British Red Cross

Putting the wheels in motion: Assessing the value of British Red Cross short-term wheelchair loan

Refusing to ignore people in crisis

Putting the wheels in motion: Assessing the value of British Red Cross short-term wheelchair loan

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The photographs used for some of the case studies in this publication (Janis, Laura, Margaret and Sameena) are of models and there is no intention to associate any of them with any of the conditions or circumstances referred to in this publication. Some names have been changed to protect anonymity.

contents









There is no clearly defined duty for statutory provision of wheelchair loans in England. The British Red Cross is the largest national provider, but we know there remains unmet humanitarian need.

“Not having the wheelchair would have been the straw that broke the camel’s back…it would have been unbearable”
(Laura’s mother, p.21)

This research report shares the experiences of nine people who have recently borrowed a wheelchair from the Red Cross mobility aids service. The stories illustrate various reasons for needing a short-term wheelchair loan and show the positive impact that they have on people’s lives. Short-term wheelchair loans are an enabler of recovery, choice, control, independence and wellbeing.

This report demonstrates that short-term wheelchair loans can prevent and delay people’s needs for health care, social care and support. They can also reduce the level of need that already exists. There are cost savings associated with this prevention; each story is accompanied by an economic evaluation that documents the savings across health and social care, as well as to personal income.

We believe that everyone who needs a wheelchair should be entitled to quickly and easily get one that is right for them, for as long as they need it.

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1 Introduction

The British Red Cross helps millions of people in the UK and around the world to prepare for, respond to and recover from emergencies, disasters and conflicts. Our volunteers and staff help people to live independently by providing support at home, transport, and mobility aids that include short-term wheelchair loans. We also teach first aid skills and support asylum seekers and refugees in the UK.

We are committed to speaking up for and improving the lives of people in crisis and we have provided health and social care services for more than a century. Our operational experience enables us to pursue focused advocacy that is backed by evidence, in order to bring about changes in policy and practice at the national, local and international levels.

Working with politicians, policymakers and the public, we can improve the humanitarian situation of people, families and communities in the UK and around the world.

The Red Cross has a humanitarian vision:

"Everyone who needs a wheelchair should be entitled to quickly and easily get one that is right for them, for as long as they need it. Everyone who uses or handles a wheelchair should know how to do so safely and comfortably."

Private Wells at Normanhurst using a Red Cross short-term wheelchair loan during WWI © British Red Cross

During and immediately after World War One, the Red Cross provided short-term wheelchair loans for both injured servicemen and the general population. The service proved to be very popular. By the time the NHS was established in 1948, we were the go-to organisation for short-term wheelchair loans.

Today we are the largest national provider of short-term wheelchair loans,[1] operating from around 250 sites across the UK. We loan wheelchairs as part of our mobility aids service, which loaned 111,000 items of equipment in the UK in 2014. The majority of those items – 83,000 – were wheelchairs.[2] We loan wheelchairs to both children and adults, although the majority of people who borrow our wheelchairs are aged 65 years and older.[3]

People can access the service in a number of ways, including via an online portal, by telephoning our Area Offices and by visiting local Red Cross loan sites. Red Cross staff and volunteers are often based directly in hospitals and medical centres, working with medical staff to respond to humanitarian need.

Our wheelchairs are loaned free of charge. We are grateful to receive donations from 80 per cent of those who use the service (MacLeod, 2015), but we nonetheless spent over £1 million on our mobility aids service in 2014;[4] a service that is dedicated primarily to short-term wheelchair provision. These costs are primarily property costs. We own some of the sites from which we provide the service, but in many sites we pay rental costs for space from which to loan out wheelchairs, including some hospitals and general practices where we work collaboratively with health care professionals. These rental costs can amount to tens of thousands of pounds per year.

1 Other charities also provide short-term wheelchair loans. These include Age UK, Shopmobility, St John Ambulance and Disability Action.
2 The other items were predominantly commodes, but also included rollators, walking sticks and other mobility aids.
3 Internal data capture and reporting.
4 Including the rental costs of space from which we loan out wheelchairs.

What is short-term wheelchair loan and why is it important?

"Not simply a piece of medical equipment, but often essential to all aspects of a person's life" (NHSIQ, 2014: 37).

According to NHS best estimates, there are 1.2 million wheelchair users in the UK, two-thirds of whom use their wheelchairs regularly (NHSIQ, 2014).[5] Wheelchairs are recognised by the NHS to be "not simply a piece of medical equipment, but often essential to all aspects of a person's life" (NHSIQ, 2014: 37). The NHS makes a distinction between short-term and longer-term provision of wheelchairs. 'Short-term' is generally used to refer to a period of six months or less. NHS wheelchair services are focused primarily on longer-term provision: "wheelchair services are available to people of all ages who have a long-term need for mobility help" (NHS, 2015). Local eligibility criteria and thresholds for longer-term provision can "vary depending on where [one lives]" (NHS, 2015).

Individuals can apply to the NHS for short-term wheelchair loans after being discharged from hospital following, for example, an accident or injury. However, a study conducted by the Red Cross found that 127 out of 151 NHS wheelchair services would not provide a wheelchair for short-term use. Those that did provide short-term wheelchair loans almost always did so in instances of terminal illness (Gardiner and Kutchinsky, 2013).

In *A Guide to NHS Wheelchair Services*, the NHS recognises that "it is unlikely an NHS Wheelchair Service will be able to provide equipment on a temporary loan" (National Wheelchair Managers Forum, 2013a). The guide advises people to contact their local NHS wheelchair service to be signposted to other organisations that might be able to provide short-term loans, citing the Red Cross and St. John's Ambulance as examples. The corresponding online version of *Frequently Asked Questions* reiterates this advice, with the additional suggestion to "try these links", beneath which is a single link to the Red Cross independent living page (National Wheelchair Managers Forum, 2013b).

While 'short-term' is generally used to refer to a period of six months or less, the distinction between short-term and long-term provision is blurred and contentious, providing another barrier to provision. As identified in the Red Cross report by Gardner and Kutchinsky (2013), *A Prisoner at Home*, and despite recognition by the NHS that a wheelchair is "not simply a piece of medical equipment, but is often essential to all aspects of a person's life" (NHSIQ, 2014: 37), short-term wheelchair use is associated with meeting social needs. The report includes findings from a Red Cross survey of NHS wheelchair service managers. The majority of managers reported the main reason for short-term wheelchair loans not being provided by the NHS is that short-term need is a social need, rather than a clinical one (Gardiner and Kutchinsky, 2013). The NHS is unambiguous that the "wheelchair service will not provide a wheelchair if it is only required for day trips or outings" (NHS, 2015).

Yet the majority of people who use the Red Cross wheelchair loan service are referred by health professionals (hospital staff, therapists and GPs) for reasons such as recovering from fractured limbs, the fluctuation or deterioration of long-term conditions, and end-of-life needs (Gardiner and Kutchinsky, 2013), as well as associated reasons such as attending appointments for those with limited mobility. Some of the people who use our wheelchair loan service are waiting to receive longer-term provision from the NHS. While some people borrow a wheelchair to facilitate their participation in social activities, such as attending events, groups and classes, the negative impact of social isolation on physical health is well proven and worth preventing.[6]

By meeting the need for short-term wheelchair loans, the Red Cross enables people with mobility issues to be discharged from hospital; maintain their independence at home; attend hospital appointments, school or work; maintain their dignity at the end of life; and participate in family and social activities from which they would otherwise be excluded (Gardiner and Kutchinsky, 2013).

In addition to the challenge of accessing short-term wheelchair provision highlighted above, the NHS E-digest further identifies eight issues around the acquisition of wheelchairs for longer-term use. Two of these are especially relevant to considerations around short-term wheelchair provision: "unacceptable waiting times for assessment and repairs" and "need for consistently applied eligibility criteria" (NHSIQ, 2014). The former is relevant because unacceptable waiting times for long-term wheelchair loans create demand for short-term loans. The latter is important because, in most areas, eligibility criteria do not incorporate short-term needs, resulting in patchy provision and variation in the corresponding entitlements of individuals.

Although the Red Cross loaned 83,000 wheelchairs last year, we know that there remains unmet need for short-term wheelchair loans, particularly in London, where there is currently no Red Cross wheelchair service provision.[7]

5 The British Red Cross has previously identified that this figure was a result of 91 completed questionnaires conducted by the NHS Purchasing and Supplies Agency 14 years ago. Consequently, the data is insufficiently robust to provide an accurate estimate and the actual figure is likely to have changed with an annual population growth of 0.8%, improved neonatal care and increased life expectancy (Gardiner and Kutchinsky, 2013: 6).

6 A Brigham Young University study found "that individuals who were socially isolated, lonely or living alone at study initiation were more likely to be deceased at the follow-up, regardless of participants' age or socioeconomic status, length of the follow-up, and type of covariates accounted for in the adjusted models" (Holt-Lunstad, et al., 2015: 233). The same authors identify that substantial research "has also elucidated the psychological, behavioural and biological pathways by which social isolation and loneliness lead to poorer health and decreased longevity" (ibid: 235).

7 We plan to reintroduce a mobility aids service in London in 2016, or – if funds permit – late in 2015.

Policy context

In England, there is no clearly defined duty for statutory provision of short-term wheelchair loans. Yet the policy and legislative framework is focused strongly on promoting the wellbeing of individuals, achieved through integration of services and prioritisation of preventing and reducing need in order to prevent, reduce and delay any loss of independence. This resonates with recognition by the NHS that wheelchairs aren't just a piece of equipment (NHSIQ, 2014: 37).

In this section of the report we discuss policy considerations relating to wheelchair provision within England.[8] We examine the provision of short-term wheelchair loans within relevant policy and legislation, focusing on the ambiguity of statutory responsibilities to provide short-term wheelchair loans. And we consider key policy drivers within the health and social care systems, exploring the opportunities these present for change.

Policy landscape

The National Health Service Act 2006 refers to wheelchairs in Section 5 (schedule 1), stipulating that the Secretary of State "may provide vehicles (including wheelchairs) for persons appearing to him to be persons who have a physical impairment which has a *substantial and long-term adverse effect* on their ability to carry out normal day-to-day activities" (179; italics added). This explicitly excludes short-term wheelchair provision.

Section 3 of the same Act provides more ambiguous language within which short-term wheelchair provision may fit. The Section holds that the Secretary of State "must provide…to such extent as he considers necessary to meet all reasonable requirements… such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as he considers are appropriate as part of the health service" (NHS Act, 2006: 2). This language lends itself to the experiences of individuals who require short-term wheelchairs, but does not explicitly include them. In particular, they may be recovering from an illness or ailment for which short-term use of a wheelchair is an essential part of their after-care, as well as preventing further injury or deterioration of health.

While Section 3 of the NHS Act 2006 empowered the Secretary of State to act through the NHS, the Health and Social Care Act 2012 amended this, placing the duty to meet all reasonable requirements upon clinical commissioning groups (CCGs). CCGs, while overseen by NHS England ("the NHS Commissioning Board" within legislation), have significant devolved powers. In particular, the amendments made by Section 13 of the 2012 Act to Section 3 of the 2006 Act provide that:

1. "A clinical commissioning group must arrange for the provision of the following to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility:

   …

   (e) *such other services or facilities for the prevention of illness, the care of persons suffering from illness and the after-care of persons who have suffered from illness as the group considers are appropriate as part of the health service,*

   (f) *such other services or facilities as are required for the diagnosis and treatment of illness."*

"Illness" is understood as: "includes mental disorder within the meaning of the Mental Health Act 1983 (c. 20) and any injury or disability requiring medical or dental treatment or nursing" (NHS Act, 2006: 275). A "disabled person" refers to "a person who has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities or who has such other disability as may be prescribed" (NHS Act, 2006: 256). This definition seems to incorporate a person with a long-term condition – such as Parkinson's, asthma, diabetes or multiple sclerosis – but, elsewhere within NHS literature, having a long-term condition is considered to be quite distinct from being a disabled person. Indeed, having a long-term condition is identified as being a potential cause of disability, rather than the two being synonymous or the former incorporated within the latter (NHS, undated).

The NHS's lack of clarity as to the interpretation of "frailty" poses further ambiguity with regard to whom the CCGs' duties extend. Professor John Young, NHS England's Director for Integration and Frail Elderly Care, argues: "we must recognise frailty as a long-term condition", reasoning that: "frailty behaves just like a long-term condition. It is progressive, it impacts adversely on life experience and – if unmanaged – it can cause the sufferer to become very sick, very quickly" (Young, 2014). However, this interpretation does not seem to have been adopted formally within the NHS.

As in the 2006 Act, the duty to provide a wheelchair for short-term use is ambiguous in the 2012 Act. CCGs need only meet "reasonable requirements" in providing services; the terms of which are not defined and are therefore susceptible to inconsistent interpretation, or, as is presently the case, are interpreted by the NHS to preclude short-term wheelchair provision.

8 Information about the policy context within Scotland is available within the British Red Cross report *Making a move: increasing choice and independence for people with short-term mobility needs*, which is available online: http://www.redcross.org.uk/~/media/BritishRedCross/Documents/About%20us/Scotland%20mobility%20aids%20report.pdf
Information about the policy context within Wales is available within the National Assembly for Wales Health and Social Care Committee report *Wheelchair services in Wales: follow-up inquiry*, which is available online: http://www.assembly.wales/Laid%20Documents/CR-LD9028%20-%20Health%20and%20Social%20Care%20Committee%20Report%20on%20Wheelchair%20Services%20in%20Wales%20Follow-up%20Inquiry%20-13082012-237712/cr-ld9028-English.pdf

"the Act…signifies a shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs' (set out in sections 8 and 18–20 of the Act). This is the core legal entitlement for adults to care and support, establishing one clear and consistent set of duties and power for all people who need care and support."

According to a legal analysis commissioned by the Red Cross (Knight, 2014),[9] the responsibility of local authorities to provide wheelchairs also lacks clarity. Where an individual is "substantially and permanently disabled", under the National Assistance Act 1948 (section 29(1)), a local authority is obliged to provide welfare services in order to meet the individual's needs, including through the provision of "practical assistance for that person in his home" or "the provision of any additional facilities designed to secure his greater safety, comfort or convenience", as found in sections 2(1)(a) and (e) of the Chronically Sick and Disabled Persons Act 1970. However, because most people who need short-term wheelchair loan will not conform to these stringent criteria, local authorities, according to the 1970 Act, will not be obliged to provide one.

While there are many powers that might be said to enable a local authority to make short-term wheelchair loan available (Section 29 of the 1948 Act and Section 45 of the Health Service and Public Health Act, 1968, in relation to older people; and Section 3 of the Carers (Equal Opportunities) Act 2004[10]) there is no statutory duty *requiring* them to do so (Knight, 2014).

9 Prior to the Care Act coming into force on 1st April 2015.

10 This duty might require a local authority to request a wheelchair is provided to a disabled person to ease the burden on a carer.

Most recently, throughout the Care Bill debate in 2013, wheelchairs were discussed on only four occasions, each time within the House of Lords, and on only one of these four occasions were wheelchair services referenced and identified as requiring improvement (HL Deb, 2013-14: 745 col. 818). The Care Act 2014 itself does not discuss wheelchairs; however the statutory guidance recognises the provision of short-term wheelchair loans as an example of a secondary preventative service (Department of Health, DH, 2014a: 9). This acknowledges the preventative value of short-term wheelchair loans, but does not create a duty to provide them or an entitlement to receive them.

Currently, the two most significant sources of health and social care policy are the Care Act 2014 and its supporting guidance, and the *NHS Five Year Forward View* (5YFV; NHS, 2014). The former represents the largest and most comprehensive transformation of adult social care since 1948; the latter presents a compelling vision of NHS reform. The Care Act and the 5YFV share a number of priorities that make this an opportune time for local authorities, the NHS and the voluntary sector to work together to 'put the wheels in motion' and deliver this report's recommendations (see Section 4). These shared priorities of wellbeing, integration and prevention are explored below.

Wellbeing

The Care Act 2014 reframes the social care responsibilities and activities of local authorities within the concept of promoting individual wellbeing (Care Act, 2014: 1). The statutory guidance is clear that "the core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life…local authorities **must** promote wellbeing when carrying out <u>any</u> of their care and support functions in respect of a person (DH, 2014a: 1; bold and underline in the original).

Despite short-term wheelchair loans being omitted from the legislation, the Care Act's new framework of promoting individual wellbeing – including the definition of 'wellbeing' that is written into primary legislation – resonates with the NHS's recognition that a wheelchair is "not simply a piece of medical equipment, but often essential to all aspects of a person's life" (NHSIQ, 2014: 37):

2. "Wellbeing [refers to:]
   (a) personal dignity (including treatment of the individual with respect);
   (b) *physical and mental health and emotional wellbeing;*
   (c) *protection from abuse and neglect;*
   (d) *control by the individual over day-to-day life (including over care and support, or support, provided to the individual and the way in which it is provided);*
   (e) *participation in work, education, training or recreation;*
   (f) *social and economic wellbeing;*
   (g) *domestic, family and personal relationships;*
   (h) *the individual's contribution to society" (Care Act, 2014: 1).*

The 5YFV identifies promoting wellbeing and preventing ill health as the main goals of the NHS

"The concept of 'meeting needs' recognises that everyone's needs are different and personal to them. Local authorities must consider how to meet each person's specific needs rather than simply considering what service they will fit into. The concept…also recognises that modern care and support can be provided in any number of ways, with new models emerging all the time…." (DH 2014a: 2).

(NHS, 2014: 2). It recognises that local authorities are increasingly working together to drive health and wellbeing, and that the NHS can play its part in this through local Health and Wellbeing Boards (HWBs).[11]

"as we think about the changing needs and preferences of the people we are here to serve, we need to have integration between primary and specialist services, we need to have integration between physical and mental health services, and we need to have more integration between health and social care services; that is the triple integration agenda that we are pursuing" (The King's Fund, 2015).

HWBs were established through the Health and Social Care Act, 2012. They are intended to act as a forum where leaders from the health and care sector work together to improve the health and wellbeing of their local population and to reduce health inequalities.

According to the 2012 Act, a HWB must "for the purpose of advancing the health and wellbeing of the people in its area, encourage… the provision of any health or social care services…in an integrated manner" (201). Through HWBs, local authorities and CCGs undertake Joint Strategic Needs Assessments (JSNAs)[12] and develop a Joint Health and Wellbeing Strategy to best address these needs. This includes making recommendations for joint commissioning and integration of services across health and care.

11 Providing a framework for reciprocity, Sections 14Z11 and 14Z13 of the Health and Social Care Act 2012 indicate how HWBs participate in the development of CCGs' annual plans.

12 JSNA is a process that assesses and maps the needs and demand for health and care and support. This information should feed into the board's development of joint Health and Wellbeing Strategies.

The 5YFV proposes a set of priorities to enhance prevention. One such priority focuses on "local democratic leadership on public health" (NHS, 2014: 10). Specifically, by participating in local HWBs, the NHS will play a part in initiatives contingent on integrated services and the realisation of local-level priorities that necessarily incorporate considerations around wellbeing. This integrative approach is reflected in the Care Act 2014, which states that a local authority "must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority, in exercise of…their respective function relating to adults with needs for care and support" (Care Act, 2014: 6).

Integration

The Care Act's 'new models' include approaches towards greater integration of services. As the guidance explains, "the vision is for integrated care and support [to be] person-centred, tailored to the needs and preferences of those needing care and support, carers and families" (DH, 2014a: 281). Integration encompasses health and health-related services, as well as achieving parity of esteem for mental and physical health, and integrating the corresponding services in order to treat, care for and support the 'whole person'. Integration is recognised within the statutory guidance to be dependent upon enhanced cooperation between local authorities and partners, including the NHS and CCGs.

Simon Stevens, Chief Executive of NHS England, has extolled the "triple integration agenda" of the 5YFV: "as we think about the changing needs and preferences of the people we are here to serve, we need to have integration between primary and specialist services, we need to have integration between physical and mental health services, and we need to have more integration between health and social care services; that is the triple integration agenda that we are pursuing" (The King's Fund, 2015).

The intention to integrate services is not just a policy objective shared by the Care Act and 5YFV; it is being put into practice around the country. Greater Manchester is one such example (or 'vanguard site' to use the NHS term) where the triple integration ambition could become a reality through a radical new model of a single integrated health and social care budget. Ten local authorities, the 12 CCGs for Greater Manchester and NHS England are working together to "devolve responsibility for the health and social care budget to a new Greater Manchester partnership" (LGA, 2015). This partnership will oversee a £6 million budget from April 2016, which will be used to improve services, and health and wellbeing outcomes.

Prevention

The Care Act 2014 places a new duty of prevention onto local authorities:

1. "A local authority must provide or arrange for the provision of services, facilities or resources, or take steps, which it considers will –

   (a) *contribute towards preventing or delaying the development by adults in its area of needs for care and support;*

   (b) *contribute towards preventing or delaying the development by carers in its area of needs for support;*

   (c) *reduce the needs for care and support of adults in its area;*

   (d) *reduce the needs for support of carers in its area."*

The Red Cross advocated strongly for prevention to be not only included in the Care Act, but also defined. We were successful, with three equally important forms of prevention being written into the statutory guidance.

The 5YFV does not share the Care Act's recognition that prevention is a continuum: across the life course; across the pathology of a long-term condition; and across physical health, mental health and emotional

The Care Act definition of 'triple prevention':

PREVENT: primary prevention/promoting wellbeing

Primary prevention is aimed at people who have no particular health or care and support needs. The intention is to help a person avoid developing needs for care and support, or help a carer avoid developing support needs. It includes universal policies like health promotion, first aid learning and universal services like community activities that prevent social isolation.

REDUCE: secondary prevention/early intervention

Secondary prevention is more targeted. Interventions are aimed at people who have an increased risk of developing health or care and support needs, or at carers with an increased risk of developing support needs. The goal is to help slow down or reduce any further deterioration, to prevent further needs from developing, and to prevent a crisis occurring. Secondary prevention includes **short-term provision of wheelchairs**, handyman services, "social prescribing" services and telecare.

DELAY: tertiary prevention

Tertiary prevention is aimed at minimising the effect of disability or deterioration for people with established or complex health conditions. The goal is to support people to regain confidence and skills, and to manage or reduce need, where possible. For people who have already reached the point of crisis, the goal is also to prevent this recurring. Tertiary prevention includes reablement, rehabilitation and bed-based intermediate care.

(DH, 2014a: 7–12, bold added)

wellbeing. The 5YFV makes little, if any, reference to tertiary prevention and only limited reference to secondary; much of its emphasis is on primary prevention with the initial focus of delivered action being the introduction of a nationwide diabetes prevention programme. It does, however, state the commitment that the NHS is "getting serious about prevention" (NHS, 2014: 9).

Despite little, if any, incorporation of tertiary prevention within the 5YFV, according to its Mandate, one of the responsibilities of the NHS is to help people recover from episodes of ill-health. The Mandate goes on to explain that recovery is achieved "through effective treatment but also through on-going help in recovering quickly and regaining independence" (DH, 2014b: 15). The combination of the 5YFV's recognition of primary and secondary preventative approaches, plus the Mandate's recognition of tertiary preventative approaches, demonstrates that the NHS commitment to "get serious on prevention" is in parallel with the 2014 Care Act's new duty on local authorities to do the same.

HWBs – in which local authorities and the NHS come together locally – recognise prevention as a key driver for planning, commissioning and provision of services. Research conducted by the Red Cross in 2014 showed that, among 138 HWBs studied, the majority of their Joint Health and Wellbeing Strategies put an emphasis on prevention. There was variation as to the extent to which the Strategies incorporated the continuum of primary, secondary and tertiary prevention, but all bar one of the studied Strategies mentioned prevention (Field, 2014).

Opportunities for change

Local authorities and the NHS share the priorities of meeting needs within the context of promoting individual wellbeing, integrating services, and preventing, reducing and delaying need in order to minimise the loss of independence. The case studies in the next section of this report demonstrate that short-term wheelchair loans can promote individual wellbeing, with some of those interviewed stating that the loan was essential to their wellbeing. The preventative value of short-term wheelchair loans is also demonstrated within the report findings; not only with regard to individuals and their families, but also with regard to associated cost savings.

The current landscape is one of health and social care planning, as well as commissioning intentions being integrated through HWBs. New integrated models of care, underpinned by single, integrated budgets, are emerging through initiatives such as the Greater Manchester devolution. The integration ambition is increasingly being realised, and this landscape affords us a new opportunity to ensure that everyone who needs short-term use of a wheelchair can get one.

2 Methods

Research aims and methods

The aims of the research were to gain insight into how service users perceive the impact of their short-term wheelchair loan on themselves, their families, friends or carers and, based on this data, to calculate the economic impact of the Red Cross short-term wheelchair loan service in terms of the logical cost savings to health or social care services in those cases.

The research aims were achieved through a mixed method design, which used case studies to provide information for the economic evaluation, and interviews with health care professionals to validate the assumptions made during the economic evaluation.

Identification and selection of case study participants

Potential case study participants were recruited via a two-stage process: a) identification of geographic area (study site), and b) selection of potential participants within that area.

Five areas across England were selected as case study sites. This fulfilled the need to have representation from rural and urban areas. These areas had higher levels of wheelchair loan to provide a wide sample base.

Key staff at the selected sites were contacted and worked with to help identify potential participants who had some key characteristics:

- they had loaned a wheelchair within the last 12 months and for less than six months in total (short-term)

- they represented a range of needs, including medical, social and those not easily fitting a clearly distinct medical or social need
- some were waiting for long-term provision
- they comprised a range of ages and ethnicities.

Once a long list was identified, screening interviews were conducted with the potential participants to discuss their situation further, verify the fulfilment of criteria and ascertain whether they would consent to the research. (See Appendix A for details on the numbers selected and Appendix B for the screening interview schedule).

Health care professional interviewees were sought from a range of professions (including medical, nursing, occupational therapy and social work). This range was mapped against the outcomes of the service user interviews.

Case studies

Nine case studies were conducted,[13] which comprised semi-structured interviews with individuals who had loaned a wheelchair from the Red Cross on a short-term basis. (See Appendix C for the interview schedule).

Four of the interviews included questioning an accompanying family member alongside the wheelchair user, three interviews involved only the user, and for one interview only the carer was present.[14]

The interviews sought to understand the perspectives of the wheelchair users, family members and carers regarding the short-term wheelchair loan service, including the effect of the service on the users' health, lifestyle and the type of care they needed; and what they think would have happened if the service had not been available.

The participants' responses were then analysed to identify reported outcomes, such as changes (or projected changes) in the use of existing services (e.g. visits to hospital), the impact of these changes (e.g. not needing a taxi) and any changes in non-service-specific activities (e.g. reduced isolation).

13 Eight face-to-face and one via telephone.
14 In one case the user had recently died.

Health care professional interviews

Interviews with a number of health care professionals (HCPs) validated the assumptions underlying the economic evaluation. Since the primary aim was to avoid asking the HCP to comment directly on a patient known to them, vignettes were created based on anonymous situations, as identified in the case studies. These were presented to the HCPs and they were asked to comment on the relative impact of the wheelchair in those scenarios. (See Appendix D for the interview schedule).

Of the six HCPs identified across key regions where the service user case studies were based, three were interviewed (two occupational therapists and one nurse).

Analysis

The economic evaluation focused on self-reported outcomes from the service user and/or their carer/family member. In addition to the case studies, interviews with health care providers validated the logic of the calculations and assumptions made in the analysis.

Analysis was based primarily on the identification of outcomes specific to health and social care savings. These specific outcomes were:

- reduced or prevented unnecessary GP attendance
- reduced or prevented attendance at A&E
- reduced or prevented admission from A&E
- reduced or prevented ambulance use
- reduced or prevented hospital attendance, admission or re-admission
- reduced or prevented the need for on-going care and support
- reduced or prevented the need for residential care.

The economic evaluation did not use a societal perspective – not all savings to service users and their families are included (such as taxis) – however, where consequences on income were present, these were noted and presented distinctly.

The identified outcomes were costed using the standard tariffs devised by the Personal Social Services Research Unit (PSSRU, 2014) and NHS National Tariff prices for 2014/15 (Monitor and NHS England, 2013), which are accepted widely across the health care professions. Further definitions for the analysis can be found in Appendix E.

Following identification of the outcomes, we adopted a simple decision analytic model, using the service user's own perspective to examine the alternative journey of the service user if the wheelchair had not been available and the reported outcomes had not been achieved. Costs were modelled for the timescale of the wheelchair loan and projected only when the service user indicated a consequence due to not having a wheelchair (e.g. needing longer to recover).

3 Case studies

This section presents the case study data. It illustrates various reasons for needing short-term wheelchair loan and the impact of this service on both the wheelchair user and their family and carers.

The case studies are presented individually and include statements from HCPs, where relevant, to support the position and perception of the wheelchair user. They also include an economic evaluation for each case study, documenting savings across health and social care, and personal savings, where relevant.

The section concludes with a summary of key findings, which highlights common themes across the case studies and HCP interviews.

Nine case studies and three HCP interviews were conducted for this research.

Although one case study was conducted without the wheelchair user, demographic data was collected for all wheelchair users. They comprised seven females and two males. The age range of participants was six to 93 years old, with an even distribution of age groups.[15]

Seven of the nine wheelchair users reported themselves as White British; one as White or Black Caribbean; and one as Pakistani ethnicity. Three of the nine service users in the case studies were registered disabled. Their occupational status also varied and included retired, in education, employed and unemployed.

15 16–24 n=2; 25–34 n=1; 35–44 n=1; 45–54 n=2; 65–70 n=1; the oldest two respondents were aged 89 and 93.

Ronald, South Yorkshire

Ronald (Ron) is a 93-year-old World War Two veteran. He lives in sheltered housing and receives daily support visits from his daughter, Pam, and son, David, as he is very frail. In the early 1980s he became active in the Normandy Veterans Association (NVA), organising and attending several trips to Normandy, including the 40th, 50th and 60th commemorations of the Normandy Landings.

In 2014, the family realised that Ron would need a wheelchair since he would struggle with the amount of walking involved in the 70th Anniversary Normandy celebrations, but it was unthinkable that he would not attend as the NVA was being disbanded at the end of 2014. This was the last opportunity for Ron to visit the beaches and cemeteries of Normandy and to remember his fallen comrades. After the summer events, Ron became ill and had to stay in hospital for two weeks. He rallied with the thought that he could use a wheelchair to attend the November remembrance events in London.

If Ron and his family had not been able to use the Red Cross wheelchair, he would have missed out on the final NVA 70th Anniversary commemorations in France and Armistice commemorations in London. Being able to participate boosted Ron's emotional state and reduced his level of isolation during recovery. When he was hospitalised before the November commemorations in London, knowing that he might be able to attend with the aid of the wheelchair motivated his improved rate of recovery during and after hospital rehabilitation.

Impact of our wheelchair loan

Pam found out about the Red Cross short-term wheelchair loan service through internet research, which was a great relief to her. Having the chair meant the family could take Ron to Normandy in June 2014. They borrowed the wheelchair for a week, during which he attended the main remembrance ceremony and visited several cemeteries and beaches to pay his respects to those who had sacrificed their lives. Ron said: *"It was the answer, because it was heavyweight and it could go anywhere, we weren't restricted...I couldn't have done it without the chair – it was an opportunity not to be missed."*

The family asked to borrow a Red Cross wheelchair again in November 2014, so Ron could attend the Festival of Remembrance at the Albert Hall and the remembrance ceremony and parade to mark 70 years since the Armistice. Just before this, Ron was hospitalised for two weeks as he had become very run down and he was unable to eat properly. A big motivating factor that helped him to rally and recover was the plan to attend the November Festival of Remembrance, if he could be sufficiently mobile and the family could help him get around.

Without the chair, Ron and his family would not have been able to attend these events. Pam said that if they had been unable to go, her dad *"would have been extremely disappointed to say the least … For us it would have been heart-breaking not to have been able to take him… we couldn't have considered it without the wheelchair and it would have been very upsetting and distressing knowing that."*

When Ron returned from the Armistice weekend, he went into rehabilitation for four weeks before being discharged home. The family kept the wheelchair so Ron could attend family outings. They feared that, without the wheelchair, Ron's condition would have relapsed or worsened, requiring re-admittance to hospital. The wheelchair also gave them peace of mind in case of such an emergency.

Pam felt that the trip to London in November played an important part in her father's recovery after a period of being really low. She felt strongly that he would have needed a longer stay in rehabilitation without it. *"It made a massive amount of difference to his recovery – it boosted him up and meant so much to him to be there, especially when the Normandy Veterans were asked that Sunday morning to lead off the parade. It was quite an emotional time for them all, but uplifting as well. …It made a real difference to his recovery, considering how poorly he had been; he was in his element – waving to the crowds as they were clapping and cheering for the veterans."*

As a veteran of those historic wartime events, it has been important for Ron to remember his comrades and to promote the significance of these events to future generations. Ron and his family found the Red Cross wheelchair service to be *"an invaluable service… In terms of our experience it would have been impossible to do those once-in-a-lifetime things… I don't think people realise how much it means."*

Economic resource savings

£1,404

Reduced rehabilitation time in hospital by half a week through boosting Ron's recovery =

£486 resource savings for NHS hospital-based rehabilitation care service
(based on £973 average weekly cost of bed in hospital-based rehabilitation care; PSSRU, 2014)

Improved recovery helped to avoid likely early relapse and re-admission to hospital for further tests and observations for a minimum five days[16] =

£685 resource savings for NHS hospital day care/palliative service
(based on £137 cost per bed day, which is a combined national average of inpatient hospital specialist palliative care for adults £117 and inpatient day care for elderly patients £157; PSSRU, 2014)

£233 resource savings for NHS ambulance service
(ambulance service: see, treat and convey, cost per incident; PSSRU, 2014)

16 Based on Ron's recent four-week admission, this is felt to be a reasonable attributable minimum number of days, when in reality the period as inpatient is likely to be much longer (other factors will have contributed). Note this value aims to reflect the avoided costs falling within a quarter of a year – i.e. no re-admission within the period to March 2015, to better align with the service user's condition.

Sameena, Nottinghamshire*

Sameena is a mother and home-maker. She has three children, including a baby girl who she is still nursing. She is registered disabled due to muscular dystrophy, a progressive condition that gradually causes the muscles to weaken.

In January 2015, Sameena fell at home and broke her ankle. She was in a plaster cast for five weeks and unable to bear weight on her ankle for several more weeks after the cast was removed.

The hospital only allowed Sameena home because her mother was able to look after her and the baby for two weeks after discharge, and because she has her own transit wheelchair. This type of wheelchair requires someone to push the occupant, as it is not self-propelling. Social care was provided, with two short visits a day from carers to help with personal care and meals. After two weeks, however, Sameena's mother had to return home to care for her frail and ill father; they live over 100 miles away. This meant Sameena's husband had to go to half-time working for a week, and Sameena and her husband feel this did not go down well with his employer.

Sameena's mother was able to help out for only the first two weeks of Sameena's recovery. After this, Sameena's husband worked half-time for one week. Sameena had carers during this time and also for the following three weeks. During the latter three weeks she had to be on her own at home more with her baby, and she would have required a much higher level of support from her carers had she not been able to borrow the Red Cross wheelchair.

* Not her real name.

Impact of our wheelchair loan

When her mother left and her husband returned to full-time work, Sameena borrowed a self-propelled wheelchair from the Red Cross. This enabled her to move around her home and to look after her daughter with the continued support of two short visits a day from her carers. She would otherwise have needed a more substantial level of support.

"At least I can move from one side of the room to the other and if she [baby] has dropped a toy I can pick it up…. It has given me more independence in the house," she said.

Without the Red Cross wheelchair, Sameena and her daughter would have needed almost constant support from care services, as there would have been concerns for her and her baby's wellbeing in this situation. Sameena could not have got herself off her bed, fully attended to her baby daughter, moved to the bathroom or helped with meals. She would have required a further increase in her care package and/or her husband would have had to take even more time off work, which would have put his employment at risk.

Because Sameena was able to push herself short distances with the Red Cross wheelchair, her husband was able to accompany her to follow-up hospital appointments and doctors' appointments for the children, while pushing the baby in her buggy. Sameena feels that the chair helped her to recover more quickly than she would have done otherwise. Six weeks after the accident, she no longer needed the carers, but she thinks she would have needed their support for at least an additional week if she had to manage without the Red Cross chair.

As one occupational therapist notes: *"it's essential for day-to-day life (during rehabilitation), getting out of the house, even just getting to the bathroom…potentially the wheelchair is the key part of your rehabilitation process and it's crucial that you need that equipment."*

Sameena and her whole family have benefitted from a very real sense of being able to maintain mobility and quality of life through the Red Cross short-term wheelchair loan. She would have missed out on some key parts of her children's lives, had she not been able to go and show her support at her 11-year old son's school 'graduation' ceremony. This, in her words, *"would have been very devastating. It was a very nice moment and it would have been quite upsetting if I hadn't been there."*

Sameena summed up the difference that the chair has made for her as follows: *"It has made a big difference to my overall view of that period (her recovery) and the emotional feelings. I knew that once I had it, if I had to go somewhere, I wouldn't have to rely on others all the time…I had some independence back. I do try and get out regularly even if I am not feeling 100 per cent – for me to not get out for weeks would be quite dreadful really."*

Economic resource savings

£963

Additional personal finance savings

£341

Avoiding at least one ambulance call out for a scheduled hospital appointment =

£233 resource savings for NHS ambulance service per incidence

(based on £233 per incidence of ambulance call out: see, treat and convey cost per incident; PSSRU, 2014)

Avoiding 2 x home calls from the GP for her sick daughter =

Approximately £110 resource savings for local GP or clinic

(based on GP cost per hour = £146, and assuming 11.4 minute average visit time plus 12 minute average travel time = GP cost £55 per visit or a health visitor = £51 per visit; PSSRU, 2014)

Faster recovery by one week, plus avoiding three weeks of home care at a "substantial" level of support =

Total £620 resource savings for social care services

(based on the difference between £280 per week home care cost "substantial" level, and £125 per week "moderate" level; PSSRU, 2014)

Additional three weeks half-time off work for her husband =

£341 immediate loss of family income

(at minimum wage £6.50 per hour and assuming 35-hour week. However the real cost could have been higher if Sameena's husband had lost his job, which was a likely outcome)

Ashleigh, Cornwall

Ashleigh is 27 years old and in her third year of nursing training, which involves working at her local hospital. It is a highly demanding and intensive course. Ashleigh had an accident in January 2015 while walking her dog, when she broke her ankle badly. After a week in a cast, Ashleigh's ankle was operated on. She was then unable to bear weight for two weeks, and had a total of six weeks in plaster.

The hospital provided crutches but nobody mentioned a wheelchair loan to support her mobility during recovery. So it was unclear how Ashleigh and her partner were going to cope in terms of keeping her mobile and attending her studies, especially in a rural area where there are long distances to travel. Fortunately, around the time of her operation, Ashleigh found out from a neighbour about the Red Cross wheelchair loan and her partner visited the local Red Cross distribution centre to obtain one.

Without the wheelchair, it is clear that there would have been higher economic costs to hospital services as a result of Ashleigh having to stay a night and day longer in hospital before discharge (after her operation), the likelihood of another fall and subsequent micro-fractures to her ankle, and associated ambulance call out. However, in addition to the positive social impact on her emotional and mental wellbeing that the wheelchair supported, Ashleigh has been able to avoid significant personal financial costs to her and her partner. Not having a wheelchair would have meant having to postpone and re-sit her final year of nursing qualifications.

Impact of our wheelchair loan

The wheelchair helped Ashleigh return to university quicker. As a result of the accident, she missed four weeks at the start of the year and three weeks of practice. Ashleigh was desperate to not miss any more time because teaching regulations and accreditation requirements would force her to quit the third year and start again, re-sitting exams the following academic year. This would have cost her and her partner a great deal, financially and emotionally.

She said: *"I would have been devastated…I'm three weeks behind all my other classmates, but any longer than that and I wouldn't have been able to qualify in September… Without the wheelchair, I wouldn't have gone back to university until I was fully weight-bearing. I would have been confined to my house for seven weeks if not longer and would have had to defer my course for a year – it would have cost me financially to re-sit some of the modules, about £1000–£2,000. We have to maintain 45 weeks on the course... Without the wheelchair I would have set myself back a year."*

In addition, without the wheelchair, Ashleigh's partner would have had to take more time off work to care for her during recovery. Not being able to go out to work for six weeks meant they *"would have been crippled financially and with just crutches I would have become really depressed… personally, I didn't realise how much I liked my independence until it [the accident] happened."*

As a student nurse, Ashleigh was also aware of the consequences for her health and wellbeing if she lost her independence. She feels strongly that the wheelchair was essential to help her get out of the house and feel less isolated. *"If I didn't have my wheelchair and just had crutches, I would have done myself serious damage [due to weight-bearing] and ended back in A&E and caused sustained damage to my ankle. Also, if I didn't have the wheelchair I would have been admitted into the orthopaedic ward at least for one extra day rather than get discharged to go home."*

Ashleigh says she would not have been able to buy her own wheelchair if there was no loan service, but even if the recovery time with crutches was about the same, having the wheelchair *improved [her] quality of life tenfold and helped to avoid complications. [This service] is an invaluable part of recovery. Without that added support, my recovery wouldn't have been as straightforward. It's quite easy to slip back into that negative state of mind when even going to the toilet is a struggle. [Having the wheelchair] has definitely benefitted my mental health which is very much understated in physical recovery."*

Finally, Ashleigh commented that patients of her colleagues, especially occupational therapists and physiotherapists, would benefit greatly from this service, especially if the wheelchair loan could be involved earlier in patient recovery options.

17 Cost of missing one year's salary, having to postpone third year of course and thereby delaying graduation and employment as a nurse.

18 Cost of nursing exams re-sit, if she had been forced to defer and re-sit the whole year (unless learning support allowance is available for this circumstance, however this is at the discretion of the learning institution. In addition, it is unclear if learning support allowance would be available in all such cases, as the learning institution's policy is that this would only relate to a student's accident/injury if it coincided with an assessment deadline or an examination/test).

19 Avoided loss of income (or paid holidays) net of tax and national insurance, if partner had to spend half of the working week caring for Ashleigh for the six-week period.

Economic resource savings

£831

Additional personal finance savings

£21,750

Avoided an extra night and day in hospital =

£469 resource savings to NHS hospital services
(based on £3,283 average cost of elective inpatient episode, divided by 7 days, assuming one week long episode before discharge; PSSRU, 2014)

Avoiding ambulance call out following a fall =

£233 resource savings for NHS ambulance service
(based on £233 per incidence of ambulance call out, see, treat and convey; PSSRU, 2014)

Avoiding attending A&E as an outpatient following a fall =

£129 resource savings for Accident and Emergency department
(based on NHS National Tariff of £129 per A&E incidence with category 2 investigation and category 3 treatment, i.e. plaster removal or application, bone fracture, etc.)

Personal cost[17] =

£19,500 loss of one year of income
(income net of tax and national insurance, as a qualified hospital nurse, based on £25,744 average wage for hospital-based nursing staff, day ward or 24-hour; PSSRU, 2014)

Personal cost[18] =

£1,500 exam fee

Partner personal cost[19] =

£750 net salary approximately
(based on £17,344 average annual salary in Cornwall divided by 52 weeks and pro-rated; Office for National Statistics, Annual Survey of Hours and Earnings, 2014)

Melvyn, Dorset

Melvyn is a single father in his mid-50s. He has sole custody of his nine-year-old daughter. Melvyn had an accident, which left him with a broken bone in his right lower leg. He made a choice to forego emergency surgery to insert pins as he could not afford the time to stay in hospital for the extended recovery period, due to the vulnerability of his daughter.

Melvyn and his daughter have no other relatives or family in their part of the country, and although he has acquaintances, these are not friends to whom he can trust his daughter's welfare for extended periods. Melvyn felt compelled to avoid going into hospital for a long period, as this meant his daughter would have had to go into the care of social services temporarily. The wheelchair loan from the Red Cross meant that Melvyn could at least recover at home while retaining sufficient mobility to avoid his daughter going into temporary care and without being confined to the house.

Without the option to use a Red Cross short-term wheelchair loan, Melvyn could not have decided to forego surgery to be able to stay at home, with a chance of his leg healing temporarily. He would not have been able to leave the house for at least six weeks and probably longer, and he would not have been in a fit state to ensure his daughter would not be socially isolated during a key part of her development, recovery and social re-integration. There is a risk that going into the care of social services would have had a very negative effect on his daughter's wellbeing.

Impact of our wheelchair loan

Melvyn's leg had to be in plaster for at least six weeks. The hospital provided a special bed, chair and crutches so he could navigate his home, which has two flights of stairs. Yet they did not provide a self-propelled wheelchair. He was not allowed to put any weight on the leg and had to ensure the bone did not move, since this would cause a need for immediate surgery.

At the time of the accident, Melvyn asked the hospital for a wheelchair, *"so my daughter is not stuck at home – if I'm stuck here, then she's stuck here. But the hospital said they don't do wheelchairs. I was surprised, I don't quite understand why they can do all of the rest but not the wheelchair...it's half-term coming up, so without the wheelchair, she would've had to stay indoors, and cooped up for 10 days, missing out on her tenpin bowling. The NHS are great, but why aren't short-term wheelchairs part of it?"*

Melvyn greatly appreciates having the wheelchair, to get out and about. He feels he is more independent and that it has made a big difference to his capability and wellbeing. "*We're much less isolated, and there's less emotional strain on both of us... biggest impact would be on my daughter, she now has some freedom, time interacting with friends, and learning to be around people. She doesn't have to suffer when it's not her fault."*

Melvyn's daughter has a very close relationship with her father, to the extent that she becomes very upset if Melvyn has to leave her (other than at school). It is likely that if Melvyn had to stay in hospital, she would have gone into temporary social services care, which would have been traumatising for her. Melvyn asked: *"why isn't the wheelchair included in the local authority's support package if they don't want to commit themselves to the cost of my daughter having to go to social services?"*

If the operation to insert pins had proceeded, Melvyn would have been in hospital for several days, possibly spending over a week there, including the immediate recovery period and time to prepare for going home. According to a chart he viewed in the hospital, the recovery process following the operation would have taken a year – and without a wheelchair loan, his daughter would be housebound with him when not at school.

In an interview, an occupational therapist agreed that, in a similar scenario, the medical, social and personal impacts could have been very negative. *"In the case where a single parent suffers a bone fracture but has a vulnerable dependent at home, not having a wheelchair loan could result in a rapid downward spiral for both of them, and they (the parent) wouldn't be able to have gone home sooner – that means potentially longer stays in hospital or else other types of care, greater care package needed at home, in addition to the frustration of being stuck indoors, or stuck in a cycle of going from sofa to commode and if people are attempting manoeuvres, especially if they're not supposed to be bearing weight, there is some risk of falls, and a knock-on effect on their rehabilitation."*

Economic resource savings

£3,088

Melvyn's daughter avoided having to enter the temporary care of children's social services for up to two weeks =

£1,400 resource savings for social services
(£700 per week unit cost of local authority foster care and social service support for children with emotional needs; PSSRU, 2014)

Being able to avoid five days in hospital for a surgical operation (non-elective, without critical care) =

£1,688 resource savings for NHS
NHS National Tariff prices for "Intermediate" foot procedure and five days trim point, thereafter £235 per bed day)

It is assumed that Melvyn would still have required the community bed, crutches and similar equipment from the hospital even if he had had the operation.

Laura, Nottinghamshire

Laura is 20 years old and for the last five years has struggled with repeated dislocations of her knee, forcing her to manage with crutches for six months at a time on two separate occasions. Laura feels that if she had known about the Red Cross short-term wheelchair loan service on those occasions, it would have made a big difference to her life, as she was completely dependent on relatives and friends to get her out and around the house.

When intensive physiotherapy failed to solve the problem, Laura had a scan, which revealed that her cruciate ligaments were missing and other ligaments in her knee were severely damaged. At the beginning of December 2014 she had a long and complex operation to reconstruct her knee ligaments. Laura is now taking a 'recovery gap year' before taking up her place at Liverpool University. The occupational therapist at the hospital told Laura about the Red Cross short-term wheelchair loan service, and she has used it since her discharge.

Laura would not have been able to use her crutches safely in snowy and icy weather, risking a fall and further damage to her knee after her complex operation. She would not have been able to get to her hospital appointments in many cases and, without being able to access the right medical and physiotherapy support, her recovery would have taken longer and she would have had to arrange for medical home visits when the bad weather stopped her getting to the local GP clinic safely. In addition, it is highly likely that if she did not have a wheelchair to help her get around and out of the house, she would have needed further support during the week from a care worker.

Impact of our wheelchair loan

Laura's mother is a single parent and has to work full-time to provide for the household, which includes Laura's younger brother and baby sister. She is therefore seldom available to help Laura get out of the house or to take her to her weekly hospital appointments. Their house is in a cul-de-sac, 300 yards from the nearest road, and vehicle access is not as convenient as it could be. The hospital provided Laura with crutches but not a wheelchair. During the winter ice and snow, it was not safe to use crutches and Laura and her mum worried that she could fall and do further damage to her knee, requiring additional time in hospital.

The Red Cross wheelchair has been critical to Laura's recovery. It enables her to wheel herself to the kerb where the local non-emergency transport service provider picks her up for her appointments. Laura has had to attend weekly follow-up appointments at the fracture clinic and additional sessions for splint removals and MRI scans. From the second month of her recovery she has attended appointments three times a week with a physiotherapist at the hospital. She would not have been able to get to many of these appointments without the wheelchair.

Laura also needed the wheelchair to travel to her GP, as she is prescribed morphine for severe pain relief, which has to be monitored carefully. When she was first discharged, she also suffered digestive problems due to the morphine, resulting in acute pain and a visit to the out-of-hours service. Without the wheelchair she would have had to call for home visits.

The wheelchair has also been important in reducing Laura's social isolation. She has been able to go shopping with her mum at weekends, to the cinema and for a meal in town. She has started to go to Bingo with a friend as: *"it's something that you can do sitting down."* Although she still feels quite isolated and frustrated that she cannot get out more, these expeditions have made a big difference to her wellbeing, especially during Christmas and generally being able to see her family.

"For some service users, it's important for them to feel they can be mobile to get out and engage with the local community, do basic things like do some shopping, and reduce their isolation, otherwise this has a knock on effect on their mental health and whole wellbeing," said the occupational therapist.

Laura says that without the wheelchair, life would have been: *"horrible…My mum would have had to see me suffer even more...especially emotionally and socially."* Laura believes that without her wheelchair she would have made far less progress in her recovery and would have needed support during the week from a care worker.

Laura's mother agrees it would have been hard for her personally to cope, saying that: *"not having the wheelchair would have been the straw that broke the camel's back. It would have tipped me, Laura or both of us over the edge – stress levels have been so high already that I have broken down at work a couple of times, so if I had had to try and physically support Laura to the car whenever we went out or she couldn't have gone out at all, it would have been unbearable."*

Laura posed an important final question: *"How does it make sense – the NHS says you can't bear weight for three months, but we are going to discharge you with crutches and not going to give you a wheelchair?… and if you need a wheelchair you'll have to pay for it or hope you can find a charity who will donate one to you? The Red Cross was the only one where there wasn't something ridiculous you had to pay to hire – it was just a donation, what you could afford – and being a student and out of work, and my mum being a single parent, we couldn't have afforded anything else."*

Economic resource savings

£1,586

Additional economic resource savings =

Approximately £165 resource savings for local GP or clinic
(based on GP cost per hour = £146, and assuming 11.4 minute average visit time plus 12 minute average travel time = GP cost £55 per visit. Or health visitor = £51 per visit; PSSRU, 2014).

Avoiding 2 x follow-up visits to fracture clinic/physiotherapy =

£870 resource savings for hospital service avoiding further knee damage procedure
(NHS National Tariff prices for "minor" knee procedure and five days trim point)

+ £233 resource savings for NHS ambulance service per incidence
(based on £233 per incidence of ambulance call out: see, treat and convey; PSSRU, 2014)

Avoiding 2 x follow-up visits to fracture clinic/physiotherapy =

£218 resource savings for NHS
(based on £109 cost per outpatient incidence, weighted average of all patients; PSSRU, 2014)

Avoiding three weeks of home care worker =

Approximately £100 resource savings to local authority
(Three weeks at 1.5 hours per week = £24 per hour home care worker charged to social services; PSSRU, 2014)

Holly, Yorkshire

Holly is six years old and was diagnosed in 2014 with developmental dysplasia of both hips. This condition causes general looseness and instability in the hip joints. It is more commonly diagnosed in younger infants, when it can be corrected fairly easily with surgery. Due to the relatively late diagnosis, Holly had to undergo an urgent double hip operation to stabilise both hips. This meant Holly had to be in a cast with her legs splayed and supported for two months following each hip operation – a total of nearly four months altogether.

Holly's mum (Amy) has taken time off from her part-time job as a midwife. With the support of her partner and extended family, she is looking after Holly at home. Holly also has Vitamin D deficiency, so needs to have access to sunlight on a regular basis. The family found out about the Red Cross short-term wheelchair loan service from the occupational therapist and physiotherapist during Holly's pre-operation appointment at Sheffield Children's Hospital.

Holly needs to have her legs elevated and splayed following her operations, and a wheelchair is an essential part of her physical and emotional recovery. It prevents her family being housebound and transports her to the GP and hospital for follow-up. Being housebound for four months would have a serious effect on Holly's social skills, confidence with other children and education. The wheelchair helps her parents to cope and avoids the distress and pain of an isolating and frustrating long recovery period.

Impact of our wheelchair loan

It is early days in Holly's recovery,[20] but the family has already used the chair on several occasions:

- to visit the local park and small animal centre
- to visit a street food and music festival in the city centre
- to return to the hospital for X-rays when Holly's leg was hurting during the night
- to visit her grandmother
- to attend school two afternoons a week for the last two weeks of the Spring term.

Amy explained: *"this meant Holly got fresh air and that can help with sleeping. There was another little girl at the park who asked her mum why Holly was in a wheelchair, so Holly told her and it became this whole teaching session...it was good for Holly, because she was a bit up and down at the time, for her confidence."*

Amy intends to use the chair to get Holly (and herself) out of the house most days, as they feel it is important for them to avoid becoming housebound and isolated. She feels it makes this kind of experience more visible in the local community and thus encourages a sense of community support and acceptance, rather than feelings of being stigmatised, which could have a detrimental effect on Holly's sense of wellbeing. Amy feels having the wheelchair is also benefitting her own wellbeing: *"not being cooped up, and not being so isolated. It would be very easy to become quite lonely and, as a parent, it would be really hard to watch Holly's distress and frustration when she can't get out."* Without the wheelchair loan, the family would likely have needed extra emotional support to cope with four months of being housebound.

20 The interview took place after Holly's first operation and before the second one.

Amy feels that without the wheelchair, the family would have needed an ambulance service for their return visit to the hospital and for the trips to and from the hospital for Holly's second hip operation. In addition, they would not be able to get Holly to hospital in an emergency or if a complication arose during her recovery, e.g. infection. She is also likely to need to see a doctor or visit a local clinic if she is in pain or becomes ill. Without a wheelchair, this would require a home call by medical staff.

The family feel strongly that the wheelchair is assisting Holly's recovery greatly, as it gets her out of the house, provides her with opportunities to interact with other children and adults, and reduces her isolation from the normal activities and experiences of a six-year-old. The chair has already enabled Holly to attend school two afternoons a week for two weeks, and will be used again for this after her second operation.

According to Holly's teacher, this has had several benefits for Holly and her classmates: *It helps her academically to not get behind with her work, and reduces her isolation as she can be with her friends at school. It is also beneficial for the other children. Holly's mum came in with her the first time and explained to the class about her operation... they were fascinated and very caring and careful of Holly and it makes her a bit of a 'star' in class, which is good for her confidence. None of this could happen without the wheelchair."*

In an interview, a nurse on the surgery ward added that the wheelchair *"will likely have a major impact on school attendance and education; it avoids what can be a very isolating experience for some kids at an important time in their development, so there's better mental rehabilitation through being able to socialise when otherwise they can't physically get up and get about."*

Holly agreed that using the wheelchair to keep mobile was essential: *"it's good so I can get out of the house. I've been to a kind of festival place with lots of music and to my granny's, and to the park and the deers were getting really interested in my chair and they really liked me."*

Amy says it is hard to imagine how the family would have coped without the Red Cross wheelchair: *"It would have been really, really limiting… it would have had big implications for Holly in terms of keeping up friendships. Recovery and health is a holistic thing – it's not just a physical recovery."*

At one point, the family was told that there was a waiting list for paediatric wheelchairs with 11 names on it. This sent them into despair so Amy did some research on the internet. Without the Red Cross loan, they say they would have had to buy a chair themselves, at a cost of at least £500 and then adapt it to Holly's needs. This would not have been easily affordable for them as they both work part-time.

Amy felt the Red Cross short-term wheelchair loan is absolutely essential and was surprised to hear the NHS do not provide wheelchairs for this type of case. Without this, on a recent trip back to hospital for an X-ray appointment, they would have had to use the hospital's ambulance service.

"It's almost like doing a half service - if the Red Cross weren't doing it, it's like expecting you to lie on a hospital floor after you've had surgery and then like saying 'oh sorry, this other service provides the beds'."

Economic resource savings

£1,434

Avoiding call out of registered ambulance with medically trained ambulance staff for one return trip to hospital for X-ray and one return trip for the second hip operation =

£932 resource savings for NHS ambulance service
(based on £233 per incidence of ambulance call out, see, treat and convey; PSSRU, 2014)

Avoiding home call by local nurse or health visitor per hip operation, as a result of not being able to get Holly to local clinic =

£102 resource savings for NHS/local clinic
(based on 2 x home visits by health visitor = £51 per visit; PSSRU, 2014)

Avoiding cost of family support worker one hour a week after two months of recovery and, while second recovery phase for second hip operation commences, building emotional recovery and coping support =

£400 resource savings for local authority services
(based on one hour per week for eight weeks, at unit cost of £50 per hour for family support worker; PSSRU, 2014)

Janis, Cumbria*

Janis is 65 years old and is retired. She enjoys going shopping, looking after the grandchildren and getting out and about to see friends and family. She broke her ankle falling down steps after attending a health class. It was not immediately evident that she had actually suffered a mild break. That evening, the pain had become much worse, so she and her husband decided to go to A&E. After diagnosis, Janis had to undergo minor surgery, and was in plaster for six weeks.

At the hospital, Janis and her husband picked up a leaflet about wheelchair services, but none were close enough to their home in the countryside. However, one of the hospital staff mentioned that the Red Cross might provide a wheelchair loan, and so her husband looked up their nearest distribution centre in order to obtain a wheelchair to get Janis home.

Without the wheelchair, it is clear that Janis would have had to stay in hospital for longer, and there would have been higher economic costs to hospital services as a result. Apart from the impact on hospital services, the short-term wheelchar loan helped Janis to move around at home more easily, and she could get out of the house. Her husband felt that having the wheelchair reduced the likelihood of her falling and improved her quality of life overall.

* Not her real name; telephone interview

Impact of our wheelchair loan

Janis was discharged with a walking frame and crutches. Her husband felt that the wheelchair allowed his wife to return home earlier, avoiding an extra day or two in hospital.

The occupational therapist said: *"It's also important because it gets service users fit to get home and not stay in hospital, it helps them recover more comfortably in their own environment, and helps them participate with other people. I've known families where a child's been stuck downstairs for months on end without a wheelchair available, and not been able to just get out and get fresh air… This can create even more stress and it can be an awful strain on emotions."*

The wheelchair helped Janis get around the house much more easily than relying on crutches, which hurt her knee and ankle. As it was a self-propelled wheelchair, she could wheel herself to the kitchen, garden and toilet, and do day-to-day tasks by herself. She and her husband said, *"It enabled having a bit more capability and independence… it's reduced feelings of isolation for both of us for over four weeks and even longer, so there's more freedom for both of us. Without it we would have been really stuck."*

After ten days, she was able to use the walking frame to get to the car, but still appreciated having the wheelchair. Even after eight weeks it was of great value to the both Janis and her husband since it gave them more scope for mobility than the crutches or walking frame. Janis' husband said, *"It's fantastic that the wheelchair is also foldable – because then we could fit it into the car and go out of the house to visit friends, and daughters, and go shopping, and generally go for longer distances. Our granddaughter rode along on her knee which she loved. We didn't have to leave her stuck at home."*

Her husband thinks that, without the wheelchair, they may well have needed to attend A&E, as Janis had stumbled a couple of times on the crutches. He feels strongly that the wheelchair had a significant and positive impact on maintaining his wife's emotional wellbeing and quality of life, and possibly led to a speedier recovery as a result of the mobility it enabled over many weeks. He stated: *"She would definitely have got down and depressed over time, so having the wheelchair meant we didn't need any further help to deal with that emotional stress. I'd score it 11 out of 10 for the impact it's had on maintaining her quality of life. And mine!"*

Janis' husband wants to encourage others in a similar situation: "*Don't hesitate to contact the Red Cross and ask, it can make a world of difference. Especially if it's not a terribly wealthy area, so in deprived areas [it's] even more essential to have one to save more suffering… especially if you need it for longer than you first think."*

Economic resource savings

£469

Avoided cost of staying in hospital orthopaedic ward one extra night and day =

£469 resource savings to NHS hospital services

(based on £3,283 average cost of elective inpatient episode, divided by seven days, assuming one week-long episode before discharge; PSSRU, 2014)

Joanne, Kent*

Joanne worked as a care professional, managing a house at a care facility. In June 2013, she was diagnosed with breast cancer. She underwent intensive chemotherapy and radiotherapy, which was a long and draining ordeal. In October 2014, Joanne was given the all clear. Joanne's parents, Julia and John, explained that *"you don't realise how horrible these tests and treatments are, until it happens to you."*

Sadly, two weeks after the all clear, a lump was detected in Joanne's neck. Further tests revealed the presence of an aggressive bone cancer, and she deteriorated quickly. By Christmas 2014, Joanne could only walk with the aid of a stick, and soon after that, she had to use crutches. Going into the new year, she could no longer manage to walk. Julia says it had got to the stage where Joanne had trouble with her mobility and could not go out and do the things she wanted to do.

The local hospital did not provide short-term wheelchairs for this type of end-of-life situation, but told Joanne and her parents about the Red Cross short-term wheelchair loan service. Joanne was able to use a Red Cross wheelchair for three weeks in January/February, when she had the support of carers three times a day. Once she came home from hospital, someone had to be with Joanne most of the time. Julia explained: *"We stayed nights as well. Family and really close friends, we did a rota so that someone could be with her during the day and night."*

After just three weeks, Joanne's leg broke due to the cancer eroding the bone. In her final week, Joanne's parents could no longer get her into the wheelchair. Joanne died in February 2015, just after her 48th birthday.

The social value and emotional significance of the wheelchair loan, for Joanne, her family, and friends, far outweigh the significance of the economic resource savings in this case.

* Interview conducted with her parents, John and Julia

Impact of our wheelchair loan

The Red Cross wheelchair was of great value to Joanne and her family, despite the short time she had it before her death. Her parents explained: *"We realised we wouldn't be able to get Joanne out, even from the house to the car… it took a lot of concerns about her lack of mobility away. She would have got depressed being stuck indoors, she would have really hated it. She would have deteriorated even faster."*

The wheelchair allowed Joanne to access a local hospice, where she enjoyed embroidery and other hobby crafts. It also enabled her to enjoy moving around when she visited, rather than being stuck in one place. Joanne was also able to go on a final holiday weekend in Dorset with her closest friends. She had been looking forward to this for a long time and without the wheelchair she would have been unable to go.

Joanne's parents were able to get her into the car and take her to hospital without causing further discomfort or damage. In their words: *"It made everything so much easier… the wheelchair was the central thing to have. We wondered how we'd have managed without it, there's nothing worse than trying to bundle someone into the car when they can't physically walk. This made the whole thing far less stressful, and we felt better that we could at least be doing something to help."*

The wheelchair helped Joanne to go out with friends for her 48th birthday meal, on what turned out to be her final weekend. Her parents feel strongly that she *"would not have been with us for as long. It opened up her life again for a short while. Without it she wouldn't have survived as long. More people should know about this service and what the Red Cross does…anybody who needs anything like it, it will be an absolute godsend."*

Economic resource savings

£699

Avoiding weekly call out of registered ambulance with medically trained ambulance staff for hospital appointments during three weeks of wheelchair usage =

£699 resource savings for NHS ambulance service
(based on £233 per incidence of ambulance call out: see, treat and convey; PSSRU, 2014)

Margaret, South Yorkshire

Margaret (Peggy) is 89 and lives independently in a bungalow. At the end of 2014, she broke her ankle. Social services recommended initially that she should go into a care home to recover following her discharge from hospital, with her ankle in a cast. She did not want to do this and the local authority found her a wheelchair. With this and the support of friends, she was able to return home. However, the chair was recalled for another service user after less than two months.

Having a short-term wheelchair meant that Peggy was able to move around her home, making her less dependent on others and giving her more confidence. Without the short-term wheelchair she feels she would have required a much higher level of support from her carers and would not have been able to engage with her community of friends as much as she wanted.

Impact of our wheelchair loan

Peggy's good friend found out about the Red Cross service and arranged to loan a wheelchair for Peggy's final few weeks of recovery, when her leg was still in plaster. Her friend then returned the wheelchair once she could manage with a walking frame and a stick.

Throughout her recovery she had carers coming in twice a day, but that was phased out once she could manage to get about in the bungalow independently. She and her carers used the chair mainly to get her to the bathroom for her morning and evening washes. She had to have her ankle reset twice when it moved out of position. Her friend drove her to hospital and the chair was essential to get her from the house to his car and from his car to the relevant department in the hospital.

Peggy says that having the chair has made her feel less helpless and dependent on others: *"It has given me peace of mind – helped me psychologically and given me more confidence."*

She thinks that having the chair has hastened her recovery by at least a week. Without it, she says she would have needed double the amount of time from carers, since she would have needed support to get to and from the bathroom. She would also have needed an ambulance, a wheelchair and a porter to get her to and from the hospital for her follow-up appointments. She commented that, without the chair, there was a risk that she would have fallen and had an accident while trying to get about at home.

Peggy is part of a supportive community of older friends and neighbours. They have valued helping with her recovery and they too would have been disempowered if she had not had the wheelchair.

Speaking about the positive impact of the wheelchair on reducing social isolation, an occupational therapist noted: *"I think if service users – especially older people – don't have the opportunity to get out and be mobile, they can become insular and further isolated, feel like their physical abilities have been limited and so they make less effort to go out, may even be tempted not to bother – this can get them in a rut, and then they stop looking after their hygiene, stop cooking and eating properly – it's basically going through levels of depression. There may even be a need for additional care as this can create a much bigger problem at that point [for care services]."*

Peggy's personal message to others about the Red Cross short-term wheelchair loan service is: *"It's there when all else fails'."*

Economic resource savings

£4,607

Avoided community rehabilitation unit care home costs, as per recommendations from social care services =

£1,913 cost savings to Community Rehabilitation Unit (combination of health trust and local authority care)
(based on £1,913 per typical low-cost episode, in purpose-built units for older people requiring recuperation after an illness, fall or temporary difficulty managing daily living; PSSRU, 2014. Note this is equal to approximately three weeks' recovery period with the Red Cross wheelchair, therefore consistent with timeframes of this case, as the weekly cost is estimated at approximately £637; PSSRU, 2014)

Improving her ability to recover faster by one week, plus avoiding three weeks of needing home carers at an increased "critical" level of support =

£468 resource savings for social care services
(based on £117 difference between £397 per week Home Care cost "Critical" level, and £280 per week "Substantial" level; PSSRU, 2014)

Avoiding call out of registered ambulance with medically trained ambulance staff for admittance for 2 x A&E incidences for resetting her ankle, and return trip home in plaster plus 2 x additional follow-up hospital appointments and return trip home =

£1,864 resource savings for NHS ambulance service
(based on £233 per incidence of ambulance call out: see, treat and convey; PSSRU, 2014)

Avoiding A&E attendance as an outpatient, from likely fall at home if she had been without a wheelchair during recovery =

£129 resource savings for Accident and Emergency department
(based on NHS National Tariff of £129 per A&E incidence with category 2 investigation and category 3 treatment, i.e. plaster removal or application, bone fracture)

£233 resource savings for NHS ambulance service to transport to A&E
(based on £233 per incidence of ambulance call out, see, treat and convey; PSSRU, 2014)

British Red Cross mobility aids service, South Yorkshire
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Key themes

Awareness levels

The case studies showed that, although all the participants in our research were eventually able to access a wheelchair, routes to doing so – and awareness of the service – varied.

Knowledge of the availability of the short-term wheelchair loan service was prompted primarily by hospital staff (including occupational therapists and physiotherapist) in around half the case studies, leaving the remainder to find out about the service through a friend, neighbour or their own research. However, there is broad recognition from the health care professionals interviewed of the value associated with the service. It would seem therefore that raising awareness among other HCPs is an area for development.

The users who were not immediately aware, or made aware, of the service reported the potential or perceived consequences of this lack of knowledge. At its most extreme, one service user who had been dependent on crutches on two occasions in the last five years said that the service (had she known about it) would have made a big difference to her life, making her much less dependent on family and friends for her mobility.

Drivers of need and wider consequences

While the case studies revealed different reasons for needing a short-term wheelchair loan, the majority were medical-related and followed a broken bone (related to an underlying health condition including at the end of life, or following an accident). However, within the case studies, where the need fell outside of a broken bone, it was related to a health condition requiring surgery, a dislocation, or inability to walk any distance. Interviews with HCPs supported the need for short-term loan as being primarily for health-related reasons.

Although the preceding need was primarily health-related, this affected and was related to social need. The wheelchair allowed individuals to retain a sense of independence and reduced social isolation by retaining social connectedness. These benefits had a positive impact on health through an increased sense of wellbeing and a renewed positivity – ensuring a mutually dependent relationship between the health and social impact. Indeed, our interviews with HCPs supported the interplay between the health and social benefits associated with short-term wheelchair loan.

The wheelchair allowed individuals to retain a sense of independence and reduced social isolation by retaining social connectedness. These benefits had a positive impact on health through an increased sense of wellbeing and a renewed positivity – ensuring a mutually dependent relationship between the health and social impact.

The benefits of short-term wheelchair loan were felt, not only by the wheelchair user but also by the wider family unit, especially when the user had a family member dependent upon them, or the wheelchair meant the user had less need for care from family members. HCPs also recognised these wider benefits. The different ages represented in the case studies illustrate these wider impacts on family. For younger users and those with younger dependents, the issue of reducing their own social isolation and therefore the social isolation of the child came out strongly, whereas adult members of the family were affected in other ways – particularly when the carer needed to take time off work. So, while the wheelchair may not eliminate the need for support from others, it can make things easier.

What should not be underestimated beyond the satisfaction of health and social need is that wheelchairs were found to add value to users by enabling them to continue their normal lives. The case studies revealed a number of examples illustrating the wider impacts of short-term wheelchair loan. These include special occasions and activities that bear no relation to economic impact: attendance at school graduation, telling childhood peers about a wheelchair and being a part of the community.

While awareness of the short-term wheelchair loan service has been shown to be low (based on referral or word of mouth), the case studies and HCP interviews raised other concerns.

Some wheelchair users in this study reported surprise and disappointment that the service was not provided as standard by the NHS, with a number reporting that they had explored the private purchase of a wheelchair but had found the cost to be prohibitive.

"…we have to review the situation to make sure the service user is not becoming dependent on the wheelchair and we don't have to delay hospital discharge as long as they have a bed, a toilet, crutches and a chair, then a wheelchair can be sorted out after." (occupational therapist).

The resulting picture is one in which both wheelchair users and HCPs agree to the value of short-term wheelchair loans and the impact they can have on recovery and/or wellbeing. However, where those who have made use of a short-term wheelchair loan err towards this provision being ubiquitous, at least some HCPs warn of dependency and the need to exert control over access in order to avoid their overuse.

Previous Red Cross research found that NHS wheelchair service managers equated short-term wheelchair provision with social needs (Gardiner and Kutchinsky, 2013), which they reported to be the main reason why their service did not provide short-term wheelchair loans. By contrast, the HCPs interviewed for this current research identified the importance of orientating short-term wheelchair provision within a longer-term outcome. The value of on-going monitoring and review – especially by allied health professionals – was also emphasised:

"So it's important we are focused on the longer-term outcome, because while wheelchairs are essential for anything that is injury-based and has potential for rehabilitation, especially if people are non-weight bearing or partial weight bearing – and this advice has to come from the occupational therapist or physiotherapist – we have to review the situation to make sure the service user is not becoming dependent on the wheelchair." (occupational therapist).

Economic impact and preventative value

The economic evaluation revealed overall health and social care savings ranging from £469 to £4,607 across the nine case studies, with an average saving of £1,676 (see Figure 1). As such, the findings clearly quantify the preventative value of short-term wheelchair loans with cost savings evidenced across both health and social care.

Health savings were particularly high and ranged from £343 to £4,139 (the average saving per case study was £1,344). The most frequently reported saving related to transport, whereby transport (such as an ambulance) would have been required to attend a heath care facility or home visits would have been required.

The HCP interviews also strongly supported the preventative value of short-term wheelchair loans and their centrality to the process of rehabilitation. In regards to their preventative role, one HCP noted that having a wheelchair reduced the risks associated with getting about without one, and many of the case studies noted the risk associated with trying to get around on crutches.

As highlighted in the case studies, the loan of a wheelchair was felt to affect the wider family unit, and it is related to this wider unit where social care savings were largely identified. These savings played out in the prevention of either an increase to an existing care package, the introduction of a care package, or the need to support dependents of the wheelchair user. Social care savings ranged from £100 to £1,400, with an average saving of £332.

HCPs identified benefits beyond savings to health and social care services. They spoke of the return to 'normality' in a faster return to work or education, which is associated with positive mental and social benefits. Although this economic evaluation did not intend to examine personal income or savings in any depth, benefits to these were identified.

In all, the interrelationship of health and social care benefits observed in the case studies married with the economic evaluation; both together aid recovery. HCPs associated such benefits with enhanced rehabilitation. They noted that wheelchair loan could enable shorter hospital stays, with patients returning home sooner where they can recover faster and in more comfort. They also noted that the wheelchair could aid rehabilitation inside and outside the home, allowing the user to get about more easily. These findings indicate both the benefits associated with wheelchair loans from the user and wider family perspective, and the cost savings generated.

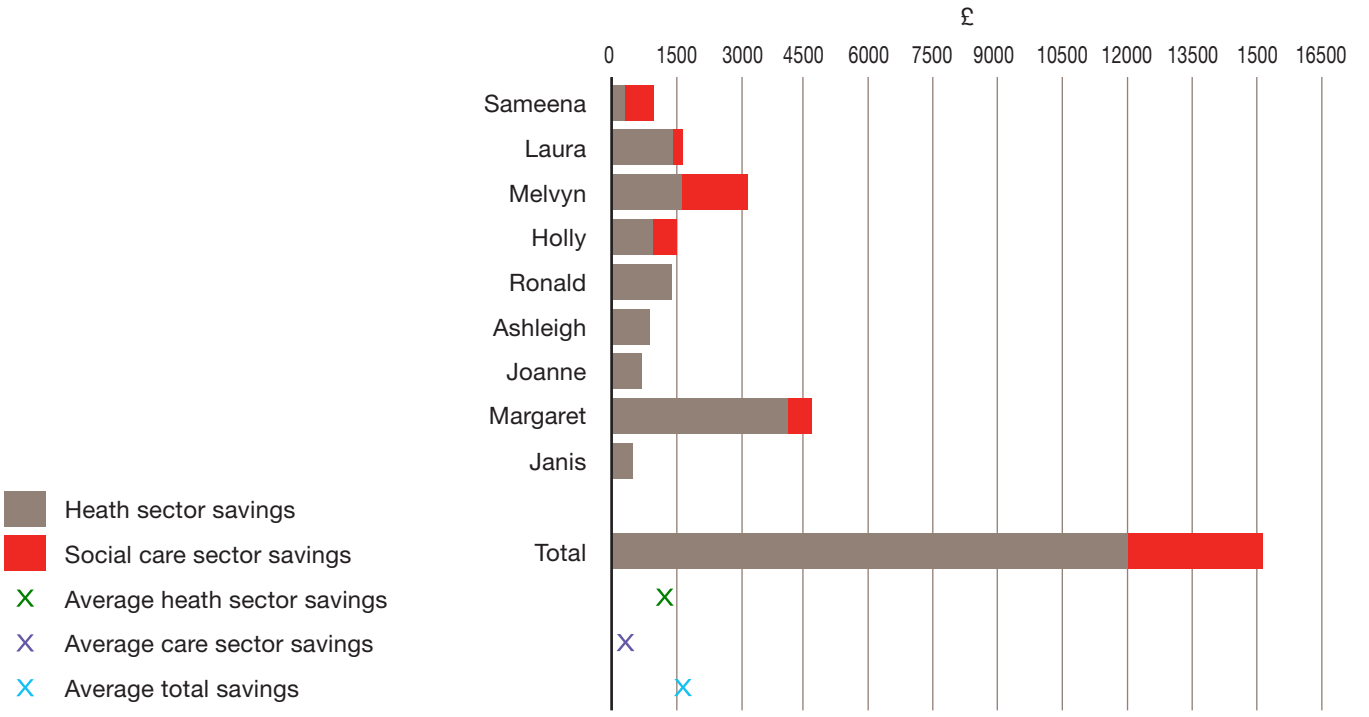

FIGURE 1 SAVINGS PER SERVICE USER RESULTING FROM WHEELCHAIR LOANS

4 Recommendations

The emphasis of politicians and policymakers in England is on an integrated and preventative approach to health and social care that promotes individual wellbeing.

It is in this context that we are calling for recognition and action. We want to see politicians, policymakers and practice leaders working together – supported by the Red Cross – to improve the humanitarian situation of people who need short-term wheelchair loans.

Ultimately, we want to see the realisation of our humanitarian vision:

"Everyone who needs a wheelchair should be entitled to quickly and easily get one that is right for them, for as long as they need it. Everyone who uses or handles a wheelchair should know how to do so safely and comfortably."

Recognition:

- Of the positive impact that short-term wheelchair loans have on people's lives; they are an enabler of recovery, choice, control, independence and wellbeing.
- That short-term wheelchair loans can prevent and delay people's needs for health care, social care and support. They can also reduce the level of need that already exists.
- That people's needs and life situations do not fit neatly into 'clinical' and 'social' distinctions.
- That there are associated cost savings to the public purse – especially to health and social care services – as well as to individuals and their families.
- That there is no clearly defined duty for statutory provision of short-term wheelchair loans in England.

- That there are people who need short-term use of a wheelchair, but whose needs are not being met.
- That the British Red Cross is meeting more humanitarian needs through provision of short-term wheelchair loans than any other organisation in England, at significant cost to our charitable funds.

Action:

- The British Red Cross will act to raise awareness among health care professionals of the preventative value of short-term wheelchair loans and of our short-term wheelchair loans service.
- We call on the government, NHS England and NHS Improving Quality to recognise the preventative value of short-term wheelchair loans, both in terms of the positive outcomes they achieve for people and their families, and the associated cost savings to the public purse.
- We call on the Government to incorporate the meeting of short-term mobility needs into the NHS Mandate to NHS England, within theme 3) Helping people to recover from episodes of ill health or following injury.
- We call on NHS England, NHS Improving Quality and the National Wheelchair Leadership Alliance to incorporate short-term wheelchair provision into the 'My Voice, My Wheelchair, My Life' programme of work and the 'Right Chair, Right Time, Right Now' campaign to transform wheelchair services in England.
- There is no estimate of the need for short-term wheelchair loans at any one time. We urge the government – working with NHS England and NHS Improving Quality – to investigate this.
- We call on the government, NHS England, NHS Improving Quality, local authorities, HWBs, CCGs and NHS wheelchair services to work together to meet humanitarian needs within the established policy framework of promoting individual wellbeing and enabling people to live the lives they choose and value.
- We call on members of parliament and chairs of HWBs to take a local lead on ensuring that the preventative value of short-term wheelchair loans is recognised at the beginning of the local commissioning cycle, by ensuring that provision of wheelchairs for short-term use is incorporated into Joint Health and Wellbeing Strategies.
- We call on decision-makers in areas where budgets are being truly integrated – such as the Greater Manchester Strategic Health and Social Care Partnership Board – to seize this opportunity to eradicate the false distinction between people's clinical and social needs for short-term wheelchair loans, and to incorporate their provision into integrated models of health and social care.
- We call on the Government and NHS England to enable an environment whereby local initiatives to integrate health and social care services (such as better care fund plans, integration pioneers and new models of care vanguard sites) can incorporate the provision of short-term wheelchair loans into their planning and practice.

References

Care Act (2014) [Online] Available from: http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf [Accessed 13/05/15] London: TSO

Carers (Equal Opportunities) Act (2004) [Online] Available from: http://www.legislation.gov.uk/ukpga/2004/15/pdfs/ukpga_20040015_en.pdf [Accessed 13/05/15 London: TSO

Chronically Sick and Disabled Persons Act (1970) [Online] Available from: http://www.legislation.gov.uk/ukpga/1970/44/pdfs/ukpga_19700044_en.pdf [Accessed 13/05/13] London: HMSO

Department of Health (2014a) *Care and Support Statutory Guidance Issued under the Care Act 2014 October* [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/366104/43380_23902777_Care_Act_Book.pdf [Accessed 13/05/15] England

Department of Health (2014b) *The Mandate: A mandate from the Government to NHS England: April 2015 to March 2016* [Online] Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/386221/NHS_England_Mandate.pdf [Accessed 13/05/15] England

Field, O. (2014) *Researching Health and Wellbeing Strategies*. Unpublished internal briefing. London: British Red Cross

Gardiner F. and Kutchinsky N. (2013) *A Prisoner at Home: Wheelchair Loan Provision and Need in the UK.* London: British Red Cross

Health and Social Care Act (2012) [Online] Available from: http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf [Accessed 13/05/15] London: TSO

Health Service and Public Health Act (1968) [Online] Available from: http://www.legislation.gov.uk/ukpga/1968/46/pdfs/ukpga_19680046_en.pdf [Accessed 13/05/15] London: HMSO

HL Deb (2013–14) House of Lords Debate 2013–14: 745 col. 818 [Online] Available from: http://www.publications.parliament.uk/pa/ld201314/ldhansrd/text/130521-0001.htm [Accessed 13/05/15]

Holt-Lunstad J., Smith T., Baker M., Harris T. and Stephenson D. (2015) Loneliness and Social Isolation as Risk Factors for Mortality: a Meta-Analytic Review, *Perspectives on Psychological Science*, 10(2): 227–237.

Knight, C. (2014) *OPINION: In the Matter of British Red Cross and the Short-Term Provision of Wheelchairs.* 11 King's Bench Walk (11KBW): London

Local Government Association (2015) *LGA briefing – Greater Manchester Health and Social Care Partnership* [Online] Available from: http://www.local.gov.uk/adult-social-care/-/journal_content/56/10180/7060676/ARTICLE [Accessed 13/05/15] Great Britain

MacLeod F. (2015) *Making a Move: Increasing Choice and Independence for People with Short-term Mobility Needs* [Online] Available from: http://www.redcross.org.uk/~/media/BritishRedCross/Documents/About%20us/Scotland%20mobility%20aids%20report.pdf [Accessed 13/05/2015] Scotland

Monitor and NHS England (2013) *National Tariff Payment System 2014/15: Annex 5A-National Prices* [Online] Available from: https://www.gov.uk/government/publications/national-tariff-payment-system-2014-to-2015 [Accessed 13/05//15] England

National Assembly for Wales Health and Social Care Committee (2012) *Wheelchair Services in Wales: Follow-up Inquiry* [Online] Available from: http://www.assembly.wales/Laid%20Documents/CR-LD9028%20-%20Health%20and%20Social%20Care%20Committee%20Report%20on%20Wheelchair%20Services%20in%20Wales%20Follow-up%20Inquiry%20-13082012-237712/cr-ld9028-English.pdf [Accessed 13/05/2015] Wales

National Assistance Act (1948) [Online] Available from: http://www.legislation.gov.uk/ukpga/Geo6/11-12/29 [Accessed 13/05/2015] London: HMSO

NHS (undated) *Advice for Line Managers on Supporting Employees with Long-term Medical Conditions* [Online] Available from: http://www.nhs.uk/Livewell/workplacehealth/Documents/ChronicConds_LineManagers_Factsheet_A4.pdf [Accessed 15/05/2015] Great Britain

NHS (2014) *Five Year Forward View* [Online] Available from: http://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf [Accessed 13/05/15] England

NHS (2015) *Choosing Mobility Equipment, Wheelchairs and Scooters* [Online] Available from: http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/mobility-equipment-wheelchairs-scooters.aspx [Accessed 13/05/15] England

NHS Improving Quality (NHSIQ) (2014) *Right Chair, Right Time, Right Now* [Online] Available from: http://www.nhsiq.nhs.uk/media/2574411/edigest.pdf [Accessed 13/05/15] England

National Health Service Act (2006) [Online] Available from: http://www.legislation.gov.uk/ukpga/2006/41/pdfs/ukpga_20060041_en.pdf [Accessed 13/05/15] England

National Wheelchair Managers Forum (2013a) *A Guide to NHS Wheelchair Services: Frequently Asked Questions – Version 1.1* [Online] Available from: http://www.wheelchairmanagers.nhs.uk/A%20guide%20to%20NHS%20Wheelchair%20Services%20v1-1.pdf [Accessed 13/05/15] England

National Wheelchair Managers Forum (2013b) *Frequently Asked Questions* [Online] Available from: http://www.wheelchairmanagers.nhs.uk/faq.html#temporary_wheelchair [Accessed 13/05/2015] England

Office for National Statistics Annual Survey of Hours and Earnings (2014) [Online] Available from: http://www.ons.gov.uk/ons/rel/ashe/annual-survey-of-hours-and-earnings/2014-provisional-results/stb-ashe-statistical-bulletin-2014.html [Accessed 13/05/2015] England

PSSRU (2014) *Unit Costs of Health & Social Care* Kent, England: Personal Social Services Research Unit

The King's Fund (2015) *Simon Stevens on the NHS Five Year Forward View* [Online] Available from: https://vimeo.com/117918689 [Accessed 13/05/2015].

Young, J. (2014). *We Must Recognise Frailty as a Long-term Condition* [Online] Available from: https://www.england.nhs.uk/2014/05/07/john-young/ [Accessed 13/05/2015] NHS England: England

Appendix A Numbers of selected participants

Category	Number
Total number of service user contact details supplied by service managers	80
Total numbers called including no answer, no response or incorrect number	40
Total where screening call was carried out	25
Total agreeing to be interviewed	11*
Total dropping out after initially agreeing	2
Total interviewed	**9**

*Four participants were not followed up due to being screened out by selection criteria (n=1) or numbers for study/site already achieved (n=3).

Appendix B Screening interview schedule

Identify:

- Self
- Reason for contact/research study
- What participation in screening would involve.

If happy to continue:

1. Confirm identity to our records and check whether they loaned the wheelchair (if not – are they main carer, family, friend, etc).

2. Reason for the loan. Prompt for:
   - Medical need (e.g. returned from hospital after an operation and needed short-term loan or chronic/ longer-term condition where they may have applied for long-term loan from NHS but waiting for it come through)
   - Wanted to take part in particular social event (holiday, party, wedding).

3. Length of use/loan.

4. What benefit/s (if any) did the loan give to them and/or carer/family? Prompt for:
   - Able to get to medical appointments
   - Able to do own shopping
   - Able to take part in social events
   - Reduced dependence on family/carer/friends.

5. What would have happened if they had not been able to get a short-term wheelchair loan from the Red Cross? Prompt for:
   - Any other services that would have been needed (GP, A&E, home help, longer stay in hospital, etc.)
   - Increased dependence on carer/family/friends
   - Not able to do own shopping
   - Not able to take part in social events.

6. Anything else they would like to say in relation to the short-term wheelchair loan.

7. Anything they want to ask about the interview/research.

Appendix C Wheelchair user interview (case studies)

Explain purpose of conversation to the participant and that they will have a chance to look at a write-up of their case and comment on it/correct any inaccuracies.

1. **Please tell us how you found out about the British Red Cross short-term wheelchair loan service?**

   Especially seek to understand their health/care pathway or main entity involved in referral, e.g. hospital, community nurse, OT, physio, GP, professional carer, etc.

2. **What were the main reasons why you needed the short-term wheelchair loan?**

   Prompts if needed

   > Medical need (e.g. returned from hospital after an operation and needed short-term loan – or chronic/ longer-term condition where they may have applied for long-term loan)

   > Expecting long-term loan from NHS but waiting for it come through

   > Wanted to take part in particular social event (holiday, party, wedding).

   Explore:

   > A bit of background about their physical health and wellbeing.

3. **How long did/do you need the wheelchair loan for?**

4. **What benefits have you or your family experienced from taking up a British Red Cross short-term wheelchair loan?**

   Explore:

   > Impact on health and wellbeing

   > Mobility, access, isolation issues

   > If there is any reduced need for health or social care services involvement

   > Impact on family/social relationships (including allowing carer to return to work or increase working hours).

5. **What did it mean for you and your family to be able to get this wheelchair loan?**

   NB If they have a carer or care package, has there been an impact on care delivery, relationship with carer, or their tasks?

   Explore:

   > Personal circumstances – what support they have at home and from family/friends/carer

   > If they have dependents who may be affected by their mobility

   > How they are managing with mobility now, if appropriate

   > If they might have had to pay for extra care or child care support.

6. **What do you think would have happened if you had not had a Red Cross wheelchair?**

   Include the following as prompts depending on circumstances:

   > Would it have delayed your hospital discharge? If so, how much longer might that have taken?

   > Without the wheelchair loan, what type of restrictions might have occurred if you needed to attend any follow-up appointments at hospital/with GP, or other care services?

   > Without the wheelchair, would you have had to call GP/A&E out to your home and how often do you think you might have had to do this?

   > Would you have required further support from social or long-term care services, or occupational therapy visits?

   > Would you have had to pay for a wheelchair (explore how realistic this is and if advice was received about where to get one)

   > What has the impact been on you getting around the home/garden?

   > Without the wheelchair, what kind of restrictions might there have been on your contact with the outside world, including social life, isolation, access to other services?

   > Without the wheelchair, might there have been more pressure placed on relatives, e.g. to carry you to and from the car or in/out of the house?

   > Would there have been an impact on your mental and emotional wellbeing?

7. **What effect do you think having the wheelchair has had on your progress/recovery?**

   Explore:

   > how it may have helped their mobility, but also socially and in wellbeing terms, e.g. confidence, sense of control, autonomy, dignity, etc.

   > And conversely, how do they think not having it might have affected their progress/recovery. Explore whether they think they would have needed more or less support from health or other care services with/without the wheelchair and unpick this in some detail (if not already covered).

8. **Are you able to say roughly how many weeks longer might your recovery have been without the wheelchair loan?**

9. **How would you sum up the difference that the British Red Cross short-term wheelchair loan has made for you?**

   On a scale of 0–10, how would you rate the impact of the wheelchair loan on your quality of life while you were using it?

   0 being no improvement to your quality of life;

   10 being a very significant improvement to your sense of wellbeing/quality of life.

10. **What messages would you like to send to potential funders or users about why this is an important service?**

11. **Are there any health or other care professionals, who you have had regular support from, who might be willing to talk to us on the phone about their general views on the value of this type of wheelchair loan service? (e.g. Community Nurse, OT, physio, hospital staff). We would not discuss any details of your case with them.**

12. **Is there anything else you would like to say regarding the short-term wheelchair loan from British Red Cross?**

Appendix D Health care professional interview

Explain the purpose of the conversation is to understand the impacts of the Red Cross wheelchair loan service, and the background to the service (if required), plus discuss hypothetical examples of when a service user might need the wheelchair loan service, e.g. following an accident, to help recovery, to aid mobility, etc. and how long the service is generally used (they should already be fairly familiar).

Explain interviews are anonymous, their personal details will not be shared and comments are non-attributed, and no personal details of any service users will be shared with them or discussed. The interview will be formed around example scenarios and their opinions on likely outcomes.

1. **Please can you tell us briefly about your role in the care services?**

2. **In your experience, what are the most common or typical circumstances for needing a wheelchair loan? How do they find out about this?**

   Especially seek to understand the types of health/care pathway or main entity involved, e.g. hospital, community nurse, GP, professional carer, etc.

3. **What main benefits come about for service users from taking up a British Red Cross short-term wheelchair loan?**

   Prompts if needed:

   > Medical need (e.g. returned from hospital after an operation and needed short-term loan – or chronic/ longer-term condition where they may have applied for long-term loan)

   > Expecting long-term loan from NHS but waiting for it come through

   > Wanting to take part in particular social events.

   Explore:

   > Impact on health and wellbeing

   > Mobility, access, isolation issues

   > If there is any reduced need for health or social care services involvement

   > Impact on family/social relationships.

4. **Please could you comment about the impact of the wheelchair loan in the following example scenarios, as we appreciate every case is specific and individual:**

   (Interviewee to select one or two of the following scenarios for general discussion)

   i. A child between the ages of 6 and 11 years needing a wheelchair to recover from a knee operation

   ii. A single father who has suffered a broken ankle but has sole responsibility for a vulnerable child with emotional and mental health issues

   iii. An elderly couple where either the husband or wife has had a hip operation, but live far from town or are rurally based.

5. **What do you think would potentially happen in these scenarios to service users or their family if they are not able to access a short-term wheelchair loan?**

   Include the following as prompts depending on circumstances:

   > Would it have delayed their hospital discharge? If so, how much longer might that have taken?

   > Without the wheelchair loan what type of restrictions might have occurred if they needed to attend any follow-up appointments at hospital/with GP, or other care services?

   > Without the wheelchair, would they have had to call GP/A&E to their home?

   > Would they have required further support from social or long-term care services, or occupational therapy visits?

   > Would they have had to pay for a wheelchair?

   > Without the wheelchair, what kind of restrictions might there have been on their contact with the outside world, including social life, isolation, access to other services?

   > Without the wheelchair, might there have been more pressure placed on relatives, e.g. to carry them to and from the car or in/out of the house?

   > Would there have been an impact on their mental and emotional wellbeing?

6. **What effect do you think having the wheelchair has on service users' progress/recovery? What rough (percentage) proportion of time longer might their recovery be without the wheelchair loan?**

7. **Do you have any other comments or issues we might have missed?**

Appendix E Note on definitions and calculations

Regarding cost calculation workings, **'Inpatients'** refers to people who are admitted to an available staffed bed in a hospital (either electively or as an emergency) and who either remain overnight (whatever the original intention) or who are expected to remain overnight but are discharged earlier. '**Elective'** relates to treatment or care that is planned for by the hospital, rather than emergencies or outpatients (i.e. non-elective).

'Day cases' refer to episodes where a person makes a planned admission to an available staffed bed in a hospital for clinical care, and requires the use of a bed (or trolley in lieu of a bed) and is discharged on the same day as planned.

We have omitted the unit cost per incident of needing to use a hospital wheelchair for follow-ups or re-admissions because PSSRU (2014) estimates (ranging from £91 to £183 unit cost per year, calculating 15–20 minutes of usage including a porter) would equate to comparatively small amounts that are less material to the analysis.

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