Cost Benefits of Providing Equipment
AIM:

This session summarises key points from an extensive review of literature to identify:

• The existence of any legal recommendations for the prescription of double handed care when using a hoist

• The possible cause of misinterpretation of legislation resulting in blanket policy application

• Possible advantages and disadvantages for the client, care providers and the commissioners of services
Introduction and Background
Over 50% of injuries arise from the moving and handling of people (HSE, 2013).
Angela Knott wins £420,000 for the appalling injuries sustained whilst working for Newham NHS Trust
Why does it take 2?
The Health and Safety Executive (HSE) state quite clearly that there should be ‘no blanket solutions’ routinely applied to all clients (HSE, 2001).
There is a range of relevant legislation which provides information and guidance to ensure good practice and safer systems of work.

Health and Safety At Work Act (1974)
Management of Health and Safety At Work Regulations (1999)
Provision and Use of Work Equipment Regulations (1998)
Care Standards Act (2000)
Health and Social Care Act (2008))
Workplace (Health, Safety and Welfare) Regulations (1992)
Care Quality Commission Requirements
NHSLA, Risk Management Standards (2012 - 2013)
Risk Assessment/Managing Risk
Risk Management Models

- Identifying hazards
- Applying controls
- Reviewing effect

Risk Management
- Identify & Analyze Exposures
- Monitor Results
- Implement Techniques
- Select Risk Management Technique
- Examine Risk Management Techniques

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Care Standards Act 2000

CHAPTER 14

Explanatory Notes have been produced to assist in the understanding of this Act and are available separately.

First Published 2000
Reprinted 2002
“12.8 Two people fully trained in current safe handling techniques and the equipment to be used are always involved in the provision of care when the need is identified from the manual handling risk assessment.”

(The Domiciliary Care, National Minimum Standards Regulations (2003) p. 24)

What is important to note within this standard is the latter wording: “when the need is identified from the manual handling risk assessment.”
This could be the key to the misinterpretation and subsequent application of blanket policies imposed by care providers who are using the guidance incorrectly.

“a contravention or failure to comply with regulations 4 to 6 and 11 to 25 shall be an offence under the Care Standards Act (2000)”.

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With the changes towards personalisation, self directed support and personal budgets (SCIE 2011), appropriate equipment solutions can improve productivity, enhance comfort, reduce costs and increase client independence (Sturman-Floyd 2011).

Working in partnership to adapt a disabled person’s environment in order that they can remain in their own home can reduce the need for complex care packages and daily visits.
A review of such cases by Heywood and Turner (2007) identified that these savings could range from £1,200 to £29,000 per year per client.
With moving and handling issues in mind these adaptations can reduce the need for some daily visits therefore reducing the costs of providing home care whilst maintaining client and carer safety and dignity.
It has been estimated that just one years delay in providing an Adaptation to an older person costs up to £4,000 in extra home care costs

(Audit Commission, 1998).
According to a study by the College of Occupational Therapists, exploring the relationship between provision of equipment and reduction on care package costs and residential care, it was found that over an eight week period cost savings to care packages through the provision of equipment were over £60,000 (Hill, 2007).
Already overstretched Local Authorities across the UK are having to find ways to make savings following the Comprehensive Spending Review in 2010.

Older people currently account for nearly 60% of the £16.1 billion cost of social care.

It is estimated that spending on social care will need to triple over the next 20 yrs to keep pace with the demand for its services.
The Barnet ‘Graph of Doom’

Growing demand, reducing budgets

- Spending projections (£m)
  - 2013/14
  - 2014/15
  - 2015/16
  - 2016/17
  - 2017/18
  - 2018/19
  - 2019/20
  - 2020/21
  - 2021/22
  - 2022/23
  - 2023/24
  - 2024/25
  - 2025/26
  - 2026/27
  - 2027/28
  - 2028/29
  - 2029/30
  - 2030/31
  - 2031/32

- Colors:
  - Adults Social Care
  - Children’s Services
  - Net budget
Birmingham ‘Jaws of Doom’

Grant Reductions and Budget Pressures

- Grant Reductions
- Budget Pressures

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Smith and Orchard (2009) identified an “invest to save” potential in Somerset and report that 37% of service users who were re-assessed are now only assisted by one carer (instead of two), citing additional benefits of maintenance of dignity and comfort together with increased flexibility of provision of only one carer.

125 S/U’s were assessed; 37% (46) of them now are only assisted by 1 carer (instead of 2), with savings of £270,000 achieved. The average initial investment in equipment £763 per service user. (OTN April 2010).
The initial investment is recovered over time as care provision is reduced or even avoided.

- **Cost profile when using 1 carer to assist Service User**
- **Cost profile when using 2 carers to assist Service User**
- **Initial investment in equipment**
- **The breakeven point will move dependant on whether new or second user equipment is used**
- **Potential Savings**
Essential Equipment enabling single handed care include:

The Prism Community Bed

The Prism Classic Low Bed
The 4 Way Glide In-Bed Management System from Prism Medical
## Advantages of a Mobile Hoist
- Cost
- Speed of delivery
- Ability to move from room to room if required.

## Disadvantages of a Mobile Hoist
- Can require 2 carers to use it, following a detailed risk assessment.
- It can be difficult to manoeuvre particularly on plush carpets.
- The environment may make it difficult to move the hoist around i.e. narrow doorways, tight turns, small or cluttered rooms.
- Can be difficult to store.
## Advantages of ceiling track hoist
- It is out of the way as fixed to ceiling so it does not impact on the environment.
- It does not require manoeuvring.
- In most circumstances it can be operated by one carer and in some instances by the client themselves (a risk assessment would need to determine if this is safe).
- It will always be charged and ready to use.
- It is much easier and quicker to use than a mobile hoist.

## Disadvantages of a ceiling track hoist
- It does have to be a fixed piece of equipment while required.
Prism Gantry Systems and Examples of Fixed Ceiling Track

The Prism Free Standing Gantry

The East Fit System
The Prism Comfort Recline Sling – an insitu sling
The Client at the Centre of the Assessment
Conclusion – Enabling Single Handed Care

Individual Risk Assessments by a professional competent person

Training of carers to use and feel confident using new equipment and techniques

Client/family centred approach, increasing independence and control

Short term investment, will give long term gain

Remember the Graph of Doom and the Jaws of Doom!!!
Remember it is not all doom and gloom!!

With different and innovative thinking, investing in equipment and training staff can be cost effective as well as increasing the psychological, health and well being of the service user and their carers!
Any questions from the floor?
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References

- Health And Safety At Work Etc. Act, 1974 HMSO
References (continued)

  - [Link](http://www.legislation.hmsogov.uk/si/si1992/Uksi_19922932_en_1.htm)
- The Health and Social Care Act 2008 (Regulated Activities), Regulations 2010 [S.I. 2010/781]