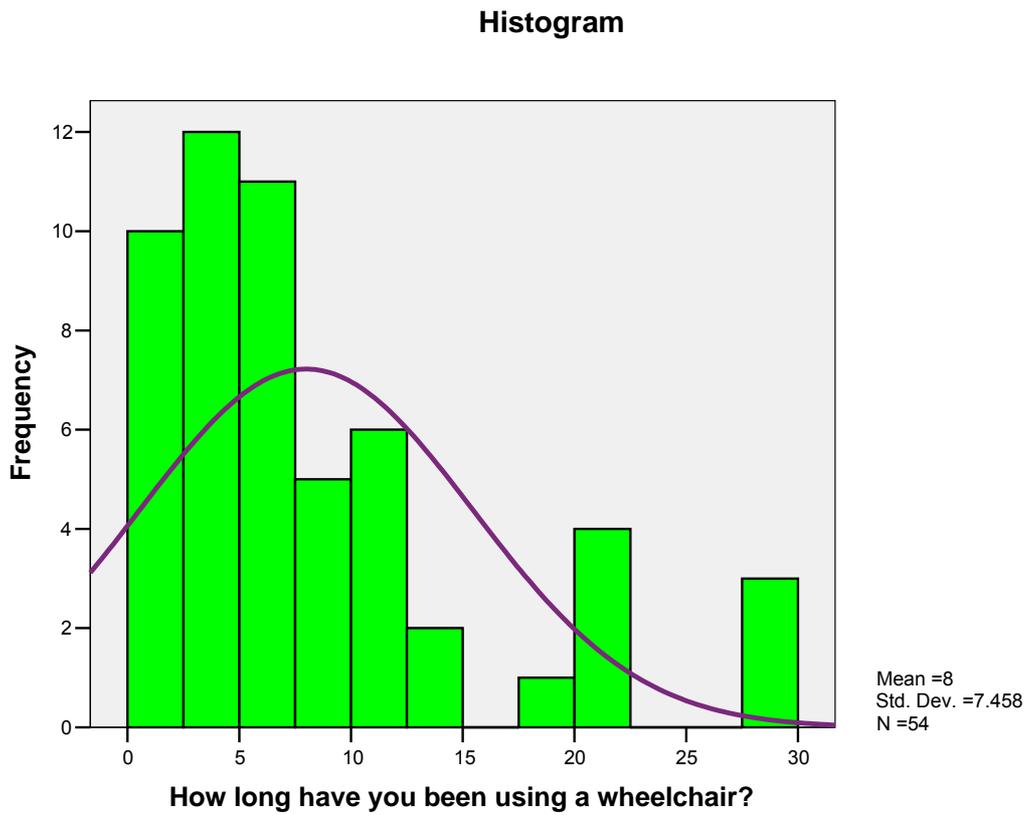


Figure 5-2 Histogram with normal curve of the number of years individuals have spent in a wheelchair

Figure 5.3 shows 63% (39 users) of wheelchair users **do not** use their chair all of the time.

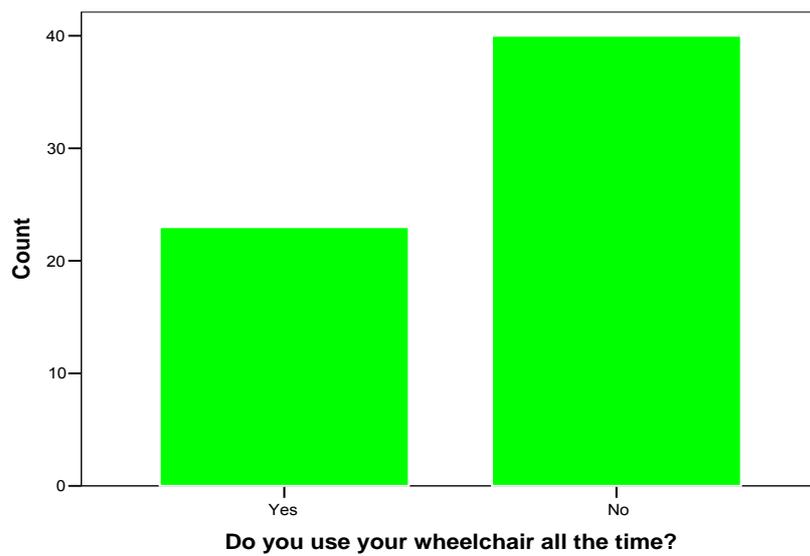
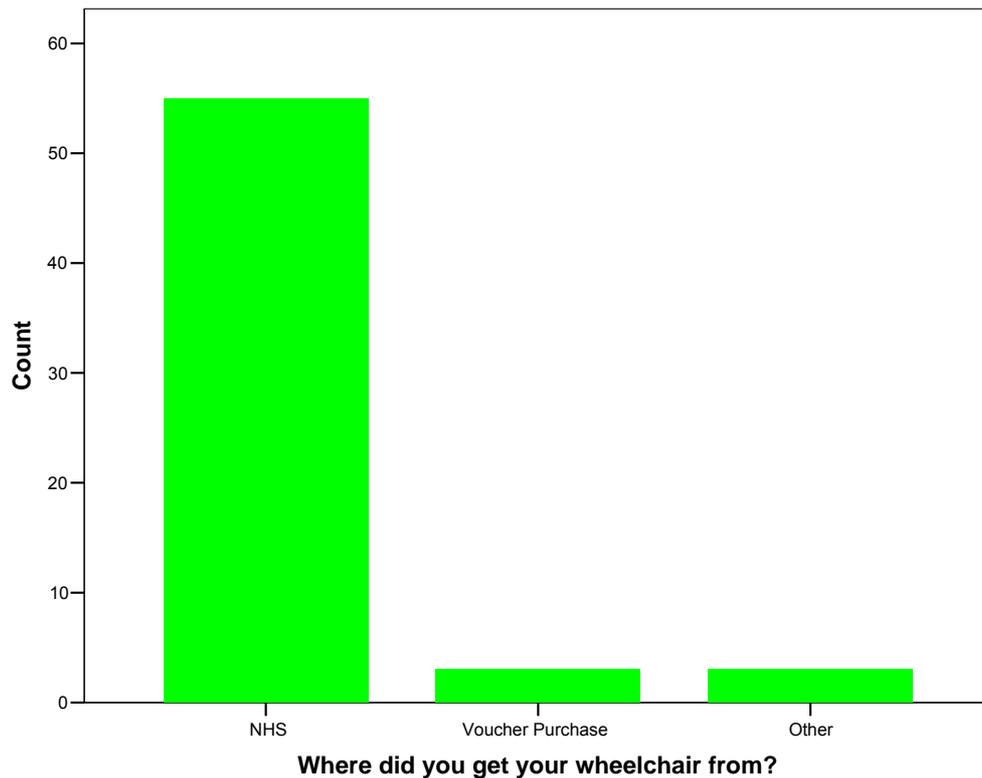


Figure 5-3 Bar chart of responses to whether the individual uses their chair full time

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 is 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.

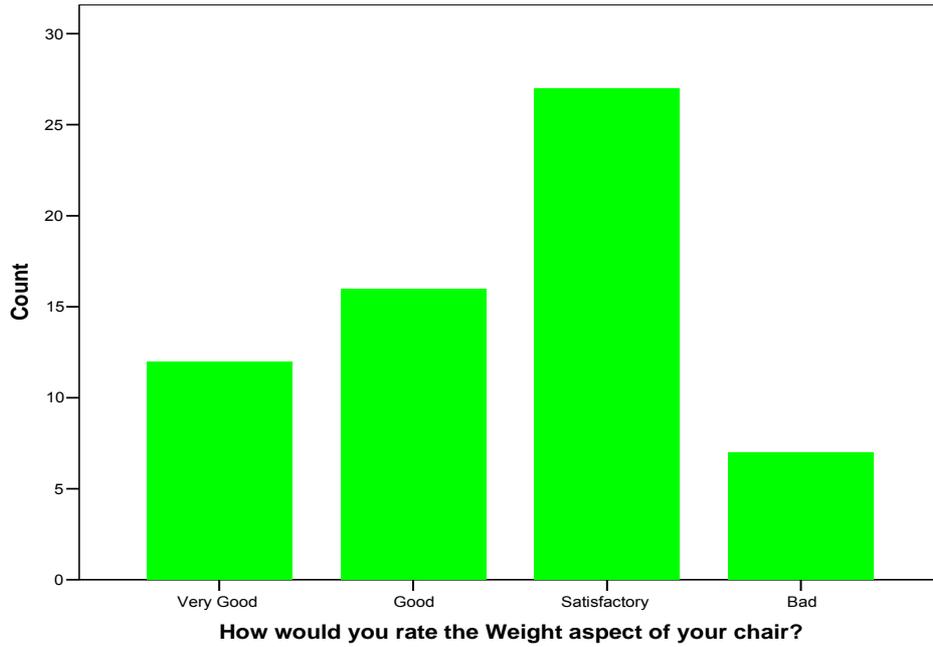


**Figure 5-4 Bar chart showing where the individual acquired their wheelchair**

Figure 5.4 illustrates where the individual acquired their wheelchair. An overwhelming majority obtained their chair from the NHS.

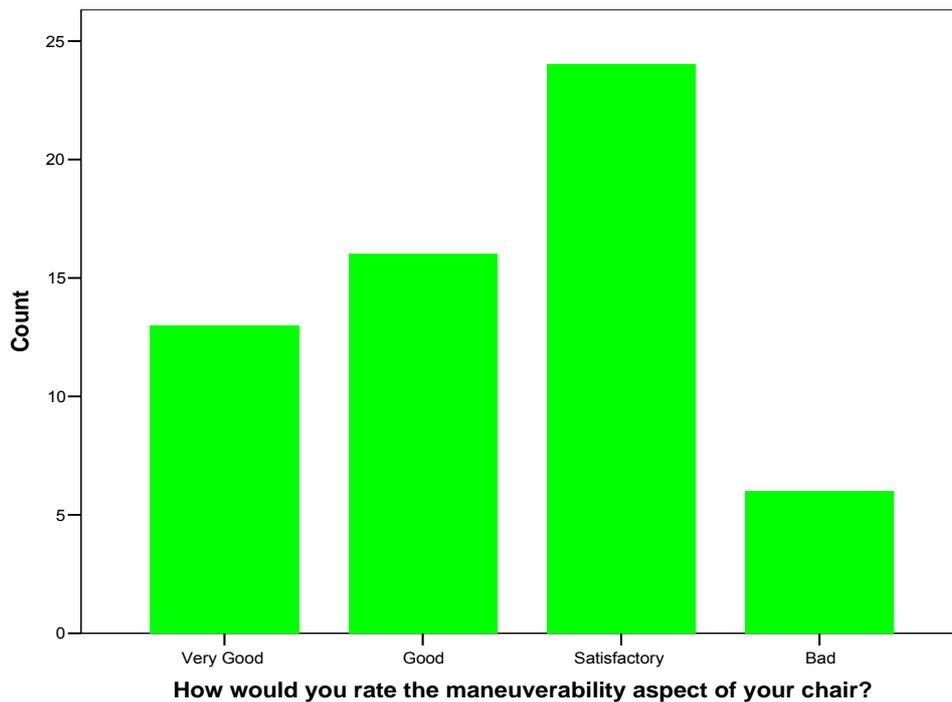
93% of individuals used a manual chair, 5% use both manual and electric powered chairs and one used an electric powered chair only.

Figures 5.5 to 5.11 demonstrate how individuals rated the following aspects of their wheelchair, respectively: weight, manoeuvrability, ease of propelling, balance, transportability, appearance and comfort.



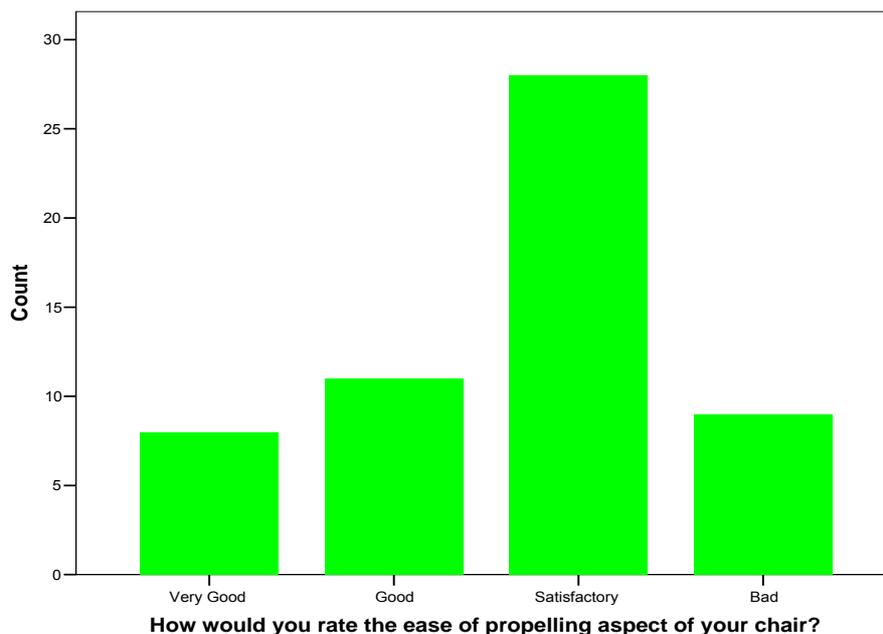
**Figure 5-5 Bar chart to show how individuals rated the weight aspect of their chair**

Figure 5-5 shows 90% over at least satisfied with the weight of their chair. Only 6 individuals reported they were not satisfied.



**Figure 5-6 Bar chart to show how individuals rated the manoeuvrability aspect of their chair**

Figure 5-6 20% of participants rated manoeuvrability in their chair as very good said 9.4% said it was poor. None reported that the chair's manoeuvrability was 'very bad'.



**Figure 5-7 Bar chart to show how individuals rated the ease of propelling aspect of their chair**

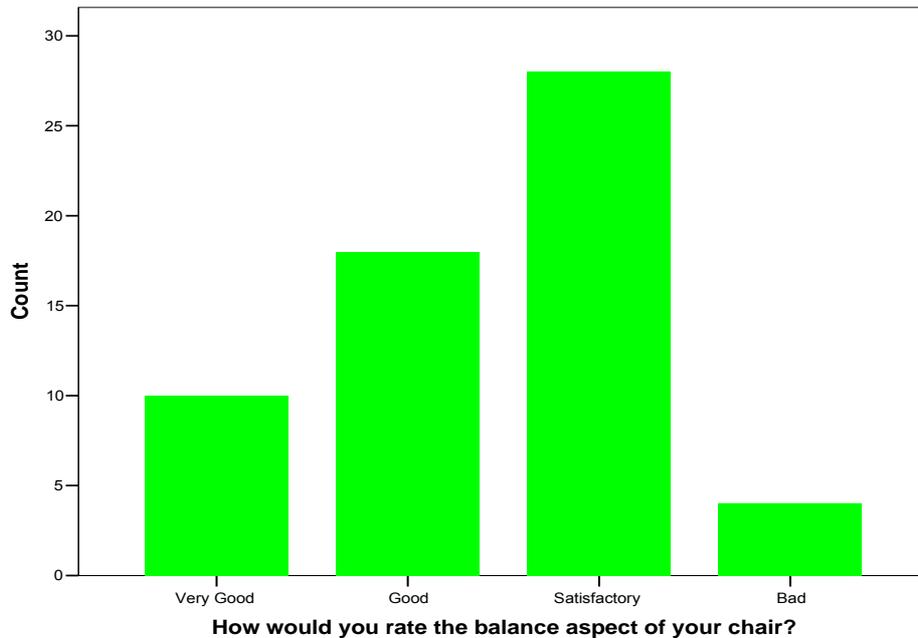
Figure 5-7 shows 43.8% of participants reported that they could satisfactorily propel their chair with ease, 30% rated the propelling aspect of their chair as ‘very good’ or ‘good’. 14.1% of participants rated the ease of propelling of their chair as bad, none of the participants gave ‘very bad’ reported.

Evidence from focus groups revealed that two participants from the first focus group expressed considerable concerns with propelling their chair. One suffered from epilepsy and had undergone triple bypass surgery. The main problem this participant faced was coping with slopes in a manually propelled chair. Due to the design of his chair a power pack could not be fitted and he had failed to 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. Some participants with manual chairs in the second focus group said that their carers had problems pushing the chair because they were no longer as fit as they had been. None of the participants who raised this issue had heard of power packs that could be fitted to the wheelchair to assist carers. EPIOC<sup>20</sup> users pointed out that battery packs run out of charge quite quickly and suggested consideration should be given to alternatives that give ‘more miles per charge’.

The Wheelchair Services Manager acknowledged that problems exist with carers pushing wheelchairs. It is understood that Dudley Wheelchair Service does not provide attendant controlled powered wheelchairs for a disabled carers unless the user needs the wheelchair most of the time. The Centre Manager also informed the Scrutiny Officer that Dudley Wheelchair Service does not provide power packs. This decision was confirmed after a three year follow up indicating infrequent use of the power packs.

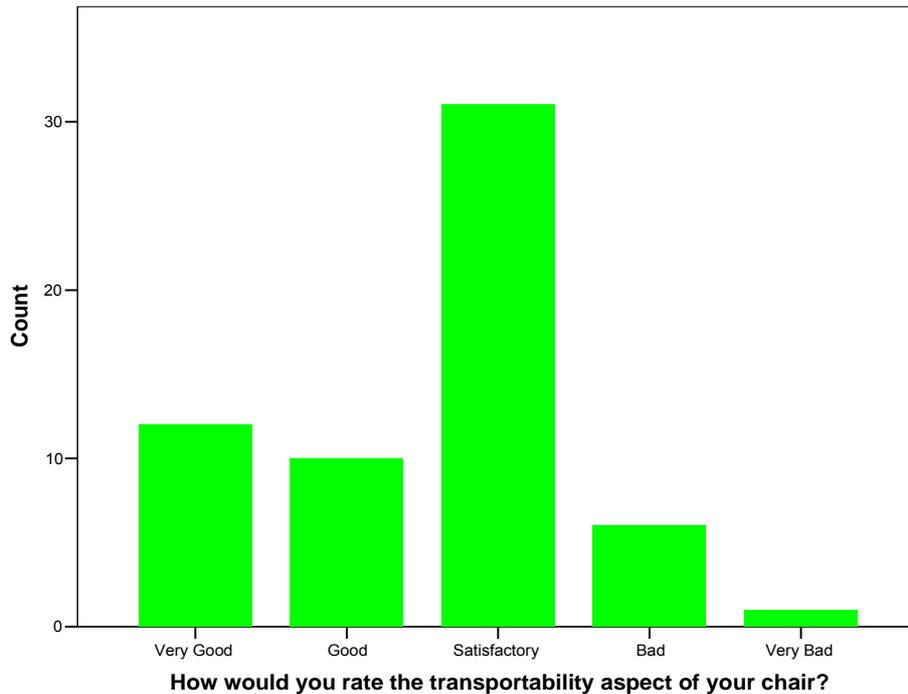
<sup>20</sup> EPIOC, an Electric Powered Indoor Outdoor Chair

Some clarity was given about the criteria for an EPIOC, consideration is given only to clients who are ‘unable to mobilise or to use a self-propelling wheelchair to access the home environment due to the nature of the condition or disability.’ It is understood by this Review that EPIOCs are indoor powered 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.



**Figure 5-8 Bar chart to show how individuals rated the balance aspect of their chair**

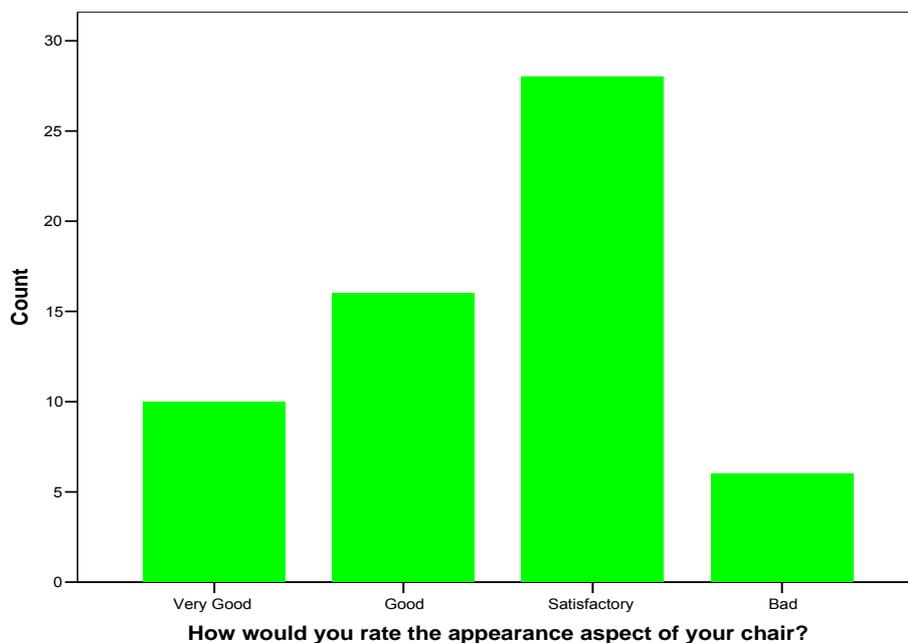
Figure 5-8 shows that 6.3% of participants thought the balance aspect of their chair was bad. In contrast just fewer than 45% rated the balance of their chair as ‘very good’ or ‘good’. None of the participants said the balance was ‘very bad’.



**Figure 5-9 Bar chart to show how individuals rated the transportability aspect of their chair**

In Figure 5-9 almost half the participants thought the transportability aspect of their chair was satisfactory. There was one ‘very bad’ report recorded.

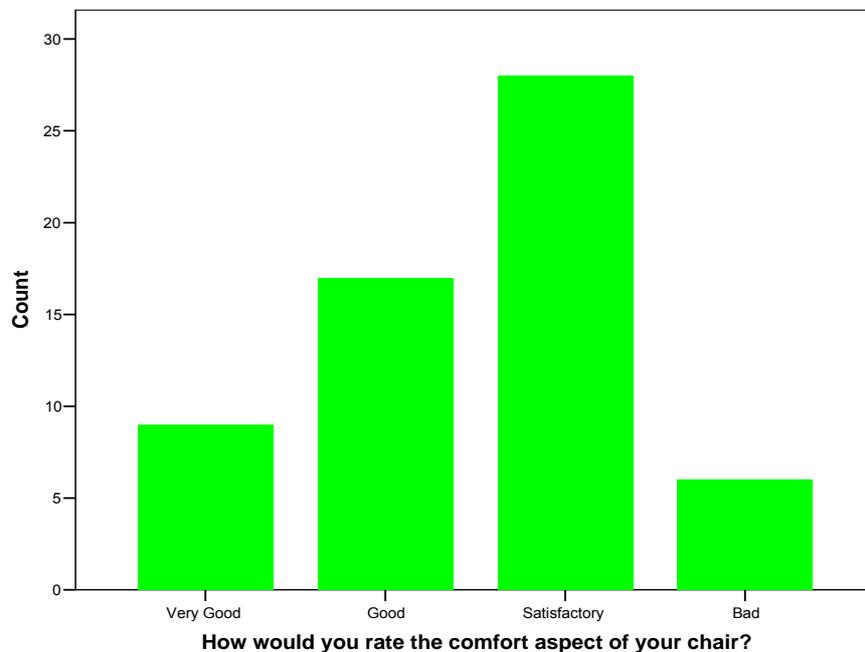
All participants in the focus groups stated that their chair enabled them to move around the borough satisfactorily and the EPIOC users stated their chair was ideal for long distances. However one participant said that they had to purchase their own EPIOC because the one issued by the NHS was too large.



**Figure 5-10 Bar chart to show how individuals rated the appearance aspect of their chair**

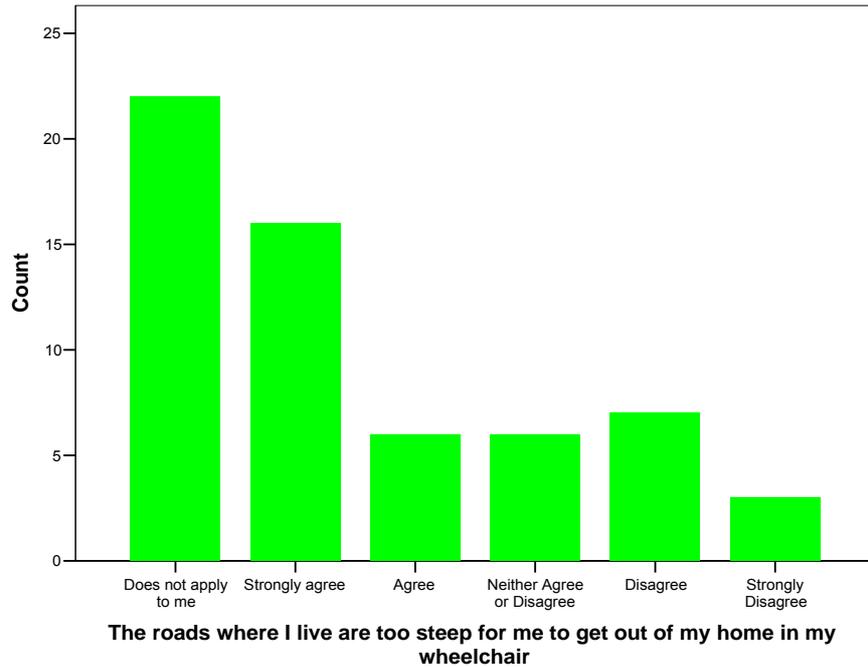
Figure 5-10 shows that 9.4% of participants thought that their chair had a poor appearance. Over 40% thought the appearance was good or very good with the majority reporting satisfactory appearance. There were no 'very bad' reports. All participants in the first focus group agreed that a greater range of wheelchairs - "sporty" chairs, for example - should be made available especially for younger users. Some participants said they would like a wider range of colours, other than standard black or grey, for both chairs and cushions, to create a sense of individuality.

The Wheelchair Service explained that there is no choice in colour on the standard shaped and sized wheelchairs. A client can get permission 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. Dudley Wheelchair Service is committed to ordering through the Regional Wheelchair Trading Service and therefore to some extent restricted to that stock portfolio. On occasions model choices have been compromised in the past due to cost saving by the Regional Trading Service.



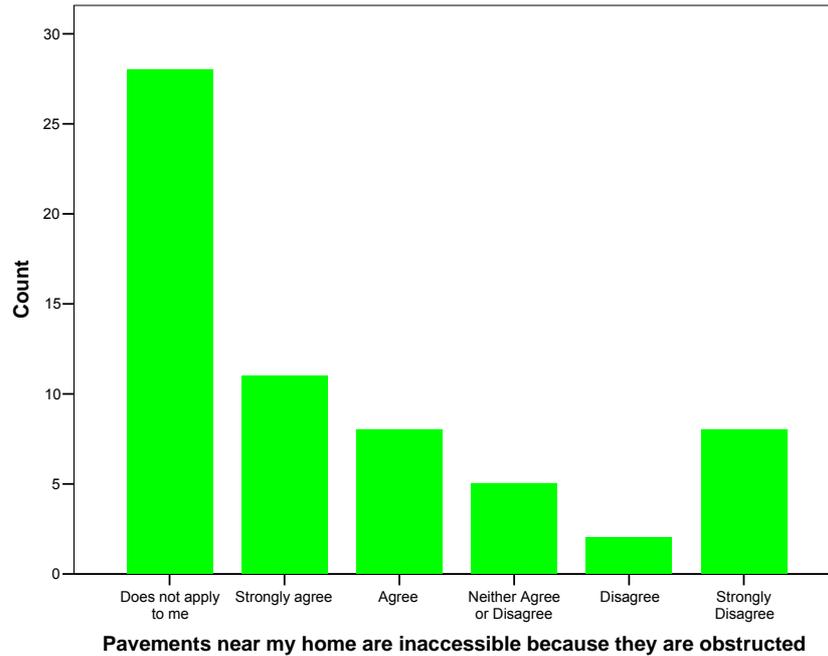
**Figure 5-11 Bar chart to show how individuals rated the comfort aspect of their chair**

The majority reported satisfactory comfort of their chair and around 40% reported good and very good comfort ratings. All participants in the first focus group reported that comfort in a chair was an important factor and that their chairs were comfortable and many improvements have been made over the years. All participants from the second focus group said that their chair had an individually moulded seat which was particularly comfortable.



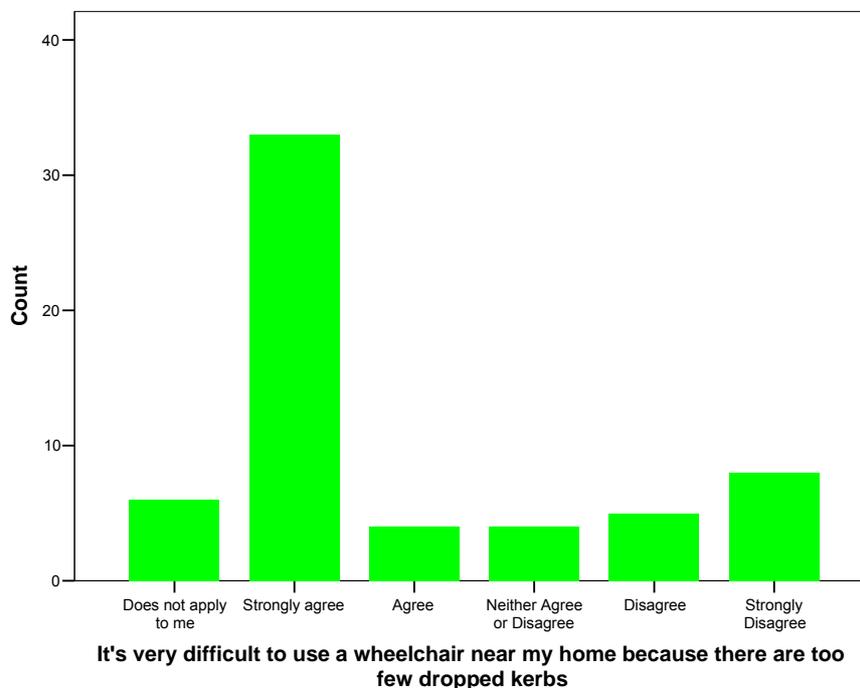
**Figure 5-12 Bar chart illustrating the responses to whether roads near the participants home are too steep for them to access their home**

Figure 5-12. 34% of participants reported that access to and from their homes did not apply to them, this could be because these individuals are living in a residential home or are housebound. Over a third of respondents ‘agreed’ or ‘strongly agreed’ that roads where they lived were too steep for them. The remaining 25% reported that steepness of roads had no affect on access to their homes. A cross tabulation was run to see how many of the individuals who reported that the roads near them were too steep lived in council accommodation. The result of the cross tabulation revealed that out of 17 residents renting from the council, seven reported that the question did not apply to them; seven reported that roads were too steep near their home and three reported that steepness of roads did not affect access to their home .



**Figure 5-13 Bar chart to show individuals' opinions on obstructed pavements near their home**

Figure 5-13 shows a similar distribution of responses to that in figure 5-12, the majority (37%) reported that this question did not apply to them. 30% reported that they agreed or strongly agreed that pavements were obstructed near their home compared to 24% who disagreed.



**Figure 5-14 Bar chart illustrating individuals' opinion on the amount of dropped kerbs in the borough**

Figure 5-14 shows a clear majority of participants (52%) said that there are not enough dropped kerbs in their area. Most of these responses were recorded by

individuals living in the DY3, DY5, DY8 postcode areas. However, a statistical test for association between post code and strength of opinion showed that there was no relationship between these variables, indicating that no particular area had significantly higher, poor or bad results than the other<sup>21</sup>. One interviewee said that the local corner shop was inaccessible because there were no convenient dropped kerbs. Motorists tended to park across existing dropped kerbs and so made them inaccessible. Obstruction of footpaths by motorists made life difficult and at times dangerous for wheelchair users.

A Disability Consultation Group was setup by Dudley MBC in February 1998 initially to deal with a single issue relating to the Urban Environment (dealt with by Department of Engineering and Transportation). This later developed into a working group comprising disabled members of public and senior DUE officers, meeting every quarter to discuss issues of strategy and policy. The group has been successful in raising awareness of issues important to the lives of disabled people and its influence is reflected by adaptations made around the Borough.

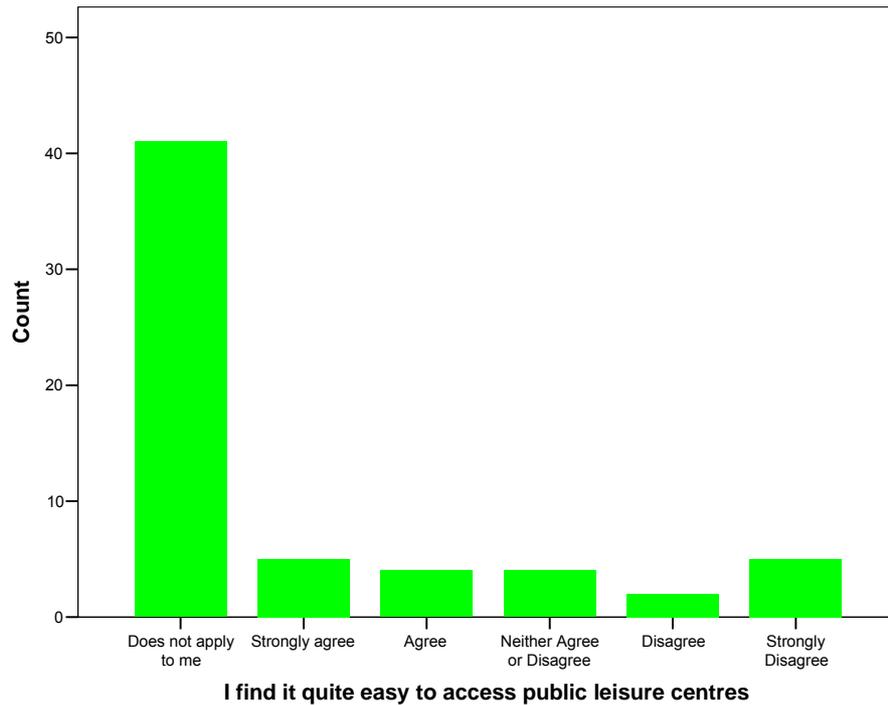
The Disability Consultation Group has played a key role in the consultation process in respect of such things as the draft Unitary Development Plan and recent Customer Access to Services (CATS) project. The Group has also been influential in matters relating to Taxi Licensing, Waste Collection, Car Parking, Highway issues and recycling.

On occasions conflicts of interest arise between disabled groups and non disabled groups. Improvements in the street environment that assist one group of disabled people may inconvenience others. For example blistered tile (tactile paving) at road crossings which help guide visually impaired people make it difficult to manoeuvre a wheelchair. Bollards on pavements designed to protect pedestrians and buildings from traffic may act as obstacles for wheelchair users and visually impaired people. Officers at the Directorate of the Urban Environment in Dudley take great pains to balance out the needs of different groups.

The Committee was told that both tactile paving and dropped kerbs are paid from the same capital budget spend of £15,000 per annum. There are also separate budgets for Dropped Crossings and 'Aged and Disabled' totalling £50,000 in 2004. However, this was reduced by half in 2005. There are approximately 3,700 streets in the Borough and under the current rolling resurfacing/conditioning programme it will take an estimated 20-30 years to bring up to date the Borough's pathways to make them suitable for disabled people. If the DUE were instructed to carry out all of the improvements to crossings and put in place more dropped kerbs immediately, a capital spend of at least £2m would be required.

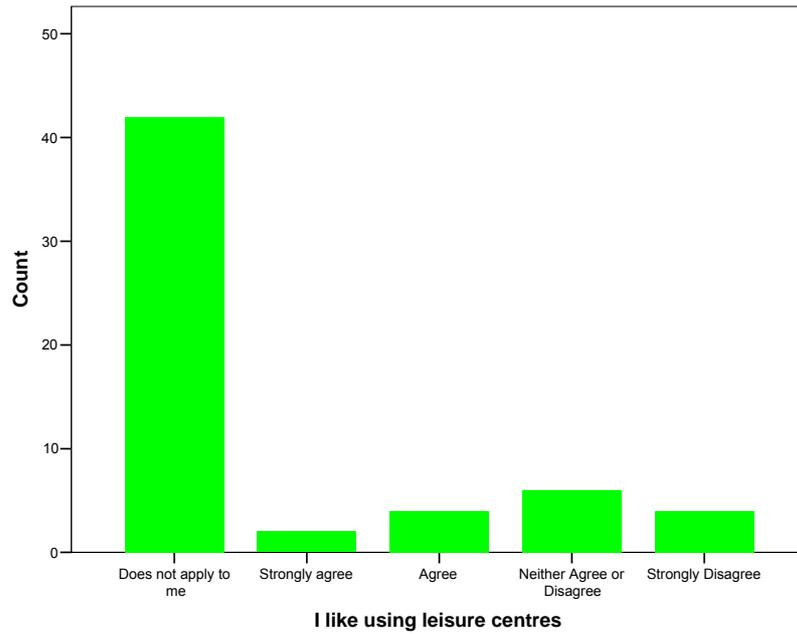
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<sup>21</sup> A chi square test was run to test the association between post code and level of opinion on post code. The test yielded a probability value of 0.144. Significant relationships are identified when p values fall lower than 0.05 if testing at the 95% level of significance.



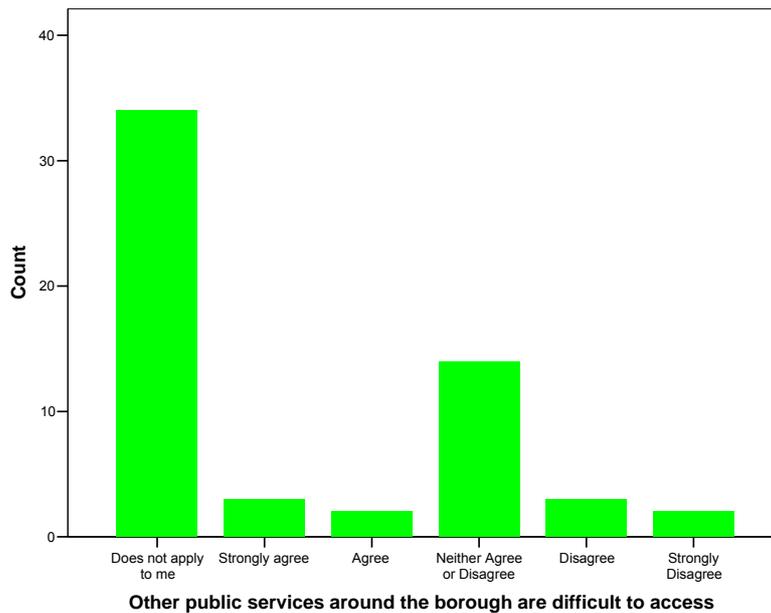
**Figure 5-15 Bar chart illustrating the individuals opinions on access to public leisure centres**

Some focus group participants commended Crystal Leisure Centre for its service and access for disabled people. However, participants felt that changing facilities in leisure centres should be improved for wheelchair users because present facilities do not offer sufficient space. The majority of participants in the focus groups expressed an interest in making use of leisure centres. However, all agreed that the changing rooms were ill equipped for wheelchair users. It was pointed out that more seriously disabled wheelchair users need “changing beds” to enable them to get undressed and dressed with greater ease and with a measure of independence. The main reason why many did not use the Borough’s leisure facilities was because the changing rooms in leisure centres do not have ‘changing beds’.



**Figure 5-16 Bar chart illustrating the individuals opinions on enjoyment of leisure centres**

The mean age of wheelchair users in our sample is 67 years of age which may account for this answer.



**Figure 5-17 Bar chart illustrating participants' opinions on access to general public buildings around the borough**

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

Younger participants in the group went on to raise the problems they had experienced with Night Clubs, saying that 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. Participants were told that clubs could not guarantee that wheelchair users could be evacuated safely and quickly.

Participants in the focus groups expressed positive views on public library access but some participants had expressed problems with high shelves and with access to computers. Participants readily acknowledged that staff were always happy to help but that reduced their independence. They said that they always felt obliged to rush through things so as not to delay staff; and felt they could not browse through the library like other users. Shelves at lower levels would enable them to reach books by themselves. Access to some libraries was difficult for people in large powered chairs. The lift at Halesowen library is too small, for example.

Participants thought that access to supermarkets in the Borough was 'very good' but in some high shelving was a problem. Participants said 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.

One participant in the focus groups said that using Halesowen housing services was difficult because the lift is too small for her wheelchair. She is obliged to conduct her business in an open public area which does not afford the privacy all customers are entitled to have.

Participants praised the Merry Hill Centre for its excellent access for wheelchairs. Some participants said it was comparable to The Bull Ring in Birmingham and that it had significantly better access than the Trafford Centre in Manchester. On the other hand one participant mentioned that it was rather boring always to have to go to the Merry Hill Centre. One participant said 'it would be good to be able to go elsewhere for a change, but poor access for wheelchairs prevented it', as did difficulties with transport.

All participants agreed that almost all disabled toilets were too small because they were designed for "walking disabled" rather than for wheelchair users. Participants said that if planners and developers designed toilets for the needs of the *most* disabled in mind facilities would be suitable for all disabled people.

Focus group participants said that the staff at the Showcase Cinema, Castle Gate are welcoming and helpful. The group also made positive comments on the parking facilities.

All participants criticised buildings with automatic doors that open outwards because they found it difficult to get close enough to activate them and get out of the way as they opened.

The committee received information from the access officer with the Directorate of the Urban Environment, about legislation governing relevant planning regulations.<sup>22</sup>

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<sup>22</sup> The regulations (set by the Department for Communities and Local Government) apply to most new buildings and many alterations of existing buildings in England and Wales, whether domestic, commercial or industrial.

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; 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.

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 ( for example, sanitary convenience, induction loops).

The minimum compliant dimensions of a lift must equate to 1.4m x 1.1m, which should be adequate for a manual chair and assistant. However this space may not be adequate for larger chairs or EPIOCs. Complaints have been made about the lift at the Wheelchair Services Centre at Corbett Hospital which is not big enough for larger powered chairs. However, the lift does meet the minimum legal standard.

The Disability Discrimination Act 2001 stipulates that a service provider/developer 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<sup>23</sup> within 10 years of the original construction.

If an organisation has failed to comply with DDA regulations it is the responsibility of the client to take legal advice and proceed with a claim through the civil law courts. It should be highlighted that local authorities do not police this legislation nor do they have a duty to pursue third party claims against an organisation through the courts.

The committee was told that due to very strict modernisation regulations in place for listed category buildings only very limited adaptations and amendments may be made. Conservation officers and access officers work together to review plans for listed buildings but conservation issues generally take precedence.

The Directorate of Urban Environment has set up a reference group of disabled people who give advice about matters related to access. Members of the group have received training about 'access matters' and enjoy a large measure of independence. 'Access In Dudley' meets fortnightly. Some of its 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' considered the planning application and recommended changes.

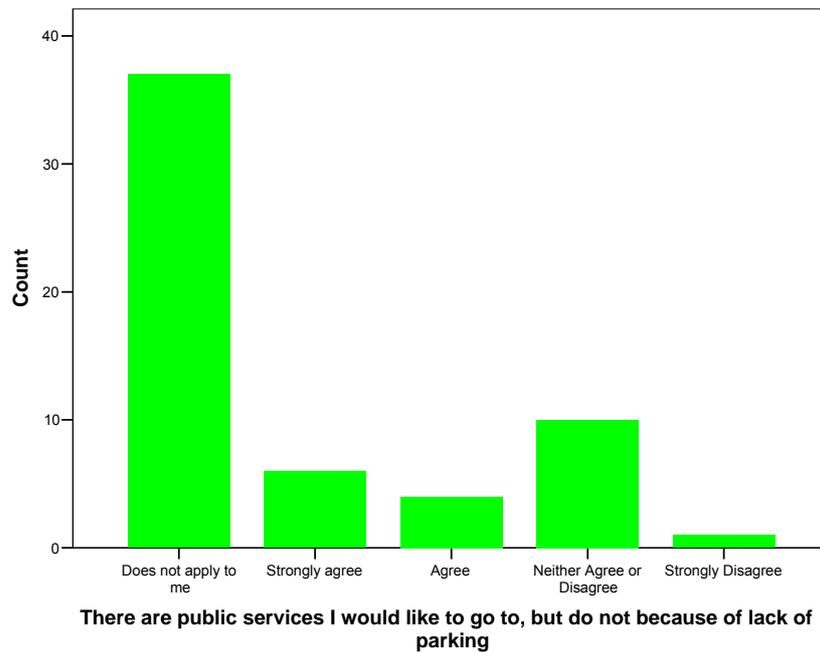
Access Guides are also published by the DUE after consultation with *people with disabilities*. The guides provide excellent advice about access to a wide variety of

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Building Regulations promote: Standards for most aspects of a building's construction, including its structure, fire safety, sound insulation, drainage, ventilation and electrical safety; Electrical safety was added in January 2005 to reduce the number of deaths, injuries and fires caused by faulty electrical installations ; Energy efficiency in buildings. The changes to the regulations on energy conservation proposed on 13 September 2005 will save a million tonnes of carbon per year by 2010 and help to combat climate change; *The needs of all people including those with disabilities*. They set standards for buildings to be accessible and hazard-free wherever possible.

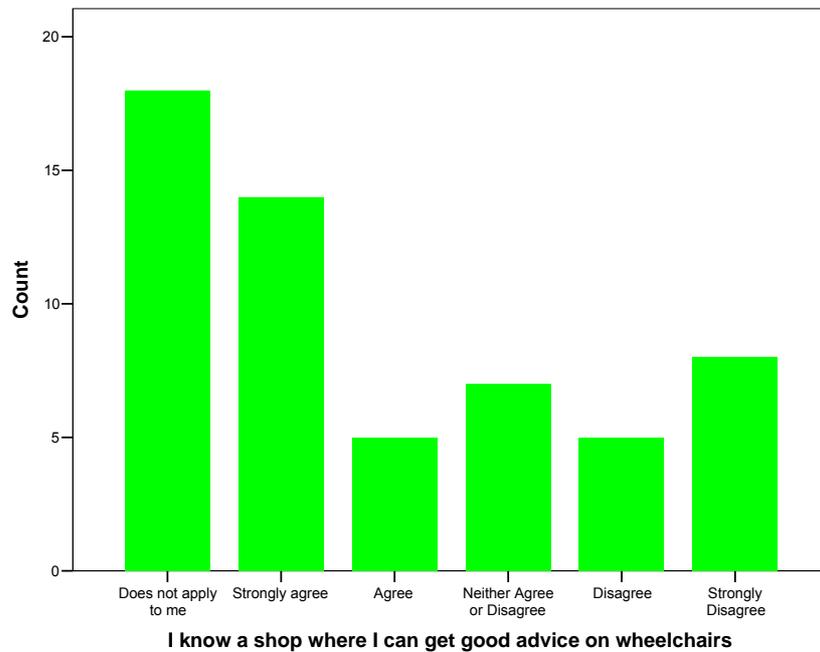
<sup>23</sup> Approved document M - Access to and Use of Buildings (2004 edition) – Government Department for Communities and Local Government

buildings within the borough and are available, free of charge, from all public libraries.



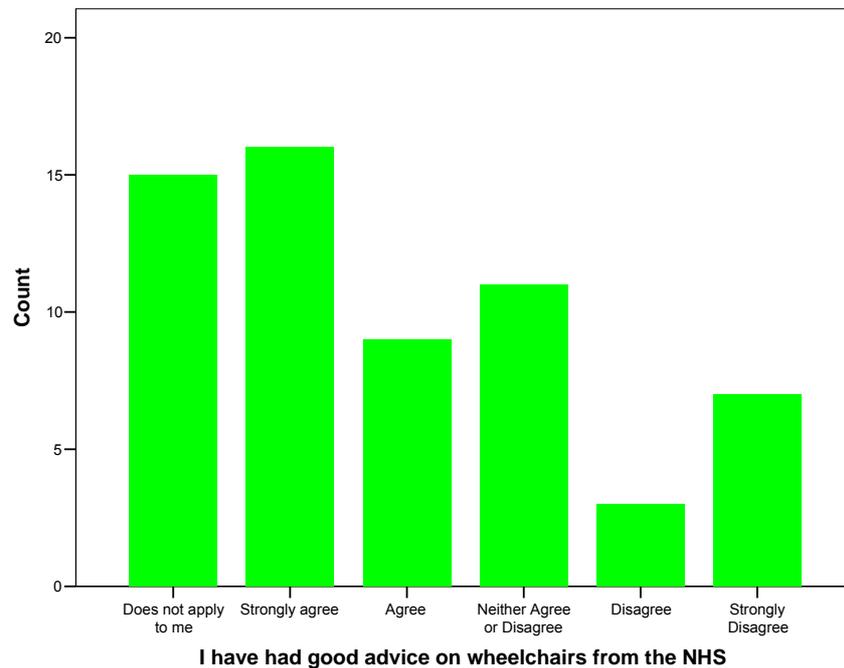
**Figure 5-18** Bar chart illustrating the individuals opinions on parking spaces affecting access to public services

Of those to whom this question applied, the majority (22%) had neutral opinions on the lack of parking spaces.



**Figure 5-19** Bar chart illustrating the individuals opinions on whether they know of an outlet that offers good advice on wheelchairs

Of those to whom the question applied, almost 40% knew of an outlet in the Borough where they could find sound advice. Around 20% reported that they knew of nowhere they could visit for good advice.



**Figure 5-20 Bar chart illustrating the individuals opinions on advice given by NHS**

Figure 5-20. Of those to whom this question applied 40% agreed that they have had good advice about their chair from the NHS, 18% reported a neutral response.

### **The Wheelchair Service Centre at Corbett Hospital**

Focus group participants felt that the wheelchair service provided by Dudley Group of Hospitals was very good. They also felt that the referral system worked well and the GP understood their needs. Participants agreed that the Dudley Wheelchair Service offered a wide choice of wheelchairs and staff at the centre were helpful and skilful.

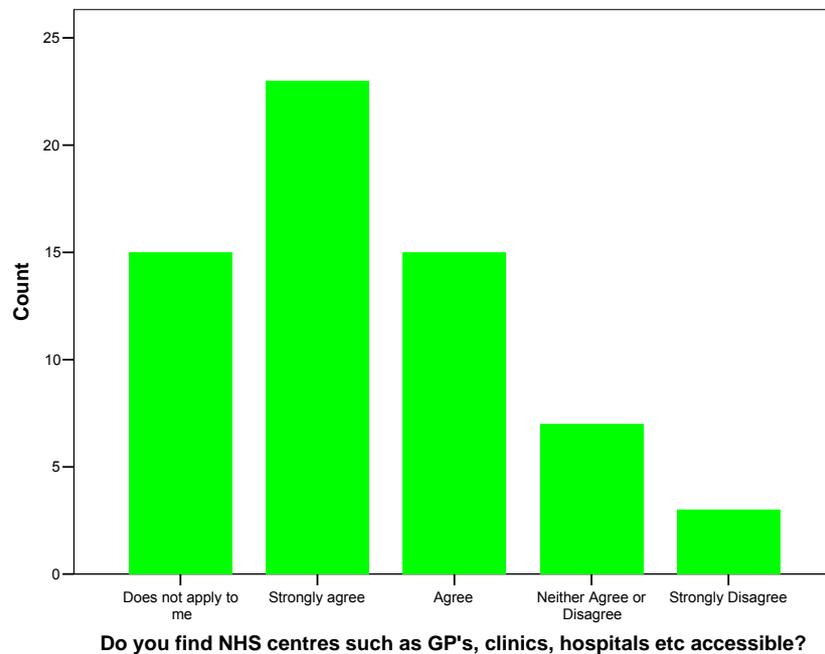
Some participants in the focus groups said they had received letters telling them about the proposed move of the service from Dudley Guest Hospital to Corbett Hospital. Others did not know of the move until it was completed. A notice about the impending move to Corbett had been put up in the waiting room at Dudley Guest for six months before the move. All but one of the focus group participants said that the move to Stourbridge was more convenient for them.

Some difficulties were reported. One or two participants complained that staff at the centre had upset them by suggesting that they needed to lose weight in order to be better suited for certain chairs. However, staff did not offer advice about how they might lose weight nor did they refer the client to someone else, such as a dietician or physiotherapist for appropriate advice on diet and exercise. Participants said they wanted to lose weight but found it difficult because as they were confined to a wheelchair they were unavoidably sedentary.

Representatives of the Committee visited the Wheelchair Service Centre at the Corbett Hospital. The Centre has been purpose-built and offers a wide choice of wheelchairs and cushions. The Wheelchair Service manager explained that some clients wanted wheelchairs that staff, for various reasons, considered unsuitable and unsafe for the client. On occasions this resulted in the client being upset and dissatisfied.

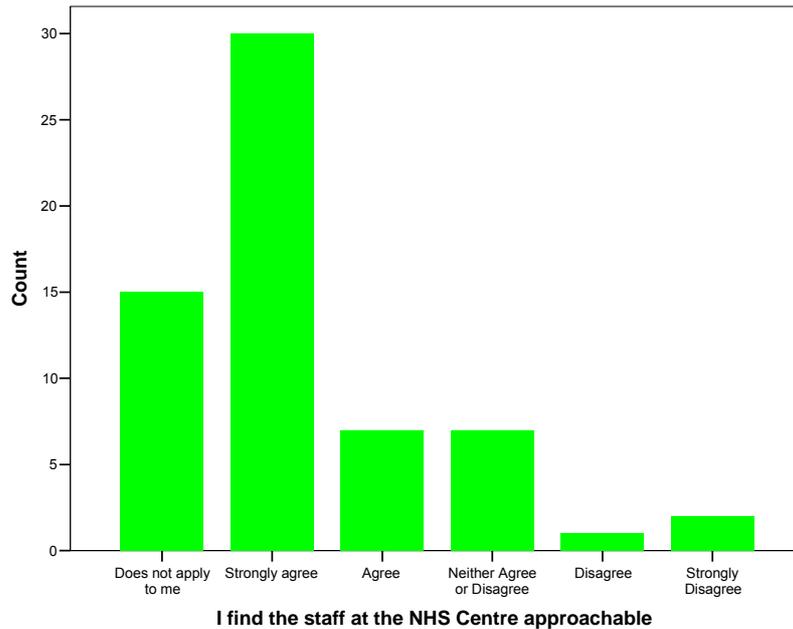
Not all clients are deemed suitable for a powered chair because they are not able to control them properly. Clients who wish to have a powered chair have to demonstrate that they are competent to control it and have to undertake an assessment of their capabilities. In addition, clients have to undergo training in how to mount kerbs to ensure that they can do so safely when out on their own. Safe use of a powered chair is important for the client and for the general public.

The Wheelchair Service Centre is located in the basement of the new Corbett Hospital. Although most wheelchair users can get to the Centre by using the lift, those with large powered chairs cannot use the lift because it is too small. The size of the lift does comply with the regulations but this is the minimum legal standard. In this instance a larger lift ought to have been installed. Disabled people with larger powered chairs can gain access through the double doors at the side of the Centre. To reach the doors they have to go down the steep driveway at the side of the hospital. However, disabled people have been told by car parking attendants that they cannot park in that area. The Wheelchair Service manager was hopeful that a small car parking area would be constructed outside the double doors.



**Figure 5-21 Bar chart illustrating the individuals opinions on access to GP's, clinics and other NHS centres**

Figure 5-21 illustrates a positive response to wheelchair services from participants. Only 4.7% thought GP's clinics and hospitals were inaccessible.



**Figure 5-22 Bar chart illustrating the individuals opinions on staff involved with Wheelchair Services**

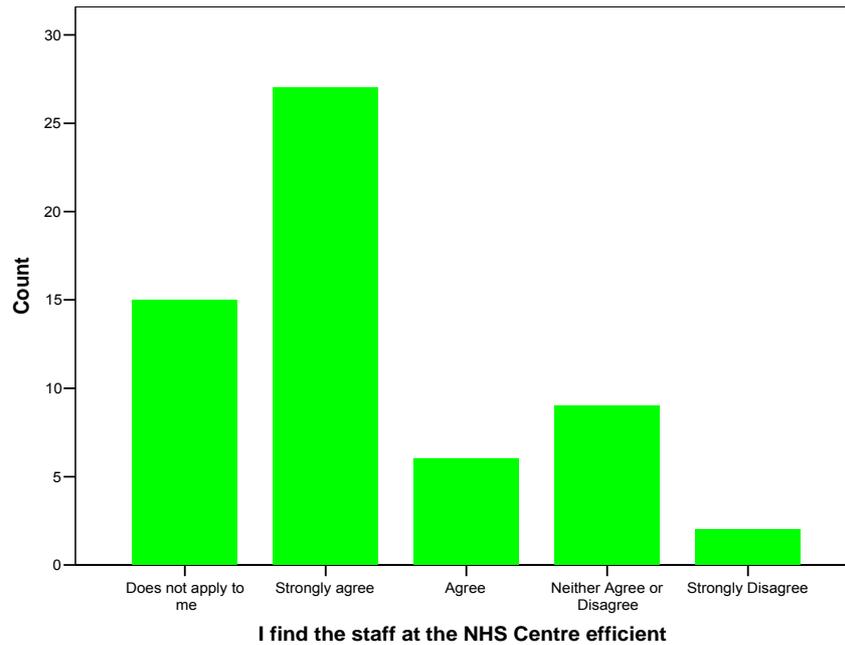
Figure 5-22 clearly shows a majority of participants strongly agreeing that staff at the NHS Wheelchair Service are approachable.

The Dudley Wheelchair Service aim is ‘to deliver an efficient friendly service tailored to satisfy individual wheelchair needs’. Its main focus is on people with permanent disabilities who need indoor wheelchairs. Staff also 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.

The Centre also offers a professional service, seating and postural support and pressure care for use in wheelchairs.

The secondary focus of the Service is on the provision of basic attendant propelled wheelchairs for occasional wheelchair users. Under special circumstances the Centre provides attendant controlled powered wheelchairs and consideration of vouchers to help purchase a chair privately. The Centre also offers a short-term loan wheelchair service (without assessment) for those in temporary need of a wheelchair.



**Figure 5-23 Bar chart illustrating participants’ opinions on efficiency of wheelchair service staff**

Figure 5-23 shows similar findings to that in figure 5-22, the majority of participants (65%) were confident that, in their experience, staff had been efficient when dealing with them. In contrast 3.1% of participants thought, in their experience, staff efficiency was poor or very poor.

Participants in the first focus group said that their main concern where efficiency is concerned 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 features on an electric chair most likely to fail were the motor and directional control box. Delay in obtaining replacements for such complex electronics was often the cause of the lengthy wait for repairs. Tyres, batteries and cushions were the other causes of frequent repairs.

The courtesy wheelchairs offered by the approved repairer to Dudley Wheelchair Service are of standard shape and size. If the approved repairer was to find a suitable loan power wheelchair during an extended repair period it would only be permitted for indoor use. Dudley Wheelchair Service to date has never given the approved repairer any loan powered chairs. Clients are expected to wait up to three working days for repairs to be completed this is the agreed contractual time with the approved repairer. The approved repairer also runs an out of hour service for emergency cases, clients requiring non urgent repairs are expected to call the Centre between 9 and 5 Monday to Friday.

### Access to Russells Hall Hospital

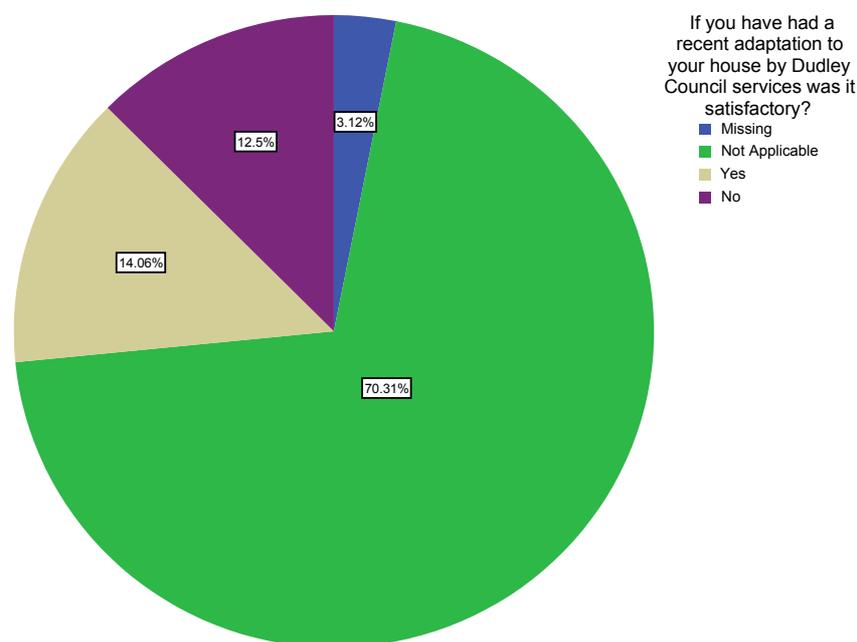
Representatives of the Committee visited Russells Hall Hospital to see how the needs of wheelchair users are taken into account. When the hospital was redeveloped the aim was to designate particular car parks for specific client groups, but it is impossible to check that every car is parked in the correct car park. Bus stops, taxi ranks and spaces for disabled badge holders are near the main entrance to the hospital and close to Accident and Emergency.

When the new hospital was planned, great consideration was given to which patient services should be based on the ground floor, so as to improve access for elderly and disabled people.

Each of the car parks has dropped kerbs to assist wheelchair users to gain access to the paths leading up to the main entrances. It was reported that although every effort was taken to ensure doors could open as easy as possible within the hospital, it would have been very costly to provide all doors with push button access. .

There are low level payphones and reception areas throughout the hospital, purposely designed to assist people in wheelchairs.

## Housing



**Figure 5-24 Pie chart illustrating the individuals' opinions on home adaptations carried out by Dudley MBC Housing Services**

Participants were asked if they have had an adaptation in their home carried out by Dudley MBC Housing Services in the last three years. For participants who recorded 'yes' there was a section asking them to rate the quality of work as either satisfactory or unsatisfactory. Figure 5-24 illustrates all responses of the sample frame. Approximately 27% of individuals sampled had some sort of adaptation work done in their home by Housing Services. Opinions about adaptations were roughly equally divided between acceptable and unsatisfactory.

Most participants in the focus group said that they could move easily around the house, however 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. One interviewee had had to wait a considerable time for ramps to be built and there were features in the interior of the property that made it difficult for a wheelchair user to move around easily. The kitchen was not designed for wheelchairs, for example.

One participant in the group who had contacted Dudley MBC about adaptations said that 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.

Two said they 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, argument and dissatisfaction with the Housing Services. 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 case insufficient funds had caused a two-year delay.

The three other participants lived in residential care homes or sheltered accommodation and found it very easy to move around as the buildings had been purpose-built.

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

**Table 5-1 Cross tabulation of homes purpose built for wheelchair use against whether the participant uses a wheelchair in their home**

Table 5-1 reveals that of the 21 participants who use a wheelchair in their home, 76% report that their home is not purpose built for wheelchair use.

Which of the following best describes you and your housing? (16 missing cases)		Is your home adapted for wheelchair Use?		Total
		Yes	No	
Owner Occupier	Do you use a wheelchair in your own home? Yes	6	3	9
	No	0	21	21
	Total	6	24	30
Rent from council	Do you use a wheelchair in your own home? Yes		5	5
	No		9	9
	Total		14	14
Rent from a housing association	Do you use a wheelchair in your own home? Yes	1		1
	Total	1		1
Live in someone else's house	Do you use a wheelchair in your own home? Yes	1		1
	No	1		1
	Total	2		2
Other	Do you use a wheelchair in your own home? Yes	1		1
	Total	1		1

**Table 5-2 A three way contingency table of the participant using a wheelchair in the home against whether the participants home is adapted for wheelchair use, by the participants occupancy type**

Focusing on Council owned properties, Table 5-2 shows that of 14 participants' who rent their home from the Council, five use their wheelchair in the home. All five of these participant's report that their homes are not adapted for wheelchair use. It is estimated that nationally 1.4 million disabled people require specially adapted

accommodation. Of these 620,000 (44%) live in the social rented sector and approximately a quarter of disabled people who need adapted accommodation don't have it.<sup>24</sup>

(9 missing cases)		Are you satisfied with the access within your home?		Total
		Yes	No	
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 5-3 Cross tabulation of the participant's occupancy status against the participant's assessment of access within their home**

Table 5-3 illustrates that 56% of participants that rent from the council are not satisfied with access within their home this compares with 23% owner occupiers who are unsatisfied. In the case of one interviewee, the Council has done excellent work adapting the interior of the house but has not widened the front door. The interviewee had a power scooter but cannot get it into the house, because the front door is too narrow, and is reliant on the goodwill of a neighbour to bring it to and from a nearby garage.

Recent research<sup>25</sup> estimates that, nationally, there is a shortfall of 300,000 wheelchair accessible homes. The demand for accessible housing, and this shortfall, is likely to increase over time as a result of both the ageing population and government commitment to 'Independent Living' as an orienting principle for disability policy.

***Dudley MBC's Housing Services provided the Committee with the following information.***

The vision behind Dudley Council's Housing Strategy 2003/4 – 2008/09 is '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 Services in Dudley are working with key partners to specifically support Adaptation Services Development in the Borough and provide various services for people with disabilities. Housing Services (as well as the former Directorate of Social

<sup>24</sup> Disablist Britain, Barriers to independent living for disabled people 2006, page 26, DEMOS, London 2006

<sup>25</sup> Conducted by John Groom Housing Association referred to in the 'Disablist Britain, Barriers to independent living for disabled people 2006' document, page 27, DEMOS, London 2006

Services) is now part of the newly formed Directorate of Adult, Community and Housing Services.

The Committee was told that 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 allocated for this programme. The programme will include provision of or renewing of ramps; new doors and door furniture; new level access shower facilities.

On the subject of repairs Housing Services reported that ongoing consideration is given to completing repairs in Council properties to meet the needs of people with disabilities. For example:

- The housing Occupational Therapist involvement with specification issues (specification core group)
- Repairs policy - allows a person's disability to be taken into consideration, before completing a standard repair. For example, if a new kitchen is required and the tenant requests that 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 about 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 is involved with renovation works

On the subject adaptations on homes with disabled occupants, 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 adaptation works include lifts and level access showers. For example:

- Adaptations in private and public sectors are completed following an Occupational Therapist assessment and recommendation to Housing. An assessment would consider the service user's 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 is 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 related to adaptations. 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. For example, a pilot project for the provision of modular ramps.

Where properties are not suitable or appropriate for adaptation, re-housing is actively supported. An Occupational Therapist is employed who provides support and advice during the re-housing process for people who require adaptations to be made in their new homes.

The Housing Policy has been amended to enable adapted properties to be let to the person/family whose needs best match the property, rather than using a points system. For example, 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.

(As an interesting comparison, a recent 'Best Value Review' in the Borough of Hammersmith and Fulham highlighted that people often had to wait over two years for the most basic of adaptations<sup>26</sup>).

Support is offered to people with re-housing where their current property is not suitable for adaptation. Such support may include: support from a tenant liaison officer, arranging/funding removals, assistance with other moving costs.

In the last 12 months, nine people using manual wheelchairs indoors and six people using electric wheelchairs indoors have moved to adapted properties

The Housing Occupational Therapist maintains records of applicants requesting a move to an adapted property. This includes 45 households at present. Nine of these include a person using a manual wheelchair indoors and three using an electric

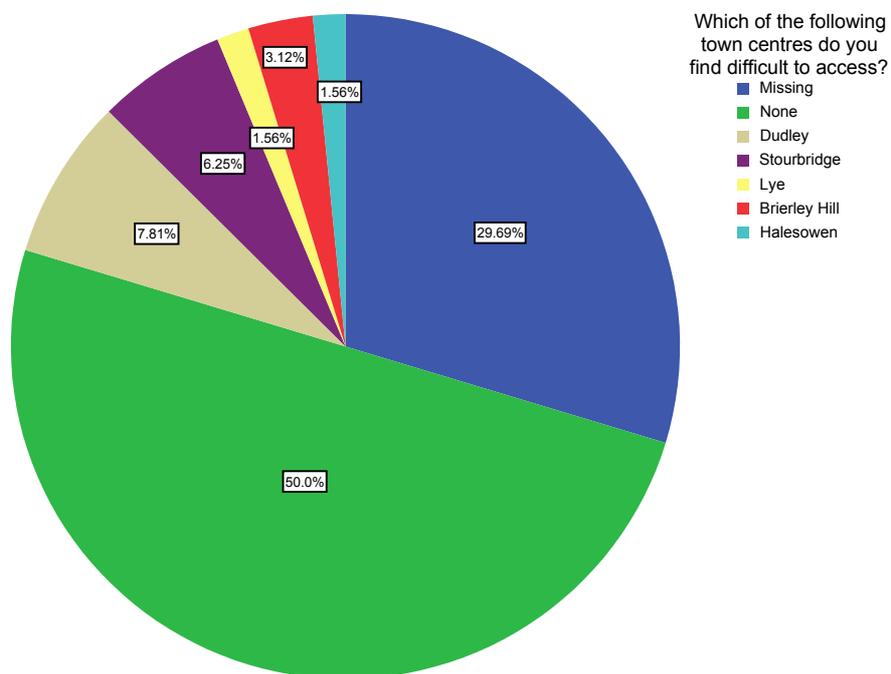
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<sup>26</sup> Disablist Britain, Barriers to independent living for disabled people 2006, page 26, DEMOS, London 2006

wheelchair. Those applying for adapted properties are highlighted on the housing database.

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.

### **Moving around the borough**



**Figure 5-25 Pie chart illustrating the individuals opinions on which town centres are difficult access**

Figure 5-25 shows that the majority of participants (50%) did not believe any of the town centres were difficult to access. Almost a third of participants did not respond to this question. Approximately 1 in 8 wheelchair users expressed difficulty in getting around either Dudley or Stourbridge.

Individuals were asked if they found it difficult to use a car, taxi, bus and train on their own or with assistance. Figures 5-26 to 5-29 illustrate the participants using transport on their own.

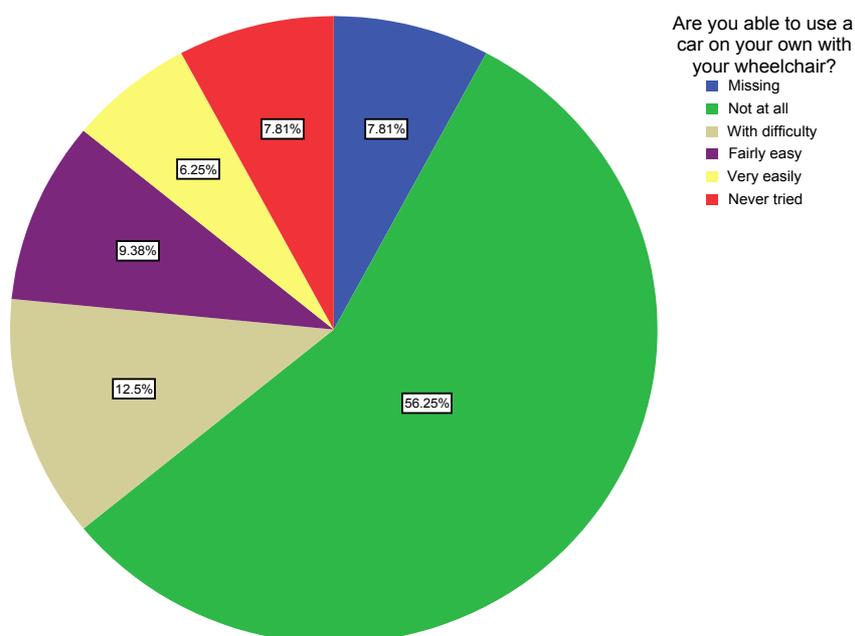
The results in 5-25 are supported by evidence from the focus groups where none of the participants thought any of the town centres were difficult to get around. There was criticism of motorists who thoughtlessly obstruct dropped kerbs.

### **Transport**

A study by the Department of Work and Pensions<sup>27</sup> highlighted the main difficulties experienced by disabled people as:

Getting to rail/bus station/stop	13%
Getting into rail/bus station	10%
Getting on/off bus or train	24%
Travelling by taxi	8%
Changing modes of transport	8%
Getting from bus stop/train station	9%
Getting information about accessible transport	6%
Booking tickets	4%
Ensuring assistance is available	5%
Other difficulties	2%
Same as non-disabled people	7%
No difficulties	57%

Transport by Car



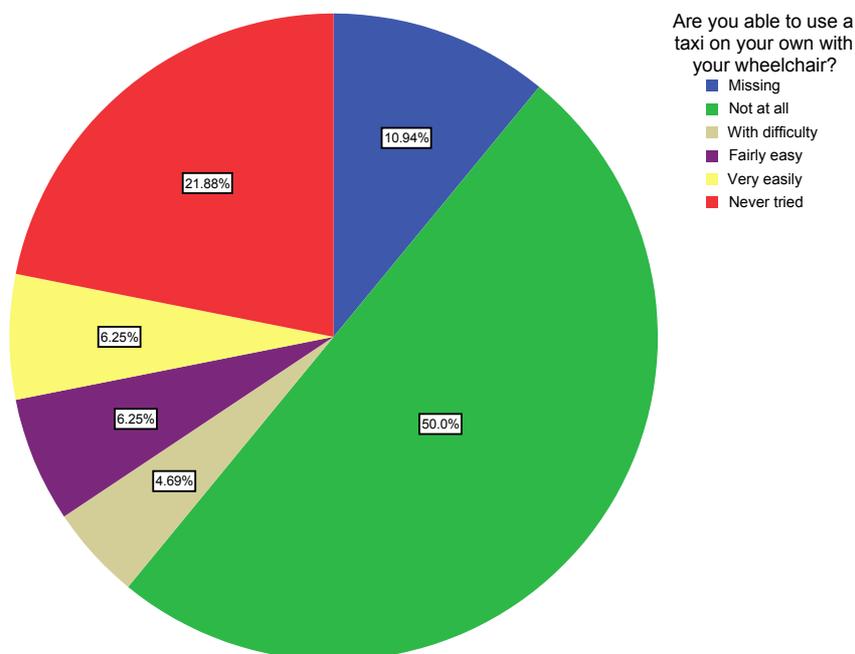
**Figure 5-26 Pie chart illustrating the individual's ability to use a car without assistance**

The majority of respondents (56%) cannot drive or use a car on their own. Around one in seven can use a car with ease or find driving fairly easy on their own. Our sample suggests that around one in ten wheelchair users use a car on their own but with some difficulty. However, when asked if they could use a car with assistance 50% said they could, 1.6% had never tried to use a car.

<sup>27</sup> Source: Department for Work and Pensions: *Disabled for life? Attitudes towards, and experiences of, disability in Britain*, Grewal et al., 2002, [www.dwp.gov.uk/asd/asd5/173summ.asp](http://www.dwp.gov.uk/asd/asd5/173summ.asp)

Nationally, nearly two-thirds (60%) of households containing a disabled person do not have access to a private car, compared to 27% of the general population. It was also found that around one in five spaces reserved for disabled drivers are abused by non-disabled motorists<sup>28</sup>.

### Transport by taxi



**Figure 5-27 Pie chart illustrating the individual's ability to use a taxi without assistance**

A majority of participants (50%) reported that they were unable to use a taxi on their own. A further 21.8% said they had never tried to use a taxi. Almost one in six participants reported using a taxi without assistance and reported positive experiences. In contrast, our sample reveals almost one in two wheelchair users use taxis with assistance, of which half reported positive experiences.

Nationally, of those disabled people who use public transport, over half (56%) have to resort to using costly taxis for easier access<sup>29</sup>. In terms of convenience and ease of use, taxis and minicabs are rated the most highly, with rail services rated the worst<sup>30</sup>

Almost all participants in the focus groups actively use taxis and rely on the service 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 cabs). Two participants reported that some drivers breach the Department for Transport Regulations by placing them in the black cab sideways rather than with their back to

<sup>28</sup> Disablist Britain, Barriers to independent living for disabled people 2006, page 33, DEMOS, London 2006

<sup>29</sup> Disablist Britain, Barriers to independent living for disabled people 2006, page 34, DEMOS, London 2006

<sup>30</sup> Disablist Britain, Barriers to independent living for disabled people 2006, page 34, DEMOS, London 2006

the driver or facing to the front. Participants said that some drivers do not secure the wheelchair properly in the vehicle by means of traps 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 been charged extra for the chair and some have been charged double the fare when two people in wheelchairs use the same cab. One participant told the group he booked a cab over the phone where it was agreed that he would be charged £10 each way for the journey. The actual amount charged was £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.

One interviewee complained that most taxi drivers stop at the parking bay around the corner from the house and sound the car horn to announce their arrival. It would be better if they came and knocked the door as sometimes she does not hear the horn.

Dudley MBC's Taxis Committee offers training and issues very clear guidance to taxi drivers.

In July 2005 the Taxis Committee agreed to make it a mandatory requirement for all taxi drivers (around 800) to attend a Disability Awareness Training Course upon their annual renewal of licence (at cost of £20 to the driver). The course takes place weekly and it is expected that all drivers will have completed the course by July 2007. The Taxis Committee will refuse to issue or renew a valid license to drivers who refuse or repeatedly fail to attend the course.

#### *What the Course Involves*

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<sup>31</sup> of the act, of a regulated taxi which has been hired by or for a disabled person using a wheelchair.

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<sup>31</sup> 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.**

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. To give them an insight into the experience of a wheelchair user during loading and unloading drivers are asked to act as the wheelchair user.

There is a demonstration about the difficulties faced by people with visual impairments to each group. All drivers have to change over between all three 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 an information 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; finger spelling alphabet and numbers; sign language motions; a number and alphabet grid and common useful phrases grid; an orange 'Disability Trained' car sticker which should be placed 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 Wheelchair 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.

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

The type of vehicle that will normally collect the person is a hackney carriage. The driver cannot charge the individual for the wheelchair but the company can make a booking charge of £1.50. This price is set by the Taxis Committee and applies to hackney carriages only and not private hire vehicles. The only instance where the booking charge does not apply to a hackney carriage is when the individual hires it

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, otherwise 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 in advance.

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 Disability Discrimination Act, drivers of taxis that are regulated will be required 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' produced a guidance pamphlet for booking taxis which includes a list of 'Things to watch out for', which are a broad translation of the duties of taxi drivers under regulations of section 32 and 36 of Disability Discrimination Act. Advice and details on booking charges and meters are also in the leaflet.

Taxi drivers have pointed out that some wheelchair users insist that they be carried seated in their wheelchair whilst facing sideways within the passenger compartment of the vehicle. Dudley MBC sent a letter to wheelchair users reminding them that such requests did not comply with current advice issued by the Department of Transport.

The current advice issued by the Department of Transport 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 by facing passengers sideways there is a risk of 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.

### Ring and Ride

There was no section in the survey to cover the sample opinion on the Ring and Ride service in the Borough but the matter was raised in the focus groups.

Many participants said 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 pick up and drop off times given to them.

Participants felt that Ring and Ride that gives preference to older people, significantly limiting availability for wheelchair users. In any event most Ring and Ride vehicles have space for just one wheelchair, which prevents two users travelling together in the same vehicle. Participants said that elderly people who do not appear to have a disability or limiting long term illness nevertheless make use of Ring and Ride. They felt that this reduced the availability of the service for those in genuine need.

The Ring and Ride service operates from 0800 until 2300, seven days a week and is run by West Midlands Special Needs Transport Ltd (WMSNT), which receives funding from Centro.

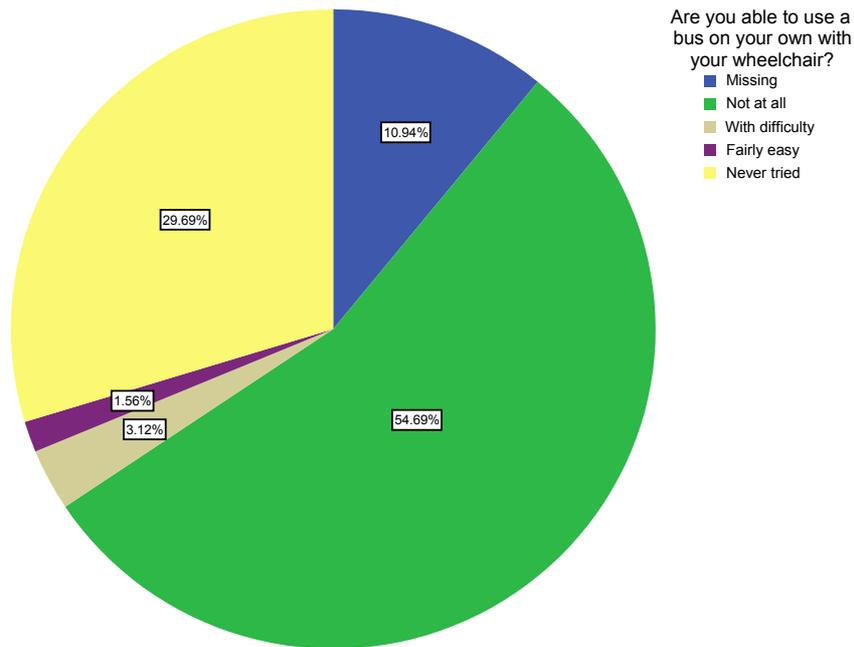
To qualify to use Ring and Ride you must:

- have a mobility problem which makes it difficult or impossible to use conventional public transport
- be resident in one of the seven urban Districts of the West Midlands
- you can be any age
- complete a form declaring you have a mobility problem
- you may be asked to provide a doctor's note if there is doubt about qualification to use the service.

Ring and Ride focuses on enabling users to get to local destinations in their neighbourhood, and up to half a mile into an adjoining area. A limited 'cross-boundary' service enables users to travel beyond the half a mile limit, to anywhere in the operating areas adjoining their own.

Ring and Ride also links up with other passenger transport services including local trains, the Metro and the cross-boundary bus of another Ring and Ride operating area. This enables journeys to be completed from door to door across the West Midlands. When travelling, users can take a companion with them provided they are booked in advance. Users may also take dependent children with them.

### Bus Services

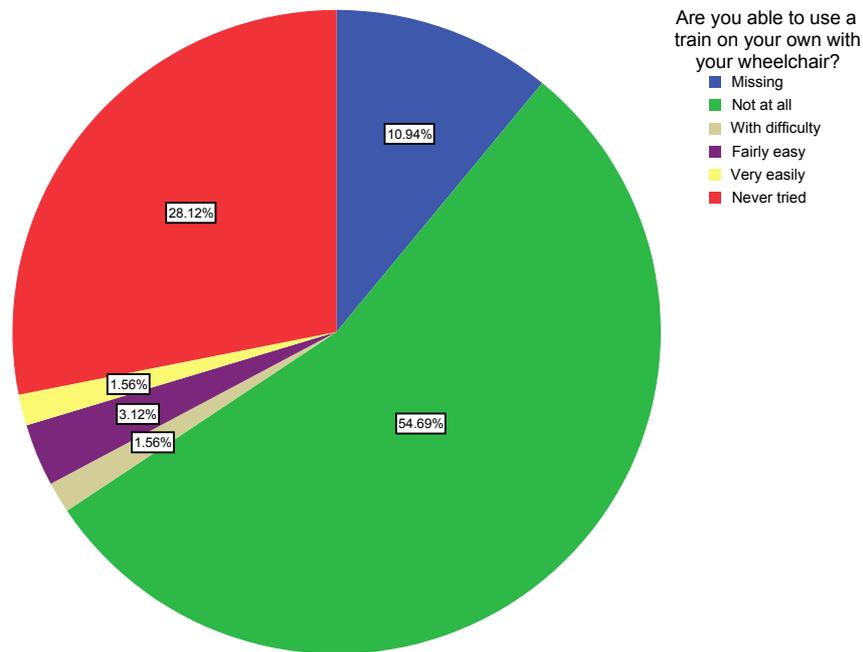


**Figure 5-28 Pie chart illustrating the individual's ability to use a bus without assistance**

Only 4.7% of participants recorded using the bus service without assistance. 85% of the sample either reported never trying to use the service decided not to use the service. Very similar responses were recorded by participants when asked if they made use of the bus service with assistance. 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 also thought the designated spaces for disabled individuals at the front of the bus were useful. Participants in the focus groups reported using the bus quite often and all spoke of one common problem - 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 bus with suitable access.

A study included in 'Disablist Britain' found that bus drivers are rated as the most unhelpful public transport employees by disabled people. 20% of respondents said that they are unhelpful, compared with 13% for train station staff, 6% for both on train staff and taxi drivers, and just 2% for airline stewards.

## Trains

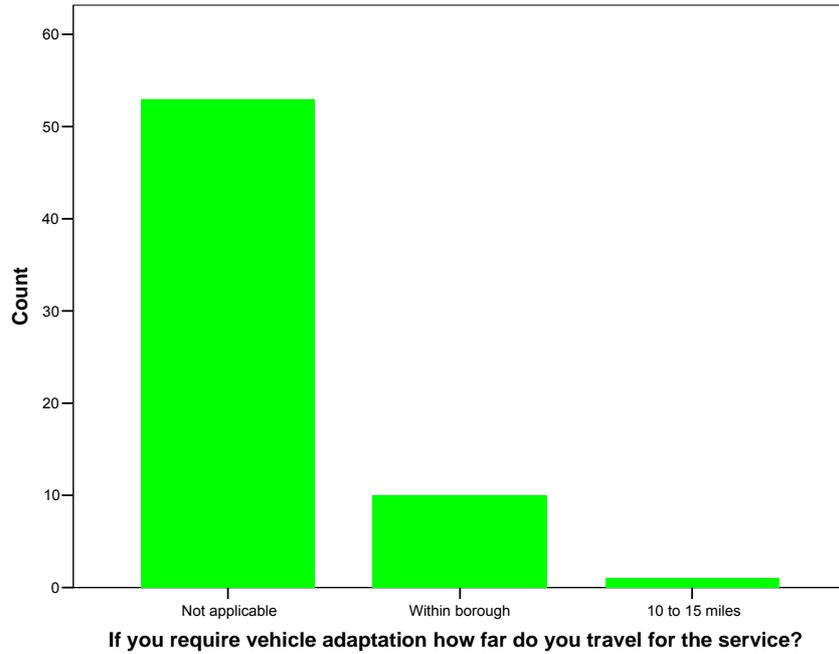


### **5-29 Pie chart illustrating the individual's ability to use a train without assistance**

An overwhelming majority of 83% of respondents reported never using the train.

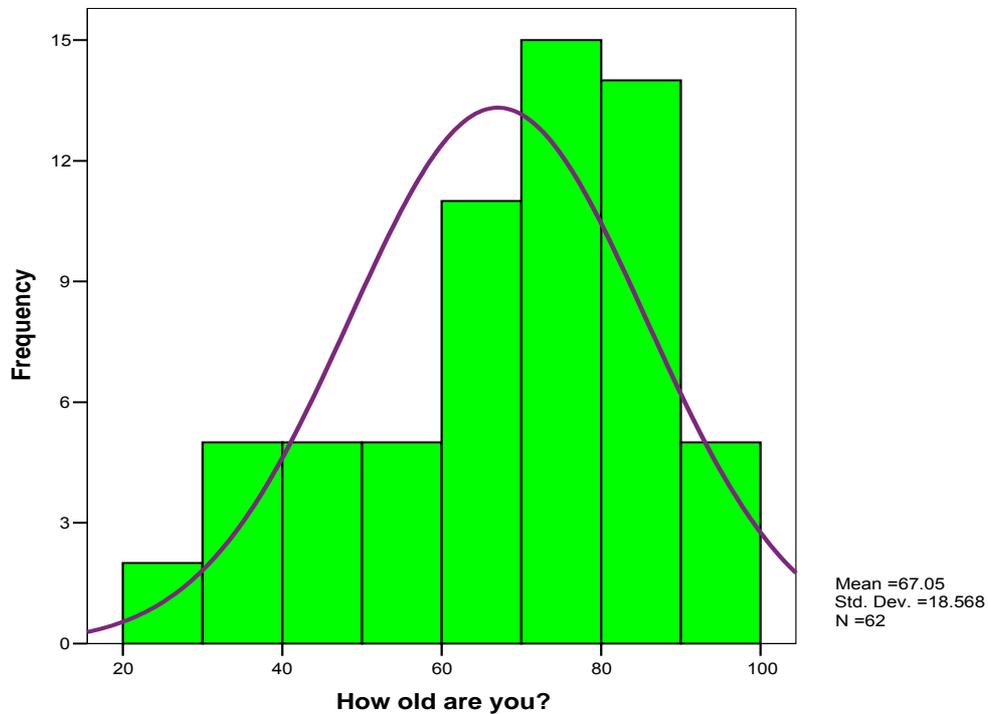
About one third of participants in the focus groups said they used the train from time to time but it was a difficult process and required forward planning. It was impossible to make a journey by train on the spur of the moment, as other more able-bodied people do. At present most train stations do not 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 lack of flexibility beforehand that was annoying.

A study mentioned in *Disablist Britain* (2006) found that eight in ten disabled people never use light rail, tram or Underground services. The report also highlighted that in 2005 all buses in London were made wheelchair-accessible making it the largest wheelchair-accessible network in the world. It was also intended to train all bus drivers to BTEC level in disability equality by the end of 2005, making them fully aware of the needs of disabled people and fully trained in using the wheelchair ramps.



**Figure 5-30 Bar chart showing the number of individuals who required a vehicle adaptation service and how far they travelled**

Of the 11 individuals who used a vehicle adaptation service 9 reported that they received an adequate service. All participants had used a service within the Dudley Borough.



**Figure 5-31 Histogram with normal curve illustrating the age distribution of respondents**

The average age of the respondents in the survey was 67. Figure 5-32 shows that the survey took into account the observation of around three 20-30 thirty year olds.

“Disabled people face a wide range of barriers including attitudes, policy, the physical environment and lack of empowerment”<sup>32</sup>.

Frequently during focus groups and interviews, people who use wheelchairs expressed their exasperation and indignation at the attitudes towards them of people who are not disabled and the artificial barriers that are put up which prevent people with disabilities from living in a more spontaneous way and having, more or less, the same choices as non-disabled people. Some examples of such barriers and attitudes have been reported earlier.

Clients of the Queen’s Cross Centre, who took part in the focus groups, commended the staff there for all the support they give and for treating them with dignity and respect and for empowering them.

They were very critical of shop staff and others who talked over their heads to carers or attendants instead of to them. As one participant put it: “it’s my legs that don’t work, my intellect is fine”. They were critical of members of the public who stood at the entrance to shops and other buildings and prevented the passage of wheelchairs; motorists who blocked footpaths and dropped kerbs; and of people who stared at them.

One interviewee mentioned a problem with grass cuttings. Council workers who cut the grass outside her home do not sweep up the cuttings from footpaths. These become attached to the wheelchair and are then dragged into the house and cause nuisance and annoyance. A little forethought would prevent this.

Another interviewee noted that the GP never opens the door of the consulting room to allow the wheelchair easier passage. The interviewee and carer have to struggle in unaided.

During a focus group about quality of care held with disabled people participants praised GPs for high standards of clinical care of disabled patients but said that they felt that nursing staff had a better understanding of what it must be like to be disabled.

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<sup>32</sup> Improving the life chances of disabled people. Final Report. January 2005. Prime Minister’s Strategy Unit.

## Chapter 6 Conclusions and Recommendations

### Conclusions

The Wheelchair Service in Dudley is well run, provides a good service for users, and is well thought of by those who use the Service. The Committee commends the Wheelchair Service Department for the excellent work it does in providing a high quality service and in particular the provision of bespoke chairs and cushions for its clients and for the skill of its staff.

There are some aspects of the service that could be improved, notably physical access for severely disabled people to the Centre at Corbett Hospital, the implementation of a wider lifestyle assessment for wheelchair users, better knowledge by users and carers of what is available and more transparent commissioning for services for disabled people.

Directorates within Dudley MBC take a lot of time and care to involve people with disabilities in planning services, they take note of their needs and make good provision for meeting those needs, although changes are often rather slow to come about.

The Committee commends the Directorate of the Urban Environment for its proactive stance in involving disabled people in its planning processes.

The Committee commends the Directorate of Adult, Community and Housing Services for its awareness of the needs of people who use wheelchairs, for the services it provides at Centres such as Queens Cross, and its future plans to improve the standard of housing for them.

The Committee commends the Taxis Committee for its first class work in setting up training programmes on disabilities for taxi drivers.

Transport and leisure opportunities present problems for wheelchair users in Dudley as they do not always have the same choices as citizens who are not disabled and cannot live their lives with the same freedom and spontaneity.

### Recommendations -Not in order of priority

	Recommendation	Responsibility	Completion Date
R1	The Directorate of the Urban Environment should sweep up grass cuttings from the paths leading to the homes of wheelchair users.		

	Recommendation	Responsibility	Completion Date
R2	<p>Dudley PCT and Dudley Group of Hospitals should consider in what ways the commissioning process for services for wheelchair users and for people with disabilities in general can be made more distinct, to enable better scrutiny of the allocation and use of resources.</p>		
R3	<p>In respect of dropped kerbs and associated infrastructure, the Select Committee on Health and Adult Social Care should ask DUE for quarterly progress reports about developments within the urban environment related to people who use wheelchairs.</p>		
R4	<p>The Directorate of the Urban Environment should consider how changing facilities in its Leisure Centres can be made more accessible for people in wheelchairs and should consider providing changing beds for severely disabled people.</p>		
R5	<p>As a matter of urgency Dudley Group of Hospitals should update the client database maintained by the Wheelchair Service.</p>		
R6	<p>Dudley Group of Hospitals and the Wheelchair Service should consider how to provide timely advice about diet and safe exercise for wheelchair users who wish to keep well and lose weight. There should be a referral system from the Wheelchair Service to appropriate health care professionals - physiotherapists and dieticians for example - included in the patient care pathway.</p>		

	Recommendation	Responsibility	Completion Date
R7	<p>The Select Committee on Health and Adult Social Care should contact the Department for Communities and Local Government to suggest that building and planning guidance is revised in relation to the size of public toilets for wheelchair users and the size of lifts in public buildings. The Committee should contact the Department of Health to suggest that PFI specifications are revised for lifts and toilet sizes.</p>		
R8	<p>Dudley Group of Hospitals and its PFI partners should work with the Local Authority to create car parking facilities outside the Wheelchair Service Department at the Corbett Hospital for the use of those clients whose wheelchairs are too large to fit into the lift.</p>		
R9	<p>Dudley Group of Hospitals should consider what steps it can take to reduce the delays wheelchair users encounter with certain types of repair, in particular repair of motor and directional control boxes. DGOH should also consider how it might reduce the problems with "courtesy chairs".</p>		
R10	<p>Dudley MBC, through its Taxis Committee, should consider if it can oblige taxi drivers to display a large size driver identity card within the passenger section of the cab to enable people in wheelchairs to take note of that information should they wish to make a complaint. At present wheelchair users find it difficult to read identity cards and licences.</p>		
R11	<p>Dudley MBC's Housing Services should review their register of all wheelchair users in Dudley living in council properties and carry out routine lifestyle assessments to ensure all wheelchair users in the register are assessed for adaptation needs.</p>		

	Recommendation	Responsibility	Completion Date
R12	Review the criteria for clients for powered chairs and power packs for manual chairs.		
R13	The Dudley Group of Hospitals and Wheelchair Service should consider setting up routine home visits for clients who have difficulty travelling to the Wheelchair Services Centre.		

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