

These guidance notes are designed to assist you in the completion of the Equipment Only Request Form used to request specific equipment from the NHS Specialised AAC Service based on the recommendations of a comprehensive and robust local assessment.

Please note: If the AAC equipment you are requesting will be mounted to a wheelchair, NHS England requires that a full assessment be carried out by an NHS Specialised AAC Service. If this is the case, please do not complete this Equipment Only Request Form, but instead complete a Referral Form.

The Referral Form and Guidance Notes to support the completion of that form are available from Ace Centre’s website [www.acecentre.org.uk](http://www.acecentre.org.uk)

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## SECTION 1: DETAILS OF PERSON MAKING EQUIPMENT ONLY REQUEST

In accordance with NHS England guidance, in order to be eligible to make a referral to specialised AAC services you must:

- Be a health, social care or education professionals who are registered with the HCPC or other appropriate statutory body responsible for their profession;
- and
- Have prior and regular ongoing involvement with the person being referred and be prepared to support that person.

It is at the discretion of the specialised AAC service to refuse a referral if they believe that there will not be sufficient ongoing support in place to ensure continued support of AAC.

1.1 Enter your name.

1.2 Enter your profession or relationship to the client.

1.3 State the days that you work - please note that whilst we will consider the information provided where possible, we cannot guarantee that this will determine the allocated date for assessment.

1.4 Enter your full address.

1.5 Enter your full postcode.

1.6 Enter your telephone number, including dialling code.

1.7 Enter your mobile number.

1.8 Enter your email address.

## SECTION 2: CLIENT DETAILS

2.1 Enter the client's full name.

2.2 Where applicable, enter the name the client prefers to be known by.

2.3 Enter the client's date of birth in format DD/MM/YYYY

2.4 Enter the client's 10 digit NHS Number.

2.5 Indicate the client's gender by selecting from the dropdown list on the form.

2.6 Enter the client's first language.

- 2.7 Where appropriate, provide details of any additional languages regularly used/understood by the client.
- 2.8 The form provides a dropdown list of diagnoses. Select the diagnosis that best fits the client.
- 2.9 Where the client has any other medical conditions, in addition to the main diagnosis indicated in section 2.8 above, that you feel may impact on the assessment, please provide details of the condition itself and the affect you think it may have – including, but not limited to, any condition that may cause fatigue, inattention, memory difficulties, difficulties with access etc.
- 2.10 The form provides a dropdown list of ethnic groups. Select the ethnic group that best fits your client.
- 2.11 Enter the full address of the client’s principal residence.
- 2.12 Enter the full postcode of the client’s principal residence.
- 2.13 The form provides a dropdown list of address types. Select the address type that best describes your client’s principal residence.
- 2.14 Enter the client’s telephone number including dialling code.
- 2.15 Where applicable, enter the client’s mobile number.
- 2.16 Where applicable, enter the client’s email address.

### **SECTION 3: DETAILS OF PARENT, CARE GIVER OR SIGNIFICANT OTHER**

- 3.1 Enter the full name of the parent, care giver or significant other.
- 3.2 State their relationship to the client – e.g. mother/father/legal guardian/spouse/ sibling etc.
- 3.3 Enter their preferred contact number (landline or mobile), including dialling code where appropriate.
- 3.4 Enter their email address.

### **SECTION 4: GP DETAILS**

Clients who are not registered with a GP practice in England are ***not*** eligible to use the NHS Specialised AAC Service.

- 4.1 Enter the name of the client’s regular GP.

- 4.2 Enter the full address of the GP practice.
- 4.3 Enter the full postcode of the GP practice.
- 4.4 Enter the telephone number of the GP practice, including dialling code.

## SECTION 5: LOCAL AAC SERVICE DETAILS

It is expected that all low tech AAC solutions will be provided at a local level.

An individual using AAC will require ongoing support in order to maximise their effective use of the system provided. This support must be met by the local team.

- 5.1 Enter name of service.
- 5.2 Enter name of lead contact.
- 5.3 Enter full address of service - where the service does not have a single physical location (i.e. where it is comprised of professionals based at different sites) enter the address of the lead contact.
- 5.4 Enter full postcode of service - where the service does not have a single physical location (i.e. where it is comprised of professionals based at different sites) enter the postcode of the lead contact.
- 5.5 Enter the main telephone number for the service - where the service does not have a single physical location (i.e. where it is comprised of professionals based at different sites) enter the main telephone number of the lead contact.
- 5.6 Indicate whether or not the Local AAC Service is aware of the referral being made, and able to support it, by selecting from the dropdown list on the form.
- 5.7 Do ***not*** answer this question ***if you have answered 'Yes' to question 5.6***  
Where you have answered 'No' to question 5.6 - use this space to explain ***why*** the Local AAC Service is not aware of the referral being made, and/or not able to support it.

## SECTION 6: TEAM AROUND THE CLIENT

The purpose of this section is to enable Ace Centre to contact the key professionals supporting the client in the event that further information is required to process this equipment only request.

- 6.1 State the name, role, preferred telephone number and email address of each key professional currently supporting the client. Key professionals may include, but are not limited to:

- Occupational therapist
- Personal assistant
- Physiotherapist
- Specialist nurse
- Speech & language therapist
- Teacher
- Teaching assistant

## SECTION 7: PRIMARY ADDITIONAL ESTABLISHMENT REGULARLY ATTENDED BY THE CLIENT

Where the client regularly spends time in any one place outside their home setting, a comprehensive assessment of their communication needs may require a visit to both locations.

The purpose of this section is to identify whether the client does regularly spend time in any one place outside their home environment, and – if so – to obtain contact details for a named lead person in that other setting.

- 7.1 The form provides a dropdown list of establishment types. Select the establishment type that best fits your client.
- 7.2 State how often the client typically attends this establishment per – e.g. [N] hours per day, [N] days per week/month etc.
- 7.3 Enter the name of the lead contact at this establishment.
- 7.4 Enter the full address of this establishment.
- 7.5 Enter the full postcode of this establishment.
- 7.6 Enter the main telephone number of the establishment, including dialling code.

## SECTION 8: REASON FOR THIS EQUIPMENT ONLY REQUEST

- 8.1 To access NHS Specialised AAC Services, clients must meet the referral criteria for specialised AAC services as defined by NHS England.

Your answer ***must*** include a brief statement to ***evidence how*** the client meets each of the eligibility criteria: it is not sufficient simply to restate the criteria themselves.

If you are unsure whether a person is eligible for referral, please contact Ace Centre on 0800 080 3115 to discuss the case prior to making a referral.

The current guidance from NHS England regarding eligibility for specialised AAC services can be found on the Ace Centre website and/or by clicking on [this link](#).

- 8.2 NHS Specialised AAC Services are required to give priority to clients who meet specific criteria defined in the Service Specification D01/S/b. The form provides a dropdown list of the prioritisation criteria as defined by the Service Specification D01/S/b. Please tick all that apply:

Prioritisation criteria
Client has a rapidly degenerating condition - e.g. MND
Client currently has communication aid equipment that has ceased to be functional or is significantly unreliable to meet their communication needs
Client is facing a transition to a new sector / school / college / workplace environment or is currently in rehabilitation provision
Client is at risk of developing psychological / challenging behaviour as a consequence of their inability to communicate without a communication aid

- 8.3 Where the client meets one or more of the prioritisation criteria, provide a brief statement to evidence how the client meets each of the selected criteria.
- 8.4 Provide details of what the client wants AAC resources to enable them to do, including, but not limited to:
- Communicate at home and/or other principal establishment attended
  - Communicate in the community
  - Communicate via emails and/or social media

Where possible, give practical examples of specific activities/functions the client wants AAC resources to enable them to carry out - e.g. go shopping, socialise, study, stay in work, keep in touch with family/friends

## SECTION 9: UNDERSTANDING OF LANGUAGE

The purpose of this section is to inform Ace Centre about the client's current understanding of both spoken and written language.

- 9.1.1 Describe the client's ability to understand spoken language in as much detail as possible, and give examples of how this has been shown in their day-to-day activities.

Possible descriptions:

- Unable to follow single word commands
- Able to follow 1-2 word commands
- Able to follow 3+ information carrying word commands
- Able to follow complex commands
- Able to follow group conversation

- 9.1.2 Provide a brief description of the most recent assessments and observations made of the client's spoken language, including

date(s), type/nature of assessment and/or observation, where it took place and who carried it out and/or contributed to it, ***and*** a summary of the conclusions drawn. You do ***not*** need to attach copies of documents.

9.2.1 Describe the client's ability to understand ***written*** language in as much detail as possible, and give examples of how this has been shown in their day-to-day activities.

Possible descriptions:

- Unable to read single words for meaning
- Able to read single words for meaning
- Able to read simple sentences for meaning
- Able to read paragraphs for meaning
- Able to read extended text for meaning

9.2.2 Provide a brief description of the most recent assessments and observations made of the client's ability to understand ***written*** language, including date(s), type/nature of assessment and/or observation, where it took place and who carried it out and/or contributed to it, ***and*** a summary of the conclusions drawn including reading age where known. You do ***not*** need to attach copies of documents.

## SECTION 10: HOW THE CLIENT COMMUNICATES

The purpose of this section is to provide Ace Centre with an understanding of:

- All systems/strategies that the client currently uses to communicate
- All ***AAC*** systems/strategies tried by the client to date (short, mid or long-term), regardless of whether or not they are still being used
- What the client uses these systems/strategies for
- How the client uses these systems/strategies
- How successful these systems/strategies are in meeting the client's needs.

You will need to provide evidence that the client is:

- Able to consistently make purposeful choices;
- Moving beyond basic choice-making and would now benefit from the use of technology in order to communicate a larger variety of choices for increased communicative functions, e.g. to make requests, question, comment, interact etc.;
- Able to link ideas, semantic categories and syntactic functions beyond basic requests.

10.1 Your answer should include a description of each of the verbal and non-verbal systems/strategies currently used by the client. Verbal and non-verbal systems/strategies you may want to consider include:

- Facial expressions
- Gesture
- Paper-based resources
- Signing

- Speech output device
- Vocalisations
- Writing

For each verbal and non-verbal system/strategy used, you should give a ***brief outline*** of:

- What it is used for – i.e. what communicative function(s) does it enable the client to carry out?
- How it is used
- How effective it is at meeting the client's needs – including what happens in case of communication breakdown.

10.2 Your answer should provide as much detail as possible about the client's main method of communication, including a ***full description and examples*** of:

- The range of communicative functions that it enables the client to carry out using their various methods of communication – e.g. *asking questions, clarifying/repairing misunderstandings, commenting, giving information, naming, obtaining attention, rejecting, requesting etc.*
- How the method is used; here you may want to consider:
  - o Form of representation (e.g. objects of reference/pictures/type of symbols/words)
  - o Access method
  - o Organisation of language
  - o Complexity of communication utterance
  - o Frequency of use
  - o Where it is used (range of environments/settings)
  - o Who it is used, and any specific communication partner issues

Provide as much relevant information as you can. For example:

- o Where a client uses a communication board/book, include details about:
  - Number/size of pages
  - Number/size of items per page
- o Where a client signs, include details about:
  - Which sign vocabulary/language is used
  - Approximately how many signs the client uses
  - Approximately how many signs the client recognises
  - How many signs the client is able to combine in an utterance (e.g. 'daddy car', 'daddy wash car')
  - How accurately the client can sign
- o Where the client uses and/or has trialled a speech output device, include details about:
  - Which device(s) is/are used?
  - What (if any) vocabulary package is used?
  - How it is controlled (e.g. touchscreen, switch)?
- How effective the method is at meeting the client's needs. Include details of what the client usually does if they are not understood – e.g.



- Give up
  - Repeat
  - Give more information
  - Change their message
  - Try another way of communicating the message
  - Become frustrated
  - Other – please give details
- 10.3 A description of any AAC system(s) that the client is currently using should be given in answer to question 10.1. Question 10.3 seeks information about any other AAC system(s) that the client may have used and/or trialed in the past. Your answer should include, but is not limited to:
- Type of AAC system(s)
  - Length of use and/or trial
  - How it was used/accessed
  - Why it is no longer used
- 10.4 Provide a brief description of the most recent assessments and observations made of the client’s ability to communicate using their various verbal and non-verbal systems/strategies, including date(s), type/nature of assessment and/or observation, where it took place and who carried it out and/or contributed to it, **and** a summary of the conclusions drawn. You do **not** need to attach copies of documents.

## SECTION 11: WRITING & LITERACY

The purpose of this section is to enable Ace Centre to understand the client’s level of literacy skills and contribute to the identification of the most appropriate communication solution.

- 11.1 Describe the client’s ability to write by hand, and give examples. Your answer should include reference to:
- Handwriting, scribbling, forming letters, writing words or phrases
  - Length/complexity of writing generated (e.g. letters/single words/sentences)
  - Level of prompting and/or external support required (e.g. whether by self with no assistance)
  - Whether/not the client’s writing/literacy abilities have changed due to their diagnosis, and details of the change where appropriate
- 11.2 Describe the client’s ability to ‘write’ in any other way and give examples. Your answer should include reference to:
- Method(s) used
  - Accuracy
  - Length/complexity of writing generated (e.g. letters/single words/sentences)
  - Level of prompting and/or external support required (e.g. whether by self with no assistance)
  - Whether/not the Client’s writing/literacy abilities have

changed due to their diagnosis, and details of the change where appropriate

## SECTION 12: LEVELS OF ATTENTION, MEMORY & ENGAGEMENT

- 12.1 Describe the client's level of attention and give examples of how this has been shown in their day-to-day activities. Possible descriptions include, but are not limited to:
- Very distractible/attention fleeting
  - Can attend to own activity for a longer period of time, but cuts themselves off from everything else
  - Still channelled attention, but begins to attend to others
  - Still channelled attention, but more easily controlled
  - Integrated attention for short periods of time
  - Integrated attention well established
- 12.2 Describe any memory difficulties that the client presents, and give examples of how this has been shown in their day-to-day activities.

## SECTION 13: PHYSICAL ABILITIES

The purpose of this section is to provide Ace Centre with an understanding of how the client is able to control their environment, and to indicate the potential for alternative access systems/strategies to enhance this control.

- 13.1 Your answer should include details of:
- All *voluntary* movements Sites to consider include:
    - Eyes
    - Head/chin
    - Arms – left and right
    - Hands – left and right
    - Trunk
    - Legs – left and right
    - Feet – left and right
  - Practical examples of how they are used  
What functional skills is the client able to carry out – e.g. pick up a cup?
  - If, and how, these movements are affected by changes in the client's environments, activities, fatigue and mood
  - Whether the client is right or left handed or has no hand dominance
- 13.2 Your answer should include details of:
- All *involuntary* movements Sites to consider include:
    - Eyes
    - Head/chin

- Arms - left and right
- Hands - left and right
- Trunk

- Legs – left and right
- Feet – left and right
- If, and how, these movements are affected by changes in the client's environments, activities, fatigue and mood

13.3 Describe the client's capacity to co-ordinate the smaller movements of their hands and fingers (both left and right). Give practical examples of what functions the client is able to carry out – e.g. hold a pen, fasten buttons - how successful they are, and if and how these movements are affected by changes in the client's environments, activities, fatigue and/or mood.

13.4 Describe the client's capacity to control their head movement. Give details about their range of movement, and state if and how these movements are affected by changes in the client's environments, activities, fatigue and/or mood.

## SECTION 14: MOBILITY, SEATING & POSITIONING

The purpose of this section is to inform Ace Centre about the client's mobility and any specialist equipment that they use to enhance this

14.1 Describe the client's mobility. Things to consider:

- Is the client fully mobile / able to walk with support / using a wheelchair the majority of the time / other?
- How does the client move around indoors at home and in any other principal establishment attended?
- How does the client move around outdoors?
- Do they use any specialist equipment to aid their mobility? If so:
  - o Make and model of equipment
  - o When and how the equipment is used – e.g. times / activities
- Where the client has a powered wheelchair:
  - o do they use this independently?
  - o how do they operate/control it?

14.2 Describe any special seating or positioning equipment that the client uses. Your answer should include consideration of:

- Type of equipment – e.g. standing frame, brace, lycra suit/gloves, wedges
- Where it is used – e.g. home / school / other principal establishment attended by the client
- Client's preferred position at home / school / other principal establishment they attend
- Position which appears to enable greatest physical control
- How well the equipment meets the client's needs – e.g. do you feel the seating and/or other positioning equipment is functional in most situations, providing good support for the client?
- Where does the client go to have their seating reviewed?
- When was the client's latest review?
- When is the client's next review?

## SECTION 15: HEARING & VISION

15.1 Your answer should include:

- Details of any diagnosed and/or suspected *hearing* difficulties
- Examples of how these affect the client in practice
- Description of their impact on the client's communication
- Details of what, if any, equipment/support the client uses to augment their hearing – e.g. hearing aid

15.2 Your answer should include:

- Details of any diagnosed and/or suspected *vision* difficulties
- Examples of how these affect the client in practice – e.g. is the client able to:
  - o Make their eyes work together?
  - o Follow a moving object up & down?
  - o Follow a moving object left & right?
  - o Maintain their gaze on a fixed target? – if so, for how long and how accurately?
- Description of their impact on the client's communication
- Details of what, if any, equipment/support the client uses to augment their vision – e.g. glasses

15.3 Visual perception refers to the visual cognitive skills that allow us to process and interpret meaning from the visual information that we gain through our eye sight. Visual perceptual processing is subdivided into categories including visual discrimination, visual figure ground, visual closure, visual memory, visual sequential memory, visual form constancy, visual spatial relationships, and visual-motor integration. Components of Visual Perception:

- Development of hand-eye co-ordination
- Form/shape constancy
- Figure ground discrimination
- Awareness of position in space
- Spatial relationships
- Visual closure.

Your answer should include:

- Details of any diagnosed and/or suspected *visual perceptual* difficulties
- Examples of how these affect the client in practice – e.g.:
  - o Can the client distinguish an object from irrelevant background detail?
  - o Does the client lack co-ordination and balance?

## SECTION 16: CONTROL OF THE ENVIRONMENT

The purpose of this section is to better co-ordinate services, and to identify any existing effective methods of control and/or access that could potentially be used and/or integrated in assessment recommendations.

- 16.1.1 Describe any special equipment that the client uses to control aspects of their environment. Your answer should include:
- Type of equipment
  - Make and model
  - Name and contact details for organisation or service that provided the equipment
  - Practical examples of what the equipment enables the client able to do – e.g. turn on/off lights, watch television etc.
  - Details of how the client operates the equipment
- 16.1.2 To ensure the best service for the client, Ace Centre may wish to contact the organisation or service that provided the equipment and discuss relevant aspects of the client's care with them. Tick the appropriate box to indicate whether or not the client has given consent for Ace Centre to do this.
- 16.2.1 Describe any special equipment that the client uses to enable them to access / operate a computer. Your answer should include:
- Type of equipment
  - Make and model
  - Name and contact details for organisation or service that provided the equipment
  - Practical examples of what the equipment enables the client to do
  - Details of how the client operates the equipment
- 16.2.2 To ensure the best service for the client, Ace Centre may wish to contact the organisation or service that provided the equipment and discuss relevant aspects of the client's care with them. Tick the appropriate box to indicate whether or not the client has given consent for Ace Centre to do this.

## **SECTION 17: DETAILS OF THE ASSESSMENT LEADING TO THIS EQUIPMENT ONLY REQUEST**

- 17.1 Enter the date(s) of the assessment in format DD/MM/YYYY
- 17.2 Provide a summary of where the assessment(s) took place, including, where applicable, all different establishments in which an assessment was carried out, e.g. home / school / other principal establishment that the client attends.
- 17.3 State the name and role (in relation to the client) of all those who contributed to the assessment.
- 17.4 Describe what happened in the assessment. Your answer should include, but is not limited to, information about:
- Range of AAC resources and solutions considered
  - All trials of equipment (including hardware and software)
  - Range of access methods considered

- Forms of representation considered - e.g. pictures, photos, symbols, text
- Vocabulary packages/page sets considered
- Selection sets considered, including:
  - o Type of symbols - e.g. PCS, Widgit, Symbol Stix - and/or combination of whole word and a particular symbol set
  - o Number of symbols/words per page
  - o Vocabulary organisation, including availability of core and fringe words
- How the client retrieves messages - e.g. single button, or combination of key presses to build a message
- Requirements for portability and positioning and/or mounting of equipment
- Requirements for protection for equipment - e.g. protective case, moisture guard etc.
- Client's response
- Other individual factors - e.g. client preference; home/school/other establishment familiarity with particular hardware/software.

17.5 State the key features of the equipment required based on the findings of the local assessment - e.g.:

- Size of screen/device
- Vocabulary package/page set
- Symbol set
- Voice
- Other software
- Access requirements
- Mounting and positioning requirements
- Portability requirements
- Protection requirements

17.6 The purpose of this section is to evidence that ongoing AAC support for the client is in place. Key support activities have been listed. Enter the name(s) and role(s) of those people who are responsible for carrying out these activities.

In accordance with NHS England guidance regarding eligibility for specialised AAC services, it is at the discretion of the specialised AAC service to refuse a referral if they believe that there will not be sufficient continued support of AAC.

## SECTION 18: EQUIPMENT REQUESTED

The purpose of this section is to ensure that the specialised AAC service know exactly what equipment to provide to meet the client's needs, and to identify where training is required from a supplier.

You must ensure that your answer provides:

- An **accurate** description of the AAC equipment required

- A full list of ***all*** items required: items not listed will not be ordered.

This list may include, but is not limited to:

- o AAC device
- o Specific voice
- o Vocabulary package/page set
- o Symbol set
- o Other software
- o Alternate access device
- o Mounting and/or positioning equipment
- o Please note: If the AAC equipment you are requesting will be mounted to a wheelchair, NHS England requires that a full assessment be carried out by an NHS Specialised AAC Service. If this is the case, please do not complete this Equipment Only Request Form, but instead complete a Referral Form
- o Carry and/or protective case
- o Speaker.

- Clear indication of whether or not training is required from a supplier.

You must provide a quote for all of the items requested – and ensure that quotes from suppliers do ***not*** include any additional costs for extended warranties.

## **SECTION 19: CONSENT & SIGNATURE**

Equipment Only Requests can only be accepted where consent has been given. It is the responsibility of the person completing the Equipment Only Request Form to ensure that the appropriate consent has been obtained.

It is the responsibility of the referrer to disseminate information from Ace Centre to the client, parent/care giver/significant other and relevant professionals, and to co-ordinate their attendance and/or other contribution to the assessment process.