



Executive Summary Paper on

**The Community Equipment  
Code of Practice Scheme (CECOPS)**

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## **Executive Summary**

### **i. Purpose of the Paper**

The purpose of this paper is to explain the Code of Practice for Community Equipment: what it is, why it is needed, how it works, and most importantly how it benefits local authority, NHS and other commissioners and providers, and service users, in these challenging times. This is with the aim of seeking official endorsement from professional associations/bodies and encouraging widespread adoption of the Code of Practice by public sector commissioners and providers, so that better clinical and financial outcomes can be achieved across the care system.

### **ii. Background**

In England, approximately 9 million pieces of equipment are issued by the public sector into the community each year, to 3.2 million users, many of whom are wholly dependent upon it for their daily living. Community equipment is crucial in enabling timely discharge from hospital, supporting post-discharge recovery, preventing falls, preventing admissions to care homes and hospitals, and maintaining independence for the elderly and disabled, including children.

Community equipment provision has the potential to avoid huge costs elsewhere in the health and social care system, if properly commissioned, managed and funded. It is also key in supporting care related services and strategies e.g. re-ablement services, falls programmes, intermediate care, early supported hospital discharge schemes and integrated crisis response teams.

Problems with community equipment services are well documented, with a series of critical reviews by the Audit Commission over several years, and more recently CQC's Special Review of services for disabled children and their families. A review paper in 2009 demonstrated that a 1% failure rate in service delivery, which resulted in a secondary episode of care, could be unnecessarily costing £5 billion across the health and care economy<sup>1</sup>. Despite widespread knowledge of the existence of problems, difficulties persist and will inevitably get worse with increasing demands and a reduction in resources.

To address the problems with commissioning and delivery of community equipment, the *Code of Practice for Community Equipment – A Quality Framework for Procurement and Provision of Services* has been written; the Code is administered by CECOPS, a not-for-profit social enterprise which runs the Code of Practice Scheme. The Chairman of CECOPS is Sir Bert Massie CBE, the former Chairman of the Disability Rights Commission.

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<sup>1</sup> Donnelly, B. (2009). *The Need for National Minimum Standards: An Independent Review*. Available at: [www.communityequipment.org.uk](http://www.communityequipment.org.uk)

### iii. What is the Code of Practice for Community Equipment?

The Code of Practice is available as a reference book, and forms part of the wider Code of Practice Scheme (CECOPS), where organisations commissioning or providing community equipment register as working to the Code, and can access approved training and other related services.

The Code of Practice is a ready-made template which local authority and NHS commissioners, providers and clinical professionals from all sectors can work to, to bring immediate improvements to services, and to plan and design services.

The Code fits with all delivery models, including the retail model. It has received support from numerous organisations including RCN, MHRA; it has also received official recognition from CQC as a tool for meeting their *Essential Standards of quality and safety*, where equipment is concerned.

*“As Chairman of the Care Quality Commission I welcome the Code of Practice for Community Equipment and the work of the Community Equipment Code of Practice Scheme (CECOPS). Schemes such as CECOPs are good examples of the types of guidance and frameworks which can assist care providers in demonstrating their compliance with Essential Standards.”* **Dame Jo Williams DBE, Chair, CQC**

### iv. Why is a Code of Practice necessary?

Problems with community equipment services are widespread, and include:

- long delays for equipment resulting in costly secondary episodes of care
- breaches in legal and regulatory requirements
- service users suffering avoidable injuries and fatalities
- huge waste of resources through inefficient practices
- huge waste of resources through delays in provision (e.g. delayed hospital discharge)
- lack of joint working and integration resulting in inefficiencies and poor user experiences
- therapists, nurses, carers and technical staff have no formal training on equipment related issues
- failure to fulfil the potential the service has in achieving strategies relating to care services, e.g. avoiding residential care placements
- poor clinical and financial outcomes.

### v. What are the benefits of the Code of Practice?

The following list summarises the main benefits of adopting the Code:

- results in better clinical and financial outcomes by getting the right equipment in a timely manner

- allows organisations to fulfil their strategic objectives relating to early intervention, prevention and re-ablement
- emphasises the involvement of service users
- enables safer and better quality services to be delivered
- reduces likelihood of civil and criminal litigation as it incorporates all relevant legal and welfare obligations
- aligns with NHS and LA changes and strategies, including new clinical commissioning landscapes and joint health and wellbeing strategies
- enables care services to work together and to integrate commissioning and provision
- allows community equipment services to fulfil their potential in reducing the need for residential care or hospital admissions
- provides a tool for benchmarking and self-regulating performance
- ensures Social Model of Disability and 'whole-life' needs are considered
- one stop approach to regulatory requirements e.g. CQC (Essential Standards), HSE, MHRA
- provides clinical and technical staff with the knowledge and skills required to do their job effectively, where equipment is concerned
- offers practical guidance for what is often a complex and fragmented service
- provides qualifying criteria for 'Any Qualified Provider', and for vetting local authority e-marketplace care providers
- fits in with the criteria for the Department of Health's funding allocations for joint health and social care projects to improve re-ablement and other services
- allows identification of good care providers.

## vi. How does the Code of Practice Scheme work?

Any organisation commissioning or providing community equipment, whether public, private or third sector, can register with the Scheme. Registrants include NHS bodies, local authorities, care homes, special schools, and private sector providers.

Registration is a statement that an organisation is working to the Code of Practice, and Registered Users are expected to self-regulate their compliance with it, either manually or using CECOPS approved software.

In addition, Registered Users can optionally apply for Accreditation. This involves undergoing assessment by an independent assessment body, DNV Healthcare. Although not mandatory, Accreditation is recommended for reasons of credibility, to help check compliance and to satisfy regulators.

Training for staff at all levels is available through the Scheme, from CECOPS Approved Trainers.



A database of Registered and Accredited Users and Approved Trainers is available on the CECOPS website; this allows commissioners and service users to identify those organisations providing the best quality services.

**vii. How much does the Code of Practice Scheme cost?**

There are different categories and levels of registration, depending on an organisation's involvement with community equipment. Fees for registration in the first year range from £595 to £995 per "service area". In second and subsequent years, a 50% discount is applied.

Optional accreditation incurs further fees, which are payable to the assessing body. Fees vary considerably depending on the size and complexity of the organisation being assessed, but will range from £1500 -£4700 for a full assessment, which is required every 3 years.

Approved Trainers are entitled to set their own rates, but the CECOPS recommended rate is £125 per person per module (there are 4 modules).

The Code of Practice itself can be purchased for £34.95 +P&P, and is available on the CECOPS website. Free copies of the Code of Practice are supplied to organisations registering with the Scheme.

**viii. How does the Scheme fit in with existing legislation and other regulatory requirements?**

It must be stressed that the Code of Practice is voluntary, and does **not** impose any duties further to those already required by law. On the contrary, the Code of Practice incorporates the diverse requirements of existing legislation and regulation, bringing them together into one place. This aids compliance with the various obligations.

Furthermore, the Code supports sector-led self-regulation as organisations choose to apply it and monitor their own compliance therewith. It also provides a common benchmark so the level of performance can be determined.

**ix. Relevant DH policies and funding**

The Department of Health has made £622 million in funding allocations available for 2012-13 for spending on social care activities that also benefit health<sup>2</sup>. This is to cover post discharge services and re-ablement.

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<sup>2</sup> NHS support for social care: 2010/2011-2012/2013 Gateway Number: 15434

There is also to be £300 million (indicative) funding made available for 2012/2013 as specific allocations for social care. This funding may be transferred to local partners or pooled budgets. The main drivers for the policy and funding are threefold: (1) avoiding people being readmitted to hospital at the same time as stabilising their condition to what it was before they entered hospital; (2) promoting integrated and joint working in health and social care; and (3) facilitating discharge from hospital in order to avoid delays. The Code of Practice Scheme for Community Equipment obviously fits within the criteria for this DH funding.

#### **x. Recommendations**

It is recommended that:

1. professional associations endorse the Code and encourage local adoption amongst their members
2. Local authority and health organisations seek funding from the DH allocations, for registration, accreditation and training under the Code of Practice Scheme. The funding could also be used to make improvements to community equipment services applying the Code for the first time
3. when tendering equipment related services, commissioners require potential providers to be registered with the Code of Practice Scheme.

#### **xi. Conclusion**

Community equipment services are vital for millions of users, and the Code of Practice is essential for improving quality and safety of services and allowing them to fulfil their potential. There are serious consequences, both clinically and financially, if services are provided wrongly.

The Code of Practice is timely as it fits in with many current policies and strategies, involving care in the community. Furthermore, DH funding is available which will enable organisations to implement the Code and register with the Scheme.

An effective community equipment service brings great benefit to the wider health and social care economy, and this represents an invest-to-save opportunity which should not be missed.

**Brian Donnelly, CEO, CECOPS**