

GLOUCESTERSHIRE COMMUNITY EQUIPMENT SERVICES

WEST GLOUCESTERSHIRE PRIMARY HEALTHCARE TRUST on behalf of:
CHELTENHAM AND TEWKESBURY PRIMARY HEALTHCARE TRUST,
COTSWOLD AND VALE PRIMARY HEALTHCARE TRUST
GLOUCESTERSHIRE HOSPITALS TRUST, GLOUCESTERSHIRE PARTNERSHIP TRUST
GLOUCESTERSHIRE SOCIAL SERVICES DEPARTMENT
GLOUCESTERSHIRE EDUCATION DEPARTMENT
DISTRICT & CITY COUNCILS WITHIN GLOUCESTERSHIRE –
Forest of Dean, Gloucester, Tewkesbury, Cheltenham, Cotswold and Stroud.

Action Plan for Integrating Community Equipment Services

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1. Introduction

1.1. *Background, and further information*

This plan contains our proposals for meeting the NHS Plan targets to integrate our local community equipment services by April 2004 and to contribute to the national 50% increase in the number of people benefiting from the provision of equipment. The general context is set out in HSC 2001/008:LAC (2001) 13 and the Guide to Integrating Community Equipment Services (ICES), both published by the Department of Health in March 2001.

Information on the detailed planning activity that underpins this action plan is also available by contacting the lead person taking this plan forward, who is: Germaine Sibieta, Joint Community Loans Manager, 31 Park Road, Gloucester. GL1 1LY 01452-891486

Gloucestershire Community Equipment Services (CES) are delivered within a joint Social Services and Health Trust partnership, which has been established since 1997, through contract with Gloucestershire Industrial Services (GIS). This contract has been offered through approved NHS European procurement protocols to secure best value. It is based on a Service specification common to both Health and Social Services, a joint Community Equipment Catalogue, and stock community equipment is integrated within a joint store. Equipment has been tracked within a dedicated IT system by barcode for over 7 years and is supported by a system of reminder letters to encourage equipment return. Over 40,000 items worth over £1million are issued to nearly 10,000 people each year. Recycling levels of approximately 50% are achieved overall. GIS also offer users and carers choice by selling equipment through their own catalogue.

This core stock CES system delivers a reasonable quality Service, but it does not comply with the defined ICES standards of:

- User/carer involvement
- no self referral or single point of access to CES
- limited range of equipment provided and age range/disabilities supported,
- no joint Health/SSD CES budget,
- no provision of a CES assessment/demonstration centre
- limited service integration with other statutory or voluntary CES providers.

Further separate community equipment services are offered by District Council Housing departments (Disabled Facilities Grants) the county council Education Department (equipment in schools) Home Improvement Agencies such as Care and Repair/Home Safety Check Scheme, the British Red Cross, and Continuing Health Care funding. In addition, a significant amount of Community equipment for disabled people and children is funded by Barnwood House Trust.

1.1. Summary of key local milestones in our plan to achieve the integration of the community equipment services

Objective	By end of	Action	Cost of implementation	Responsibility of
1) Ensure CES Action Plan is accepted and confirmed by all key CES stakeholders	October 2002	<ul style="list-style-type: none"> • Launch, circulate, promote and consult CES Draft Action Plan with all stakeholders and revise in response to feedback. • Expand existing CES County Project Group to ensure full representation of all key stakeholders. • Engage group to confirm the CES Action Plan and its objectives 	£1,500	ICES Project Group
2) Establish joint, pooled CES Budget countywide within the provisions of the NHS Act	March 2003	<ul style="list-style-type: none"> • Convene countywide CES Finance Board to map existing monies and confirm county ICES allocation (Exposition Book Annex 2) • Seek out existing pooled budget examples • Use Cipfa Pooled Budgets Model Scheme of delegation to develop joint budget mechanisms. 	£ to be determined	David Dungworth
3) Identify and promote SSD Help Desk/Care Direct as the single point of access to CES for users and carers	October 2002	<ul style="list-style-type: none"> ➤ Collaborate with Care Direct, clinicians, users and carers to assist Care Direct to be an effective, named, single point of access to CES. ➤ Raise awareness of SSD HelpDesk/Care Direct as the single point of access to CES ➤ Ensure all CES access routes are timely/effective. 	£ to be determined	Germaine Sibieta SSD HelpDesk/ Care Direct
4) Seek to establish a CES Assessment and demonstration centre offering choice and training for the public and professionals	March 2004	<ul style="list-style-type: none"> ➤ Liaise with users/carers/agencies – statutory and voluntary – to explore opportunities to establish such a centre in Gloucestershire ➤ Identify and review existing demonstration/assessment facilities within and outside Gloucestershire – gauging local preferences ➤ Raise public/statutory awareness of the benefits of having an assessment/demonstration centre ➤ Develop Business Plan to identify options and costs and submit for CES funding 	Awaiting Business Plan	ICES Project Group

1.1. What will happen next

The existing Community Loans Service will be developed and expanded to deliver the full range of CES as defined within HSC 2001/008:LAC (2001) 13. The CES Action Plan will outline service development options for consultation with stakeholder agencies both statutory and voluntary. The existing CES Project Group and sub groups will be developed to address the agreed objectives.

Overview of steps taken to produce the plan and partners involved in planning to date

- Community Equipment Focus Day held 11th September 2001 - attended by 85 people from local statutory (Health Social Services, Education and Housing) voluntary and commercial agencies – range of stakeholder organisations to launch CES Project locally.
- Medical Equipment Amnesty through BBC Radio Gloucestershire October 1st-7th 2001
- Local baseline audit published October 2001
- CES Sub Groups established to address key service areas i.e. Finance, Paediatric Equipment, User, Carer and Voluntary Organisations, Short Term Loan Wheelchairs, CES Catalogue Review, Procurement, Performance Indicators & IT.
- Attendance of South West ICES Workshop by CES Project Group 8.3.02
- Launch of STEPS Equipment within CES 9th April 2002 with high profile media coverage
- CES Draft Action Plan launched for consultation June 2002
- CES Open Days at Gloucestershire industrial Services during June/July 2002
- Meetings with user/carers groups and voluntary organisations to encourage their involvement in the CES planning process
- Two 'away-days' for CES development team planned during 2002
- Medical Equipment Amnesty with BBC Radio Gloucestershire during October 2002 with emphasis on paediatric equipment

Partners in preparing this plan have been:

- Social Service CES leads - Liz Keen, Robin Wheeler.
- Equipment service managers and staff – Dave Honeybill and Brian Payne
- Representatives from 3 PCTs, – David Dungworth, Helen Bown, Sian Waygood, Pru Cartwright, Denise Addison.
- 8 voluntary sector organisations, STEPS, Gloucestershire Carers Project – Viv Aird, British Red Cross – Rachel Managhan, Care and Repair/Anchor Housing – Jane Creed, Lifestyles – Ken Shaw, Spring Centre - Gayle Rudge, Barnwood House Trust.
- 3 user groups – Viv Aird (Carers Project), CES User/Carer Sub Group, with representatives from Arthritis Care, Alzheimer's Disease Society and individual users.
- GUIDE, SSD Helpdesk and Care Direct – Sue Horsman, Sandra Hunkin
- Housing Department. Mike Redman, Mike Godwin - Community Alarm services
- Education Department – Roy Earnshaw, Di Caesar, Hilary Durham.
- South West DSC Assistive Devices – John Hudson
- SSD Sensory Impairment representatives – Dave Tradgett and Janet Waters

1. Local implementation issues and what we are going to do

1.1. Service issues

Main Gloucestershire CES Provision

Gloucestershire Community Equipment Services are delivered within a joint Social Services and Health Trust partnership (with coterminous boundaries) which has been established for over six years, through contract with Gloucestershire Industrial Services (GIS). This contract is based on a common Service specification, joint Community Equipment Catalogue with stock community equipment integrated within a joint store. Over 40,000 items worth over £1 million are issued per annum, supported by a fully bar-coded tracking system incorporating reminder letters and servicing details within rigorous Infection Control quality standards. CES contract standard requires 95% of deliveries to be completed within 3 days (generally achieved). In addition, a substantial amount of “special” community equipment (owned and used by the separate statutory agencies) is also managed by GIS.

Further CES provision within Gloucestershire

- **Continuing Care** (health) funded equipment is provided through a separate administration that is not integrated with the main CES systems. Equipment is rented/purchased on a one off basis and does not yet benefit from quantity purchasing, tracking, servicing or rigorous Infection Control procedures.
- The **British Red Cross (BRC)** provides short-term loan wheelchairs and equipment (1,700 per annum) to meet the social needs of people from and visiting the county. Due to the fragmented nature of short-term loan wheelchair provision by health (and SSD/GP surgeries) agencies, the BRC also supplies some wheelchairs for patients being discharged from hospitals.
- **Care and Repair** agencies across the county provide a Fast Track adaptations and Safer Bathing Service by arrangement with Social Services through Care Direct/SSD Helpdesk, handling lower priority needs within 10 days and reducing SSD waiting lists.
- The countywide **Home Safety Check Scheme** also provides safety equipment such as stair-gates, smoke detectors etc.
- **Shopmobility** – Gloucester, act as agents for the British Red Cross for the supply of short term loan wheelchairs
- Equipment to support **sensory impairment needs** is handled separately within Social Services (with differentiation between those with profound hearing loss and hearing impairment) from Area bases, but with some hearing loops being supported by GIS too.
- Equipment provision by the various **Housing** departments in the six separate District Councils is supported by professional Occupational Therapists working in collaboration with other clinicians in Health and Social Services. However each District Council

operates differing housing rules and there is currently no integration/collaboration/shared contracts for the provision or servicing of small adaptations or tracking hoists, stairlifts by Disabled Facilities Grants (DFG's) etc. between district councils.

- Equipment provision within **Education** is largely a separate activity from the main CES Service, with SSD/Health clinicians submitting their assessments to Education for acceptance/funding on a case by case basis.
- GIS have developed an equipment sales catalogue to offer choice to users and carers
- **Accessibility Gloucestershire** is a user led project that includes the aim of providing of a CES demonstration/assessment facility run for and by disabled people.
- **Barnwood House Trust** are a local charity that fund a considerable amount of equipment for individuals across the county, including armchairs, the Safer Bathing initiative with SSD, and 50:50 funding of SSD assessed paediatric equipment
- **Care Direct/SSD Helpline** have a developing role as a single point of access to CES within Gloucestershire for users and carers

The main gaps in current service provision have been identified as:

1. Unclear user access to CES, "grey referral routes" with inequitable provision across Health and SSD and local situations
2. Poor public awareness of what CES can offer and how since there is no county CES demonstration/assessment/training facility – no Disabled Living Centre to see and try out equipment for users, carers or clinicians to support training
3. Little involvement of users and carers in CES resulting in a Service defined by clinicians
4. Fragmented "special equipment" ownership, storage and management, leading to ineffective use of resources – particularly pressure care mattresses, hoists and wheelchairs
5. Paediatric equipment provision not included within existing CES systems – service not meeting demands from all ages/disabilities
6. Fragmented, inequitable and inadequate provision of Short term Loan Wheelchairs to meet health needs
7. Joint agency agreements between Health and SSD required to deliver equitable CES
8. Limited partnership/collaboration with Education/Housing/any other statutory or voluntary agencies around CES until ICES Project
9. Boundary problems with adjoining counties leading to user needs not being delayed/met
10. CES not yet recognised as a key ingredient/integrated with Intermediate Care delivery
11. Research required to explore integration and partnership across equipment (e.g. DFG stairlifts/tracking hoists) provision, servicing, installation/re-assignment that would both be cost effective and assist users/carers
12. Agreements with Registered Social Landlords required to allow CES and adaptation provision

1.1. Integration objectives Allocated priority levels by CES Project Group.

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	Area of need identified	How identified	Objectives to meet this need	To achieve by end of	Who is responsible								
1	CES Joint Budget in line with ICES guidance	<p>a) National ICES project key objective by March 2004</p> <p>b) Gloucestershire ICES funding identified in <i>Exposition Book Annex 2 Table 1</i> as:</p> <table border="0"> <tr> <td>2001/2</td> <td>£168,972</td> </tr> <tr> <td>2002/3</td> <td>£291,770</td> </tr> <tr> <td>2003/4</td> <td>£645,904</td> </tr> <tr> <td colspan="2">Total £1,060,472 recurring</td> </tr> </table> <p>c) SSD Allocations reported as equal to NHS</p> <p>d) Fragmented budgets are reported to prevent equipment provision</p>	2001/2	£168,972	2002/3	£291,770	2003/4	£645,904	Total £1,060,472 recurring		<ul style="list-style-type: none"> ➤ Develop CES Finance sub group to address key ICES objective using CIPFA Pooled Budget Guidance. ➤ Map and collate existing funding streams. ➤ Secure locally allocated CES funding to resource defined service developments/ improvements. ➤ Seek new local investment/ Funding allied to National Service Framework objectives (NSF's) for paediatrics, older people's services and Intermediate Care development. 	Priority Level 1 March 2004	David Dungworth/ Germaine Sibieta
2001/2	£168,972												
2002/3	£291,770												
2003/4	£645,904												
Total £1,060,472 recurring													
2	Increase the number of people benefiting from the provision of equipment by 50% by March 2004	<p>e) National ICES Project key objective to be achieved by March 2004</p> <p>f) Unmet needs reported by users/carers/clinicians</p> <p>g) CES not yet used to meet needs of patients requiring Intermediate Care</p> <p>h) People waiting on lists for clinical assessment of need</p>	<ul style="list-style-type: none"> ➤ Ensure all issues of CES (stock and specials) are counted/reported. ➤ Secure sufficient ICES funding to resource increases in CES issues. ➤ Raise users/carers awareness of CES. ➤ Collaborate with Older People's services to use CES in Intermediate Care/developing preventative strategies. ➤ Support Falls Reduction bid 	Priority Level 1 March 2004	GIS Brian Payne/ Germaine Sibieta/ David Dungworth/ SSD HelpDesk/ Care Direct								

	Area of need identified	How identified	Objectives to meet this need	To achieve by end of	Who is responsible
3	Clear policies regarding CES provision across boundaries (geographical and service-related)	a) Problems reported by professionals, users and carers b) Local meetings with neighbouring authorities have not resulted in consistent operational solutions.	<ul style="list-style-type: none"> ➤ Raise issue with ICES nationally to prompt clear national policy statement ➤ Implement national policy 	Priority Level 2 March 2004	ICES project nationally
4	Unrepresentative, statutory CES Management board	a) ICES key objective b) User/carer demand c) Partnerships developing with "other" CES statutory voluntary agencies	<ul style="list-style-type: none"> ➤ Raise public awareness of CES to identify potential new CES board members ➤ Broaden CES management to represent full range of stakeholders/users/carers ➤ Involve new board in CES planning, the manager's advisory board and ongoing service monitoring 	Priority Level 1 October 2002	ICES Project Group

5	Better CES Catalogue	<ul style="list-style-type: none"> a) Existing Joint CES Catalogue needs revision to incorporate additional equipment items b) Existing Issuing criteria stated require updating in light of current practice 	<ul style="list-style-type: none"> ➤ Develop expanded paper CES Catalogue to document all equipment and revised assessment criteria ➤ Implement new IT to incorporate scanned images of equipment on GIS web site to extend awareness and promote effective use of resources – both specials and stock 	Priority Level 2 March 2003	Germaine Sibieta and Clinical Leads
	Area of need identified	How identified	Objectives to meet this need	To achieve by end of	Who is responsible
6	CES system shortcomings in the light of ICES guidance	<ul style="list-style-type: none"> a) GIS MDA procedures rudimentary and inadequate b) GIS integration with related Service providers inadequate i.e. hoist, bed servicing c) GIS CES procurement systems require rigor 	<ul style="list-style-type: none"> ➤ Examine existing CES to identify shortcomings e.g. MDA, servicing, procurement ➤ Consult to prioritise development options ➤ Devise action plans to address priorities 	Priority Level 2 November 2002	Brian Payne – GIS

7	Broader base and increased capacity of CES to undertake clinical (re)-assessments	<p>a) Waiting lists for CES assessment in SSD delaying equipment provision</p> <p>b) Users/carers asking for clinical assessments/ advice so they can self purchase</p> <p>c) Re-assessments not undertaken</p>	<ul style="list-style-type: none"> ➤ Explore opportunities for GIS to set/fit equipment to free clinicians for assessments ➤ Support and develop Fast track equipment options through SSD HelpDesk/ Care Direct to speed provision ➤ Undertake workforce/skillmix review to identify best options ➤ Seek ways to allow self referral to CES > DLC 	Priority Level 1 March 2004	<p>Brian Payne – GIS</p> <p>SSD HelpDesk/ Care Direct and Liz Keen SSD</p> <p>CES User Group</p>
8	Referral routes and choices	<p>a) Users/carers call Health/SSD HelpDesk /Care Direct with CES needs unaware of CES or how to access it</p> <p>b) Separate health/SSD budgets leading to piecemeal CES provision due to funding anxieties</p> <p>c) Users/carers ignorant of how CES can help them</p>	<ul style="list-style-type: none"> ➤ Raise user/carer awareness of CES by establishing CES demonstration/assessment centre to allow choice ➤ Establish pooled CES budgets to promote holistic, single CES assessment/ provision linking with clear CES issuing criteria ➤ Promote SSDHelpDesk/Care Direct as single point of access to CES to deliver clear referrals and choice 	Priority Level 1 March 2003	Project Group
	Area of need identified	How identified	Objectives to meet this need	To achieve by end of	Who is responsible

9	Continuous service improvement mechanisms required.	<ul style="list-style-type: none"> a) ICES key objective b) GIS finding ISO9002 bureaucratic and ineffective in delivering improvements c) 100 CES problems and complaints per annum d) Some CES suppliers failing to deliver to meet demand 	<ul style="list-style-type: none"> ➤ GIS to establish continuous improvement mechanisms by gaining ISO9002(2000) accreditation ➤ CES delivery problems and complaints should be checked against improved quality benchmarks 	Priority Level 3 March 2003	Brian Payne - GIS
10	Inadequate CES data on requests for national reporting e.g. assessment (referrals)	<ul style="list-style-type: none"> a) Current systems unable to provide information for proposed new performance indicators b) Some CES data held at GIS inaccessible without IT consultant support 	<ul style="list-style-type: none"> ➤ Review options within CES IT/Electronic Patient Record/SSD systems to insert data about recording referrals and assessments ➤ Identify preferred IT system for such recording ➤ Secure improved national reporting by inserting new data fields and generating new CES reports within preferred system ➤ Implement IT enhancement supported by staff training 	Priority Level 1 March 2004	Brian Payne - GIS
	Area of need identified	How identified	Objectives to meet	To achieve by	Who is

			this need	end of	responsible
11	Better product information for assessors and users	a) Comparison with other services b) Unnecessary repair call outs arising from inadequate product instruction to users c) Requirement to meet MDA standards	<ul style="list-style-type: none"> ➤ Ensure revised CES Catalogue contains additional key information ➤ Re-examine and improve user information attached to CES equipment when issued ➤ Monitor repair/complaint reports in quality systems ➤ Develop assessment/ demonstration/training centre for users/carers/clinicians 	Priority Level 2 September 2003	Germaine Sibieta and clinical professional groups Brian Payne – GIS CES Monitoring Board
12	Poor resource management and unmet user needs arising from single agency owned fragmented “specials” equipment	a) “special” equipment purchased for local users only – not released to meet needs across county – resulting in expensive duplication and unused resources b) “special” equipment not tracked or serviced c) “special” equipment purchased at variable – one off – prices d) equipment needed to facilitate better clinical practice eg. better Skin Care by provision of appropriate equipment	<ul style="list-style-type: none"> ➤ integrate CES stock/ specials equipment across agency boundaries to promote effective management ➤ identify new stock lines and document with issuing criteria in revised Catalogue ➤ Provide instructions/ training about new CES stock “special” equipment ➤ Explore partnership opportunities in equipment provision, DFG items stairlifts, track hoists ➤ Develop effective procurement systems at GIS for all CES requirements ➤ Assist community hospitals by giving access to good practice equipment 	Priority Level 1 March 2003	CES stakeholders

	Area of need identified	e) How identified	Objectives to meet this need	To achieve by end of	Who is responsible
13	Gloucestershire CES does not meet the full range of user needs in terms of disability, age etc.	<p>a) Clinicians and parents complain that there is no system to meet the CES needs of children</p> <p>b) Complaints about lack of short term loan wheelchairs from users/carers</p> <p>c) Users /carers with sensory impairments are unclear about what/how is available</p> <p>d) Clinicians/users/carers confused about Assistive Devices and what they can offer</p>	<ul style="list-style-type: none"> ➤ Examine current CES provision with clinicians, Service managers, voluntary organisations and Users/Carers to identify CES shortfalls ➤ Consult and prioritise areas to address whilst seeking collaboration opportunities ➤ Develop Action Plans for e.g. Paediatric Equipment, Short term Loan Wheelchairs, county pools of hoists, dynamic mattresses 	Priority Level 1 March 2004	ICES Project Group
14	Inadequate out of hours access to CES	<p>e) Problems arising when clinicians working 24/7 hours need CES e.g. light weight hoists</p> <p>f) Fragmented emergency CES substores</p> <p>g) Contacts required to tackle out of hours breakdowns/repairs</p>	<ul style="list-style-type: none"> ➤ Map existing emergency CES stores – consult on adequacy ➤ Assess resource implications ➤ Agree with clinicians the equipment inventory and systems critical to meet emergency needs ➤ Supply emergency stores with agreed equipment (secure funding when required) and inform clinicians ➤ Secure and document out of hours contacts to staff and users/carers ➤ 	Priority Level 2 December 2002	Germaine Sibieta

	Area of need identified	How identified	Objectives to meet this need	To achieve by end of	Who is responsible
15	Assistive devices not used to their full benefit	a) ICES objective b) Users/carers/clinicians unaware of the benefits of assistive devices c) New technology available to support advanced care in the community	➤ Raise awareness of the benefits of Assistive Devices (AD) ➤ Explore opportunities to support users/carers better using AD	Priority Level 3 March 2004	John Hudson – Regional AD Co-ordinator

1.1. Summary of the implications of potential constraints

- **If insufficient new funding is identified in the first few years:** The plans will need to be reviewed and revised with an emphasis on elements that can be achieved by remodelling services using existing resources.
- **If a national policy regarding CES provision across boundaries is not developed:** We will work closely with each neighbouring authority to agree working practices. This could still compromise equity and Service delivery for users/carers due to a local rather than national approach.
- **If insufficient numbers of occupational therapists are recruited to increase substantially the rate of assessments:** We will work closely with local disability and independent sector organisations to increase opportunities for people to self-select equipment and to capture this information on our information systems. We will also reconsider skill-mix issues regarding who can be trained to assess for which types of equipment. Doing so may delay the time-scale for achieving a substantial increase in the number of new people able to receive community equipment.
- **If resources to set up an equipment demonstration/assessment centre are not available:** Alternative approaches to provide clinicians with training opportunities will be sought. Partnerships with local retail outlets will also be considered to support the need to users and carers to view and try out equipment.

1. Key milestones in our plan to achieve integration of the services

Objective 1: CES Joint Budget in line with ICES guidance

<i>By end of</i>	<i>Task</i>	<i>Responsibility of</i>	<i>Additional resource implications</i>
July 2002	Develop CES Finance sub group to address key ICES objective using CIPFA Pooled Budget Guidance.	David Dungworth	<ul style="list-style-type: none"> ▪ Funding allocated to ICES Project not released to support CES development. ▪ Funding only available to meet NSF objectives. ▪ Project Group to generate bids that meet NSF targets and some ICES objectives.
September 2002	Map and collate existing funding streams.	CES Finance Sub Group	
March 2003	Establish CES pooled budget with SSD and NHS	CES Commissioning Group	
March 2003	Secure locally allocated ICES funding to resource defined service developments/ improvements.	CES Commissioning Group	
Ongoing	Seek new local investment/funding allied to National Service Framework objectives (NSF's) for paediatrics, older people's services and Intermediate Care development	CES Project Group	
March 2003	Establish pooled CES budgets to promote holistic CES assessment/provision	CES Commissioning Group	

Objective 2: Increase the number of people benefiting from the provision of equipment by 50% by March 2004

By end of	Task	Responsibility of	Additional resource implications
<i>March 2003</i>	Ensure all issues of CES (stock and specials) are counted/reported.	Germaine Sibieta	£2,000 to improve existing CES IT system £1,500 to collate CES issue data across county £2,000 to resource user/carer consultation £25,000 per annum to fund equipment for ultra sheltered housing initiative – to facilitate rehab and faster hospital discharge
<i>March 2003</i>	Secure sufficient ICES funding to resource increase in CES issues.	CES Commissioning Group	
<i>Ongoing</i>	Raise users/carers awareness of CES – questionnaires, Open Days, bookmarks, local MP's introduction to CES	Germaine Sibieta	
<i>Ongoing</i>	Collaborate with Older People's services to use CES in Intermediate Care/developing preventative strategies.	Germaine Sibieta	
	Support funding bid for Falls Reduction		£72,000 per annum to resource Falls Reduction

Objective 3: Clear policies regarding CES provision across boundaries (geographical and service-related)

By end of	Task	Responsibility of	Additional resource implications
July 2002	Raise issue with ICES nationally to prompt clear national policy statement	ICES Project nationally	National policy would ensure equality within current funding
Ongoing	Implement national policy	CES Project Group	

Objective 4: Unrepresentative, statutory CES Management board

By end of	Task	Responsibility of	Additional resource implications
October 2002	Raise public awareness of CES to identify potential new CES board members – working with existing CES User and Carer Sub Group to develop CES Awareness raising strategies to encourage public involvement e.g. questionnaires, CES Open Days, book marks, equipment amnesties through local radio, posters.	David Dungworth Germaine Sibieta	£5,000 per annum to reimburse user/carers expenses. £5,000 per annum for improved publicity
Ongoing	Develop, agree and implement public communication strategy to raise public awareness of CES – using Radio, media etc.	Germaine Sibieta Anthony Dallimore	
October 2002	Broaden CES Management to represent full range of stakeholders/users/carers and Education.	David Dungworth	
October 2002	Involve new board in CES planning, the manager's advisory board and ongoing Service monitoring.	Germaine Sibieta	
March 2003	Develop range of Service publicity material – posters, leaflets, reminders to involve and inform Service users	Germaine Sibieta with Users/Carers Viv Aird – Carers	
Ongoing	Use CES assessment/demonstration facility to raise users and carers awareness of CES available and seek opportunities for self referral/selection	Germaine Sibieta with Users/Carers Viv Aird – Carers	

Objective 5: Better CES Catalogue

By end of	Task	Responsibility of	Additional resource implications
March 2003	Develop expanded paper CES Catalogue to document all equipment with colour photos, revised assessment criteria and detailing issuing responsibilities.	Germaine Sibieta	£2,700 for printing expanded, improved catalogue and circulation to wider audience. £to be assessed in business plan development
December 2002	Explore IT opportunities to develop electronic CES catalogue	Germaine Sibieta and Brian Payne	
November 2002	Use scanned images of equipment on GIS web site to extend CES awareness and promote effective use of resources – both specials and stock	Brian Payne	
March 2003	Give users/carers/voluntary agencies access to CES electronic catalogue	Brian Payne and SSD HelpDesk/Care Direct	
	Develop and circulate with the CES Catalogue a multi agency guide/directory for public and agency use mapping pathways, processes and protocols to unify multi agency assessment, provision and monitoring for all services including new development areas such as paediatric equipment.		

Objective 6: CES system shortcomings in the light of ICES guidance

By end of	Task	Responsibility of	Additional resource implications
October 2002	Consult with stakeholders and examine existing CES to identify shortcomings – MDA reporting and response, Service liaison, electronic CES ordering from GIS using e mail templates/mobile phones	Germaine Sibieta Brian Payne CES Project Group	To be costed after consultation has identified issues to be addressed.

<i>October 2002</i>	Consult with stakeholders to prioritise development options – Procurement Sub Group	CES Project Group	
<i>December 2002</i>	Devise action plans to address priorities		
	Seek further CES integration opportunities with acute/community hospitals, nursing/residential homes, Home Safety Check Scheme, voluntary organisations e.g. Dementia Voice.		

Objective 7: Insufficient professional staffing to undertake clinical assessments

<i>By end of</i>	<i>Task</i>	<i>Responsibility of</i>	<i>Additional resource implications</i>
March 2003	Explore opportunities for GIS to set/fit equipment to free professionals for assessments	Brian Payne	To be costed after parameters are defined.
October 2002	Support and develop Fast track equipment options through SSD helpdesk/Care Direct to speed provision	Sandra Hunkin	
December 2002	Seek ways to allow self referral to CES – using CES assessment/demonstration DLC model	CES User Group	
March 2004	Develop CES assessment/demonstration DLC model to support this professional shortfall and to facilitate professional assessments		
	Develop Key worker system to co-ordinate range of services required by users/carers based on single assessment approach for all ages and disabilities		
	Establish Tissue Viability, Assistive Devices, joint SSD and NHS Manual Handling, Paediatric and Community Equipment Services training, within the DLC multi service centre to improve and support specialist skills in staff countywide		

Objective 8: Referral routes and choices

By end of	Task	Responsibility of	Additional resource implications
March 2004	Raise user/carer awareness of CES by establishing CES demonstration/assessment centre to allow choice – full range of services to be provided based on consultation with users/carers and clinicians.	Project Group	
November 2002	Promote Care Direct/planned DLC multi service centre as single point of access to CES to secure and deliver clear referrals and choice	Germaine Sibieta/ Sue Horsman	
	Support Care Direct with training and information to improve their awareness of CES and the needs of users/carers.		
	Support user choice by raising awareness of CES retail outlets via single point of CES access – Care Direct	Sue Horsman	

Objective 9: Continuous service improvement mechanisms required.

By end of	Task	Responsibility of	Additional resource implications
March 2003	GIS to establish continuous improvement mechanisms by gaining ISO9002(2000) accreditation	Brian Payne	Training costs £?
December 2002	CES delivery and collection problems and complaints to be checked against improved quality benchmarks by new CES Management Board	Brian Payne	
	Improve GIS Customer Care practice/performance standards – to offer smoother administration and better telephone response.		
	Establish Procurement subgroup to address ICES targets		
	Seek methods to track breaches in quality systems e.g. re-use of equipment without cleaning		

Objective 10: Inadequate CES data on requests for national reporting e.g. assessment (referrals)

<i>By end of</i>	<i>Task</i>	<i>Responsibility of</i>	<i>Additional resource implications</i>
October 2002	Review options within CES IT/Electronic Patient Record/SSD systems to insert data about recording referrals and assessments	Brian Payne/ Germaine Sibieta	£2,000 to improve data capture within existing system.
October 2002	Identify preferred IT system for such recording – based on ICES IT benching marking standards	Brian Payne/ Germaine Sibieta	
December 2002	Secure improved national reporting by inserting new data fields and generating new CES reports within preferred system	Brian Payne/ Germaine Sibieta	
December 2002	Implement IT enhancement supported by staff training	Brian Payne/ Germaine Sibieta	

Objective 11: Better product information for assessors and users

<i>By end of</i>	<i>Task</i>	<i>Responsibility of</i>	<i>Additional resource implications</i>
March 2003	Revise existing CES Catalogue ensuring it contains additional key information	Germaine Sibieta	Printing costs £2,500 Manufacturer generated fact sheets required. MDA Checklist requires implementation.
December 2002	Re-examine and improve user information attached to CES equipment when issued by GIS – checking appropriate formats are available e.g. languages, tapes, print size.	Brian Payne and Germaine Sibieta	£5,000
June 2002	Monitor repair/complaint reports in quality systems	Nigel Badham, Brian Payne and Germaine Sibieta	
March 2004	Develop CES/DLC assessment/demonstration centre for users/carers and for training clinicians – training and assessment in CES , hoists (manual handling) and seating		

<i>Ongoing</i>	Explore opportunity to develop county OT Centre alongside county WAC and DLC	David Dungworth	
	Re-establish CES newsletter to improve service awareness		

Objective 12: Poor resource management and unmet user needs arising from single agency owned fragmented “specials” equipment

<i>By end of</i>	<i>Task</i>	<i>Responsibility of</i>	<i>Additional resource implications</i>
March 2003	Integrate CES stock and specials equipment across agency boundaries (including Education and Housing) to promote effective resource management.	Germaine Sibieta	£ to be determined during consultation.
March 2003 onwards	Identify new stock lines and document with issuing criteria in revised CES Catalogue	Germaine Sibieta	
	Provide instructions and training about new CES stock equipment	Germaine Sibieta	
Ongoing	Explore opportunities to develop partnerships/ contracts in equipment provision e.g. DFG items stairlifts, tracking hoists, with District Councils and suppliers and improve provision by introducing fast track access, hire of equipment prior to DFG installations	Germaine Sibieta	
	Improve information about specials to include web site posted photos in order to encourage equipment recycling.		

Objective 13: Gloucestershire CES does not meet the full range of user needs in terms of disability, age etc

By end of	Task	Responsibility of	Additional resource implications
October 2002	Examine current CES provision with clinicians, Service managers, voluntary organisations and Users/Carers to identify CES shortfalls	Germaine Sibieta	£4K for storage of Paediatric Specials at GIS £35K for paediatric equipment. £15K for short term loan wheelchairs, £45K for county hoist pool
October 2002	Consult and prioritise areas to address whilst seeking collaboration opportunities – targeting service areas and staff suffering inequity in their access to CES e.g. paediatric, mental health and learning disability	Germaine Sibieta	
Ongoing	Develop Action Plans for e.g. Paediatric Equipment, Short term Loan Wheelchairs, county pools of hoists, dynamic mattresses, Continuing Care, sensory equipment eg. hearing loops	Germaine Sibieta with specific clinical staff/managers	
Ongoing	Work with Home Improvement Agencies and Home Safety Check Scheme to identify how practical ideas from the Gloucester Smart House (display of way to assist people with dementia) could be implemented more widely		

Objective 14: Inadequate out of hours access to CES

By end of	Task	Responsibility of	Additional resource implications
December 2002	Map existing emergency CES stores – consult community staff on adequacy	Germaine Sibieta and Community Service Managers in PCT's	Identified storage sites required. Agreement around clinical practice £25k for emergency light weight hoists + £? For "other" equipment/on call
July 2002	Agree with clinicians the equipment inventory critical to meet emergency needs	Germaine Sibieta	

September 2002	Supply emergency stores with agreed equipment (secure funding when required) and inform clinicians	Germaine Sibieta	
October 2002	Audit and document out of hours contacts to staff and users/carers to determine level of real need e.g. for 7/24 support for range of equipment - hoists?	Germaine Sibieta	

Objective 15: Assistive devices not used to their full benefit

By end of	Task	Responsibility of	Additional resource implications
March 2004	Raise commissioners and users/carers awareness of the benefits of Assistive Devices (AD) in order to connect with patients being admitted/discharged from hospital or in the community.	John Hudson	To be identified.
	Secure additional resources to support increased provision of AD.		
	Explore options where AD can support users/carers better than paid care – improving independence and reducing cost.	John Hudson/ Helen Bown	
	Improve quality and format of information available about AD – with a range in accessible languages, tape and large print.		
	Identify the current obstacles in the provision of AD and possible solutions in collaboration with users/carers and range of statutory agencies.		

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