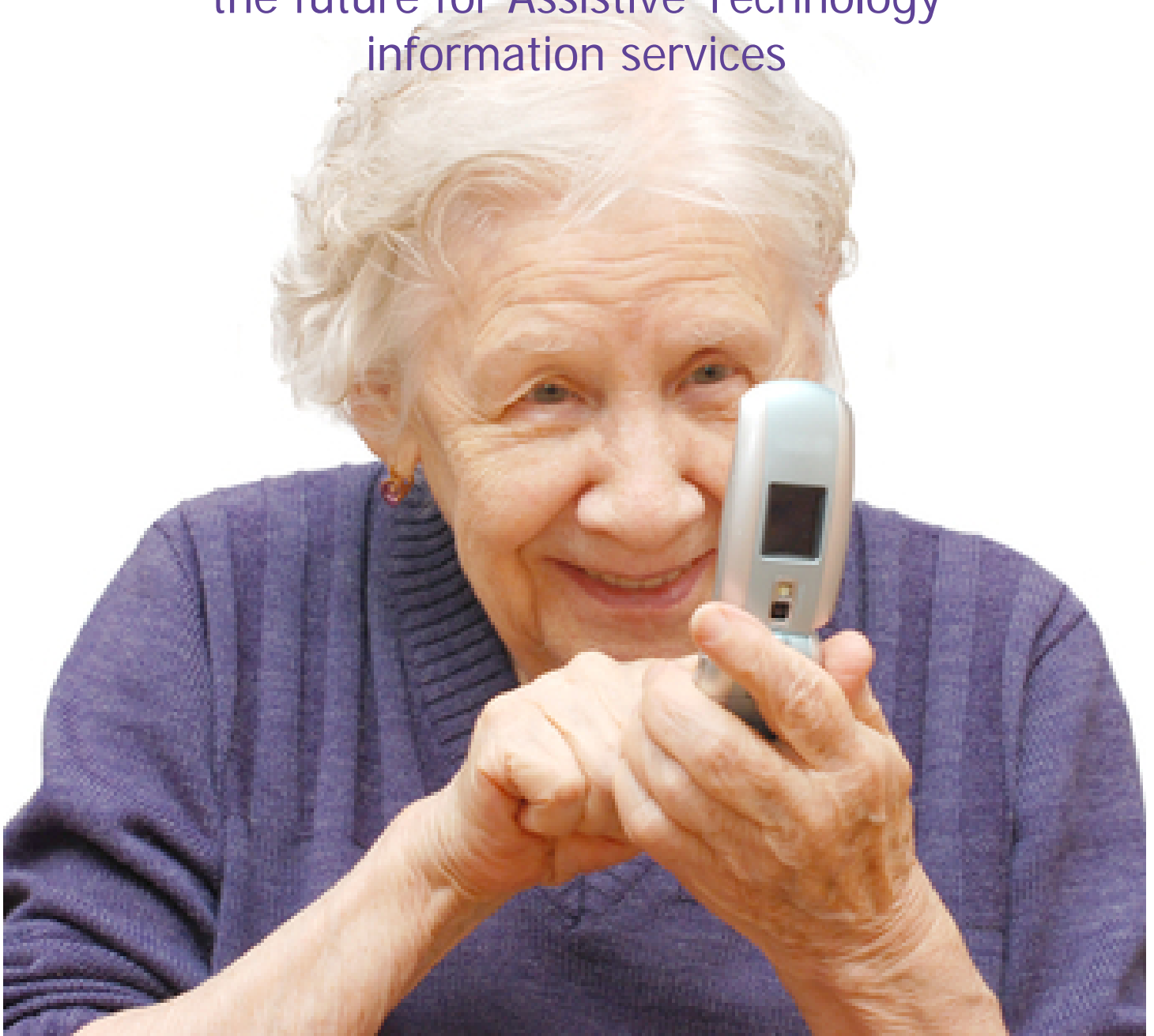


Anarchy or Opportunity? the future for Assistive Technology information services



A report on the final year of the AT Information Alliance project.

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The AT Alliance report

The Assistive Technology (AT) Alliance consists of four leading national charities that provide impartial information about assistive technology (Assist UK, Disabled Living Foundation (DLF), the Foundation for Assistive Technology (FAST) and Ricability).

In April 2008 the AT Alliance received three years' funding from the Department of Health for a project entitled "The Assistive Technology Information Network for the Future".¹ The project's aim was to bring together the four organisations' expertise on information, evaluation, policy and user experience relating to assistive technology. The work of the project was set against the changing market for assistive technology and an anticipated increase in information-seeking by the public. Bringing together the experience and expertise of these four organisations and developing stronger collaborative working provides a platform to address gaps in access, information and choice. A report entitled "The AT Information Network: Mapping the Information Environment, the Challenges and Opportunities" was published in September 2010 summarising the activities and findings of the first two years of the project.

This report outlines the work undertaken during the third year of the project, acting on findings from the first two years of work by the AT Alliance partners. The start of the third year of the project coincided with a change in government, the implications of which provide the context to this report. Much of the work of the third year focused on establishing a sustainable collaboration between the Alliance members and a wider group of voluntary sector organisations that provide comprehensive information about assistive technology at a national level² during this time of flux.

Developments in the policy and funding context

Following the UK general election of May 2010, the Labour government was replaced by a coalition government formed by the Conservatives and Liberal Democrats. The UK government is responsible for health and local government in England (including adult social services, housing, education and children's services) and it is these responsibilities which are the main focus of this section. The devolved administrations are responsible for health and local government in Scotland, Wales and Northern Ireland and are free to follow their own policies.

A key priority for the new government is to reduce the UK budget deficit through tax rises, welfare reform and cuts in government spending. The 2010 spending review³ set out cuts in departmental budgets other than health and overseas aid of an average 19 per cent over the four years from 2011/12 to 2014/15, which feed through to spending decisions by departments, the NHS and local authorities.

The cuts are to be accompanied by a shift of power from the state to people and communities through the related themes of localism and the 'Big Society'. The coalition agreement⁴ called for 'a stronger society, a smaller state, and power and responsibility in the hands of every citizen'. This is to be achieved⁵ by:

¹ Mapping the Information Environment, the Challenges and Opportunities, 2010, AT Alliance website: <http://www.at-alliance.org.uk/>

² Note these findings relate primarily to England, less so to other parts of UK.

³ HM Treasury website: http://www.hm-treasury.gov.uk/spend_index.htm

⁴ The coalition agreement: http://www.conservatives.com/News/News_stories/2010/05/The_Coalitions_Programme_for_Government.aspx

⁵ Prime Minister's speech on the Big Society: <http://www.number10.gov.uk/news/topstorynews/2011/02/pm-sets-out-commitment-to-big-society-60525>

- devolving more power to local government and local people⁶;
- public service reform⁷;
- social action - more charitable giving and volunteering.⁸

The market-based public service reforms, some developing further the policies of the Labour government, involve:

- competition – most services should be open to ‘any willing provider’ from the state, private or voluntary sector or to front-line staff who wish to set up social enterprises;
- choice – service users should have the information to choose between competing providers (‘transparency’) and should - in many cases - control their own budgets.
- Through smaller government departments and a ‘bonfire of quangos’, local services will have more freedom and less central direction. Regulation and ring-fencing of grants will be reduced, and services will be judged on outcomes and paid by results. A White Paper on public service reform is expected shortly.

The NHS

Although the NHS in England is largely protected against the spending cuts, it has set itself a demanding ‘quality and productivity challenge’ requiring £20 billion efficiency savings over the next four years,⁹ at the same time as it implements radical changes in its organisation to be implemented over the next four years, 2011-2015.¹⁰

The government’s NHS reforms are based on the White Paper ‘Equity and Excellence: Liberating the NHS’ and are set out in the Health and Social Care Bill, which is currently going through Parliament. The aim is to devolve power to patients (‘no decision about me without me’), front-line professionals and local communities. The key elements are:

- abolition of strategic health authorities and primary care trusts;
- most healthcare commissioning to be carried out by consortia of GP practices;
- a new NHS Commissioning Board to oversee the consortia and commission specialised services;
- more autonomy for local providers as all NHS trusts become foundation trusts;
- opening up services to “any willing provider”, including the private and voluntary sector;
- new outcome measures supported by quality standards for care pathways being developed by NICE (National Institute for health and Clinical Excellence);
- patients given more information to choose between competing services;
- developing personal health budgets;
- statutory Health and Wellbeing Boards in every upper-tier local authority.

⁶ Localism Bill: <http://www.communities.gov.uk/news/newsroom/1818860>

⁷ Article on public service reform by the Prime Minister in the Daily Telegraph: <http://www.number10.gov.uk/news/topstorynews/2011/02/pm-sets-out-vision-for-public-services-reform-60932>

⁸ Giving Green Paper’ <http://www.cabinetoffice.gov.uk/resource-library/giving-green-paper>

⁹ Letter to the NHS from Sir David Nicholson, NHS Chief Executive http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_122740

¹⁰ The Health and Social Care Bill was introduced into Parliament on 19 January. It takes forward the changes to the NHS set out in the White Paper ‘Equity and Excellence: Liberating the NHS’ and developed in ‘Legislative framework and next steps’: <http://healthandcare.dh.gov.uk/>]

There is a tension in the NHS reforms between national oversight and devolution and between competition and collaboration. Things may become clearer as the reforms develop. Recent statements from the Department of Health have called for 'more integration of services and more competition', while ruling out price competition¹¹.

Adult social care services

The government published 'A Vision for Adult Social Care: Capable Communities and Active Citizens'¹² in November 2010. This builds on the policies of the Labour government, which were set out in the 'Putting People First' concordat with local government. It is supported by a new partnership agreement 'Think Local, Act Personal' with leading organisations including councils.¹³ The aim of both documents is to shift power from the state to the citizen through:

- personal budgets including direct cash payments to be offered to all eligible by 2013;
- information and advice as a universal service to help those who pay for support (self-funders) or rely on family carers as well as those who are publicly funded;
- developing local support networks;
- preventative services to keep people independent including AT;
- breaking down barriers between health and social care;
- care and support to be delivered through a 'plural market' in partnership between individuals, communities, the voluntary sector, the NHS and council services.

The vision is the first of three pieces of work, along with reports due this year from the Law Commission on social care law and the independent Commission on the Funding of Care and Support,¹⁴ that will feed into the development of a white paper on social care in autumn 2011 and subsequent legislation.

Education and children's services

Government changes in education through the Academies Act¹⁵ and Education Bill are aimed at giving local schools more autonomy and freeing some from local authority control, while protecting school budgets. Relevant legislation is still in place. For example, under the Equality Act 2010¹⁶ schools must not discriminate against pupils in the provision of education or access to any benefit, facility or service and they need to have arrangements in place to ensure they deal with the reasonable adjustment needs of disabled pupils.

The Labour government commissioned the 2008 Bercow Review into services for children with speech, language and communication needs (SLCN), which recommended that a Communication Champion be appointed, alongside a

¹¹ Letter from NHS Chief Executive David Nicholson: http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_124440

¹² Department of Health. 'A vision for adult social care: Capable communities and active citizens'. November 2010: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121508

¹³ 'Think Local, Act Personal', the sector-wide statement of intent from key organisations supporting the personalisation of services: http://www.puttingpeoplefirst.org.uk/library/PPF/NCAS/THINK_LOCAL_ACT_PERSONAL_17_1_11.pdf

¹⁴ Commission on the Funding of Care and Support: <http://www.dilnotcommission.dh.gov.uk/>

¹⁵ Academies Act 2010: <http://www.legislation.gov.uk/ukpga/2010/32/contents>

¹⁶ Equality Act 2010: <http://www.legislation.gov.uk/ukpga/2010/15/contents>

Communication Council, and that a 'hub and spoke' model of AAC (alternative and augmentative communication) provision should be developed. The current government left the Communication Champion (Jean Gross) in post and asked her to review AAC provision for children and young people. Her report is with the government and its recommendations include the commissioning of regional AAC hubs under the new NHS arrangements. The educational technology agency Becta, which was supporting the AAC sector, has been closed.¹⁷

In March 2011 the government published a green paper "Support and aspiration: A new approach to special educational needs and disability,"¹⁸ which proposes to introduce a new single assessment process and 'Education, Health and Care Plan' and the option of personalised funding to give parents greater control over their child's support by 2014. It also proposes to give parents a choice of school, either mainstream or special school and test how the voluntary and community sector could coordinate assessment of children's needs. The green paper also highlights the importance of transition planning, independent living and integrated working and confirms that the commissioning of specialised services by the new NHS Commissioning Board will include provision of high-tech communication aids for AAC.

The government is continuing with six local pilots of individual budgets for disabled children, which were set up by the previous administration. The pilots will run from April 2009 until March 2011, with a possible extension to March 2012.¹⁹

Rights for disabled people

The UK government is a signatory to the UN Convention on the Rights of Persons with Disabilities²⁰ which establishes internationally recognised benchmarks for disabled people's rights in all areas of life. The Equality Duty flowing from the Equality Act 2010¹⁶ comes into force on 6 April 2011. This requires public bodies to pay regard to the needs of disabled people. They have a general duty to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between different groups, and to foster good relations between different groups.

The Office for Disability Issues²¹ leads the government's vision of 'achieving equality for disabled people' by 2025 and is continuing with many of the previous government's policies in this field. This includes action on communications aimed at disabled people and – to some extent - on independent living, although the Independent Living Fund which is often used to obtain AT, is to close for new applicants. The proposal for the Independent Living Fund (ILF) now stands as 'Retained - consultation later in the year will determine how best to support ILF customers beyond this Parliament'.²² The previous government's commitment to support a network of user-led organisations appears to have been dropped. The

¹⁷ Archived Becta website:

<http://webarchive.nationalarchives.gov.uk/20110130111510/http://www.becta.org.uk>

¹⁸ SEN Green Paper:

<http://www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208027>

¹⁹ Individual budgets (IBs) programme to explore ways in which IBs could provide a more joined-up package of support to families with disabled children:

<http://www.education.gov.uk/childrenandyoungpeople/sen/ahdc/a0068208/ahdc-individual-budgets>

²⁰ UN Convention: <http://www.odi.gov.uk/disabled-people-and-legislation/un-convention-on-the-rights-of-disabled-people.php>

²¹ Office for Disability Issues <http://odi.dwp.gov.uk/>

²² Update to the status of the ILF on the DWP website: <http://www.dwp.gov.uk/ilf/news/#update>

government is continuing with the Right to Control²³ pilots, which brings together housing, employment, Independent Living Fund and community care funding into personal budgets for disabled people, giving them the option of buying their own services or equipment.

Welfare reform

The government is implementing significant changes to benefits and employment support for disabled people, building on the policies of the previous government. The Welfare Reform Bill,²⁴ in 'the biggest shake up of the system for 60 years', will introduce a new universal credit to replace many current benefits and credits and 'make work pay'. The Bill will separately introduce a new personal independence payment (PIP) to replace disability living allowance (DLA) and reduce expenditure in this area, supported by a new assessment which will aim to 'target support at those who really need it'.²⁵ DLA is a significant source of funding to help disabled people obtain, maintain and insure AT. Under the present proposals the assessment could exclude funding for AT if this is being provided from another source. The proposals also include removing mobility allowance from people resident in care homes, which is also used to fund AT.

Employment and support allowance (ESA)²⁶ replaced incapacity benefit (IB) for new claimants in October 2008, incorporating a controversial new work capability assessment (WCA), which is aimed at finding more disabled people fit for work than under the previous arrangements. From this April, around 1.5 million people already claiming IB will be re-assessed. The government is also introducing a new generic employment support programme (the Work Programme²⁷) and a specialist programme for disabled people (Work Choice²⁸).

Minister for Disabled People Maria Miller has asked RADAR's Chief Executive Liz Sayce to review the government's employment support services for disabled people, including the new Work Programme and Work Choice, Remploy, residential training colleges, and Access to Work, which currently can include funding for AT.²⁹ In changes to Access to Work, larger employers are being asked to contribute more towards some adaptations and equipment and Access to Work advisors have been issued with new guidance to 'ensure consistent decisions around what equipment employers should reasonably be expected to provide to any of their workers'.³⁰

The third sector

There is a clash between current cuts in spending on the third sector by many councils^{31 32} and the importance of the sector in longer-term plans for the Big Society.

²³ Right to Control: <http://odi.dwp.gov.uk/odi-projects/right-to-control-trailblazers.php>

²⁴ Welfare Reform Bill: <http://www.number10.gov.uk/news/topstorynews/2011/02/welfare-reform-60723>

²⁵ Consultation on reforming Disability Living Allowance. <http://www.dwp.gov.uk/newsroom/press-releases/2010/dec-2010/dwp171-10-061210.shtml>

²⁶ Employment and support allowance (ESA) and the re-assessment of incapacity benefit (IB) claimants <http://www.dwp.gov.uk/newsroom/press-releases/2011/feb-2011/dwp019-11.shtml>

²⁷ The Work Programme: <http://www.dwp.gov.uk/consultations/2010/the-work-programme-discussion/>

²⁸ Work Choice: <http://www.dwp.gov.uk/supplying-dwp/what-we-buy/welfare-to-work-services/specialist-disability-employment/>

²⁹ Review of employment support programmes: <http://www.dwp.gov.uk/newsroom/press-releases/2010/dec-2010/dwp169-10-021210.shtml>

³⁰ Changes to Access to Work: <http://www.dwp.gov.uk/newsroom/press-releases/2010/dec-2010/dwp175-10-091210.shtml>

³¹ A survey of 119 adult care and children's charities by Community Care has found two-thirds have seen their total funding from councils cut and 41% have shed staff in 2010/11.

Ministers have pointed out that £100 million transitional funding has been made available, the government will be investing £470 million in the sector over the next four years, there will be support from individual departments and a Big Society bank, and there are 'big opportunities for voluntary organisations coming down the track'.³³ However there are many smaller organisations that will not meet the criteria to access this funding unless they merge or partner with others and not all will be ready, willing or able to do this.

<http://www.communitycare.co.uk/Articles/2011/01/13/116079/voluntary-sector-cuts-threaten-big-society-vision.htm>

³² A letter to David Cameron from the Association of Chief Executives of Voluntary Organisations warned that the 'great ideal' of the Big Society is about to be 'swamped by a tidal wave of growing needs and rising cuts'. <http://www.acevo.org.uk/Press+News/News+Archive>

³³ Government plans for the Big Society: <http://www.cabinetoffice.gov.uk/big-society>

Key developments for AT services

Community equipment services

The Department of Health's Transforming Community Equipment Services (TCES) programme aimed to roll out a retail model for these services across England.³⁴ The model allows users or their carers to take a prescription to an accredited retailer to collect simple aids to daily living, choosing from the products available and 'topping-up' to an similar, more expensive alternative if they wish. It is for local councils and health partners to decide whether to adopt this approach, to continue to supply from a loan store, or to develop a hybrid model.

Information about the approach adopted in particular areas does not appear to be readily available. In March 2010 Community Care reported³⁵ that the programme was operating in 11 NHS and local authority partnerships in parts of the north west and south west England and that the 32 London Boroughs were rolling out prescriptions for 'simple daily living aids'. There appears to be little information publicly available on consumer perceptions and the use made of these services. The national support team is now disbanded. 43 in some stage of implementing retail model

Underpinning the retail model is the TCES national catalogue which was developed by the DH to help the Local Authorities and their NHS partners who are opting to issue prescriptions for equipment. DH commissioned ADL Smartcare Limited to host and manage the national catalogue and tariff for Simple Aids to Daily Living (SADLs) and to host and manage the online web portal.³⁶ There are five aspects of the National Catalogue infrastructure: generic specifications used for equipment prescriptions in various parts of England, redemption value of the prescriptions, specifications prescribed in a particular local area, retailers accredited against locally-defined standards, and specific products that meet the specifications at the tariff price and/or with an appropriate top-up charge.

The national web portal provides access to tariffs, specifications, accredited retailers and opportunities for public feedback. A programme of work is being undertaken to populate the web portal with the relevant information. Although there is currently a listing on the portal of some of the local authorities who have adopted the retail system, it is not clear what the impact has been on their stores of equipment or service models.

Currently information is not available on the retailers who have been accredited to accept prescriptions within the participating areas.³⁷ The listing will include retailers in geographical areas with a participating statutory body, and the community equipment dispenser (CED) website³⁸ includes a listing of retailers who have signed up to the principle of the retail model, who are accredited against the British Healthcare Trades Association (BHTA)/ National Association of Equipment Providers (NAEP) accreditation criteria and who would wish to participate if relevant local areas decide to take up the retail model. DLF is now including information on local retailers in

³⁴ Transforming Community Equipment Services (TCES): <http://www.csed.dh.gov.uk/TCES/>
³⁵ <http://www.communitycare.co.uk/Articles/2010/03/05/113987/retail-scheme-to-provide-disability-aids-launched-in-london.htm>

³⁶ ADL Smartcare website: [http://www.adlsmartcare.com/systems/the-transforming-community-equipment-services-\(tces\)-national-catalogue.aspx](http://www.adlsmartcare.com/systems/the-transforming-community-equipment-services-(tces)-national-catalogue.aspx)

³⁷ Local authorities are free to devise their own accreditation system, rather than being obliged to use the national system (CED) set up for the purpose.

³⁸ CED website at: www.cedonline.org.uk

'Living made easy'³⁹ and highlighting those that have been approved by their Local Authority, where known.

Ricability and Assist UK completed their 3-year (2009-2011) mystery shopping project "Fit to Equip?" funded by the Department of Health. Findings in an interim report, published in April 2011, indicate that breaches of the BHTA Code of Practice⁴⁰ are occurring. In many cases mystery shoppers report that obtaining the right equipment depended on the customer having some pre-existing information or experience to contribute to the discussion. The report notes that shops failed to provide the basic facilities or services that might be reasonably expected of organisations that cater for disabled people. The final report will be published in 2011. The findings will be used to promote consistent and higher standards across the industry.

Wheelchair services

Care Services Minister Paul Burstow has acknowledged to Parliament that 'current wheelchair provision is not as good as it could be'.⁴¹ Two pilot sites in the South West and East of England are currently gathering information and views on the best commissioning model for wheelchair services. The Department of Health published guidance in December 2010 for English primary care trusts and wheelchair service managers, giving examples of best practice and innovation in commissioning and delivering wheelchair services.⁴² The Department's Wheelchair and Seating Services Programme team plans to work with the regional TCES pilots. A wheelchair voucher scheme has been in operation since 1998 on similar lines to the new retail model for community equipment services.

Telecare, telehealth and internet enabled services

The Department of Health's Care Networks are being closed, including the network support for the roll-out of telecare in England. The Telecare Action Network will continue with some support from the Technology Strategy Board's Assisted Living Innovation Platform. The WSDAN (Whole System Demonstrator Action Network) website hosted by the King's Fund will continue. This provides a portal to the latest news on three large-scale telehealth and telecare pilots and the evidence-base on telehealth and telecare.⁴³

The government is keen for older and disabled people to have access to information and communications technology and the internet, as part of plans for superfast broadband across the UK. Plans for e-accessibility and digital inclusion are being taken forward through Digital Champion Martha Lane Fox's Race Online initiative,⁴⁴ Broadband Delivery UK⁴⁵ and the e-Accessibility Forum.⁴⁶

³⁹ Retailer listing on 'Living made easy':

<http://www.livingmadeeasy.org.uk/retailers.php?all>

⁴⁰ BHTA Code of Practice <http://www.bhta.net/bhta-code-of-practice.aspx>

⁴¹ Written Reply on wheelchair services:

<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm101202/text/101202w0004.htm#10120269000268>

⁴² Guidance on wheelchair services:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_122491

⁴³ WSDAN (Whole System Demonstrator Action Network): <http://www.wsdactionnetwork.org.uk/>

⁴⁴ Digital Champion Martha Lane Fox's Race Online initiative: <http://raceonline2012.org/>

⁴⁵ Broadband Delivery UK (BDUK): <http://discuss.bis.gov.uk/bduk/>

⁴⁶ The e-Accessibility Forum has updated its Action Plan which includes work on accessible consumer technology and digital equipment (Appendix 4 also lists types of assistive technology products): http://www.culture.gov.uk/what_we_do/telecommunications_and_online/7782.aspx

Other AT services

The government's funding settlement for English councils includes non-ringfenced funding for disabled facilities grants (DFG) and handyperson services.⁴⁷

Key developments for AT Information

Key developments - health

Key policies relevant to AT services and information provision include:

- shifting services from hospitals into the community, helping people with long-term conditions and supporting self-care;
- supporting this shift with integrated care across primary and secondary care and social care;
- developing personal health budgets;
- the commissioning by GP consortia of local services and the role of the NHS Commissioning Board in commissioning specialised services.

The shift of services from hospitals into the community has yet to take place. Numerous policy documents emphasise the importance of AT services and information provision in the development of community services, support for people with long-term conditions and self-care. To support the development of community services, hospitals are to be penalised for readmissions within 30 days of discharge. To encourage integrated care, primary care trust funds for 2011/12 include £648 million for joint working with social care on services such as 'telecare, community directed prevention (including falls prevention), community equipment and adaptations'. The development of NICE quality standards based on care pathways may also emphasise integrated care focused on the patient.^{48 49} The national dementia strategy includes provision of housing and telecare among its objectives.⁵⁰

Many of the NHS changes are still to be ratified in a Health Bill due in early 2011, but health organisations are already following a timetable for the removal of strategic health authorities (SHAs) in 2012 and primary care trusts (PCTs) in 2013. They will be replaced with an NHS Commissioning Board and an unknown number of GP consortia, and possibly GP provider organisations. There is little information in the public domain that indicates how GP consortia or GP provider organisations will approach AT services. Given GPs' lack of training and education in these areas and the variable approach towards referral to AT services currently demonstrated by individual GP practices, there are obvious concerns about their ability to commission AT services at a local, non-specialist level.

Current NHS guidance⁵¹ indicates that specialist equipment services for 'adults and children with profound physical disabilities' should be commissioned regionally by ten specialised commissioning groups in England using the Specialised Services

⁴⁷ Government's funding settlement for English councils:
<http://www.communities.gov.uk/news/localgovernment/1831509>

⁴⁸ Six reference guides for transforming community services
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124178

⁴⁹ Self Care Tool: <http://selfmanagement.co.uk/self-care-resources>

⁵⁰ Department of Health good practice compendium to support local delivery of the national dementia strategy:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123476

⁵¹ SSNDS Definition No.5 Assessment and Provision of Equipment for People with Complex Physical Disabilities (all ages) (3rd edition) Department of Health, 2010:
<http://www.specialisedservices.nhs.uk/index.php/key-documents/specialised-services-national-definitions-set/>

National Definition No. 5. The Definition refers to a hub and spoke model as an effective service delivery model. Under the NHS changes the NHS Commissioning Board will take over the commissioning of national and regional specialised services, possibly working through regional subgroups or clusters of GP consortia, as discussed in the implementation framework 'Liberating the NHS: legislative framework and next steps'.⁵² The changes may provide opportunities for the development of hub and spoke networks for AT services. Such a model would require care pathway documentation which may improve the provision of information.

The shift towards promoting the 'consumer' role of the individual is also likely to impact on the requirement for information. The development of personal health budgets⁵³ and the retail model in community equipment services, both placing notional or actual budgets in the hands of service users at a time when the structure of services may be changing, will require better information for the user, carer, relevant professional or equipment supplier.

The Department of Health – in line with its policies on community services - has published an information sheet on how information, including information about equipment, can support care planning and self care.⁵⁴ Information is described as a 'crucial element in personalised care planning' with the individual and in sharing information across agencies. The guide reviews sources of information and refers to the Information Standard⁵⁵ for information provision (formerly the Information Accreditation Scheme), which is held by DLF and Ricability).

Key developments for AT information – social care

The Coalition government undertook to accelerate the provision of personal budgets so that they are to be available to everyone eligible for continuing social care 'preferably as a direct payment, by April 2013'. The government believes that information should be provided as a universal service to self-funders and those who are publicly funded alike, presumably recognising that plans for more fragmented services, the increased responsibility of personal budgets, and significant levels of self-funding will all increase the need to help people through the already challenging 'information maze'.

A wide range of AT provision – some of it relatively inexpensive – is seen as an essential component in preventative support to keep people independent. This includes telecare, community equipment, housing adaptations and handypersons services. The importance of AT and information provision is also recognised in the government's 'refreshed' Carers Strategy.⁵⁶

However, while the government wants to see a spectrum of local care services from universal services through preventative support to more expensive interventions,

⁵² 'Liberating the NHS: legislative framework and next steps'

<http://healthandcare.dh.gov.uk/tag/legislative-framework/>

⁵³ Personal health budgets can be found at: www.personalhealthbudgets.dh.gov.uk

⁵⁴ Information sheet on care planning and self care:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124054.pdf

⁵⁵ The Information Standard: www.theinformationstandard.org

⁵⁶ 'Recognised, valued and supported: next steps for the Carers Strategy'.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_122077

there is evidence in practice that funding cuts are leading to councils tightening eligibility criteria, increasing charges and reducing services.⁵⁷

In November 2010 the Guardian reported⁵⁸ concerns that the money earmarked for social care would be swallowed up by the 25% cut to council budgets announced in the spending review.

In February Community Care Magazine⁵⁹ reported that one in seven English councils undergoing restructuring in their second round of cuts were considering plans to merge adult social services director posts with other responsibilities. Options include merging responsibilities for adults' services i.e. losing specialist senior managers for services for older people, the physically disabled, and for people with learning difficulties or mental health issues, and instead having one commissioner for all adults. Children's services may merge with Education departments, and the combined effects could lead to a wider separation between children's and adult's social services at transition. Implications for equipment provision include a loss of specialist knowledge about equipment and its value in helping people to live more independently.

Fair Access to Care Services (FACS) was intended to provide a common eligibility framework throughout the country while giving councils the freedom to set their threshold for services at one of four levels of need: low, moderate, substantial or critical. In December 2010 Community Care⁶⁰ reported that reductions in funding had led to it being used as a rationing tool in some areas, and that individual councils were interpreting it in different ways and providing different levels of care. Community Care reported that uncertainties about FACS' future were unlikely to be resolved until the Commission on the Funding of Care and Support and the Law Commission review of adult social care law publish their final reports in July 2011. The Association of Directors of Adult Social Services published⁶¹ the findings of a survey in April 2011 which noted that the number of councils in England cutting back on free adult social care had increased by 13% this year and that 19 local authorities had raised the eligibility bar for free adult social care.

There are indications that some local authorities have made changes to their lists of equipment that OTs can prescribe and have removed many smaller lower cost items (valued below £20). However this valuation often reflects the unit cost through bulk purchase and does not reflect the much higher prices consumers will need to pay to purchase them privately. Further information is required to establish whether this reduction in provision of low cost equipment is wide spread or not.

These trends may result in reductions in AT and information services at a time when these are even more needed.

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- ⁵⁷ Community Care article on cuts:
<http://www.communitycare.co.uk/Articles/2011/01/28/116193/cuts-are-ravaging-personalisation-say-social-workers.htm>
- ⁵⁸ Guardian.co.uk, Tuesday 16 November 2010 <http://www.guardian.co.uk/society/2010/nov/16/1m-elderly-get-personal-care-budgets?intcmp=239>
- ⁵⁹ Community Care article on eligibility criteria for social care:
<http://www.communitycare.co.uk/Articles/2010/09/15/115321/councils-to-deny-social-care-support-to-all-but-most-needy.htm>
- ⁶⁰ Community Care article on fair access to care services:
<http://www.communitycare.co.uk/Articles/2010/12/17/116035/is-fair-access-to-care-services-dying.htm>
- ⁶¹ Guardian article on ADASS survey findings:
<http://www.guardian.co.uk/society/2011/apr/16/adult-social-care-cuts-adass>

Key developments for AT information – disability rights

The closure of the Independent Living Fund will reduce the flexibility for disabled people to secure AT to meet their individual needs. Changes to Disabled Living Allowance which are still at the consultation stage may have the same effect - a removal of de facto personal budgets while the Right to Control pilots continue. While changes to Access to Work may restrict AT provision, the government's overall emphasis on helping retain or move into employment may highlight the need for AT as an element in support and for information for all involved including the disabled person, advisor, employer or supplier.

Key developments in the market place for assistive technology equipment and information

AT market reviews

In November 2010 Consumer Focus published 'Equipment for older and disabled people: an analysis of the market', an exploratory study looking at the market for equipment and services designed primarily to enable independence for older people and disabled people in particular.⁶² The report looks at community equipment, orthoses, prostheses and cosmeses and highlights a number of areas of consumer concern, including:

- Purchasing power of the public sector and retailers
- Access to information
- Misleading sales practices and poor advice
- Awareness of assessments and adequacy of professional's competence and knowledge of equipment
- Consumer protection

Following this report the Office for Fair Trading announced that it intended to launch a market study into mobility aids, examining matters such as whether consumers are well informed and treated fairly, and whether the industry is competitive.⁶³ Ahead of the start of the study, the OFT engaged with interested parties to ask for their views and to discuss the proposed scope of the study.

The OFT reported that the sector attracts a large number of calls to Consumer Direct, the OFT-managed advice service, from people complaining or asking for advice. In 2009, nearly 5,000 calls were made, an approximate 20 per cent increase on the previous year. They also stated that concerns have also been expressed in the media and elsewhere that the sector is not working well for consumers, leading to higher prices and less choice as well as consumers purchasing products that do not meet their needs.

The market study was officially launched in February 2011⁶⁴ and covers wheelchairs, scooters, stair lifts, bath aids, hoists and adjustable beds and specialist seating. It will consider three key questions:

- Are consumers able to access, assess and act on the right information so they can purchase the right mobility aid for them and help drive vigorous competition amongst firms?
- Are consumers being treated fairly by traders and suppliers, and if not what can best be done to address this?
- Is competition in the wheelchair sector working well for consumers?

One project, conducted by The Institute for Ageing and Health, Newcastle University and Years Ahead Partnership, aims to grow the private market for AT. The project undertook a study into the feasibility of establishing a consumer-led product rating, accreditation or approval scheme which would raise awareness, improve consumer confidence, help to de-stigmatise the use of products and offer reassurance to professionals working in the field. The majority of participants felt that an online rating model was their favoured approach, supported by a panel or accreditation process.

⁶² Equipment for older and disabled people: an analysis of the market, Consumer Focus - <http://www.consumerfocus.org.uk/publications/equipment-for-older-and-disabled-people>

⁶³ OFT website: <http://www.of.gov.uk/news-and-updates/press/2010/120-10>

⁶⁴ OFT website <http://www.of.gov.uk/news-and-updates/press/2011/17-11>

The project partners expect to engage with a number of organisations to move the scheme forward and there are clear connections with the work of AT Alliance partners.

Private market participation in the retail model

Participation in the retail model implementation by retailers depends in part upon adoption of the approach by local and health authorities. The indications are that there is significant variation in the approach taken across the country with some participating statutory partnerships choosing to use retailers and others not, and with variation on the list of equipment covered by the prescription approach.

The locality based approach to the participation of retailers does not always fit well against the geographical availability of specialist AT shops. Because of the need for large floor space to showcase equipment, many AT retailers are located in out of town areas or in smaller towns with relatively low rent and rates. However the BHTA note that some of their members provide an in-home demonstration and sales service outside their immediate locality, which may not be accessible under the retail model framework.

For some inner city areas, such as south London, the lack of local AT shops is reported as leading to the use of pharmacists, who will order equipment for delivery. It is unclear what impact the use of pharmacists has on the provision of specialist advice to an individual and on that individual's subsequent decision on whether or not to top up to a more desirable piece of equipment. It is also unclear what advantage this approach offers over ordering and delivery by a community equipment store or by the individual using a website to order it themselves.

The Assistive Technology Practitioner Society (ATPS) has recently been established to support the development of competence for AT retailers. The ATPS wish to develop a strategy to enable the public to recognise the AT competence of some experienced retailers. There is a need for straight-forward ways to recognise retailers' competence in AT to enable them to choose high-quality, safe services. However it will be difficult to enable this to happen without an AT workforce development framework in place which would include appropriate training, education and qualification. Such a framework would take significant investment by the whole sector.

The changing market for AT and the shift in public sector approaches to the funding and provision of AT services is also impacting on Disabled and Independent Living Centres who operate in the statutory and third sector. In late 2010 Assist UK carried out a survey of its members looking at the challenges they were facing in terms of funding from statutory services and the changing market place. Out of 48 member centres 17 completed the survey (36%).

- 14.3% of responding centres were funded by health and 50% solely funded by health and social care. 30% of centres said they are at risk of closing. The centres identified that they required support to address the long term problem of funding and instability.
- In terms of addressing the funding challenges 67% of centres thought that Assist should enter into partnership with other organisations. 64% said they do not sell and have no plans to sell but 36% said they are exploring this option. Centres note that clients wish to make purchases of the equipment from them. A number of centres noted that closer links with retailers would help inform them of best practice and provide a better service to their clients.

There was also reference to lack of information being available in the retail market.

AT suppliers in DLF's database were surveyed in March 2011 about the changing marketplace with responses received from 115 companies.

The AT Alliance's survey of suppliers asked how confident companies were about achieving their sales projections in the coming twelve months. Of the 104 who responded 59% were confident or very confident, 7% were not very confident and the rest were neutral.

A summary of their general comments about equipment provision in the next twelve months are listed below:

On the potential reduction in sales due to public sector funding cuts:

- Changes to the benefit system may have a negative impact, as with the general state of the economy.
- Concerned about grants being cut
- Cutbacks in funding are bound to have a negative affect on sales
- Equipment provision is likely to remain fairly static due to the economic climate versus an expansion of use. As the economy improves so will the sales.
- Cutbacks in government and local authority spending will affect our market.
- Equipment purchases will be lower than expectation for 2011. Belt tightening has increased already and is increasingly affecting the short to medium term spend on AT.
- Given the reforms planned for the health industry the future is something that will need to be monitored actively to visualise the industry in relation to our product and to actively plan for future opportunities.
- I feel that there is great uncertainty in the market at the moment due to government cuts. The resources we have already seen go, especially in the area of personnel suggests to me we face at the best a slow down due to log jams in the supply chain.
- This is a very difficult time for businesses as many councils have had their budgets cut quite drastically and this does have a knock on effect on our business
- The huge NHS upheaval and changes in Local Authority funding is bound to affect equipment provision. Many of the old points of contact both for purchasers and providers will be 'lost' and will need to be 're-found'. All very time consuming and expensive.
- Most of the products we sell are funded by the NHS so it may affect us if there is less money to go around
- With Local Authority/Education cut backs the future is decidedly bleak.

On the shift from statutory to individual purchasing:

- As our equipment is bespoke we need to have a direct customer contact.
- I see a greater understanding by the general public in identifying that there are so many more ideas, many identified by those who wish they could use them - so that after sufficient assistance to obtain their manufacture they could be sold world-wide and assist in the daily living of those who enjoy using them.
- I think people are currently confused about their budgets etc for personal care and items which may make their lives easier, so until everyone is clear about

what money they have to spend on such items, the short term future is uncertain.

- Increased consumer awareness of range of assistive technology available, and government cuts, will see increased direct purchasing.
- More private sales with the cutbacks being introduced.
- Private sales may pick up due to LA cutbacks. This year 20% drop in LA sales meaning many individuals are going without or having to fund equipment themselves...
- The government is cutting spending so I think it is likely that fewer products will be available free through the NHS. People will have to source their own equipment and they will be looking for retailers/suppliers to get this equipment from.
- We sell a telecare system to local authorities and PCTs. We don't particularly target private purchases at this stage, although we do offer our system on-line. Local authorities anticipate more people purchasing equipment themselves, but methods of seeking information on and sourcing equipment is currently under-developed. It is not straight forward for suppliers to change from one business model (selling in quantity to local authorities) to another (selling one off purchases to individuals), and many suppliers are not geared up for consumer selling and supply. Neither, however, are local authorities best placed to develop retail models. They have no ethos of generating sales, and indeed have acted as gatekeepers of resources to date. Interesting times!
- Yes I see the NHS fragmenting even more and waiting list increasing and more people being forced to access equipment themselves

On the impact on innovation and quality of service:

- It (the product line) is about to be taken over by a large Company, exhibited at the Naidex road show, and sold world-wide. The idea should have been invented years and years ago within our medical environments and just goes to show how slow we are in helping ourselves.
- We see financial pressure making purchasing decisions difficult, however, now more than ever, the need to understand and leverage the "Total Cost of Ownership" model. Whether or not this will truly filter down to equipment suppliers has yet to be understood.
- The TCES project has had an adverse effect on allowing innovation and new ideas/products to get to the end user.
- We are also concerned about the level of knowledge that the GPs will need to have in terms of "prescribing" equipment - where will they get the knowledge and experience and indeed time?
- We are extremely concerned that the NHS will choose price over quality. This will mean as a manufacturer will lose out, but also and more importantly the consumer may not get the best product for their requirements.

Increased use of the internet by the public for online purchasing of assistive technology

Latest figures from Research and Markets⁶⁵ show that internet use in the UK continues to climb steadily, especially among people aged 50 and older. The same report shows that more than 44 million people in the UK were online in 2010, around 70% of households had broadband and that ways of going online are changing, with

⁶⁵ Research and Markets:
http://www.researchandmarkets.com/research/c9d51a/uk_internet_users_and_usage_top_2010_trends

more users accessing the internet via devices such as smartphones (e.g. Apple iPhones, Google Android Phones or Windows Phones) and tablets (e.g. iPads, Galaxy Tab).

Discussions with the RNIB and RNID about their use of Amazon to sell AT, alongside the dedicated AT online stores sited within their main websites, indicates that they are accessing a mainstream market to whom they can sell AT.

The team at RNID Products notes that they've embraced a wide range of online tools because they believe that different people like to absorb information in different ways. Their new website launches on 9th June 2011 and it aims to make products easier to find, understand and choose between. The website will include videos to help people understand how products work and the benefits of using them. The RNID Products team use social media to build relationships and create awareness of their products, offers and new projects. They feel that Amazon has been an interesting success story as it has created extra revenue, but largely with people who don't have a hearing loss. The team has a targeted email newsletter for three of its key markets including audiologists and private individuals. The RNID Products team uses as many techniques as possible to appeal to the wide range of people who benefit from RNID products, while continuing to provide more traditional sources of information, like catalogues, brochures and exhibitions.

In order to find out more about online AT sales the AT Alliance survey of AT suppliers on DLF's database asked about their online sales activity.

- 51% of respondents said they sold AT online via an e-commerce site
- Of these, 31% said their online sales had increased over the last year, 40% said they had stayed the same and 14% said they were lower (15% = don't know/other)
- 65% said they expected their online sales to increase in the next twelve months, 26% to stay the same and 2% to decrease (7% = don't know/other).
- Most companies did not have a version of their website designed for use on smartphones or tablets (72%), although 5% said they did and a further 11% said they were in development.(11% = don't know/other)

In addition to selling through their own e-commerce sites, a small proportion of suppliers are starting to use well-known online shopping sites to reach customers. The survey showed that:

- 8% were now selling via Amazon
- 3% were selling via Google shopping
- 15% were selling via Ebay
- One survey respondent noted: Too much unfair competition with online sales. They are often people working from home, offering inferior service and no back up. Many on line companies operate on very low profit margins, and are now getting into difficulty and going bust. It's the old adage "You get what you pay for"

Key developments in the provision of AT information services

The requirement to reduce public sector spending has been the primary reason given for a 'bonfire of the quangos'. Plans published in October 2010 to abolish 192 government agencies, merge 118 and reform 171 has impacted on organisations that provide information, advice and policy input on a range of assistive technology areas. We note below some of these organisations who provide information on AT services.

CABE – the Commission for Architecture and the Built Environment - was created to provide independent advice on proposals for significant new buildings and spaces. This included inclusive design and access for disabled people. CABE merged with the Design Council on 1 April 2011 and records of its previous work and resource library are held on archive.⁶⁶ The new organisation will be the government's adviser on design in business innovation and the built environment. The CABE Advisory Group are not disbanding and aim to continue to contribute to development of inclusive design as a reference group for the Design Council.

Becta was the government agency leading the national drive to ensure the effective and innovative use of technology throughout learning. Becta closed at the end of March 2011 however there is a commitment by the Department for Education (DfE) and Department for Business, Innovation and Skills (BIS) to continue key areas of Becta's work through the DfE and the Institute of Education (IOE). Becta's website and materials are archived.⁶⁷

DPTAC, the Disabled Persons Transport Advisory Committee, has been in existence for 25 years and played a key role in advising the Secretary of State on a wide range of transport issues including international transport by rail, air and sea. Most recently DPTAC has been involved in the production of accessibility guidance for air and sea transport, and the production by the Rail Safety Standards Board (RSSB) of Guidance to make level crossings safer and more accessible for disabled people.

DPTAC will survive until the enactment of the Public Bodies Bill, which is currently at Committee stage in the House of Lords. There is to be a consultation on future arrangements and DPTAC will strive to ensure that the lives of disabled people continue to influence improvements in the transport systems. The organisation will advise on the accessibility of the 2012 Games and a number of other key transport issues such as forthcoming applications for Exemption from the Rail Accessibility Regulations.

The Government is also due to consult this year on a merger of the competition functions of the **Office of Fair Trading** (OFT) with the Competition Commission and transfer of consumer and enforcement functions.⁶⁸ ConsumerDirect (run by the OFT) is where DLF signposts⁶⁹ people to go to make complaints if the supplier in question is not a BHTA member.

The provision of **Independent Living Centres** is not a statutory requirement and Assist membership organisations are under pressure, with funding being withdrawn

⁶⁶ Archive at: <http://www.cabe.org.uk/>

⁶⁷ Archive at: <http://webarchive.nationalarchives.gov.uk/20110130111510/http://www.becta.org.uk>

⁶⁸ Public Bodies Reform – proposals for change:
http://www.direct.gov.uk/prod_consum_dg/groups/dg_digitalassets/@dg/@en/documents/digitalassets/dg_191543.pdf

⁶⁹ DLF signposting on making complaints <http://www.livingmadeeasy.org.uk/scenario.php?csid=193>

from a number of council-led Disabled Living Centres over the next three years. At the time of going to press for this report 6 out of a total of 52 centres that were given notice of loss of core funding closed in April 2011 with a further 5 threatened with closure by a loss of funding.

Changing market place for publicly available information on AT

The past year has seen some improvements in the provision of information about AT by Alliance members and other voluntary sector organisations:

- With funding from the Big Lottery Fund, **DLF** will shortly complete development of its 'Living made easy' website (www.livingmadeeasy.org.uk), adding the following sections in the last six months of the project: toileting; eating and drinking; household and kitchen; walking and standing; communications; clothing and footwear; leisure; and scooters. See Appendix 1 for details of a user survey of the new site.
- **Ricability** launched two new information resources on car measurements⁷⁰ and electric wheelchairs and scooters.⁷¹
- The **ACE Centre** launched Speechbubble in November 2010 (www.speechbubble.org.uk). Speechbubble is a publicly available, searchable website through which it includes around 90% of the available equipment in the UK and which provides the facility to compare and contrast the key features of electronic communication aids.
- **Alvolution** launched a product comparison website in November 2010, mainly targeted at professional users although free to use for registered users. Its aim is to provide information on some of the high tech equipment such as telecare, telehealth and environmental controls.
- **RNID** have a new brand "Action on Hearing Loss", an equipment database and a new website and will be launching an online shop in June 2011.
- **RNIB** re-launched their website in September 2010 and have a comparison database with 1100 products and an online shop.

Increased use of the internet by the public for information seeking

Reports show that people are increasingly using the internet for social networking and viewing videos and other user generated content.⁷² To understand how easy it is for people to get information on AT using these media, in its survey of AT suppliers the AT Alliance asked about their use of social media.

Of the 111 suppliers who responded to these questions, 28% said that they currently use social media while 72% did not. Of those that did:

- 90% used Facebook
- 50% used Twitter
- 47% used Youtube

⁷⁰ Ricability Car Measurements:

http://www.ricability.org.uk/consumer_reports/mobility_reports/car_measurement_guide/

⁷¹ Ricability powered wheelchairs and scooters:

http://www.ricability.org.uk/consumer_reports/mobility_reports/powered_wheelchairs_and_scooters/

⁷² Research and Markets:

http://www.researchandmarkets.com/research/c9d51a/uk_internet_users_and_usage_top_2010_trends

- 40% used Linked In

Of those suppliers that didn't use social media, 23% were intending to start using social media within the next twelve months.

DLF is currently the only AT Alliance member to use social media in any way (Facebook and Twitter). It also provides suppliers with a way of promoting video clips of products within 'Living made easy'.⁷³

⁷³ 'Living made easy' video resources: <http://www.livingmadeeasy.org.uk/recentvideos.php>

Work undertaken by the Alliance: strengthening information provision

The 'All about equipment' website guide (www.allaboutequipment.org.uk) was launched in July 2010 and to date has received approximately 6,000 visits and 16,000 page views). Although this is relatively low, past experience in developing other websites such as DLF's AskSARA and 'Living made easy' sites shows that it takes time for traffic to grow and that traffic very much depends on the amount of marketing that can be undertaken.

Links from credible organisations are highly beneficial in improving search rankings for new websites. For this reason the Alliance has contacted organisations such as Directgov, NHS Choices and all Local Authorities to signpost to the website guide from relevant sections of their sites and many of these now link to it. The website guide has also been regularly updated during the last six months based on feedback from meetings with other information providers (see Section 6 below) and users.

Meetings summary

In the 2nd year of the project work had been undertaken to identify credible, independent national databases presenting online AT product comparison information to the public in a range of AT 'cluster areas'. In the 3rd year of the project the AT Alliance members agreed to work with the existing national product comparison resource providers to explore the opportunities for 'joining together' the existing AT databases to make more seamless the individual's search for information. The first step in this process was to discuss whether other databases wished to be included in the website guide www.allaboutequipment.org. A programme of work has also been proposed to discuss with relevant organisations the development of new online databases for technology clusters not currently covered by a product comparison resource.

Working within the resources available for the project in Year 3, meetings were arranged with the following four organisations looking at existing equipment databases and gaps in publicly available information.

- **Alvolution** (www.alvolution.co.uk)
Alvolution, a division of Medilink West Midlands, supports the discovery, collaboration and promotion of technological advances in the Assisted Living sector, including telecare, environmental control and telehealth products.
- A link to Alvolution's product comparison website has now been included on the 'All about equipment' website guide within the telecare and telehealth section and the AT Alliance will maintain contact with Alvolution on future developments.
- Avolution fully support the work of the AT Alliance: "Information provision on the vast range of Assistive Technologies available is a major issue in today's changing health and social care landscape. Projects like this by the AT Alliance have helped to fill the information gap by providing unbiased information which can help commissioners and users to identify appropriate technology to meet their needs."
- **ACE Centre** (www.ace-centre.org.uk)
The ACE Centre is a charitable organisation for Augmentative and Alternative Communication (AAC) equipment, particularly focused on the needs of children. The work of the centre includes assessing children with severe communication /

physical disability needs, training for health and education professionals, research and development and information services.

It was agreed that DLF and the ACE Centre would set up links from their Speechbubble and 'Living made easy' websites and, following the meeting, additional information was added to the 'All about equipment' website guide in the section on Communication.

- **RNIB** (www.RNIB.org.uk) and **RNID** (www.RNID.org.uk)
AT Alliance members met jointly with RNIB and RNID to discuss the equipment information provided and the potential for sharing new ideas and links between data bases and websites. The two organisations agreed to assist with the content of the 'All about equipment' website guide section on Sensory Equipment to ensure it is accurate, including how people find equipment, how it is funded, and any other suggestions about resources.

As resources allow and the fallout from central and local government reorganisation filters down through organisational restructuring, AT Alliance members will contact other organisations to consider the development of additional equipment databases accessible to the public.

Future collaborative working

A workshop meeting for the lead organisations providing national AT product comparison resources is to be held in June 2011. The aim of this meeting is to review common challenges in AT information provision and to explore opportunities to share learning on technical, sales, market and customer relationships and income generation. For organisations sharing a vision of supporting disabled and older people, their carers and families to access free, independent and credible information on a comprehensive range of AT, the potential for working collaboratively in future will be considered.

An afternoon meeting will then be held to promote the findings and outcomes from the AT Information Alliance project and gain support for further work.

Conclusions and implications for the AT Alliance

The coalition government is carrying through cuts in public spending and a reduction in the size and role of government alongside radical reforms to public services. These changes are to be balanced by growth in the private sector, an increased role for the third sector and civil society, and more personal responsibility and emphasis on “community” (the Big Society). The public service reforms are market-based, blurring the distinction between the public, private and third sectors. Users of public services will be able to choose between competing services, which may include providers from the private and third sectors. Services are to be personalised to meet the needs of the individual user, as epitomised by the development of personal budgets in several service areas.

Policy changes are at an early stage and their implications will only be fully revealed over the next four years. The pace and scale of change is challenging for all concerned. There are tensions to be resolved in practice between different objectives and between short and long-term aims: collaboration or competition in the NHS; more power to local communities or to local government; spending cuts versus the longer-term development of the third sector. However, the overall direction of policy is for cuts in public services and for service users and self-funders to have more responsibility for meeting their own needs, whether from the private sector or third sectors or from fragmented and marketised public services.

While, in health and social care policy, AT is seen as an essential preventative service to keep people independent in the community and reduce hospital and residential care, financial constraints may mean that statutory agencies provide equipment more selectively. Cuts to benefits, changes to the Access to Work scheme, and the closure of the ILF may have a similar effect, despite the importance of AT in employment support. Private and third sector organisations are likely to become more important, both as a source of information and supply of AT for self-funders, and through services provided for or within statutory AT services, such as the retail model in community equipment services.

While there has always been an ‘information maze’ in services for older and disabled people and in the area of AT provision, it seems likely that the need for information about AT will increase as the environment of supply services becomes more complex. New systems of supply will assume greater self-reliance and personal autonomy for service users and self-funders, and it will be necessary to help people navigate around these new systems. While social care policy indicates that information should be provided as a universal service to self-funders and those who are publicly funded alike, it is not clear that councils will provide this level of support or that the new GP consortia will in practice recognise the importance of information, advice, case management and even advocacy in developing self care, help for carers, and support for people with long-term conditions.

Overall, current trends may result in reductions in the provision of AT and AT information services at a time when these are even more needed. On the other hand, statutory, private or third sector organisations may find new opportunities to develop and market specific AT or information services or to incorporate these within new ‘wrap-around’ local or national services for older or disabled people. However things develop, information will continue to be needed by service users, self-funders, and all those involved in helping them obtain the equipment they need (including family carers, a wide range of practitioners, and equipment suppliers) within an increasingly complex environment.

It is not yet clear how information to help individuals navigate new markets and new supply environments will be provided. The quality and effective dissemination of information about AT is the central concern of the AT Alliance and we will both monitor developments and make proposals for the enhancement of information services where we are aware of deficiencies.

As the collective voice of the four national organisations concerned with Assistive Technology, the AT Alliance will comment and campaign on issues as they arise and will propose or initiate action where appropriate. As always, this will be primarily based on consumers' direct experience and a close awareness of how things work on the ground.

Appendix 1: Survey of user of DLF's 'Living made easy' website

'Living made easy' now receives over 67,000 visits a month and rising, equivalent to 800,000 visits a year. Traffic has grown by 50% since last year and continues to rise. The impact of the 'Living made easy' website is clear from online surveys that DLF has carried out in 2010:

206 users of the main 'Living made easy' website completed DLF's online survey from April-July 2010. Of those who answered:

- 47% were disabled
- 14% had an age-related condition
- 20% were carers, family or friends of people with a disability/age-related condition
- 7% were healthcare professionals
- The rest were suppliers or charity workers

73% of respondents were aged 50+, and 26% were aged 70+.

The most popular section for the public was bathing (31%), followed by the bedroom and household and kitchen sections (both 15%). Chairs was next (14%) followed by stairs (9%).

- 90% of respondents found 'Living made easy' easy to use
- 90% would recommend it to others
- 67% of respondents agreed 'Living made easy' helped them make informed choices
- 45% felt more in control by getting advice
- 45% felt supported by being able to ask for advice

40% of respondents went on to buy equipment. Of those who went on to buy equipment and answered the question 'what impact did it have on your life?'

- 50% said it increased their independence
- 40% said it improved their quality of life
- 20% said it reduced their isolation
- 20% said it improved their dignity
- 20% said it improved their mobility

Similarly DLF carried out a survey of users of the 'Living made easy for children' subset of the website specifically aimed at families with disabled children in May-July 2010. 141 users of the website completed the survey with the following results:

- 97% found 'Living made easy for children' easy to use.
- 96% would recommend 'Living made easy children' to others.
- 69% felt the website helped them make informed choices about equipment for their child.
- 59% felt more in control by getting advice from the website.
- 45% felt supported by being able to ask for advice.
- 35% felt the website helped them buy equipment at the best possible price.
- 33% gave information from the website to their child's therapist.

Of the 40% of respondents who went on to buy equipment thanks to the advice they found in 'Living made easy for children' and answered follow up questions re impact, the following results were reported: -

Impact on their child

- 50% said their child had a better quality of life
- 47% said their child had improved mobility
- 41% said their child had increased independence
- 22% said their child had better access to leisure activities
- 16% said their child had improved dignity
- 16% said their child had reduced chance of falling

Impact on themselves

- 56% said it made it easier to look after their child
- 41% said it improved their own quality of life
- 38% said it made it easier/safer to transport their child
- 34% said it made their life less stressful
- 6% said it improved their health

Further surveys are currently being undertaken.