Referral criteria for specialised AAC services

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Contents

1. Introduction

1.1 Criteria for acceptance of referrals for specialised Alternative and Augmentative Communication (AAC) assessment are set out in the Service Specifications for AAC Services.

1.2 This document is intended to give guidance on the operational interpretation of the service specification. A decision chart also accompanies this document.

1.3 If someone does not meet the criteria for assessment or provision by a specialised AAC service, this does not necessarily mean that the person should not have access to AAC or other technology. It means that they are not suitable for assessment and provision under this service specification at this time. Other support and funding streams may be more suitable.

1.4 The NHS England Service Specification (D01/S/b) recommends a 'Hub and Spoke' approach to the provision of AAC. Hub and spoke services are also known as specialised and local services and this terminology will be used in this document. The NHS England Service Specification is for the specialised services and these referral criteria relate to referrals which can be accepted by those specialised services.

1.5 If potential referrers are unsure whether a person is eligible for referral, they are

encouraged to contact their local specialised AAC service in order to discuss a case prior to making that referral.

2. Service specification acceptance criteria

2.1 The service specification for AAC services states:

An individual who would access a specialised AAC service would have both of the following:

- a severe/complex communication difficulty associated with a range of physical, cognitive, learning, or sensory deficits;
- a clear discrepancy between their level of understanding and ability to speak.

In addition, an individual must:

- be able to understand the purpose of a communication aid;
- have developed beyond cause and effect understanding;

and may:

- have experience of using low tech AAC which is insufficient to enable them to realise their communicative potential.

2.2 The following exclusion criteria will apply to all referrals:

- pre-verbal communication skills;
- not having achieved cause and effect understanding;
- have impaired cognitive abilities that would prevent the user from retaining information on how to use equipment.

3. Purpose of the equipment

3.1 People eligible for assessment for specialised AAC should have a need for a Voice Output Communication Aid (VOCA).

3.2 It is recognised that email, other computer applications, texting and other technologies are forms of communication, however the primary aim of referrals to a specialised AAC service must be related to a significant difficulty communicating through speech.

3.3 The responsibility for assessing and providing equipment to support access to a computer for purposes other than voice output will vary depending on the circumstances of computer use. This may be, for example, via Access to Work, Environmental Control Services (D01/S/c), Education or other routes.

3.4 Provision of a VOCA should broaden the range of communicative functions and the contexts in which a person can participate.

4. Eligibility for referral

4.1 A person being referred for a specialised AAC assessment should have significant difficulty communicating through speech.

4.2 If a person has variable speech, (i.e. is able to speak intelligibly at some times but not at others), then a clinical decision will need to be made on an individual basis as to whether a voice output communication aid is appropriate. This is likely to be determined by the proportion of time the person can and cannot speak intelligibly, their communication environment and which communication partners find them intelligible.

4.3 A person who has intact literacy and no or mild language delay / disorder AND who has the physical ability to control equipment using at least one hand at reasonable speed and accuracy would not be considered to require a specialised assessment for AAC. Such a person should be supported by their local team and should be eligible for other sources of funding.

4.4 A person with impaired literacy to the extent that they cannot construct messages by spelling, but who has sufficient language skills to combine multiple words, phrases or symbols into messages with multiple concepts is likely to require specialised assessment regardless of whether they can control a touchscreen or keyboard with a hand.

4.5 A person who can use a touchscreen or keyboard with a hand but has a severe language delay / disorder to the extent that they cannot combine words or phrases to create more than one concept may benefit from AAC but the assessment itself and the equipment required are unlikely to be complex. In most cases the needs of such people can be met by the local team.

4.6 A person with severe language delay or disorder as in point 4.5, but who cannot use a touchscreen or keyboard with a hand, is likely to require specialised assessment.

4.7 In a person with developing AAC skills the following factors will apply:

4.7.1 The person should be able to consistently make purposeful choices. Evidence of this will be required.

4.7.2 The referring therapist should evidence that the person is moving beyond basic choice making and would now benefit from the use of technology in order to communicate a larger variety choices for increased communicative functions e.g. to make requests, question, comment, interact etc.

4.7.3 The person should demonstrate ability to link ideas/ semantic categories and syntactic functions beyond basic requests.

4.8 In addition, where identified impairments of social communication are present, consideration should be given to how these impairments would impact on the

functional use of an AAC system. The following factors should apply:

4.8.1 As with other groups, provision of a system should look to broaden the range of communicative functions and contexts in which a person can participate.

4.8.2 In common with other areas of this pathway, examples of low-tech use and why this is not suitable or not sufficient to meet the communication needs of the person would need to be provided.

4.8.3 Communicative intent would need to be demonstrated, as this funding stream is not intended to cover devices provided for the purposes of language modelling, behavior management and the development of social interaction skills.

4.9 In most circumstances, a referral should indicate that low-tech AAC has been considered and must identify why this does not meet the person's needs. A case for why a VOCA might better meet their needs should be presented. If low tech AAC has not been considered, the referral should justify why this is the case.

4.10 If a person meets the eligibility criteria the assessment will include considering the need for mounting of the required AAC equipment. If a person meets the eligibility criteria and has appropriate equipment in place, a referral can be made for consideration of mounting options.

5. Timing of referrals

5.1 Most people referred to the service should meet the criteria for referral at the time they are referred, with the exceptions below.

5.2 People with rapidly degenerative conditions can be referred to the service prior to their meeting all of the referral criteria. However the following factors will be taken into consideration:

5.2.1 The referring professional and the specialist team receiving the referral should be satisfied that the rate of deterioration is such that the referral criteria are likely to be met within the time in which a device would be provided from referral. Although this time is variable, a time of 18 weeks is suggested.

5.2.2 It is recognised that this is a difficult determination to make in many cases, but some evidence of how deterioration has occurred in the period prior to referral should be included in the referral. Decisions will be based on the individual clinical circumstances of each case.

5.3 Patients undergoing rehabilitation who meet the referral criteria are eligible for AAC provision, however the following considerations may apply:

5.3.1 The referring team and specialist service should be satisfied that it is likely

that the person being referred will continue to meet the referral criteria even when rehabilitation is complete.

OR

5.3.2 The person is likely to benefit from high tech voice output AAC for a significant period within rehabilitation when there is evidence that low-tech communication will not meet their reasonable needs.

5.3.3 Likely means of support of the AAC device after discharge from rehabilitation should be identified. Where possible, the professionals that will take on this support should be actively involved in the referral and assessment process.

5.3.4 It is not the remit of the specialised AAC services to provide rehabilitation equipment, equipment to work on motor, cognitive or language skills (for example aphasia therapy software) as part of rehabilitation therapy sessions.

6. Who can refer?

6.1 Referrals should be made by health, social care or education professionals who are registered with the HCPC or other appropriate statutory body responsible for their profession.

6.2 The referrer should have prior and regular ongoing involvement with the person being referred and be prepared to support that person through the assessment.

6.3 Whatever the source of the referral, the specialised AAC service must be satisfied that ongoing monitoring of any AAC device provided will be carried out throughout its expected lifetime. If any additional cost implications to the AAC user or their family arise from the means of monitoring (i.e. payment to independent professionals) the AAC user or their family must be aware of these implications.

6.4 It is at the discretion of the AAC service to refuse a referral if they believe that there will not be sufficient support throughout the assessment process or ongoing support in place to ensure continued of AAC. If other referral criteria are met, then such a refusal would usually be accompanied by a recommendation to seek involvement of a local team who would be able to provide ongoing support. Once this is in place, a re-referral can be made.

6.5 Referrals will not be accepted from employees of commercial companies involved in the manufacture or sale of AAC devices.

6.6 By making a referral, referrers agree to a joint working model with the specialised AAC service. This agreement is to be involved in the whole process of assessment, training, provision and on-going support to the client and their network of support.

7. Referral Process

7.1 Referrals can only be made to a single service. Referrals should not be made to several services simultaneously in order to determine which service can see the person most quickly. Ongoing funding for AAC will depend on accurate data reflecting need and multiple referrals will compromise the validity of data.

7.2 People who have been declined as ineligible by one service may not be re-referred to another service unless there has been a significant clinical change.

7.3 Referrals must be made using a fully completed form as supplied by the relevant specialist service and failure to do this will result in a delay to the referral being considered and may result in the referral being refused.

7.4 Referrers should contact individual services to obtain the relevant form and determine the most suitable means of submitting the form to that service. Referrers are encouraged to discuss referrals with the specialist service before making them.

Decision chart: Guidance on referral criteria for specialised AAC services

Start here

1. Does the person understand cause and effect ?

No → The person currently does not meet the eligibility criteria for complex AAC assessment.

Please not, this does not necessarily mean that the person should not have access to AAC or other technology. It simply means that they are not suitable for assessment and provision under this service specification at this time. Other support and funding streams may be more suitable.

Yes ↓

2. Do they understand the purpose of a communication aid ?

No → (see above)

Yes ↓

3. Is there a clear discrepancy between the person's level of understanding and their ability to speak ? (See note on rapidly degenerative conditions below)

No → (see above)

Yes ↓

4. Have 'low-tech' strategies and techniques been tried or considered and are there identified reasons why such methods are insufficient to meet the person's communication needs ?

No → The local team should explore use of low tech strategies and techniques. Should reasons be identified as to why such methods are insufficient to meet the person's communication needs, consider re-referral..

Yes ↓

5. How is the person likely to use high tech or low tech AAC in terms of language competence?

- **5a.** Unlikely to be able to combine words, phrases or symbols to create more than one concept. Uses high tech aids or low tech systems to select one concept at a time.
- **5b.** Likely to use complex multi-page vocabulary to combine multiple words, phrases or symbols to compile a sentence.
- **5c.** Likely to be able to construct novel messages using the alphabet.

5a → 6a. Can the person select items on a touch screen or keyboard with at least one hand with sufficient speed and endurance to meet their reasonable communication needs, bearing in mind their level of language competence.

- **Yes** → Needs should be met by **Local assessment.** Local funding of any required equipment
- **No** → Likely to need **Specialised Assessment.** NHSE funding of any required AAC equipment

5b → Likely to need **Specialised Assessment.** NHSE funding of any required AAC equipment

5c → 6c. Can the person select items on a touch screen or keyboard with at least one hand with sufficient speed and endurance to meet their reasonable communication needs. (See note on rapidly degenerative conditions below).

- **No** → Likely to need **Specialised Assessment.** NHSE funding of any required AAC equipment
- **Yes** → Needs should be met by **Local assessment.** Local funding of any required equipment

NOTE: People with **rapidly degenerative conditions** can be referred before they meet all the criteria above, particularly in terms of speech and hand function (boxes 3 and 6c). The referrer and specialised AAC service team should be satisfied that they are deteriorating at a rate meaning that they are likely to meet the criteria within the time a communication aid would be provided. Although this time varies a period of 18 weeks is suggested. It is recognised that this is a difficult determination to make, but evidence of how a person has deteriorated prior to the referral should be considered. Decisions will be made on individual clinical circumstances.