

Assistive Technology Forum

Position Paper

March 2004

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Executive Summary and Key Proposals

The Assistive Technology Forum

The Assistive Technology (AT) Forum is a coalition of organisations representing service users and carers, professional bodies, service providers and industry in England. The aim of the forum is to work together at a strategic level to make urgently needed improvements in AT services.

This position paper is the founding document of the Assistive Technology Forum. It outlines the current problems in AT services, focusing only on those that can be tackled collaboratively and it makes proposals to address them.

Key Proposals of the Paper

1. Standards

Whilst a vast array of service standards have been created by a variety of groups, none of these have been universally adopted and there is no formal mechanism to endorse or police them. Without official sanction this leaves users with no means of appraising their services.

Proposals:

- a) A mapping exercise should be conducted to index all existing standards for AT services and to identify the gaps.
- b) A method of endorsement for standards should be established and a mechanism for monitoring those standards established.
- c) The gaps identified from work carried out under Proposal A should be filled by creating generic standards. These can be applied to state and/or the private/voluntary sector.

2. User Involvement

Anecdotal evidence in the AT field suggests ongoing user involvement in local service development is difficult to sustain. It is however imperative that the expertise of users should be harnessed wherever possible.

Proposal:

Sustainable and effective mechanisms should be developed for exploiting the experience and knowledge of AT users at all level of service delivery.

Key Proposals of the Paper, continued

3. Service Integration

Despite recent attempts to improve the provision of AT to older and disabled people little consideration appears to have been given yet to how the community services will interface with specialist equipment services in the NHS and voluntary sector.

Proposal:

- a) A mechanism should be established to develop good practice guidelines in integration between specialist and community services and a means to identify and promote good practice.
- b) An exercise should be conducted to establish the research that examines cross sector benefits of effective AT and to identify the gaps. Further research to fill those gaps should be supported.

4. Professional Development and Training

There is a pressing need for all professionals to have training that keeps them up to date with new technology in their given field and also informs them of wider issues affecting their clients (e.g. other AT and other forms of support their clients may be using).

Proposals:

- a) A mapping exercise should be conducted to identify what training is required and how best it should be provided, to identify existing AT training initiatives and a mechanism to evaluate them established.
- b) In future service standards there should be a requirement for staff who do not have a specific qualification in the AT they are providing to have ongoing training in that AT.
- c) Working with the commercial sector an initiative should be established to provide information and training on new AT to professionals.

Key Proposals of the Paper, continued

5. Information

Good quality information about AT has the potential to empower older and disabled people to make informed choices and retain their independence. However information in this country is badly coordinated and access to the key database, unlike comparable databases in Europe, is not free.

Proposals:

- a) A single gateway for access to information about AT and AT services should be created.
- b) A mechanism should be developed for the provision of information about AT free of charge to users and potential users.
- c) A proposal should be developed for the creation of a comprehensive index of AT services and a resource for AT professionals.
- d) The AT industry should initiate a project to establish standards for the provision of information about commercially available AT.

Introduction to the Assistive Technology Forum

Assistive Technology

Assistive technology (AT) is a product or service designed to enable independence for older or disabled people.

This covers the whole range of equipment and systems that can assist people who have difficulties, due to impairment(s), in carrying out everyday activities.

Provision

AT is purchased privately or obtained (partly or wholly funded) through services in the NHS, social services, housing, education and employment sectors, which are responsible to different government departments and staffed by a range of different professions. There are numerous equipment manufacturers and retailers; many of them small, and a wide spectrum of voluntary organisations are also involved in this field.

This fragmentation has worked against the possibility of the strategic development of services with the user at the centre. Services have evolved disconnected from each other resulting in a complex network of providers, many of which are unaware of – or have little knowledge of each other.

What is the Assistive Technology Forum?

The Assistive Technology Forum is a coalition of organisations representing service users and carers, professional bodies, service providers and industry in England.

The aim of the forum is to work together at a strategic level to improve AT services by tackling issues generic to its membership.

Why is the forum needed?

The forum is needed because although AT can play a crucial role in achieving many governmental objectives by augmenting the independence of individuals and reducing pressure on statutory services, the current structure of provision inhibits AT from achieving this potential.

In order to achieve coherent progress all stakeholders must be able to see themselves in context within a complex structure of provision. From there more radical change may be possible than has been achieved in the past if providers can develop a shared vision to work towards.

The barriers to change presented by funding mechanisms and the tensions between services are not to be under-estimated. New thinking will be required of all parties if progress is to be made.

What does/will the forum do?

One role of the forum is to disseminate information so that members are aware of each other and what else is going on in the field. A monthly electronic news bulletin is produced for this purpose.

Primarily the forum aspires to work collaboratively to instigate change. This position paper outlines the values of the forum, the basis for membership, the current problems shared by its members and the forum's proposals to address them.

Forum Members and Executive Committee

Current Forum Members

Aiding Communication in Education Centre
Advance – Professionals in Electronic Assistive Technology
Age Concern
Association of British Healthcare Industries
Association of Institutions concerned with Medical Engineering
British Healthcare Trade Association
British Society of Rehabilitation Medicine
Centre for Accessible Environments
Centre for Disability Research and Innovation
Centre for Rehabilitation Engineering
College of Occupational Therapists
Communication Matters
Dare Foundation
Disabled Living Centres Council
Disabled Living Foundation
EmPOWER
Huntleigh Healthcare
Institute of Physics and Engineering in Medicine
National Association of Equipment Providers
National Wheelchair Managers' Forum
Neurological Alliance
Posture and Mobility Group
Rehabilitation Engineering Service Management Group
Ricability
Royal Association for Disability and Rehabilitation
Royal National Institute for Blind People
Royal National Institute for Deaf People
Speakability
Spinal Injuries Association
Whiz Kidz

Executive Committee

Nick Pizey	Age Concern
Caroline Gray	Aiding Communication in Education Centre
Ray Hodgkinson	British Healthcare Trade Association
David Rushton	British Society of Rehabilitation Medicine
Alan Turner-Smith	Centre of Rehabilitation Engineering
Sheelagh Richards	College of Occupational Therapists
Sarah Humphries	Disabled Living Foundation
Sam Gallop	EmPOWER, Limbless Association
Donna Cowan	Institute of Physics and Engineering in Medicine
Kathleen Wilson	Royal National Institute for Deaf People
Henry Lumley	National Wheelchair Managers' Forum

Executive Committee Associates

Nick Mapstone	Audit Commission
Steve Hards	Department of Health
Ian Salt	Integrating Community Equipment Services
Clare Emberley	NHS Purchasing and Supply Agency

Forum Associates

Integrated Community Equipment Services
Medicines and Healthcare products Regulatory Agency
Association of Directors of Social Services
NHS Purchasing and Supply Agency
Disability Rights Commission

Forum Secretariat Team - FAST (Foundation for Assistive Technology)

Keren Down	FAST
Ann Stead	FAST Associate Team
Dave Wardle	FAST Associate Team
Moirra Mitchell	FAST Associate Team

The AT Forum

Believes that AT is an empowering and cost-effective way of achieving **social inclusion**

... and notes that more needs to be done to **promote** this message

Believes that new technologies present exciting possibilities for **maintaining independence**

... and therefore that accessible **information** about AT and how to obtain it should be **freely available**

Believes that statutory provision of AT should be **equitable, timely, accessible, efficient and appropriate** to individual needs

Believes that statutory AT services should **interface effectively** with other AT providers and other support services

Notes that **the standard of AT services is unacceptable** in many parts of the country

... and therefore believes that **AT services must change**

Believes that improvements to AT services will be brought about by individuals, teams and organisations working in a climate of **mutual respect and understanding**

How this position paper has been developed

This position paper is the founding document of the Assistive Technology Forum. It outlines the current problems generic to its members, focusing only on those that can be tackled collaboratively, and it makes proposals to address them. Report authors are Moira Mitchell and Ann Stead, OBE, of FAST in consultation with and on behalf of the AT Forum. The paper will be used to inform the future work of the Forum.

The Audit Commission report *Fully Equipped 2000* which outlined the poor state of some AT services in the UK, heralded a period of intense activity in this field. A vast amount of work has been undertaken since then and this document builds on rather than reproduces that work.

Relevant initiatives and publications since *Fully Equipped 2000* and its follow-up in 2002, have been consulted in depth and form the basis of the proposals contained in this paper. A list of the work consulted can be found in the appendix but the work of the following have been drawn on in particular:

- The Integrating Community Equipment Services (ICES) Team
- The Audit Commission
- The National Service Frameworks for Older People, Children, and Long Term Conditions (in preparation)
- The Royal College of Physicians and The Institute of Physics and Engineering in Medicine Working Party on Specialist Equipment Services
- Purchasing and Supply Agency (PASA)
- Voluntary Organisations (in particular members of emPower, RNIB, RNID and RADAR)
- European Commission: Access to AT in the European Union (Study prepared by Deloitte and Touche)

A number of recent initiatives have made particular effort to gather information on the outcomes of AT provision for both users and service providers. The lack of coherence in service structures and poor infrastructures for information gathering have resulted in a weak evidence base.

A vicious circle therefore exists whereby arguments for investment are undermined by a lack of evidence and effective evidence cannot be produced due to lack of a robust infrastructure. Likewise in the commercial sector, growth has been inhibited by a model of provision that does not encourage investment or research and development.

For the purpose of this paper it is taken as read that, due to a lack of understanding of what it can achieve, AT has hitherto been hugely undervalued by the state. The proposals in this document aim to contribute to the reversal of this situation.

The Delivery System

Introduction

Describing services in the field of AT is fraught with difficulties. The reports used for the preparation for this document refer to groups of 'specialist' or 'community' equipment services although these terms do not facilitate an accurate categorisation of services. This is particularly true of the word 'specialist' which could refer to professional skills, technology, complexity of need, or age groups. Therefore in the absence of any formally agreed alternatives, this paper has adopted the use of the term 'specialist' to refer only to the specialist AT services provided by the NHS as defined by the NHS Specialised Services National Definition Set (these can be found on the next page).

Historically responsibility for the funding of most AT has fallen to the Department of Health, which has oversight of provision by the NHS and social services. Other government departments are responsible for provision in the education and employment sectors. Currently the activity of the Forum is primarily focusing on health and social services. However, future work will need to incorporate more fully the education and employment services.

On the whole AT services have developed in an ad hoc fashion often driven by the passions of individual professionals working in the field. Gaps in state provision have been filled by the voluntary sector. Whilst AT provided with charitable funds reinforces the tragedy-model of disability and is therefore not desirable, charities are now an essential part of the AT provision network.

Years of makeshift developments have led to a funding maze that is difficult and time-consuming for users and professionals alike to negotiate. The lack of any cohesion by providers also means that any attempts to inject new money simply add to inequalities across the country.

Brief overview of current services

Community Equipment Services

Until 2001 what has come to be termed 'community equipment services' were funded separately by the NHS and Local Authority Social Service Departments. Whilst assessment was provided free from both health and social service, the resultant AT could be free or partially or entirely charged for by social services. Different rules applied in different parts of the country. With many having to have recourse to charities for assistance, the voluntary sector developed its own expertise in responding to gaps in state provision and now provides some crucial AT services.

Since 2001 the Department of Health has implemented the Integrating Community Equipment Services (ICES) initiative to develop community equipment services in England and integrate them across health and social care by 2004. Supported by the ICES implementation team, this initiative has been underpinned by the Health Act 1999, which allows services to remove the barriers by pooling budgets and integrating services.

The published Guide to Integrating Community Equipment Services describes the wide range of AT which falls within this initiative, from simple care equipment and adaptations, such as grab rails and pressure relief mattresses, to more sophisticated equipment such as computerised sensory equipment, communication aids, automatic fall detectors and remote sensor devices. However, it could be argued that listing equipment like this is not helpful, as provision should be based on the needs of the individual not driven by the technology itself.

Community equipment services are provided in-house, wholly subcontracted to the voluntary or commercial sectors or a mixture of these two. Work is already underway to address funding anomalies, eligibility criteria, waiting times and other major problematic issues. However the timescale to achieve the targets set is ambitious for the magnitude of the task in hand and the longer-term future of the implementation team is currently uncertain. Anecdotal evidence suggests that it is taking a long time for any benefits to be seen at grass roots level. It is also unclear who is monitoring progress from particularly a users' perspective.

Specialist Equipment Services provided by the NHS

In the NHS, AT services are closely linked to a range of specialist medical services (rheumatology, orthopaedics, neurology, spinal injury, rehabilitation, paediatrics, gerontology, ophthalmology and audiology etc.). All of these medical services are likely to recommend AT alongside medical treatments.

At present the Department of Health's list of AT services deemed to have specialist status for commissioning purposes has been subdivided into five main areas. All these services are provided free at the point of delivery but from a limited budget, therefore long waiting lists may occur:

- Prosthetics and complex orthotics
- Specialised wheelchair provision including complex postural seating/postural management systems and specialised powered wheelchair controls
- Communication aids (excluding all forms of hearing aids and cochlear implants)
- Environmental controls and other electronic assistive technology
- Specialised aspects of telecare

The 'Specialised Services National Definition Set' states, "For all of these services, it is the expertise of the patient assessment process that determines the specialised nature of the service. Ideally it would be possible to describe the specialised elements of the service by the level of complexity of the assessment process. However, currently there are no standard tools available to do this and therefore at this stage these services are identified by the nature of the equipment prescribed rather than by the assessment process."

Whilst the ICES initiative represents a major drive to modernise community equipment services, only piece-meal developments are taking place within the NHS' specialist AT services. Some services are benefiting from investment and modernisation whilst others appear to be regressing with no current mechanism for progress.

Provision of standard wheelchairs seems to have fallen between two stools as wheelchairs do not appear in either the 'community equipment' guidance or 'specialist AT' definitions. It could be argued that local wheelchair services should be encouraged to develop closer links with community equipment services for the provision of basic wheelchairs. Equally the addition of 'specialised aspects of telecare' onto the specialist AT services list also needs clarification, as this seems to conflict with the inclusion of telecare technology in the new funding for community equipment.

Other statutory providers

In addition to health and social services the Department of Work and Pensions provides AT through the Access to Work Programme run by Job Centre Plus. For people starting a new job approved cost of AT are fully funded by the government and for those needing AT to continue in work a percentage is paid by the employer. Additionally the Department of Education and Skills also provides some AT for children and young people in full time education.

Funding and Commissioning

Following Audit Commission reports on AT provision (see reference list), there has been government recognition of the need to modernise and improve services. This is linked to a growing understanding of the importance of AT in alleviating pressure on acute health services by reducing admissions and facilitating discharge. However, whilst individual services have received piecemeal injections of funding from time to time, there has never been any national comprehensive strategy for AT provision. This has led to major inequities in provision across the country.

Recently attempts have been made to increase funding for community equipment services with pooled NHS and social services budgets but anecdotal evidence suggests that in some areas the funding has been diverted to other services and been difficult to secure. In the meantime the NHS specialist services are still left to survive on the scraps from the acute table. Further research may be required to illustrate more fully the cross-sector financial benefits of effective AT provision.

Statutory procurement of AT has not encouraged commercial growth and innovation and the AT industry in this country is weak. There is hope that the recently established Healthcare Industries Task Force (HITF) will address some of the problems facing the AT industry. The task force aims to "bring together government and industry leaders to identify steps to develop, stimulate the growth and performance of the UK healthcare industry and maximise the benefit to patients from healthcare products" (DoH).

Recommendations to the task force from the British Health Care Trade Association (BHCA) will include a move to procurement on the drug tariff model as opposed to the contracts currently used by equipment services. This may present an opportunity to move from the current procurement driven model to a more needs-based prescription model of provision.

Potential drivers for change

Demographics

Increased survival rates and improved medical care are augmenting the numbers of disabled people and the levels of severity of impairment. Additionally the ageing population, including those ageing with impairments, is adding to the pressures on the state. Advances in AT have been heralded as one of the potential mechanisms of providing the necessary support to the growing population.

Legal and attitudinal changes

Statutory services need to respond to ongoing changes in rights-based legislation for older and disabled people and growing awareness of their entitlements. The Human Rights Act has already been cited in a number of legal cases involving the provision of AT.

Relevant government initiatives

The NHS Plan and the National Service Frameworks (NSF) for Children, Older People and Long Term Conditions (the two latter under development) all reflect the governments desire to put users at the centre of service design and to increase the standards of service provision. The Older People's NSF is influencing developments in community equipment services. It is yet to be seen what influence the NSFs for Children and Long Term Conditions will have on AT provision. The NHS Modernisation Agency is facilitating a wheelchair services collaborative that is assisting wheelchair services in driving change.

Changes in commissioning structures

Recently commissioning has been devolved to the level of Primary Care Trusts (PCTs) which is facilitating the integration of health and social services. The impact of these new commissioning arrangements on specialist services in the NHS is unclear. The fact that AT services are Cinderella services within the NHS has been well documented by the Audit Commission. This results from the fact that these services, although not acute per se, are forced to compete with the acute sector for funding. This situation is likely to continue in an NHS increasingly driven by acute priorities.

Emerging technologies

A range of new products and services are currently evolving which will need to be incorporated into AT provision. In the past small numbers of disabled people have benefited from electrical devices such as door openers and more recently by electronic environmental controls that can operate a wide range of devices in the

home. Telecare and “smart house” technology and items like electronic pagers as a memory prompt are now poised to put this kind of assistance within the reach of a much wider population including those with cognitive impairment

These new technologies present challenges including who will be responsible for their funding and the need for close links with housing services. It remains to be seen how AT services will evolve to incorporate them but lessons from the past must be learnt.

Often historically when a new type of technology has emerged a new service has evolved with or without official funding. Careful consideration therefore needs to be given before any new technology service is set up to ensure that it does not add to the existing fragmentation.

The growth in the use of personal computers has resulted in some specialist health services providing computer access technology. However there is currently no statutory obligation to provide assistance to accessing computers and this issue needs clarification.

Challenges to progress

Standards

There are many different groups of professionals involved in providing AT, each with their own professional codes of conduct covering standards of professional practice and delivery of service. The Forum has voiced concerns about the codes of practice that cover delivery of service.

Whilst a vast array of service standards has been created by a variety of groups, none of these have been universally adopted and there is no formal mechanism to endorse or police them. Without official sanction this leaves users with no means of appraising their services.

The fact that the official bodies for audit and inspection (Commission for Social Care Inspection and the Commission for Health Audit and Inspection) are about to start work means it is difficult to know how, and when, any standards will be monitored in the future.

1. Standards

Proposal A:

A mapping exercise should be conducted to index all existing standards for AT services and to identify the gaps.

Proposal B:

A method of endorsement for standards should be established and a mechanism for monitoring those standards established.

Proposal C:

The gaps identified from work carried out under Proposal A should be filled by creating generic standards. These can be applied to state and/or the private/voluntary sector.

User Involvement

In recent years the NHS has made a concerted attempt to involve users in service design (e.g. initiatives like patient forums). However anecdotal evidence in the AT field would suggest that in practice ongoing user involvement in local service development is difficult to sustain.

Despite the difficulties the forum believes it is imperative that the expertise of users themselves should be harnessed wherever possible.

2. User Involvement

Proposal:

Sustainable and effective mechanisms should be developed for exploiting the experience and knowledge of AT users at all level of service delivery.

Service Integration

The ICES initiative represents a significant strategic attempt to improve the provision of AT to older and disabled people. However although much emphasis has been placed on the integration of community health and social services, little consideration appears to have given yet to how the community services will interface with specialist equipment services in the NHS and voluntary sector. These specialist services have experience and expertise in similar types of technology to those now emerging in community equipment services.

The Royal College of Physicians and the Institute of Physics and Engineering in Medicine have prepared a report that examines the role of some NHS specialist services and their potential input to the development of community equipment services.

The Audit Commission in the report 'Assistive Technology – Independence and well-being 4' has also published a diagram (exhibit 7) showing how integrated community equipment services could provide the gateway to information about more specialised services.

3. Service Integration

Proposal:

- a) A mechanism should be established to develop good practice guidelines in integration between specialist and community services and a means to identify and promote good practice.
- b) An exercise should be conducted to establish the research that examines cross sector benefits of effective AT and to identify the gaps. Further research to fill those gaps should be supported.

Professional Development and Training

There is a variety of professionals and support staff involved in the provision of AT. Some staff have a specific qualification to provide particular technologies (for example prosthetics and orthotics etc). Other professionals involved in the provision of AT come from a range of professional backgrounds e.g. occupational therapists and physiotherapists assess and provide wheelchairs in some centres. In some cases assessment is by support staff. Over recent years different professional groups have developed AT related training programmes. Qualification requirements however vary from service to service.

The Forum has explored the American concept of the AT professional with attendant certification, looking specifically at what can be learned from RESNA (Rehabilitation Engineering and Assistive Technology Society of North America). However a consensus was not reached on its potential to be transferred to the UK at this time.

There was nonetheless agreement on the pressing need for all professionals and support staff to have training at an appropriate level that keeps them up to date with new technology in their given field and also informs them of wider issues affecting their clients (e.g. other AT and other forms of support their clients may be using). The Forum also expressed the ambition that establishing career progression might help address long-standing problems with recruitment.

4. Professional Development and Training

Proposal A:

A mapping exercise should be conducted on existing AT training initiatives and a mechanism to evaluate them established.

Proposal B:

In future service standards there should be a requirement for staff who do not have a specific qualification in the AT they are providing to have ongoing training in that AT.

Proposal C:

Working with the commercial sector an initiative should be established to provide information and training on new AT to professionals.

Information

The lack of co-ordinated, accessible information about AT and how to get hold of it has been repeatedly cited as an inhibitor to the uptake of AT. Both users and providers of AT require information about the following:

- a) Commercially available products
- b) Product evaluation
- c) Services that provide AT and eligibility criteria
- d) Research and development and Innovation

The current state of provision in these categories is as follows:

a) Commercially available products

The primary source of information at national level on commercially available products is the Disabled Living Foundation's database and website. This database covers a wide range of products but unlike its counterparts in other comparable countries, it is not available free of charge. Local voluntary organisations and services subscribe to this database. Some impairment-specific charities also have databases of relevant equipment and the *TechDis* website provides information on AT for education (primarily on computer access).

At local level disabled living centres provide independent information and advice and the opportunity to try out AT products.

The Department of Health has recently funded a pilot project to set up and evaluate the use of an IT based self-assessment tool (SARA) for the provision and purchase or loan of a selection of basic equipment. This pilot will be evaluated in March 2004 and it is hoped that a consortium of commercial partners will develop it further.

b) Product evaluation

Due to the diverse population involved and the complex role AT plays in peoples' lives, it is difficult and costly to evaluate accurately. The Medical and Healthcare products Regulatory Agency fund a small programme for the assessment of some types of AT (ATEP). The resulting reports are free to all health and social care professionals but otherwise they cost £35.

Ricability produce a selection of free consumer guides (based on technical and/or user tests) covering a variety of AT. Projects undertaken depend on funding being provided from organisations that will not compromise Ricability's independence.

c) Services that provide AT

There is no comprehensive source of information about services providing AT. A number of voluntary organisations have limited information on a selection of specialist services. EmPOWER are currently conducting a mapping exercise of wheelchair services.

The Integrating Community Equipment Services (ICES) website is an important resource funded by the Department of Health to assist the modernisation of community equipment services but it does not have an index of services. However the ICES team are currently conducting a mapping project of community equipment services. The SARA project (see above) has some links to services in the users' locality.

d) Research and Development and Innovation

The FAST website has a comprehensive index of AT research and development which is funded by the Department of Health. FAST also produce the annual parliamentary report on AT research and development. The Engineering and Physical Sciences Research Council has funded a network for two years to disseminate research under the EQUAL (Extending Quality of Lives Initiative). There is however no co-ordinated information resource on the introduction of new AT to services.

What are the key problems in information provision?

Lack of Free Information for AT Users

The fact that comprehensive and credible information on AT is not available free to users and potential users is extremely disempowering. To find out about AT they currently have to negotiate a complex system of information provision which often includes relying on professionals. If users had direct access to information it would reduce the stress on statutory and voluntary services and it would probably be beneficial to the commercial sector by increasing direct purchase.

Lack of Coordination in Information Provision

The fact that there are so many organisations providing information and that each has their own infrastructure for doing so makes it extremely difficult for anyone unfamiliar with the territory to locate the information they require. This is true for AT users and service providers alike and people searching for information are often passed from one organisation to another. This problem has been recognised by the Department of Health in the past but initiatives to provide a single gateway to information have failed.

Lack of Index of Service Providers

A comprehensive and up to date index of service providers is required by users, service providers and planners. Users currently have no road map to assist them in negotiating a complex system of provision. Likewise service providers have poor information on their counterparts elsewhere and other related services. Whilst there is frequent discussion of joined-up or seamless services, AT services are often not even aware of each other. An up-to-date index of services would also assist in data collection and planning at a strategic level.

5. Information

Proposal A:

A single gateway for access to information about AT and AT services should be created. This should include access to information on:

1. Commercially available products
2. Product evaluation
3. Services that provide AT
4. Research and Development and Innovation

Proposal B:

A mechanism should be developed for the provision of information about AT free of charge to users and potential users. Ideally, as is the case in other comparable countries, this should eventually take the form of a contract tendered by a relevant government department.

Proposal C:

A proposal should be developed for the creation of a comprehensive index of AT services and a resource for AT professionals. The future of the ICES website should be secured and this resource could potentially reside there, although it must include information on specialist services too.

Proposal D:

The AT industry should initiate a project to establish standards for the provision of information about commercially available AT. AT users should be consulted about what they need to know and the potential for user-review should be explored.

Appendix: list of reports, publications and initiatives

1. Ashton, L.(ed), *Accident Prevention Among Older People: approaches in practice, a series of case studies*, Health Education Authority, 1998.
2. Audit Commission, *Fully Equipped: The Provision of Equipment Services to Older or Disabled People by the NHS or Social Services in England and Wales*, Audit Commission, 2000, <http://www.audit-commission.gov.uk/>
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4. Audit Commission, *Assistive Technology: Independence and well-being 4*, Audit Commission, 2004, <http://www.audit-commission.gov.uk/>
5. Beardshaw, V., *Last on the List - Community Services for People with Physical Disability*, Kings Fund Institute, 1988.
6. Beresford, B., *The community equipment needs of disabled children and their families*, Social Policy Research Unit, University of York, 2003.
7. Bjerneby, S., *Technology, Ethics & Dementia*, Norwegian Centre for Dementia Research, 1999, <http://www.alzheimers.org.uk/Research/Library/>
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14. Chief Medical Officer, *The Expert Patient: A New Approach to Chronic Disease Management for the 21st Century*, Department of Health, 2001.
15. Curry, R.G., *The Use of Information and Communication Technology (ICT) in Assistive Technology for Older and Disabled People: An overview of current UK activity*, Department of Health, 2002.
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18. Department of Health, *Caring for People*, HMSO, 1989.
19. Department of Health, *NHS and Community Care Act*, HMSO, 1990.
20. Department of Health, *The New NHS: Modern, Dependable*, HMSO, 1997.
21. Department of Health, *Our Healthier Nation*, HMSO, 1998.
22. Department of Health, *Caring about Carers - A National Strategy*, Department of Health, 1999.
23. Department of Health, *The NHS Plan*, The Stationery Office, 1999.
24. Department of Health, *National Service Framework - Coronary Heart Disease*, NHS Executive, 2000.
25. Department of Health, *National Service Framework - Diabetes Standards*, NHS Executive, 2000.
26. Department of Health, *National Service Framework - Mental Health*, NHS Executive, 2000.
27. Department of Health, *Community Equipment Services*, NHS Publications, 2001.
28. Department of Health, *National Service Framework - Older People*, NHS Executive, 2001.

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