AGENDA ITEM No.13

EAST RENFREWSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

East Renfrewshire Council

NHS Greater Glasgow and Clyde

Meeting of East Renfrewshire Health and Social Care Partnership	Integration Joint Board
Held on	1 May 2019
Agenda Item	13
Title	Augmentative and Alternative Communication (AAC) in NHS Greater Glasgow and Clyde

Summary

This paper was presented to the NHS Greater Glasgow and Clyde (GGC) Corporate Management Team (CMT) on 14 March 2019 and the recommendations were endorsed. It describes the work underway to review provision of Augmentative and Alternative Communication (AAC) equipment and support in GGC. The paper also proposes a local service of repair, recycling and monitoring of AAC equipment embedded within the Scottish Centre for the Communication Impaired (SCTCI) and proposes that East Renfrewshire Health and Social Care Partnership host the service.

Presented by	Julie Murray, Chief Officer

Action Required

The Integration Joint Board is asked to:

- Note the paper
- Approve that East Renfrewshire Health and Social Care Partnership host the SCTCI and associated budgets under the management of the General Manager for Specialist Learning Disability Services
- Direct the NHS Board accordingly

Implications checklist – check box if applicable and include detail in report

☒ Finance	☐ Policy	☐ Legal	☒ Equalities
☐ Risk	☒ Staffing	☒ Directions	☐ Infrastructure

NHS Greater Glasgow & Clyde

Corporate Management Team

Augmentative and Alternative Communication (AAC) in NHS GGC

1. Recommendations

That CMT endorse the proposals developed by the GGC AAC Co-ordinating Group, namely:

- To take the AAC Practice Guidance through relevant clinical/care governance groups for endorsement and wider distribution
- To develop a NHS GGC AAC co-ordination service managed by SCTCI but distinct from its national role
- To review and develop service level agreements between SCTCI and other Health Boards for the new financial year
- That East Renfrewshire HSCP host SCTCI and associated budgets pending approval by East Renfrewshire Integration Joint Board

2. Purpose of Paper

This paper describes the work underway to review provision of Augmentative and Alternative Communication equipment and support in NHS GGC. NHS GGC is required to ensure its compliance with Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016 on the provision of Communication Equipment and support which commenced in March 2018. This paper also proposes a local service of repair, recycle and monitoring of AAC equipment with AAC training and support available to staff within HSCPs and Acute Services.

3. Background

3.1 <u>What is AAC?</u>

Augmentative and Alternative Communication (**AAC**) is the term used to describe various methods of communication that can 'add-on' to speech and are used to get around problems with ordinary speech.

AAC includes simple systems such as pictures, gestures and pointing, as well as more complex techniques involving powerful computer technology. AAC is used to help people *express* themselves. Some people, both children and adults, find communication difficult because they have little or no clear speech. There are many possible causes for this including cerebral palsy, stroke, head injury, motor neurone disease or learning disability. Other people, for example those with autism spectrum disorders, find spoken communication difficult because they do not understand how language works and may find it difficult to connect socially. A more concrete form of communication may be easier to use.

AAC can also help with *understanding*. Some people find it difficult to understand what others are saying. This might be due to a stroke, a learning disability or a hearing impairment, for example. If others use some form of AAC, like drawing or writing or pointing to things to back up what they are saying, that may help people to understand.
Difficulty with communication is a common, but under-recognised. An estimated 0.5% of the population could benefit from some form of AAC and approximately 0.05% of the population could benefit from some form of powered AAC. Better communication, using AAC, is known to improve quality of life and increase participation in society. Being able to communicate brings more opportunities for education, work, relationships and independence.

Many people requiring AAC (both high-tech and low-tech) access a Speech and Language Therapist. If a specialist assessment is deemed necessary a referral can be made to the national service the Scottish Centre of Technology for the Communication Impaired (SCTCI).

However with the development of digital devices; many individuals requiring low tech communication support systems; the recognition that communication is everyone's business individuals access a variety of agencies including health, social work, third sector organisations and education for the procurement, provision and support in relation to their communication.

3.2 Legislation

The commencement of *Part 4 of the Health (Tobacco, Nicotine etc. and Care) Scotland) Act 2016 – Provision of Communication Equipment* on 19th March 2018 conferred a legislative duty of NHS Boards "to provide or secure communication equipment and support in using that equipment to such extent as they consider necessary to meet all reasonable requirements, to any person who has lost their voice or has difficulty speaking." (Letter from Jamie McDougal, Deputy Director, Care, Support and Rights, 22/12/2017). Each Health Board was required by Scottish Government to identify an Executive lead for AAC. Julie Murray, Chief Officer of East Renfrewshire HSCP has undertaken this function since December 2017.

4. Current Position

Although adult acute SLT service have a single system financially and operationally, HSCP services including RES, CAMHS, Adult MH inpatients, Adult Learning Disability and Community Stroke Team have a range of operational and professional arrangements. Therefore there is no cohesive approach to data collection and analysis, procurement and funding, recycling of equipment and clinical pathways and prioritisation.

Funding of equipment for children is usually drawn from Local Authority Education Departments and HSCP Speech and Language Therapy budgets, although this is variable across NHS GGC. A dedicated NHS GGC Board wide fund was established as part of the Physical Disability Strategy implementation around 2005/6 and is currently administered by an acute services planner.

These historical arrangements have led to some care groups being excluded from some funding streams for example adults with learning disability, the inability to quantify demand and potential unmet need; examples of wasted resource eg buying new equipment when equipment in the system could be restored to factory settings and reused if there were arrangements to do so; delays in providing equipment and the inability to report meaningful data and processes to Government in this priority area.

During the 'Right to Speak' project (NES 2012) work across care group clinical pathway was developed but never endorsed. In order to help Health Boards prepare for the legislation, NES, through 'A Right to Speak' made funding available for the establishment of AAC loan banks in localities often referred to as 'Right to Speak' kits. The Acute Division and each HSCP in NHS GGC has a store of various AAC equipment, which is available on loan to individuals who wish to test before purchase. Each HSCP has its own system for lending and managing its inventory of AAC aids.

4.1 SCTCI

The Scottish Centre for the Communication Impaired (SCTCI) is a tertiary level service managed within NHS GGC. It provides a specialist AAC assessment, recommendation and training service to NHS GGC and other Health Boards in Scotland (except Lothian and Fife). SCTCI is based in NHS GGC premises (the Westmarc building in QEUH) and is managed by the Acute SLT service. The arrangements with other Health Boards are long standing and we have not been able to locate a contract or service level agreement. The retirement of the lead Clinician in May 2018 offered some opportunity to review arrangements in light of the legislation. The post has not been filled permanently and interim arrangements are in place to enable service redesign.

5. GGC AAC Co-ordinating Group

In April 2018 a Co-ordinating Group was established, chaired by the Executive lead. Membership was drawn from Acute SLT, each HSCP and SCTCI. The remit of the group (endorsed by the Director of AHP when she came into post) was to:

- Oversee the implementation of the legislation locally and identify implications
- Refresh and develop the clinical pathways/practice guidance
- Look at issues of equity and funding
- Improve communication
- Improve access to equipment, including recycling
- Improve data collection and reporting

Progress to date:

5.1 Practice Guidance

The group has refreshed and further developed the clinical pathway which now takes the form of a practice guidance tool – see Appendix 1. This has been a comprehensive cross-system piece of work, based on the national core pathway, which has been widely shared and describes how the AAC journey should flow from identification, assessment, funding and procurement as well as the support function and responsibilities of those involved. Should the CMT endorse the proposed approach to developing a NHS GGC wide co-ordinating role the guidance can and be presented to the relevant clinical /care governance groups for further discussion and endorsement.

5.2 Recycling of Equipment

The Co-ordinating Group commissioned additional hours from SCTCI support staff to bring in all equipment from the 'Right to Speak' loan banks from across NHS GGC to assess condition and repair and recycle or dispose of as relevant. A case study is set out below. This exercise has demonstrated that a NHS GGC wide monitoring, repair and recycling service would not only deliver savings but more importantly improve patient experience by reducing waiting times for equipment.

5.3 Case study

AAC Support for LH Feb 2019

LH is a 47 year old woman with rapidly progressing Motor Neurone Disease.
Speech and language therapy involvement made provision for low tech AAC in the form of story books, word / picture charts as well as texting. High tech AAC was agreed and a referral made to SCTCI for assessment and trial of a high tech AAC aid. LH wanted to continue to use her mobile phone and access environment controls such as TV, fan and Skype her Mum who was unable to visit.

SCTCI assessed and trialled LH with a computerised scanning system accessed via a head mouse - a small dot fixed to her glasses. She mastered this system quickly progressing to build sentences with detailed grammar. Familiar vocabulary used by LH was predicted by the high tech AAC aid reducing her time and effort.

LH was delighted with the system and quickly became skilled in using the equipment. A long term loan was provided for her following a week trial. This was only made possible by accessing recycled equipment from across NHS GGC which was cleared and re-programmed to meet her specific needs.
LH received a communication aid quickly at a time when her changing health needs required careful planning with difficult conversations. The cost of the aid would have been ~£8,000, with a procurement time of approx. 6 weeks.

Unfortunately her condition has deteriorated and LH agreed using AAC that she needed palliative care in a hospice. Utilising her AAC computer system LH has expressed her palliative wishes regarding eating, drinking, and the use of medication with her doctors and nurses as well as her advocate and friends. She is able to use her mobile and her environmental controls with the AAC with support by SCTCI and local Speech and Language therapist. LH has some control over her life, at a time where she is acutely aware that her condition is rapidly deteriorating. LH and her care team describe her AAC aid as invaluable by enhancing the quality of her life during what is undoubtedly the last stage of her illness.

5.4 Equity of Funding

Given the original funding for the equipment budget was sourced through a physical disability strategy there has been a perception that the fund is not available for people with learning disabilities. This is not in fact the case as there have been attempts to be more flexible with the criteria for accessing the fund. However, in recognition of demand, particularly in light of the legislation, we intend to supplement the fund with £20k from the specialist learning disability budget. We will keep this under review. The AAC Co-ordinating Group have taken the view that we should maintain the status quo for funding equipment for children as there are different arrangements across HSCPs in relation to cost sharing with Education Departments and any attempt to develop a consistent approach may lead to cost pressures for the NHS.

5.5 Improved data collection and reporting

This has been a challenging area to progress as information about current AAC users is kept in different systems and it is difficult to identify unmet need. The AAC Co-ordinating Group is contributing to national work to take this forward and has established a process to co-ordinate responses to Scottish Government requests for data to ensure that we don't double count.

5.6 Proposal to develop a NHS GGC wide co-ordination service

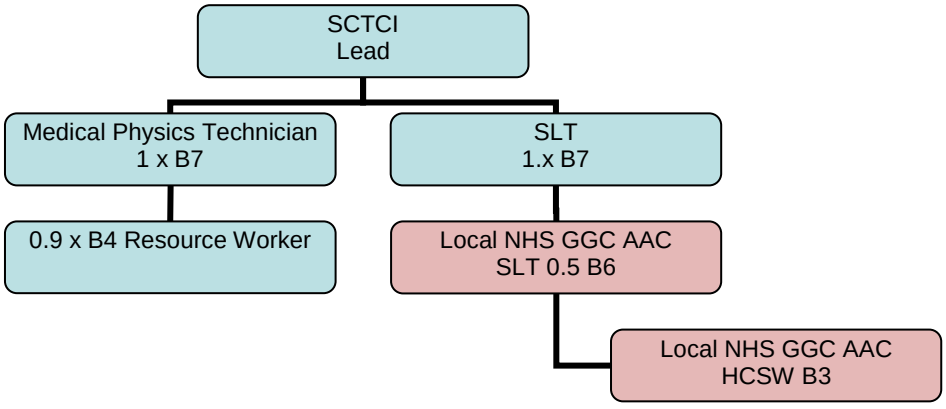
Having considered approaches in different Health Board areas, including Ayrshire and Arran and Lanarkshire, the AAC Co-ordinating Group agreed that a Board wide approach to support local AAC assessment and training, the repair and recycling of locally procured AAC equipment and a consistent and equitable approach to funding for equipment for adults was required. This would address the difficulties highlighted by AAC leads, improve patient experience and ensure compliance with the legislation.

A number of services with the potential to provide procurement, maintenance, repair and recycling of equipment were considered against a set of criteria with SCTCI achieving best fit.

We propose that a small NHS GGC service is managed by SCTCI to provide a discrete service for NHS GCC Partnerships and into Acute services. This will enable the national facing service to focus on the tertiary level support that it was originally established to provide. It will also manage process for accessing the budget for adult equipment.

Figure 1 sets out the proposed staffing for the NHS GGC services within the context of the SCTCI team. Figure 2 sets out the distinct roles of the national and local service.

Figure 1

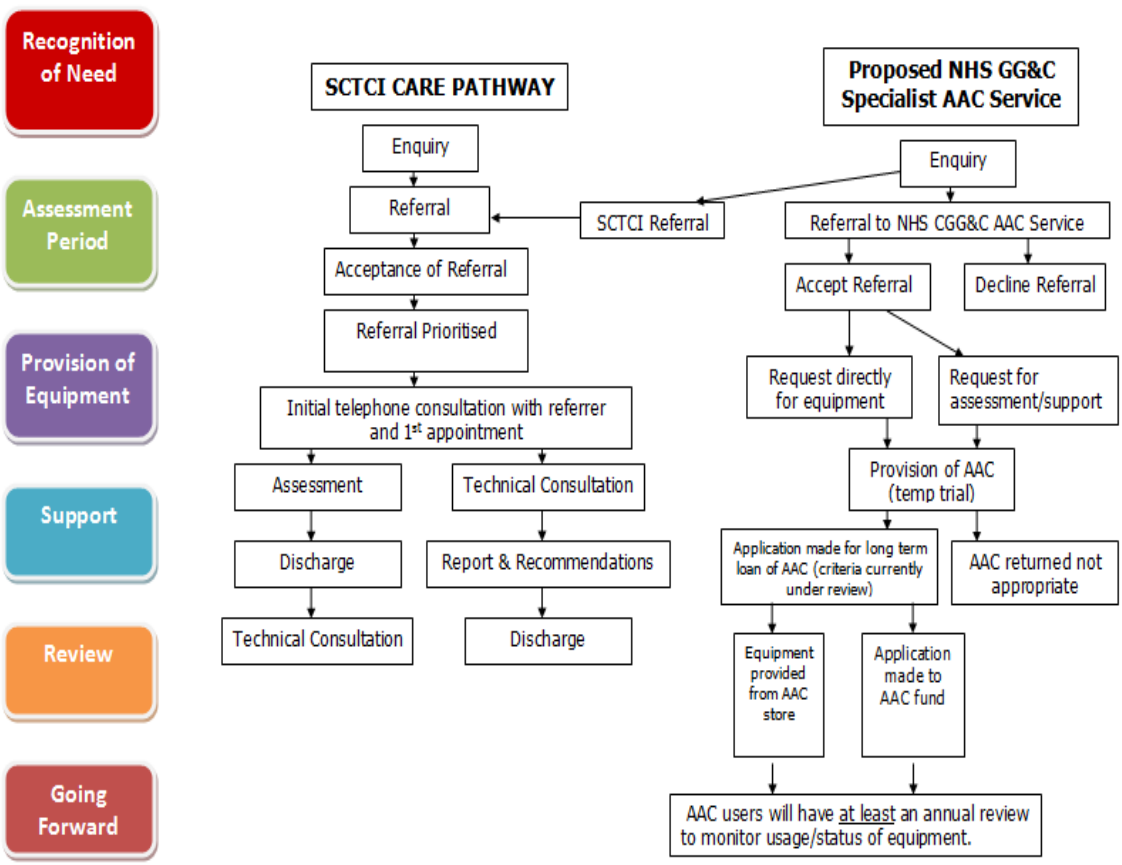


The managing service will ensure that the appropriate general management support is provided and that professional leadership requirements are met.

Currently the SCTCI lead is vacant with clinical back fill provided by 0.6 x B7 SLT and service lead 0.2 B8A SLT, this interim arrangement is not shown on the diagram. We propose to extend the interim arrangement until an amended SCTCI lead job description is developed and evaluated reflecting the additional local as well as national responsibilities.

The job description will be prepared with relevant stakeholders in partnership with Staff side and will follow HR processes regarding job evaluation.

Figure 2



5.7 Proposal to host the SCTCI and associated local service within East Renfrewshire HSCP

Historically SCTCI has been managed within Acute services, most recently by the Acute SLT service which is part of the Clyde Directorate. The majority of the referrals to the service come from community services and it is proposed that the service would be more appropriately managed within an HSCP. East Renfrewshire, given the Executive lead role of the Chief Officer would seem the obvious location and if agreed the service would be managed by the General Manager of hosted specialist Learning Disability services with professional leadership being provided by the Professional Lead for Community SLT. This would need to be subject to agreement by East Renfrewshire IJB.

6. Review of the SCTCI service to other Health Boards

SCTCI has been funded by income from Health Boards across Scotland. There is no current Service Level agreement setting out what will be delivered for this funding and work is underway to set out a clear service specification and transparent cost structure. It is hoped that this can be agreed with Boards for implementation in the new financial year, but we will test the feasibility of this during discussions with the Board leads in the next few weeks.

7. Financial Implications

The estimated cost of the revised service structure is £372k, based on all posts at the top of the scale and with the maximum likely impact of grades. This is considered prudent as this is a specialist service, however for context, if posts were at the mid-point and the lower potential grade the cost could reduce by £38k.

The table below shows the summary position with a notional split between tertiary and NHS GGC local costs, however the NHS GGC local staffing resource will most likely undertake work that would previously fallen to the tertiary service.

	Tertiary	Local	Total
Maximum Expenditure Budget needed	£'000	£'000	£'000
Staffing	213	49	262
Travel	9	2	11
Equipment	23	71	94
Other	5		5
Total Funding Needed	**250**	**122**	**372**

The local equipment budget for NHS GGC is fully funded and allows for equipment purchase across those HSCPs within NHS GGC along with equipment purchase within acute services. Historically Learning Disability services were not included within this arrangement and it has been agreed to increase this budget by £20K, from the LD specialist service hosted by East Renfrewshire HSCP.

The 2018/19 SCTCI income was £299k, comprising £127k from NHS GGC and £172k from other Health Boards. The table below shows the income by Board along with each Board's population. It can be seen that whilst NHS GGC represents 28.2% of the combined population the income is 42.6% reflecting that NHS GGC undertakes both tertiary and local work, as has been custom and practice for many years.

	£	**%**	**Population**	**%**
Ayrshire &Arran	7,706	2.6%	370,410	8.9%
Dumfries & Galloway	7,706	2.6%	149,200	3.6%
Forth Valley	9,807	3.3%	305,580	7.4%
Grampian	53,240	17.8%	586,380	14.2%
Highland	28,722	9.6%	321,990	7.8%
Lanark	39,230	13.1%	658,130	15.9%
Tayside	14,011	4.7%	416,090	10.0%
Western Isles	4,904	1.6%	26,950	0.7%
Borders	4,203	1.4%	115,020	2.8%
Orkney	2,102	0.7%	22,000	0.5%
GGC	127,496	42.6%	1,169,110	28.2%
Total	**299,127**	**100.0%**	**4,140,860**	**100.0%**

The maximum costs are estimated at £372k. The SCTCI 'external' funding is £299k and when combined with the NHS GGC local equipment budget of £71k gives potential total funding of £370k, leaving a potential funding gap of £2k.

The existing income and expenditure budgets will require re-alignment to reflect one budget for the proposed new service going forward.

8. Risks

The re-aligned budget should fully fund the proposed revisions to the service, however the mechanism for SCTCI external income is based on a three year running average so there may be fluctuation. The income over the last 5 years has grown from £279k to £299k but with year on year variation to each Board. Any shortfall in one year would need to be funded, a reserve mechanism would allow for some flex in dealing with fluctuation over the longer term.

9. Recommendations

That CMT endorse the proposals developed by the GGC AAC Co-ordinating Group, namely:

- To take the AAC Practice Guidance through relevant clinical/care governance groups for endorsement and wider distribution
- To develop a NHS GGC AAC co-ordination service managed by SCTCI but distinct from its national role
- To review and develop service level agreements between SCTCI and other Health Boards for the new financial year
- That East Renfrewshire HSCP host SCTCI and associated budgets pending approval by East Renfrewshire Integration Joint Board

Julie Murray
Chief Officer
East Renfrewshire HSCP
Date: 12th February 2019

Appendix 1

AAC Practice Guidance

Draft v.4

This guidance supports the pathway from the Scottish Government in response to Part 4 of the Health (Tobacco, Nicotine etc and Care) Scotland Act 2016 which commenced March 2018.

The document below describes the pathway for Augmentative and Alternative Communication (AAC) provision and support within NHS Greater Glasgow and Clyde. It explains how the multi disciplinary team, individuals and carers work together to maximise peoples' communication where they have needs.

Recognition of Need

The Scottish Government is committed to respecting, protecting and implementing human rights for everyone in Scotland and to embedding equality, dignity and respect in everything it does.

Access to Communication is as much a right as physical accessibility and ensures inclusivity for all. Everyone has the basic human right to understand and be understood.

A significant number of adults and children in Scotland use communication equipment or need help with communication. For the first time in law (Part 4 of the Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016) in Scotland, there is a duty to ensure all people can access the equipment and support they need to be able to participate fully in society.

Communication difficulties can affect all or some of the ability to:

- Understand what others are saying
- Decide what to say
- Speak
- Make choices and decisions
- Solve problems
- Socialise

There are many possible causes for communication difficulties, some which people are born with or some which develop through life. Problems with communication can be stable or changing, temporary or lifelong.

Recognition of Need

Definition of AAC

Augmentative and alternative communication describes different or additional ways to get a message across.

There are two main types of AAC systems:

1. Unaided forms of AAC where the message is expressed using your body eg signing, pointing etc
2. Aided forms of AAC make use of tools , which in turn may be low tech or high tech.

   Low tech AAC refers to anything that does not need a battery or power supply eg a communication book (with pictures, symbols, written words), alphabet chart, pen and paper etc.

   High tech AAC refers to powered systems and may range from simple single message devices to the use of mainstream technology (such as tablets) with specialist software or purpose designed voice output communication aids

An individual may use more than one type of AAC method for different purposes, or may have a Low-Tech system in place to back up a High-Tech device should there be a technical failure. It can also depend on the individual's preference and where/ who they are communicating with at the time.

Recognition of Need
Meeting AAC Needs

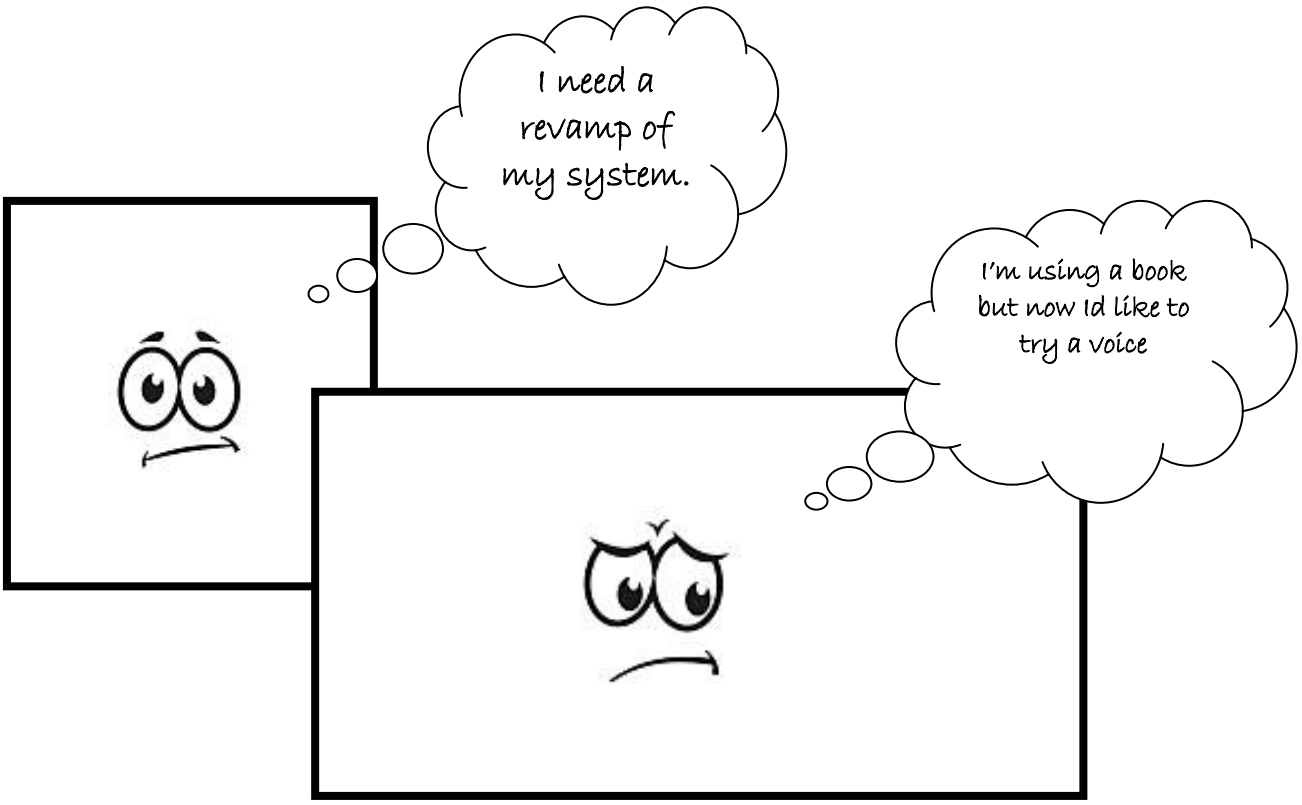
Everyone encounters people with communication difficulties in their daily lives, so **it is everyone's responsibility** to recognise these difficulties and use strategies to support. People who work with individuals with communication difficulties should know how to identify needs as early as possible; know how to help and know when to seek further advice or if assessment is required.

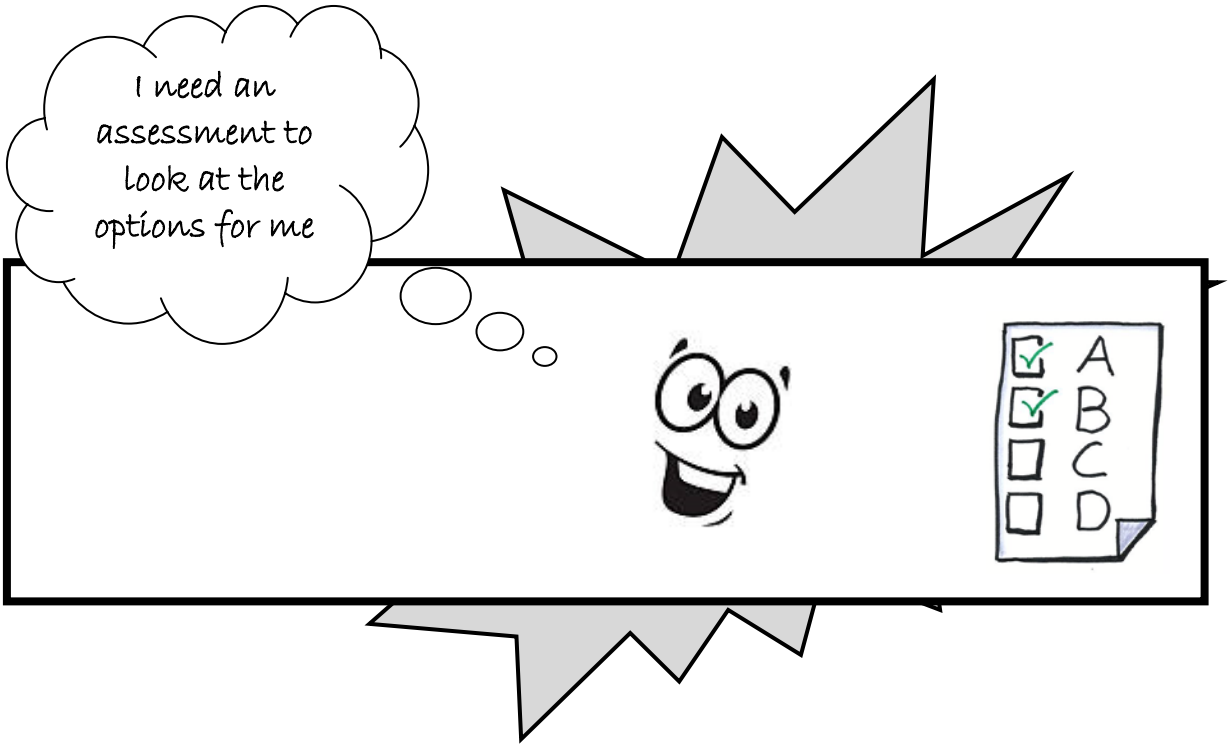
NHS Education for Scotland has developed a knowledge and skills framework (*IP**AAC**KS2: Informing and profiling AAC knowledge and skills)*
http://www.nes.scot.nhs.uk/media/2507407/nesd0214aacframework-re.pdf
Anyone who supports a person with communication needs may find this a useful framework for learning and development.

For individuals with a specific communication difficulty, which affects their daily life and well-being, referral for assessment by an SLT may be appropriate (see further details under assessment).

Consent to refer must be obtained by the individual or their proxy, prior to referral.

Successful use of AAC needs commitment from everyone involved in the individuals life, so this should be established at the time of referral and a coordinator identified.


I need a revamp of my system.
I'm using a book but now Id like to try a voice


I need an assessment to look at the options for me
A
B
C
D

Assessment

Assessment considers which situations, interactions and activities are most challenging; if something can be done to help that and who can facilitate.

While Assessment is not just about seeking technological solutions it is required to ensure that the most appropriate AAC system and supports are identified for the individual. This needs to take account of a range of factors including; motivation (individual and carer); physical and environmental access; readiness of individuals and partners; if communication would be developed or enhanced further.

Composition of the team will vary depending on age and needs/abilities of the individual, as well as their environment and who they communicate with. The person themselves, their family members and carers are always members of the team. In addition a whole team approach for the support, development and maintenance of the AAC system is required.

Successful implementation and use of AAC requires a whole team approach which sometimes requires the expertise of a Speech and Language Therapist (SLT) where clinical assessment and analysis is required.

Speech and Language Therapists (SLTs) are communication experts who can provide a specialist assessment of communication needs, identify areas for intervention and recommend/teach communication strategies to enable people with communication support needs to maximise their potential.

To enable individuals and their partners to be more successful at communication, assessment and intervention are carried out by the team around the individual, which may include the SLT.

Assessment
Knowledge and Skills

People who identify and assess the needs of individuals AAC e.g. including signing systems, powered/unpowered systems, will have knowledge at IP**AAC**KS levels 1 or 2 or have equivalent experience. Some professionals will go on to develop greater levels of knowledge and skill in specific aspects of AAC.

Assessment
Role of SLT in the AAC Assessment

The purpose of assessment is to establish the individual's potential to use AAC and whether this will increase the effectiveness of their communication.

Assessment will:

- Take in to account the individual's preferences
- Include the individual, family, the referrer, their support team and communication partners
- Sometimes require to take place over an extended period of time, involving trials of different AAC systems.
- Be appropriate to the person's age and abilities
- Include observation, information from the individual, family and those in the individual's day to day environments

- Consider the success of communication systems already in place
- Consider the individual's general well being e.g. current medical status, level of tiredness, emotional status.
- Include formal testing where appropriate
- Include a range of different AAC equipment and materials as appropriate to the individual's needs and abilities
- Take place in a variety of locations e.g. school, home, care home, hospital, work place
- Include observations of communication in daily life, which can be made by any significant person in the individuals life and analysed by the SLT
- Present formal assessment materials in flexible ways to ensure the Individual can see/ operate them and take any physical, visual or hearing impairment into account
- Take into account whether the individual can operate the system, their language ability and symbolic understanding
- Consider the individuals desire and ability to interact with another person
- Consider low-tech communication systems e.g. an eye pointing board and/or a communication symbol book to develop skills and/or act as a backup to any high-tech system
- Look for evidence of the ability, or potential, for the individual to develop:
  - Deliberate communication
  - Motivation to communicate
  - Symbol recognition
  - Ability to attend visually or via hearing, select/make choices
  - Physical skills to enable reliable, consistent operating methods, e.g. finger pointing, switch control and eye gaze

AAC is most effective where all environments enable active participation.

Further considerations in assessment may include:

- Are there people around the individual who can make sure the AAC equipment (both High-Tech and Low-Tech) is available at all times?. Also can they make sure the equipment is maintained, in good repair, still appropriate and do they know how to seek help, report faults and send items for repair.
- Can the individual's communication be supported by the AAC equipment in all of their environments, e.g. school, home, socially etc? If not, the individual could be more frustrated by having that means of communication in some settings and not others.
- Can a key person be identified?
    - To understand and support others to understand, that this is the individual's 'voice' (Low-Tech and High-Tech)
    - To take responsibility to embed communication across all environments, e.g. school, home, respite, work.
    - To support others to attend training in the AAC system
    - To provide guidance, information and support while the Individual learns to use AAC system
    - To ensure the persons individual needs are reflected in the AAC device
    - To Update vocabulary so that it remains relevant

Where more complex needs have been identified and further information, advice and **expert** assessment is required, access to tertiary expert services including Scottish Centre of Technology for the Communication Impaired (SCTCI) is available. The term "complex needs" may include individuals with complex access requirements, with a need for remote communication and/or integration with other technology, with very specific multiple physical/sensory and cognitive needs.

SCTCI exists to provide a high quality, specialist AAC assessment service for children and adults in Scotland who have complex additional speech, language and communication support needs. SCTCI provides expert clinical AAC assessment, training and education, and advice and information.

Remit

- To provide an independent AAC assessment service
- To have available a bank of relevant materials for assessment trials including communication books ,switches, communication aids, specific access aids, reference books etc
- To provide training and education in AAC related issues for SLT's parents/relatives and other professionals working in health education social work or the voluntary sector.
- To support the development and competency of local workforce to ensure SCTCI can function as intended as a tertiary level service - promoting 'right time, right person, right place'
- In order to enhance the tertiary function of SCTCI, GGC will develop a local service model to fulfil the requirements of the legislation
- To provide advice, technical support and consultancy services.
- To be involved in research and developments in the field of AAC.

Recommendation of a communication device by SCTCI

- If a recommendation is made then SCTCI will make a detailed report outlining the appropriate intervention/communication device. Included in this report will be details of any peripherals required e.g. switches, software, wheelchair mounting systems and any extended warranty package (if available).

- It is the responsibility of the referring agency and local team to identify funding and provide equipment agreed
- Funding for an individual's communication aid comes from a variety of sources including Health Education Social work and joint funding arrangements between all or some and a variety of charitable and fundraising sources.

SCTCI will work with an individual's team, including local SLT, to provide appropriate support during the assessment of and implementation of AAC. While not providing intervention SCTCI support the individual's local team.

Discharge from SCTCI

- Once the assessment is complete and recommendation/s made, the client will be discharged, unless a period of Technical Consultation and Training is required. The referrer will be informed of the discharge and reason by letter.
- Once the Technical Consultation and Training is complete, the client will be discharged. The referrer will be informed of the discharge and reason by letter. The client and referrer will be provided with information on how to contact SCTCI in the future should this be required.

Provision of Equipment

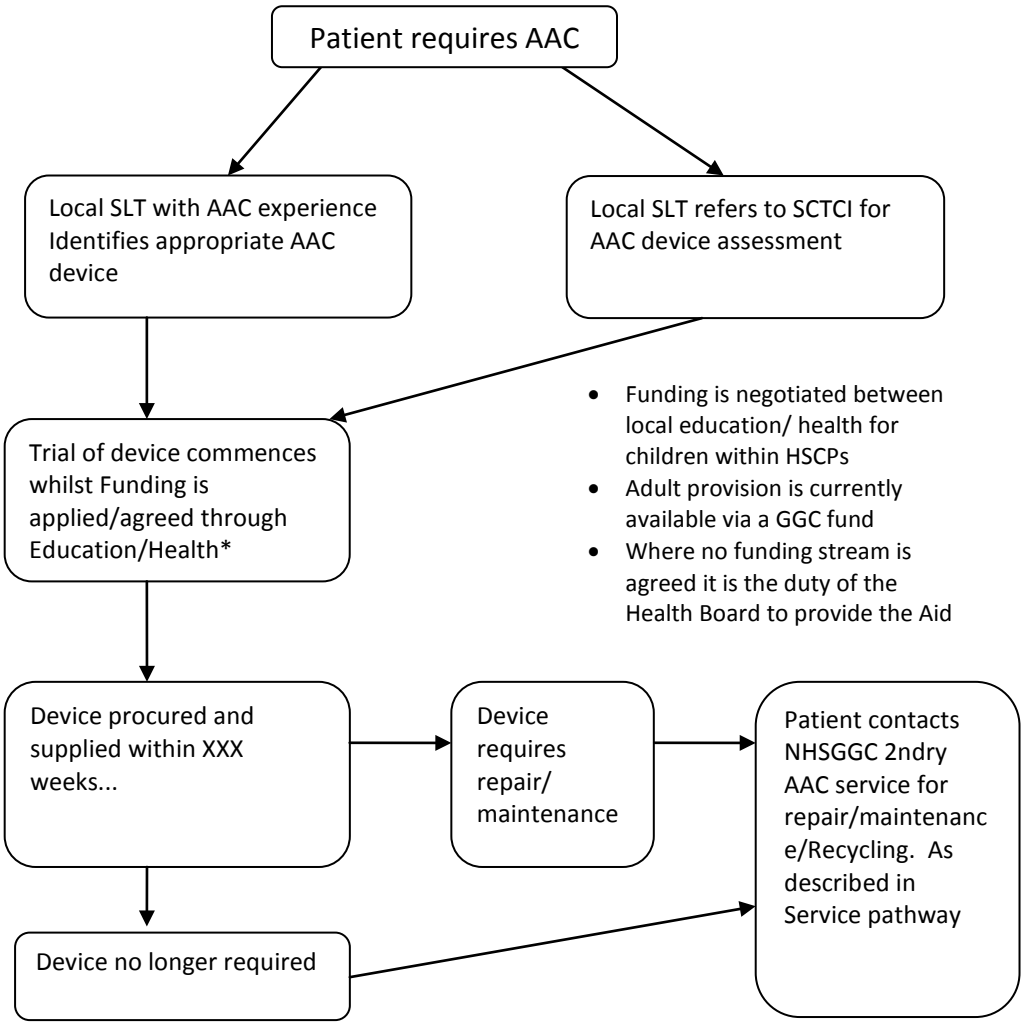
The team supporting AAC assessment should work in partnership to make the process of assessment and provision as quick as possible. AAC toolkits available in each geographical area can provide a device to an individual whilst they await order and delivery of their own. An individual may already have their own technology which can be adapted to meet their communication needs. An assessment may highlight that funding to support an app may be a preferred route.

During assessment there should be ongoing consideration for maintenance and repair of the AAC Device and how this can be supported. AAC users and their families should feel confident to continue to sustain and develop their communication systems when a multi disciplinary team is no longer involved. This may include for example, how families access symbol software for ongoing adaptation of low tech aids, maintenance and repair of high tech aids.

Whenever a high-tech aid is provided there should also be access to a low tech system as a back up.

In line with the legislation, NHSGGC will develop and describe a process to streamline; provision of equipment, data collection, waiting times, recycling and re-issue of equipment, funding streams, and data security.

Provision of Equipment



Recognition of Need

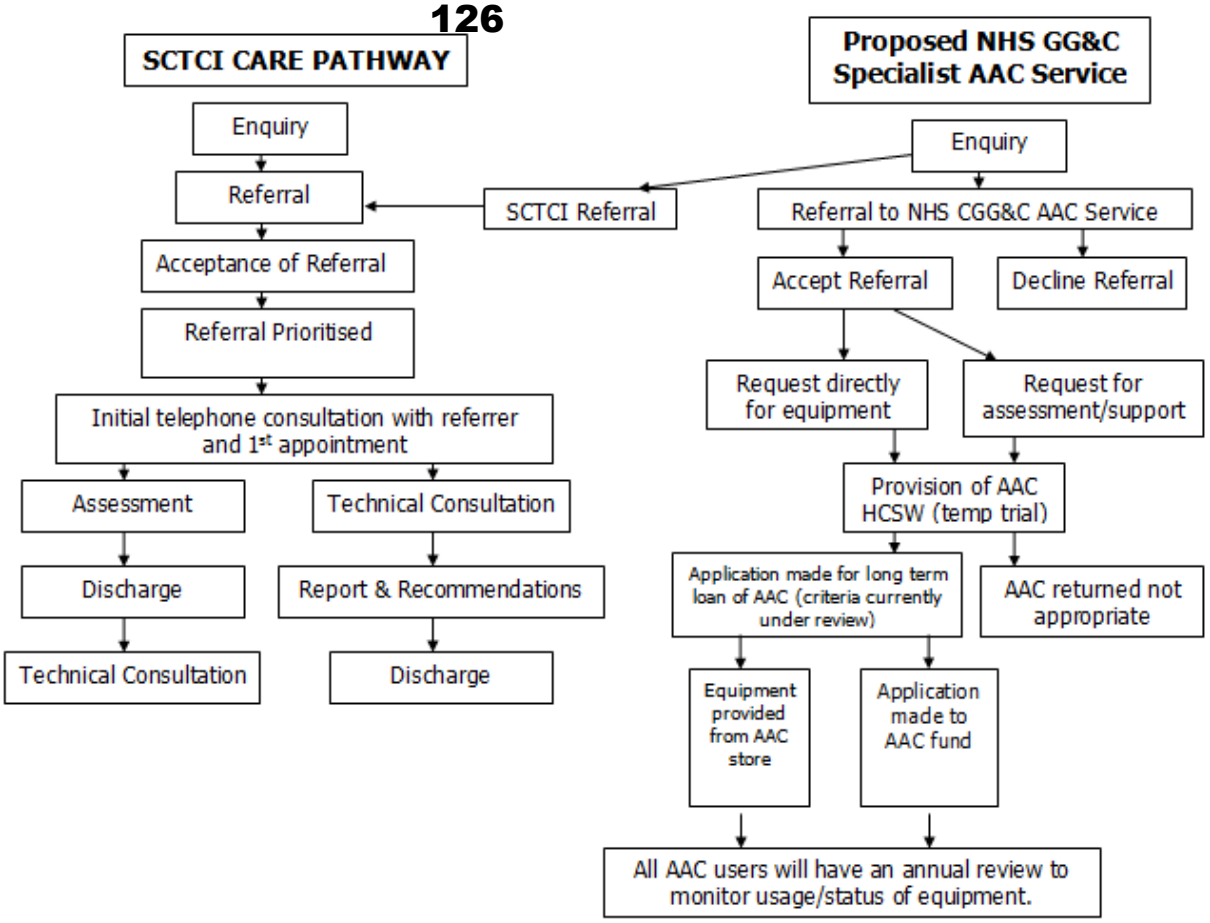
Assessment Period

Provision of Equipment

Support

Review

Going Forward



This algorithm above shows the pathways of NHS GGC secondary level AAC service and the national tertiary level service provided by SCTCI and how they relate to each other.

Support

Settings supporting individuals who are experiencing, communication difficulties that may be helped by the introduction of AAC include care homes, hospital wards, day centres, and classrooms. Communication may be supported by nurses, carers, teaching staff and support staff. Input at this level may include:

- Sign-posting communication partners to use existing resources. There are many freely available from Communication Matters Website as well as NES
- Up-skilling of the team (staff, carers and family members) on communication development or rehabilitation

- establishing basic communication support interventions, which can then be delivered by the wider workforce

The SLT can provide consultation and advice about communication supports, including unpowered / powered AAC methods. The focus would be on the development of a range of AAC strategies and resources and may or may not involve direct intervention from SLT.

Providing AAC support requires ongoing evaluation and assessment, therefore all those providing support require the skills and competencies as described in the section 'Assessment/ Knowledge and skills' (page 7)

Targeted input and interventions for AAC use must address the development of functional communication skills to support individuals with complex communication needs to participate in all aspects of daily life.

The aim of any intervention and support will be to provide individuals with a more effective means of communication helping them to achieve their social, educational and vocational goals.

Person centred goals, jointly decided by all members of the team particularly the AAC user and his/ her family ,will be the basis of any intervention and this data will feed into an evidence base which will include audit, formatting of recorded goals and outcomes.

Review

The AAC user's communication needs should be reviewed by the individual, their family and the wider support team, ideally led by a coordinator. As communication is not static, updating of vocabulary and considering whether the device still meets the user's communication needs should be considered regularly.
This will ensure ongoing success.

Going Forward

A key aim for an AAC user is that where possible s/he becomes expert in the use of their own device and can manage their equipment by themselves or with support from their key communication partners. This means that an individual is as independent of support as is possible.

The individual may be discharged from the SLT when:

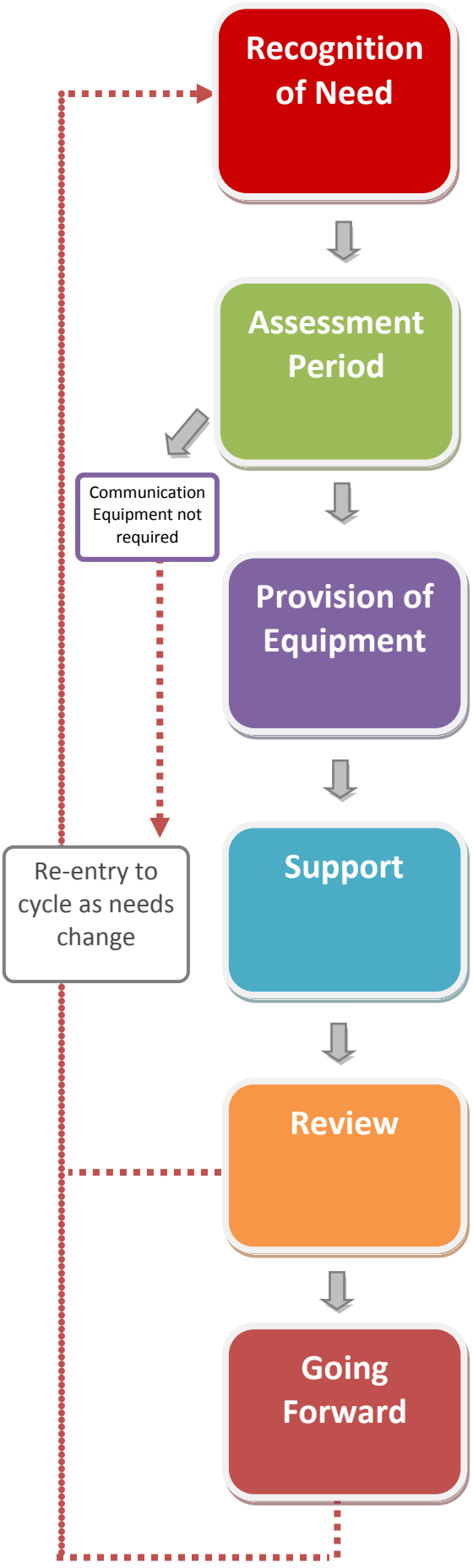
- SLT assessments and interventions are complete
- There are identified people who can support the individual in AAC use
- There are identified people able to support maintenance and development of communication as well as understanding how to re refer to services if further advice would help

AAC systems, strategies and equipment need to be reviewed on a regular basis by the individuals support team, in order to ensure that the changing needs of the individual are met.

Individuals who are no longer actively involved with AAC services or SLT services should have information, via the discharge process and report, regarding re-referral and contact details for advice and consultation in the event of any changes in the individual's requirements e.g. due to deteriorating health the AAC system no longer working/meeting the individual's needs, or there is a change in the communication environments.

For adults information should be sent to the GP to ensure they are alerted to the individual's ongoing communication needs. This should be recorded within the electronic clinical information summary. If inserted and actioned by therapists it creates a direct route from the patient's record, for example paramedic services. GPs should know how to re-refer to services if those needs change.

For Individuals who have a rapidly deteriorating condition, discharge from the SLT service may be inappropriate as their changing communication needs must be monitored and their AAC systems are adapted or replaced regularly. This monitoring is the responsibility of the local SLT and team around the individual.



- Early Identification of communication difficulties that AAC might help
- Consent obtained
- Referral to SLT (if not already involved)
- Identify multi-agency team and coordinator to be involved

- Local SLT/multi-disciplinary assessment process
- Discussion with local AAC specialist/coordinator (if available)
- Regional/National specialist services involved as required (Refer to referral criteria)
- Trial of equipment – loan for agreed length of time with support as required
- Evaluate/review outcome of trial
- Identify type and amount of support required
- Person-centered goals written collaboratively with the user

- Long term loan provided from local sources where available
- Local funding arrangements available to access for low and high tech communication equipment
- Equipment is procured in keeping with local procedures and timescales
- If high tech equipment is provided, a low-tech backup should be in place

- Equipment is set up for individual user, including any necessary adaptations, access, mounting and integration with other technology
- Training provided for individual and network of support
- Local equipment management procedure is in place to ensure equipment is tracked, safe and fit for purpose
- Information is provided to the user and network of support on how to look after the equipment and what to do in the event of any issues

- Progress reviewed after a period of consolidation including discussion with the user as to whether intended outcomes have been achieved
- Any necessary changes are made

- Point(s) of contact if needs change, further support required or if any issues with equipment
- Local policies in place for follow-up/discharge
- Individual and network of support takes responsibility for equipment