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**TX: 17.03.03 - NHS WHEELCHAIR SHORTAGE IS CAUSING BED BLOCKING**

**PRESENTER: JOHN WAITE**

**WAITE**

You and Yours has learned that a new form of bed blocking is causing problems within the health service, vital hospital beds are being taken up by patients who are well enough to be at home but can't be discharged due to a shortage of NHS wheelchairs. One health service manager told us that at her hospital operations and treatment for new patients are often held up for the want of the three hundred or so pounds it costs to buy a wheelchair to enable disabled and elderly wheelchair users to return home. And yet despite the potentially serious consequences for operation waiting lists our investigations have revealed that throughout the NHS many wheelchair services have had their budgets frozen, leaving new orders on hold. Carolyn Atkinson reports.

**PRIOR**

I felt very let down by the service in that they're the ones that should have provided the wheelchair for me. And also it made me feel quite depressed because I was stuck in a place where I had no freedom. I was completely fit but because of the lack of wheelchairs I couldn't go home and lead an independent life.

**ATKINSON**

Kim Prior has the neurological muscle condition - dystonia and cerebral palsy. In October she went into hospital for six weeks to have treatment.

**PRIOR**

It came to the point where I was well enough to be discharged but what happened was because there was a distinct shortage of wheelchairs I had to stay in there for another three and a half weeks. I'd had previous wheelchair assessments, so it wasn't like that needed doing. I didn't need a specialised chair, just a £350 wheelchair would have got me out of there.

**ATKINSON**

A hospital stay costs the NHS anything between £200 and £600 a day, depending on the person's condition. That means Kim's extra three week stay cost the NHS at least £7,000 and that's without taking into account the cost of the patients that aren't treated because they're waiting for that bed. You and Yours has spoken to a stroke consultant who didn't want to be named but he told me that his team of occupational therapists are also witnessing similar situations.

**NHS CONSULTANT**

One of the problems we have is when we feel that somebody needs a wheelchair there's often a two or three week wait until we can actually have that chair delivered. Some people need complex wheelchairs which need to be specially ordered for them and have special cushions and so on and so forth and I don't think it's reasonable to expect those to be available off-the-shelf. But it's frustrating

when you have somebody who needs an off-the-shelf wheelchair, so to speak, not to be able just to go to a stores and pull one out.

### **ATKINSON**

Wheelchairs, like cars, come in all shapes and sizes - there are the basic and cheapest self-propelled models or those which need to be pushed by a carer which can cost as little as £200. At the other end of the scale an individually adapted powered chair can be anything up to £20,000. But the shortages go right across the board and according to this stroke consultant, who's keen to point out that his NHS trust is doing as good a job as possible in difficult circumstances, it can cause big knock on effects across the NHS.

### **NHS CONSULTANT**

It does have an effect on the total number of beds used in the system. So that if somebody, let's say, has a two week delay in hospital a hip replacement could be done in two weeks. If you take this over the whole of the NHS it may well be that there are a number of beds that are being held up purely because of delays in getting wheelchairs.

### **ATKINSON**

We've spoken to several other NHS professionals including occupational therapists who agree a wheelchair shortage is indeed leading to bed blocking. But they were refused permission to speak publicly by their NHS trust employers. Some hospitals have now started to set up their own ad hoc system to cope with the bed blocking problem. Dr Robin Luff, a consultant in rehabilitation medicine, says, like a number of other consultants, he has been forced to devise an in-house scheme to try to keep patient discharges moving.

### **LUFF**

The essence of the argument is that I have seen in-patients whose rehabilitation programmes cannot be started, let along their discharged achieved, until they have a wheelchair. If there is a delay in provision by the patient's home primary care trust we will always try and help out at our acute trust because of attempting to reducing lengths of stay and on that basis we use access to all the wheelchairs that we hold, partly in our assessment stock, partly in a small working stock and partly in wheelchairs returned to the repair service, that we also run. It would be very nice to be able to have access to enough resource dedicated to acute trust activity to mean that this would happen automatically without me having to intervene.

### **ATKINSON**

And Peter Gage from the College of Occupational Therapists welcomes this You and Yours investigation. His members are at the sharp end of wheelchair supply - they carry out the assessments on users. He says the availability of wheelchairs, both in hospitals and the community, has now hit crisis point and occupational therapists or OTs are increasingly assessing people for a chair which cannot be supplied for weeks or often months.

### **GAGE**

Across the country these under-fundings are being dealt with in different ways. Some trusts are allowing their wheelchair services to overspend between £100,000 and £200,000. But in other areas the service is being restricted and they're having to stay within budget and there may be a total block on spending, people having not been able to issue wheelchairs for four months, there are others who are building up waiting lists with several hundred clients on the waiting list and there are typically orders on the books of 80, 90, £100,000. And then there's the waiting list for electric wheelchairs which people can wait on that list up to five years. So it's not a good picture.

### **WAITE**

Peter Gage ending that report from Carolyn Atkinson. Listening to it Alan Jones, from the Kent Wheelchair Users Group. We heard there Alan from Kim Prior, who had to stay on in hospital for another three weeks because she couldn't get a wheelchair, is that type of delay typical?

**JONES**

I believe so. I did some - a little bit of research and I've actually found in the last six months we've actually supplied one powered wheelchair and six manual wheelchairs to enable people to come out of hospital.

**WAITE**

And that's in your group in one part of Kent?

**JONES**

That's in Kent but we cover the whole of Kent.

**WAITE**

Yes but around the country, presumably therefore, it shows a shortfall?

**JONES**

I think so.

**WAITE**

And does a sort of postcode lottery principle apply here as it does in some other NHS services - some places have got tons of these things and others not enough?

**JONES**

Yeah, yeah I think it depends where you live actually - some parts of the country you can get a wheelchair fairly quickly, i.e. like Brighton, in Kent we're running waiting lists on all our six wheelchair centres at the moment.

**WAITE**

One thing that struck me though, I mean if it is a big problem it's one that many NHS staff, certainly that we spoke to, don't want to speak out about - they seem fearful of saying anything.

**JONES**

Well I think most of us would be fearful of losing our jobs as a health professional. I think our argument has never been with the therapists and the managers, I think the real argument is really with the commissioners and the Department of Health under-funding and under-resourcing the wheelchair service.

**WAITE**

And apart from people in hospitals causing bed blocking who else isn't getting the wheelchairs they need?

**JONES**

I would think occasional users I would think probably go to the bottom of the pile. As I said their need is probably just as important as somebody that is a full-time wheelchair user.

**WAITE**

So this is a real problem that really needs addressing?

**JONES**

I believe so yes.

**WAITE**

Well I've been discussing our findings with the health minister Jacqui Smith, does she agree that there is a real problem over the supply of wheelchairs?

**SMITH**

I'm worried about anything that prevents us from ensuring that people get out of hospital when they need to. It has been a very important focus for this government and everything we're doing to reduce delay discharges means we also have to tackle this problem as well.

**WAITE**

Because you have, haven't you, set up a wheelchair collaborative - that would suggest you think there is a problem?

**SMITH**

You're right, I mean we do need to make sure that the service that we provide on the NHS, with respect to wheelchairs for those people who need them over a longer period of time, is as good and as efficient and as quick as it can be. And as you say that's why there are now 45 wheelchair services across the country working specifically on the wheelchair collaborative, learning from what - the parts of their service that go well, improving those parts that aren't so good, making sure that they share that information because we all want to see improvements in that service. And I think working together in that way is going to be a very important way in which we can identify good practice and make sure that it's spread everywhere.

**WAITE**

Now in this report we phoned around a lot of NHS staff all around the country, all were agreed this is a problem and all said it was contributing unhelpfully to their jobs but not one of them would agree to be named minister, do you find it acceptable - health professionals pointing to problems which could help the NHS to become more efficient are actually scared to be named, to do so in public, for fear of disciplinary action?

**SMITH**

Well I mean I would find it very unacceptable if I thought that that was the reason. I think the solution often lies with the staff and the users of the service themselves, which is why the wheelchair collaborative does precisely bring together those users and staff to be able to identify the problems and to look at how we need to solve them.

**WAITE**

And can you guarantee minister that any NHS member of staff who thinks this is a problem won't be disciplined if they come out in public and say that it's a problem and highlight the problem that is for them?

**SMITH**

Well this is the government that not only changed legislation with respect to whistle blowing but gave clear guidance to the NHS about their policy with respect to whistle blowers ...

**WAITE**

But is that a yes or a no minister - are you going to discipline if they talk in public or are you not?

**SMITH**

Of course people shouldn't be disciplined if they're raising issues about how we improve services in public and if anybody who believes that that's happened to them would like to contact me personally I will certainly pursue it.

**WAITE**

The health minister Jacqui Smith. Well Dr Andrew Frank is clinical chair of the government's wheelchair collaborative, that we just mentioned there, he joins us too. You Dr Frank have got the task of helping to sort this out. How are you going about it?

**FRANK**

We've looked at the process involved in providing wheelchairs from how do I get hold of a wheelchair to am I satisfied it's meeting my needs at the end of the day. We've divided that up into what we would call opportunities or challenges for wheelchair services and we've divided them into four areas - the overall experience, is this wheelchair meeting my need and supporting my carer, are we functioning with minimal delay, are we using our resources efficiently? Because clearly if we use services efficiently there's more money to spend on wheelchairs. And finally has the outcome been an enabling experience?

**WAITE**

Well you've been at this now I think for six months, you've got six months left to go on your remit. What have you learned along the way so far about what is wrong with the system?

**FRANK**

Each wheelchair service is looking at its strengths and weaknesses, so we're not looking at system development as such, the modernisation agency looks at how can we improve what I am doing in my service today.

**WAITE**

Because there's something like a 150 of these around the NHS - 150?

**FRANK**

Yeah well there are 45 that are involved in this process, all of them are looking at why does it take so long to go from A to B in the pathway of getting a wheelchair, can't it be shorter? And when the wheelchair is there, does it work, is it comfortable, is the carer satisfied it's not making an extra strain for them?

**WAITE**

But as I understand it some - was it £400,000 have been spent on this initiative, on educating staff but none of that money's gone on buying wheelchairs.

**FRANK**

No you're quite right none of it has. What I hope will happen is that the wheelchair services are able, as a result of our process, to demonstrate to the purchasers they have a real need for an investment, for example, your illustrations are quite clear that many services don't have access to the stock of wheelchairs that would make a speedy resolution of an individual's problem desirable. Now if that needs investment and if a service can show it needs investment then we should have a good chance in wheedling some investment money out of the commissioners of health services.

**WAITE**

And finally and briefly will you be recommending a national standard to clear up these regional differences that Alan was talking about?

**FRANK**

No we won't be recommending national standards but actually a different group - the Posture and Mobility Group - is bringing together both users and their carers and professionals to look at this issue because we do recognise that it's required.

**WAITE**

Okay, there we'll have to leave it. Dr Andrew Frank, Alan Jones thank you both.