

Welcome to the AAC SIG

- Next meeting Thursday 20th June – Talking Mats with Joan Murphy
- Presentations from today will be on www.aacsig.org.uk
- 10.00 Scene Setting - Julie Atkinson
- 10.15 Developing local AAC services: successes and works in progress – Suzanne Martin
- 11.15 Coffee
- 11.30 Local AAC Service Delivery – Nicki Grey
- 12.30 Lunch
- 1.15 AGM
- 1.30 A review of AAC equipment that the MNDA provide that probably should be provided by local statutory services: suggestions for next steps – Richard Cave
- 2.00 Where to start? Tips for developing your business case and engaging with commissioners – Julie Atkinson & Siobhan Murphy
- 3.00 Questions and discussion

Scene setting: Specialised and Local AAC Services

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A Brief Recap

- Prior to 2014, there was no defined responsibility for providing any AAC services in England – nationally, regionally or locally
- Only two services (ACT & BCAS) were commissioned by NHS England - any other AAC funding was on an ad hoc basis
- Those AAC services that existed had evolved in isolation to each other and without definition or robust evidence of cost, prevalence and impact
- Following significant campaigning from many different AAC stakeholders, it was agreed that £15 million annual recurrent funding would be made available for specialised AAC services commissioned directly by NHS England

A brief recap (cont'd)

- All NHSE specialised services are commissioned against a service specification, which sets out the requirements for that service – and which NHSE monitors
www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d01
- Services were given the opportunity to bid to be commissioned to deliver against the service specification
- NHSE-commissioned specialised AAC services have different:
 - Geographical challenges
 - Capacity
 - Culture
 - Caseloads
 - Governance structures
 - Contracts

» Many of these differences still exist

Publications Gateway Reference: 04790
SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	D01/S/b
Service	Complex Disability Equipment – Communication Aids (Specialised AAC services)
Commissioner Lead	Carolyn Young
Provider Lead	
Period	12 months
Date of Review	December 2018

1. Population Needs

1.1 National/local context and evidence base

Communication aids are used to restore communication for people who cannot communicate using speech. They address severe impacts on independence, quality of life and an ability to maintain employment. Communication aids are one strategy in a wider set of strategies and tools known as Augmentative and Alternative Communication (AAC).

The communication impairment may be due to physical speech difficulties or cognitive and language difficulties and are found in a very wide array of different diagnosed conditions and across all age groups.

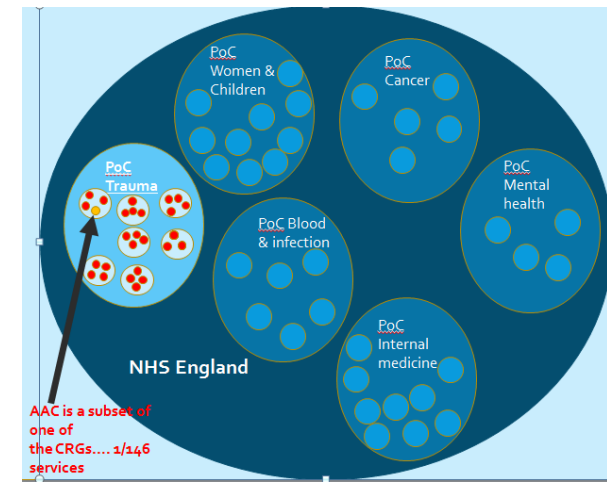
The communication aid service specification described here is more specifically referred to as a specialised AAC service – and this term will be used throughout the rest of this document. The population, for whom these services are provided, are those with complex communication needs who require a specialist assessment resulting in either low or high tech communication aids.

An estimate of prevalence of need for high technology (powered) communication aids and specialist services is provided by the OCC report¹

¹ Communication Matters
² OCC, 2011 and by [Enderby et al. \(2013\)](#)

Specialised Commissioning

- <https://www.england.nhs.uk/commissioning/spec-services>
- Useful 2 minute video here:
<https://www.youtube.com/watch?v=4FZeqlmYXno>
- Specialised Commissioning covers high cost, low volume services
 - Highly trained, specialised staff, not just expensive equipment
- AAC Services are 1 of the 146 Specialised services commissioned by NHS England to provide services to rare and complex conditions, and to support pioneering clinical practice



Factors determining NHS England commissioning a Specialised Service

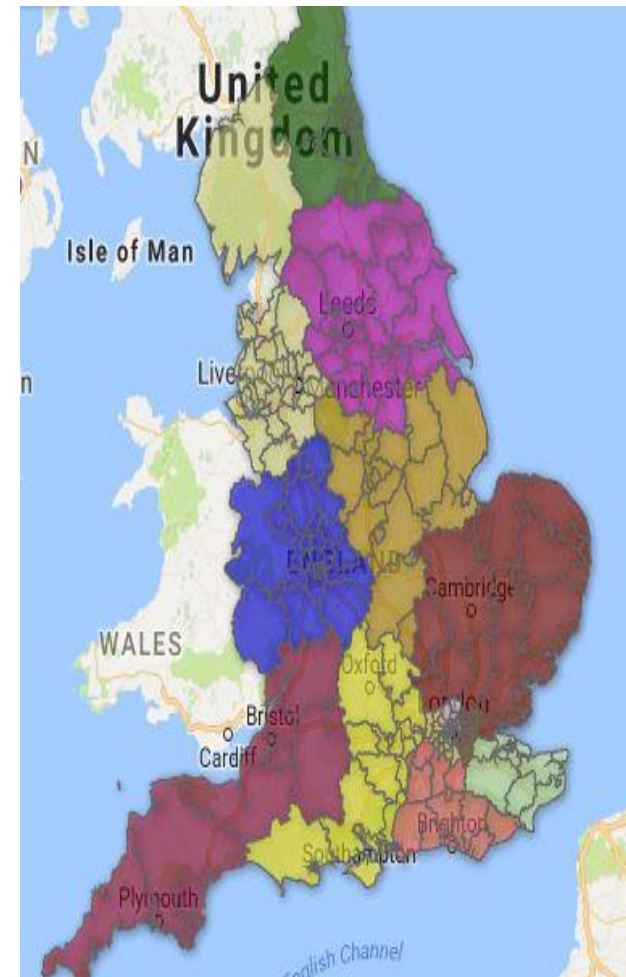
- The number of individuals who require the service
- The cost of providing the service or facility
- The number of people able to provide the service or facility
- The financial implications for Clinical Commissioning Groups (CCGs) if they were required to arrange for provision of the service or facility themselves

Defining the AAC population

Specialised Service (10%) - 0.05% of population	Local Service (90%) (+ 10%) - 0.5% of population
“Complex” communication needs	“Less complex” needs
Clear discrepancy between comp & expression	May or may not have discrepancy
Understands purpose of a communication aid	May or may not understand purpose of a communication aid
Is able to learn and retain new info	May or may not be able to retain new info
Cause & effect understanding	May or may not have cause & effect understanding
Can or is likely to link words, symbols, signs, and use a complex multipage vocabulary	May or may not link words, symbols, signs or use a complex multi-page vocabulary
Evidence that low tech doesn't meet needs &..	Low tech likely to meet current needs &/or...
Requires specialised assessment for VOCA: <ul style="list-style-type: none"> - Non-literate (requires symbols) - Literate, can't use hand with speed & accuracy 	Requires non-specialised assessment for VOCA: <ul style="list-style-type: none"> - Literate & can / will be able use at least one hand with speed & accuracy within 18wks - Mainstream or limited range VOCAs
	And refer and support 10% requiring Specialist Service intervention

14 NHSE Specialised AAC Services

Specialised Commissioning Region	Service Name
North West	ACE Centre (Oldham)
North East	Regional Communication Aid Centre (Newcastle)
Yorkshire and Humber	Barnsley Assistive Technology Team (Barnsley)
West Midlands	Access to Communication & Technology (Birmingham)
East Midlands	Lincoln Electronic Assistive Technology Service (Lincoln)
Wessex & Thames Valley	ACE Centre (Abingdon)
East of England	Communication Aid Service - East of England (Cambridge)
South West	Bristol Communication Aid Service (Bristol) – including Dame Hannah Rogers Trust
London	Compass Assistive & Rehabilitation Technology Service (London)
	Augmentative Communication Aid Service – Great Ormond Street (London)
	Guys & St Thomas Assistive Communication Service (London)
	Assistive Communication Service (London)
South East	Kent & Medway Communication and Assistive Technology Service (Canterbury)
	Chailey Communication Aid Service (Lewes)



Specialised AAC Services

Specialised AAC services

- Funded by NHS England
- To provide assessment, equipment and reviews
- For children and adults
- For approximately 10% of those with the most complex communication needs who are likely to require high tech powered communication aid (approximately 0.05% of the population i.e. 5 in 10,000 people)
- Not an onward referral service – need local support

The remit of a Specialised AAC service

- To provide equitable access to specialised AAC services across the country for children and adults with complex communication needs
- To provide appropriate powered communication aids as a long-term loan to patients as long as the patient needs the device
- To maintain a loan bank of powered communication aids for assessment, trial and long-term loan
- To provide specialist AAC advice and information and training to individuals, families and professionals involved in the delivery of local AAC services
- To support the establishment, training and development of local

A local AAC service would provide:

- Management of local AAC care pathway for children and adults with less complex needs; make appropriate referrals to specialised AAC and other relevant services; and coordinate the support required
- Expertise in low-tech and non-specialised AAC strategies and techniques
- Multi-disciplinary team, which typically would include SLTs, OTs, Education professionals and experts in Assistive Technology
- Additional coordinated support from AAC community and voluntary sector organisations

Local AAC Service remit 2

- Assessments of people's needs and a loan bank of AAC equipment and resources, enabling the local team to:
 - Carry out pre-referral assessments of AAC skills and provide comprehensive referral information to the specialised service
 - Provide low- or light-tech (direct access, text-based or simple symbol-based) solutions to patients, either for trial during local assessment or for long-term provision

Local AAC Service remit 3

- Train those around an individual being provided with AAC such as family members and carers
- On-going support for individuals referred to the specialised service, with responsibility for re-referral if and when appropriate
- Local awareness raising of the need for, and benefits of, AAC interventions within local health, social care and education services and settings

Local AAC Service remit 4

- Support in establishing and reviewing local funding arrangements between health, social care and education commissioners and third-sector organisations
- Monitoring and recording outcome measures; reviewing the impact of individual care plans; and analysing and reporting data in relation to the local AAC population to commissioners at local and regional levels as required

The need for a local AAC budget

In addition to commissioning a local AAC service, a jointly commissioned budget between health, social care and education at a local level is required to:

- Enable professionals within existing local health, education and social care services to deliver local AAC services
- Access professional development opportunities to develop and maintain the required level of expertise

Local AAC budget 2

- Provide and maintain assessment equipment and resources for the local AAC service
- Provide and maintain AAC equipment and resources for those children and adults who do not meet the eligibility criteria for referral to specialised AAC services
- Access short-term loans of higher-cost equipment for assessment

How Specialised AAC Services are supporting Local AAC services

- Local AAC Services Working Party established to identify and share tools to assist with making the case for a local AAC service e.g.
 - Business case examples
 - Tools to assist collating data on the level of need
 - Awareness raising materials,
 - Examples of assessment equipment banks
- The aim is for these to be hosted either in a password-protected area on the new Communication Matters website, or on a Specialised AAC Services website (in discussion)
- In discussions with Communication Matters to launch a recognised role for local AAC Champions

Specialised Services Myth busting!

- The funding for specialised AAC services has **not** been withdrawn from previous local AAC budgets; it was new funding made available on behalf of NHS England
- Unlike the DfE-funded Communication Aids Project, this is not a time-limited project; these services are now routinely commissioned by NHSE
- The 14 services provide national coverage in England only; we are working across services throughout the UK to agree protocols for cross-boundary referrals
- Specialised AAC services are **not** required to be identical and are **not** (and never will be) one national service
- They are, however, required to comply with the Service Specification D01 S/b, which is published on NHSE website

Specialised Services Myth busting 2

- The specialised AAC services are based on the principle of complexity of assessment as opposed to equipment cost
- Not all assessments will result in equipment provision
- Assessments may commence with a trial and if this is unsuccessful, alternative solutions will be sought
- There is no postcode lottery any more for those children and adults who meet NHSE eligibility criteria
<http://servicefinder.acecentre.net>
- Currently no additional money to expand services / extend referral criteria

Local Services Myth busting

- CCGs and other local commissioners are autonomous!
- Specialised AAC services are **not** responsible for local AAC commissioning arrangements and **cannot** make NHS England tell CCGs to fund local AAC services and provision
- It is acknowledged that local AAC services are under-resourced and the expectation is for them to provide ongoing support for 100% AAC need

Contact me

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Current challenges for Specialised AAC Services

- Priority vs routine referrals
- Clarifying levels of training for local AAC services
 - For whom?
 - How much?
 - At what level?
 - For what purpose?
- Emerging technologies and the ability to assess their effectiveness
- Recruitment of professionals with AAC expertise
- Maintenance of equipment issues accumulating
- Misinformation about NHS England vs local commissioning responsibilities
- Integration with other relevant services

Priorities for the future

- Service specification review
- Uploading, maintaining and developing resources for local AAC services onto a website
- Developing Local AAC Champion role?
- Consistently interpreting and reporting MDS
- Progressing working party activity
- ...And doing the day job!