 NHS West Yorkshire Integrated Care Board logo




**William Merritt Disabled Living Centre**

**Service Review and Rescoping Engagement**

Final engagement report V2

Engagement dates: 4 November 2024 – 5 January 2025

The Leeds office of the NHS West Yorkshire Integrated Care Board (The ICB in Leeds)

Date of publication: January 2025

# **Executive summary**

The NHS West Yorkshire Integrated Care Board (ICB) in Leeds (the ICB in Leeds) has commissioned a service from the William Merritt Disabled Living Centre for several years.

The service provides high-quality, impartial, professional advice and information, and assessments for assistive technology (equipment) to people of all ages (including children) in Leeds, living with a disability or long-term health condition.

In line with wider pressures affecting the NHS, the ICB in Leeds is facing considerable financial challenges. It is reviewing all its contracts to understand how its funding can continue to support safe services whilst meeting its statutory duties, and local priorities.

As part of the review, a 46% reduction to William Merritt’s funding, from April 2025, has been agreed. The ICB in Leeds worked with William Merritt to carry out a review of the existing service, including opportunities for stakeholders to help reshape a revised service.

Staff within the service, and those referring or signposting to it, were invited to give their thoughts through an online survey and at a face-to-face focus group, and people, and their families / carers, who have used the service were also invited to complete an online survey.

130 people responded to the staff survey, which ran from 4 November 2024 till 5 January 2025, and 31 people responded to the people’s survey, which was open from 28 November 2024 till 5 January 2025.

Main themes from feedback collected through the engagement included:

* Staff respondents strongly disagreed with the suggestion of removing the option to self-refer to the centre.
* The option to introduce specific referral criteria received a more positive response from staff.
* Staff respondents were undecided about whether a cap on referral numbers would work.
* The overwhelming majority of respondents (both staff and people using the service) reported high satisfaction ratings with the service they, or the people they had referred, had received from the centre.

Findings from the public engagement are feeding into the plans for the revised William Merritt service, which will begin at the start of April 2025.

Further information about this work can be found on the Leeds Health and Care Partnership website Involvement pages at: <https://www.healthandcareleeds.org/get-involved/your-views/william-merritt-centre-2024/>

# **Contents Page**

Background - The William Merritt Centre 3

The ICB in Leeds 3

Involving people 4

Who responded to the engagement surveys? 5

What did people tell us? 7

What happens next? 12

Appendix 13

# **Background**

## **The William Merritt Disabled Living Centre**

The William Merritt Disabled Living Centre is a registered charity, and since 1981 has offered impartial and professional advice for children and adults living with a disability or long-term condition.

The centre carries out assessments for members of the public to help them choose and use daily living aids with confidence and enhance their independence. In addition to people approaching the centre for support independently, it also receives referrals from healthcare and other professionals.

The centre is also an accredited member of Driving Mobility, offering a variety of assessments for drivers and passengers as well as adapted-vehicle driving lessons.

NHS West Yorkshire ICB in Leeds (the ICB in Leeds) has commissioned a service from the William Merritt Disabled Living Centre since before 2009.

The main aim of the service is to provide high quality, holistic, efficient, timely and responsive impartial professional advice and information, and assessments of assistive technology (equipment).

The assessments cover practical aspects of daily living for people of all ages (including children), their carers and families, living with a disability or long-term health condition. The purpose of the assessments is to enable people to maximise their life opportunities, support their independence, and give them access to, or information about, available assistive technologies including mobility equipment, chairs, beds, bathing, kitchen equipment, etc.

Currently, the service accepts referrals for approximately 1300 people per annum. Referrals are quite often from clients / families direct (self-referrals; approximately 40%), the NHS (30%) and other routes like primary care, the third sector, and the police.

Approximately 1,175 people are then seen, mostly at face-to-face appointments, at the Disabled Living Centre in Rodley, Leeds.

## **The ICB in Leeds**

The NHS West Yorkshire Integrated Care Board (ICB) works across five ‘places’; Bradford District and Craven, Calderdale, Kirklees, Leeds, and Wakefield District. It is responsible for:

* Improving health and wellbeing outcomes for people in these five places,
* Reducing health inequalities,
* Joining up health and care services,
* Using resources wisely, and
* Meeting legal duties, especially those relating to quality, safety, and finances.

The ICB works at a regional level, but also passes some funding and decisions on to local places like Leeds – the ICB in Leeds.

In line with wider system and financial pressures, the ICB in Leeds is being asked to review all its individual contracts, including those which have been long-running and not routinely reviewed.

In relation to this particular contract, other places within West Yorkshire do not commission a service from William Merritt or offer any similar services; this offer is quite unique to Leeds. The review aimed to ensure the service is supporting the priorities of the ICB in Leeds, those of the Leeds Health and Care Partnership, and is contributing to the best use of our collective resource across the health and social care system – the Leeds pound.

# **Involving people**

The planned reduction to the current funding from April 2025 means that William Merritt will have less income to see as many patients as before. The service review included engaging with staff (both in-service and from referring services) and users of the service and their families / carers to look at the following:

• How to better understand the positive impact the service has on the local health and care system.

• If there are ways to make the service more cost effective.

• How the service can make sure that people in Leeds with the greatest needs are getting the most from the service.

The staff survey also invited respondents to comment on three potential changes to the current service, taking account of the reduction in funding:

1) Removing the option of patient self-referral and moving to practitioner referral only into the service. Currently 40% are self-referrals direct from patients / clients.

2) Agreeing specific referral criteria with William Merritt and local Occupational Therapy (OT) teams.

3) Capping maximum assessment appointment numbers per year.

Alongside carrying out a general Quality and Equality Impact Assessment (QEIA) of the service, the ICB in Leeds also completed an Equality Impact Assessment (EIA) to better understand who is using the service, and who may be affected by any changes.

High numbers of people coming to the centre have a disability. For the year 2023 / 24 of around 1,200 people using the service, records show that:

* 48 people reported having a learning disability / difficulty

• 5 people reported having a visual impairment

• 706 people reported having a physical disability

• 111 people reported having mental health issues, including dementia

To make sure as many people and stakeholders were able to contribute to the engagement, William Merritt staff shared the staff survey, and details of the focus group, with referring staff, interested organisations and healthcare professionals, and shared the ‘people’s survey’ with people using, and who had used, the centre.

The ICB in Leeds also shared the surveys through its local networks including the Involving You network and across its social media platforms.

Although the surveys were primarily available online, paper copies and alternative formats were available on request.

The face-to-face focus group for staff (both in-service and from referring organisations) was held at the Disabled Living Centre in Rodley, on Tuesday 10 December 2024, with around 18 staff, trustees and referring health professionals in attendance.

# **Who responded to the engagement surveys?**

**The staff survey:**

The staff survey received 130 responses:

* 11 from staff at the William Merritt Centre,
* six from ‘others’ including trustee, training contractor and member of a disability group, and
* 113 from staff outside the centre who refer or signpost people to its services.

Referring / signposting staff were from a wide range of roles and organisations, including:

* dietitian
* social prescriber
* disability group member
* occupational therapist
* consultant
* administration
* trainer
* reception
* third sector
* health visitor
* physiotherapist
* stroke staff
* neighbourhood team
* registrar

Of those who completed the equality monitoring section, 39 stated they were female and five male.

**The ‘people’s survey’:**

The people’s survey received 31 responses:

* 21 from people who are using, or have used, the centre,
* 9 from a friend, carer or family member of someone who is using or has used the centre, and
* One ‘other’.

The ages of respondents to the people’s survey are shown in the table below:

|  |  |
| --- | --- |
| Age range | No. of respondents |
| Under 16 | 3 |
| 16 – 25 | 1 |
| 26 – 35 | 1 |
| 36 – 45 |  |
| 46 – 55 | 1 |
| 56 – 65 | 8 |
| 66 – 70 | 6 |
| 71 – 75 | 3 |
| 76 – 85 | 6 |
| 86 and over | 2 |

Respondents told us which condition, or conditions, they or their loved ones, were seeking support for. Seven respondents reported having two or more conditions:

|  |  |
| --- | --- |
| Condition | No. of responses |
| Stroke | 6 |
| Arthritis | 6 |
| Back problems | 5 |
| Learning disability | 4 |
| Cerebral Palsy | 3 |
| Multiple Sclerosis | 3 |
| Dementia | 2 |
| Heart or lung condition | 1 |
| Amputation | 1 |
| Spinal cord injury | 1 |
| Congenital MSK | 1 |
| Other – including:  COPD, nerve damage, MND, ataxia, myopathy | 5 |

Of those who completed the equality monitoring section:

* 15 stated they were female and ten male,
* 25 stated they were White - English, Welsh, Scottish, Northern Irish or British,
* One stated they were Arab and one stated they were ‘multiracial’,
* 15 stated they were retired,
* Seven stated they provide unpaid care or support for someone who is older, disabled or has a long-term condition.

# **What did people tell us?**

**The staff survey**:

Survey respondents were asked to consider three initial proposals for change to William Merritt’s current ICB service provision.  
  
The proposals were:

1) Remove the option of people self-referring to the centre. Currently 40% of referrals are direct from patients / clients. This would mean moving to practitioner referral only into the service (with a referral form).

2) Moving to practitioner / health professional referral only into the service (with agreed referral criteria and referral form).

3) Capping maximum assessment appointment numbers per annum.

For each proposal, respondents were asked to say if they thought the proposal could work or not, and give some more detail about their answer.

**Proposal 1 – Remove the option of people self-referring to the centre**

|  |  |  |
| --- | --- | --- |
| Option | Total | Percentage |
| Yes | 16 | 12% |
| No | 73 | 56% |
| Not sure | 40 | 31% |
| Not answered | 1 | 1% |

Main themes against this proposal included the following:

* it would be a backward step for self-management.
* it would create additional work for GPs, other services.
* it would reduce people's autonomy / independence.
* it would create additional barriers / backlogs  
   > not everyone has an "active clinician" to refer them.
* it would increase waiting times / ration support.

Comments from respondents who agreed with this proposal included:

* other NHS services require practitioner referrals.
* it might reduce inappropriate referrals.

**Proposal 2 – Agreeing specific referral criteria**

|  |  |  |
| --- | --- | --- |
| Option | Total | Percentage |
| Yes | 53 | 41% |
| No | 26 | 20% |
| Not sure | 50 | 38% |
| Not answered | 1 | 1% |

Main themes in support of this proposal included the following:

* it could help prioritise certain conditions or patients who need the service the most.
* it could strengthen connections with healthcare providers and community organisations.
* it could help minimise inappropriate referrals.
* it could help referring staff prioritise referrals.

Comments from respondents who disagreed with this proposal included:

* it would increase pressure on referring teams.
* it could mean referrers could be excluded e.g. out of area.
* it could risk leaving people behind – one size doesn't fit all.

**Proposal 3 - Capping maximum assessment appointment numbers**

|  |  |  |
| --- | --- | --- |
| Option | Total | Percentage |
| Yes | 30 | 23% |
| No | 41 | 32% |
| Not sure | 59 | 45% |
| Not answered | - | - |

The majority of respondents were unsure about this proposal, largely as they felt they didn't know enough about the service to comment:

* unsure about the implications on the service.
* unsure about what would happen towards the end of the year.  
    
  Comments from respondents who did agree with this proposal included:
* our service has a capped offer… can be frustrating… but I feel ensures fair access.
* would definitely work, but could have repercussions on other services.  
    
  Comments from respondents who disagreed with this proposal included:
* significant resources would be needed to ensure that the funded assessment appointments were being used to meet those with greater need.
* I don't think rationing in this way is fair on patients/clients or on staff. Is there any evidence to support / refute this approach?

**Summary of findings**  
  
Based on survey responses, proposal 2 (agree specific referral criteria) was the most popular option, and proposal 1 (removing self-referrals) was the least popular.  
  
Across all three proposals there were a high number of respondents who were not sure. This was especially true for proposal 3 (agree a cap on assessments) where nearly half of respondents were unsure whether this would work or not.  
  
Many respondents took the opportunity to provide very positive feedback about the centre, its staff and the services they deliver.

**The ‘people’s’ survey**

People responding to this survey were asked to comment on the following questions:

* What worked really well about the service?
* Was there anything that could have been improved?
* How long was the wait to be seen by the service?
* Where else would you have gone if the William Merritt service was unavailable?
* What difference did the service make to carrying out the activities you want and need to do?
* Any further comments?

**What worked really well about the service?**

Most respondents described having very positive experiences at the centre. People particularly liked:

* The helpful advice and information
* The excellent support and input from the occupational therapists
* The professionalism and friendliness of all the staff
* The opportunity to find, and try out, the best equipment for each person

**Was there anything that could have been improved?**

Most respondents replied ‘Nothing’ or ‘No’ to this question. Three people mentioned the waiting time for an assessment: “Your waiting lists can be a little long but that's understandable.”

One person mentioned having to fill out the same form “multiple times.”

**How long was the wait to be seen by the service?**

|  |  |
| --- | --- |
| Length of wait | No. of respondents |
| Within a week | 4 |
| Within a month | 10 |
| Within two months | 11 |
| More than two months | 5 |

One person did not provide an answer.

**Where else would you have gone if the William Merritt service was unavailable?**

Two thirds of respondents stated that they wouldn’t know where to go if the William Merritt service was unavailable: “I honestly do not know!”

Three people said “Nowhere.”

A few people mentioned other places they might try:

* Mobility shops
* Look at reviews online
* Social services
* LCC
* A centre in Hull
* A commercial sales shop

**What difference did the service make to carrying out the activities you want and need to do?**

Respondents stated that the information and advice they received at the centre gave them the knowledge and confidence to choose the right equipment for them or for their loved ones.

Particularly in relation to the difference choosing the right wheelchair can make, people reported the results as everything from life-changing to lifesaving:

* “Now I can go to anywhere, I'm free! I can't even begin to explain what that means to me or my family.”
* “Had I had to do more research and delayed being able to get this necessary equipment I might not have survived.”

A full transcript of the answers to this question is included in the Appendix.

**Any further comments?**

Many people took this opportunity to thank the centre for the service they have received:

* “A great resource, very useful and a lot quicker than NHS OT! Impartial advice and a discussion of the options available very helpful.”
* “Amazing place with amazing staff!”

A full transcript of the answers to this question is included in the Appendix.

**Focus group**

Around 18 members of staff from the William Merritt Centre, trustees of the charity and staff from referring organisations met with representatives of the ICB in Leeds at the centre on Tuesday 10 December 2024.

ICB representatives shared the findings of the staff survey so far with those present, and a discussion followed. This helped to clarify the main requirements and expectations of the proposed ICB service agreement from April 2025, and to provide ideas and opportunities for William Merritt to consider to safeguard the service in the future.

ICB staff repeated their commitment to work together with William Merritt to find a way forward for the contract. ICB staff also committed to listening to, and taking onboard, the feedback from the staff survey and the people’s survey and incorporating it into the plans for the service from April onwards.

## **What happens next?**

The main themes and findings from the two surveys and from the focus group, presented in this engagement report, will feed into shaping the new service contract to be agreed with and delivered by the William Merritt Disabled Living Centre from April 2025.

This report will be shared with those involved in the engagement, and with people who have requested further information, and will be available on the Leeds Health and Care Partnership Involvement webpage at:

<https://www.healthandcareleeds.org/get-involved/your-views/william-merritt-centre-2024/>

## **APPENDIX**

Full transcript of answers to the People’s survey question: What difference did the service from William Merritt Centre make to you, or the person using the service, in being able to carry out the activities you want and need to do?

* Gave me the choices available to me.
* It assured me that my father was competent when using a mobility scooter.
* Planning ahead for the next stage of my MND journey as my limbs get weaker and my mobility gets worse.
* Following the visit, we considered and bought a powerchair. The difference made was knowing with some confidence what the options were and how to access them.
* I have not been able to go to Skipton yet.
* They gave invaluable advice to work through the myriad of providers available.
* I was on a waiting list to see OT for a while and in this time I spent money trying to find solutions that didn't work for me. Being able to go to the William Merritt allowed me to find out about equipment that would work for me and allowed me to be able to carry out basic tasks like washing, dressing, making food and accessing the toilet… …My current OT is wonderful, but I needed help before she was able to see me. (edited)
* N/A
* We were able to find the correct equipment for my grandmother to help maintain her independence safely.
* As a fairly new wheelchair user, I am trying to discover ways to reclaim my independence. We were completely lost before because although it is easy enough to search for equipment online, having the opportunity to see them and test them out in person makes a world of difference. Following the visit, we had a much better understanding of the equipment that we needed and what equipment would work for me the best.
* Information on other products available
* None
* It made a massive difference; she went to school an independent and skilled manual wheelchair user confident of her own abilities. We got advice in portable seating allowing her to be more included in family life and as she grew got an appropriate supportive car seat to allow her to travel in the car and not her wheelchair.
* As an essential wheelchair user, finding the right buggy for our daughter is critical and extremely hard to do without support from somewhere like the WMC.
* I had the most amazing first day out with my wheelchair. Before I couldn't go anywhere where I'd need to walk further than a few metres because of the pain. Now I can go to anywhere, I'm free! I can't even begin to explain what that means to me or my family. Thank you so much.
* Changed my life in making clear making decisions which improved my confidence and independence.
* We have bought an electric wheelchair based on the advice provided.
* It was great. We have now purchased an excellent electric chair, not like the ones we tried but taking into consideration all the things we talked about like managing hill, bumpy ground and attendant support.
* It meant that I could have a wheelchair specially made to meet my very specific needs.
* They gave advice and recommendations and help in being able to gain the required equipment.
* It made me realise what type of chair I need.
* A great help I tried out electric mobility scooters,
* The William Merritt Centre helped massively with the following:-

1. Gave structured support in working through the maze of motorised wheelchairs available.

2. Gave driving support and a lesson to enable me to get approval for a driving licence.

3. Gave contact details for wheelchair training which I have used.

4. Gave emotional support which helped me come to terms with the huge impact my stroke had, and continues to have, on my daily life.

* WMC introduced me to the practicalities to enrich the ability to carry out daily tasks and functions to attempt to address advancing disability.
* Work will make an enormous impact once implemented and equipment received.
* A great help in selecting the best wheelchair for my needs, which has given me confidence to go out more.
* Helped me with the correct unbiased choice.

Full transcript of answers to People’s survey Question: Is there anything else you’d like to tell us about your experience, or the person using the centre’s experience, of using the William Merritt Centre?

* Lovely, friendly staff. Very thorough and professional.
* No.
* A great resource, very useful and a lot quicker than NHS OT! Impartial advice and a discussion of the options available very helpful.
* No
* The centre should be protected from funding cuts as they help the most vulnerable people.
* See above
* No
* A very important service and have heard many people say the same as I have a brain injury myself so have met many people who have use the services offered by them.
* Thank you for providing the support and services that you provide. It has definitely been very helpful to me as somebody who is trying to make sense of my new life as a wheelchair user.
* No
* Lucky to have this place not too far away keep doing what you do. I always seem to miss your open days maybe these could be more widely advertised.
* Thank you to the helpful, knowledgeable and friendly staff.
* No
* A central location would have been better, but it was easy to find & easy to park.
* Please keep offering the service- a great place.
* Everyone who dealt with me (and my wife and brother-in-law who accompanied me) was kind, understanding and supportive. So many people think a wheelchair is a wheelchair is a wheelchair but on the day I visited the WMC I soon became confident that this attitude did not prevail and that individual requirements would be investigated.
* Amazing place with amazing staff.
* No
* The OT also assessed me for a toilet frame as I was finding it extremely difficult getting on and off the toilet and she ordered me a free standing toilet frame, she did email me saying there was a long wait, then 1 week later it was delivered.
* I cannot praise both the internal staff and associated professional staff highly enough. There future should not be put in jeopardy but treated as the treasure they are to service users now & in the future.
* The knowledge skills and extreme professionalism of the team at WMC is priceless. Thank you for this magnificent service.
* I trust those I am working with. Reports being prepared.
* I felt I had personnel attention to my needs as an individual and gladly recommend the service.

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