NHS Specialised AAC Service

Guidance Notes for Completion of Referral Form

INTRODUCTION

These guidance notes are to assist you in completing our referral form. We welcome your feedback if any part of the process remains unclear.

We recognise that, due to the nature of the service we provide, there will be complex cases that are best discussed beforehand. Please call our helpline on 0800 080 3115 if you have any questions you would like to ask our Service Delivery Team.

Should you prefer to meet our Service Delivery Team in person, we provide free Information Day appointments to discuss your client's case/needs in more detail. Please visit our website for more details: https://acecentre.org.uk/services/information/

ELIGIBILITY FOR REFERRAL

You are referring your client for a specialised augmentative and alternative communication (AAC) assessment. This is a service that is commissioned by NHS England (NHSE). Referrals can only be accepted if the following criteria is met:

1) Referrals can only be submitted by publicly funded health, education and social care professionals;
2) The client must be registered with a GP Practice in England;
3) The client must meet the referral criteria for specialised AAC services as defined by NHS England.
   Further guidance is provided in the *Decision tree to support referral to specialised AAC services (see Appendix 1).* Please familiarise yourself with this flow chart to determine whether your client is likely to need a specialised AAC assessment.

In accordance with NHS England guidance, in order to be eligible to make a referral to specialised AAC services you must have prior and regular ongoing involvement with the person being referred and be prepared to support that person through the assessment. It is at the discretion of the specialised 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 support of AAC.

Please note that should your client's referral be accepted for a specialised assessment, this does not guarantee that AAC equipment will be provided. At the point of assessment, in the event of your client being deemed ineligible for NHSE AAC equipment, the Service Delivery Team will offer you guidance on how you can seek alternative funding routes.

The remit of the NHS Specialised AAC Service is to provide AAC equipment that is required for face to face communication. Should there also be a need for environmental controls and/or computer access including email,

messaging or phone access, then please be aware that this is commissioned separately and you are advised to refer your client to your regional Environmental Control Service. https://servicefinder.acecentre.net/ (please select 'ALL' in the left hand box)

EQUIPMENT ONLY REQUEST

If a comprehensive and robust assessment has already been undertaken locally and the exact equipment requirements are known and do not require wheelchair mounting, then a standard referral is not required. If this is the case, please do not complete this Referral Form, but instead submit a completed Equipment Only Request Form.

The Equipment Only Request Form, and Guidance Notes to support the completion of that form, are available from Ace Centre's website www.acecentre.org.uk

If you are unclear which form to submit, please contact our helpline on 0800 080 3115.

SECTION 1: CLIENT DETAILS

1.1 Enter the client's full name.

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

1.3 Select the client's title from the dropdown list.

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

1.5 Enter the client's 10 digit NHS Number.

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

1.7 Enter the client's first language. Please note that should the client require an interpreter, as the referrer, it is your responsibility to arrange.

1.8 Where appropriate, provide details of any additional languages regularly used/understood by the client.

1.9 The form provides a dropdown list of diagnoses. Select the primary diagnosis that best fits the client.

1.10 The form provides a second, slightly longer, list of diagnoses. Please select the secondary diagnosis that best fits the client.

1.11 Where you have answered, 'Other', to either question 1.9 and/or 1.10 above, please give details.

1.12 The form provides a dropdown list of ethnic groups. Select the ethnic group that best fits your client.

1.13 Enter the address of the client's principal residence.

1.14 Enter the full postcode of the client's principal residence.

1.15 The form provides a dropdown list of address types. Select the address type that best describes your client's principal residence.

1.16 Enter the client's telephone number including dialling code.

1.17 Where applicable, enter the client's mobile number.

1.18 Where applicable, enter the client's email address.

SECTION 2: CONTACT DETAILS FOR PARENT, CARER OR SIGNIFICANT OTHER

Having gained your client's consent to inform their next of kin about this referral, it is your responsibility as the referrer to gain the next of kin's consent for us to hold their name and contact details on our database for the purposes of our assessment. Please therefore only complete this section if permissions have been given. Data stored will be treated in confidence and in compliance with the current data protection legislation.

2.1 Enter the full name of the parent, carer or significant other.

2.2 State their relationship to the client – e.g. mother/father/legal guardian/spouse/sibling etc.

2.3 Enter their preferred contact number (landline or mobile), including dialling code where appropriate.

2.4 Enter their email address.

2.5 Where this is different from the client's principal address (entered in section 1.13 and 1.14 above), enter the address of the parent, carer or significant other.

2.6 Where this is different from the client's principal address (entered in section 1.13 and 1.14 above), enter the full postcode of the parent, carer or significant other.

SECTION 3: GP DETAILS

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

3.1 Enter the name and address of the client's regular GP.

3.2 Enter the postcode of the client's regular GP.

3.3 Enter the telephone number of the GP practice, including dialling code.

SECTION 4: REFERRER DETAILS

4.1 Enter your name.

4.2 Enter your profession or relationship to the client.

4.3 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. We will endeavour to bear both your and your client's availability in mind as much as possible, however we ask that both you and your client are flexible as much as practicable when appointments dates are offered. Please inform us if there are any dates that you know of beforehand where your client will not be available (i.e. if they have a planned admission to hospital / holiday etc.)

4.4 Enter your (work) address.

4.5 Enter your (work) postcode.

4.6 Enter your (work) telephone number, including dialling code.

4.7 Where possible, enter your mobile number.

4.8 Enter your email address(es).

SECTION 5: 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 referral.

5.1 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 6: OTHER SERVICES WORKING WITH THE CLIENT

The purpose of this section is to identify key services that Ace Centre may need to contact in order to provide an effective assessment and facilitate ongoing implementation of recommendations made. 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.

6.1 Where there is a local AAC service/lead in your area, enter the name of the service/lead and the relevant telephone number including dialling code.

6.2 Where the client is known to an Environmental Control Service, enter the name of the service/lead and the relevant telephone number including dialling code.

6.3 Where the client is known to a Wheelchair Service, enter the name of the service/lead and the relevant telephone number including dialling code.

SECTION 7: KEY CONTACTS FOR ARRANGING APPOINTMENT

7.1 The form provides a dropdown list of location types. Select the preferred location for the assessment.

7.2 Enter the name of the preferred venue for the assessment.

7.3 Enter the address of the preferred venue for the assessment.

7.4 Enter the postcode of the preferred venue for the assessment.

7.5 Enter the telephone number of the preferred venue for the assessment.

7.6 It is expected that the client and the referrer will attend the assessment.

In this section, give the name(s) and role(s) of all/any people expected to attend the assessment in addition to those two. To add a second name, simply press return and the form will automatically bring up a new line.

N.B. It is the responsibility of the referrer to ensure that the client consents to each of these people being involved in the assessment.

7.7 Indicate whether or not you would be prepared to attend an appointment at the Ace Centre office.

SECTION 8: REASON FOR THIS REFERRAL / ELIGIBILITY FOR SERVICE

8.1 In ticking these boxes you are confirming that, according to your professional opinion, your client understands the purpose and need of a communication aid and that they have an understanding of cause and effect.

8.2 For those referring clients with a rapidly degenerating condition, in order for us to better understand the rate and level of change, it may help to think about what aspects of your client's motor speech function (which includes their respiratory function) have changed in the last 3/6 months. Please see Appendix 2 'Motor Speech Severity Scale' which you could refer to in your answer. This can also include your client's physical ability (both fine and gross motor).

8.3 Ensure that your assessment includes consideration of your client's yes/no responses. Describe how they able to indicate yes/no? (i.e. verbally or non-verbally which could include eye pointing to a yes / no card) Indicate whether their yes/no responses are consistent and reliable and understood by familiar partners only or by all. It may help to distinguish between simple here and now questions and complex abstract questions. If you are noticing the client is not consistent, indicate why you think that might be? For example, could this be due to a comprehension, ideomotor or access difficulty?

8.4 Describe your client's level of spoken comprehension. This can include findings from formal/informal assessments/observations. Then describe the level at which the client is currently able to express themselves. Do you consider there to be a discrepancy between the two?

8.5 For beginning communicators, describe how your client is able to make purposeful choices. Try to include examples that go beyond choosing objects (i.e. food items). For example, what to do next, who to sit beside, who to help, where to go next, who to give something to, how to move something i.e. train go faster or slow etc. Try to describe their level of independence in being able to do so.

8.6 Evidence where the client has linked ideas and used a range of language functions beyond basic requests. It may help to refer to Janice Light et al. (1988, 1989) where the following are cited as the main purposes to communication: communication of needs/wants; information transfer; social closeness; social etiquette; information gathering; protest; self-expression.

8.7 Provide a brief summary of the severity/complexity of the client's communication difficulty and their associated physical, cognitive, learning or sensory needs.

8.8 List the tools/techniques your client uses to communicate.

8.9 Describe how, where and with whom the client communicates at present. Where possible, describe what the client can do alone, what they can do with structured guidance (including the use of communication strategies) and what they can do in collaboration with a skilled partner.

8.10 Where the client is pre-literate/developing their literacy/has an acquired reading or writing impairment, please describe their literacy in more detail.

SECTION 9: DETAILS OF THE CLIENT'S CURRENT COMMUNICATION ABILITIES

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

9.1 Choose the statement that best describes the client's:

- Understanding
- Reading comprehension
- Expression
- Spelling/writing
- Word finding

Tick only one statement in each section.

SECTION 10: DETAILS OF CLIENT'S PHYSICAL ABILITIES

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.

10.1 Indicate whether movement of the client causes fatigue

10.2 Describe the client's mobility. Indicate with each of the options the extent of their mobility.

- Is the client ambulant? Describe whether the client is fully mobile or able to walk with support. Detail any support needed, such as a standing frame, brace etc.

- Does the client use a powered wheelchair? If so, provide details of the specific make and model and whether mounting will be required for the chair. Include a photograph of the seating system where possible. Provide information about whether they use this independently and how they operate/control it and whether it is used indoors and/or outdoors.

- Does the client use a manual wheelchair? If so, provide details of the specific make and model and whether mounting will be required for the chair. Include a photograph of the seating system where possible. Provide information about whether they use this independently and whether it is used indoors and/or outdoors.

- Does the client require mounting for other equipment, or in other positions, such as when in bed, provide further information.

- Describe any special equipment that the client uses to control aspects of their environment. Your answer should include: Type of equipment, make and model and practical examples of what the equipment enables the client able to do. For example, turn on/off lights, watch television etc.

10.3 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. Your answer should include:

- Details of all voluntary and involuntary movements

- 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.

- Describe the client's ability to fix, hold and move their gaze.

- Provide information about what functional skills the client is able to carry out, such as cross their midline, reach for a cup etc. Indicate whether these movements are affected by changes in the client's environments, activities, fatigue and mood.

- Indicate whether the client is right or left handed or has no hand dominance. 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.

SECTION 11: DETAILS OF CLIENT'S OTHER NEEDS

11.1 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

11.2 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:
  - Make their eyes work together?
  - Follow a moving object up & down?
  - Follow a moving object left & right?
  - 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

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.:
  - Can the client distinguish an object from irrelevant background detail?
  - Does the client lack co-ordination and balance?

11.3 Describe any memory difficulties that the client presents, and give examples of how this has been shown in their day-to-day activities.

11.4 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

11.5 Provide information about the client's requirements and use of technology for written communication and leisure and their access to these technologies. If equipment has been provided by other services, indicate the source.

11.6 This information will help facilitate a successful assessment by enabling Ace Centre to prepare activities that engage the client.

11.7 This information will help facilitate a successful assessment by enabling Ace Centre prepare activities to ***avoid known de-motivators*** when preparing assessment activities.

11.8 Provide information about the client's expectations for this referral.

SECTION 12: AAC KEY WORKER / COORDINATOR

Referrals for assessment can only be accepted where this section has been completed. The referrer must add their name and date which will be accepted as an 'e-

signature'.

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.

Assessments are carried out jointly with Education/Health and Social Care professionals. All members of staff within our Service Delivery Team hold an enhanced DBS.