



Sussex Community
NHS Foundation Trust

Considerations for Specialist AAC Provision

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Chai ley Communication Aid Service



Excellent care at the heart of the community

We will explore

- Issues influencing the **timing** and introduction of high tech alternative augmentative communication
- Each case is very individual and each situation is decided on a case by case basis
- We will explore some of these influencing factors



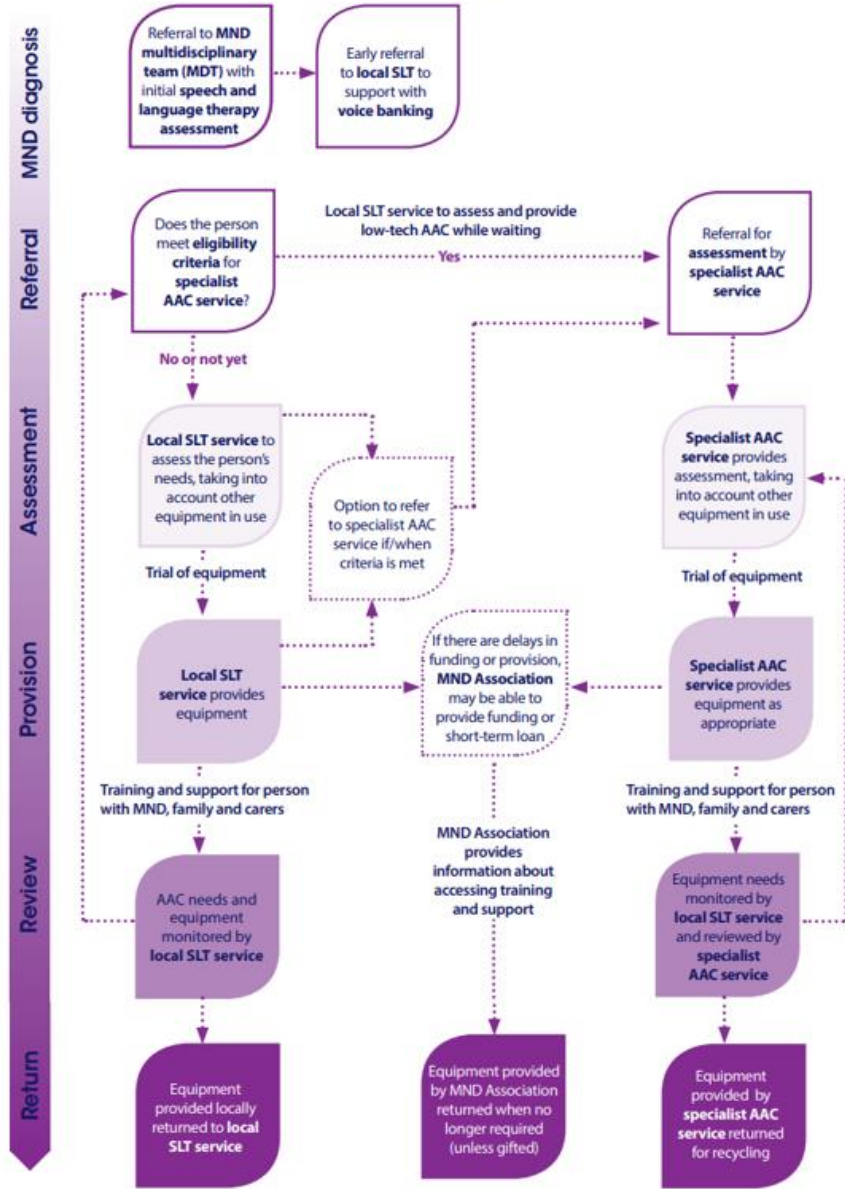
MNDA: Communication Speech and Language Support Leaflet

<https://www.mndassociation.org/app/uploads/2021/10/Communication-speech-and-language-support.pdf>

Comprehensive starting point



AAC Pathway for MND



Chailey Communication Aid Service

- In January 2015 we were funded by NHS England to assess and provide high tech communication aids for **spoken, face to face** communication for children and adults with complex needs in Surrey and Sussex (including Brighton and Hove). Our remit does not cover written communication (email and text), computer access or environmental controls
- Referral criteria for CCAS- on the web site, can be discussed with our team prior to completing the referral form if you have concerns
- <https://www.sussexcommunity.nhs.uk/services/chailey-communication-aidservice.htm>

Timing of referrals

- Most people should meet the referral criteria at the time of completing the referral
- People with rapidly progressing degenerative conditions can be referred to the service prior to this but the following factors will be taken into account
 - The referring therapist should be satisfied the rate of deterioration is such the referral criteria are likely to be met with in the time frame the device may be provided (18 weeks is suggested)
 - Evidence of decline of function (speech deterioration as well as physical function is useful) should be included in the referral
- Decisions are based on individual circumstances of each case

Time scales-according to our Service Specification

- 10 days referral acknowledged;
- Accepted referrals will be seen with 6 weeks
- Priority will be given to clients with a degenerative condition and equipment provided as soon as is practically possible
- Equipment should be available with in 12 weeks of the assessment

In Our Experience

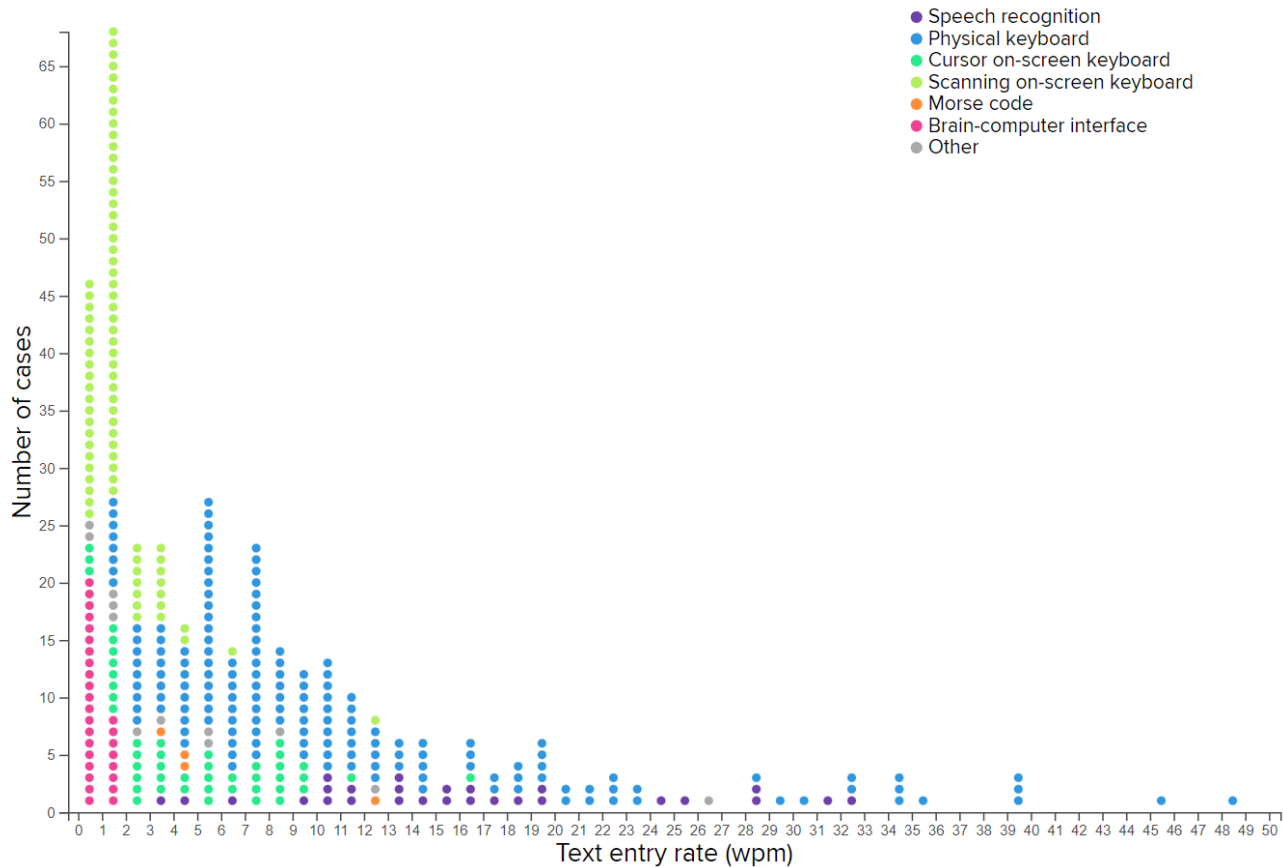
- Seeing referrals within 5 weeks with urgent referrals seen sooner
- Provision at assessment

Speed of access considerations

- Residual speech – always the easiest
- Where no speech - use of hands for typing/writing
 - Call Scotland Wheel of Apps for information on text to speech apps.

Speech is quick and effective, and is usually preferred

Speed of **access** using different access methods



Consider prior to referral

- Fatigue
- Trial low tech options
- **Project Relate** : Dysarthria app - (new and possible ground breaking, need to bank phrases, this can be done progressively alongside deterioration, don't have to do 500)
- Look to Communicate – phone app

Different attitudes

Early adoption

- Some clients want to be prepared prior to a loss of function
- May help alleviate anxiety and help them feel more in control of the next steps to have more information

Late adoption

- Some clients feel that using a function for longer will maintain it for longer and are reluctant to accept a new method
- Hesitant to accept tech
- New tech signifies new disability
- CCAS project showed that devices provided too early are not used

Eye Gaze as an access method - some considerations

Earlier introduction

- There are positive reports in the media
- Technologically minded people may be interested in it
- Being ambulant and using eye gaze is more difficult, it is position specific and does not accommodate to movement well
- May suit more static client positions better

Later introduction

- Fatigue
- Eye Gaze can create eye strain
- “Tech” can be difficult for some people to adopt. The older generation have not had the same exposure to tech
- Learning a new skill in the later stages of the disease process can be challenging and tiring. Cognitive changes, other challenges (NIPPV, general positioning)

Individual preferences and personality influence

- Our observations
 - Reaction to change (rigid or open)
 - Emotional reaction to change
 - Frustration that there are limitations to speed of communication.
 - Personal control needs respect
 - Insight into own intelligibility and need for AAC

Shared devices and shared functions

- CCAS work with two ECS services our boundaries overlap with two ECS
- Provision of equipment and software can be from CCAS or ECS
- CCAS provide support for spoken communication
- ECS supply support for EC functions and computer access
- We work together with these services to provide the best options for the client sometimes using the same device for both functions
- ECS may receive a referral prior to CCAS being required. Can be more user friendly for the client if one device is used
- Different equipment has different versatility in terms of changing access methods. When advised CCAS will revisit to review access for face to face spoken communication

Thank you for listening

- Very happy to take questions, now or discuss later.