The Community Equipment Code of Practice Scheme C.I.C

CECOPS

The Code of Practice for Community Equipment and CECOPS

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About Community Disability Equipment

• In the UK there are approx. **12 million** pieces of disability equipment delivered into the community to **4 million** service users by statutory agencies each year.

• In the UK there are over **500,000** nurses, therapists, carers and technical staff assessing for, providing and maintaining equipment in the community setting.
Examples of equipment types:

- home nursing, e.g. hoists, pressure mattresses, ventilators
- aids for daily living, e.g. shower chairs
- children’s equipment, e.g. postural support chairs
- sensory impairment equipment and communication aids
- minor and major adaptations, e.g. ramps, grab rails
- Specialist wheelchairs & seating
- Telehealth and (some) telecare
About Community Disability Equipment

Equipment is provided:

- by integrated Local Authority and NHS stores
- by hospitals, continuing healthcare teams
- in special schools
- by retailers (e.g. high street pharmacies)
- in care homes, hospices
- by domiciliary care providers, third sector organisations and housing agencies.
Community Disability Equipment: Strategic Fit

Safe, good quality, timely and effective equipment provision:

• helps achieve a variety of care related policies and strategies e.g. early intervention & prevention;
• improves early years development for disabled children;
• reduces risk and likelihood of unnecessary injuries (e.g. falls, pressure ulcers), untoward incidents and fatalities;
• cuts unscheduled hospital admissions, and avoids crisis admissions to high cost services;
• reduces length of hospital stay and ‘bed blocking’;
Community Disability Equipment: Strategic Fit

Safe, good quality, timely and effective equipment provision:

• enables timely discharge from hospital and supports post discharge recovery;
• provides seamless care pathway for service users across different care agencies;
• Supports carers and parents to manage care needs & wellbeing
• keeps more people independent in the community, and
• assists with funding of long term care.
Safe, good quality, timely and effective equipment provision:

- is vital for disabled children and adults, and older people, in promoting their:
  - self determination;
  - independence;
  - dignity;
  - safety;
  - social inclusion;
  - quality of life;
  - control over their own lives.
Strategic Fit: Efficiencies

“For a 30 year old man, savings in residential care costs of £1.6 million over an assumed life-expectancy of 20 years were projected as the result of investment in home modifications.” (£80K per annum)


If only 1% of the 12 million pieces of equipment, delivered each year in the UK, fails to be delivered appropriately, and it results in a secondary episode of care e.g. hospital or care home admission, treatment of a fall or pressure ulcer, it could be unnecessarily costing the care economy over £5 billion each year.

Community Disability Equipment: Problems

A series of critical reviews

Key findings:

• General lack of understanding about services and importance of equipment
• Regular breaches of legislation
• Avoidable fatalities and serious incidents
• Underfunded and poorly commissioned services (not syncing with policy)
• Poor clinical and financial outcomes
• Concerns over lack of safeguards with the Retail Model
• No standards, not regulated or inspected
Community Disability Equipment: Solutions

What we need to do (in summary):

• Link equipment commissioning and provision to policy and strategy objectives (e.g. Prevention), the legal and welfare framework; ascertain level of need (and unmet need)

• Commission across different care agencies e.g. via joint working, pooled funding (e.g. determined by JSNAs)

• ‘Invest to save’ in provision (false economy otherwise!)

• Improve safety, quality and efficiency

• Develop measurable outcomes

• Have standards across commissioning, provision and clinical and professional aspects
Community Equipment Code of Practice

To assist in improving services the **Code of Practice for community equipment** has been written. It is essentially a quality framework for the procurement and provision of services. The Code is based on **existing legal and welfare obligations**. It applies to commissioners, providers and clinical and professional teams.
Areas covered by the Code of Practice

Commissioning & Governance
- e.g. Joint working, integration, pooled funding, governance, risk mgmt

Service Provision
- e.g. Operational, medical device, equipment maintenance, performance management.

Clinical & Professional Responsibilities
- e.g. Assessing and reviewing equipment needs, training in equipment provision and use

Peripheral Issues & Specialist Areas
- e.g. User involvement, hospital discharge, Disabled Facilities Grants, Complex equipment
Administering the Code of Practice

The **Community Equipment Code of Practice Scheme (CECOPS)** is the responsible ‘body’ for administering the Code of Practice. **CECOPS** is a *not-for-profit* organisation (Community Interest Company).
Scope and Use: Code of Practice Scheme

Registration
- Full
- Associate (Corporate reg.)
- Self-Regulation Software

Accreditation
- External Assessor: DNV Healthcare
- 3 Year full audit
- 1 Year health-check

Training
- Training Programme
- Approved Trainers

CECOPS Website
- Online register
- Registered Users
- Accredited Users
- Approved Trainers

Community Equipment Code of Practice Scheme
How the Code will improve overall quality of care

Compliance with the Code:

• results in getting the right equipment at right time;
• helps to achieve strategic and policy objectives;
• involves service users in decisions and service design;
• enables safer and better quality services by providing a framework to work to, and a benchmark for assessing standard of service;
• enables legal, regulatory, welfare duties and obligations to be met in one place;
• provides a ready-made template for commissioners & providers;
How the Code will improve overall quality of care

Compliance with the Code:

• ensures seamless care pathways by encouraging joint working and integrated commissioning and provision across care spectrum;
• produces efficiencies by avoiding costlier care (e.g. hospital and care home admission), and smarter procurement;
• provides a tool for assessing and self-regulating overall performance;
• provides quality of life for the service user by also regarding social model of disability and ‘whole-life’ needs.
Next Steps

• All organisations responsible for equipment should register with CECOPS and begin working to the Code

• Commissioners should require compliance with the Code from service providers and clinical teams (registration and accreditation)

• Code Users should access Approved Training for their staff

• CECOPS Approved Self-Regulation Software (iCOPS™) is available to aid compliance
Requesting compliance from service providers

Excerpt from recent tender specification in Birmingham

The Service Provider MUST provide the following:
It is a requirement that the Provider registers the Birmingham based Store(s) with CECOPS (Community Equipment Code of Practice Scheme) and works towards accreditation with CECOPS within one year of the start of the Contract.

“In Birmingham, we found the CECOPS Code of Practice really useful in updating our specification for our recent tender. It helped to have all the background information in one place and to have a system of quality assurance to demand of providers.”

Commissioners for Birmingham City Council and Birmingham and Solihull NHS Cluster equipment service
Support for the Code of Practice

“As Chairman of the Care Quality Commission I welcome the Code of Practice for Community Equipment” Dame Jo Williams DBE

“HSE recognises the need for guidance, and welcomes the Code of Practice...” Health and Safety Executive

“I am writing on behalf of the association of directors of adults social services to confirm our endorsement of the Code of Practice for community equipment” Sarah Pickup, President, ADASS

“Adherence to the Code would offer clinical and financial benefits for both patients and commissioners and I believe there is great potential for the Code to be integrated into primary care commissioning.” Dr Peter Patel, NAPC
Organisations working with the Code of Practice

Birmingham City Council

Leeds City Council

Solihull Metropolitan Borough Council

British Red Cross

ENFIELD Council

Hereward College

Sutton

Leeds Community Healthcare

Merton

Croydon Council

NHS Nottingham Rehab Supplies

welwyn garden city

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Sandwell Metropolitan Borough Council

Adding to Life

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essex cares

promoting independence
Who can join the Code of Practice Scheme?

• Local Authority and NHS:
  ✓ Commissioners (including commissioning support units);
  ✓ All equipment providers (in-house, outsourced) e.g. joint equipment stores, continuing healthcare
  ✓ Clinical professional teams

• Third sector organisations
• Private sector e.g. retailers
• Care providers e.g. care homes and domiciliary care providers
The Code of Practice Interface

- Clinical Professionals
- National Policy & Strategy
- Commissioners
- Service Users
- Suppliers & Retailers
- Regulators
- Equipment Providers
- Hospital & Community Care
- National Policy & Strategy
- Clinical Professionals
THANK YOU

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