



**Guidance for
commissioning AAC
services and
equipment**

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Guidance for commissioning AAC services and equipment

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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1 Introduction

1. Augmentative and Alternative Communication (AAC) services help people communicate as effectively as possible when speech is impaired. This guide describes how the commissioning of these services is organised between “local” AAC services and “specialised” AAC services, with the aim of improving access to these services for all patients – children and adults.
2. It explains how most children and adults needing and using AAC will receive locally commissioned services. Those with the most complex communication needs are able to access specialised AAC services funded directly by NHS England and organised regionally.
3. A ‘decision tree’ to support referral to specialised AAC services can be found in **Appendix 1**. Useful links to other resources are given at the end of this guide.

2 What is AAC?

4. The term Augmentative and Alternative Communication (AAC) covers a wide range of techniques that support or replace spoken communication. AAC techniques use a person’s abilities, whatever they are, to compensate for their difficulties with speech and to make communication as quick, simple and effective as possible when speech is impaired. The techniques include gestures, signing, symbols, communication boards and books, as well as powered and computerised devices such as voice output communication aids (VOCAs).
5. Enabling people to communicate improves their quality of life. It offers people new opportunities in their family life, education, social life, friendships and employment. It helps to increase independence and promotes equality for people with difficulty communicating.

3 Who uses AAC?

6. AAC services are not accessed by a single patient group, but by a wide community of children and adults who may find communication difficult for a number of reasons. Those using AAC services may include people with a congenital disability (such as cerebral palsy, learning disability or autism), a progressive condition (such as Motor Neurone Disease) or a sudden acquired disability (through stroke or brain damage following an injury). Family members, carers and staff may also need to understand AAC equipment and services.

4 Commissioning AAC services

4.1 Background

7. Before April 2013, AAC services were commissioned by a mix of commissioners, including health, social care, education, voluntary sector, and private individuals. Varying approaches led to a lack of consistency in the definition of services and inequitable access across England.
8. In April 2013, NHS England became responsible for commissioning services for those with the most complex communication needs. This has seen developments in the way specialist services are commissioned and funded, with a national service specification for AAC and the identification of 15 specialised centres.

4.2 Today

9. Services for children and adults who need and use AAC are now commissioned as “specialised” and “local” AAC services. This has been described as the AAC “hub and spoke” model, with a number of regional “hubs” able to provide specialised services and support to a number of associated centres, or “spokes”, offering local AAC services.
10. Specialised AAC Services are now funded directly by NHS England. They provide assessment, review and equipment for those with the most complex communication needs who are likely to require a high-tech powered communication aid. It is likely that around 0.05% of the population, or 5 in 10,000 people, will use these services.
11. Most children and adults who need AAC will be supported by local AAC services. These are commissioned by Clinical Commissioning Groups (CCGs), education and social care commissioners. Those accessing local AAC services are likely to be a group around 10 times larger than those using specialised AAC services, at approximately 0.5% of the population or 50 in 10,000 people.

That is, around 90% of the AAC population require local AAC services and 10% of the AAC population require specialised AAC services.

12. Local AAC services are also required to provide on-going support for individuals who have been referred to specialised AAC services – during the assessment process and following the provision of equipment, as referrals accepted by NHS England specialised AAC services are **not** onward referrals
13. The steps that have been taken – with specialised centres across the country working to the same service specification and better connections to local services – are helping ensure more equitable access for all patients and reducing variability in the service provided.

14. **Appendix 2** lists specialised AAC services by each NHS specialised commissioning region. **Appendix 3** gives definitions for different types of communication aids, and indicates which are typically provided by local commissioning arrangements and those which are typically specialised AAC services. Case studies of local AAC services are given in **Appendix 4**
15. There is [guidance available](#) to support CCGs and NHS England in meeting their legal duties in respect of equality and health inequalities. CCGs and NHS England play key roles in addressing equality and health inequalities; as commissioners, as employers and as local and national system leaders, in creating high quality care for all.

5 The remit of a local AAC service

16. A local AAC service would provide:
- management of the local AAC care pathway for children and adults with less complex needs; make appropriate referrals to specialised AAC and other relevant services; and coordinate the support required
 - expertise in low-tech and non-specialised AAC strategies and techniques (see [this resource](#) from NHS Education Scotland)
 - a multi-disciplinary team, which typically would include speech and language therapists, occupational therapists, education professionals and experts in assistive technology
 - additional coordinated support from AAC community and voluntary sector organisations
 - assessments of people's needs and a loan bank of AAC equipment and resources. This would enable the local team to:
 - carry out pre-referral assessments of AAC skills and provide comprehensive referral information to the specialised service
 - provide low- or light-tech (direct access, text-based or simple symbol-based) solutions to patients, either for trial during assessment or for long-term provision.
 - training of the those around an individual being provided with AAC such as family members and carers
 - on-going support for individuals referred to the specialised service, with responsibility for re-referral if and when appropriate
 - local awareness raising of the need for, and benefits of, AAC interventions within local health, social care and education services and settings
 - support in establishing and reviewing local funding arrangements between health, social care and education commissioners and third-sector organisations
 - monitoring and recording of outcome measures; reviewing the impact of individual care plans; and analysing and reporting data in relation to the local AAC population to commissioners at local and regional levels as required.
17. Training for those who meet the specialised AAC service eligibility criteria will be the shared responsibility of both specialist and local services.

6 The need for a local AAC budget

18. In addition to commissioning a local AAC service, a jointly commissioned budget between health, education and social care at a local level is required in order to:
- enable professionals within existing local health, education and social care services to deliver local AAC services as defined above
 - access professional development opportunities to develop and maintain the required level of expertise
 - provide and maintain assessment equipment and resources for the local AAC service
 - provide and maintain AAC equipment and resources for those children and adults who do not meet the eligibility criteria for referral to specialised AAC services
 - access short-term loans of higher-cost equipment for assessment

7 SEND Code of Practice and AAC

19. The [Special Educational Needs and Disability \(SEND\) Code of Practice 2014](#) provides statutory guidance on duties, policies and procedures relating to children and young people with special educational needs and disabled children and young people that apply in England. There are specific references within the Code of Practice to joint commissioning of AAC services and the inclusion of local AAC provision within the Local Offer. (Local authorities must publish a “Local Offer”, setting out in one place information about the provision they expect to be available for children and young people in their area who have special educational needs or are disabled.) There is a specific requirement for specialised AAC services commissioned by NHS England to support the establishment, training and development of local AAC services.

8 The remit of specialised AAC services

20. Specialised AAC services have been commissioned by NHS England in 10 regions across England. **Appendix 2** lists further details and contact information for these services.
21. The role of specialised services is:
- to provide equitable access to specialist AAC services across the country for children and adults with complex communication needs
 - to provide appropriate powered communication aids as a long-term loan to patients for as long as the patient needs the device
 - to maintain a loan bank of powered communication aids for assessment, trial and long-term loan
 - to provide specialist AAC advice and information and training to individuals, families and professionals involved in the delivery of local AAC services

- to support the establishment, training and development of local AAC services.

22. The financial resources to support these specialised AAC services were put in place in March 2014, and are allocated by NHS England to these services in accordance with the [service specification](#) each financial year.

9 The criteria for referral to a specialised AAC service

23. An individual accessing a specialised AAC service would have the following:

- a severe or 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.

24. **Exclusion criteria** are:

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

25. **Priority will be given to:**

- patients with a rapidly degenerative condition, e.g. Motor Neurone Disease, and efforts will be made to ensure these patients are assessed and/or provided with equipment as soon as is practically possible
- patients with existing communication aid equipment that has ceased to be functional or is significantly unreliable, in order to meet their communication needs
- patients facing a transition to a new school/college/workplace environment or currently in rehabilitation provision
- patients at risk of developing significant psychological/challenging behaviour as a consequence of their inability to communicate without a communication aid.

26. For more detail, full criteria for referral to specialised AAC services are available in an appendix to the [service specification](#) on the NHS England website.

10 Useful links

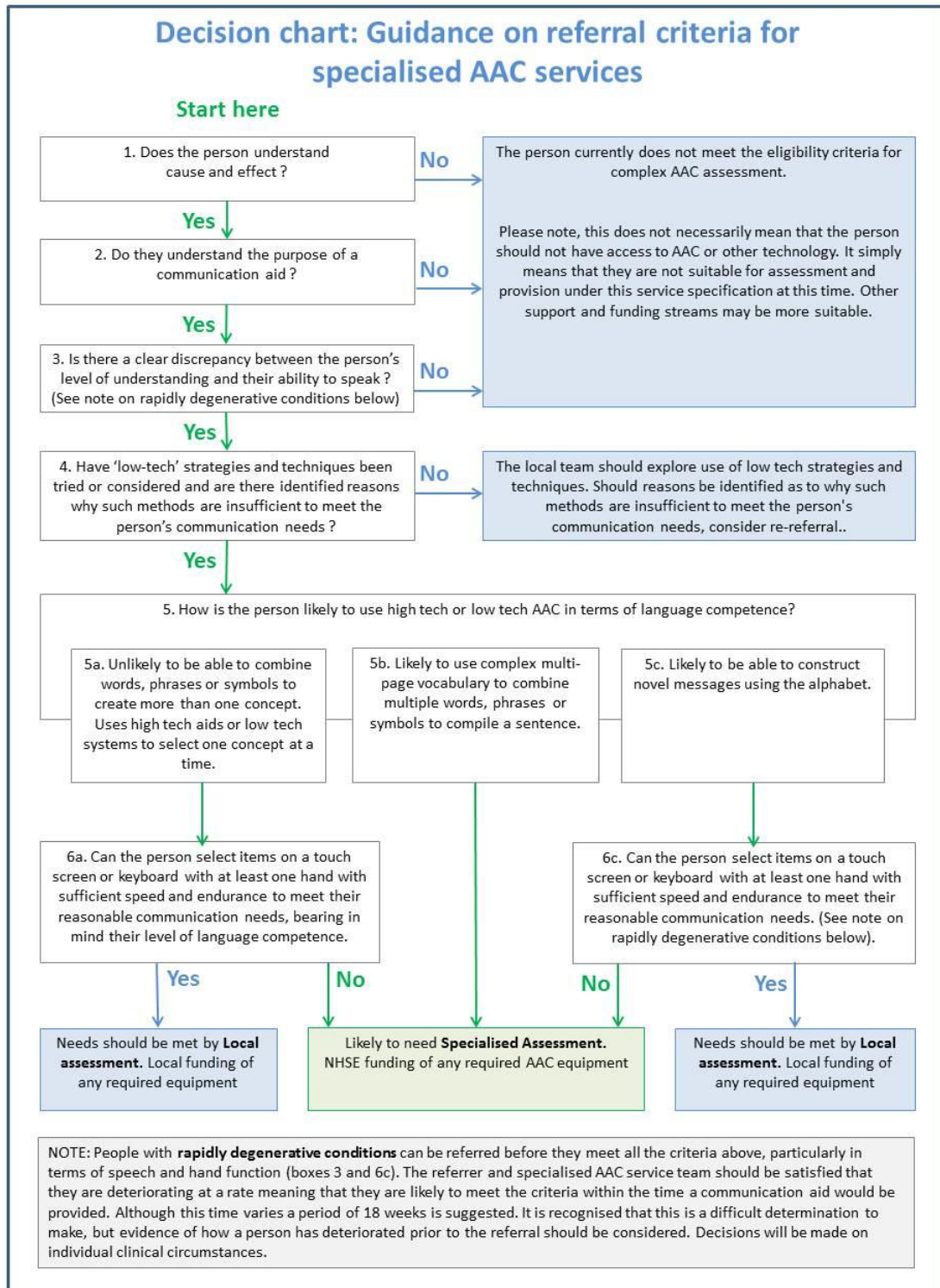
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27. For more details of specialised AAC services, see the full NHS England service specification: Service specification: D01 S/b: “Complex Disability Equipment – Communication aids (Specialised AAC services)”, NHS England [Link]

28. The table below lists further useful links.

Description	Website
Information on the latest developments in NHS England commissioning of specialised AAC services	Communication Matters
NHS England information about commissioning complex disability equipment services	NHS England
A useful tool for understanding the AAC competency and skills base of your local workforce	NHS Education for Scotland
Information on AAC suppliers	Communication Matters
Online resources to raise awareness of AAC	Now Hear Me
An example of a local AAC service within the Local Offer	Manchester City Council
Online database of communication aids and software	Speech Bubble
National Occupational Standards (NOS) for Assistive Technologies: Enter the NOS prefix CHS140 into the search box	Skills for Health
Communication Consortium of voluntary sector organisations supporting children and young people with speech, language and communication needs	The Communication Trust
AAC pathway for Motor Neurone Disease (MND)	Motor Neurone Disease Association

11 Appendix 1: Decision tree to support referral to specialised AAC services



Specialised AAC service referral decision chart. V4.1. August 2015.

12 Appendix 2: Specialised AAC services

Specialised commissioning region	Service name	Contact details
North West	ACE Centre (North West) Oldham	0161 358 0151 Website
North East	Regional Communication Aid Service Newcastle upon Tyne	0191 287 5240 RCAS@ntw.nhs.uk Website
Yorkshire and Humber	Barnsley Assistive Technology Team Barnsley	01226 432159 barnsley.at@nhs.net Website
West Midlands	ACT (Access to Communication and Technology) Birmingham	0121 466 3050 Website
East Midlands	Electronic Assistive Technology Service – Lincoln	01522 697282 Website
Wessex & Thames Valley	ACE Centre (Wessex & Thames Valley) Cassington	01865 759800 Website
East of England	CASEE (Communication Aid Service East of England) Addenbrookes Hospital, Cambridge	01223 349401
South West	Bristol Communication Aid Service Bristol	0117 340 3946 cacadmin@nbt.nhs.uk Website
	Dame Hannah Rogers Trust Ivybridge	01752 898167 Website
London	Compass Assistive and Rehabilitation Technology Service London	020 8780 4500 ext 5099 compass@rhn.org.uk Website
	Augmentative Communication Service – Great Ormond Street Hospital, London	020 7405 9200 ext 1144 acsadmin@gosh.nhs.uk Website
	Guys and St Thomas Assistive Communication Service London	020 3049 7751 gst-tr.acs-hub@nhs.net Website (Paediatrics) Website (Adults)
	Assistive Communication Service	020 8846 6626 Website

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Specialised commissioning region	Service name	Contact details
	London	
South East	Kent and Medway Communication and Assistive Technology (KM CAT) Service Canterbury and Ashford	Adult Team: 01227 864083 acat.service@nhs.net Website Children and Young People's team: 01233 629859 kcht.cat-admin@nhs.net Website
	Chailey Communication Aid Service (CCAS), Chailey Heritage Clinical Services, Lewes	01825 721506 SC-TR.ChaileyAACservice@nhs.net Website

13 Appendix 3: Definition of communication aids

Low-tech communication aids are those devices that do not require power to operate (e.g. paper-based).

Communication aids typically provided by local commissioning arrangements are mainstream and may be used for a limited range of communication production.

Simple or text-based devices are often termed 'light tech' and generally include some or all of the following features:

- they are used to produce a relatively small number of utterances
- are used to produce only single-concept utterances
- have overlays or physical interfaces
- are battery powered
- use recorded speech.

Non-specialised devices also include those devices that require message formulation by spelling and through direct access with the device.

Communication aids typically provided by specialised commissioning arrangements are devices intended for use by an individual with a severe speech impairment to achieve an extensive range of expressive communication. These devices may also be referred to as "high-tech" and "powered" communication aids.

These devices tend to include some or all of the following features:

- use language packages within AAC software
- allow for an extensive range of communication functions
- use multiple pages of vocabulary and linguistic concepts which cannot be replicated in other ways
- use synthesised speech
- mains powered or charged
- based on a computer platform
- require alternative access methods, e.g. using switches.

Communication aids provided by specialised commissioning arrangements may be based on mainstream technology, such as tablet computers, or more dedicated hardware. They will include specialist communication software (that takes a user's input and outputs synthesised speech); vocabularies or language systems loaded into the software; and accessories (such as access methods, speakers, etc.).

14 Appendix 4: Local AAC service case studies

1. North and North East Lincs Communication Aids Referral Team (CART)	
Aims and objectives of service	CART is a multidisciplinary team working to support the assessment and provision of AAC for any age group, regardless of condition, across North and North East Lincolnshire.
Service description/care pathway	<p>CART is made up of speech and language therapists, teaching assistants, special needs teachers and technical support from services and schools across North and North East Lincolnshire.</p> <p>The CART Pathway is a set of protocols to be followed from the initial referral process to the provision of the equipment. This service is jointly commissioned by health and education commissioners from across the geographical region.</p>
Population covered	CART supports the following groups: children with learning disabilities, adults with degenerative diagnosis, adults with learning disabilities, adults and children with physical disabilities, adults with acquired brain injuries, adults with head and neck cancer, adults post stroke, adults and children with a combination of difficulties who live in North or North East Lincolnshire.
Any acceptance and exclusion criteria and thresholds	CART accepts referrals that have been approved by their steering group, which comprises of health and education commissioners, head teachers and service leads from across the two authorities.
Interdependence with other services/providers	CART works closely with the local community equipment service, wheelchair service and ACE Centre/Barnsley AT service for professional development and support for referrals of individuals with more complex needs.
2. Liverpool Communication, Augmentative, Assistive Technology (CAAT) team	
Aims and objectives of service	The CAAT team provides services for children and young people who require technology to support their communication in schools across Liverpool.
Service description/care pathway	The CAAT team comprises health and education professionals from special schools across Liverpool and the service has a coordinator based in Springwood Heath School. Referrals are received via Liverpool schools or health professionals and assessment support is agreed and delivered by identified members of the CAAT team. Any equipment recommendations are then purchased from an equipment budget that is jointly funded by children's services and the CCG.
Population covered	The CAAT service is available to any children or young people meeting the eligibility criteria and in early years or full-time education in Liverpool.
Any acceptance and exclusion criteria and thresholds	<p>The CAAT service uses the following eligibility criteria:</p> <ul style="list-style-type: none"> • children who have complex communication needs

2. Liverpool Communication, Augmentative, Assistive Technology (CAAT) team

- children who have physical difficulties that are a barrier to their communication
- children who struggle to communicate their basic needs
- children who have thoughts and ideas but no way to express them
- children who experience frustration when not able to communicate what they want, when they want to
- children whose development of speech is significantly delayed or unlikely to develop
- children who need to use pictures or symbols to support their communication
- formalising communication intent.

Interdependence with other services/providers

The CAAT service works closely with the ACE Centre and seeks support appropriate to the needs of the individual child/young person.

3. Gloucestershire AAC (Paediatric) Service

Aims and objectives of service

Gloucestershire AAC Service is a multidisciplinary team of professionals working to support the assessment and provision AAC for children and young people aged 0–25 years.

Service description/care pathway

Gloucestershire AAC Service is managed by The Advisory Teaching Service and consists of an AAC tutor, educational psychologist and lead advisory teacher. The service offers a graduated assessment approach and works closely with speech and language therapists, occupational therapists and school staff involved with each individual case.

There is a firm commitment to involve learners and their parents/carers and families at all levels of the process.

The Gloucestershire AAC Care Pathway is a set of protocols to be followed in line with the guidelines issued by The Advisory Teaching Service. The pathway shows progression from the initial referral to the provision of equipment.

The care pathway is jointly agreed and commissioned by health, education and social care commissioners from across the geographical region.

Population covered

The AAC provision relates to the arrangements for children and young adults up to age 25 who are the commissioning responsibility of Gloucestershire County Council (GCG) and NHS Gloucestershire Clinical Commissioning Group (CCG).

Any acceptance and exclusion criteria and thresholds

Gloucestershire AAC Service accepts referrals from the Speech and Language Therapy Service and Gloucestershire schools, and from professionals from the Special Educational Needs and Disability Team.

New referrals will be screened and discussed and by the AAC Team.

Acceptance of a referral is the first step in the assessment process. It will not always be appropriate for all children and young people with communication difficulties to be

3. Gloucestershire AAC (Paediatric) Service

in receipt of a voice output communication aid.

Exclusion criteria: children and young people/young adults up to age 25 who are not the commissioning responsibility of GCC or Gloucestershire CCG are **not** covered by these arrangements. This exclusion applies to those children and young people placed in Gloucestershire by other local authorities. Also excluded are people aged over 25.

Interdependence with other services/providers

Gloucestershire AAC Service works closely with:

- Bristol Communication Aid Service (BCAS) for support and referrals of children and young people with more complex needs
- South West regional AAC special interest group (SIG) meetings
- AAC SIG meeting held in Oxford
- attends national conferences.

4. Cornwall AAC Assessment Team (CAACAT)

Aims and objectives of service

CAACAT is a multidisciplinary team of a speech and language therapist (NHS) and an AAC technical officer (council) working to support the assessment and provision of high tech communication aids for children up to the age of 18 across Cornwall and the Isles of Scilly.

Service description/care pathway

CAACAT is made up of a speech and language therapist (1 day per week) and an AAC technical officer (3 days). There are strict criteria to access the assessment team and the team has support from the local SaLT. We have access to the local occupational therapist but no specialist knowledge. This service is jointly commissioned by Cornwall Foundation NHS Trust and Cornwall Council.

Population covered

All Children within Cornwall and the Isles of Scilly.

Any acceptance and exclusion criteria and thresholds

All referrals are made via the local SaLT and must meet criteria for acceptance. Degenerative conditions are prioritised.

Interdependence with other services/providers

CAACAT works closely with the wheelchair service and Dame Hannah Rogers Trust for professional development and support for referrals of individuals with more complex needs.

5. Gloucester AAC (Adult) Service

Aims and objectives of service

The AAC service aims to provide advice, support, training, assessment and recommendations in relation to the communication aid needs of patients referred to the service. It also aims to issue and support the implementation of appropriate AAC equipment where possible.

Objectives:

- to continue to offer an excellent level of service for patients with AAC requirements in line with national service standards

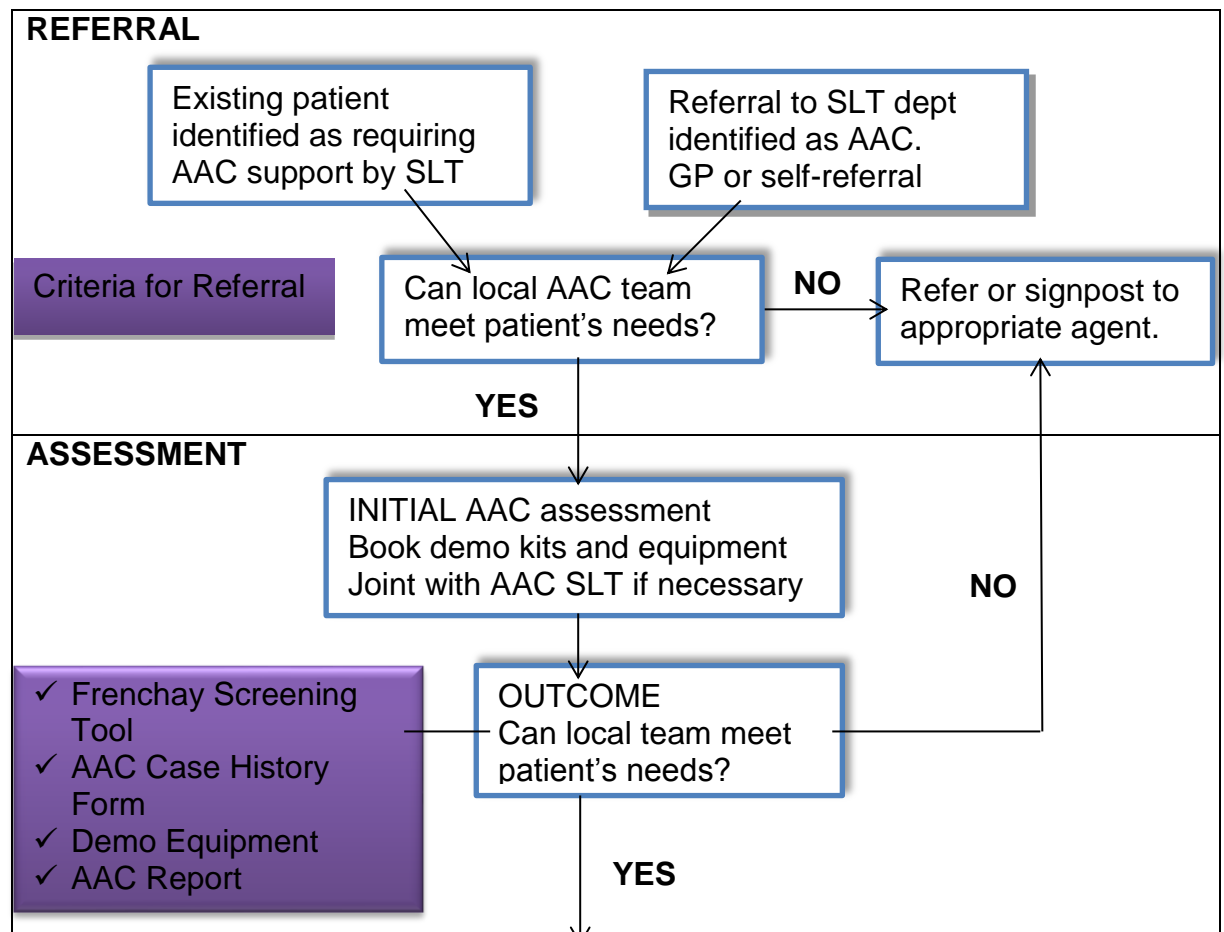
5. Gloucester AAC (Adult) Service

- to increase access to appropriate AAC
- to increase the awareness of AAC among health care professionals and members of the public in Gloucestershire
- to increase specialised knowledge of AAC devices, their capabilities and relevant research in the field of AAC
- to monitor the clinical effectiveness of the service
- to increase use of issued AAC devices to a range of functional situations.

Service description/care pathway

The team consists of a Lead AAC Speech & Language Therapist (SLT), a specialist SLT and an SLT Assistant for the purpose of assessing and advising low tech and certain high tech augmentative and alternative communication (AAC) systems.

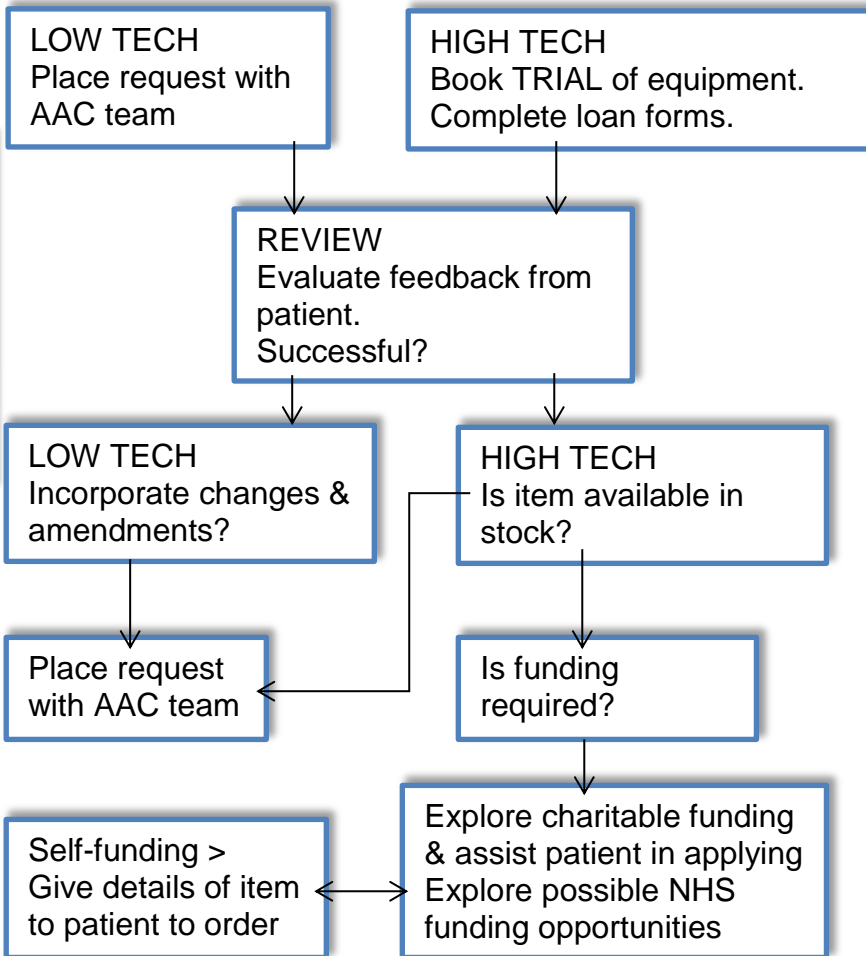
The service is provided to people with acquired speech and language difficulties who are residents within Gloucestershire and have a Gloucestershire GP. Out-of-county referrals are accepted.



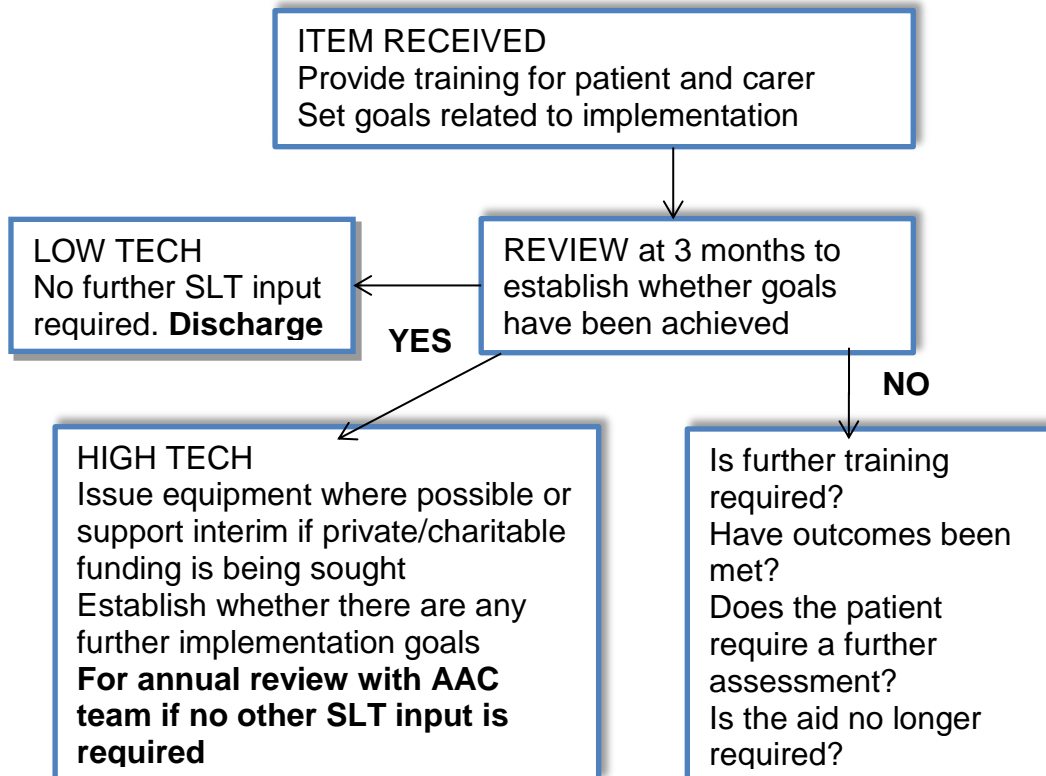
5. Gloucester AAC (Adult) Service

TRIAL LOAN

- ✓ Identify Care needs
- ✓ Provide training for trial purposes
- ✓ Use GAS outcomes
- ✓ Book review appt



SHORT/ LONG TERM LOAN



5. Gloucester AAC (Adult) Service
Population covered
A county-wide service, but out-of-county referrals from Worcestershire and Herefordshire are accepted.
Any acceptance and exclusion criteria and thresholds
<p>People being referred to the service should:</p> <ul style="list-style-type: none"> • be over 18 years (referrals relating to transitional adults of 16 years or older will be considered at the managers discretion) • be registered with a GP • have a communication difficulty. <p>Referrals are received in the Speech and Language Therapy department via telephone 0300 4228105/ 0300 4224120 or email speechandlanguagetherapyadults@glos.nhs.uk.</p> <p>The Speech and Language Therapy service operates an open referral system allowing professionals, carers and patients to refer into the service. Referrals may also be made within the team by therapists requiring specialist support or advice.</p> <p>The service will not accept referrals of people known to other speech and language therapy services.</p>
Interdependence with other services/providers
<p>Bristol Communication Aids Service (BCAS)</p> <p>Locality therapists</p> <p>Industry representatives</p>
6. Leeds Communication Aid Service (CAS)
Aims and objectives of service
<ul style="list-style-type: none"> • Assess clients referred for high tech and complex AAC support • Provide generic and individualised AAC training and support to clients and other stakeholders (e.g. families, carers, education providers, adult and paediatric SLTs and health teams) • Provide and maintain a loan bank of high and light tech communication aids • To be a resource of specialist AAC knowledge.
Service description/care pathway
<p>AAC service for adults and paediatrics in Leeds focused on high tech and complex AAC systems.</p> <p>This service sits within the Leeds Community Healthcare NHS Trust Children's SLT Service, which is commissioned by the CCG. Equipment is provided on long term loan and is owned and maintained by the service. Most referrals come from the local SLT supporting the client, although the referral system is open. The local SLT can loan equipment from the CAS loan bank at the point of referral, providing they are able to support its implementation. CAS will follow up on these once the client reaches the top of the waiting list. Input from the service is provided at a range of different intensities in order to be responsive to the client's needs.</p>
Population covered
Adults and paediatrics with a Leeds GP or Consultant, or in full-time statutory education in Leeds.

6. Leeds Communication Aid Service (CAS)

Any acceptance and exclusion criteria and thresholds

All referrals for adults and children within the Leeds area requiring high tech or complex AAC assessment will be accepted.

Interdependence with other services/providers

Links with the other branches of the Children's SLT Service, Adult Speech and Swallowing Team (SLT), Adult Acute and Outpatient SLT Service, Learning Disability SLT Service, MND Team, the ICAN Service (OT, Physio), the SILCs (Specialist Inclusive Learning Centres) and physical disability resourced mainstream schools, Physical Disability & Medical Team (Local Authority), Leeds Wheelchair Services, communication aid suppliers and Barnsley Assistive Technology team.

7. Sheffield Adult AAC Service

Aims and objectives of service

To assess, support and source AAC equipment for people with communication difficulties. The service offers training to staff and families supporting AAC implementation.

Service description/care pathway

AAC service for adults in Sheffield. This service is commissioned by health and is part of the wider speech therapy team. The team has an AAC specialist speech and language therapist who works closely with the wider speech therapy team. Funding for communication aids is applied for through health.

Population covered

Sheffield adults (post statutory education).

Any acceptance and exclusion criteria and thresholds

All adults within the Sheffield area requiring AAC assessment or support will be accepted.

Interdependence with other services/providers

Links with Adult SLT Service, Adult OT Service, Medical Physics, Paediatric AAC Service, Barnsley Assistive Technology team.