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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

**INTERIM SPECIALISED SERVICES POLICY:
ALTERNATIVE AND AUGMENTATIVE
COMMUNICATION (AAC) ASPECT OF THE
ELECTRONIC ASSISTIVE TECHNOLOGY (EAT)
SERVICE, WALES**

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Policy Statement

<p>Background</p>	<p>Augmentative and Alternative Communication (AAC) covers a range of techniques that support or replace spoken communication including - gesture, signing, symbols, communication boards and books as well as powered and computerised devices such as voice output communication aids (VOCAs).</p> <p>In 2013 an Expert Panel convened by Welsh Government recommended a hub and spoke model for AAC provision in Wales.</p> <p>In 2015/16 Welsh Government made available funding to develop the hub services comprising recurrent staff funding and two year funding for equipment. The hub will provide the service for complex AAC which will be delivered via the Electronic Assistive Technology (EAT) service based at Rookwood Hospital, Cardiff.</p> <p>The service for non complex AAC will be delivered by the spokes, which will include local NHS, Education and Social Services.</p> <p>Spoke services are not classified as specialist and fall under the commissioning remit of the Health Board.</p>
<p>Statement</p>	<p>This commissioning policy covers adults and children requiring complex AAC devices. The access criteria, pathway for referral and assessment process are specified in this policy.</p>
<p>Responsibilities</p>	<p>Clinicians must ensure that Service Users meet the clinical indications described in this policy and ensure that Service Users are referred in accordance with agreed referral pathways.</p> <p>Referrers should:</p> <ul style="list-style-type: none"> • Inform the Service User and /or Carer that this treatment is not routinely funded outside the criteria in this policy; and • Refer via the agreed pathway. <p>Clinician considering treatment should:</p> <ul style="list-style-type: none"> • Discuss all the alternative treatment with the Service User and/or carer; • Advise the Service User of any side effect

	<p>and risks of the potential treatment;</p> <ul style="list-style-type: none">• Inform the Service User that treatment is not routinely funded outside of the criteria in the policy; and• Confirm that there is contractual agreement with WHSSC for the treatment. <p>In all other circumstances submit an IPFR request.</p>
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Interim

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1. Aim

1.1 Introduction

The document has been developed as the policy for the planning of Alternative and Augmentative Communication (AAC) services for the population of Wales.

The purpose of this document is to:

- clearly set out the circumstances under which Service Users will be able to access AAC services;
- clarify the referral process;
- and define the criteria that Service Users must meet in order to be referred.

This policy applies to adults and children.

1.2 Relationship with other Policy and Service Specifications.

This document should be read in conjunction with the following documents:

- Commissioning policy for All Wales Individual Patient Funding Requests (IPFR).
- Service Specification for Alternative and Augmentative Communication aspect of the Electronic Assistive Technology Service (EAT), Wales.

2. Scope

2.1 Definition

Augmentative and Alternative Communication (AAC) covers a range of techniques that support or replace spoken communication including - gesture, signing, symbols, communication boards and books as well as powered and computerised devices such as voice output communication aids (VOCAs).

AAC systems may include the following elements:

- Access and control by switches and control devices operated by hand, foot, body, head, breath and eye.
- Mounting systems for switches and control devices.
- Positioning and support systems provided to the individual (often using a wheelchair) in order to access the AAC system
- Supportive software.

The systems prescribed may be commercially obtained or at a specialist level be assembled to meet individual need and may include a custom manufactured or bespoke element.

3. Access Criteria

3.1 Clinical Indications

Communication impairment, which can be improved through the use of AAC, may be due to physical speech difficulties or cognitive and language difficulties and are found in a wide range of different diagnosed conditions and across all age groups.

3.2 Criteria for Treatment

The overarching criteria for referral to the services are as follows:

- The individual is permanently resident in Wales or whose GP practice is in Wales and who lives within a PCT bordering Wales;
- An individual who would access a specialist AAC service would have a complex communication difficulty associated with a range of physical, cognitive, learning, or sensory deficits
- Initial referral must originate from a registered health or social care professional, using the EAT Service single point referral form (Annex (i)).
- The Service User must continue to be under the active care of the local Speech and Language Therapy Service, throughout the period of assessment and provision.

In addition

- Each Service User will require to have undergone assessment by the local AAC service (e.g. SLT)
- A Service User must be able to understand the purpose of an AAC system and have developed beyond cause and effect understanding.

3.3 Referral Pathway

Referrals will be accepted from health, education and social care professionals working in local teams. Additional information to the referral may be required from other health, education or social care agencies or the individual's General Practitioner (GP).

All referrals will be acknowledged within 10 days of receipt by the service and it be stated if there is reason to delay the assessment or referral acceptance, such as insufficient referral information. Otherwise, the service will assess all patients fulfilling the acceptance criteria, typically within 6 weeks from the date of acceptance of the referral.

Patients will be assessed in the most effective location e.g. their home, place of residence, hospital, school, or workplace by competent, experienced personnel and in collaboration with other services where necessary or by remote access if appropriate.

Equipment shall only be provided after the assessment. The assessment recommendations shall be confirmed in writing to the patient, referrer, GP and other stakeholders as appropriate.

Opportunity for a temporary trial of suitable sample equipment shall be recommended and made available when indicated, such as when there is doubt over the patient's motivation or ability to use the equipment. The outcome of the trial, either to continue with or to cease provision shall be based on suitable outcome measurement.

When equipment provision is recommended at the assessment, this shall normally be available for use by the patient within 4 weeks of the assessment. Exceptions to this target may occur due to dependencies on other agencies or when the recommended solution involves custom or bespoke or integrated equipment.

All patients provided with equipment shall receive adequate training in its use with necessary information in an appropriate format to them. Additional tuition shall be available as required, in consideration of the possible cognitive impairment of some users.

Each user of equipment shall receive ongoing support in case of its malfunction, an annual service maintenance visit including statutory testing of equipment and timely review of equipment appropriateness for them.

In response to reported malfunctions of the equipment, the service shall ensure that the user is contacted as soon as possible and remedial action for critical functions taken within a clinically appropriate time.

The frequency of user and equipment review shall be determined on a case by case basis by service personnel with the ability to respond appropriately to changes in clinical conditions (e.g. people with

rapidly progressing neurological conditions).

Adjustments, modifications or change of the equipment provision shall be provided when indicated following review due to change in patient clinical condition, functional impairment or circumstances. A full re- assessment of their needs shall also be available when appropriate.

Equipment no longer required by users due to change in their circumstances, shall be reclaimed, decontaminated and refurbished to standards agreed with manufacturers prior to becoming available for re- issue.

In addition the service will undertake (or arrange through subcontractors);

- Re-conditioning of equipment ready for re-use
- Technical evaluation and management of equipment to ensure it is fit for purpose
- Development of custom or bespoke or integrated equipment solutions for individual patient's EAT needs when these are identified.

A flow diagram is included, see annex i.

3.4 Exclusions

The following exclusion criteria apply:

- Service Users who have not achieved cause and effect understanding;
- Service Users who have impaired cognitive abilities that would prevent retention of information on how to use a high tech AAC system.

4. Checklist

The following checklist should be completed and retained as evidence of policy compliance by the receiving centre. It is expected that this evidence will be provided at the point of invoicing by the receiving centre.

Please tick the appropriate boxes:

Service User is Welsh resident		Service User is English but has Welsh G.P.	
Authorised via IPM / IPFR		Authorised via TRM	
IPM / IPFR / TRM Reference Number	<i>Please enter IPM / IPFR/TRM reference number</i>		
Service User meets following access criteria for treatment:			
<ul style="list-style-type: none"> The individual is permanently resident in Wales or whose GP practice is in Wales and who lives within a PCT bordering Wales; AND 			
<ul style="list-style-type: none"> The individual has a complex communication difficulty associated with a range of physical, cognitive, learning, or sensory deficits: AND 			
<ul style="list-style-type: none"> The individual must be able to understand the purpose of an AAC system and have developed beyond cause and effect understanding. 			
Service User does not meet access criteria but is exceptional			
<i>Please specify the exceptional circumstances in this case</i>			

5. Putting Things Right: Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the Service User group, it is acknowledged that there may be occasions when the Service User or their representative are not happy with decisions made or the treatment provided. The Service User or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern:

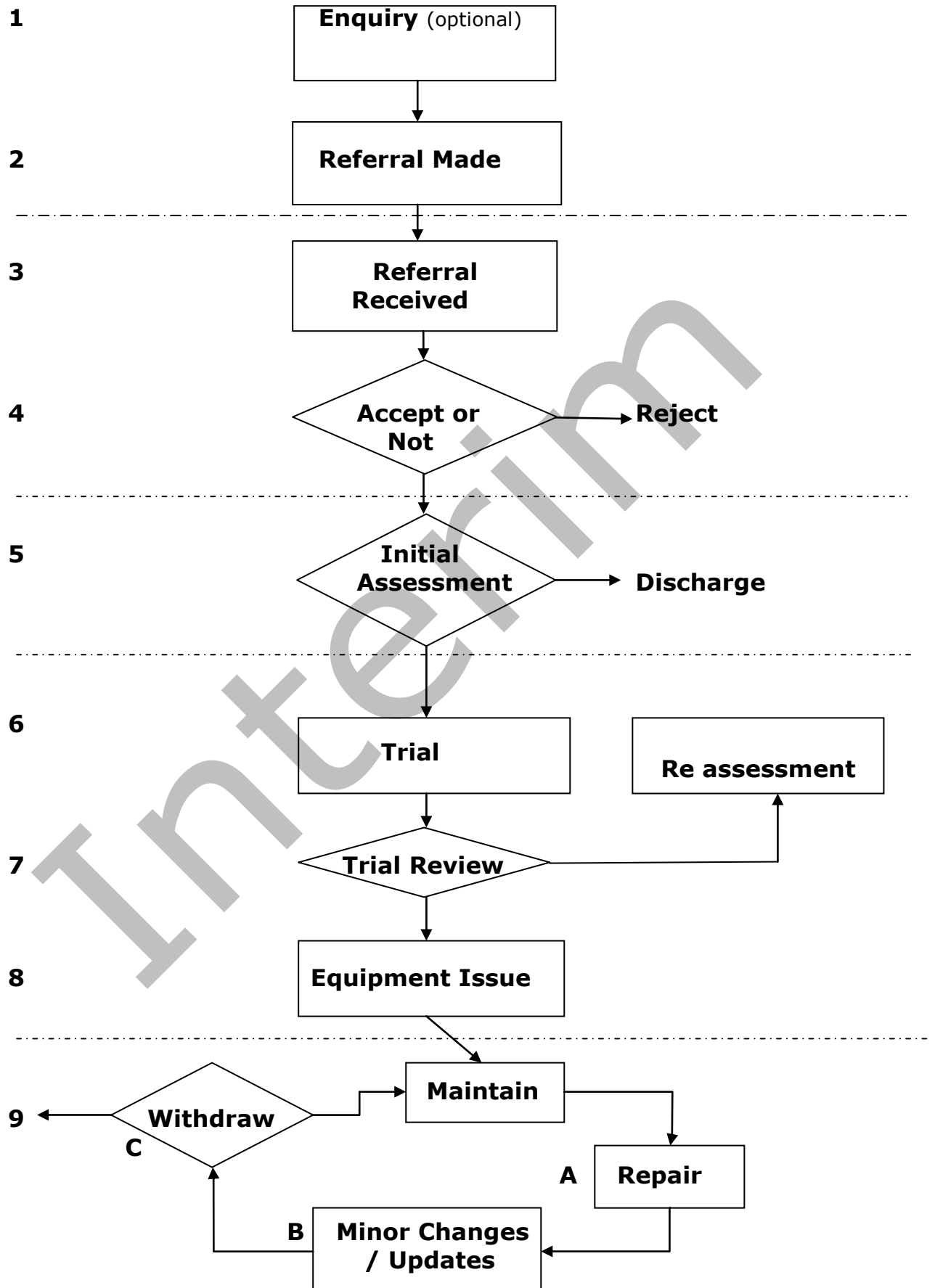
- When a Service User or their representative is unhappy with the decision, of the gatekeeper, that the Service User does not meet the criteria for treatment and that the Service User is not an exceptional case, the patient and/or their representative has a right to ask for this decision to be reviewed. The review should be undertaken, by the patient's Local Health Board, in line with section 7 of the All Wales Policy: Making Decisions on Individual Patient Funding Requests;
- When a Service User or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB arrangements for NHS Putting Things Right.

6. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (welsh).

This policy has been subjected to an Equality Impact Assessment. The initial assessment has shown that further information is required to complete the full assessment. An action plan has been developed to ensure that the EqIA is a fully considered assessment. Therefore this policy is an interim policy with a short review date.

Annex (i) Referral Pathway



Care Pathway Description (see indicative waiting times in section 3.3 above)

- 1 & 2 Sections 1 and 2 are undertaken by the local (spoke) services. The referral is made on the EAT Service common single point referral form.
- 4 If an inappropriate referral (that can be identified at the time of referral) is made, the referral is rejected back to the referrer/local (spoke service) with possible recommendations for therapy or low tech AAC.
- 5 Ideally the referrer should be present at the initial assessment. If the patient is deemed unsuitable for high tech AAC at the initial assessment, the patient will be discharge and passed back to the local (spoke) service, with possible recommendations for therapy or low tech AAC.
- 5, 6, 7, 8 The circular trial and review process will be undertaken until the appropriate AAC system can be ascertained. Where appropriate, the last (successful) system trialed with the patient will remain with the patient as the 'issued' device. This ensures continuity of use and reduced waiting times for provision.
- 9 The EAT AAC system issue on loan to the patient will be maintained within the EAT Equipment Management System, using an annual ppm schedule. Additionally, where appropriate, individual devices will be maintained under an extended manufacturers warranty.