

Local Service Specifications

This document sets out the expectations of local service provision of Augmentative and Alternative Communication (AAC) and communication aids. This document gives an overview of the care pathway between the local service and the specialised service ([Barnsley AT team](#)) – it is not designed to describe the whole range of activities related to AAC, just those with a linkage to the specialised service. National guidance on local AAC commissioning is also being developed by the NHS England Clinical Reference Group AAC sub group.

The responsibilities of the specialised service are set out in the [NHS England service specifications – D01/S/b](#). Further guidance related to the responsibilities of specialised services is also included as appendices – equipment provision guidance (Appendix 2) and referral criteria guidance (Appendix 3). Referral forms and guidance are available on the [team's website](#). Specific guidance related to the quality assurance of 'equipment only' referrals is available in the form of a [draft quality assurance framework and matrix](#).

Within this document we have used definitions of specialised communication aids, low tech AAC and non specialised communication aids. These definitions are included as Appendix 1.

Version: Working Version 1. 24th April 2015

Status: Agreed as working draft by regional SLT managers.

To adopt from: 1st April 2015

Local Service Activities

Training and other support (face to face and remotely) from the hub will be available around all of the activities listed below, however these activities are those that it is expected a local service would lead on:

Awareness raising and local network development:

- Local awareness raising of the need and benefits of AAC interventions with primary and community care teams, schools and colleges, NHS consultants and hospital based teams, social service teams, residential and care homes, and other relevant groups and organisations.
- Development of communication and AAC strategies and policies in the locality. For example – development of total communication strategies in education or social care settings.
- Delivery of training to support the implementation of AAC to other local professionals.

Provision of low tech and non specialised communication aids:

- Undertaking assessment for low tech AAC and for those individuals without highly complex needs (this will be the vast majority of AAC caseload).
- Trial and long term provision of all low tech AAC equipment and strategies (as appropriate).
- Assessment for and provision of literacy based, direct access high tech communication aids (to individuals with no language or access difficulties).

Identification of need for specialised communication aid provision:

- Identification of the need, or potential for, use of high tech communication aids.
- Wider assessment of an individual's speech and language (such as understanding of receptive language) - as needed to support the specialised AAC assessment and/or specialised communication aid provision.
- Making appropriate onward referrals to specialised service.

Support of provision of specialised communication aids:

- Support of the *trial* of all specialised communication aids. Including training for individual AAC users, their families and communication and support networks.
- Support of the *implementation* of specialised communication aids. Including training of the team around an individual.
- On-going support for individuals referred to the hub, with responsibility for re-referral if and when appropriate.

On-going Support of AAC use

- On-going support of all individuals using AAC.
- On-going support for individuals referred to the hub, with responsibility for re-referral as appropriate.

Service Resources

To be able to deliver the services listed above, it would be expected that a local team would have the following resources available.

Staff:

- A local AAC specialist speech and language therapist. In many areas this is arranged as separate paediatric and adult AAC specialists as part of a local multi-disciplinary team. This role would require relevant AAC and high tech communication aid competencies (e.g up to IPAACKS level 3 to 4).
- Therapy Assistant(s) with experience in supporting individuals using AAC.
- Within the team:
 - An expertise in non-complex low-tech AAC strategies and techniques.
 - Ability to carry out a range of speech and language assessments relevant to AAC 'screening'.
- A senior manager with local AAC service remit.

If the service is operating at a level where it is expecting to send 'equipment only' referrals to be quality assured by the specialised team, then in addition to the above:

- High level of local expertise in AAC and high tech communication aids (e.g. IPAACKS level 4)
- Ability to carry out assessments to meet the published draft quality assurance framework.

Equipment:

- A loan bank of low tech and light tech devices.
- A loan bank of alphabetic keyboard based, direct access devices.

If the service is operating at a level where it is expecting to send 'equipment only' referrals to be quality assured by the specialised team, then:

- A loan bank, or appropriate access agreements to, an appropriate range of specialised, high tech, devices.
- A loan bank, or appropriate access agreements to, an appropriate range of access equipment