SUMMARY OF CONSULTATION RESPONSES

This document summarises and analyses the responses to a consultation exercise carried out on the above proposal.

The background to the proposal is set out in section 1, while section 2 gives an overview of the results. A detailed analysis of the responses to the consultation questions is given in section 3. These three sections have been prepared by the Scottish Parliament’s Non-Government Bills Unit (NGBU). Section 4 has been prepared by Jackie Baillie MSP and includes her commentary on the results of the consultation.

Where respondents have requested that certain information be treated as “not for publication”, or that the response remain anonymous, these requests have been respected in this summary.

In some places, the summary includes quantitative data about responses, including numbers and proportions of respondents who have indicated support for, or opposition to, the proposal (or particular aspects of it). In interpreting this data, it should be borne in mind that respondents are self-selecting, and it should not be assumed that their individual or collective views are representative of wider stakeholder or public opinion. The principal aim of the document is to identify the main points made by respondents, giving weight in particular to those supported by arguments and evidence and those from respondents with relevant experience and expertise. A consultation is not an opinion poll, and the best arguments may not be those that obtain majority support.

Copies of the individual responses are available on the following website https://jackiebaillie.laboursites.org/wheelchair-bill-consultation-responses/.

Responses have been numbered for ease of reference, and the relevant number is included in brackets after the name of the respondent.

A list of respondents is set out in the Annexe.
SECTION 1: INTRODUCTION AND BACKGROUND

Jackie Baillie’s draft proposal, lodged on 5 April 2019, is for a Bill to:

Ensure the provision of wheelchairs to anyone assessed as needing one on a short-term, as well as on a long-term, basis.

The proposal was accompanied by a consultation document, prepared with the assistance of NGBU. This document was published on the Parliament’s website, from where it remains accessible:


The consultation period ran from 6 April to 30 June 2019.

The following organisations were sent copies of the consultation document or links to it:

- All 14 Health Boards;
- All 32 Local Authorities;
- All 31 Integrated Authorities (Health and Social Care Partnerships);
- Age Scotland;
- Alzheimer Scotland;
- Capability Scotland;
- Children in Scotland;
- Citizens Advice Scotland;
- COSLA;
- Edinburgh and Lothians Racial Equality Council;
- Engender;
- Equality and Human Rights Commission;
- Foundation for People with Learning Disabilities;
- Glasgow Women's Voluntary Sector Network;
- Grampian Racial Equality Council;
- Health and Social Care Alliance;
- Highland Wheelchair and Seating Service;
- Inclusion Scotland;
- Jewish Care Scotland;
- Mobility and Rehabilitation Service (MARS);
- MS Society;
- Muscular Dystrophy UK;
- Poverty Alliance;
- Royal College of Nursing Scotland;
- Royal College of Physicians of Edinburgh;
- Royal College of Practitioners Scotland;
- Royal Voluntary Service;
- Save the Children Scotland;
- Scottish Human Rights Centre;
Scottish Refugee Council;
Scottish Women's Aid;
Scottish Council for Voluntary Organisations;
Shelter Scotland;
Southeast Mobility and Rehabilitation Technology (SMART);
Strathclyde Centre for Disability Research;
The British Red Cross;
The Mobility Trust;
The University of Edinburgh;
Tayside Orthopaedic and Rehabilitation Technology Services (TORT);
Variety Club Children’s Charity; and
West of Scotland Mobility and Rehabilitation Centre (WESTMARC).

The member hosted a launch event for her consultation on Monday 8 April 2019 at the British Red Cross office in Hillingdon, Glasgow. As part of this event, she met with a child and his mother who had been provided with a wheelchair by the British Red Cross whilst awaiting assessment and provision by the NHS.

The consultation exercise was run by Jackie Baillie’s parliamentary office.

The consultation process is part of the procedure that MSPs must follow to obtain the right to introduce a Member’s Bill. Further information about the procedure can be found in the Parliament’s standing orders (see Rule 9.14) and in the Guidance on Public Bills, both of which are available on the Parliament’s website:

- Standing orders (Chapter 9): [https://www.parliament.scot/parliamentarybusiness/26514.aspx](https://www.parliament.scot/parliamentarybusiness/26514.aspx)
SECTION 2: OVERVIEW OF RESPONSES

In total, 93 responses were received.

The responses can be categorised as follows:

- 2 (2%) from representative organisations (the Royal College of General Practitioners and the Royal College of Occupational Therapists);
- 11 (12%) from public sector organisations (including four regional health boards and four health and social care partnerships);
- 7 (8%) from third sector organisations (The British Red Cross, Newlife, West Dunbartonshire Community and Volunteering Services, MS Society Scotland, Recycle Mobility Centre, the Scottish Women’s Convention, and Marie Curie); and
- 73 (78%) from private individuals.

Of the 93 respondents:

- 28 (30%) requested that their submissions be published anonymously; and
- 11 (12%) requested that their submissions be considered but not published.

Most responses (87) were received via the online survey platform Smart Survey, with an additional six responses sent directly to the member by organisations.

One response was received outwith the consultation period. This response was from South Lanarkshire Council. As this response was received outwith the consultation period it has not been included within this summary, it can however be viewed on the member’s website along with the other responses.

Most respondents were supportive of establishing a duty to provide a wheelchair to anyone who has been assessed as having a short-term need for one. The majority of these cited the consistency of service across Scotland, allowing individuals to maintain their independence and mobility, and allowing people to leave hospital earlier as the main reasons for supporting the proposed Bill.

Some respondents, however, noted that the proposal could add further pressure to an already overburdened NHS with unintended consequences for other existing services.

Views over where the duty should be placed were split. Most respondents agreed that the duty should be placed on NHS Boards and delegated to Integrated Authorities (Health and Social Care Partnerships). It was noted by many that this would allow for a more uniform service across Scotland, making local variation – the so-called “post code lottery” – less likely.
A significant minority, however, believed that the duty should be placed directly on Integrated Authorities. Many noted that they felt Integrated Authorities were better placed to provide this service as they are community based, already have existing systems and networks in place that could be utilised, and that they understand the specific needs of the people in their area better than wider NHS Boards.

Similarly, respondents were split over whether there should be a target imposed for the provision of wheelchairs on a short-term basis, and what that should be; however, most respondents agreed that, if a target is to be set, then provision within 24-48 hours would be appropriate and workable.

No major issues around equalities or sustainability were raised in consultation responses. However, some respondents raised concerns about the impact that the proposal may have on the current long-term provision.

SECTION 3: RESPONSES TO CONSULTATION QUESTIONS

This section sets out an overview of responses to each question in the consultation document.

**Question 1:** Which of the following best expresses your view of establishing a duty to provide a wheelchair to anyone who has been assessed as having a short-term need for one (defined as less than 6 months)?

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<thead>
<tr>
<th>Response</th>
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<tr>
<td>Fully support</td>
<td>72%</td>
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<td>Partially support</td>
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<tr>
<td>Neutral</td>
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<td>Partially oppose</td>
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<td>Fully oppose</td>
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<td>Unsure</td>
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Ninety respondents answered this question directly. Three respondents, who did not select a specific category, indicated in other ways whether or not they supported the general aims of the Bill.

A significant majority of respondents (80, 86%) supported the proposed Bill and only four (4%) were opposed (in part). Six respondents (6%) were unsure or neutral in their view of the proposal.
The main reasons given for supporting the proposed Bill were:

- helping individuals to maintain their mobility and independence;
- consistency in service delivery across Scotland; and
- helping individuals to leave hospital earlier where appropriate.

The main reasons given for opposing the proposed Bill were that:

- NHS resources are already under strain;
- most homes are not suitable for wheelchairs; and
- wheelchairs are not always the best option for every patient’s recovery needs.

Other points mentioned included:

- the potential impact on the existing long-term provision of wheelchairs;
- the risk of individuals potentially becoming over-reliant or dependent on a wheelchair; and
- that legislation may not be the best way to achieve the overall aims of the Bill.

Reasons for supporting the proposed Bill

Helping individuals to maintain their independence

One of the most common themes amongst those that were supportive of the proposal was the belief that the provision of wheelchairs to people that need them on a short-term basis would help them to regain or maintain their independence following hospital treatment, illness or injury. Several respondents spoke of their own personal experiences and how they had benefitted from having access to a wheelchair for a short period of time. Tamara Hicks, for example, said—

“This essential piece of equipment has given me freedom and independence, and a respite from crutches when I need it. Receiving it quickly enabled me to continue getting to work when I injured my shoulder and couldn’t use crutches at all.” (ID: 113609939)

Several respondents also talked about the loneliness and isolation often associated with temporary disablement and the importance of people recovering from treatment, illness, or injury maintaining their independence and engaging with their local community. One anonymous respondent stated that—

“When an injury or illness occurs, which impacts a person’s mobility, this in itself has a dire impact on that person’s confidence, mood, anxiety levels and mental state. This can only be worsened by not having the resources available to them so that they may leave their property, be outside and communicate with other members of the
community. I know that if I was unable to obtain a wheelchair after my injury, I would be in a much less favourable condition.” (Anonymous 32, ID: 115284231)

Many of the organisations that responded to the consultation such as West Dunbartonshire Health and Social Care Partnership (ID: 120738601) and the Scottish Women’s Convention (ID: 120785832) also agreed that the provision of wheelchairs on a short-term basis to those that need them would greatly support rehabilitation and prevent social isolation. Additionally, the Scottish Women’s Convention pointed out that this in itself could actually prevent further illness or injury.

During the development of her proposal, the member worked closely with the British Red Cross. In its response it noted that—

“… our research demonstrates the significant positive impact that a short-term loan of a wheelchair can have by helping people with mobility issues to manage day-to-day life and recover from illness more quickly …”

It went on to state that—

“… short-term wheelchair loans are an enabler of recovery, choice, control, independence and wellbeing.” (ID: NSS-1)

It was also noted by some respondents that those living with a terminal illness could also benefit from the provision of wheelchairs to maintain their independence and quality of life. Marie Curie stated in its response that equipment adaptations, including wheelchair provision can—

“… help people living with terminal illnesses to remain in their own homes for as long as possible. This can help improve people’s outcomes, independence, dignity and quality of life, and can reduce the need for admissions to hospital or other care services.” (ID: NSS-2)

Within the theme of maintaining independence, many respondents also pointed out that the provision of wheelchairs on a short-term basis would be of particular help to those with chronic health conditions such as Multiple Sclerosis (MS), which can often vary in severity over time, allowing these individuals to maintain their independence and play an active role within their community.

In its response, the MS Society stated that—

“For those with MS, in particular those with relapsing, remitting MS (RRMS), having access to a short-term wheelchair can have a positive impact on their day-to-day life during a relapse. With RRMS you have a pattern of relapses (symptoms getting worse) followed by recovery (‘remission’). The disability of the person with RRMS doesn’t get worse
between relapses so therefore are not always eligible for a long-term wheelchair.”

It then went on to state that—

“... we strongly believe that access to a wheelchair can support individuals to lead independent lives and support them while managing their MS.” (ID: 120577884)

Consistency of service delivery across Scotland

In the member’s consultation document, she spoke of the lack of consistency in provision across Scotland, where some Health Boards provide wheelchairs on a short-term basis, but other boards do not. Similarly, the member noted that some health professionals signpost patients to third sector organisations, such as the British Red Cross, to allow them to access wheelchairs, whereas others do not.

This lack of consistency was also raised by several respondents who were supportive of the member’s proposal. Many noted that the provision of wheelchairs on a short-term basis was often a “post code lottery”.

In its response, West Dunbartonshire CVS (Third Sector Interface) stated that—

“... this Bill would ensure consistency in service delivery across the whole of Scotland as opposed to the current short-term wheelchair provision which can vary dependent on location.” (ID: 119290734)

It was also noted by respondents that the current provision, or lack thereof, was inconsistent with the provisions in place for those with a long-term need. Andrew Stevenson stated in his response that short-term provision—

“... should be regarded as a vital element of NHS care, that anyone assessed as needing a wheelchair should have one provided, regardless of that person’s whereabouts in Scotland or ability to pay.”

He then went on to note that

“... before reading this consultation document I had assumed that this was already acknowledged, and wheelchairs would already be provided by the NHS. I am surprised that this is not the case.” (ID: 115275136)

The Royal College of General Practitioners Scotland (ID: NSS-3) noted in its response that it was supportive of the member’s proposal, and that the systems currently in place could be built upon and augmented, mentioning specifically how well-placed the British Red Cross would be to deliver such a proposal on behalf of the NHS.
It was also noted that those receiving treatment for specific conditions such as cancer are routinely provided with a wheelchair if one is requested (Rhona Gardiner, ID: 113614873). In its response however, Marie Curie, though supportive of the proposal, stated that—

“… we are keen that any legislation or proposed duty is cognisant of the need to continue to prioritise access for people living with terminal illness and those with palliative care needs.” (ID: NSS-2)

**Costs to patients and their families**

Several respondents to the consultation spoke of the cost of purchasing or renting a wheelchair from the third or private sector. It was acknowledged by many that low-cost options are available, especially from organisations such as the British Red Cross. However, it was noted that this is still a major barrier for some families and individuals. In his response, Alan Duncan stated that—

“This [provision] is a must, my mum was bed bound and put on a waiting list for a [wheel]chair, the list was at least 8 months [long] and she sadly passed away after 5 months of illness. Fortunately, we as a family bought our own [wheelchair] for her, but many others in a similar position didn’t have the money available.” (ID: 119884492)

**Delayed discharge**

Many respondents to the consultation spoke of the impact that the provision of wheelchairs to those recovering from treatment, illness or injury would have on so-called “delayed discharge”, where patients, though clinically well enough to leave hospital, are unable to do so due to mobility issues.

Some argued that the provision of wheelchairs on a short-term basis would allow more patients to leave hospital and return home earlier, thus freeing up hospital beds for other patients whose needs may be greater.

The response received from the Trauma Unit at NHS Grampian noted that—

“We often have delayed discharges as a result of short-term wheelchairs not being available. We do have a limited stock on the ward but there [are] strict criteria for these to be given out on a short-term loan” (ID: 119502638)

Another respondent, Amanda Willox, noted that—

“… I often direct clients to the Red Cross for temporary loans. It would be so much easier if health professionals could just order a wheelchair from the local Joint Loan Store when other equipment is being ordered.” (ID: 119058412)

The Scottish Women’s Convention also noted that delayed discharge from hospital, “due to inadequate access to wheelchairs can lead to complications
in many patients’ mental and physical wellbeing” (ID: 120785832). This sentiment was also noted by other respondents, with many seeing the provision of wheelchairs to those with a short-term need as a preventative measure which will ultimately aid recovery.

Reasons for opposing the proposed Bill

Strain on NHS Resources

Of the respondents who were opposed to the proposal, most cited the strain on NHS resources as the reason for their opposition.

Some were concerned that by making short-term provision a statutory duty, other services, which do not have the same statutory footing, could be compromised. NHS Lanarkshire stated in its response that—

“The imposition of a statutory duty to provide a new service overrules any prioritisation process and may ‘trump’ other health interventions that Boards may judge to provide more benefit to the population.” (ID: NSS-5)

This concern was echoed by several other respondents, including some of those who were generally supportive of the proposal. One anonymous respondent expressed concern that this proposed duty may also put additional pressure on NHS staff—

“While I agree with the need for short-term provision of wheelchairs, my concern is how will this be funded and managed? There is already a significant problem with people believing they are entitled to a wheelchair and many [Allied Health Professions], nurses and doctors, [are] put under pressure to provide one. Who is going to provide the necessary funding to support this provision to an already overstretched, under resourced service?” (Anonymous 11, ID: 113782150)

Similarly, Southeast Mobility and Rehabilitation Technology (SMART) Services stated that—

“There is a risk that if it is inadequately resourced there will be an inequity of provision across Scotland, and if provided by existing NHS wheelchair and seating services it could have a negative impact on the service for long-term wheelchair users. If resourced properly with appropriate governance and accountability the service could address current inequities and if provided by existing NHS wheelchair and seating services, there is potential for benefits of scale reducing overall costs.” (ID: 120442648)

Some respondents, such as Argyll and Bute Health and Social Care partnership (ID: 120648150), also questioned where the responsibility for maintaining wheelchairs would lie as part of this provision, and the costs and implications for other services resulting from this.
One anonymous respondent noted that—

“The health and safety rules for maintaining wheelchairs are very stringent and consequently very costly. If wheelchair services have hundreds more to maintain then these costs will rise considerably.” (Anonymous 6, ID: 114559693)

East Ayrshire Health and Social Care Partnership, though neutral in its view of the proposal, noted that—

“Assessing short term need is likely to be difficult to predict accurately ... anyone requiring specialist seating (even short-term) will require specialist assessment and provision, currently only available to long-term [patients].” (ID: NSS-4)

Other respondents noted that the NHS currently has problems with equipment being loaned to patients on a short-term basis and not being returned, resulting in additional strain on resources (Claire Serginson, ID: 113654754).

Suitability of homes for wheelchairs

Some respondents noted that, although short-term access to a wheelchair following treatment, illness, or injury would perhaps benefit people, many in Scotland do not live in homes that are accessible with a wheelchair, tenement flats for example. One anonymous respondent noted that—

“... if people are given a wheelchair for indoor use at home, then their home has to be able to accommodate that chair. I have had patients with fractures who bed block for weeks because their home is too small to accommodate it. I’m speaking from many years’ experience when I say that most homes in Scotland are not suitable for using a wheelchair, even an attendant one.” (Anonymous 6, ID: 114559693)

Similar sentiments were expressed by Marie Curie, who, although supportive of the proposal, noted that—

“Any legislation regarding access to a wheelchair, regardless of timescale, should include provisions for adapting home environments to ensure they are compatible with wheelchair living.” (ID: NSS-2)

General comments

Generally, it was noted by some respondents that the provision of a wheelchair is not a panacea, and that many patients would not benefit from this provision. NHS Lanarkshire commented that—

“The early provision of a wheelchair does not always promote re-ablement and may instead prompt the patient to settle for reliance rather than re-ablement.” (ID: NSS-5)
Similarly, another respondent stated that

“... it is important that those prescribing a wheelchair for short-term loan consider whether provision may actually have a detrimental effect to rehab[ilitation] and promote inactivity. There may be times when a wheelchair would seem beneficial for the short-term to stop someone struggling when actually long-term the provision could slow down rehab. We therefore have to be aware of this and take this into account. However, where the option is complete immobility, short-term provision is invaluable.” (Anonymous 1, ID: 117552600)

Some questioned the need for legislation at all, noting that other options were available to achieve the same aims (NHS Lanarkshire, Non-SS 5). The Equipu Partnership stated in its response that—

“... it would be more appropriate for the Scottish Government to issue updated guidance, linking to the existing guidance relating to the provision of equipment and adaptations.” (ID: 120051405)

In its response, NHS Lanarkshire noted that the Scottish Government is currently developing guidance on the short-term loan of wheelchairs as part of a national review on equipment and adaptations and indicated that they felt it more appropriate to await the results of this work (ID: NSS-5).

**Question 2: What is your view of setting a target for providing a wheelchair to a person who (a) has been assessed as having a short-term need for one and (b) is otherwise ready to use it?**

- Target of 24 hours (where practicable)
- Target of 48 hours (where practicable)
- Target of 72 hours (where practicable)
- Another target
- No target in the legislation
- Unsure
Ninety-two respondents answered this question.

Most respondents (62, 67%) opted for a specific target (where practicable) for the provision of a wheelchair to a person who has been assessed as having a short-term need for one, and who is otherwise ready to use it. Of these respondents, 27 believed that 24 hours was most appropriate (29%), 19 opted for a target of 48 hours (21%), and 16 selected a target of 72 hours (17%).

Nine respondents opted for another target (10%), with 10 respondents stating that there should be no target specified in the legislation (11%), and 11 were unsure (12%).

**Target of 24 hours (where practicable)**

The most common theme amongst these respondents was that of timeliness; that if someone has been assessed as having a short-term need, then the need should be addressed immediately (for example Lorna Holmes ID: 114112113). Andrew Stevenson, in his response, also discussed the practicalities of such a time limit—

“I cannot see any good reason why somebody cannot be helped with a wheelchair within 24 hours. That is a reasonable time to get one from another location if it is not immediately available in the person’s immediate location.” (ID: 115275136)

Tamara Hicks (ID: 113609939), in her response, noted that under the current arrangements, individuals who approach the British Red Cross would normally be able to access a wheelchair within this timescale, implying that there should be no reason why a statutory arrangement should not be able to do the same.

Some respondents also noted that this target would help to maintain people’s independence and dignity following treatment or illness, and that people should be helped to get back to their normal everyday lives as soon as possible—

“... people suffering from injury/illness leading to the need of a wheelchair need to be able to leave their homes and communicate with others in the community. I believe those people should receive a wheelchair as soon as possible, once a need has been identified.” (Anonymous 32, ID: 115284231)

“We believe 24 hours is a reasonable and achievable target to set. It would allow as limited disruption to people’s lives and ensure as quick a transition to independent living as possible for users.” (West Dunbartonshire CVS, ID: 119290734)

Another respondent expressed a similar sentiment, but also noted that short-term provision of this kind could also be used for those waiting for longer-term
provision to be put in place, and that in these cases, a 24-hour target was also appropriate—

“Dignity, independence and respect. It’s not a one size fits all question and does not need to be a right first-time situation. Getting the correct type and size of wheelchair is important and may take time to arrange but people should not go without until then. Some form of standardised best fit fleet of temporary chairs should be possible.” (Nick, ID: 118388052)

Another common theme along similar lines to the above was that a 24-hour target would also help to ensure that those healthy enough to leave hospital can do so, freeing up bed space and NHS resources to help other patients (Anonymous 1, ID: 117552600).

**Target of 48 hours (where practicable)**

Many of the respondents that selected this option gave similar reasons for their response as those who selected a target of 24 hours, for example facilitating a quicker exit from hospital, allowing hospital beds to be made available to other patients with more pressing medical needs. Some additional reasons were given for selecting this option over a 24-hour target.

One respondent (Anonymous 19, ID: 113603599) noted that many services are only available Monday to Friday and therefore this target may allow for current services to be expanded easily.

Other respondents stated that a 48-hour target was preferable to allow for proper consultation with the patient and for appropriate arrangements to be put in place—

“[There] needs to be a balance between supporting the patient and logistics." (Anonymous 4, ID: 114976888)

“There should be good communication within the ward setting as to the need for a wheelchair, proper discharge planning should ensure one is available to support this discharge.” (Anonymous 2, ID 116584764)

Marie Curie also agreed that a target of 48 hours was most appropriate, but noted that the current systems may not allow for this to be properly facilitated—

“We would like to see a commitment that all patients with palliative care needs, who are assessed and referred to the wheelchair service for support, are loaned a wheelchair within 48 hours. Our experience suggests that this is currently not always achievable within the current services in Scotland.” (ID: NSS-2)
Target of 72 hours (where practicable)

Again, like the respondents that selected 24 and 48 hours, several respondents cited logistics as their reason for selecting this option. Jonathan MacLeod, in his response stated that—

“While I would say 24 hours would be great, realistically people just don’t carry wheelchairs in their back pockets so arranging for delivery of a chair would take say a day, finding the chair, ensuring it’s safe and clean would take another day. So, 72 hours would seem like a realistic target.” (ID: 113589364)

Similarly, Recycle Mobility Centre, in its response, noted that—

“People would need to be assessed taking into consideration height, weight, access to property, [and] demonstrations on how they work … I imagine there would be logistical problems meeting demand therefore 72 hours would be a realistic time frame ....” (ID: 117580530)

The current lack of availability of some NHS Services on weekends was again cited as a reason for selecting this target (Wendy Greenstreet, ID: 118611641).

Another stated that they felt that 72 hours was appropriate as—

“Setting a tighter target could seriously undermine the ability to meet it, so would be pointless to set.” (Anonymous 26, ID: 118670909)

In its response, East Ayrshire Health and Social Care Partnership stated that they saw 72 hours as a reasonable target—

“…in line with a range of other priority community equipment provisions – unlikely to be considered an ‘urgent’ piece of equipment, as would not contribute directly to either prevention or admission or deemed to be essential for discharge from hospital.” (ID: NSS-4)

No target set in legislation

The most common theme amongst those that selected this response was the logistics involved (Anonymous 11, ID: 113782150) and that imposing a target may have the unintended consequence of inadequate assessment of a patient’s needs (Anonymous 17, ID: 114183835).

Equipu (ID: 120051405) noted that as there are currently no targets in legislation for other equipment provision, the suggestion of a target for this provision is inconsistent with other guidance.

Similarly, the Royal College of Occupational Therapists (ID: NSS-6) stated in its response that any targets should be detailed within supplementary guidance, not in legislation, and set locally depending on local requirements.
Another target

Most respondents that selected this option stated that a week would be a more suitable target to set as this would allow for the necessary assessments to be made and equipment to be sourced (for example Scott Johnson, ID: 113613679, Anonymous 8, ID: 114306547, and Anonymous 31, ID: 120115497).

In its response, Southeast Mobility and Rehabilitation Technology (SMART) Services stated that—

“Targets (and priorities) should be consistent with those for long-term wheelchair users … if necessary these standards should be reviewed and updated to reflect the need to assess short-term use.” (ID: 120442648)

Unsure

Most of the respondents that selected this answer noted that each case will be different; the way services are set up varies across the country, therefore setting one national target would be difficult (Robert Dewar, ID: 115659212, Sorcha Hume, ID: 116916155, and Argyll and Bute Health and Social Care Partnership, ID: 120648150).

In its response, the British Red Cross stated that it was unsure as to which target should be set; those identified as having a short-term need should be provided with a wheelchair as soon as possible, however—

“… from our operational experience of providing mobility aids we understand that it may take providers up to 72 hours, given that providers may not currently be operating 7 days a week. The point at which a person is assessed as being in need is an unsettling one, and this anxiety should be relieved as soon as possible.” (ID: NSS-1)

Question 3: Which of the following best expresses your view of where the Bill should place the duty to provide short-term access to wheelchairs to people assessed as needing them?

Duty placed on NHS Boards / Duty placed on NHS Boards, but with a requirement to delegate it to Integrated Authorities (Health & Social Care Partnerships) / Duty placed on Integrated Authorities / Other / Unsure
Ninety-two respondents answered this question.

Thirty-three respondents (36%) stated that the duty should be placed on NHS Boards, but with a requirement to delegate the duty to Integrated Authorities (Health and Social Care Partnerships). Twenty respondents (22%) believed that the duty should be placed directly on Integrated Authorities, and 13 (14%) felt the duty should be placed solely on NHS Boards. Seventeen respondents (18%) were unsure, and 9 respondents (10%) selected “other”.

**Duty placed on NHS Boards and delegated to Integrated Authorities**

Thirty-three respondents (36%) selected this response. The general theme amongst these respondents was consistency of service. It was noted that currently, the duty to provide most services is placed on NHS Boards and then delegated to Integrated Authorities. In its response, Equipu stated that—

“Following the integration of health and social care, equipment and adaptations are services that must be delegated to Integration Authorities. NHS Boards have the statutory responsibility for the provision of permanent wheelchairs and it is therefore important that they have the strategic overview for both areas of provision whilst delegating short-term loan (in line with integration arrangements) to HSCPs.” (ID: 120051405)

One respondent misunderstood the meaning of the term “Integrated Authorities” and stated that they thought the duty should be placed on the NHS, but the delivery delegated to third sector organisations such as the British Red Cross.
Duty placed on Integrated Authorities (Health and Social Care Partnerships)

Twenty respondents (22%) stated that they believed the duty should be placed on Integrated Authorities. The consensus amongst these respondents was that Integrated Authorities are better placed to offer this provision as they are more accessible to people in the community. Claire Serginson noted in her response that—

“NHS Boards often concentrate too much on acute services and the provision of wheelchairs needs to be close to individuals’ homes.” (ID:113654754)

Other respondents, including the Royal College of Occupational Therapists (ID: NSS-6) and East Ayrshire Health and Social Care Partnership, pointed out that most other mobility equipment is currently provided in this way and that this was—

“… in keeping with a range of other community equipment items, already supplied through Health and Social Care Partnerships”. (East Ayrshire Health and Social Care Partnership, ID: NSS-4)

In its response, West Dunbartonshire CVS stated that Integrated Authorities are better placed to hold this duty as—

“… they work more locally than Health Boards and as a result are better placed to engage with local groups.”

They then went on to state they were concerned that—

“… less populated regions such as West Dunbartonshire could be negatively impact[ed] by being grouped by a larger area as would happen if Health Boards were in charge of provision.” (ID: 119290734)

Duty placed on NHS Boards

Thirteen respondents (14%) selected this option. The main reason given by respondents was that it seems sensible to place this duty on NHS Boards, who can then delegate the duty as they see fit, depending on local circumstances.

The charity Newlife pointed out that its—

“experience is that if the duty is not placed on the NHS Board, confusion arises over responsibility. This is particularly true for children where some NHS Services argue that wheelchairs and specialist buggies for children are for the benefit of the parent, and as such it’s a social care responsibility.” (ID: 116443873)
The other main reason given for respondents selecting this option was consistency of treatment provider. It was argued that if patients are currently in hospital receiving treatment, it is logical for the NHS Boards running those hospitals to also have responsibility for providing short-term access to wheelchairs if a patient is assessed as requiring one (Jennifer C 32, ID: 118810749 and Linda Hargie, ID: 120029189).

Southeast Mobility and Rehabilitation Technology (SMART) Services noted that the current duty to provide equipment rests with NHS Boards and that—

“… most short-term use will arise due to acute onset of an illness or an injury and the need for a wheelchair will be first identified by a healthcare professional based within an acute hospital setting.” (ID: 120442648)

Unsure

Seventeen respondents (18%) stated that they were unsure where this duty should be placed.

Most did not feel that they had enough information or expertise to provide a response.

The Scottish Women’s Convention (ID: 120785832) noted that the current inconsistent system leaves many ill-informed of their rights, with many unaware that they were even able to approach the third sector for short-term access to a wheelchair.

The British Red Cross stated that it—

“has no position on where the duty should be placed, as long as the body ensured that need is met and that providers are properly funded to deliver the appropriate service.” (ID: NSS-1)

Other

Nine respondents (10%) selected “other” as their response to this question. The majority of these respondents suggested that a third-sector organisation, such as the British Red Cross, was best placed to operate the provision across Scotland, with several noting that the British Red Cross would need to receive funding to ensure consistent provision across the country (Argyll and Bute Health and Social Care partnership, ID:120648150 and the Royal College of General Practitioners, ID: NSS-3).

This point was also alluded to in West Dunbartonshire CVS’s response. Although stating that the duty should rest with Integrated Authorities, it also noted that—

“The third sector is already playing an important role in short-term wheelchair provision in small pockets at a local level and this change in
legislation could expand on this further and use the third sector’s already established local connections to ensure consistent provision across Scotland.” (ID: 119290734)

Other suggestions from those that selected this option included that the duty could rest with Local Authorities (Nick, ID: 118388052) or with local GP practices (Cait Ni Cadlaigh, ID: 118413307).

**Question 4: Which of the following best expresses your view of how further provision about wheelchair access (e.g. assessment criteria and eligibility) should be made?**

Ministers should have power to make regulations, give directions and guidance / It should be left to NHS Boards or Integrated Authorities (as the case may be) to develop criteria for themselves / Other (please specify) / Unsure.

Ninety respondents answered this question.

Forty respondents (44%) stated that Ministers should have power to make regulations and give directions and guidance on further provision. Thirty-one respondents (34%) stated that NHS Boards or Integrated Authorities (as the case may be) should be able to develop criteria for themselves and 19 respondents (21%) selected “other” or “unsure”.

Ministers should have power to make regulations and give directions and guidance

Forty respondents (44%) selected this response. The majority of these cited consistency of provision as their rationale.

Annette Pollock, in her response, stated that—
“... regulations, directions, guidance need to be clear and unarguable. It must work for the whole of Scotland and my fear is that if left to individual health boards, wheelchair access might be very variable” (ID: 113649511)

Many stated that guidance should come from government but that—

“... the finer details should be agreed locally as there are many differences between health boards in geography, population, facilities, etc.” (Sorcha Hume, ID: 116916155)

Some also felt that, if left to NHS Boards, guidance would be developed on a cost-saving basis rather than based on need.

In its response, the British Red Cross also agreed that any further provision should be directed by ministerial guidance—

“... ensuring responsibility for provision at a national level would mean a consistent outcome across Scotland ... national guidelines would facilitate a smooth transition to this new provision.” (ID: NSS-1)

**It should be left to NHS Boards or Integrated Authorities (as the case may be) to develop criteria for themselves**

Thirty-one respondents (35%) selected this response. Most of these respondents were of the view that these types of decisions should be made at a local level, taking account of local need and local conditions (for example the Royal College of Occupational Therapists, ID: NSS-6 and Equipu, ID: 120051405).

Other respondents were of the view that decisions on further provision should be made by those with first-hand knowledge of the clinical considerations involved and of the needs of their local area. For example, the Scottish Women’s Convention stated that the development of criteria—

“... would include input from stakeholders with expertise who are in the optimum position to decide patients’ interests, the fact that assessment criteria would be decided by those with a wealth of knowledge was seen as the best way forward”. (ID: 120785832)

**Other or Unsure**

Nineteen respondents (21%) selected either “other” or “unsure” as their response to this question.

Most respondents that selected these options favoured a mixture of both approaches, where guidance is issued by the Scottish Government, but developed and interpreted locally by NHS Boards or Integrated Authorities.

One anonymous respondent, for example, stated that—
“… Ministers being able to offer guidance to the statutory body to apply consistency across Scotland would be beneficial. However, each local area should hold responsibility to deliver the proposal and therefore hold the responsibility to develop local criteria.” (ID: 114764556)

Similarly, East Ayrshire Health and Social Care Partnership stated that—

“Government should develop a framework alongside any legal requirements, in order to provide guidance; local HSCPs or NHS Boards should develop specific criteria to meet local needs alongside operational procedures.” (ID: NSS-4)

**Question 5: Which of the following best expresses your view of requiring Scottish Ministers to report back to the Scottish Parliament on the operation of the legislation?**

Every year / Every 2 years / Every 3 years / Every 5 years / Unsure / Other

Ninety-one respondents answered this question.

Most respondents (37, 41%) stated that Scottish Ministers should report back to the Scottish Parliament on the operation of the legislation every year. Fourteen respondents (15%) believed that Ministers should report to the Parliament every three years. Ten respondents (11%) selected every two years, and eight respondents (9%) selected every five years. Twenty-two respondents (24%) selected “unsure” or “other” as their response.

**A duty to report back to the Scottish Parliament every year**

Thirty-seven respondents (41%) stated that Scottish Ministers should report annually to the Scottish Parliament on the operation of the legislation.
Several of these respondents however, stated that Ministers should report back yearly initially, and then less frequently as the systems in place mature (Jonathan MacLeod, ID:113589364 and Recycle Mobility Centre, ID: 117580530).

Some also noted that annual reporting would ensure transparency and encourage consistent service provision across Scotland (Anonymous 12, ID: 113630740).

**A duty to report back to the Scottish Parliament every two years**

Ten respondents (11%) stated that Scottish Ministers should report back to the Scottish Parliament every two years on the operation of the legislation.

Those that selected this response noted that they felt that two years was a reasonable and practical timeframe for the legislation to be implemented and be evaluated.

**A duty to report back to the Scottish Parliament every three years**

Fourteen respondents (15%) stated that Scottish Ministers should report back to the Scottish Parliament every three years on the operation of the legislation.

Several of the respondents that selected this option stated that it struck a good balance between effective supervision and allowing the new provision to bed in and its effects be realised (West Dunbartonshire CVS, ID: 119290734). It was also noted by some that a three-year reporting cycle would lessen the pressure on both the NHS and the Parliament, both of which are already under significant pressure (S Sutherland, ID: 116052816 and Anonymous 5, ID: 114764556).

In its response, the Scottish Women’s Convention stated that—

“… it was felt that between two and three years was optimum … This was seen as beneficial in allowing scoping and planning provisions as well as allowing sufficient time for providers to analyse demand and offset the likes of further costs that may be incurred.” (ID: 120785832)

**A duty to report back to the Scottish Parliament every five years**

Eight respondents (9%) stated that Scottish Ministers should report back to the Scottish Parliament every five years on the operation of the legislation.

It was noted that a more frequent reporting cycle may actually end up taking resources away from providing the service in the first place.
Other and unsure

Fifteen respondents (16%) were unsure of how often Scottish Ministers should report back to the Scottish Parliament on the operation of the legislation.

Seven respondents (8%) suggested other options for this reporting. The majority of these agreed with the views already expressed that Scottish Ministers report regularly to Parliament initially, then less frequently as the provision matures.

In its response, Southeast Mobility and Rehabilitation Technology (SMART) Services stated that initially—

“...more frequent reporting would be needed to ensure the service is being embedded in routine practice (so every year) and reducing in frequency in line with other legislation or defaulting to reporting to NHS Healthcare Improvement Scotland ... with a frequency consistent with the other services that they oversee/quality assure.” (ID: 120442648)

Question 6: Taking account of both costs and potential savings, what financial impact would you expect the proposed Bill to have on; government and the public sector (including the NHS, local authorities), businesses (including makers and suppliers of wheelchairs), the third sector (including charities and voluntary bodies supporting those with mobility issues) and individuals (including people with mobility issues and their relatives)?

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<th>Significant increase in cost</th>
<th>Some increase in cost</th>
<th>Broadly cost neutral</th>
<th>Some reduction in cost</th>
<th>Significant reduction in cost</th>
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Eighty-seven respondents answered this question.

Government and the public sector

Sixty-seven respondents (75%) thought that there would be an increase in costs to the government and public sector (including the NHS and local authorities). Increased administrative costs were noted, as well as significant costs with regards to the purchase and maintenance of wheelchairs, as well as the logistics involved in their delivery and collection.

Eleven respondents (12%) believed that the proposal would be cost neutral for the Scottish Government and the public sector or were unsure. Several respondents noted that any cost increases are likely to be off-set over time by cost savings resulting from patients being discharged earlier than they previously would have been.

Eleven respondents (12%) believed that there would be a reduction in costs for the Scottish Government and the public sector. Savings associated with patients being able to be discharged from hospital earlier was cited by
respondents, as well as those patients being better able to access treatment within their own community rather than needing to be transported to and from hospital by ambulance or missing appointments due to immobility.

**Businesses**

Twenty respondents (23%) thought that there would be an increase in costs to businesses (including the makers and suppliers of wheelchairs) as a result of the proposed Bill. Most noted that costs to businesses would rise as a result of having to purchase more materials to produce wheelchairs or purchase more stock in general, however many also commented that these costs may be off-set by government funding.

Eighteen respondents (20%) believed that the proposed Bill would result in a reduction in costs for businesses. Many believed businesses would enjoy increased sales as a result of the Bill with the NHS purchasing more wheelchairs to provide to patients on a short-term basis.

Twenty-eight respondents (32%) thought that the proposed Bill would be cost-neutral for business. Similar views were expressed by these respondents to those above with many arguing that although businesses would have additional costs producing more wheelchairs, these would be offset by increased profits from the NHS purchasing additional equipment. It was also noted by East Ayrshire Health and Social Care Partnership that manufacturers may even benefit from a reduction in unit costs, as demand for wheelchairs increases due to increased purchasing by the NHS (Non-SS 4).

A significant number of respondents (22, 25%) were unsure what impact the proposed Bill would have on businesses.

**The third sector**

Twenty-two respondents (25%) thought that there would be an increase in costs for the third sector (including charities and voluntary bodies supporting those with mobility issues). Some respondents noted that the costs on the third sector would depend greatly on the system put in place to administer short-term provision. If the third sector was relied upon to provide this service then there would be an increase in costs to them as they expand services nationally; these costs would however be balanced by additional funding.

Twenty-eight respondents (31%) thought that there would be a reduction in costs to the third sector. Again, respondents noted that this would vary depending on the method of provision chosen. Respondents stated that if the third sector was to be used by the NHS to provide this service then they would receive additional funding, allowing them to deploy current resources to other projects. Other respondents noted that if the administration of this provision was to be taken on by the public sector then the third sector would not be needed to provide this service, again, allowing them to deploy their resources elsewhere.
Twenty-five respondents (28%) thought that the proposed Bill would be cost-neutral for the third sector. The same points discussed above were also made by the majority of these respondents.

Fourteen respondents (16%) were unsure what impact the proposed Bill would have on the third sector.

**Individuals**

Only four respondents (4%) thought that the proposed Bill would result in an increase in costs to individuals (including people with mobility issues and their relatives). One respondent (Anonymous 16, ID: 117776478) suggested that patients could be asked to contribute towards the cost of short-term access to a wheelchair if they could afford to do so.

A clear majority of respondents (58, 65%) thought that the proposed Bill would result in a decrease in costs to individuals. Respondents noted that as individuals that require short-term access to a wheelchair currently pay privately to purchase a wheelchair or borrow one from the third sector for a small fee or donation, the provision of wheelchairs on a short-term basis would remove this expense, resulting in a reduction in costs for individuals.

Eighteen respondents (20%) thought that the proposed Bill would be cost-neutral and nine respondents (10%) were unsure.

**Question 7: What overall impact is the proposed Bill likely to have on equality, taking account of the following protected characteristics (under the Equality Act 2010): age, disability, gender re-assignment, maternity and pregnancy, marriage and civil partnership, race, religion and belief, sex, sexual orientation?**

Eighty-nine respondents answered this question.
Positive and slightly positive

Sixty-three respondents (71%) felt that the proposed Bill would have a positive or slightly positive impact on equality. Many of these noted that access to a wheelchair on a short-term basis would greatly improve people’s quality of life and allow them to maintain their independence and engage with their local community.

One respondent noted that, although this provision should have a positive impact on those with protected characteristics, these positive impacts may be negated if the systems put in place to administer this provision are not organised properly (Anonymous 17, ID: 114183835).

It was also noted that older people would benefit proportionately more than other groups from the proposed Bill (Scottish Women’s Convention, ID: 120785832).

In its response, West Dunbartonshire CVS stated that—

“The Bill would tackle inequality by promoting inclusivity particularly for disabled people and the elderly. A key benefit of the proposal is reducing social isolation and allowing those with a short-term mobility issues to be able to more easily go about their normal day-to-day life and continue to be able to go out freely and contribute to the local economy, maintain social connections and just generally be independent members of society.” (ID: 119290734)

Neutral and unsure

Nineteen respondents (21%) felt that the proposed Bill would have a neutral effect on equality with many noting that this proposal would impact upon anyone in the population assessed as requiring the use of a wheelchair on a short-term basis, not just those with protected characteristics.

Three respondents (3%) were unsure as to the impact that the proposed Bill would have on equality.

Negative

Four respondents (4%) felt that the proposed Bill would have a negative impact on equality. Of those that selected this response the issue of funding being diverted from other services was cited, as well as that of unintended consequences, particularly for those awaiting long-term provision. For example, concern was expressed that short-term provision may be prioritised at the expense of long-term provision if it is enshrined in legislation in the manner proposed (Occupational Therapy Department, Astley Ainslie Hospital, ID: 117785202).
**Question 8: In what ways could any negative impact on the Bill on equality be minimised or avoided?**

Fifty-eight respondents answered this question.

Most respondents were of the view that there would be no negative impacts on equality.

Of those that did make suggestions, most stated that clear and consistent information should be provided to patients with regards to their provision, and importantly, when that provision will end—

“Clear and honest information about what the scheme is, and is not, intended or able to achieve … a clear ‘exit strategy’ would be required to support withdrawal of the equipment to ensure that the scheme does not actually result in loss of ambulation through inappropriate provision and to refer people on to alternative provision if appropriate.”

(Anonymous 17, ID: 114183835)

Several respondents also commented on the need for adequate resources to be put in place to ensure that the appropriate levels of assessment can be carried out to ensure that those in need are given access to short-term provision (Anonymous 5, ID: 114764556).

The Scottish Women’s Convention (ID: 120785832) stated that caring responsibilities should also be considered when an individual is assessed as to whether they should remain in hospital or return home with the use of a wheelchair as this can greatly impact upon someone caring for that person if they return home too early with reduced mobility.

Several respondents commented on the need for a consistent approach across Scotland (Wendy Greenstreet, ID: 118611641 and West Dunbartonshire CVS, ID: 119290734).

**Question 9: Do you consider that the proposed Bill can be delivered sustainably, i.e. without having likely future disproportionate economic, social and/or environmental impacts?**
Ninety respondents answered this question.

The majority (54, 60%) thought that the proposed Bill could be delivered sustainably. Respondents noted that, as the British Red Cross is already largely performing this function, putting the provision on a statutory footing would have little impact on sustainability (Anne M, ID: 113600831). It was also noted that wheelchairs can be recycled and reused by multiple patients, thus minimising any impacts.

Eleven respondents (12%) thought that the proposed Bill could not be delivered sustainably. One respondent noted that this proposal would put further strain on an already overstretched health service (Anonymous 6, ID: 114559693) and another stated that due to Scotland’s ageing population, the demand for short-term access to wheelchairs will only increase resulting in much higher costs over time (Anonymous 15, ID: 116663721).

Twenty-three respondents (28%) were unsure as to whether the proposed Bill could be delivered sustainably or not.

**Question 10: Do you have any other comments or suggestions on the proposal?**

Fifty-eight of those who responded provided other general comments or suggestions on the proposal.

Several respondents commented that the existing structures already in place could be expanded. The Royal College of Occupational Therapists, for example, while supportive of the proposal, felt that—

... [it would be sensible to] not over complicate the process and build on what already works well.”

It then went on to state that—
“… it is important that those with longer term needs do not get mixed up with those who require short-term provision. Patients with longer term conditions which may have variable functional presentations (i.e. ‘good days and bad days’) should be supported to consider a longer-term wheelchair provision … rather than needing to seek a short-term loan in an emergency.” (ID: NSS-6)

A number of respondents made similar comments. Many referred to the importance of ensuring that those with chronic, or more complex, conditions such as Multiple Sclerosis, where individuals’ symptoms relapse and remit, are also able to access wheelchairs easily when needed (MS Society, ID: 120577884).

As has previously been discussed, many noted the wider benefit to the NHS of providing wheelchairs on a short-term basis, however, that this provision, if enacted, should not be seen to operate in isolation, but rather complement existing services to ensure that any provision is not detrimental to recovery—

“… it would be essential for a scheme like this to be integrated into holistic assessment and service provision structures to ensure that negative consequences are avoided. ‘Wheelchairs on demand’ would be a very bad idea.” (Anonymous 17, ID: 114183835)

Concerns were also raised around the potential for any system put in place to be abused by individuals looking to access other services such as adaptations, benefits, or housing, which are normally only given to wheelchair users. It was argued that robust systems would need to be established to ensure that it is clear when an individual is being provided with a wheelchair on a short-term or long-term basis (Argyll and Bute Health and Social Care Partnership, ID: 120648150).

Some respondents also commented that those provided with a wheelchair on a short-term basis should also be provided with a blue badge on a similar basis to ensure that they can maintain their independence and access local facilities as they would have done previously (Anonymous 27, ID: 119667566, Chris Denny, ID: 113561607, and Tamara Hicks, ID: 113609939).

Several commented that current services are already under considerable strain and that any new system put in place should be properly resourced to ensure that existing services are not negatively impacted.

The Scottish Women’s Convention (ID: 120785832) said it was vital that any scheme established should ensure that there is joined up, multi-agency working where individuals know their rights. It also stressed that effective discharge procedures should be put in place to ensure patients are not discharged from hospital too soon simply because they can have access to a wheelchair, and that practical adjustments within homes are considered.
It was also noted by some respondents, for example Marie Curie (ID: NSS-2), that most people’s homes are not suitable for wheelchair access.

More generally, NHS Lanarkshire concluded in its response that it has—

“… significant misgivings about the imposition of a statutory duty (with or without resources) on health bodies. While we recognise a need to work on improving the provision of wheelchairs … we are firmly of the opinion that a statutory duty would be an inappropriate, top down improvement technique that is not consistent with NHS values.”

It also noted that the—

“… Scottish Government is currently developing guidance on the short-term loan of wheelchairs as part of a national review on equipment and adaptation for mobility impairment. It might be appropriate to await the outcome of this review, which we understand will be later this year.” (ID: NSS-5)

At the same time, many respondents pointed to the overall benefits of providing wheelchairs on a short-term basis, West Dunbartonshire CVS for example, stated that—

“If implemented it will help ensure consistent short-term wheelchair provision throughout Scotland. The result will be that individuals in need of short-term wheelchair provision will be able to maintain independence during their recovery and continue to maintain social connections and reduce their chance of further injury. These factors will have a positive effect on both individuals as well as on the NHS.” (ID: 119290734)

Similarly, the British Red Cross concluded its submission by stating that—

“… Across our work relating to health and social care, we see the negative impact of not being able to access a wheelchair when needed. People may become socially isolated, find they are unable to get important medical appointments or work, and suffer from worsening health. We also see the positive impacts when people are able to access the right wheelchair at the right time.

The benefit that short-term wheelchair provision delivers to the broader health and social care system – reducing pressures, speeding recovery time, enabling people to return home from hospital sooner and supporting them to live independently at home – is invaluable.” (ID: NSS-1)
SECTION 4: MEMBER’S COMMENTARY

Jackie Baillie MSP has provided the following commentary on the results of the consultation, as summarised in sections 1-3 above.

I would firstly like to thank all those who took part in the consultation stage of my Member’s Bill proposal. I received a fantastic level of support from a number of different stakeholders including large, nationwide third sector groups such as Marie Curie, smaller community groups, health and social care partnerships and many individuals who have an interest in the topic. The consultation received 93 responses and, thus far, I have also received over 100 postcards signalling support for my plans. I would also like to thank the British Red Cross for their valuable time in assisting with the drafting of the proposal and the Scottish Parliament’s Non-Government Bills Unit for their valuable help at both this stage and the stages to come.

My bill proposal is straightforward and simple. Currently in Scotland, the NHS will provide hospital patients with a wheelchair upon discharge if they are deemed to need one for six months or more. In the majority of cases those who need it on a short-term basis must either fork out the money to buy a wheelchair themselves, rely on charities such as the Red Cross (who only operate in certain areas of the country) to provide them with a second-hand wheelchair, or, especially in the case of elderly patients, remain in hospital. This leaves patients being in hospital longer than they need to be, and hospital beds not being made available for those who need one the most. The bill’s raison d’être is to give wheelchairs to those who need them on a short-term basis.

I am delighted that my proposal received not only a wide-ranging response but an overwhelmingly positive one too. Out of the 93 respondents, 86% were either fully or partially supportive of the proposed bill. No one was totally against my proposal and just 4% were partially opposed. This level of support for my proposal shows the need and desire from both individuals and organisations for wheelchairs to be available on a short-term basis in order for patients to receive the best possible level of care and rehabilitation.

Whilst carrying out the consultation of my proposal, I was particularly interested in learning about the real-life reasons why short-term access to wheelchairs in Scotland is needed. These reasons included:

“It could mean an individual could get out and about instead of being confined to the house for long periods of time”¹

“If you need a wheelchair, it’s not needed in months it’s needed now.”²

“Having access to a wheelchair will help people manage day to day life and hasten their recovery.”³

¹ Heather McQueen (Response 113583551)
² Colin Stewart (Response 113654841)
³ Anne Farrow (Response 114119770)
“It should be regarded as a vital element of NHS care that anyone assessed as needing a wheelchair should have one provided, regardless of that person's whereabouts in Scotland or ability to pay for the use of one. In fact, before reading this consultation document I had assumed that this was already acknowledged and that wheelchairs would already be provided by the NHS. I am surprised that that is not the case.”

These personal views further reinforce my belief that short-term access to wheelchairs is a necessity and that the provision of such would hugely benefit those who need it the most.

I appreciate the feedback that I received which raised concerns regarding my plans. These concerns were largely related to our NHS already being under significant strain, and that homes would need adaptations to accommodate wheelchairs. These are valid points to raise and I have reflected on them. I do not believe we should over-complicate the delivery of this service and have a myriad of assessments for what is essentially the loan of a wheelchair for someone with a short-term condition. As this is primarily about seeking to assist rehabilitation and recovery and allowing people to return home quicker, I believe the duty should be placed on health and social care partnerships.

I am confident that my proposed bill will achieve wide cross-party support. I am grateful for the continued help and feedback on my proposal. I look forward to the next steps of my bill and hope that we can ensure that everyone who needs a wheelchair will have one, regardless of where they live or their financial situation.

Jackie Baillie MSP
September 2019

4 Andrew Stevenson (Response 115275136)
ANNEXE

Jackie Baillie MSP – Proposed Wheelchairs (Short-term Access) (Scotland) Bill (lodged 5 April 2019)

Responses to the consultation as listed on the member’s website where the full responses can be accessed:

https://jackiebaillie.laboursites.org/wheelchair-bill-consultation-responses/

Responders that selected “not for publication” in their response have not been included in this table. Responses from organisations have been highlighted in bold text.

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