

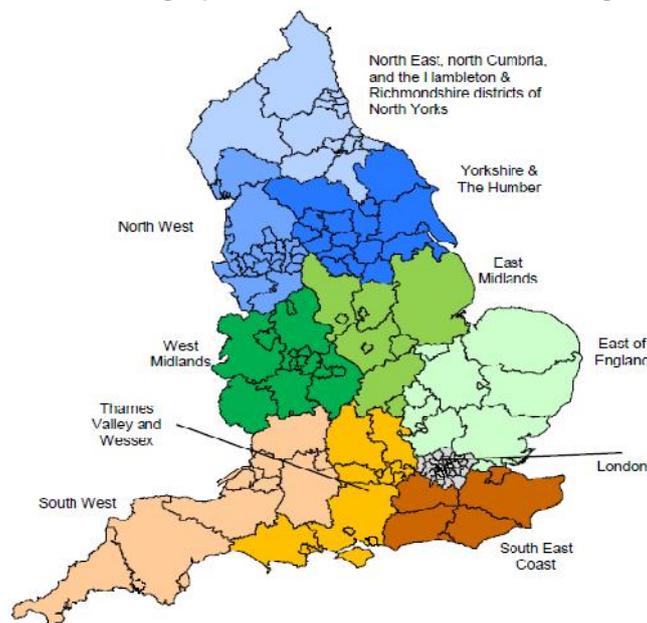
How to access an AAC assessment and equipment: An update Commissioning AAC services June 2014

For some time now, the AAC community has been asking for an effective and equitable 'Hub and Spoke' model of AAC provision to be commissioned across England. Commissioning refers to the process of ensuring that services are provided effectively and that they meet the needs of the population. Most local health services in England will be provided by Clinical Commissioning Groups (CCGs); however, there are a few specialised services, including AAC that will be commissioned directly by NHS England – the new organisation appointed by the Government to oversee the commissioning of all health services. Specialised services are defined as being low incidence and high cost and in October 2012 it was agreed by NHS England that communication aids/AAC services should be included in the list of 141 specialised services that they will commission directly.

Specialised AAC services will provide assessments, equipment, initial training and support for children and adults with complex communication needs, estimated to be 10% of the population of people who need AAC. The remaining 90% of children and adults who need AAC will be supported by local AAC services, which should be overseen by Health and Wellbeing Boards that have been established in every Local Authority in England. These Boards are comprised of local health, education and social care strategic officers with responsibility for making decisions about commissioning services to meet the needs of their local population.

Specialised AAC services (also known as 'Hubs')

There are ten specialised commissioning regions in England and there are teams of specialised commissioners (known as Area Teams) within each region with responsibility for commissioning specialised services, including AAC.



Specialised AAC services were due to be commissioned in April 2014 to provide AAC services for individuals who meet some or all of the following criteria. However, there has been a delay to this process, and it is hoped that contracts will be signed in July/August 2014. The successful services will need to work towards the service specification, which will be ratified by NHS England in October 2014.

The implementation of the service specification will be overseen by the Clinical Reference Group (CRG) responsible for Complex Disability Equipment, which includes:

- Environmental Control Services
- Prosthetic services
- **Specialised AAC Services**

There is an AAC Sub-Group that reports to the CRG, and its members include:

- Sally Chan (RCSLT) Chair of the AAC Sub-Group and CRG Member
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- Carolyn Young – National Commissioner, NHS England
- Simon Judge (Barnsley AT Service)
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- Anna Reeves (ACE Centre)
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- Alexis Egerton (Researcher and person who uses AAC)
- Gary Derwent (Putney Royal Hospital for Neuro-disability)
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- Judith De Ste Croix (Bristol Communication Aid Service)
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- Cathy Harris (Chair of Communication Matters)
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The specialised AAC services which have been identified are:

- Kent Children's and Adult's Communication and Assistive Technology Service
- Regional Communication Aid Service, Newcastle
- Barnsley Assistive Technology Service, Barnsley General Hospital
- Compass Assistive Technology Service, Royal Hospital for Neurodisability
- Chailey Heritage Clinical Service
- Access to Communication and Technology (ACT), Birmingham Community Healthcare NHS Trust
- Bristol Communication Aid Service
- ACE Centre
- Communication, Learning and Technology Service, Great Ormond Street Hospital for Children
- Dame Hannah Rogers School and young adult provision and AAC assessment service, Devon
- Assistive Communication Service, Central London Community Healthcare NHS Trust
- Lincolnshire AAC Service

Local AAC services (also known as 'Spokes')

For those individuals who do not meet the criteria for specialised AAC commissioning but who need AAC, provision should be met by local commissioners. Health and Wellbeing Boards are ultimately responsible for ensuring that local AAC services exist and/or are maintained or established to meet the needs of the local community. Health and Wellbeing Boards have been set up to:

- improve local joint commissioning arrangements
- enable local services to meet local need
- ensure that health inequalities are reduced

Included on every Health and Wellbeing Board is a Healthwatch representative who is responsible for ensuring the voices of people who use local health and social care services are heard. Ideally, local AAC services should be jointly commissioned for children and adults. However, if no local AAC service is available, information about Healthwatch representation can be found here: <http://www.healthwatch.co.uk/> in order to raise awareness of this need with the Health and Wellbeing Board.

AAC Subgroup June 2014