

● **Assistive Technology: Standards for Service Provision**

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The Assistive Technology Forum
The Foundation for Assistive Technology - FAST

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Information:

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Authors	<p>The Assistive Technology Forum and The Foundation for Assistive Technology</p> <p>This report has been drafted on behalf of the Assistive Technology (AT) Forum, an independent coalition of organisations representing service users and carers, professional bodies, service providers and industry (see Appendix 1 for membership of the Forum and Appendix 2 for members of the Executive Committee).</p> <p>The Foundation for Assistive Technology (FAST) acts as the executive body for the AT Forum. Keren Down, Director of FAST, together with David Wardle and Moira Mitchell, FAST Associates, are the authors of the paper.</p>
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Glossary and definitions:

Definition of AT adopted in the UK:	<p>Assistive Technology is any product or service designed to enable independence for disabled and older people.</p> <p>Source: King's Fund Consultation, 14th March 2001</p>
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Contents

Summary.....	1
Introduction	5
1. Government Standards – care services.....	9
The Standards for Better Health	9
National Service Frameworks (NSFs).....	11
NICE guidance	14
Standards in social care.....	16
Standards in children's services.....	17
National Occupational Standards.....	18
Inspection, targets and performance assessment	19
Summary.....	21
2. Mapping AT Service Standards	23
The Medicines and Healthcare products Regulatory Agency (MHRA)	26
The NHS Purchasing and Supply Agency (NHS PASA).....	27
The Audit Commission.....	28
Trade Associations	30
Sector review - prosthetics and orthotics services.....	32
Sector review – mobility, wheelchair and specialist seating.....	36
Sector review - community equipment.....	39
Sector review – housing.....	43
Sector review – AT to support leisure	45
Sector review – AT to support education	46
Sector review – AT to support employment	48
Sector review – electronic AT services	50
Sector review – AT services for people with sensory impairments.....	55
Supplementary Documents.....	59
3. Analysis.....	62
1. Coverage.....	63
2. Scope and purpose	71
3. Development process	73
4. Dissemination and implementation	75
4. Key findings and recommendations.....	77
Meeting the aims and objectives of Government policy - key findings.....	77
Coverage – key findings	77
Scope and purpose - key findings.....	78
Development Process – key findings.....	79
Dissemination and implementation – key findings	81
5. Action plan	83
6. Appendices	85
Appendix 1. Members of the AT Forum	86
Appendix 2: Members of the AT Forum Executive Committee	87
Appendix 3: Standards for Better Health – implications for AT services.....	88
Appendix 4: Policy guidance on health and social care.....	91
Appendix 5: AT services – the legal framework.....	93
Appendix 6: AT Service Standards Mapping	96
Appendix 7: Professional Standards/ Codes of Conduct	102
Appendix 8: Methodology: Identification Letter and Questionnaire.....	103
Appendix 9: The (SIGN) guide to the AGREE instrument.....	106
7. Sources.....	108

Foreword

This impressive report by the Assistive Technology (AT) Forum sprang from a consultation exercise, summarised in the Forum's Position Paper (2004). This identified five problems affecting AT services that should be tackled collaboratively by AT Forum members. The first was the large number of existing AT service standards. The AT Forum proposed an exercise to clarify which standards were current and relevant, to identify gaps and investigate the potential for harmonisation. It was also suggested that methods of mutual endorsement and continuous monitoring of AT service standards should be agreed.

This report not only resoundingly fulfils the brief, but also provides a stimulating analysis of the strengths and weakness of existing documents. Further, it examines the challenges and opportunities provided by Government policy and guidance on standards-setting. Standards documents will play an essential role in the remodelling of services, which is needed if they are to meet the Government objectives of enabling the independence and well-being of disabled and older people.

Increasingly users will be seen as an important voice in the commissioning of services close to home, with greater investment in mechanisms to support public engagement. Well-drafted standards empower the user to know what to expect. They can help to outline the process and pathway that the service user may follow, and may include a range of measurable qualities such as timeliness, responsiveness, safety, access, competence of staff and a focus on the user's needs and wishes. Users are thereby empowered to bring the service provider to account if valid expectations are not met.

Equally importantly, standards documents clarify for professionals the quality of service to which their organisation is committed and to which it may aspire in the future, encapsulating the vision for strategic development. Standards should not be static but be constantly reviewed.

Service standards can also represent a negotiation between agencies to identify how they will work together to provide co-ordinated care. The report highlights cases where service standards documents have clarified this kind of negotiation, for example by setting out the care pathway process that brings services closer to the individual at home and make more efficient use of specialist regional resources. In the documents reviewed it is of concern that such examples are in the minority and that many of the documents provide little clarity on inter-agency working. AT services are being challenged to provide co-ordinated care which responds to users and not to service boundaries. Service commissioners could usefully invest in standards development as a tool for service redesign.

This document highlights the huge challenge, arising from the poorly established evidence base, to any organisation or collaborative group attempting to draft an AT service standards document. This is the result of a lack agreement on effective outcome measures by which good practice in AT

can be clearly demonstrated. Without this evidence base services find it difficult to prove the effective use of resources, to recommend one service option rather than another, or to justify remodelling services.

The AT Forum believes that objective measures to determine the value of AT must be established in the near future. A similar requirement for objective measures of preventative health spending has been identified in the recent White Paper, *Our health, our care, our say*. Until the need for outcome measures is addressed, this report recommends that AT services follow a rigorous methodology in writing standards that provide clarity about the basis on which recommendations are made.

In the next decade AT services will be challenged to document and accredit the specialised and preventative services they offer. Greater accountability will be demanded as the regulatory framework focuses increasingly on community services. This report provides a foundation for consensus in the AT community on the key priorities for the future development of service standards, in particular the challenge of agreeing appropriate outcome measures and producing an evidence base.

The report's authors are to be congratulated on providing a thought-provoking analysis, bold recommendations and a clearly focused action plan. The Forum warmly commends the report to service commissioners, providers and service users as an invaluable tool to enable the remodelling of services to meet the substantial challenges facing AT services.



A handwritten signature in black ink, appearing to read 'Alan Turner-Smith', written in a cursive style.

Dr Alan Turner-Smith
Chair, AT Forum

Summary

This report reviews the current quality standards for AT services and makes recommendations about the future development of standards in this field.

In order to make sense of the standards setting and regulatory framework which will shape current and future standards development for AT services, a review of the Government's current approach is presented in Chapter 1, not only for health care but for social care, housing, education, employment and leisure services.

To establish the current provision of service standards by a range of different organisations across AT sectors, a mapping exercise was conducted and this is presented in Chapter 2.

An analysis is provided in Chapter 3 which looks at coverage of standards documents on a sector by sector basis. The report authors present their views on the current state of play as a starting point for discussion by practitioners and their organisations. At this point it is important to recognise that efforts made by practitioners to establish standards for AT services have been in the face of multiple barriers and with few of the resources and incentives facing other healthcare sectors.

The analysis seeks to identify why many AT service standards documents lack coherence, presenting high level vision statements alongside operational requirements for local services, evidence from expert consensus and, with little clarity on the relationship, the document recommendations. The authors conclude that one reason for this might be that there are few definitive and comprehensive Government standards guidelines for AT services in general or for substantial sectors of AT services, despite the references to AT services within the documents described in Chapter 1. This reflects the lack of a coherent strategy across Government departments for AT services for disabled and older people.

The analysis also highlighted a commonly recognised barrier for services that are seeking to improve their standards, or seeking appropriate levels of resources, namely that there has been negligible investment in establishing the evidence base for what works in AT services. Without evidence of the cost efficiency of AT, these services are vulnerable when funding cuts have to be made, reducing morale and undermining any improvements gained by working to agreed standards of service.

The analysis enabled report authors to note the variety of formats and development methodologies apparent in standards documents across AT sectors. There are some models of good practice in relation to development methodology within the selection of documents reviewed in Chapter 2. Some of these documents have followed established guidelines for the development of standards, such as the AGREE instrument, which results in a coherent presentation of the case made within the document.

Drawing on the AGREE instrument and on learning from the analysis of documents, the report authors provide the Guidelines for Assistive Technology Service Standards (GATeSS) process to assist future production of service standards. The GATeSS process (page 74) provides a simple model, relevant to AT services, one that provides a good start for the development and accreditation of future AT service standards.

The analysis also looks at potentially useful methods for establishing standards at a regional level, highlighting current examples of the successful adoption of a care pathway process within the AT field.

Drawing on the learning about the Government's approach to setting the standards framework and from the analysis of existing service standards documents, the report authors summarise the key findings and recommendations in Chapter 4.

Key Recommendations:

Meeting the aims and objectives of Government policy

- ✓ For those organisations responsible for developing future AT service standards, explicit reference should be made to the relevant Government policies and quality requirements, as outlined in Chapter 1 of this document.
- ✓ Government departments, across sectors, should recognise the deficit in support and resources available to AT services to translate the Government standards framework into operational guidance and seek to address this deficit.

Coverage of standards documents

- ✓ Service provider organisations should review the coverage of standards documents relating to their sector and prioritise the development of standards which would address gaps in coverage.
- ✓ Organisations developing future service standards should incorporate and refer to previous standards explicitly, explaining the relationship of their document to existing standards.
- ✓ Any future service standards should be developed in a way that is coherent across sectors and documents should explicitly address interagency working.

Scope and purpose of standards documents

- ✓ Organisations developing future service standards should employ a development methodology which will provide a coherent structure for the document, to counter and perhaps highlight the lack of available national strategic guidance or underlying evidence.
- ✓ Service commissioners and funders should support a cross-sector agreement on appropriate outcome measures for AT services.
- ✓ Service commissioners should consider an increased level of investment in collating and building the evidence base of what works in AT services.

Development process

- ✓ AT service provider organisations should adopt the GATeSS approach (described on page 76) to the development of national level standards for AT services and should consider volunteering to review and kitemark standards which have complied with the GATeSS development process.
- ✓ Service commissioners should consider whether investment in further development and support for implementation of the GATeSS development methodology could provide service efficiency gains.
- ✓ AT service provider organisations should consider whether a care pathway approach would be appropriate for their regional and local services and, if so, act to secure the necessary funding, resources and local participation.
- ✓ Service commissioners should consider whether investment in the development of care pathways would gain service efficiencies.

Dissemination and implementation

- ✓ Research should be conducted on the current implementation of service standards and the potential impact of different incentives for adoption.
- ✓ Service providers, commissioners and regulatory bodies should examine existing AT service standards to establish their potential to support regulation, accreditation or evaluation by a range of stakeholders.

The report concludes with an action plan for the AT community, for Government departments, service commissioners and regulatory bodies. The main action for Government departments is to commit to the strategic planning of AT services on a cross-departmental basis. Without this commitment there is little chance that providers can fulfil their responsibility to work for service efficiencies, focus their service on the user and work effectively using a multi-agency approach. AT services need this strategic championship and without it they will fail to deliver Government policies to support independence and well-being and to empower self-care to anywhere near the extent that is possible.

Given the widening choice in service provision that will increasingly characterise this field, it is essential that users have the tools to assess good services from bad and to bring service providers to account. The current situation provides few national minimum standards, little direction on good practice and minimal levels of accountability. The regulatory bodies are asked to consider a closer focus on AT services in their inspection regimes. To complement quality assurance by professionals, commissioners, providers and regulatory bodies, voluntary sector organisations representing AT service users are asked to support initiatives to engage their members in auditing and monitoring the standards of the AT services they receive.

Service commissioners are challenged to tackle the urgent requirement for appropriate outcome measures but would receive high levels of support if they did so from service providers themselves, across statutory services, third sector and industry. Now is the time to address this perennial problem which

lies at the heart of the failure to provide service standards guidance at every level for AT services. Related to this is the requirement to establish methods by which to weigh evidence and to systematically assess existing research. This would unlock the energy of providers and research funding bodies who have demonstrated some commitment to investing in building the evidence base to demonstrate what works in AT service provision.

Despite the lack of tools such as appropriate outcome measures, soundly-based services standards can contribute to the remodelling, coordination and improvement of AT services at a time of increasing funding restrictions. Service providers are challenged to use the GATeSS process, or similar methodology, when developing future service standards, to ensure future documents have maximum credibility and impact. They are also asked to keep FAST, on behalf of the Forum, informed of future activity in this area, so that the community can be alerted to new developments and a greater coherence across sectors can be achieved.

The publication of this report provides an ideal opportunity for Government departments, regulatory bodies and the AT community to learn the lessons that have been drawn from this substantial mapping exercise.

Introduction

Report purpose

This report originates in the Position Paper published by the AT Forum in 2004. This found that while numerous standards for AT services had been created by a variety of groups, there was no mechanism to evaluate or endorse them and it was difficult for users and professionals to find out about and use them.

The Paper proposed:

- a mapping exercise to index and review existing standards for AT services, identify gaps and investigate the potential for harmonising standards;
- mechanisms should be established for endorsing and monitoring standards;
- gaps should be filled by standards developed collaboratively by professional and user groups.

Overall objective of this exercise

The aim of the review was to provide clarity on what AT service standards exist and that should be taken into account either in relation to current service provision or with a view to developing standards for AT services.

The groups covered

Assistive technology services are relevant to disabled and older people across sectors. We used these definitions in the mapping exercise:

“**Assistive technology (AT)** is a product or service designed to enable independence for older or disabled people”. (King’s Fund consultation, 14th March 2001)

“**Standards** are a means of describing the level of quality that [health] care organisations are expected to meet or to aspire to. The performance of organisations can be assessed against this level of quality”. (Standards for Better Health, July 2004)

Scope

- Standards documents from the following sectors providing AT services have been included in this review: health, social care, education, housing, employment and leisure and from statutory, industry and voluntary sectors.
- Standards relating to the following areas of AT service provision have been sought: design and customisation, assessment, prescription, advice and information, sale and supply, delivery and installation, implementation, maintenance, management, evaluation.
- Standards on AT products were not sought as these are outside the scope of the exercise.
- Standards for the competences required of service provider practitioners were not sought as this is a substantial exercise which is being undertaken under a separate project by the AT Forum and Skills for Care.

Target audience

- Practitioners at all levels working across sectors and disciplines in AT services – providing awareness of the standards relating to their service and related services.
- Managers and commissioners of AT services – to provide clarity on relevant standards and highlight issues relating to the development of further standards relevant to their service and to AT services in general.
- Users of AT services, both individuals and voluntary sector organisations who represent users, to: raise awareness of standards relating to services they use, of the context for AT service standards in general; and the potential for the involvement of users in the development, monitoring and audit of standards for AT services.
- Policy makers and Government departments/ regulators and inspection organisations – to highlight issues relating to the development of further standards relevant to AT services in general and to enable a discussion about audit and monitoring of standards for AT services.

Stakeholder involvement

AT Forum members and associates represent a wide range of professions and sectors involved in the provision of AT services, including: health and social care professionals, academic organisations, voluntary sector user representative organisations, trade organisations and Government departments and agencies.

Development group and executive team

The AT Forum Executive Committee (n=15) advised on the approach and development of this report and underlying mapping exercise. The Executive Committee are drawn from the AT Forum membership. The executive team at the Foundation for Assistive Technology contributed administrative and editorial roles, with work on reviewing standards documents carried out by Keren Down, FAST Director and David Wardle and Moira Mitchell, FAST Associates.

Funding

The work was carried out under project funding to the AT Forum provided by the Department of Health.

Conflicts of interest

There were no direct conflicts of interest to be noted with regard to the report authors.

Some of the development group had been active, and some of the organisations they represented had been active, in developing standards documents which were reviewed by report authors. None of the development group were involved in discussions around specific documents, either their own or others within their sector.

Rigour of development

It was not possible to follow a development process for this review as it was by nature an exploratory review of a wide range of documents in a variety of sectors. The process followed was agreed through consensus between report authors and the development group and is highlighted throughout the document in order to provide the context for the report's findings and recommendations.

Evidence gathering and review process

Evidence regarding the Government's approach to setting standards and the regulatory and standards setting framework provided by national level documents was gathered from review of the field and desk research.

Evidence relating to existing AT service standards was identified through consultation with AT Forum members and requested and gathered directly from report authors. Where information was not available from report authors, it was gathered through desk research by the administration team at FAST. More information on this process is available at the start of Chapter 2.

Links between evidence and recommendations

Findings at the end of each sector review in Chapter 2 are drawn directly from the review of existing service standards.

The analysis in Chapter 3 and recommendations in Chapter 4 are drawn from the standards documents mapped in Chapter 2 and from the report author's knowledge of the field. The recommendations are put forward to promote consensus on an action plan for the future development of service standards.

Piloting and peer review

The final consultation draft document was submitted to AT Forum members for review at the annual meeting in January 2006 prior to publication. Comments and amendments by members were included in the final report.

Plans for update

The mapping exercise and review will be updated at 3-yearly intervals by a group convened by the AT Forum, subject to the availability of funding.

Tools for application

In addition to providing the mapping exercise to inform future service standards development, report authors have proposed a simple development process (the Guidelines for Assistive Technology Service Standards (GATeSS)), drawing on the AGREE instrument and on learning from the analysis of existing documents.

1. Government standards – care services

This Chapter looks at the role of standards in reforms of public services, at key Government guidelines which set standards for care services - including AT services - and at processes of inspection and assessment. The focus is on England, because of the separate arrangements in the devolved administrations.

The Government believes that public services need to be radically modernised to meet the expectations of modern consumers and that this cannot be achieved through centralised management by Government departments. The strategy is to devolve power and responsibility to local services, which are given freedom to innovate within standards and regulatory frameworks aimed at securing local and national accountability.

"What we envisage is a fundamentally different sort of NHS. Not a state run structure, but a values-based system, where greater diversity and devolution are underpinned by common standards and a common public service ethos."

(Rt Hon Alan Milburn MP, 2002)

Devolution is progressing fast in the NHS in England. Key elements in the "patient-led NHS" include:

- commissioning by local primary care trusts and GP practices;
- diversity of service providers, which include foundation trusts with considerable autonomy and services in the independent sector;
- choice for patients among competing providers, with the money following the patient under payment by results.

The new management system for the devolved NHS is based on:

- a reduced role for the Department of Health, which accounts to Parliament and the Treasury, develops the management framework, and sets national strategy, targets and standards;
- fewer national targets balanced by a framework of national standards which aim to ensure that quality of care is maintained and improved across the country;
- assessment and review of services by independent inspectorates and regulators, including the Healthcare Commission;
- more emphasis on local priorities and targets, using patient and public involvement to give greater accountability to local communities.

The Standards for Better Health

At the centre of this new system for the NHS in England are the generic, high-level Standards for Better Health, which were published in 2004 in National Standards, Local Action, the health and social care standards and planning

framework for 2005/06-2007/08. The standards set out the Government's key expectations for the quality of health care, against which NHS organisations, including AT services, will be held to account. They cover the quality of all NHS-funded services, not just those affected by national targets. They are a key component in Healthcare Commission assessments under its 'annual health check'.

The Standards for Better Health are deliberately broad and over-arching, so as not to restrict local innovation and allow for change over time. They set out the key processes which can be expected to deliver the desired outcomes for patients, but they do not specify how particular services should be organised and delivered. They take account of existing Government policies, legislation and regulatory requirements, including policies on personalised care, co-ordinated services and public health. They are intended to provide a unified framework for continuous quality improvement, corporate and clinical governance, audit and risk management (previous controls assurance standards have been abolished).

The Standards for Better Health set out quality requirements for safety, the care environment, good governance, effective and co-ordinated services, a central focus on the patient's experience, prompt, accessible and responsive care, and an emphasis on public health. In each area, there are two types of standards:

- core standards - bringing together existing requirements and setting out the minimum level of service patients have a right to expect immediately;
- developmental standards - setting out expectations for improvements.

Standards for Better Health - Safety: core standard C4

"Health care organisations keep patients, staff and visitors safe by having systems to ensure that ...

- all risks associated with the acquisition and use of medical devices are minimised;
- all reusable medical devices are properly decontaminated prior to use..."

The Standards for Better Health also provide a framework for more detailed guidelines, such as National Service Frameworks (NSFs), guidance from the National Institute for Health and Clinical Excellence (NICE), or Department of Health policy guidance.

Standards for Better Health - Clinical and Cost Effectiveness: developmental standard D2

"Patients receive effective treatment and care that:

- conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance ...
- are well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations."

While the standards are confined to the provision of NHS health care, they are intended to encourage co-ordinated working within the NHS and with other agencies.

The quality requirements in Standards for Better Health are relevant for all AT services funded by the NHS. Appendix 3 sets out some key requirements and suggests their implications for AT services.

The Standards for Better Health are amended from time to time by the Department of Health. The latest text is available through the website of the Department of Health's Healthcare Standards Unit, which is based at Keele University. The Unit's website has information about relevant legislation and policy guidance, together with 'assurance markers' to help governing bodies to assess whether their NHS organisation is meeting the required standards. The Healthcare Commission publication, *Criteria for Assessing Core Standards*, also breaks down the standards into their key elements alongside relevant guidance and legislation.

Appendix 4 of this report highlights some key policy topics for AT services and Appendix 5 summarises the legal framework.

National Service Frameworks (NSFs)

National Service Frameworks (NSFs) form part of the developmental standards in the Standards for Better Health. Although some NSFs were published before the Standards for Better Health, they tend to include similar requirements for personalised care, co-ordinated services and the promotion of health. Progress in implementing NSFs will increasingly influence assessments of local services by the Healthcare Commission and the Commission for Social Care Inspection (CSCI).

The rolling programme of National Service Frameworks (NSFs) was launched in April 1998. NSFs are ten-year Government strategies, which set out evidence-based standards (more recently 'quality requirements') and interventions for a service or care group. Each NSF is developed with the assistance of an external reference group, which brings together health professionals, service users and carers, service managers and partner agencies. While they focus on NHS provision, NSFs also cover the contribution of social care and other council services.

The key NSFs for AT services are:

- National Service Framework for Diabetes;
- National Service Framework for Older People;
- National Service Framework for Children, Young People and Maternity Services;
- National Service Framework for People with Long-term Conditions.

National Service Framework for Diabetes

The NSF for Diabetes, published in 1999, covers all aspects of care for people with Types 1 and 2 diabetes. The key principle is that self-management is the cornerstone of effective diabetes care, in a partnership between the person with diabetes and their support team. Standards 10, 11 & 12 provide a framework for managing long-term complications, including amputations and

visual impairment, through multi-disciplinary and multi-agency surveillance, investigation and treatment. The NSF is particularly relevant for prosthetics, orthotics and low vision aids services. AT provision should be in line with the overall vision of the NSF.

National Service Framework for Older People

The NSF for Older People was published in 2001. It has standards on age discrimination, person-centred care, intermediate care, hospital care, stroke services, falls prevention, mental health and promoting a healthy and active life.

NSF for Older People: Standard 2 - person-centred care

"NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services."

Community equipment services are seen in the NSF as one of a range of interventions to help older people live independently at home and as an exemplar for service integration, alongside the implementation of the single assessment process for older people. The NSF set the deadline for integrating these services across health and social care, which led to the Integrating Community Equipment Services (ICES) project and the ICES support team. Some community equipment services are now developing self-assessment and direct payments, supported by information and demonstration facilities, so as to offer choice and more flexible access to equipment. The wheelchair voucher scheme also supports this approach. All AT services dealing with older people will need to meet the NSF's standards and provide personalised, co-ordinated and preventative care.

The Healthcare Commission, Commission for Social Care Inspection, Audit Commission and Kings College London have published a joint report, Living Well in Later Life, which assessed progress after five years of the NSF and found that more older people were being supported to live at home. The Department of Health has also published the report, a New Ambition for Old Age, setting out the Department's aims for the next five years of the NSF under three themes: dignity in care, joined-up care and healthy ageing.

National Service Framework for Children, Young People and Maternity Services

The NSF for Children, Young People and Maternity Services was published in 2004 as part of a wide-ranging programme of change following the Green Paper, Every Child Matters, which is covered in more detail later.

The NSF emphasises personalised care, early intervention and co-ordination of services. Standard 8 covers services for disabled children. These should identify early any health conditions, impairments and barriers to inclusion, through integrated diagnosis and assessment processes. Families caring for disabled children with high levels of need should have a key worker/care manager. Agencies should work with families to provide flexible packages of support, including the option of direct payments for social care services. Multi-agency transition planning should help young people entering adulthood.

Children's NSF: Standard 8 - Disabled Children and Young People and Those with Complex Health Needs

"Children and young people who are disabled or who have complex health needs receive co-ordinated, high quality child and family-centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives."

Access to appropriate housing and the full range of AT is seen in the NSF as a key factor in the well-being of families with disabled children, needing close inter-agency co-ordination. Local authorities and primary care trusts should have arrangements for:

- multi-agency commissioning with locally set benchmarks for timely assessment and provision;
- integrating community equipment services across health, social services and education;
- helping disabled children access the equipment they need in all locations;
- giving parents and other carers training and support in the use of equipment.

The report by the Prime Minister's Strategy Unit, Improving the Life Chances of Disabled People, recommends that the Department of Health assesses by 2006 whether community equipment, communication aids and wheelchair services are meeting the criteria in the NSF. AT services will need to work with a wide range of partners to achieve this, playing their part in the common assessment framework for children, information-sharing and integrated packages of care. Community equipment services will need to offer the option of direct payments.

National Service Framework for People with Long-term Conditions

The NSF for People with Long-term Conditions, published in 2005, is intended to transform the way health and social care services support people with all types of long-term neurological conditions. However, its principles also apply to services for people with other long-term conditions and it forms part of the Government's strategy to support this client group in the community through case management and the development of self-care, including the Expert Patients Programme.

The NSF sets out evidence-based 'quality requirements' from diagnosis to end-of-life care, based on the Standards for Better Health, with markers of good practice to support local implementation. The key themes are independent living, person-centred care planned around the needs and choices of the individual, easier, timely access to services and joint working across all agencies and disciplines involved. The NSF recommends:

- prompt access to specialist neurological expertise for diagnosis and treatment as close to home as possible;
- timely, high quality rehabilitation services in hospital or other specialist settings;
- community rehabilitation and support at home from health, social care and other local services;
- neuroscience networks to co-ordinate local and specialist services.

AT services feature prominently in the NSF. Quality requirement 7 covers the provision of equipment and accommodation and sets out markers of good practice:

NSF for People with Long-term Conditions

Quality requirement 7: Providing equipment and accommodation

"People with long-term neurological conditions are to receive timely, appropriate assistive technology/equipment and adaptations to accommodation to support them to live independently, help them with their care, maintain their health, and improve their quality of life."

"Assistive technology/equipment is provided and maintained in accordance with nationally agreed standards and guidelines.

People with long-term neurological conditions have access to integrated community and specialist assistive technology/equipment services which work closely with neurology and rehabilitation services to provide:

- specialist assessment and advice to help them select the most appropriate assistive technology/equipment for their needs and lifestyle;
- support in using direct payments for equipment and vouchers for wheelchairs;
- assistive technology/equipment to maintain their health, help with their care, and support independence;
- more specialist equipment on temporary loan or trial;
- systems for tracking and recycling equipment to increase cost efficiency or temporary provision;
- regular and ongoing review of their assistive technology needs, especially in response to changing need, including the needs of their carers, where appropriate.

Assistive technology/equipment needs are documented in a person's integrated care plan.

There are specific arrangements for joint funding of specialist assistive technology provision (eg communication aids, electric standing frames and special seating aids). Social services work closely with housing/accommodation and Supporting People services to provide timely, suitably adapted or purpose-built accommodation."

NICE guidance

The National Institute for Health and Clinical Excellence (NICE) publishes independent, evidence-based guidance on healthcare for the NHS, professionals, patients and carers (a version for the public is always provided). This is developed using the expertise of NHS staff, healthcare professionals, patients and carers, industry, the academic community and NICE's "Citizens Council". NICE has published a document on the "social value judgements", in relation to factors, such as age, that affect the development of its guidance. Many guidelines are broad in scope and emphasise the need for flexible, personalised and co-ordinated care.

Like NSFs, NICE guidance forms part of the developmental standards in the Standards for Better Health and is used by the Healthcare Commission in assessing the provision of services. Local NHS services are expected to review their practice in the light of NICE's clinical guidelines, which include

audit criteria, and NICE is increasing its work to support implementation at local level.

The key NICE guidelines for AT services are:

- NICE clinical guidelines on Types 1 and 2 diabetes;
- NICE clinical guideline on the management of multiple sclerosis (MS);
- NICE clinical guideline on the assessment and prevention of falls in older people;
- NICE clinical guideline on prevention of healthcare-associated infection in primary and community care.

The NICE clinical guideline on pressure ulcers and pressure relieving devices is covered in Chapter 2.

NICE clinical guidelines on Types 1 and 2 diabetes

NICE has published a clinical guideline on the diagnosis and management of Type 1 diabetes and five guidelines on the management of type 2. Of these, one covers screening for and early management of retinopathy (eye problems), while another deals with footcare and the role of footcare teams, including orthotists. NICE has also published a technology appraisal on patient education models in diabetes. All are in line with the NSF for Diabetes and should be read in conjunction with it.

NICE clinical guideline on the management of multiple sclerosis (MS)

The NICE clinical guideline on the management of multiple sclerosis (MS) sets out the full range of care that should be available from the NHS for adults with MS and how this should be organised. User organisations, including the MS Society, were involved in the development of the guideline, which is intended as a significant driver for change in this area. It complements the NSF for People with Long-term Conditions, which was published later.

The guideline emphasises the need for flexible and integrated services across primary, secondary, tertiary and social care, which can address the whole range of a person's needs. Services should involve the person with MS, facilitate self-management and support family and carers. There should be "ready access" to a specialist neurological service for initial diagnosis and support, within timescales which are specified, and to a specialist, multi-disciplinary neurological rehabilitation service for those with complex problems. This should have ready access to other specialist services.

The guideline envisages that local and specialist AT services will play an important role at all stages in rehabilitation and maintenance of functional activities, supporting mobility and activities of daily living, employment and education, and managing specific impairments and symptoms. AT services supporting people with MS will need to work within the overall approach set out in the guideline and the NSF for People with Long-term Conditions.

NICE clinical guideline on the assessment and prevention of falls in older people

This guideline should be read alongside Standard Six on falls prevention in the NSF for Older People. The guideline recommends that older people in the community at risk of falling should be offered a falls risk assessment by appropriately trained professionals, normally in the setting of a specialist falls service, and considered for "an individualised multi-factorial intervention". This

could include vision assessment and referral and "a home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional."

Older people at risk of falling, and their carers, should be offered information about preventing falls. Healthcare professionals dealing with patients at risk of falling should have a basic professional competence in falls assessment and prevention. AT services are surprisingly little mentioned in the guideline.

NICE clinical guideline on prevention of healthcare-associated infection in primary and community care

This guideline covers the prevention of healthcare associated infections in primary and community care. It sets out standard principles for preventing healthcare associated infections and measures for preventing infections associated with the use of long-term urinary catheters, enteral (artificial) feeding systems and central venous catheters. It should be read alongside Department of Health guidance on healthcare acquired infection.

NICE clinical guideline on Parkinson's disease: diagnosis and management in primary and secondary care

This guideline recommends rapid referral to specialist services, including specialist nursing care and regular review of diagnosis. It specifically recommends that:

- Physiotherapy, occupational therapy, speech and language therapy should be made available to people with Parkinson's disease. This includes advice about, and provision of, assistive technology, environmental adaptations and communication aids.

Standards in social care

Social care services in England are undergoing radical reforms, including a split between services for children and adults and changes in services for adults envisaged in the Green Paper, Independence, Well-being and Choice.

The Green Paper calls for local authorities to work more closely with the NHS and private and voluntary sectors to deliver seven key outcomes in social care for adults:

- improved health
- improved quality of life
- making a positive contribution
- exercise of choice and control (including direct payments and individual budgets)
- freedom from discrimination or harassment
- economic well-being

personal dignityThe more recent White Paper on community health and social care services, Your health, your care, your say, confirms this vision. Key themes include:

- closer integration of health and social care
- moving care closer to home
- preventative services with earlier intervention
- putting people in control of their own health and care
- enabling and supporting health, independence and well-being

The White Paper recognises the potential contribution of AT services in delivering these aims, with a particular emphasis on telecare and home monitoring technologies.

The Commission for Social Care Inspection (CSCI) inspects certain regulated social care services against National Minimum Standards drawn up by the Department of Health. These include care homes, children's homes and residential special schools. This regulatory framework is currently being reviewed and developed by CSCI and Government departments to put more focus on the experiences of service users and how service providers are improving the quality of care.

The National Minimum Standards on care homes for older people cover choice of home, health and personal care, daily life, the care environment, health and safety, staffing and management arrangements. They stress the need for "privacy and dignity" and "autonomy and choice". Standard 22 specifies the adaptations and equipment which should be provided by the home, following advice from an occupational therapist.

The National Minimum Standards on care homes for adults aged 18-65 cover the provision of adaptations and equipment in Standard 29. Other relevant standards include Standard 6 (service users plan) and Standard 17 (personal and healthcare support).

The National Minimum Standards for children's homes specify the adaptations and equipment which should be provided by the home for disabled children in Standards 23 and 24, while Standard 26 covers the safe use of equipment. The National Minimum Standards on Residential Special Schools include similar requirements.

AT services, including community equipment services, need to be aware of the requirements in the National Minimum Standards, as they may need to work as a partner agency to supply equipment which goes beyond what the care provider should be expected to supply.

Standards in children's services

Services for children and young people are subject to a radical programme of change, led by the Department for Education and Skills, following the Green Paper, Every Child Matters, and the Children Act 2004. The intended outcomes of this cross-Government programme are that every child, whatever their background or their circumstances, should have the support they need to "improve their well-being" ie to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

Key elements in the Every Child Matters: Change for Children programme include:

- integration of local authority children's services under a new role of Director of Children's Services
- local authorities and other partners such as the NHS to co-operate through children's trusts and local strategic plans
- a common assessment framework and information-sharing within and between agencies
- a children's workforce strategy and skills framework

These changes, which include improvements in services for disabled children, are intended to dovetail with the NSF for Children, Young People and Maternity Services and with Removing Barriers to Achievement, the Government's strategy for Special Educational Needs.

AT services providing equipment for school pupils also need to take account of the Special Educational Needs Code of Practice, which was published by the Department for Education and Skills in 2001. This sets out the roles and responsibilities of mainstream and specialist schools, local education authorities and partner agencies in identifying, assessing and providing for pupils with special educational needs. This includes processes and timescales for drawing up statements of special educational needs and agencies' responsibilities for funding "educational" and "non-educational" provision. As in the Children's NSF, the focus is on preventative work to ensure that children's needs are identified and met as early as possible, and on partnerships between pupils, parents, schools, local education authorities, health and social services and voluntary organisations.

The Code makes clear that many forms of special equipment may need to be provided for pupils with communication difficulties, sensory impairments, physical disabilities or learning difficulties, including:

- information technology
- augmentative and alternative means of communication
- amplification systems and low vision aids
- specialist furniture and adaptations to the physical environment of the school.

To meet the requirements of the Every Child Matters programme, the SEN Code and the Children's NSF, AT services will have to work closely with schools, early years' services and local education authorities, taking into account the child's views and those of their parents.

National Occupational Standards

AT services need to be aware of relevant 'national occupational standards' and 'workforce competences' to deploy their workforces effectively in line with the governance standards in the Standards for Better Health.

All types of employment in the UK are covered by sector skills councils, which work with employers, education and training providers and other stakeholders to establish the skill needs of a sector and to lead actions to meet those needs. They do this by agreeing 'sector skills agreements' and leading the development of:

- frameworks and standards to define and develop competence

- qualifications and awards to recognise achievement
- programmes to support workforce and career development

Skills for Health is the sector skills council for the UK health sector. Skills for Care and Development, which includes Skills for Care (formerly Topss England) and the Children's Workforce Development Council, is the sector skills council for social care, children and young people.

Skills for Health develops National Occupational Standards and National Workforce Competences for use within the health sector. These define the activities needed to achieve a particular purpose, the relevant quality standards and the necessary knowledge and skills. They are aligned with the Knowledge and Skills Framework, part of the Agenda for Change pay modernisation programme, and can be used by:

- individuals to help them develop their own knowledge and skills, improve their own performance and gain credit for their achievements;
- bodies which offer education and training, through identifying individuals' learning needs, defining the learning outcomes which they need to achieve, and acting as the basis of qualifications;
- workers and organizations to improve the quality of the services they provide.

Completed competence frameworks (National Occupational Standards and National Workforce Competences) are listed on the Skills for Health website, while others are under development. A number already cover work by allied health professionals, including the prescribing and fitting of assistive devices (AHP 4 and 5). A recently published report 'A Competence Framework for Trusted Assessors' (Maggie Winchcombe, Dr Claire Ballinger, Assist UK 2005) has a fuller mapping of National Occupational Standards which are relevant to AT services.

A report by the AT Forum, *Assistive Technology: an education, a career, a partnership* (November 2005), recommends that further work is undertaken to create national strategies for workforce development, including addressing gaps in standards. This work is being taken forward under an initiative led by Skills for Care, Skills for Health, the Children's Workforce Development Council, the Care Services Improvement Partnership and the AT Forum.

Inspection, targets and performance assessment

Independent inspectorates play a key role in assessing the performance and assuring the quality of public services, which are increasingly decentralised and diverse. The number of public sector inspectorates is set to reduce from eleven to four by 2008, including a merger between the Healthcare Commission and Commission for Social Care Inspection (CSCI). Ofsted (Office for Standards in Education) is the lead inspectorate for all services for children and young people. The Audit Commission assesses the overall performance of local councils and the financial performance of the NHS.

Inspectorates increasingly work together so as to reduce the regulatory burden and reflect the need of service users for co-ordinated services. They are also seeking to adopt a less bureaucratic approach, which focuses on key issues rather than a 'tick-box' process, is proportionate to risk, takes account

of users' views, and leaves the responsibility for quality improvement with the service commissioner or provider.

The Healthcare Commission

The Healthcare Commission's new system - or "annual health check" - for assessing NHS organisations in England came into force in April 2005 and was set out in its publication, Assessment for Improvement. The system, which will develop over time, measures performance against the Standards for Better Health, although targets still play a part. The new assessments are intended to help patients, professionals and managers, and inform Government about the quality and equity of services.

The annual health check is designed to answer two questions, reflecting the approach in Standards for Better Health:

- Is the organisation getting the basics right?
- Is it making and sustaining progress?

To answer these questions, several components are brought together for each trust's annual performance rating:

The framework of assessment				
Core standards	Existing targets	Use of resources	New national targets	Improvement reviews
Getting the basics right			Making and sustaining progress	
Annual review and rating				

NHS trusts and primary care trusts are required to make public declarations on the extent to which they meet the core standards in Standards for Better Health. These self-assessments are supplemented by comments from patients' representatives and the local community and checked against other information and, in some cases, inspections. The Commission has also published Criteria for assessing core standards, which breaks down the standards into their key elements alongside relevant guidance and legislation.

Trusts will also be assessed on the delivery of existing Government targets and progress towards meeting new targets in the planning framework for 2005/06-2007/08, including those needing partnerships with local authority services. While no targets mention AT provision, AT services - including community equipment services - may be affected by on-going targets on hospital waiting times and delayed hospital discharge, and by new targets on:

- personalised care plans for people with long term conditions;
- reducing emergency bed days;
- increasing the proportion of older people supported to live in their own home;
- 18 week waits from GP referral to hospital treatment.

Measuring progress on the developmental standards in Standards for Better Health will initially focus on thematic 'improvement reviews' into particular sectors such as the joint inspection of services for older people, Living Well in Later Life.

The Commission for Social Care Inspection (CSCI)

As well as its inspections of regulated care services, CSCI currently assesses the full range of councils' social care services using inspection, self-assessment and information from Performance Indicators (PIs) in the Performance Assessment Framework (PAF). PIs reflect Government policies and the priorities and targets in the health and social care planning framework. Relevant PIs for equipment services include:

- equipment and adaptations delivered within 7 working days (AO/D54*)
- delayed transfers of care ie hospital discharge (AO/D41)
- numbers of direct payments (AO/C51*)
- numbers of disabled children, adults with physical disabilities and older people helped to live at home (CF/E67, AO/C29, AO C32*)

The Audit Commission

The PIs above marked with an asterisk are Best Value Performance Indicators (BVPIs), which are also used by the Audit Commission. The Audit Commission provides an annual Comprehensive Performance Assessment (CPA) of local authorities' overall performance and use of resources, drawing on BVPIs, self-assessments and assessments by other inspectorates such as CSCI and Ofsted. It is itself the lead inspectorate for housing services. Its role in healthcare is currently focused on the quality of local financial management by the NHS.

Office for Standards in Education (Ofsted)

Ofsted has led the development with other inspectorates of a single framework for the inspection of services for children and young people, and a separate one for the inspection of schools, based on the five outcomes in the Green Paper, Every Child Matters. Both frameworks include support for disabled pupils.

Summary

Public services are undergoing radical reform. The aim is for local services to become more autonomous, diverse and market-based and to increase the choice and flexibility being offered to service users. This proposed increase in autonomy is balanced by a requirement for accountability, to meet national targets and quality standards, based on assessment by independent inspectorates. Many Government standards guidelines include generic requirements which apply to AT services or specific requirements for AT services. For services at regional or local level, this overarching framework may appear less relevant than the service specification and resource allocation negotiated with local service commissioners. However, the national level standards we have described can provide an invaluable tool when arguing for a particular service model or level of resourcing.

In the next Chapter we describe standards guidelines developed specifically for AT services and review how they can help services meet the quality requirements outlined in this Chapter.

2. Mapping AT Service Standards

Having looked in the previous chapter at the general approach to care service standards required by Government, this chapter looks at standards which have been created specifically in relation to AT services. These include publications from professional bodies, voluntary sector organisations, trade associations, Government agencies, regulatory bodies, and from collaborative groups of these types of organisations.

Scope of the exercise

The list of standards reviewed has been created through a mapping exercise informed by consultation with AT Forum members (see Appendix 1) and a subsequent internet search. It is possible that some relevant standards have not been included in this mapping exercise and we welcome notification of further documents.

Of the full list of standards considered, many have contributed to and been superseded by later standards and most standards produced before 2000 have, for this reason, not been documented in the detailed analysis. (The full list of 139 documents considered can be found at Appendix 6).

Throughout this chapter documents are listed in date order and the description of the documents follows this ordering as far as possible. This may provide a sense of how the development of some of the standards documents has been informed by previous documents. Many documents which had been initially identified were found on review to be of insufficient relevance to AT services to be reviewed in this report. A subsequently reduced number of standards documents (91 in number) were considered to be both current and of significant relevance to AT services. These current and relevant documents are highlighted in the listing in Appendix 6 and all 91 standards will be reviewed in this paper.

We have taken an inclusive approach and the documents themselves are diverse in format. They range from national service reviews through good practice guidance to commissioning guidelines, service specifications, national service standards and regional standards or care pathways. The aim of some documents is to describe a current service and campaign for improvements or to review organisational structures and maintain professional roles. Some describe a vision for future services while others explore in detail practical quality requirements. All were reviewed if they broadly met the definition of a standard as described below or, in a few cases, provided useful context.

“Standards are a means of describing the level of quality that [health] care organisations are expected to meet or to aspire to. The performance of organisations can be assessed against this level of quality.” (Standards for Better Health, July 2004)

Many of the documents were produced jointly between two or three organisations or by wide collaborations. It was not always possible to clearly distinguish a ‘leading’ organisation. For ease of listing and presentation the

organisation providing most ready access to the document or responding most readily to the questionnaire was classified as the 'leading' organisation, but we recognise that this classification may not reflect the activity of the various organisations in developing the document and apologise for any misrepresentation this may cause.

A decision was made to exclude documents that were primarily focused on the competencies, skills and training required by individual professionals, or the staffing levels required for services. These issues clearly affect the standard of services provided but a comprehensive mapping of these documents is outside the scope of this report. Separate work is being undertaken by the AT Forum in partnership with Skills for Care and Skills for Health and is due to report at the end of 2006.

It was also agreed to be outside the scope of the mapping exercise to review in detail the professional standards/ codes of conduct for practitioners in the field. Many of these standards relate to generic professional behaviour rather than the specific service standards relating to AT service delivery: A table of bodies which produce codes of practice and professional standards is provided at Appendix 7.

Some specific aspects generic to all AT services were not sufficiently highlighted by the scoping exercise, in particular, the provision of information and advice to disabled and older people, despite a focused search for such documents. Confirming the suggestion that AT services are insufficiently aware of good practice in relation to this aspect of service provision, standards relating to this area appear to be scanty or out of date. To address this deficit we recommend that all AT services consider good practice highlighted in the Standards for Disability Information and Advice Provision in Scotland produced by the Scottish Accessible Information Forum (ID237) to incorporate in their service delivery. Alternatively, the National Information Forum provides advice and support to encourage the provision of information to socially excluded groups, including disabled people.

Approach taken

Questionnaires were sent to the organisations identified as playing a key role in producing the documents, seeking information on:

- the intended aims and audience,
- endorsement by related organisations,
- the involvement of service users in development of the standard and
- whether there was evidence available that standards were being used in practice.

Where no information was returned by the lead organisation as much information as possible was gathered by the research team. Questionnaires were not sent to some Government departments or agencies on the grounds that organisational change led to difficulty in identifying and contacting document authors.

Presentation

Based on the analysis of the documents it seemed sensible to first present in this chapter standards produced by key organisations whose service standards apply to a wide range of AT services.

Key organisations:

- MHRA
- PASA
- Audit Commission
- Trade associations

Assistive technologies can be classified in many ways, with no commonly accepted approach, but many AT service standards documents fall into sector groups relating to service provision areas. So in the following section we review AT service standards sector by sector.

In some of the sector reviews we include supplementary documents, which are not specific to AT services but include a section on AT service standards. The criteria for inclusion within the sector reviews were: relevance to the sector; few AT-specific standards within the sector; that they made a substantial contribution to standards setting.

Sector review of AT service standards:

- Prosthetics and orthotics
- Mobility, wheelchairs and specialist seating
- Community equipment
- Housing
- AT to support leisure
- AT to support education
- AT to support employment
- Electronic AT including: communication aids, computer access, environmental controls and telecare
- AT services for people with sensory impairments

Some voluntary sector organisations and professional bodies have produced standards relating to the management of impairment or medical conditions relevant to their members. These documents review services and make recommendations using an approach which cuts across service providers' organisational boundaries, and across the sectors as described in this report, with a sub-section of the document looking at AT services. These supplementary documents are briefly reviewed in the final section of this Chapter to establish their contribution to AT service standards.

- Supplementary documents: impairment and condition specific standards of care

The Medicines and Healthcare products Regulatory Agency (MHRA)

As an executive agency of the Department of Health, MHRA was set up to protect and promote public health and patient safety. It aims to ensure that medicines and medical devices meet “appropriate standards of safety, quality, performance and effectiveness, and are used safely.” Most AT is included within the category defined as ‘medical devices’.

Pub Date	Standard Name	ID
1998 Jan	Medical Devices and Equipment Management for Hospital and Community-based Organisations (DB9801)	39
2001 Oct	Devices in Practice - a guide for health and social care professionals	180
2003 Sep	Community equipment loan stores - guidance on decontamination (DB(2003)06)	51
2004	Guidance - Reporting Adverse Incidents and Disseminating Medical Device Alerts (Ref. MDA/2004/001)	52
2004 Mar	Guidance on the Stability of Wheelchairs - DB2004(02)	200
2005 (rev. ed)	Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination	210

MHRA publishes guidance on equipment management for service providers across statutory, independent and industry sectors with a particular emphasis on such issues as training on equipment use, decontamination, repair, maintenance and disposal of used equipment. MHRA also operates systems for safety warnings and the reporting of adverse incidents in relation to particular products. MHRA guidance reflects European Union Medical Devices Directives and other legislation. Many of the specific guidance on products has not been included here as there is no discussion of the related service. We review under the relevant sector the Guidance on the Stability of Wheelchairs (ID200) as this raises issues relating to inter-service communication and working practices.

The safe provision of care services is a key priority for the Government, with a particular emphasis on hygiene and the reduction of infections in care settings. The Standards for Better Health (already referred to above) specifically refer to the safety of medical devices. Compliance with MHRA guidance has been identified by the Healthcare Commission and the Healthcare Standards Unit as a key criterion for assessing the safety of services. Compliance with MHRA guidance (ID39, ID180, ID51, ID52, ID210) is generally recognised by commissioners and providers of AT services as an essential quality requirement and this is reflected in many standards guidelines, but we have not gathered any evidence on the extent to which compliance happens in practice.

The NHS Purchasing and Supply Agency (NHS PASA)

NHS PASA is a Department of Health agency set up to support purchasing and supply within the NHS.

Pub Date	Standard Name	ID
2002 Jun	Best practice NHS prosthetic limb services specification	214
2002 Nov	Amputee Care: Guidelines for Commissioners 2nd Ed	56
2003	Orthotic Good Practice Guidance	69
2003 Nov	Amputee Care: guidelines for providing written information for users of NHS services	53
2003 Nov (revd.)	National Service Framework Agreement - for the supply of analogue and digital hearing aids and audiology sundries	225
2004 Jul	Orthotics Pathfinder report	138
N/K	National Service Framework Agreement - Electronic Assistive Technology	213
N/K	Procurement Guides - Rehabilitation (Audiology, Community Equipment services, Electronic Assistive Technology, Orthotics, Prosthetics, Wheelchairs)	68

NHS PASA procurement guides are aimed at local services to provide them with information on the market and to support them in their procurement process; some guides include model service specifications (which can also be used to commission in-house services) and discuss key quality issues. NHS PASA also negotiates national framework agreements with commercial suppliers of products and services, which services can implement at a local level.

All the standards noted above relate to specific sectors and are described in detail under the relevant sector headings below.

Details of procurement guides and framework agreements are available on the NHS PASA website, but due to commercial sensitivity access to some documents is restricted to NHS and local authority staff. NHS PASA also works with other Government and non-Government organisations to promote good practice in AT provision. Compliance with NHS PASA guidelines is voluntary.

The Audit Commission

The role of the Audit Commission as a regulator has been outlined in Chapter 1. The Commission is an independent public body reporting to Government, responsible for ensuring that public money is spent effectively. As part of its regulatory role, the Commission produced national 'value-for-money' studies on various AT services which had a significant impact raising the profile of this sector. The reports influenced Government initiatives to remodel some AT services such as community equipment and audiology services and to develop telecare services. The Commission also worked to support the commissioning and delivery of AT services at a local level.

The Commission's involvement in AT services at that time went beyond its current role and is not likely to be repeated in the foreseeable future.

Pub Date	Standard Name	ID
2002	Fully Equipped 2002	171
2003	Commissioning Assistive Technology Services	84
2003	Guidance on the Commissioning of Orthotics Services	79
2003	Guidance on the Commissioning of Prosthetics Services	37
2003	Guidance on the Commissioning Of Wheelchair Services	190
2004	Assistive Technology: Independence and Well-being 4	170

Between 2000 and 2004 the Commission published a series of national reports reviewing deficiencies in AT services and making recommendations for improvements. Fully Equipped (ID171) examined orthotics, prosthetics, wheelchair, community equipment and audiology services. The follow-up report in 2002 found that while these services had improved, the other sectors were still being neglected. In 2004 the Commission published a series of reports on older people's services, including the report AT: Independence and Well-being 4 (ID170), which looked at how AT supported Government priorities and recommended greater use of new technologies such as telecare.

These reports focused on why and how AT services should be improved, rather than on the setting of service standards, but they did provide an overall vision of services which reflected and influenced Government policies.

A series of more detailed guidance documents were published in 2003, on the commissioning and delivery of specific AT services: wheelchairs (ID190), prosthetics (ID37), orthotics (ID79) and, a document jointly produced with the national ICES team, community equipment services (ID223) and listed under that sector. The commissioning guidelines had a lower profile than the national reports and are now somewhat dated in matters of detail. They follow a standard format, setting out key issues to be considered at the level of policy, strategy and service delivery, covering underlying principles as well as standards for particular processes, including:

- service standards for assessment, specified waiting times at different stages and for different categories of equipment, levels of postural support, pressure care risk grades, technical support services, review, maintenance and inspections, demonstration facilities, procurement;

- risk management including legal requirements, controls assurance standards for medical devices, device management procedures, information for service users.
- performance management and monitoring systems, including suggested key performance indicators and measuring user/carer satisfaction.

While the reorientation in role of the Audit Commission means that it is no longer able to provide a concentrated focus on the area of AT services, its national reports provided an influential vision of quality improvements.

Trade Associations

Manufacturers and suppliers across the field of assistive technology are represented by two trade organisations. The British Healthcare Trades Association (BHTA) represents those working within assistive technology and the Association of British Healthcare Industry (ABHI) represents those working in the wider and inclusive field of medical devices, tending to focus on the equipment used in acute settings.

BHTA members sell to a variety of purchasers from hospital and community service commissioners to private individuals, whereas ABHI members, selling medical devices, tend not to sell to private individuals.

Pub Date	Standard Name	Lead organisation	ID
2006 Jul (Rev. ed)	BHTA Code of Practice	British Healthcare Trades Association (BHTA)	47
N/K	Eucomed Code of Business Practice	Eucomed	227

ABHI have not developed a standard or code of practice for their members but report on their website that they are actively involved in promotion of the Eucomed Code of Business Practice. Eucomed is an association representing the interests of European medical device manufacturers. Their Code states that members should comply with the legal and regulatory requirements of their individual countries and gives some illustrations of what adoption of that Code might cover in terms of interactions with healthcare professionals, advertising and promotion, unlawful payments and practices, etc.

BHTA has developed a Code of Practice (ID47) for its member companies, which has been submitted to the Office of Fair Trading (OFT) for approval under the Consumer Codes Approval Scheme and is due to come into force in July 2006. The code covers such areas as marketing, selling, staff conduct, continuing professional development, after-sales service, complaints and arbitration. BHTA will proactively police application of the code by its members through a variety of methods including a random audit of member companies' compliance with the code by an independent auditor, mystery shopping exercise and customer survey. Analysis of the survey will be fed back to the OFT on an annual basis. BHTA also has a personal code of conduct for individuals signed up to its registration scheme.

Comment:

- MHRA publications provide definitive Government guidance on the safe provision of AT equipment and on safety issues relating to AT services, such as hygiene. Regulatory bodies (see Section 1) expect services to comply with MHRA guidelines.
- NHS PASA guidelines provide advice on quality requirements as well as on procurement but unlike MHRA documents are currently not highlighted by regulatory bodies.
- Audit Commission publications influenced Government policy and the implementation of Government initiatives to improve some AT services, but the Commission has now moved away from a hands-on role in this area.
- The BHTA Code of Practice provides clarity regarding the standards required for selling to the public.

Sector review - prosthetics and orthotics services

Prosthetics services are provided by specialist rehabilitation services based in regional centres. Orthoses are provided at a local level by many NHS trusts, although the more complex orthoses are provided by specialist regional services. Prosthetists and orthotists have a dual qualification and their professional association is the British Association of Prosthetists and Orthotists (BAPO).

Several voluntary sector organisations are active in this sector, with emPOWER/Limbless Association and Peggy and Friends producing standards documents.

A feature of the prosthetics service area is the role of the Prosthetic Strategic Supply Group (PSSG). Established by NHS PASA to improve the prosthetics supply chain, the PSSG brings together representatives from Government agencies, professional bodies, user organisations and the British Healthcare Trades Association.

Pub Date	Standard Name	Lead organisation	ID
Prosthetics and Orthotics			
2002 Aug	Guidelines for Best Practice	British Association of Prosthetists and Orthotists (BAPO)	117
2003 Mar	Guidelines on Assessment and Review	British Association of Prosthetists and Orthotists (BAPO)	46
N/K	Procurement Guides - Rehabilitation (Audiology, Community Equipment services, Electronic Assistive Technology, Orthotics, Prosthetics, Wheelchairs)	NHS Purchasing and Supply Agency (NHS PASA)	68
Prosthetics			
2002 Jun	Best practice NHS prosthetic limb services specification	NHS PASA/ Prosthetic Strategic Supply Group (PSSG)	214
2002 Nov	Amputee Care: Guidelines for Commissioners 2nd Ed	NHS PASA/ Prosthetic Strategic Supply Group (PSSG)	56
2003	Guidance on the Commissioning of Prosthetics Services	Audit Commission	37
2003	Evidence Based Clinical Guidelines for the Physiotherapy Management of Adults with Lower Limb Protheses	British Association of Chartered Physiotherapists in Amputation Rehabilitation	119
2003 Dec	Users National Service Framework Agreement and Commissioning Currency Standards, Limb Deficient Children, Young People and their Families	Peggy and Friends	59
2003 Nov	Amputee Care: guidelines for providing written information for users of NHS services	NHS PASA/ Prosthetic Strategic Supply Group (PSSG)	53
2003 Oct	Amputee and Prosthetic Rehabilitation - Standards and Guidelines (2nd Edition)	British Society of Rehabilitation Medicine (BSRM)	61
2005 Dec	National User Standards, Local Action for Supply of Protheses - a	Limbless Association	151

Pub Date	Standard Name	Lead organisation	ID
Rev.3	Users Charter		
Orthotics			
2003	Guidance on the Commissioning of Orthotics Services	Audit Commission	79
2003	Orthotic Good Practice Guidance	North East Orthotics Consortium with NHS PASA, BAPO and emPOWER	69
2004 Jul	Orthotics Pathfinder report	NHS Purchasing and Supply Agency (NHS PASA)	138
2006 March	National User Standards, Local Action for Supply of Orthoses - a Users Charter	Limbless Association	232

BAPO has produced a series of best practice guidelines covering both prosthetics and orthotics services (ID 46 and 117) to be read alongside the BAPO Ethical Code. The guidelines set standards for assessment which include conditions for referral and acceptance, and systems for producing and maintaining documentation. BAPO promotes the use of appropriate measuring techniques and specifications to reduce risk in equipment manufacture and provision. Recommendations on patient contact times cover initial assessment, specification of equipment, trial fit, supply and review. No information is supplied on whether the recommendations are adhered to or monitored.

NHS PASA have produced procurement guides (ID68) for both orthotic and prosthetic services which are available to health and social care professionals. The guide for orthotic services includes a model service specification, key quality requirements within an overall quality assurance scheme, and literature references, including the BAPO guidelines. The national framework agreement for the provision of orthoses includes national standards for maximum delivery times by suppliers. The NHS PASA orthotics website provides a link to the emPOWER Users' Charter.

Prosthetics services

The Prosthetic Strategic Supply Group (PSSG)'s detailed model service specification for prosthetic services (ID214) sets out recommended quality requirements for all aspects of services. Following this work, the PSSG published guidelines for commissioners on amputee care (ID 56) in 2002, which were "developed with consensus from all the stakeholder representatives within the PSSG" and took into account the NSFs for Older People and Diabetes, professional guidance and other publications. The two page guide focuses on the care received by the patient and summarises the key issues to be considered at each stage from referral to assessment, amputation, rehabilitation, provision of prosthesis and other equipment, and on-going support. Originally developed for commissioners, it is also intended to be useful for "groups working within or reviewing services for amputees" and is "non-specific to allow evolution of local solutions".

Audit Commission guidance on the commissioning of prosthetics services (ID 37) follows the same format as its other commissioning guidelines and refers to the PSSG guidelines for commissioners.

The British Association of Chartered Physiotherapists in Amputation Rehabilitation produced research-based Clinical Guidelines for the

Physiotherapy Management of Adults with Lower Limb Prostheses (ID119) which are of supplementary interest as the focus is primarily on physiotherapy approaches. Intended for a professional audience, the aim of the guidelines is to reduce the variation in service standards across the country and they are reported as being used by physiotherapy services.

The PSSG has published guidelines on providing written information for users of amputee services (ID 53), reported as being used at local level. These provide a generic template covering information about the rehabilitation centre, the prosthetic process, rehabilitation and other support.

A Users National Service Framework Agreement and Commissioning Currency Standards (for) Limb Deficient Children, Young People and their Families (ID59) was published in 2003 by Peggy and Friends. The aim of the document is to measure the success of new commissioning currencies developed by PASA and evaluation is based on outcomes defined by users. The document recommends separate policies and procedures for children, active partnership of users, multi-agency working, early identification, diagnosis and assessment and a holistic approach overall.

Also in 2003 the British Society of Rehabilitation Medicine (BSRM) re-wrote their Amputee and Prosthetic Rehabilitation - Standards and Guidelines (ID 61). These aim to provide an auditing mechanism for rehabilitation consultants to achieve an equitable prosthetics service of a high standard across the UK. The focus is on the organisation of in-patient, out-patient and home prosthetics services based on specialist centres. Other elements include complaints procedures, accessible information, user involvement, the composition of the multi-disciplinary rehabilitation team and liaison with other services. NHS PASA recommends these guidelines and emPOWER were involved in their development.

The Limbless Association with emPOWER has produced national user standards for the supply of prostheses, which incorporate the 5 'Cs' in the Prostheses and Orthoses Users' Charter: Choice, Comfort, Capability, Cosmesis, Caring, and also recommend standards for delivery times, staffing and organisation of services (ID 151).

Orthotics services

The Audit Commission report, Fully Equipped (ID171), identified fragmentation in orthotics services and an absence of national standards. Audit Commission guidance on the commissioning of orthotics services (ID 79) provides recommendations on commissioning and service specification.

The North East Orthotics Consortium collaborated with NHS PASA, BAPO, emPOWER, industry and local services in drawing up good practice guidance on orthotics services (ID69). This provides detailed quality standards for all aspects of service delivery and organisation, including referral, assessment, communication with users and carers, consent, time targets at different stages, quality of fitting, discharge, safety, team-working, records and protocols for entitlement to supply of different types of orthoses. The Consortium's guidance is reported as being applied by services in the North East.

NHS PASA has also worked to improve the delivery of orthotics services, most recently through the Orthotic Pathfinder project (ID 138). The report from

this project recommended structural changes in commissioning and funding, a shift to a primary care led service and other significant changes in the organisation of services and care pathways. We have no information on whether recommended changes have been implemented.

The Limbless Association with emPOWER has produced national user standards for the supply of orthoses (ID232), following a similar format to their document on prosthetics (ID 151).

Comment:

- The area of prosthetics has a large number of standards compared to other AT service areas.
- The strategic role of the PSSG is notable for bringing together key stakeholders, including service provider and user organisations, to develop standards based on consensus.
- There are fewer standards documents focused solely on orthotics than focused solely on prosthetics although there are a limited number which cover both sectors.

Sector review – mobility, wheelchair and specialist seating

Most wheelchairs are provided by local NHS wheelchair services, while users with complex needs, particularly for special seating, may be referred to specialist regional centres. Local and regional services have differing organisational structures and professional involvement and the relevant standards documents reflect this. Motability is a major charity facilitating the provision of adapted cars, with the related private company, route2mobility Ltd, operating a similar wheelchair and scooter scheme. Driving assessment and advice on equipment and adaptations for cars and scooters is available from a number of mobility centres across the country.

Rehabilitation engineering services are represented by the British Society of Rehabilitation Medicine and the Rehabilitation Engineering Services Management Group (Resmag) while the Wheelchair Managers Forum and Posture and Mobility Group are also active. NHS PASA has produced a procurement guide but does not facilitate a similar collaborative function in this sector as is played by the PSSG.

A range of voluntary sector organisations are involved in standards production in this area, including: Whizz-Kidz, emPOWER and the National Forum of Wheelchair User Groups. Mobilise is the main voluntary sector organisation representing disabled drivers.

Pub Date	Standard Name	Lead organisation	ID
Wheelchairs and specialist seating			
2003	Guidance on the Commissioning Of Wheelchair Services	Audit Commission	190
2004 Mar	Guidance on the Stability of Wheelchairs - DB2004(02)	Medicines and Healthcare products Regulatory Authority (MHRA)	200
2005 Mar	Standards for Better Health: HealthCare Standards for Wheelchair Services under the NHS	National Wheelchair Managers Forum (NWMF)	44
2004 Apr	Specialised Wheelchair Seating: National Clinical Guidelines	British Society of Rehabilitation Medicine (BSRM)	45
2004 Dec	Improving Services for Wheelchair Users and Carers - learning from the Wheelchair Services Collaborative	NHS Modernisation Agency, Department of Health and the Audit Commission	215
N/K	Procurement Guides - Rehabilitation (Audiology, Community Equipment services, Electronic Assistive Technology, Orthotics, Prosthetics, Wheelchairs)	NHS Purchasing and Supply Agency (NHS PASA)	68
Cars and Scooters			
N/K	Standards of Service	UK Forum of Mobility Centres	236

An NHS PASA procurement guide covers the contracting of wheelchair support services (repair, modification and maintenance) with commercial suppliers. No information has been reported on the use of this document locally. The Audit Commission guidelines on the commissioning of wheelchair services (ID 36) set out key issues to be considered at the level of policy, strategy and service delivery in the standard format for their commissioning

guidelines. They are not mentioned in HealthCare Standards for Wheelchair Services (ID44) by which they appear to have been largely superseded.

The Health Care Standards for Wheelchair Services under the NHS (ID 44), published in 2004 and revised in 2005, were developed collaboratively by a group of organisations representing professionals, managers and users, comprising the National Wheelchair Managers Forum, British Society of Rehabilitation Medicine, Posture and Mobility Group, emPOWER, National Forum of Wheelchair User Groups and Whizz-Kidz. The aim was to provide national minimum standards and a framework for best practice for local wheelchair services and to even out variations in funding and provision around the country.

These standards are in line with many of the themes in the Standards for Better Health and set out requirements for all aspects of services: aims, access, information, eligibility criteria, referral, assessment, prescription, equipment provision and procurement, handover to user, repair and maintenance, training and staff performance, documentation and records, management information, evaluation, and user/carer involvement in commissioning and service development.

The National Wheelchair Managers' Forum is currently co-ordinating a national audit of wheelchair services' performance against the response time targets in Appendix 2 of the standards and includes an outcomes survey tool to facilitate this survey.

As well as participating in the development of the Health Care Standards for Wheelchair Services under the NHS, the BSRM published "Specialised Wheelchair Seating: National Clinical Guidelines", also in 2004 (ID 45). These were developed with the involvement of the National Forum of Wheelchair User Groups and Whizz-Kidz and received wide endorsement.

The guidelines provide a background description of specialist wheelchair seating services and the issues facing them. An argument is made for the need to map current services and for research to inform evidence-based practice. The guidelines, which include templates for use by services, are divided into six areas:

- service commissioning and provision
- referral and initial response
- assessment and prescription
- delivery
- reviews and reassessments
- maintenance and repairs

MHRA Guidance on Stability of Wheelchairs (ID200) provides guidance on risk management in relation to inter-agency provision of equipment - in this case wheelchairs plus seating, cushioning, communication equipment, etc. The guidance states that the manufacturer must provide sufficient information on how to use the equipment safely including the necessary maintenance. The principle of risk management within BS EN ISO 14971 [6] provides assistance for this process for manufacturers. They note that users, carers and prescribers may also benefit from considering the contents of this document.

A publication from the NHS Modernisation Agency in 2005 drew together lessons from a 'Wheelchair Services Collaborative' (ID215). This reported on pilot projects which established the potential for improvements based on an agreed framework in four service areas. This framework could contribute to standards for wheelchair services. A current review of wheelchair services, announced in June 2006, may lead to further Department of Health guidance on improvements to services.

There are currently no formal standards documents identified as relevant to the provision of adapted cars and scooters. Motability are the major facilitators of Government grants and the private procurement of adapted cars. Related companies provide similar access to scooters and wheelchairs. Through their website and in the user application guide, Motability provides some assurance that users of the service provided by Motability dealers can expect a level of service in relation to their interaction with dealership staff and that these staff should have received Motability training. For internal monitoring of dealer contracts, information on dealers' performance is gathered from online service data, such as the timeframe for car servicing and MOTs, and a random sample of customer satisfaction is carried out.

The UK Forum of Mobility Centres sets minimum Standards of Service, compliance with which enables mobility centres to become members of the Forum.

Comment:

- Essentially there are two core standards documents in this sector, ID44 and ID45, relating to wheelchair and seating services at local (ID44) and regional/ specialist (ID45) level.
- A current review of wheelchair services may lead to updated Department of Health guidance.
- There are standards for accreditation of independent mobility centres (though not currently publicly available). There are also quality requirements relevant to the provision of adapted cars or of mobility scooters and wheelchairs through Motability and associated companies but these are not brought together into a stand alone document.

Sector review - community equipment

Community equipment services provide a wide range of assistive technology for use by people at home, in schools, care homes, etc, with the range of equipment provided varying between services. The Government announced in the NHS Plan in 2000 that community equipment services were to be modernised, expanded and integrated across health and social care by 2004. This led to the Integrating Community Equipment Services (ICES) initiative, a Department of Health programme. This has now concluded. Some members of the ICES support team were absorbed into the Department of Health's Care Services Improvement Partnership (CSIP) who are supporting the development of telecare services and a wide ranging review of community equipment and wheelchair services. The responsibility for future development of community equipment services will remain with local commissioners and providers though proposed models of service delivery are likely to include a greater role for the third sector and private industry.

Social services occupational therapists assess and provide community equipment jointly with health professionals. The National Association Equipment Providers (NAEP) represents the statutory and private sector staff providing community equipment services.

The voluntary organisation Assist UK (formerly the Disabled Living Centres Council) is active in this area through its local advice, information and demonstration centres and in campaigning at local level.

Pub Date	Standard Name	Lead organisation	ID
1998	Community Equipment Services- Why should we care?	Assist UK	81
1999	Standards for member organisations	Assist UK	50
2001 Mar	Guide to Integrating Community Equipment Services	Department of Health	33
2002 Oct	Topic Sheet: Equipment for people with sensory impairment	Integrating Community Equipment Services (ICES)	218
2003 Dec	Topic Sheet: Environmental Control Systems	Integrating Community Equipment Services (ICES)	219
2003 Oct	The use of pressure-relieving devices (beds, mattresses and overlays)	NICE	40
2003 Sep	Community equipment loan stores - guidance on decontamination (DB(2003)06)	Medicines and Healthcare products Regulatory Authority (MHRA)	51
2003 Sep	Commissioning Guidelines For Community Equipment Services	Integrating Community Equipment Services (ICES)/ Audit Commission	34
2004 Jun updated Jul 2005	Getting Started - Telecare	Integrating Community Equipment Services (ICES)	35
2004 Oct	Getting Started - Community equipment and care homes	Integrating Community Equipment Services (ICES)	216
2005 Apr	Getting Started - Equipment and Palliative Care	Integrating Community Equipment Services (ICES)	221
2005 Apr	Getting started - Quality Management Systems and Community Equipment	Integrating Community Equipment Services (ICES)	141
2005 Mar	Getting Started - Children's Equipment	Integrating Community	220

Pub Date	Standard Name	Lead organisation	ID
		Equipment Services (ICES)	
2005 Mar	Getting Started - Pressure Care	Integrating Community Equipment Services (ICES)	192
N/K	Procurement Guides - Rehabilitation (Audiology, Community Equipment services, Electronic Assistive Technology, Orthotics, Prosthetics, Wheelchairs)	NHS Purchasing and Supply Agency (NHS PASA)	68

Much of the early Department of Health guidance on integrating Community Equipment services explicitly draws on the Audit Commission's report, Fully Equipped and also on recommendations in an earlier guide to good practice from Assist UK (formerly the Disabled Living Centres Council) (ID 81). Assist UK has also published Standards for Member Organisations (ID50) which primarily focus on the centres' role in providing information and advice to a wide audience. The aim is to improve consistency across the network of centres and these standards are compulsory for members of Assist UK. Organisations are visited prior to membership being granted to ensure compliance. The standards cover organisational issues, access, minimum equipment range and display, information provision and staffing issues.

The Department of Health guidance in on integrating and modernising community equipment services (ID33) is in line with many of the themes in the subsequent Standards for Better Health. It sets out a vision of services which meet users' needs at all life stages, improve access, choice and responsiveness (including better information and assessment, demonstration facilities and support for private purchase), promote inclusion, and involve users in monitoring services.

The key elements which the document states are required for service integration are: pooled funding, a single manager, an advisory board (including users and voluntary organisations) and unified stock. Other required elements include: a single point of contact, a quality improvement system, efficient purchasing and stock control, a unified IT system, systems for handling MHRA hazard notices and adverse incidents, and protocols for relationships with other equipment services. The document sets the potential scope of community equipment to cover most local AT provision, including: home nursing equipment, equipment for daily living, minor housing adaptations, equipment for people with sensory impairments (excluding hearing aids), short-term loan wheelchairs (but excluding mainstream wheelchair services), communication aids and telecare equipment.

The Department of Health subsequently established a national team to support implementation at local level. The Integrating Community Equipment Services (ICES) team worked closely with the Audit Commission and also collaborated with NHS PASA, while an external reference group provided some input from user organisations. The ICES team published a wide range of guides, much of it relevant for quality issues. These guides are still available on its website, although the team was absorbed into the Care Services Improvement Partnership (CSIP) in April 2005.

Three 'generic' publications which include coverage of quality issues and service standards across the full scope of these services are:

- community equipment loan stores – guidance on decontamination (DB(2003)06) (ID51) produced by the MHRA;
- commissioning guidelines for community equipment services, produced jointly by the ICES team and the Audit Commission (ID 34). This is a document published at the start of the ICES initiative describing the aims and planned integration of services;
- the NHS PASA procurement guide to community equipment services (ID68). This document is not publicly available.

In addition, the ICES team produced a “Getting Started” pack on quality management systems and community equipment services (ID 141). This does not provide off-the-shelf service standards for equipment services, but it is a valuable guide to anyone developing service standards and quality management for local services. The document refers to external accreditation or registration schemes such as Charter Mark, Investors in People, ISO 9000 and includes key quality issues to be considered at a strategic and process level, including governance, safety, equipment management, services to users and performance management.

Documents on more specific issues include:

- ICES “Topic” sheets on environmental controls (ID219), on sensory equipment (ID218). These are not substantial documents but they include some key issues/ questions that may imply service standards. Further Topic sheets on equipment for children, on the Communication Aid Project and on Telecare are considered superceded by other, more substantial ICES documents;
- ICES have also produced Topic sheets on generic issues of some relevance to AT services, such as involving users, IT systems, legal issues including fair access to care, and performance indicators;
- ICES Getting Started packs on children’s equipment (ID220), equipment and care homes (ID216), palliative care (ID221), telecare (ID35), pressure care (ID192) and communication aids (ID228);
- MHRA guidance on decontamination in community equipment loan stores (ID 51).

An ICES Getting Started pack on telecare (ID35) was updated in July 2005 to support the Government’s Preventative Technologies initiative and is reviewed under the electronic AT section. Though it does not at this stage include specific standards, it could contribute towards standards in this area.

The ICES Getting Started pack on equipment and care homes (ID216) refers to the National Minimum Standards for care homes and children’s homes (see Chapter One); this specifies the adaptations and equipment that should be provided by these homes. The ICES document addresses the respective roles of care home proprietors and community equipment services in providing equipment for adult residents.

We review the ICES document Getting Started – Children’s Equipment under the section looking at AT to support education and the ICES document Getting Started – Communication Aids under the section looking at electronic AT.

The ICES Getting Started pack on pressure care (ID192) provides an introduction to the provision of pressure relieving devices (cushions, mattresses, overlays, beds) in the community. The ICES pack incorporates relevant parts of the National Institute for Clinical and Health Excellence

(NICE) clinical guideline on pressure ulcers and pressure relieving devices in primary and secondary care (ID 40). As with all NICE guidelines, user organisations were involved in its formulation and a version for a lay audience is available. The document provides guiding principles for services, recommendations for quality requirements and suggests audit criteria.

A review of community equipment and wheelchair services was announced in June 2006 with the objective of developing new models of service delivery. This will enable an expanded role for the third sector and private service delivery organisations.

Comment:

- The area of community equipment services has a good level of standards guidelines compared to other AT service areas, due to the ICES initiative.
- Some elements of community equipment, such as environmental controls, communication aids and sensory equipment are less well represented by standards documents than others.

Sector review – housing

A variety of organisations provide housing, including local authorities and agencies working on their behalf, registered social landlords (previously known as housing associations) and private landlords. The Audit Commission is the lead inspectorate of housing services provided by local authorities. Registered social landlords are regulated by the Housing Corporation.

Both local authorities' housing departments and social services are involved in the provision of housing adaptations to maintain an individual's independence. Home improvement agencies (HIAs) are not for profit, locally based organisations funded through the local authority that assist vulnerable homeowners or private sector tenants who are older, disabled, or on a low income to repair, improve, maintain or adapt their home.

A key element of an AT service within the housing sector is electronic AT, such as environmental controls, telecare and telehealth services. These are covered in a following section.

Pub Date	Standard Name	Lead organisation	ID
2004 Aug	Quality Assessment Framework for Home Improvement Agencies	Foundations	110
2004 Nov	Delivering Housing Adaptations for Disabled People: A good practice guide	Department for Communities and Local Government/ Department of Health	142

Home improvement agencies receive local authority funding under the Supporting People programme, which provides housing-related support for independent living. A Quality Assessment Framework (ID 110) for this scheme was developed in consultation with home improvement agencies and service users. The Framework recommends that clients are represented on home improvement agencies' advisory groups and provide feedback on services.

A Quality Mark has been developed as a service quality monitoring tool and is administered by Foundations, the umbrella organisation for home improvement agencies, on behalf of the Office of the Deputy Prime Minister (ODPM), now the Department for Communities and Local Government. An award of the Quality Mark is made through self-assessment by the home improvement agency, followed by a validation visit by Foundations. The validation exercise includes examination of documents and meetings with service users, stakeholders and partners. No information has been reported on the implementation of this quality scheme at a local level.

The Department for Communities and Local Government also published good practice guidance on housing adaptations in 2004 (ID 142). The guide deals with the delivery of major adaptations, using disabled facilities grants and other Government funding, including the statutory duties of social services and housing authorities and the planning of services. A good practice checklist and indicative time targets cover all stages of the adaptations process from advising and assessment to recommendation, preparing the specifications, arranging adaptations and the post-installation phase. The guide emphasises informing and involving clients to achieve a tailored solution to their needs. The document states that this requires integrated working across all the

organisations who are involved, which may include health, social services, housing, home improvement agencies and registered social landlords. Pooled funding and common assessments with community equipment services, which provide minor adaptations, are recommended.

Comment:

- The area of housing adaptations is unusual in that two comprehensive standards documents have been produced by, or on behalf of, a government department, the Department for Communities and Local Government.
- The Quality Assessment Framework for home improvement agencies provides an interesting model as it was developed with service users and is administered by the umbrella organisation for home improvement agencies whose performance ratings are likely to affect Supporting People funding.
- Compliance with the Quality Assessment Framework is encouraged through use of the Quality Mark.

Sector review – AT to support leisure

A variety of organisations provide leisure services, including local authorities and agencies working on their behalf, community not for profit recreational facilities and private providers. There is no inspectorate service.

Most public services have to meet the requirements of the Disability Discrimination Act (DDA) and the English Federation of Disability Sport supports the fitness industry to go beyond the requirements of the DDA to offer more inclusive provision.

Pub Date	Standard Name	Lead organisation	ID
2006 Mar	Inclusive Fitness Mark Standards	The English Federation of Disability Sport (EFDS)	234

The English Federation of Disability Sport (EFDS) have developed an Inclusive Fitness Mark scheme to accredit those fitness facilities which have achieved a level of accessibility and inclusive service provision, not only in terms of adapted and inclusive equipment, but also in relation to staff training, organisational policies relevant to equal access and promotional material aimed at disabled people.

The scheme offers three levels of accreditation. Achievement is marked through permission to use logos and support from a central marketing team. Sites are assessed initially and, if successful, accredited for two years, after which they are reassessed.

Sector review – AT to support education

A wide range of professionals assess and provide for AT in education. Health and social care staff work with teachers in schools and some teachers take responsibility for supporting disabled students to access computers. Some schools with higher levels of disabled students have specialist AT technical staff. In higher and further education disability support services are more clearly defined and part of the support service involves assessment and provision of AT. Ofsted is the lead inspectorate for services for children and young people.

Teachers who support disabled students are represented through teachers' unions. The National Association of Disability Officers (NADO) is the professional body representing AT technical support staff in schools. The British Educational Communications and Technology Agency (Becta) is the Government's key agency in the strategic development and delivery of its information and communications technology (ICT) and e-learning strategy for the schools and the learning and skills sectors. Becta has recently led the implementation of the Communication Aids Project (CAP) which provided funding for communication aids for children and young people (see later section on electronic AT).

There are many voluntary sector organisations focused on the needs of disabled children and young people. Those particularly focused on the provision of electronic AT including for children and young people, are AbilityNet (computer access) and the ACE Centres (computer access and communication aids). Voluntary sector organisations representing children with sensory impairments have been active in producing quality standards documents for a range of services including AT.

Pub Date	Standard Name	Lead organisation	ID
1999	Quality Standards in Education	The National Deaf Children's Society (NDCS)	207
2002	Quality Standards in Education Support Services	Sense	181
2004 Nov	Assessment: Standards and Procedures	Disabled Student Allowance Quality Assurance Group - Department for Education and Skills	222
2005 Mar	Getting Started - Childrens Equipment	Integrating Community Equipment Services (ICES)	220

The requirements with regard to equipment in the Special Educational Needs Code of Practice and the Children's NSF are covered in Chapter One. In addition, the Prime Minister's Strategy Unit has recommended that the Department of Health assess by 2006 whether AT services are meeting the criteria outlined in the NSF.

The National Deaf Children's Society (NDCS) and Sense have produced quality standards that look specifically at education services for deaf, hearing impaired and deafblind children and young people, including AT provision in schools and further education (ID207 and ID181). These documents complement the NSF for Children, covering health, social and education services. The documents highlight the need for co-ordination of young people's transition between paediatric and adult services. Within these standards documents are explicit requirements for services to address co-

ordinated provision of AT and AT services and provide clarity on inter-agency cooperation and information provision. These documents are similar in format and clear and accessible.

Standards for the provision of AT for accessing computer equipment are covered under the section in this report which reviews standards for electronic AT services, though it is also the primary service provided by AT professionals working in schools supporting disabled students. The Quality Assurance Group, on behalf of the Department for Education and Skills, has brought together Assessment Standards and Procedures (ID222) relating to the assessment of AT requirements of disabled students. Much of this documentation relates to the competencies of assessors and the resource and staffing requirements for assessment centres (and so outside the scope of this report), but also includes standards relating to the assessment process. These standards form part of a service delivery agreement and processes are being implemented to ensure audit against these standards.

If local education services are partners in a pooled fund agreement, then community equipment services are able to make available equipment for the use of children across a range of environments, including schools. The ICES document on Getting Started – Children’s Equipment (ID220) sets out policy requirements and general principles of provision which community equipment services should aim for with this client group, relating particularly to access to services and interagency working. An illustrative listing of equipment suitable for children is included, which could be provided through community equipment services.

Becta has produced a number of documents under their ‘Include ICT’ range which discuss the support which ICT can offer to disabled students. These use case examples to raise awareness of the potential of ICT and AT and signposting and online forums to support staff to find out further information. The advice given was not considered sufficiently measurable to be considered to qualify as a standard, though the documents could contribute to the drafting of standards in the area of access to computers and ICT.

Comment:

- There appear to be relatively few standards relating to AT services which enable access to education but, having said that, there is little clarity on who is responsible for the service. Until this is resolved the situation may not improve.
- There is relatively restricted voluntary sector involvement in the development of standards for AT services in relation to education services. Current standards focus on services for children and young people with sensory impairment.

Sector review – AT to support employment

The main service provider in this area is Access to Work, a scheme funded by the Department of Work and Pensions (DWP), although individual employers may contract AT services to support employment through occupational health schemes and NHS services also provide AT to support rehabilitation and maintenance of function, including support for employment.

A wide range of professionals, primarily occupational therapists, physiotherapists and ergonomists, who are employed either directly or through contracted services to Access to Work, assess and provide for AT in employment. Disability Employment Advisers in Job Centres also provide information and signposting in relation to AT. At a specialist level, services are provided by Vocational Rehabilitation practitioners working in the NHS and through services funded by the DWP.

Supplementary documents on rehabilitation services, primarily produced by the BSRM and Royal College of Physicians, are reviewed here as they include sections focusing on a range of AT services included in rehabilitation, some focused specifically on vocational rehabilitation. The British Society of Rehabilitation Medicine (BSRM) service standards for amputee and prosthetic rehabilitation, which are more directly focused on AT services, have been covered under the prosthetics and orthotics sector review.

Vocational Rehabilitation staff are represented by the Vocational Rehabilitation Association. There appears to be no voluntary sector involvement in this area.

Pub Date	Standard Name	Lead organisation	ID
Access to Work			
	None identified		
Supplementary documents: Rehabilitation			
2002 May	Standards for specialist in-patient and community rehabilitation services	British Society of Rehabilitation Medicine (BSRM)	90
2003 Dec	Rehabilitation following acquired brain injury - National clinical guidelines	Royal College of Physicians	184
2003 May	Standard for Patients Requiring Spinal Cord Injury Care	Kent, Surrey and Sussex Local Speciality Commissioning Group	71
2003 Nov	Vocational Rehabilitation - The Way Forward	British Society of Rehabilitation Medicine	183
2004 Dec	Vocational assessment and rehabilitation after acquired brain injury - inter agency guidelines	Royal College of Physicians	186
2004 Nov	Stroke in childhood - clinical guidelines for diagnosis, management and rehabilitation	Royal College of Physicians - Paediatric Stroke Working Group	189

Access to Work provides information to clients on their website, outlining eligibility criteria, the process to be followed and descriptions of how the scheme can support access to employment. Although, for internal use, there are operational standards agreed with the DWP, and Access to Work sub-contractors have to deliver to a stated service level, these performance

standards are not embodied in a standard document accessible to service users.

Rehabilitation standards

The British Society of Rehabilitation Medicine's document, Standards for specialist in-patient and community rehabilitation services (ID90) sets out the role of the specialist in-patient rehabilitation service with some recommendations for the approach to be taken in community rehabilitation. The document outlines procedures and processes which should be followed by specialist rehabilitation services, with less detail for community rehabilitation services.

Building on this document BSRM set out recommendations in a document Vocational Rehabilitation – the way forward (ID183). The document sets out the rationale for a greater focus on resourcing of early rehabilitation and the potential impact this can have on enabling people to return to work following injury. Developed in collaboration with the JobCentre services, the document recommends a case management approach, closer integration between health and employment services, and a greater level of research.

Rehabilitation following acquired brain injury - national clinical guidelines (ID184) was produced jointly by the RCP and BSRM. It focuses primarily on in-patient care and provides general principles for longer-term community rehabilitation, noting that 'detailed guidance in those areas is beyond the scope of this set of clinical guidelines'.

The Paediatric Working Group of the RCP produced Clinical Guidelines for diagnosis, management and rehabilitation for stroke in childhood (ID189) which use an evidence-based approach that clarifies the basis on which recommendations are made. There is limited information which is relevant to AT services within these guidelines, presumably because there has been little investment in establishing the evidence base of what works.

The Royal College of Physicians' (RCP) interagency guidelines (ID186) build on ID184. A broad coalition was brought together to work on the document—responding to the development of NSF for Long Term Conditions. The document outlines the role of AT services within a rehabilitation approach.

The documents in this section tends to focus on early rehabilitation and in-patient, hospital based care. This is the case for the document Acute Services: Standards for Patients Requiring Spinal Cord Injury Care (ID72) which details for professionals the standards of care for people attending three specialist centres. The standards span the patient pathway and include guidance for acute services referring on to community services. Each standard consists of a set of criteria which has timescales and methods for demonstrating compliance.

Comment

- There appear to be few standards relating to AT services which directly enable access to employment for disabled and older people.
- The BSRM have been developed standards relating to rehabilitation, some relating to vocational rehabilitation services.
- There appears to be no voluntary sector involvement in the development of standards for AT in relation to employment services.

Sector review – electronic AT services

Electronic AT (EAT) includes communication aids, environmental control systems, computer access technology and telecare services. Regional rehabilitation engineering services within the NHS, and charities such as the ACE Centres, are involved in assessment and provision of some of these technologies at a specialist level. EAT at a less specialised level may be available from local equipment services, AT services in schools and colleges and social services departments. (See previous sector reviews of AT to support education and employment.)

While assessment and provision of communication aids often involves specialist equipment services, some communication aids are also provided by local speech and language therapy services, the education sector or charities. The ICES initiative proposed that provision of less complex communication aids and telecare should fall within the scope of community equipment services with the aim of mainstreaming provision and the ICES team and CSIP have produced guidance on developing these services. Telecare services are not widespread yet although roll-out is now being supported by the Government's Preventative Technologies initiative. The Telecare Services Association (TSA) is the representative body for the telecare industry within the UK.

Professional organisations representing regional rehabilitation services have contributed to the production of standards. There appear to be few voluntary sector organisations involved in standards development for electronic assistive technologies.

Pub Date	Standard Name	Lead organisation	ID
Electronic Assistive Technology (EAT) Services general			
N/K	National Service Framework Agreement - Electronic Assistive Technology	NHS Purchasing and Supply Agency (NHS PASA)	213
N/K	Procurement Guides - Rehabilitation (Audiology, Community Equipment services, Electronic Assistive Technology, Orthotics, Prosthetics, Wheelchairs)	NHS Purchasing and Supply Agency (NHS PASA)	68
2000 Jul	Electronic Assistive Technology	British Society of Rehabilitation Medicine (BSRM)	176
2004 Sep	Specialist equipment services for disabled people: The need for change	Royal College of Physicians (RCP)	78
EAT - Telecare			
2002 Oct	Code of Practice: a management framework for best practice	Telecare Services Association	80
2004 Jun updated Jul 2005	Getting Started – Telecare (Implementation Guide)	Integrating Community Equipment Services (ICES)	35
2005 Jul	Building Telecare in England	Department of Health	217
EAT - Communication Aids			
N/K	Communicating Quality: Professional Standards for Speech and Language Therapists	Royal College of Speech and Language Therapists	105

Pub Date	Standard Name	Lead organisation	ID
2004	Clinical Guidelines	Royal College of Speech and Language Therapists	178
2005 Apr	AAC Regional Care Pathway in the West Midlands	Access to Communication and Technology (ACT), West Midlands Rehabilitation Centre	149
2005 Mar	Getting Started - Childrens Equipment	Integrating Community Equipment Services (ICES)	220
2005 Nov	Getting Started - Communication Aids	Integrating Community Equipment Services (ICES)	228
EAT Environmental controls			
2003 Dec	Topic Sheet: Environmental Control Systems	Integrating Community Equipment Services (ICES)	219
2005 May	Environmental Control Project Report	Access to Communication and Technology (ACT), West Midlands Rehabilitation Centre	150
EAT – Computer access			
	None identified		

In 2000 the BSRM produced a working party report on EAT services (ID 176) recommending cross-disciplinary working across different organisations including BSRM, Institute of Physics and Engineering in Medicine, College of Occupational Therapy and the Royal College of Speech and Language Therapists to define objectives and develop common patterns of service delivery. The report recommends the drafting of national standards for provision of EAT, encourages evidence based practice and the establishment of accredited EAT regional specialist centres. The report highlights a lack of information for potential users and the lack of education, training and research in EAT with few specialist courses and patchy and inconsistent training for providers.

A report in 2004 on specialist equipment services by the Royal College of Physicians and the Institute of Physics and Engineering in Medicine (ID 78) covers “complex provision” of communication aids, environmental control systems, telecare and equipment for computer access (ID 78). This welcomes the ICES initiative and the development of local provision while arguing that well-resourced specialist equipment services with the relevant expertise should continue to oversee cases involving complex need, bespoke provision and the integration of different technologies. The report focuses on commissioning, funding, governance, staffing and overall organisation, including relationships with other services, rather than detailed processes. It includes outline criteria for service standards, which it suggests should be developed further as audit tools. These specify that services should be accessible, accountable, competent, efficient, equitable, holistic, innovative and proactive.

An NHS PASA national framework agreement for communication aids and environmental control systems (ID 213) covers supply, installation, support, service, maintenance, repair, withdrawal and reconditioning by a number of approved suppliers.

Electronic AT - environmental control systems

The ICES Topic note on environmental controls provides an introduction to the equipment, points out potential benefits and savings from their wider use, sets out some key issues and refers to other sources of information.

We have not identified any national standards specifically for environmental control services, except for the NHS PASA national framework agreement mentioned above and the outline standards contained in the BSRM and Royal College of Physicians' documents reviewed above (ID176 and ID78).

Service providers and users within one regional rehabilitation centre have, however, contributed substantially to the development of standards for environmental controls. Commissioners and providers of environmental controls in Access to Communication and Technology (ACT) centre in Birmingham, which serves the West Midlands, have recently produced a report of a project to establish a care pathway process for their environmental control service (ID 150). This recommends the development of a care pathway that links local and regional services environmental control services, based on service standards already developed by the project in collaboration with users and carers and which are in line with the NSF for People with Long-term Conditions.

Electronic AT - communication aids (also known as augmentative and alternative communication – AAC)

Access to professional standards and clinical guidelines from the Royal College of Speech and Language Therapists is restricted to speech and language therapists and the document provides guidance on using AT within a therapy approach. Clinical Guidelines (ID178) consist of recommendations relevant for every area of speech and language therapy and form the basis of good professional practice.

Communicating Quality: Professional Standards for Speech and Language Therapists (ID105) includes recommendations on the minimum best practice and is aimed at speech and language therapists. This document includes a section on communication aids which supplement or replace speech, describing the range of aids and approaches, assessment process, implementation, review of the plan of action and interdisciplinary working. Recommendations highlight a requirement for a level of resources and requirements for interdisciplinary and inter-sector referral for equipment and services.

Commissioners and providers of communication aids/ AAC services in the regional ACT centre in Birmingham, have produced and implemented a regional care pathway for these services (ID 149). This is part of the West Midlands Electronic AT (EAT) Strategy, which also covers environmental controls as mentioned above. The care pathway includes service standards, a 'process map' and roles and responsibilities, covering local provision and relationships between local teams, ACT and other services. The pathway emphasises multi-disciplinary and multi-agency working when required. The development of the pathway was informed by interviews with the centre's users.

The ICES Getting Started pack on equipment for children (ID 220 described in the education sector review above) includes an introduction to the Government's Communication Aids Project (CAP), which provided communication aids for school pupils until March 2006. Funded by the Department for Education and Skills and administered by the British Educational Communications Technology Agency (Becta), the project worked

through national and regional specialist CAP centres and local registered assessors. While CAP has published online some of the quality requirements for assessment, it did not produce the Quality Assurance process which was followed by CAP Centres.

The ICES/ CSIP document Getting Started - Communication Aids (ID228) sets out the issues to be considered when developing a communication aids service within a community equipment service. The document does not aim to establish standards, as services do not yet exist in many local areas, but it could provide useful context for the future development of standards.

We have not identified any national publicly available standards for these services apart from those implied in the NHS PASA national framework agreement (ID213) mentioned above.

Electronic AT - telecare services

The Telecare Services Association (TSA) first launched Part One of their Code of Practice in 1998 with Part Two in 2002. In October 2005 a revised Code of Practice was launched as a strategic framework document with three-part operational guidance (ID 80) for operating social alarm and telecare services. Part One covers Telecare Calls Operational Requirements, Part Two, Telecare Installation Operational Requirements and Part Three covers Mobile Response Operational Requirements.

The Code of Practice enables member organisations to gain accreditation by demonstrating compliance in relation to the relevant operational areas. This is independently assessed and members are annually inspected. These documents are currently available to TSA member organisations only. Part One of the Code of Practice has been agreed as the applicable technical standard for call handling services in respect of the Supporting People programme in England. Community alarms services receiving funds under the Supporting People programme for housing-related support services are subject to standards set out in the Quality Assessment Framework published by the Department for Communities and Local Government (ID110). The revised documents were not available for review.

Telecare technology was included as part of the ICES initiative, promoted by the Audit Commission and is now supported by CSIP. The ICES Getting Started pack on telecare (ID 35) has been updated to become the Implementation Guide for the £80m Preventative Technologies Grant aimed at supporting the establishment of local telecare services during 2006 and 2007, which was launched with the Department of Health circular Building Telecare in England (ID217). Both documents focus on the question of why telecare should be implemented and on how to introduce it successfully at local level, rather than recommending service standards. The Implementation Guide does, however, refer to possible performance measures, to ethical and legal issues and a brief fact sheet on governance in relation to telecare services is provided.

Electronic AT – computer access

We were unable to identify any standards documents covering the provision of computer access equipment specifically, though the Disabled Student

Allowance Quality Assurance Group document, Assessment: Standards and Procedures (ID 222), provides some guidance for education services.

Comment:

- The area of electronic AT has a low level of service standards which reflects the relatively limited development of services, low numbers of clients and lack of clarity about organisational arrangements.
- There is a low level of voluntary sector organisation involvement in standards development for electronic assistive technologies compared to other sectors.

Sector review – AT services for people with sensory impairments

Services for people with different sensory impairments are distinct. The categorisation outlined below reflects both accepted terminology and the way different services have developed:

AT services for people who are Deaf or hearing impaired

The Modernising Hearing Aid Services (MHAS) programme, which ran between 2000 and March 2005, was funded by the Department of Health and managed by the Royal National Institute for the Deaf (RNID). The aim was to improve services to patients and make the latest digital hearing aid technology available on the NHS. Standards were produced as part of the reorganisation. Professionals in this field are represented by associations for: audiology physicians and scientists; hearing therapists; and audiologists. Additional AT is provided by community equipment stores and supplemented by private purchase through high street dispensers who are regulated by the Hearing Aid Council. There is a high level of voluntary sector activity in service provision and standards production with input from the RNID and The National Deaf Children's Society (NDCS).

AT services for people who are Deafblind or have a Dual Sensory impairment

Sense, the voluntary sector organisation representing people who are Deafblind worked to raise awareness of the particular problems their members encountered and this resulted in the establishment of service standards.

AT services for people who are Blind or vision impaired

Assessment is through high street opticians by ophthalmology departments in hospitals which are accessed by referral from GPs or A&E departments. Regulation is through the Royal College of Ophthalmologists. Provision of most glasses is privately through high street stores. A range of low vision aids are available through NHS low vision clinics. RNIB produce a catalogue of AT devices and these are purchased privately online or through voluntary sector outlets at a local level. Community equipment stores also usually stock a range of low vision and AT devices.

Pub Date	Standard Name	Lead organisation	ID
Equipment for people with a sensory impairment			
2002 Oct	Topic Sheet: Equipment for people with sensory impairment	Integrating Community Equipment Services (ICES)	218
Equipment for Deaf/deaf and hearing impaired people			
1999 Jul	Best practice standards - social services for deaf and hard of hearing people	RNID and Association of Directors of Social Services	49
2000	Quality Standards in Paediatric Audiology	The National Deaf Children's Society (NDCS)	198
2002	Quality Standards in the Early Years	The National Deaf Children's Society (NDCS)	208
2002 Mar	Deaf Children: Positive Practice Standards in Social Services	RNID and Association of Directors of Social Services	91
2002 Jul	Best Practice Standards for Adult Audiology	RNID	168
2003	Quality Standards in Bone Anchored Hearing Aids for Children and Young	The National Deaf Children's Society (NDCS)	209

Pub Date	Standard Name	Lead organisation	ID
	People		
2003 Nov	National Service Framework Agreement - for the supply of analogue and digital hearing aids and audiology sundries	NHS Purchasing and Supply Agency (NHS PASA)	225
2004	Quality Standards in Cochlear Implants for Children and Young People	The National Deaf Children's Society (NDCS)	197
2005 Apr	Quality Standards - Transition from paediatric to adult audiology services	The National Deaf Children's Society (NDCS)	205
Equipment services for people who are Deafblind or have a Dual Sensory impairment			
2000 pre-	Standards for Services for Adults who are Deafblind or have a Dual Sensory Impairment	Sense	94
2001 Mar	Social Care for Deafblind Children and Adults - LAC(2001) 8	Department of Health	226
2004	Quality Standards in vision care for deaf children and young people	Sense	93
AT services for people who are Blind or vision impaired			
2002 Oct	Progress in Sight - national standards of social care for visually impaired adults	RNIB and Association of Directors of Social Services	120

AT services for people with sensory impairment

A range of AT to support people with sensory impairments is available from local community equipment services. During the initiative to remodel these services ICES produced a Topic sheet on sensory equipment (ID218). This provides an introduction to the types of equipment available for people with sensory impairment, sets out some key issues, and refers to other sources of information.

AT services for Deaf/ hearing impaired people

Best Practice Standards: Social Services for Deaf and Hard of Hearing People (ID49) was a jointly produced document between the Royal National Institute for Deaf People (RNID) and the Association of Directors of Social Services. This document produced in 1999 is still current and is recommended for its clear user checklists. Quality standards for AT services are identified in section 5: issues for service providers, equipment options and standards for the review process are recommended. Implicit in the user checklist are recommendations for review with service users of the range of equipment provided.

To support the implementation of the Modernising Hearing Aid Services (MHAS) programme, NHS PASA developed a National Service Framework Agreement in 2000, including a public-private partnership for hearing aid services and a contract for the supply of analogue and digital hearing aids (ID225) and these remain in place. It is reported that NHS PASA is working with the British Academy of Audiology to establish a national strategic group for NHS audiology, which will represent stakeholders and advise on purchasing, contracting and supply activities.

In 2002 RNID followed production of Best Practice Standards: Social Services for Deaf and Hard of Hearing People (ID49) with one focused on the needs of children, Deaf Children: Positive Practice Standards in Social Services (ID91) which also mentions provision of equipment but does not cover this in the same level of detail as its earlier document.

This was followed, also in 2002, by an RNID document which focused more closely on AT service standards “Best Practice Standards for Adult Audiology” (ID168). This document was used to develop in detail an agreement on implementation of the Modernising Hearing Aid Services (MHAS) programme, which was administered by the RNID on behalf of the Department of Health. The standards were developed in collaboration with a broad taskforce including service users. They cover assessment and provision, accessibility, staffing and clinical governance. They set out minimum staffing requirements and state that each rehabilitation centre must be appropriately designed to include a dedicated earmould workshop and an diagnostic auditory and balance function assessment room. It recommends that a training policy for staff should be developed and services should be equitable, accessible and free of charge. The document makes recommendations for assessment, fitting and support by defining duration of appointments, the types of aid which should be fitted, the recording of information and the follow-up process. It also recommends that a scheme should be put in place for monitoring performance and there should be an annual service review. There is a user-friendly tick-box section for evaluation of the service by users at the end of each chapter.

The National Deaf Children’s Society (NDCS) has produced a series of quality standards for deaf and hearing impaired children and young people (ID198, ID209, ID197 and ID205). This range of documents includes Quality Standards for Education which were reviewed earlier (ID207).

Developed through consultation with professionals, parents and lay people involved in the care of deaf children, these documents provide background information on deafness and examine in detail each step of the assessment process and transfer to follow on care, providing key quality standards, including for equipment services, which can be assessed by professionals and users. These are comprehensive documents with a clear format which provide easily assessable key quality standards for professionals and users.

AT services for people who are Deafblind or have a Dual Sensory impairment

Sense worked with the Department of Health to produce Standards for Services for Adults who are Deafblind or have a Dual Sensory Impairment (ID94), a document which aims to ensure deafblind people’s needs are met in relation to a wide range of services. Recommendations for AT services specifically include: staff have access to training to be aware of available AT and its uses and specialist technical officers are available; organisations appoint a designated manager to ensure accessibility for deafblind people; adequate records are kept of numbers of users, waiting times for assessment, and equipment provision; communication is offered in a range of required formats.

This was followed by a Local Authority Circular issued by the Department of Health providing guidance to social services staff (ID226). This confirms the legal and ethical duties to provide an outlined level of service to Deafblind Children and Adults and to ensure the level of need is documented.

Sense produced Quality Standards in vision care for deaf children and young people (ID93) in 2004. Following a similar format to related documents which describe quality standards for AT services in education, this is a clear document aimed at professionals which lays out the quality standards relating

to vision care, including initial diagnosis, support for family members, multi-disciplinary working and the assessment process.

AT services for people who are Blind or vision impaired

The Sensory sub-committee of the Association of Directors of Social Services (ADSS) followed their work on drawing up standards for deaf and hard of hearing people and published Progress in Sight - national standards of social care for visually impaired adults (ID120). ADSS worked in collaboration with the Royal National Institute for the Blind (RNIB) and Guide Dogs for the Blind.

The aim of the document was to address a lack of standards in this area and to address inconsistencies in quality of services nationally. Aimed at local authority social services professionals they are relevant to public, private and voluntary sectors also. Standard 15 covers the provision of AT in some detail including: provision of information on eligibility and equipment, operation of direct payments schemes for purchase of equipment, implementation of charging policies, support for integration of community equipment under the ICES initiative, assessment and continuing support.

In Wales a benchmarking study has recently been initiated by the Welsh ADSS to consider visual impairment services. The exercise described the service profile, key strategic and service issues were identified along with key recommendations and suggested performance indicators. The project resulted in good practice guides in four areas: information provision; referral and assessment; rehabilitation; and children and young people. The standards and recommended practice emanating from the study will not become part of the formal inspection framework for local authority services. However the report recommends that inspectors could use them as a tool in assessing councils' progress in these areas.

Comment:

- The area of audiology services for children and adults benefits from several standards documents, some linked with implementation of the Modernising Hearing Aid Services (MHAS) programme.
- There are also several standards on services for deaf and hearing impaired people which include coverage of AT services
- The Department of Health supported the development by Sense of comprehensive standards guidelines on services for deafblind adults which include coverage of AT services.
- By contrast with the level of activity in standards production for deaf, hearing impaired and deafblind adults and children, there are few standards document for blind and visually impaired people.
- With the exception of the work in Wales, there appear to be no standards relating to rehabilitation services for people with a sensory impairment.

Supplementary Documents – impairment or condition specific standards of care:

As mentioned in the introduction to this section, some voluntary sector organisations and professional bodies have produced standards relating to impairments or medical conditions which cut across service providers' organisational boundaries, with a section of the document looking at relevant AT services. Some of these supplementary documents have been included in the sector reviews (above).

Collaborations led by professional groups, but representing input from a wide range of groups, have contributed guidance on relevant AT services.

Standards documents by voluntary sector organisations (with a predominance of organisations representing people with neurological conditions) are also reviewed below.

Pub Date	Standard Name	Lead organisation	ID
Standards of care: collaborative groups			
2002 Nov	Management of Patients with Stroke - Rehabilitation, Prevention and Management of Complications and Discharge Planning: a national clinical guideline	Scottish Intercollegiate Guidelines Network (SIGN)	187
2003	Standards of Medical Care for Older People Expectations and Recommendations	British Geriatrics Society	125
2004 Nov	Standards of Care for people with Back Pain	ARMA - Arthritis and Musculoskeletal Alliance	143
2004 Nov	Standards of Care for people with Osteoarthritis	ARMA - Arthritis and Musculoskeletal Alliance	145
2004 Nov	Standards of Care for people with Inflammatory Arthritis	ARMA - Arthritis and Musculoskeletal Alliance	144
Standards of care – voluntary sector organisations			
2000	MND Resource File - A Patient Centred Approach for Health and Social Care Professionals	Motor Neurone Disease Association	164
2002	Levelling Up: Standards of care for people with a neurological condition	Neurological Alliance	102
2004	Standards of Care	Motor Neurone Disease Association	136
2004 Dec	Integrated Multi-agency Care Pathways for Children with life-threatening and life-limiting conditions	ACT (Association for Children with Life-Threatening or Terminal Conditions and the Families)	152

Standards of care: collaborative groups

The Scottish Intercollegiate Guidelines Network (SIGN) uses an evidence-based approach to developing standards. SIGN's guidance on stroke (ID187) recommends, where appropriate, referral and prescription of assistive technologies such as ankle foot orthoses, communication aids and incontinence aids and does so based on available evidence or on agreed good practice.

The British Geriatrics Society recommends (ID125) prompt access to AT to enable people to maintain independence and provides some indicative timings by which equipment should be provided.

ARMA is the umbrella organization for the UK musculoskeletal community, including both professional bodies and voluntary sector organizations. Standards aimed at professionals working with people with back pain, osteoarthritis and inflammatory arthritis (ID143, ID144, ID145) take a common approach which includes: description of the condition, key principles of care, key quality standards and good practice examples from the point of diagnosis to long term care. References to AT services include recommendations for: access to information about equipment, referral to trained professionals who can assess and provide equipment, adaptations and equipment to remain or regain ability to work, co-ordination between AT services.

Standards of care –voluntary sector organisations

The MND Association's Resource File (ID164) provides a manual for professionals giving information on the disease and some general considerations for management including indicative equipment that might be useful and signposting to further resources. MND Association Standards of Care (ID 136), updated in 2004, outlines the need for co-ordination of services and describes the role of the Association, with little mention of AT directly. Both documents are aimed at people with MND and their carers and health and social care professionals.

The Neurological Alliance's document, Levelling Up: standards of care for people with a neurological condition (ID102), attempts to establish standards which can be adopted by providers of services for people with any neurological condition. This document and the background consultation informed the NSF for Long-Term Conditions and it was aimed to complement NICE and SIGN guidelines and the stroke guidelines contained in the NSF for older people among others. The document recommends assessment for equipment by trained professionals, timely provision and regular review.

ACT have developed a document outlining integrated multi-agency care pathways for children with life-threatening and life-limiting conditions (ID152) as a tool to enable timely and co-ordinated support. Produced to complement the Children's National Service Framework the document is aimed at facilitating discussion on the services required. It aimed to provide a template which could be used to develop local care pathways reflecting local skills and resources. Access to aids and equipment is mentioned.

Comment:

- Documents provided by collaborations between professionals and organisations representing users appear to provide some clarity on acceptable standards for services.
- The documents from the Neurological Alliance and ACT present an approach to establishing a template for standards documents which could be adapted to suit several impairment conditions.

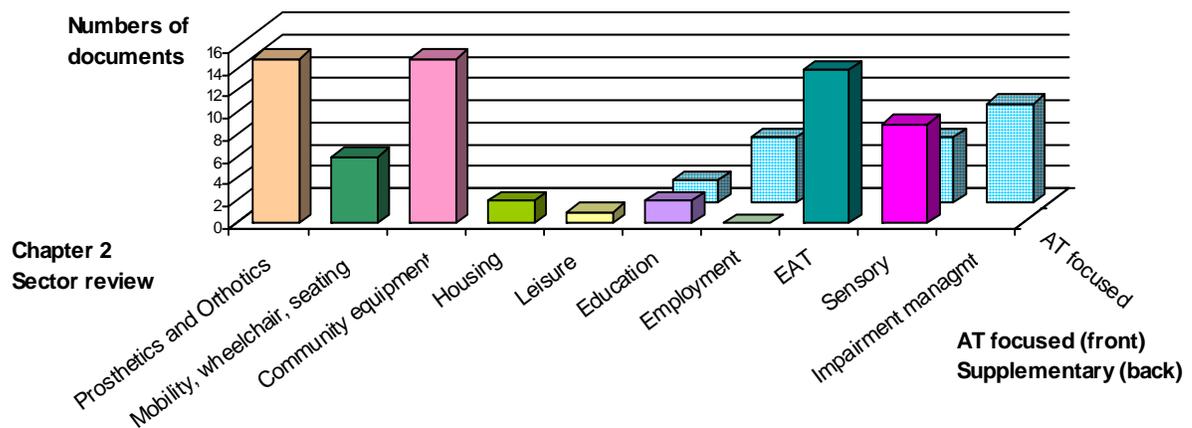
3. Analysis

The following analysis attempts to shed more light on the strengths and weaknesses of the AT service standards documents reviewed in Chapter 2, taking into account the Governmental standards outlined in Chapter 1. Moving beyond the conclusions that can be drawn directly from information provided by lead organisations, the analysis below draws on the report authors' knowledge of the field.

Such analysis is put forward to promote discussion about the value of currently available standards documents and to encourage further analysis by professionals within their respective sectors.

1. **Coverage:** The analysis looks first at the numbers of standards produced across the AT sectors and seeks to explain the varying numbers of standards in each sector, reflecting on how this impacts on the provision of comprehensive guidance.
2. **Scope and purpose:** There is then a general analysis of the scope and purpose of the documents, looking at the relationships between key quality requirements or vision statements, detailed operational guidance and the underlying evidence base,
3. **Development process:** The next section looks at the standards development process, including issues such as authorship, methodology, format and style.
4. **Dissemination and implementation:** The last section looks briefly at the use of these standards in practice, taking into account the lack of information available about the use of the standards.

Coverage



1. Coverage

It is important to acknowledge that the categorisation of service sectors is to some degree subjective though determined also by the titles of documents themselves. Even making allowance for this, there appears to be an unequal spread of standards across AT sectors for which it is difficult to establish definitive reasons. It is, however, possible to speculate on factors that triggered the production of standards documents within various sectors.

It is important to note that the presence of a high number of standards documents in a particular AT sector is not necessarily an indication of good practice. We need to ask why so many documents have been produced for a particular AT sector. Do the documents all have completely different remits or is there duplication? For example does the high number indicate a lack of collaboration between stakeholders (and therefore potential duplication) or that none of the documents do the job comprehensively? It is self-evident that, from the perspective of the service provider or user, a lower rather than higher number of documents is desirable, if they do the job.

Resources and service remodelling

In two notable sectors (community equipment services and AT for deaf and hearing impaired people) there have been Government initiatives: Integrating Community Equipment Services (ICES) and Modernising Hearing Aid Services (MHAS). The relatively large number of high quality standards and guidance documents, which were produced under these initiatives indicates their use as tools to remodel service provision. Remodelling of AT services on a national scale, which requires funding and championship from within Government departments, does not occur very often.

By contrast another Government initiative, the CAP project, the aim of which was to provide communication aids for children in education and develop awareness and skills, did not aim to remodel the service, though some individual services took the opportunity to do so. Perhaps as a consequence, documents are only being brought together as the project comes to an end, summarising learning from the initiative.

Size and visibility of services

Low numbers of clients and consequently small and fragmented service provision have been suggested as a reason for the lack of standards documents in some areas, communication aids services in particular. Lack of national ring-fenced funding streams available across sectors for communication aids compounds the difficulty in gathering an evidence base and of making the case for service standards development.

Presentation of documents which relate to AT to support education, employment and leisure has been proposed as invalid as only extremely fragmented services exist, with low recognition within the education, employment and leisure sectors. The point is taken, but report authors decided to present a collection of standards documents under these sector headings as there is growing professional representation for disability and technical officers and an increasing awareness of the role played by AT services within the education, employment and leisure services to support holistic care for disabled children and adults and to support social inclusion and capability to work.

Organisation of services

It may be superfluous to note a reciprocal relationship between clearly defined services which require low levels of inter-agency working or where the respective roles of local and regional services are widely accepted, and a high level of standards documents for those services. This may be one factor for the production of comprehensive standards for hearing aid services and prosthetics and orthotics services.

This may also hold true for community equipment services although they provide a gateway to referral to other, more specialist AT services. The ICES team supported a sustained period of service remodelling and provided a clearly defined service model, using a raft of guidelines and standards documents as tools to do so. However few, if any, of the ICES documents provide guidelines for interagency working. This perhaps reflects the fact that the most appropriate approach for this aspect of a service is for local agencies to collaboratively develop a care pathway process. The majority of standards documents reviewed provided little guidance on interagency working. As a substantial element of an AT service, relating to co-ordinated care and focusing on the service user's experience of the service, this appears to be an area that needs greater attention in future service planning and standards development.

Leadership: professional bodies

Professional bodies have a major role in producing standards and clinical guidelines; whether members' compliance with standards is required for accreditation or membership, or is entirely voluntary, they are almost the *raison d'être* of most professional associations and organisations. AT is an area which has yet to develop a cross-sector professional body and practitioner representation. Within the health sector some professional bodies whose members deal with AT, are more active than others, with a preponderance of AT standards documents drafted by those bodies representing medical rather than therapy professions. Compared to other health services, AT, as a whole, has a lower level of professional body representation. This is because AT services are also provided by social care, education, employment, housing, and a range of other sectors by a variety of statutory, private and voluntary providers, where professional body representation is not developed to the same extent.

Leadership: voluntary sector organisations

It appears clear that voluntary sector organisations have played a role in the development of standards documents in some AT sectors and not others. Voluntary sector organisations, particularly those representing people with a sensory impairment or a neurological condition, have also proposed AT service standards as part of a review of a wide range of statutory services affecting their members. It is notable that little voluntary sector activity seems to have occurred in relation to communication aids or electronic AT, which have a low level of standards coverage in general.

Leadership: Government departments and agencies

Government approaches to standards setting for care services generally have been reviewed in Chapter 1. Having set a high level vision and provided core and developmental standards generic to health services, it is then the responsibility of local services to implement these standards in the manner best suited to their local population and for independent inspectorates to assess their performance.

In the NHS, the Standards for Better Health, which are used as an annual health check by the Healthcare Commission, were only published in 2004 and it is too early to identify what influence they will have on standards developed for AT services. What can be seen, however, on reviewing standards documents in AT, is the impact of documents such as the National Service Framework for Long-Term Conditions. The document includes recommendations that directly impact on service standards for AT services. The consultation process leading to the drafting of the framework also prompted the review and publication by voluntary sector organisations of a considerable number of standards documents, which include within them recommendations for AT services.

Within the Department of Health it is not clear what influence the relatively new Care Services Improvement Partnership (CSIP) will have over AT services. Both community services and wheelchair services are currently under review and will be the subject of guidance on models of service delivery. There does not appear to be a focus within the Department of Health at present which could promote service standards across the full range of AT services in health and social care.

The Department of Health agency, NHS PASA, has been an influential player in many sectors of AT, particularly prosthetics and orthotics, but it is not clear how widely their procurement and service specification guidance is adopted locally. With the remodelled device evaluation service, the Centre for Evidence based Purchasing, coming under NHS PASA and their advisory role extending, the role of the organisation is changing and their future influence on national service standards development is yet to be established. The Medicines and Healthcare products Regulatory Agency (MHRA), on the other hand, continues to be the main source of definitive guidance on safety and equipment management within AT services.

The Office of the Deputy Prime Minister (ODPM), now the Department for Communities and Local Government, has produced definitive good practice guidance on housing adaptations, which includes service standards and it supports the Quality Assessment framework and Quality Mark scheme for home improvement agencies.

It has been noted that the Audit Commission, whose national reports and commissioning guidelines set a vision for standards for a wide range of AT services, is unlikely to have this level of involvement in future.

The Department for Education and Skills, and agencies working on their behalf, have had a limited level of activity in relation to standards for AT services to support education. This is also true for the Department of Work and Pensions despite the current emphasis on helping disabled people maintain or secure employment.

Due to the focus on supporting equal access to leisure and sports from Lottery funding, there is an emerging clarity on standards for services provided by Sports England and other UK Sports bodies. This is likely to increase with the Olympics coming to London.

Coverage by sectors:

The following section looks at the level of coverage on a sector-by-sector basis, highlighting issues relating to collaborative working, level of endorsement and user involvement:

Sector coverage overview: prosthetics and orthotics

- Documents produced by professional bodies (BAPO and BSRM), and those by the NHS PASA PSSG which build on Audit Commission guidelines, are relatively comprehensive in terms of establishing standards for service to users.
- Organisations representing users are frequently involved in standards development in this area.
- Tricky processes such as audit and inter agency working are tackled in several documents.
- Both high level and detailed service standards are available in the sector and appear to be correlated.
- Most of the standards documents in this sector do not present clearly the process used to consult stakeholders, particularly users, nor do they make clear the process by which recommendations are reached.
- Though user representative organisations are frequently involved in the development of standards documents, users otherwise appear to have limited role, for example, PSSG guidelines, which are being used by commissioners, have the potential to be deployed by users to review services.
- NHS PASA procurement guides and service specifications are not all publicly available, there is no clear evidence on how they influence service standards.
- Despite the large number of documents relating to prosthetics services, standards development could benefit from greater co-ordination, for example, documents developed by some of the professional bodies appear to have been developed within the profession and aimed solely at a professional audience.
- The relationship between specialist services and local services are not clarified and there are no care pathway documents which address this.
- Structural problems relating to the funding of the national orthotics service outlined in the Orthotics Pathfinder Report are beyond the scope of current standards documents to address. This may limit the potential efficiencies which can be gained from attempting service remodelling using standards guidance as a tool.
- Orthotics could benefit from the establishment of a collaborative approach to standards development.

Sector coverage overview: mobility, wheelchairs and specialist seating

- The two key standards documents relating to wheelchair services are relatively comprehensive and were developed collaboratively.
- Organisations representing users are frequently involved in standards development in this area.
- Documents build on a sound review of the sector from the Audit Commission

- There is continuing work in this area and the National Wheelchair Managers' Forum is currently co-ordinating a national audit of wheelchair services' performance against the targets recommended in their standards document.
- There are currently no publicly available standards for the provision of adapted cars or scooters, though Motability do provide information to service users of the standards to which Motability dealers should operate. These are monitored and form part of the contractual arrangements between Motability and their sub-contractors.
- Many documents do not present clearly the process used to consult stakeholders, particularly users, nor do they make clear the process by which recommendations are reached.
- NHS PASA procurement guides are not publicly available and there is no clear evidence on how they influence wheelchair service standards.
- The relationship between specialist wheelchair services and local services are not clarified, nor is the relationship with wider rehabilitation services in general or the electronic AT services with which they often need to interact quite closely. This may change in the light of the review of community equipment and wheelchair services announced in June 2006.
- Interagency working, for example between the wheelchair services and electronic AT services, which are not covered by service standards or care pathways, could lead to a lack of clarity and potential exposure to risk/litigation.
- The increasing private purchase of wheelchairs and the challenge to the role of wheelchair services is a structural change which is outside the scope of current standards documents but which will need addressing.
- The standards which apply to the service received by Motability customers are enforced through service contracts and customers are made aware of the standards for many aspects of the service they can expect when they receive information about using a Motability service.
- Future work in this area could focus on: publicising the standards to which Motability and sub-contractors work; implementing current standards for wheelchair services, developing methods by which users can use existing standards for wheelchair and Motability services to audit services, and ensuring key stakeholder organisations are involved in the development of any new Government guidance.

Sector coverage overview: community equipment

- The ICES initiative has led to quality improvements in local services which may be due to a combination of guidance, greater investment, monitoring and hands-on support by the ICES team.
- Standards documents and other guidance relating to community equipment services are relatively comprehensive.
- Users were involved in the development of standards document and user involvement is proposed as an integral part of the redefined service model.
- There is some guidance on interagency working.
- Documents containing detailed guidance on service standards build on earlier guidance from the Department of Health, including the National Service Framework for Older People, and from the Audit Commission, which provides a high level vision for services.

- It is unclear to what extent the new Care Services Improvement Partnership (CSIP) will be able to update or supplement existing ICES guidance or provide monitoring and support to local community equipment services.
- It is unclear how the review of community equipment services will build on existing standards or develop new service models and related service standards.
- Some of the existing standards are implied within guidance notes and there is no proposed work to develop these into more formal standards.
- Given the numbers of people living in care homes it might be expected that a wider range of standards documents relating to AT services would be available.
- There is insufficient guidance on interagency working given the gateway role of the service, and no care pathway documents in this area.
- Future work could focus on developing model service standards for local community equipment services, promoting their use by service users to audit services, and filling gaps in standards on types of provision or issues such as the relationship between community equipment services and other services.

Sector coverage overview: housing

- The standards documents in this area are comprehensive, supported by strong incentives in the case of home improvement agencies and have a level of national strategic guidance unusual for AT services.
- Documents include recommendations for strategies for involving users in service development and monitoring.
- There are outline recommendations on inter-agency working.
- Future work in these sectors could include: promoting the use of the housing adaptations good practice checklist and learning from the model of the Quality Assessment Framework for home improvement agencies.

Sector coverage overview: AT to support leisure

- The standards documents cover only the fitness industry but in this area they are relatively strong and Sport England, through the Inclusive Fitness Mark, provide incentives for adoption of the standards.
- Future work in these sectors could include: learning from the model of the Inclusive Fitness Mark, extending the participation of users to include accreditation and monitoring of centres.

Sector coverage overview: AT to support education

- Service providers have drafted standards for the assessment of young people and the ICES team have reviewed the general principles regarding the needs of children for equipment.
- Voluntary sector organisations representing children with sensory impairments have been active in producing standards in this area and their documents cover a range of AT issues including transition and the need for inter-agency working.
- There are few documents and those that exist provide little clarity on the service standards for AT which could be expected by children or young people with regard to using AT services to access education.

- There appear to be no instances of collaborative working or attempts to gain endorsement of documents outside the education sector despite a requirement to work across sectors.
- Most of the standards documents in this sector are not clear on the process used to consult stakeholders.
- There appears to be little recognition of the requirement for inter-agency working with regard to AT provision.
- There are structural problems for these services in terms of a lack of profile which service standards documents development could help to address.

Sector coverage overview: AT to support employment

- There are no service standards documents relating to the main AT service, Access to Work, provided by the employment services though there is guidance on the process and expected outcomes for service users.
- The guidance that exists consists of standards in relation to vocational rehabilitation. These were developed by the British Society of Rehabilitation Medicine with the support of the Jobcentre service. There are also related standards covering rehabilitation services in general.
- This area could benefit from increased standards development activity. This may result from the Government's requirement to support disabled service users to build their capability to return to work, as proposed in the Welfare Reform Green Paper.

Sector coverage overview: electronic AT

- There are a number of documents which look at Electronic AT services overall and provide high level recommendations.
- There is a notable example of regional care pathway development and documentation which provides useful learning for interagency working and examples of detailed service standards appropriate to a particular local situation.
- There appears to be little coherence in terms of the service standard development across the field, across different areas of EAT, between specialist and local EAT services, or with other services.
- The NHS PASA national service framework, the TSA Code of Practice and the Royal College of Speech and Language Therapists' guidelines and professional standards are not publicly available and there is no clear evidence on how they influence service standards or other service standards documents.
- Few of the documents in this sector have been produced as a result of collaborative working or with the participation of users.
- There is no area within the sector which is provided with a comprehensive standards document or ones which establish a high level vision and a correspondingly detailed service specification, with the possible exception of the West Midlands Regional Centre's care pathway projects.
- Structural problems relating to funding, organisational boundaries and coherent interagency working relating to EAT services are outside the scope of the current standards documents and may prevent the future development of clear standards documents.
- Future work in the area could focus on developing a collaborative approach to standards development, prioritising the involvement of user

representative voluntary sector organisations; examining the learning from the West Midlands' Rehabilitation Centre's care pathway project; addressing the areas within EAT which have no standards or guidelines documents; and making publicly available all documents where possible.

Sector coverage overview: AT services for people with sensory impairments

- This sector is notable for the comprehensive range of standards documents for people who are Deaf or hearing impaired.
- Most of the documents in this sector were produced by or in collaboration with voluntary sector organisations representing users and in some instances these user representative organisations were project managing service redevelopment.
- There is a higher level of standards documents relating to AT services for people who are Deaf or hearing impaired than for those people who are Blind or vision impaired. This may be due to the fact that there is a more complex, primarily private, service provision model for vision aids and spectacles compared to that for hearing aids, which make service standards development more difficult.
- For people who are blind or vision impaired the only identified service standard related to social care services, under which some AT services were included. Further work would seem to be required covering the range of AT service provision.
- Although fairly comprehensive in coverage, documents in this sector tend to focus on service issues relating to the direct provision of equipment and it may be that standards for the provision of rehabilitation, information and other service aspects of AT services are not covered in sufficient detail.

2. Scope and purpose

On analysing these service standard documents, the report authors found that many documents have an ill-defined scope and purpose arising from an unstructured approach. This lack of coherence is characterised by an undifferentiated mixture of: vision and value statements; reference to national standards documents and policy objectives; measurable operational quality requirements; and presentation of the evidence underpinning the recommendations.

The benchmark we used to highlight this lack of coherence was by comparison with the acute health care sector, using a simplified (and admittedly idealised) model of standards development activity. Using the situation in healthcare as a comparator does not imply a preferred model, but that this is the only sector with a relatively well developed structural framework for standards. Though the Every Child Matters Green Paper (2003) and Children Act 2004 provide a vision of the intended outcomes of the programme of reform, there is no ambition similar to that set by the Standards for Better Health, to establish an overarching framework which can encompass more detailed guidance and which can be used to co-ordinate working with other agencies.

Objective/ category	Acute healthcare standards documents	AT service standards documents
Vision and value statements:	Standards for Better Health	These appear to be drafted from scratch in the majority of cases though there is, overall, some consistency. Throughout many of the documents there also appear to be aspirational quality requirements sitting alongside what might be assumed to be achievable quality requirements, with little or no distinction.
National standards documents and policy objectives:	Relatively well-defined and detailed national policy; e.g. NICE, National Service Frameworks (NSFs), professionally accepted and widely endorsed clinical standards	An ad hoc selection, sometimes related to specific clauses in National Service Framework (NSF) and NICE guidance, occasionally referencing documents produced by professional bodies in the field.
Measurable, operational quality requirements:	Context dependent, operational guidance; built on the quality requirements in national standards documents and supplemented by regional and local plans for implementation of national policy.	Often proposed for national adoption though usually without the support of related references in nationally accepted standards documents or from consensus on underpinning evidence.
Underpinning evidence for recommendations:	In the form of: clinical trials; expert consensus developed through a transparent, accountable system; supplemented by qualitative research	Usually in the form of expert consensus (though the methods for reaching consensus was often unclear) or relying on evidence of individual cases.

Looking initially at the relatively widespread presentation of vision and value statements within AT service standards documents, the research team reviewed each document against the guidance on values and outcomes in the Standards for Better Health. We note that many of these standards documents were written prior to the publication of the Standards for Better Health (July 2004), and that some fall outside the field of healthcare, in education and housing for example.

Despite the fact that the Standards for Better Health were published too late to influence the majority of health and social care standards documents reviewed, our analysis revealed widespread agreement across sectors with the key requirements for safety, good governance, effective and co-ordinated services, a focus on the experience of the service user, prompt, accessible and responsive care, and an emphasis on preventative approaches and public health. Appendix 3 summarises the implications of the Standards for Better Health for AT services.

Given the generic nature of the values in the Standards for Better Health, which apply to all NHS funded AT services, it is recommended that this set of value statements are taken as the basis for future service standards development across AT sectors, if no other sector-specific values guidance is provided.

The approach in Standards for Better Health of providing two stage quality requirements, core and developmental, could also be adopted more widely within the AT sector. This would provide the necessary clarity on which quality requirements are currently deliverable and which are aspirational.

The Standards for Better Health are supplemented by policy objectives presented in documents such as 'Every Child Matters' and in guidance for services for particular client groups, found in the National Service Frameworks (NSFs), NICE documents and National Minimum Standards. The aim of these national strategic documents is to set agreed minimum standards to reduce inequality in provision between regional and local services, while leaving room for variation in how services are delivered. However, for AT services in general, and even for substantial sectors within the field of AT, there are no comprehensive Government standards provided by the NSF and NICE documentation, through National Minimum Standards or through detail in policy documents.

These strategic documents from Government are supplemented by nationally accepted guidelines produced by the relevant professional bodies. For AT services there are relatively few nationally accepted guidelines, although examples of those which fulfil this role would be the Department for Communities and Local Government guidance on housing adaptations and BSRM guidance on rehabilitation. In comparison, for many areas of practice within the acute healthcare sector, there is a wealth of guidance at this level.

Benchmarking against the acute healthcare sector also highlighted an unequal level of resources available in the form of training and research programmes, clinical governance structures, dissemination through the many journals making up the medical literature, leadership from professional bodies and support from standards implementation teams. These resources enable translational activity such as the bottom-up interpretation of evidence into key

quality requirements and, top-down, the working through of value statements, such as those embodied in the Standards for Better Health, into operational guidance.

The contrast also highlighted the greater wealth of material making up the evidence base in acute health care and the widespread acceptance and use of processes, such as those implemented by Cochrane reviews, by which available evidence is examined and graded. The availability of credible evidence on the impact of interventions and treatments gives weight to the case made to local commissioners for resources. National strategic documents, such as National Service Frameworks and NICE guidelines, also draw on the best available evidence to reach recommendations.

For AT, this bedrock of clinical evidence is less well developed than in most acute healthcare services. This is partly due to a lack of research in AT and also because the framework of randomised controlled trials, the gold standard for building an evidence base in health care, is not appropriate for the multi-factor decision making process which is required to establish the most effective approach to delivering AT in a community setting.

Although there is recognition that there is little or no evidence base in AT and that the prevailing health care model is not appropriate for assessing complex social interventions, there has been little support for the development of an approach suitable to AT services.

In summary, our benchmarking exercise against similar areas within the acute healthcare sector revealed that for AT services there is a lack of material within each category, from underpinning evidence through to nationally accepted standards. Report authors suggest that this is a contributing cause to the lack of coherence demonstrated by many of the AT service standards documents when developing their argument.

3. Development process

Development process – audience and format

A wide range of stakeholders may be interested in AT service standards, including providers, users, commissioners, Government departments and campaigning organisations. Very few of the service standards studied were explicit regarding their intended audience or how they anticipated the documents being used. It was clear from the language of some documents that they were not intended for use by lay people and that a degree of expertise in the field was required to understand them. Many seemed to be primarily targeted at managers and professionals within services, although some were also intended for use with commissioners of services.

There was a surprising lack of documents identified which included quality requirements in relation to the provision of information and advice. As this is a key element of most AT services, this was of some concern. The NHS PASA/ Prosthetic Strategic Supply Group produced Amputee Care: guidelines for providing written information for users of NHS services (ID53) but, apart from this, there were no specific documents relating to this aspect of service.

There were several standards documents which explicitly aimed to enable service users to audit and measure the service they received. This was primarily through the use of lay language, using a clear format to establish

key points and the inclusion of tools such as checklists by which service users could audit services. Best Practice Standards for Adult Audiology (ID168) and Best Practice Standards: Social Services for Deaf and Hard of Hearing People (ID49) are good examples in this regard.

Whilst there may be some practical difficulties in making technical service standards accessible to lay people, it seems reasonable and fully in line with Government policy that service users should have easy access to the standards which govern the services they receive.

Development process - methodology for national level standards

We highlighted a concern that few standards have exemplified a rigorous approach to the development process. Notable as one of the few examples of an organisation in the field of AT which is addressing the problems inherent with standards development is the British Society of Rehabilitation Medicine (BSRM), which works closely with the Royal College of Physicians (RCP). As highlighted previously, the field of acute healthcare has the most established approach to standards development. The approach to standards development employed by the BSRM is to follow the Appraisal of Guidelines for Research and Evaluation (AGREE) instrument (<http://www.agreecollaboration.org/instrument/>).

This was developed as part of a research project funded by the EU to provide a systematic framework for assessing key components that make up a quality guideline. These also provide guidance for developing standards and guideline documents. The AGREE instrument relates to the acute healthcare sector and so is not completely appropriate for AT services, as can be seen in Appendix 9. The AGREE instrument does however provide a basis for developing a simplified methodology, which authors will propose in the following chapter is applicable to AT services and which it is recommended is widely adopted.

Development process - methodology for regional operational agreements

The initial request for information was for the AT community to identify national level standards documents but due to small numbers of documents being identified, and the lack of clarity regarding the audience for some of the documents an inclusive approach was adopted. Even so there were relatively few regional standards in the range of documents identified, though no regional commissioning documents or service level agreements were identified or sought.

The North East Orthotics Consortium's Good Practice Guidelines (ID69) represents an example of what appears to be good partnership working between a broad coalition of services users, providers and commissioners to establish detailed quality standards. The standards are reported as being applied by services in the region and it would be useful to establish whether other regional orthotics services could adopt them, or adapt them to fit their regional situation.

Two other documents, which address inter-agency working and which documented a negotiation and agreement between local services, are the West Midlands Rehabilitation Centre's Environmental Control Care Pathway Project (ID 150) and AAC Regional Care Pathway (ID149).

Though there are limits to how directly care pathway documentation can be adapted to other services, due to the specific nature of the local agreement, the learning which arises from these projects indicates that, given sufficient funding and the championship of a committed centre, a care pathway negotiation can be a powerful tool for remodelling services and setting standards for any local EAT, and AT, service.

4. Dissemination and implementation

As highlighted earlier, one of the key difficulties in conducting this study was the lack of available evidence relating to the uptake and use of most AT service standards on the ground. The few exceptions included the use of the National Wheelchair Managers Forum service standards (ID44) for audit purposes by services themselves and the reported use by commissioners of the PSSG guidelines on amputee care (ID56). In short, it is difficult to know who is reading these documents or what impact they are having.

For any organisation attempting to establish standards for AT services, they face considerable barriers to development and then to dissemination of standards documents, not least the lack of resources and low profile politically and in professional cultures such as the NHS or education. These make it difficult for individual AT services to justify the required investment.

On a political level it is unclear what incentives exist to encourage services to establish and follow standards, as there is little clarity on how far the performance and quality of AT services will feature in the inspection and assessment processes described in Chapter 1, many of which, such as the annual health check, are at an early stage of development.

Most of the standards reviewed do not indicate how performance will be measured or who will measure it and this is perhaps in response to the lack of a clear regulatory framework affecting AT services directly.

Without a clear and directly relevant regulatory framework imposed by national regulatory bodies, it may be important for organisations concerned with the future dissemination and implementation of standards to consider other incentives to encourage widespread adoption. These could be the positive rewards of an accreditation process, an example of which is the Quality Assurance Mark for Home Improvement Agencies (ID 110), or self-regulatory, such as the Codes of Practice being developed by the British Healthcare Trades Association (ID47).

In the longer term, as choice and competition become more significant factors in public services, authoritative information about the quality of local services, including assessments against standards guidelines, should become increasingly relevant in decisions by service users and marketing efforts by service providers.



4. Key findings and recommendations

This Chapter reflects consultation with AT Forum members at their annual meeting in 2006 and by correspondence, which has helped to clarify the recommendations.

Meeting the aims and objectives of Government policy - key findings

- AT services in the public sector are required to meet the aims and objectives of Government policies and quality requirements, as laid out in Chapter 1.
- The Standards for Better Health in particular, supplemented by policy papers covering social care and education services, housing and employment, provide a clear values framework and a vision which should guide AT service standards development. Relating future service standards to this encompassing framework of values provides an opportunity to co-ordinate services between sectors.
- At the level of documents which provide national strategic guidance, and which often focus on particular health conditions or user groups, there is a limited amount of detailed guidance in relation to AT services. As most AT services are not focused on specific health conditions and cover all life stages, such documents provide patchy guidance.
- Implementation of national guidance for all services is supported by the regulatory framework and through mechanisms which enable national and local accountability, such as the Health Commission annual health check, Audit Commission comprehensive performance assessment and Ofsted review against the Every Child Matters outcomes.
- Standards development activity is insufficiently supported in AT, despite the requirement to meet similar standards to those of acute healthcare and to integrate services across sectors.

Recommendations:

- ✓ For those organisations responsible for developing future AT service standards, explicit reference should be made to the relevant Government policies and quality requirements, as outlined in Chapter 1 of this document.
- ✓ Government departments, across sectors, should recognise the deficit in support and resources available to AT services to translate the Government standards framework into operational guidance and seek to address this deficit.

Coverage – key findings

- The coverage provided by current AT service standards documents across AT sectors is patchy, with many areas lacking significant standards development activity.
- Despite the lack of resources and support for the production of standards documents, there is within several of the AT sectors, a substantial effort to

establish minimum standards for services and to use standards development as a tool to remodel services.

- For some sectors there appears to be little reference to previous or concurrent documents.
- Much of the documentation reflects existing service patterns, rather than developing standards of services relevant across sectors. There is some evidence of duplication of effort as a result.

Recommendations:

- ✓ Service provider organisations should review the coverage of standards documents relating to their sector and prioritise the development of standards which would address gaps in coverage.
- ✓ Organisations developing future service standards should incorporate and refer to previous standards explicitly, explaining the relationship of their document to existing standards.
- ✓ Any future service standards should be developed in a way that is coherent across sectors and documents should explicitly address interagency working.

Scope and purpose - key findings

- Many of the documents lack coherence in terms of presenting the evidence and the case for adoption of the recommendations was weakened as a result.
- Using the benchmark of the acute healthcare sector standards development as the area with most clearly worked-through framework of standards development, the service standards in AT which were reviewed:
 - Included few links to national policy and to the vision for services set at Government level.
 - Drew on few directly relevant quality requirements within the national standards frameworks or within professionally accepted clinical guidelines.
 - Lacked clarity on how recommendations were derived from the evidence quoted.
- The reasons for these weaknesses in the area of AT services are proposed as:
 - Little support to translate national policy into service standards.
 - No comprehensive guidance at the level of national strategic documents.
 - A lack of the supportive infrastructure of audit/ clinical governance programmes.
 - No established outcome measures and a poorly established evidence base.

Recommendations:

- ✓ Organisations developing future service standards should employ a development methodology which will provide a coherent structure for the document, to counter and perhaps highlight the lack of available national strategic guidance or underlying evidence.
- ✓ Service commissioners and funders should support a cross-sector agreement on appropriate outcome measures for AT services.
- ✓ Service commissioners and funders should consider an increased level of investment in collating and building the evidence base of what works in AT services.

Development Process – key findings

- Many of the current AT service standards reveal little evidence of the use of an explicit and rigorous development methodology, as a result several deficits were noted including that:
 - The purpose of some of the documents was unclear.
 - Documents were often developed without the participation of a broad and representative range of stakeholders.
 - When stakeholders were involved the methods by which they were involved and the influence they had over the document's development was unclear.
 - The method by which the views of service users were gathered and used was unclear.
 - The purpose and audience for the documents was not clear, nor was the methods by which the document was piloted and reviewed.
- In relation to the regional documents identified, it was clear that the methodology of a care pathway negotiation addressed concerns about stakeholder collaboration, gave clarity on interagency working and on the quality requirements that were agreed to be deliverable. This methodology addresses the overall requirement of many of the values frameworks impacting on AT services, that services maintain a user-centred focus. The successful implementation of these care pathway processes provides evidence that they can be adopted throughout AT services.

Recommendations:

- ✓ AT service provider organisations should adopt the GATeSS approach (described below) to the development of national level standards for AT services and should consider volunteering to review and kitemark standards which have complied with the GATeSS development process.
- ✓ Service commissioners should consider whether investment in further development and support for implementation of the GATeSS development methodology could provide service efficiency gains.
- ✓ AT service provider organisations should consider whether a care pathway approach would be appropriate for their regional and local services and, if so, act to secure the necessary funding, resources and local participation.
- ✓ Service commissioners should consider whether investment in the development of care pathways would gain service efficiencies.

The Guidelines for Assistive Technology Service Standards (GATeSS) development process

The following process has been developed following an examination of a wide range of current AT service standards, and with reference to the AGREE instrument (see the SIGN guide to the AGREE instrument at Appendix 9 and <http://www.agreecollaboration.org/instrument>).

Scope and Purpose	
1	The overall objective(s) of the guidelines should be defined.
2	The service users and/or interventions to which the guidelines apply should be specified.
Authorship and Stakeholder Involvement	
3	A development group should be established which includes representatives from all the relevant practitioner and user groups. The credentials of the group members (and any potential conflict of interest) should be listed.
4	Users' views and preferences should be sought and the methods by which this is done should be clearly described.
Methodology	
5	Systematic methods should be used to search for evidence and the way this evidence has been used to formulate the guideline should be clearly described. If used to supplement other evidence, the method by which expert consensus (including user's views) is established should be described.
6	Relevant Government standards documents should be explicitly linked to the objectives of the guideline.
7	The guideline should be piloted and externally reviewed by experts (including users) prior to publication.
Content and Presentation	
8	Key quality requirements should be easily identifiable and measurable.
9	Where relevant, the different options for intervention should be clearly presented.
10	A clear distinction should be made between standards that can be currently delivered to users and those a service aspires to or is working towards.
11	The target audience for the guideline should be clearly defined and reflected in the format of the document. A version which is suitable for service users and the public should always be provided.
Dissemination	
12	Before publication a dissemination plan should be put in place and endorsement sought from stakeholders.
Use in Practice	
13	The guideline should clarify how it is to be used and how its use and impact in practice is to be monitored, recorded and publicly reported.
14	The guideline should include key criteria for monitoring and auditing performance against its quality requirements.
Review	
15	Mechanisms for reviewing and, if necessary, updating the guideline document should be specified.

Dissemination and implementation – key findings

- Few authors of standards documents could provide evidence of use and it appears unlikely that they could demonstrate impact on the ground.
- There is the potential for many of the standards to be used by service providers, commissioners and regulatory bodies, to support self-regulation, accreditation or user evaluation, for example.

Recommendations:

- ✓ Research should be conducted on the current implementation of service standards and the potential impact of different incentives for adoption.
- ✓ Service providers, commissioners and regulatory bodies should examine existing AT service standards to establish their potential to support regulation, accreditation or evaluation by a range of stakeholders.

5. Action Plan

The AT Forum and FAST propose that the following action plan is undertaken:

1. **Government departments:**

AT services play a key role in supporting Government policies aimed at increasing the independence of older people and improving the life chances of disabled people. The AT Forum propose that a cross-sector collaborative group of Government departments undertake a review to establish the potential of AT service standards development process to deliver policy objectives including gaining service efficiencies, refocusing services onto the user and facilitating inter-agency working.

Such a collaborative group could include representatives from the Office of Disability Issues, Department for Education and Skills, Department of Health, Department of Work and Pensions and the Department for Communities and Local Government.

An early action would be to develop cross sector guidance on the operational impact of the values framework and vision statements provided by the Standards for Better Health and Every Child Matters Green Paper. This might require partnership working with the Healthcare Standards Unit and the Social Care Institute for Excellence.

One role for such a collaborative group might be to support the development and implementation of the GATeSS development process across AT sectors to ensure a consistent and coherent approach to service standards development.

2. **Regulatory bodies:**

The Forum recommends that regulatory bodies with a remit covering AT services, such as the Healthcare Commission, Commission for Social Care Inspection (CSCI), Audit Commission and Ofsted, consider how they might work with the AT community to agree ways in which they might monitor the standards of AT services more directly.

3. **AT Service commissioners and providers:**

There is an urgent and compelling requirement to establish tools by which good practice in AT service delivery can be measured and monitored. Without basic tools such as effective outcome measures, any strategic planning of services or attempts to improve service delivery through the use of standards will be of limited impact. Similarly, there is a requirement to establish methods by which to weigh evidence and to systematically review and assess existing research.

Following on from work to develop outcome measures, there is a requirement to establish the evidence of what works in AT. The lack of this information is currently hampering service improvements in the area and limiting the contribution AT services can make towards providing independence and choice to an increasingly aging and disabled population.

4. **AT service providers:** The scope of actions by AT service providers may be limited given that the AT Forum has currently no funding to continue work in the area of establishing good practice in service standard development, and that many of the service providers who are members of the Forum are provided with few resources or support to develop or implement standards for services.

Given these limitations, the AT Forum would recommend that AT service providers:

- Inform FAST, on behalf of the AT Forum, of any action they propose on developing, updating or using standards. This will enable FAST to track developments and make them available to the AT community through publication in a standards database and/or the AT Forum newsletter.
 - Consider using the GATeSS development process when developing future service standards and provide feedback on potential amendments to this process to FAST on behalf of the Forum.
 - Consider volunteering time to establishing a GATeSS kitemark for those AT service standards which have complied with the GATeSS development process.
5. **Voluntary Sector Organisations:** The AT Forum recommend that voluntary sector organisations whose members use AT services should consider establishing ways in which they can collaboratively support their members to use standards guidelines in monitoring, reviewing and auditing AT services at local and national level. The aim of this activity would be to increase accountability of services and support the review and quality assurance of services by commissioners, providers and regulatory bodies.

Appendices

Appendices:

- Appendix 1: Listing of AT Forum members
- Appendix 2: Listing of AT Forum Executive Committee members

Chapter 1: Government Standards – care services

- Appendix 3: Standards for Better Health – the implications for AT services
- Appendix 4: Policy guidance on health and social care
- Appendix 5: AT services – the legal framework

Chapter 2: Mapping AT Service Standards

- Appendix 6: Full list of standards documents identified, highlighting those considered current and relevant to AT services
 - Appendix 7: Professional Standards/ Codes of Conduct
 - Appendix 8: Methodology: Questionnaire
 - Appendix 9: SIGN guide to the AGREE instrument (with amendments for relevance to AT services)
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Appendix 1. Members of the AT Forum

AbilityNet
Ace Centre (Oxford)
Ace Centre (North)
Age Concern
Alzheimer's Society
Anchor Housing
ASPIRE Centre for Disability Studies
Aspire National Training Centre
Aspire Centre for Disability Sciences
Assist UK
Association of British Healthcare Industries
Association of Directors of Social Services
British Healthcare Trades Association
British Red Cross
British Society of Rehabilitation Medicine
CALL Centre
Centre for Accessible Environments
Centre of Rehabilitation Engineering
Communication Matters
Dementia Voice
Different Strokes
Disabled Living Foundation
emPOWER
Help the Aged
Home Farm Trust
Institute of Physics and Engineering in Medicine
Mencap
Motor Neurone Disease Association
Multidisciplinary Association for Spinal Cord Injury Professionals
Muscular Dystrophy Campaign
National Association of Equipment Providers
National Centres for Independent Living
National Prosthetics Managers' Forum
Parkinson Disease Society of the United Kingdom
Posture and Mobility Group
RADAR
Rehabilitation Engineering Service Management Group
Ricability
Royal National Institute for Blind People
Royal National Institute for Deaf People
SCOPE
Speakability
The British Dyslexia Association
The DARE Foundation
The National Society for Epilepsy
The Stroke Association
Whizz-Kidz

Forum Associates (Non-voting)

Department of Health
Disability Rights Commission
Medicines and Healthcare products Regulatory Agency - Wheeled Mobility and Seating Centre
NHS Purchasing and Supply Agency
Centre for Evidence-based Purchasing

Appendix 2: Members of the AT Forum Executive Committee

Nick Pizey	Age Concern
Caroline Gray	ACE Centre
Ray Hodgkinson	British Healthcare Trade Association
David Rushton	British Society of Rehabilitation Medicine
Alan Turner-Smith	Centre of Rehabilitation Engineering
<i>Position Vacant</i>	College of Occupational Therapists
Nicole Penn-Symons	Disabled Living Foundation
Sam Gallop	EmPower
Donna Cowan	Institute of Physics and Engineering in Medicine
Rosemary Fraser	Royal National Institute for Blind People
Philippa Palmer	Royal National Institute for Deaf People
<i>Position Vacant</i>	Wheelchair Managers' Forum

Appendix 3: Standards for Better Health – implications for AT services

See also the websites of the Healthcare Commission and HealthCare Standards Unit and the ICES Getting Started pack on quality management systems.

Standards for Better Health	Implications for AT services
<p>Safety and the care environment “Health care organisations keep patients, staff and visitors safe by having systems to ensure that:</p> <ul style="list-style-type: none"> ▪ all risks associated with the acquisition and use of medical devices are minimised; ▪ all reusable medical devices are properly decontaminated prior to use...” 	<p>AT services should follow MHRA guidance on cleaning, decontamination and adverse incidents, and apply health and safety legislation and regulations.</p>
<p>Governance</p> <p>Leadership and accountability should ensure probity, continuous quality improvement and effective risk management. While controls assurance as a process has been abolished, much of the underpinning legislation and policy is still relevant and services should have robust internal controls for risk management.</p> <p>Financial management should achieve economy, effectiveness and efficiency.</p>	<p>AT services should have systems for governance, quality assurance and risk management, which take account of legislation and policy guidelines. Service users should be involved in audit and review.</p> <p>Services should maximise efficiencies through tracking and recycling and procurement taking into account NHS PASA guidelines.</p>
<p>IT systems should support high quality care.</p> <p>Staff should be appropriately recruited, qualified and trained for the work they undertake.</p>	<p>IT systems should support efficient, personalised and integrated care.</p> <p>Work should be carried out by staff who are appropriately qualified, trained and experienced, in line with relevant National Occupational Standards and professional Codes of Practice. Workforce development in AT across sectors should be supported.</p>
<p>Effectiveness</p> <p>Care should be effective and evidence-based, conforming to “nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery”.</p>	<p>Services should meet requirements in National Service Frameworks, NICE guidance and other Government guidelines.</p>

Standards for Better Health	Implications for AT services
<p>Care should be “well co-ordinated to provide a seamless service across all organisations that need to be involved, especially social care organisations”.</p>	<ul style="list-style-type: none"> ▪ Integrated community equipment services should provide a gateway to other AT services, including wheelchairs, housing adaptations and specialist equipment. All AT services should work within holistic processes for assessment and provision, supported by integrated care records systems. ▪ Services should consider how to integrate specialist, regional services and local services. If appropriate, investment should be made in care pathway processes to redefine patient-centred services.
<p><i>Patient-focused, accessible and responsive care</i></p> <p>“Organisations enable all members of the population to access services equally...”</p>	<p>Services should provide equal access on the basis of need without discrimination on the basis of criteria such as disability, age, gender or race. Services should meet requirements in the Human Rights Act and the Disability Discrimination Act. Services should comply with legislation and guidance on fair access to care.</p>
<p>Patients should receive services as promptly as possible, without “unnecessary delay at any stage of service delivery or of the care pathway.” Time targets are not specified, but organisations should use “locally agreed protocols ... that accord with the latest national expectations on access to services.”</p> <p>“Care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices.”</p> <p>“Patients ..., particularly those with long-term conditions, are helped to contribute to planning of their care and ... develop competence in self-care.”</p>	<p>Community equipment services should meet the performance indicator for provision within seven days. Other services should develop local targets based on relevant Government and non-Government targets and guidelines.</p> <p>Community equipment services should provide flexible access and support choice through self-assessment and direct payments (though this may not be compatible with providing equipment within 7 days as above). Wheelchair services should develop the wheelchair voucher scheme.</p> <p>Services should contribute to integrated and personalised care for people with long –term conditions, in line with the NSFs on Long Term Conditions and Diabetes and the NICE guidelines on MS and diabetes.</p>

Standards for Better Health	Implications for AT services
<p>“Patients, service users and ... carers receive timely and suitable information”</p> <p>“The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.”</p>	<p>Services should provide accessible information about services and eligibility criteria. Users and carers should receive appropriate information about equipment supplied. Local and regional information and demonstration facilities should be available. Standards documents should be easily available to service users.</p> <p>Users and carers should be involved in the commissioning, delivery and review of AT services through advisory boards, user groups, surveys and other means.</p>
<p>Public health</p> <p>“Services are ... delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities.....”</p>	<p>AT services should take a preventative approach, working with intermediate care, housing, falls services, alarms services and others to provide equipment which prevents accidents, helps people live independently at home and reduces admissions to care. AT services should work with other services to support education, employment, leisure and social inclusion.</p>

Appendix 4: Policy guidance on health and social care

AT services need to take account of a wide range of Department of Health guidance in order to meet the requirements of standards guidelines and regulatory bodies. The following is a selective list of relevant policy topics on the Department of Health website. The websites of the ICES team, Healthcare Commission and Health Care Standards Unit also have useful references.

Fair access to care services (social care):

- <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/FairAccessToCare/fs/en>

Direct payments (social care):

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/DirectPayments/fs/en>

Single assessment process for older people:

- <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/SocialCare/SingleAssessmentProcess/fs/en>

Continuing care policy:

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/IntegratedCare/ContinuingCarePolicy/fs/en>

Integrated care:

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/IntegratedCare/fs/en>

Records management:

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/RecordsManagement/fs/en>

Confidentiality:

- <http://www.dh.gov.uk/PolicyAndGuidance/InformationPolicy/PatientConfidentialityAndCaldicottGuardians/fs/en>

Patient and public involvement:

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PatientAndPublicInvolvement/fs/en>

Complaints policy:

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/ComplaintsPolicy/fs/en>

Self care:

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/SelfCare/fs/en>

Governance:

- <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Governance/fs/en>

Clinical governance:

- <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/ClinicalGovernance/fs/en>

Healthcare associated infection:

- <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/HealthcareAcquiredInfection/fs/en>

Learning disabilities:

- <http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/LearningDisabilities/fs/en>

Other guidance includes:

- Department of Health Change Agent Team, Discharge from hospital: pathway, process and practice, Department of Health 2003;
- Department of Health, LAC (2001)8: Social Care for Deafblind children and adults, Department of Health, 2001.

Appendix 5: AT services – the legal framework

The following is a selective review of the main legal requirements affecting the provision of AT services.

For more information about the law and guidance affecting the delivery of AT services, see Mandelstam, M., *Community Care Practice and the Law*, Jessica Kingsley Publishers, 2005 and Mandelstam, M., *Equipment for Older or Disabled People and the Law*, Jessica Kingsley Publishers, 1997.

The ICES website contains some information on the legal framework for the provision of equipment and the ICES guide to quality management systems also has useful information.

Governance

- Health Services and Public Health Act 1968: non-residential council services for older people.
- Chronically Sick and Disabled Persons Act 1970: non-residential council services for disabled people.
- NHS Act 1977: general duty on the NHS to provide a range of healthcare services.
- Children Act 1989: assessment and provision for children in need.
- NHS and Community Care Act 1990: community care assessment by councils.
- Carers (Recognition and Services) Act 1995: carers' assessment.
- Housing Grants, Construction and Regeneration Act 1996: disabled facilities grants operated by housing authorities.
- Data Protection Act 1998: access to personal information, confidentiality and disclosure.
- Health Act 1999: duty of quality of care on NHS trusts; joint working between the NHS and local authorities.
- Carers and Disabled Children Act 2000: carers' assessment and services.
- Care Standards Act 2000: registration and inspection of care providers.
- Health and Social Care Act 2001: direct payments; consulting and involving service users.
- Community Care (Delayed Discharges) Act 2003: local authority reimbursements to the NHS for causing delayed discharges.
- Carers (Equal Opportunities) Act 2004: carers' assessment and services.

Safety and the care environment

AT services need to minimise risks to service users and employees. However, employers can take into account what is “reasonably practicable” and balance the level of a particular risk against the cost and effort of removing it. Decisions by public services should also take into account the benefits of a particular activity for service users.

The ICES guide to quality management systems has extensive coverage of health and safety legislation and guidance, including MHRA guidance on adverse incidents, cleaning and decontamination. The Health Care Standards Unit and Healthcare Commission websites also list legislation, regulation and policy references in this area.

Under the Health and Safety at Work Act 1974, all employers have duties to safeguard the health and safety of employees and any non-employees affected by a particular undertaking. The Manual Handling Operations Regulations 1992 deal with the risk of injury through manual handling and the Management of Health and Safety at Work Regulations 1999 deal with processes of risk assessment and compliance.

Accessible and responsive care

The courts have developed general principles to test the fairness of decisions about care by all public bodies:

- fettering of discretion (not applying blanket policies) – policies about service provision should not be so rigid that exceptions cannot be made;
- rationality - decisions should be explicable in terms of a process of reasoning;
- all relevant factors should be taken into account;
- people's legitimate expectations should be respected;
- local authorities providing community care have to take into account people's preferences, dignity and quality of life.

Similar principles are applied by the health service and local Government ombudsmen, who investigate maladministration. They also take into account such issues as poor handling of referrals, excessive waiting times for assessment and provision, poor communication with service users, poor internal or inter-agency communication, poor recording, absence of policy or failure to follow it.

The Department of Health has published guidance to local authorities on "fair access to care services". Information about access, eligibility and services should be widely disseminated. Assessment and provision should not discriminate on grounds of age, gender, ethnic group, religion, disabilities or similar criteria. Eligibility for services should be determined by levels of need and risk to independence, not in terms of which services are involved. Blanket proscription of certain types of equipment or equipment below a certain cost, for example, would be excluded. Although the guidance does not strictly apply to NHS services, there is a legal presumption that if the NHS is going to ration services, it should also do so on the basis of clinical need and priorities rather than administrative convenience. The ICES website has a note on fair access to care.

Decisions by services also have to be consistent with the Human Rights Act 1998, which incorporated the European Convention on Human Rights into United Kingdom law. Rights include the right to life (article 2), the right not to be subjected to torture or inhuman or degrading treatment (article 3), the right to respect for private and family life (article 8), and the right not to be discriminated against in relation to other rights (article 14).

A court has found that the failure of a local authority to provide suitably adapted accommodation for a disabled woman for two years constituted a breach of article 8 (*R(Bernard) v Enfield LBC*). In another case, the court took account of article 3 in holding that a local authority could not impose the use of hoists on clients in blanket fashion. Decisions had to depend on individual circumstances, balancing the health and safety of staff with the

needs and human rights of the service users (*R(A&B) v East Sussex County Council*).

AT services have to meet the requirements of the Disability Discrimination Act 1995. All goods and services provided to the public have to be provided on equal terms to disabled people, unless less favourable treatment can be justified on certain specified grounds. Service providers have to make reasonable adjustments to practices, policies, procedures or physical features and take reasonable steps to provide auxiliary aids or services such as induction loops or sign language interpreters. The Act was extended in 2002 to cover education and a recent Bill has proposed extending its scope to include a duty on public bodies to promote equality for disabled people. The Disability Rights Commission website has extensive information about the Act.

Equal access to goods and services is also provided for in the Race Relations Act 1976 and the Sex Discrimination Act 1975.

Appendix 6: AT Service Standards Mapping

The table below contains a full list of the 139 standards documents identified. Following initial review of documents against the criteria for inclusion of documents as 'standards' a subsequently reduced number of standards documents (91 in number) were considered to be both current and of significant relevance to AT services. These were reviewed in Chapter 2 and are highlighted in orange in the listing below.

Lead organisation	Standard Name	Pub Date	ID
Access to Communication and Technology (ACT), West Midlands Rehabilitation Centre	AAC Regional Care Pathway in the West Midlands	2005 Apr	149
Access to Communication and Technology (ACT), West Midlands Rehabilitation Centre	Environmental Control Project Report	2005 May	150
ACT (Association for Children with Life-Threatening or Terminal Conditions and the Families)	Integrated Multi-agency Care Pathways for Children with life-threatening and life-limiting conditions	2004 Dec	152
ACT (Association for Children with Life-Threatening or Terminal Conditions and the Families)	A framework for the development of integrated multi-agency cre pathways for children with life-threatening and life-limiting conditions.		203
Alzheimer's Society	Home Care standards for the care of people with dementia	2001	118
Alzheimer's Society	Dementia in the Community	2001	204
Amputee Medical Rehabilitation Society (later the BSRM)	Congenital Limb Deficiencies - Recommended Standards of Care	1997	57
ARMA - Arthritis and Musculoskeletal Alliance	Standards of Care for people with Osteoarthritis	2004 Nov	145
ARMA - Arthritis and Musculoskeletal Alliance	Standards of Care for people with Back Pain	2004 Nov	143
ARMA - Arthritis and Musculoskeletal Alliance	Standards of Care for people with Inflammatory Arthritis	2004 Nov	144
Assist UK	Community Equipment Services- Why should we care?	1998	81
Assist UK	Standards for member organisations	1999	50
Audit Commission	The Way to go Home, Rehabilitation and Remedial Services for Older People	2000 Jun	106
Audit Commission	Fully Equipped 2002	2002	171
Audit Commission	Guidance on the Commissioning of Prosthetics Services	2003	37
Audit Commission	Guidance on the Commissioning Of Wheelchair Services	2003	190
Audit Commission	Guidance on the Commissioning of Orthotics Services	2003	79
Audit Commission	Commissioning Assistive Technology Services	2003	84
Audit Commission	Services for Disabled Children	2003 Sep	85
Audit Commission	Assistive Technology: Independence and Well-being 4	2004	170
Audit Commission	Supporting Independence with Assistive Technology	N/K	86
Becta - British Educational Communications and Technology Agency	Multisensory environments - Guidelines for good practice	1998	99
British Association of Chartered Physiotherapists in Amputation Rehabilitation	Evidence Based Clinical Guidelines for the Physiotherapy Management of Adults with Lower Limb Protheses	2003	119

Lead organisation	Standard Name	Pub Date	ID
British Association of Prosthetists and Orthotists (BAPO)	Guidelines for Best Practice	2002 Aug	117
British Association of Prosthetists and Orthotists (BAPO)	Guidelines on Assessment and Review	2003 Mar	46
British Geriatrics Society	Standards of Medical Care for Older People Expectations and Recommendations	2003	125
British Geriatrics Society	Rehabilitation of older people	N/K	126
British Healthcare Trades Association (BHTA)	BHTA Code of Practice	2006 Jul (Rev. ed)	47
British Society of Rehabilitation Medicine	Vocational Rehabilitation - The Way Forward	2003 Nov	183
British Society of Rehabilitation Medicine (BSRM)	Electronic Assistive Technology	2000 Jul	176
British Society of Rehabilitation Medicine (BSRM)	Standards for specialist in-patient and community rehabilitation services	2002 May	90
British Society of Rehabilitation Medicine (BSRM)	Amputee and Prosthetic Rehabilitation - Standards and Guidelines (2nd Edition)	2003 Oct	61
British Society of Rehabilitation Medicine (BSRM)	Specialised Wheelchair Seating: National Clinical Guidelines	2004 Apr	45
British Society of Rehabilitation Medicine (BSRM)	Musculoskeletal Rehabilitation	2004 Sep	116
British Society of Rehabilitation Medicine, Special Interest Group for Amputee Medicine, (SIGAM-BSRM)	Amputee Rehabilitation: Recommended Standards and Guidelines	2001	60
College of Occupational Therapists	National Prosthetics and Wheelchair Services Report	1996	32
Department for Communities and Local Government	Delivering Adaptations: Responding to the need for Adaptation - an overview	N/K	109
Department for Communities and Local Government / Department of Health	Delivering Housing Adaptations for Disabled People: A good practice guide	2004 Nov	142
Department of Health	Social Care for Deafblind Children and Adults - LAC(2001) 8	2001 Mar	226
Department of Health	Guide to Integrating Community Equipment Services	2001 Mar	33
Department of Health	Building Telecare in England	2005 Jul	217
Department of Health	Specialised Services National Definitions Set (2nd Edition)	N/K	87
Disabled Student Allowance Quality Assurance Group - Department for Education and Skills	Assessment: Standards and Procedures	2004 Nov	222
Eastern Head Injury Group	Standards for Head Injury Service in Acute Trusts	2004	199
emPOWER	Prosthesis and Orthosis Users Charter		64
emPOWER	Minimum National Standards for NHS Electronic Assistive Technology - WITHDRAWN		70
emPOWER	National standards for design, manufacture and delivery of Prosthesis and Orthosis - WITHDRAWN	N/K	42
Eucomed	Eucomed Code of Business Practice	N/K	227
Foundations	Quality Assessment Framework for Home Improvement Agencies	2004 Aug	110
Hearing Aid Council (HAC)	Code of Practice, Examinations and Registry	2004 Sep	148
HemiHelp	Recommendations for Minimum Standards of Healthcare in Children with Cerebral Palsy	1999 Sep	156
Housing Corporation	Housing for Older People		128
Integrating Community	Topic Sheet: Community Equipment for	2003 Jan	229

Lead organisation	Standard Name	Pub Date	ID
Equipment Services	Children		
Integrating Community Equipment Services (ICES)	Topic Sheet: Equipment for people with sensory impairment	2002 Oct	218
Integrating Community Equipment Services (ICES)	Topic Sheet: Environmental Control Systems	2003 Dec	219
Integrating Community Equipment Services (ICES)	Getting Started - Telecare	2004 Jun updated Jul 2005	35
Integrating Community Equipment Services (ICES)	Getting Started - Community equipment and care homes	2004 Oct	216
Integrating Community Equipment Services (ICES)	Getting Started - Equipment and Palliative Care	2005 Apr	221
Integrating Community Equipment Services (ICES)	Getting started - Quality Management Systems and Community Equipment	2005 Apr	141
Integrating Community Equipment Services (ICES)	Getting Started - Children's Equipment	2005 Mar	220
Integrating Community Equipment Services (ICES)	Getting Started - Pressure Care	2005 Mar	192
Integrating Community Equipment Services (ICES)	Getting Started - Communication Aids	2005 Nov	228
Integrating Community Equipment Services (ICES)/ Audit Commission	Commissioning Guidelines For Community Equipment Services	2003 Sep	34
Kent, Surrey and Sussex Local Speciality Commissioning Group	Standard for Patients Requiring Spinal Cord Injury Care	May 2003	71
Limbless Association	National User Standards, Local Action for Supply of Prostheses - a Users Charter	2005 Dec Rev.3	151
Limbless Association	National User Standards, Local Action for Supply of Orthoses - a Users Charter	2006 March	232
Limbless Association/ EmPOWER	National Personnel Standards for Design Manufacture and Delivery of Prostheses - Standards for Better Health	2004 Mar	114
Lincoln NHS Region	Electronic Assistive Technology in Lincolnshire	N/K	162
Medicines and Healthcare products Regulatory Authority (MHRA)	Medical Devices and Equipment Management for Hospital and Community-based Organisations (DB9801)	1998 Jan	39
Medicines and Healthcare products Regulatory Authority (MHRA)	Devices in Practice - a guide for health and social care professionals	2001 Oct	180
Medicines and Healthcare products Regulatory Authority (MHRA)	Community equipment loan stores - guidance on decontamination (DB(2003)06)	2003 Sep	51
Medicines and Healthcare products Regulatory Authority (MHRA)	Guidance - Reporting Adverse Incidents and Disseminating Medical Device Alerts (Ref. MDA/2004/001)	2004	52
Medicines and Healthcare products Regulatory Authority (MHRA)	Guidance on the Stability of Wheelchairs - DB2004(02)	2004 Mar	200
Medicines and Healthcare products Regulatory Authority (MHRA)	Sterilization, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination	2005 (rev. ed)	210
Motability	Driving Success: Standards and Measurements 2006	2006	235
Motor Neurone Disease Association	MND Resource File - A Patient Centred Approach for Health and Social Care Professionals	2000	164
Motor Neurone Disease Association	Standards of Care	2004	136
MS Society and MS Research Trust	Basics of best practice in the management of multiple sclerosis	N/K	163

Lead organisation	Standard Name	Pub Date	ID
Multiple Sclerosis Society	Developing MS Healthcare Standards	2002 Apr	167
Multiple Sclerosis Society	Measuring Success: An audit guide for healthcare professionals	2004	147
National Wheelchair Managers Forum	National Standards for Wheelchair Services	N/K	43
National Wheelchair Managers Forum (NWMF)	Standards for Better Health: HealthCare Standards for Wheelchair Services under the NHS	2005 Mar	44
Neurological Alliance	Levelling Up: Standards of care for people with a neurological condition	2002	102
Neurological Alliance	In search of a service	N/K	169
NHS Modernisation Agency, Department of Health and the Audit Commission	Improving Services for Wheelchair Users and Carers - learning from the Wheelchair Services Collaborative	2004 Dec	215
NHS PASA/ Prosthetic Strategic Supply Group (PSSG)	Best practice NHS prosthetic limb services specification	2002 Jun	214
NHS PASA/ Prosthetic Strategic Supply Group (PSSG)	Amputee Care: Guidelines for Commissioners 2nd Ed	2002 Nov	56
NHS PASA/ Prosthetic Strategic Supply Group (PSSG)	Amputee Care: guidelines for providing written information for users of NHS services	2003 Nov	53
NHS Purchasing and Supply Agency (NHS PASA)	Purchasing Wheelchairs - Best Practice guide		211
NHS Purchasing and Supply Agency (NHS PASA)	National Service Framework Agreement - for the supply of analogue and digital hearing aids and audiology sundries	2000 (updated 2003 Nov)	225
NHS Purchasing and Supply Agency (NHS PASA)	Orthotics Pathfinder report	2004 Jul	138
NHS Purchasing and Supply Agency (NHS PASA)	Community Equipment Services - service specification	2004 May	223
NHS Purchasing and Supply Agency (NHS PASA)	Procurement Guides - Rehabilitation (Audiology, Community Equipment services, Electronic Assistive Technology, Orthotics, Prosthetics, Wheelchairs)	N/K	68
NHS Purchasing and Supply Agency (NHS PASA)	National Service Framework Agreement - Electronic Assistive Technology	N/K	213
NHS Purchasing and Supply Agency (NHS PASA)	Standards for best practice procurement	N/K	113
NICE	Technology Appraisal - Hip disease - replacement prostheses	2000	41
NICE	The use of pressure-relieving devices (beds, mattresses and overlays) for the prevention of pressure ulcers in primary and secondary care	2003 Oct	40
NICE	Multiple Sclerosis - Full Guidelines	2004	188
NICE	Falls - the assessment and prevention of falls in older people	2004 Nov	130
North East Orthotics Consortium with NHS PASA, BAPO and emPOWER	Orthotic Good Practice Guidance	2003	69
Paediatric Prosthetic Group	Recommended Standards of Care for Children, Young People and their Families	2003	66
Parkinsons Disease Society	Moving and Shaping - The Future. Commissioning Services for People with Parkinsons Disease		165
Parkinsons Disease Society	Parkinsons Aware in Primary Care	2003 Sep	157
Peggy and Friends	Users National Service Framework Agreement and Commissioning Currency Standards, Limb Deficient Children, Young	2003 Dec	59

Lead organisation	Standard Name	Pub Date	ID
	People and their Families		
PMG - Posture and Mobility Group	Provision of Wheelchair Mobility and Postural Assistance Services	1997 Sep	139
PSP-Europe (Progressive Supranuclear Palsy Association)	Health Care for Patients with Progressive Supranuclear Palsy	2002 Feb	166
RNIB and Association of Directors of Social Services	Progress in Sight - national standards of social care for visually impaired adults	2002 Oct	120
RNID	Best Practice Standards for Adult Audiology	2002 Jul	168
RNID	A review of good practice in Deaf education	N/K	104
RNID and Association of Directors of Social Services	Best practice standards - social services for deaf and hard of hearing people	1999 Jul	49
RNID and Association of Directors of Social Services	Deaf Children: Positive Practice Standards in Social Services	2002 Mar	91
Royal College of Physicians	Rehabilitation following acquired brain injury - National clinical guidelines	2003 Dec	184
Royal College of Physicians	Vocational assessment and rehabilitation after acquired brain injury - inter agency guidelines	2004 Dec	186
Royal College of Physicians (RCP)	Specialist equipment services for disabled people: The need for change	2004 Sep	78
Royal College of Physicians - Paediatric Stroke Working Group	Stroke in childhood - clinical guidelines for diagnosis, management and rehabilitation	2004 Nov	189
Royal College of Speech and Language Therapists	Model of Professional Practice - RCSLT Competencies Project	2001 Sep	172
Royal College of Speech and Language Therapists	Speech and Language Therapy Provision for Adults with Learning Disabilities - Position Paper	2003 Mar	112
Royal College of Speech and Language Therapists	Clinical Guidelines	2004	178
Royal College of Speech and Language Therapists	Communicating Quality: Professional Standards for Speech and Language Therapists	N/K	105
Scottish Intercollegiate Guidelines Network	Prevention and Management of Hip Fracture in Older People	2002 Jan	129
Scottish Intercollegiate Guidelines Network (SIGN)	Management of Patients with Stroke - Rehabilitation, Prevention and Management of Complications and Discharge Planning: a national clinical guideline	2002 Nov	187
Sense	Standards for Services for Adults who are Deafblind or have a Dual Sensory Impairment	2000 pre-	94
Sense	Quality Standards in Education Support Services	2002	181
Sense	Quality Standards in vision care for deaf children and young people	2004	93
Stroke Association	Stroke - Good Practice Resource Pack	2001	159
Stroke Association	Stroke - Good Practice in Primary Care	2002	158
Telecare Services Association	Code of Practice: a management framework for best practice	2002 Oct	80
Telephone Helplines Association	Quality Standards		134
The English Federation of Disability Sport (EFDS)	Inclusive Fitness Mark Standards	2006 Mar	234
The National Deaf Children's Society (NDCS)	Quality Standards in Education	1999	207
The National Deaf Children's Society (NDCS)	Quality Standards in Paediatric Audiology	2000	198
The National Deaf Children's Society (NDCS)	Quality Standards in the Early Years	2002	208
The National Deaf Children's Society (NDCS)	Quality Standards in Bone Anchored Hearing Aids for Children and Young People	2003	209

Lead organisation	Standard Name	Pub Date	ID
The National Deaf Children's Society (NDCS)	Quality Standards in Cochlear Implants for Children and Young People	2004	197
The National Deaf Children's Society (NDCS)	Quality Standards - Transition from paediatric to adult audiology services	2005 Apr	205
Tuberous Sclerosis Association	Clinical Guidline for the Care of Patients with Tuberous Sclerosis Complex: Summary	April 2002	160
UK Forum of Mobility Centres	Standards of Service	N/K	236
Welsh Local Government Association	Visual Impairment: Good Practice Guides	2006 Jan	233
Whizz-kidz	Standards for the Provision of Mobility Equipment (specifically wheelchairs) for Children and Young People	N/K	103

Appendix 7: Professional Standards/ Codes of Conduct

Listed below are some of the professional bodies who set, monitor and accredit the professional standards and codes of conduct for practitioners who provide AT services. We would be grateful if readers would notify FAST of any other professional organisations whose members provide AT services.

The Association of Clinical Scientists
The Association of Orthopaedic Technicians
Association of Retirement Home Managers
British Association of Prosthetists and Orthotists
British Society of Rehabilitation Medicine
Chartered Institute of Environmental Health
Chartered Society of Physiotherapy
College of Occupational Therapists
The Council for Advancement of Communication with Deaf People
The Engineering Council
General Social Care Council
General Teaching Council
Health Professions Council
Hearing Aid Council
The Higher Education Academy
Institute of Electrical Engineers
Institute of Physical Engineering in Medicine
National Association of Disability Officers
Royal College of Speech and Language Therapists
Royal College Nursing
The Royal College of Ophthalmologists
The Royal Institute of Public Health
Royal Society of Medicine
Vocational Rehabilitation Association

Appendix 8: Methodology: Identification Letter and Questionnaire

Date

Dear <First_Name>,

Mapping Assistive Technology Service Standards

As you know, the Assistive Technology (AT) Forum has now published a Position Paper as its founding document and you should have received a copy on behalf of your organisation.

The Forum has approved further work to follow up the key proposals in the Paper. I am writing about one of these: work on assistive technology service standards.

The Paper concluded that:

“Whilst a vast array of service standards has been created by a variety of groups, there is no formal mechanism to evaluate or endorse them and none have been nationally adopted. It is difficult for professionals to find out and assess all the relevant standards and difficult to users to find out about the standards of service they ought to expect or to appraise or influence the way they are provided.”

The Paper proposed further work on service standards, beginning with:

“A mapping exercise should be conducted to index and review all existing standards for AT services and to identify the gaps. This review should investigate the potential for harmonisation of existing standards.”

We propose to carry out this mapping exercise by:

- identifying AT service standards documents;
- sending a questionnaire to those responsible for such documents, to find out more information, such as the level of user involvement in development and if there is evidence of use in practice;
- collating and indexing the replies in a database;
- summarising Government guidance on service standards;
- reviewing findings in a draft report for Forum members; and
- publishing a final report by March 2005.

On completion of this first stage, the Forum will review the scope for further work on AT service standards.

The first task is to identify documents containing AT service standards. These should be at the national level and currently in force. We are using the following definitions for this exercise:

Assistive Technology (AT): a product or service designed to enable independence for older or disabled people (King's Fund consultation, 14 March 2001).

NB. This covers the whole range of equipment and systems that can assist people who have difficulties in carrying out everyday activities.

AT service: a system for providing AT or supporting its provision, e.g. by providing information.

AT service standard: a description of an AT service (or an aspect of an AT service), which sets out the level of quality of care to be expected and which can be used to assess performance.

AT service standards are currently produced by Government, professional and trade bodies, the voluntary sector, or by combinations of these. Some standards are free-standing documents, for example the National Standards for Wheelchair Services. Some are included within other documents, like the requirement in the Priorities and Planning Framework to provide community equipment within seven working days, or the coverage of equipment assessment and provision within the RNID's Best Practice Standards: Social Services for Deaf and Hard of Hearing People.

We are seeking your help to identify current, national-level AT service standards, whether free-standing documents or set out within other documents, and the lead organisation responsible for each standards document. We will then send a questionnaire to these organisations.

Action

Please use the attached simple form to identify AT service standards documents within your organisation's area of interest. This includes, but is not confined to, any for which your organisation is responsible. Please include the name and address of the lead organisation, and, where possible, a named contact. Please be inclusive rather than exclusive at this stage and feel free to copy this letter to other stakeholders.

I am sure that all Forum members will collaborate fully in this important exercise, which is being led by FAST Associate Team Member, David Wardle.

Thank you in advance for your cooperation. Do not hesitate to contact me if you have any queries.

Yours sincerely



Dr Alan Turner-Smith
Chair of the AT Forum

QUESTIONNAIRE

If you have any problems using this form, please contact FAST. Please use the freepost envelope or freepost address to return the completed questionnaire together with any supporting documentation to: FAST, FREEPOST LON21484, LONDON, EC1B 1ND

Name of Standard:	
Reference for standards document (full bibliographic if possible) including availability in hard copy and location on internet:	
Identify section on AT within standards document: (if applicable)	
Lead organisation for standards document:	
Endorsing organisations: (if applicable)	
Aims and intended audience:	
Summary of contents, in particular key advice or guidance on AT service standards:	
Were users involved in development of the standard? Please give details.	
Were the standards aimed to link in with Government policy? Please give details.	
Are these standards in use in practice eg by service commissioners or providers. Is it possible to provide evidence of this?	

The above information was provided by:

Name	
Position	
Organisation	
Address	
Post Code	
Telephone	
Email	
Date	
Signature	

Appendix 9: The (SIGN) guide to the AGREE instrument (<http://www.agreecollaboration.org/instrument/>).

The Scottish Intercollegiate Guidelines Network (SIGN) guide to the AGREE instrument has been the key source for developing the GATeS approach to developing standards for AT services. We propose amendments to the AGREE instrument which would be required to make it relevant to assistive technology services.

	Appraising the Quality of Clinical Guidelines The SIGN guide to the AGREE guideline appraisal instrument	Proposed adaptations to increase relevance for AT services
	Scope and Purpose	
1.	The overall objective(s) of the guideline should be specifically described.	
2.	The clinical question(s) covered by the guideline should be specifically described.	The clinical question(s) and/or social impact(s) covered by the guideline should be specifically described (for example, an intervention to increase the independence of older people at home).
3.	The patients to whom the guideline is meant to apply should be specifically described.	The patients/ clients to whom the guideline is meant to apply should be specifically described. [Note: this is equally likely to be a description of a disabling barrier or functional task as a characteristic of the person themselves and may also involve environmental characteristics, for example, guidelines in relation to bathing assistance for people who are mobility impaired and living alone.]
	Stakeholder Involvement	
4.	The guideline development group should include individuals from all the relevant professional groups.	The guideline development group should include individuals from all the relevant professional groups and also include representatives of potential client groups.
5.	The patients' views and preferences should be sought.	Clients' views and preferences should be sought and the methods by which this is done should be clearly described.
6.	The target users of the guideline should be clearly defined.	
7.	The guideline should be piloted among end users.	
	Rigour of development	
8.	Systematic methods should be used to search for evidence.	
9.	The criteria for selecting the evidence should be clearly described.	The criteria for selecting the evidence should be clearly described and, where no evidence exists, the methods by which expert consensus is established should be described.

Appraising the Quality of Clinical Guidelines The SIGN guide to the AGREE guideline appraisal instrument		Proposed adaptations to increase relevance for AT services
		[Note: expert consensus does not imply professional opinion alone.]
10.	The method for formulating the recommendations should be clearly described.	
11.	The health benefits, side effects and risks should be considered in formulating the recommendations.	The health and/or social benefits, side effects and risks should be considered in formulating the recommendations, not only for the client but also for formal and informal carers.
12.	There should be an explicit link between the recommendations and the supporting evidence.	There should be an explicit link between the recommendations and the supporting evidence and, where no evidence exists, to expert consensus.
13.	The guideline should be externally reviewed by experts prior to publication.	
14.	A procedure for updating the guideline should be provided.	
Clarity and Presentation		
15.	The recommendations should be specific and unambiguous.	
16.	The different options for diagnosis and/or treatment of the condition should be clearly presented.	The different options for overcoming disabling barriers and/or treatment or management of the condition should be clearly presented.
17.	Key recommendations should be easily identifiable.	
18.	The guideline should be supported with tools for application.	
Applicability		
19.	The potential organisational barriers in applying the recommendations should be discussed.	The potential organisational barriers and requirements for inter-agency working in applying the recommendations should be discussed.
20.	The potential cost implications of applying the recommendations should be considered.	
21.	The guideline should present key review criteria for monitoring and audit purposes.	
Editorial independence		
22.	The guideline should be editorially independent from the funding body.	
23.	Conflicts of interest of guideline development members should be recorded.	

Sources

Source documents:

- Department for Education and Skills, Every Child Matters, The Stationery Office, 2003
- Department for Education and Skills, Removing Barriers to Achievement: The Government's Strategy for SEN, The Stationery Office, 2004
- Department for Education and Skills, Special Educational Needs Code of Practice, The Stationery Office, 2001
- Department of Health, Care homes for adults (18-65): National Minimum Standards, The Stationery Office, 2003.
- Department of Health, Care Homes for Older People: National Minimum Standards, The Stationery Office, 2002
- Department of Health, Children's Homes: National Minimum Standards, The Stationery Office, 2002.
- Department of Health, Independence, Well-being and Choice, Department of Health, 2005.
- Department of Health, National Service Framework for Children, Young People and Maternity Services, Department of Health, 2004.
- Department of Health, National Service Framework for Diabetes, Department of Health, 2001.
- Department of Health, National Service Framework for Older People, Department of Health, 2001.
- Department of Health, National Service Framework for People with Long-term Conditions, Department of Health, 2005
- Department of Health, National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005/06-2007/08, Department of Health, 2004.
- Department of Health, Residential Special Schools: National Minimum Standards, The Stationery Office, 2002.
- Department of Health, Your health, your care, your say: a new direction for community services, Department of Health, 2006
- Healthcare Commission, Assessment for improvement: the annual health check, Healthcare Commission, 2005.
- Healthcare Commission, Criteria for Assessing Core Standards, Healthcare Commission, 2005.
- Mandelstam, M., Community Care Practice and the Law, Jessica Kingsley Publishers, 2005.
- Mandelstam, M., Equipment for Older or Disabled People and the Law, Jessica Kingsley Publishers, 1997.
- National Institute for Clinical Excellence, Falls: the assessment and prevention of falls in older people (Clinical Guideline 21), NICE, 2004
- National Institute for Clinical Excellence, Infection control, prevention of healthcare-associated infection in primary and community care (Clinical Guideline 2), NICE, 2003.
- National Institute for Clinical Excellence, Diabetes (types 1 and 2) - patient education models (Technology Appraisal No. 60), NICE 2003.

- National Institute for Health and Clinical Excellence, Social Value Judgements, NICE, 2005.
- National Institute for Clinical Excellence, Type 1 diabetes: diagnosis and management of type 1 diabetes in children, young people and adults (Clinical Guideline 15), NICE, 2004.
- National Institute for Clinical Excellence, Type 2 diabetes: prevention and management of foot problems (Clinical Guideline 10), NICE, 2004.
- National Institute for Clinical Excellence, Management of Type 2 diabetes: retinopathy - screening for and early management (Inherited Clinical Guideline E), NICE, 2002.
- National Institute for Clinical Excellence, Parkinson's disease: diagnosis and management in primary and secondary care (Clinical Guideline 035), NICE, June 2006
- Prime Minister's Strategy Unit, Improving the Life Chances of Disabled People, Prime Minister's Strategy Unit, 2005.
- Scrivens, E., Quality, risk and control in health care, Open University Press, 2005.

Websites

- AGREE Instrument: www.agreecollaboration.org/instrument
- Audit Commission: www.audit-commission.gov.uk
- Care Services Improvement Partnership: www.csip.org.uk
- Commission for Social Care Inspection (CSCI): www.csci.org.uk
- Department for Education and Skills: www.dfes.gov.uk
- Department for Education and Skills, Every Child Matters: www.everychildmatters.gov.uk
- Department of Health: www.dh.gov.uk
- Disability Rights Commission: www.drc-gb.org
- Health and Safety Executive (HSE): www.hse.gov.uk
- Healthcare Commission: www.healthcarecommission.org.uk
- Healthcare Standards Unit: www.hcsu.org.uk
- Integrating Community Equipment Services (ICES): www.icesdoh.org
- Medicines and Healthcare products Regulatory Agency: www.mhra.gov.uk
- National Institute for Health and Clinical Excellence: www.nice.org.uk
- NHS Purchasing and Supply Agency: www.pasa.nhs.uk
- Integrating Community Equipment Services (ICES): www.icesdoh.org
- Ofsted: www.ofsted.gov.uk
- Skills for Care: www.topssengland.net
- Skills for Health: www.skillsforhealth.org.uk