

Assistive Technology Forum

Position Paper

June 2004

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

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

Key Proposals of the Paper

1. Standards

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 for users to find out about the standards of service they ought to expect or to appraise or influence the way they are provided.

Proposals:

- a) 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.
- b) A method of endorsement for standards should be established and a mechanism for monitoring those standards supported.
- c) The gaps identified from work carried out under Proposal A should be filled by standards developed collaboratively by professional and user groups. These should be capable of being applied to state and/or the private/voluntary sector.

2. User Involvement

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

Proposal:

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

3. Service Integration

Despite recent attempts to improve the provision of AT to older and disabled people, further consideration needs to be given as to how community services will interface with specialist equipment services in the NHS and voluntary sector.

Proposal:

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

4. Professional Development and Training

There is a pressing need for all professionals to have training that keeps them up to date with new technology in their given field and also informs them about issues relating to the wide range of AT their clients may be using.

Proposals:

- a) A mapping exercise should be conducted to identify what training is required and how best it should be provided, to identify existing AT training initiatives and a mechanism to evaluate them established.
- b) In future service standards there should be a requirement that all staff are appropriately qualified, or trained and competent to deal with the AT they are providing and have access to on-going training in that AT.
- c) Working with the commercial sector an initiative should be established to provide information and training on new AT to professionals.

5. Information

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

Proposals:

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

A shared vision

Assistive Technology

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

Strategic Development

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

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

Why is the Forum needed?

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

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

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

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

AT Forum membership

Aiding Communication in Education (ACE) Centre
 Advance – Professionals in Electronic Assistive Technology
 Age Concern
 Aspire Centre for Disability Sciences
 Association of British HealthCare Industries (ABHI)
 Association of Directors of Social Services (ADSS)
 Association for the Advancement of Assistive Technology in Europe (AAATE)
 Association of Institutions concerned with Medical Engineering (AIME)
 British Healthcare Trade Association (BHTA)
 British Society of Rehabilitation Medicine (BSRM)
 Centre for Accessible Environments (CAE)
 Centre for Rehabilitation Engineering (CoRE)
 College of Occupational Therapists (COT)
 Communication Matters
 Disabled Living Centres Council (DLCC)
 Disabled Living Foundation (DLF)
 EmPOWER
 Foundation for Assistive Technology (FAST)
 Institute of Physics and Engineering in Medicine (IPEM)
 Multidisciplinary Association for Spinal Cord Injury Professionals (MASCIP)
 National Association of Equipment Providers (NAEP)
 National Prosthetics Managers' Forum
 National Wheelchair Managers' Forum
 Neurological Alliance
 Posture and Mobility Group (PMG)
 RADAR
 Rehabilitation Engineering Services Management Group (RESMaG)
 Ricability
 Royal College of Speech and Language Therapists (RCSLT)
 Royal National Institute of the Blind (RNIB)
 Royal National Institute for Deaf People (RNID)
 Royal Society of Medicine (RSM)
 Speakability
 Spinal Injuries Association
 Whizz-Kidz

Forum Associates

Nick Mapstone	Audit Commission
Steve Hards	Department of Health
Ian Salt	Integrating Community Equipment Services
Clare Emberley	NHS Purchasing and Supply Agency
Alan Lynch/ Sue Wilkin	Medicines and Healthcare products Regulatory Agency
Michael Burton	Disability Rights Commission

Executive Committee

Nick Pizey	Age Concern
Caroline Gray	ACE Centre Advisory Trust
Ray Hodgkinson/ Julian Cobbedick	British Healthcare Trade Association
David Rushton	British Society of Rehabilitation Medicine
Alan Turner-Smith	Centre of Rehabilitation Engineering
Sheelagh Richards	College of Occupational Therapists
Nicole Penn-Symons	Disabled Living Foundation
Sam Gallop	EmPOWER, Limbless Association
Donna Cowan	Institute of Physics and Engineering in Medicine
Kathleen Braunton	Royal National Institute for Deaf People
Leen Petré	Royal National Institute of the Blind
Henry Lumley	National Wheelchair Managers' Forum

Forum secretariat team - FAST (Foundation for Assistive Technology)

Keren Down	Acting Director, FAST
Ann Stead	FAST Associate Team
Dave Wardle	FAST Associate Team
Moira Mitchell	FAST Associate Team

Membership endorsement of this Position Paper

This Position Paper is the culmination of a year-long period of discussion between Forum members. The Paper draws on support, expertise and information provided by Forum members. Their generosity and perseverance in seeking to establish a shared vision has achieved much more than the creation of this Position Paper.

One sign of members' commitment to the Forum's ambition to work together at a strategic level is ratification by the governing bodies of the membership organisations. Not all members have been able to achieve their governing bodies' ratification within the time provided but all have actively worked to help direct the Paper's proposals. This Paper is a working document and we hope that it will provide a timely review of the current problems in AT services.

The AT Forum ...

Believes that AT is an empowering and cost-effective way to contribute towards **social inclusion**

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

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

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

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

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

Notes that **the standard of AT services is uneven and can be at an unacceptable level** in many parts of the country

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

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

How this position paper has been developed

The Audit Commission report *Fully Equipped 2000* which outlined the poor state of some AT services in the UK, heralded a period of intense activity in this field. A vast amount of work has been undertaken since then and this document builds on that work. Report authors are Moira Mitchell and Ann Stead, OBE, of FAST in consultation with and on behalf of the AT Forum. The paper will be used to inform the future work of the Forum.

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

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

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

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

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

The Delivery System

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

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

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

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

Brief overview of current services

Community Equipment Services

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

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

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

Community equipment services may be; provided in-house; wholly subcontracted to the voluntary or commercial sectors; or a mixture of these two. Work is already underway to address funding anomalies, eligibility criteria, waiting times and other major problematic issues. There has been considerable success, with some services rising to the challenge by developing effective joint working. But the timescale to achieve the targets set is ambitious given the magnitude of the task. Anecdotal evidence suggests that it is taking a long time for any benefits to be seen at grass roots level. A matter of concern is therefore the currently uncertain longer-term future of the implementation team. It is also unclear who is monitoring progress and it is important that local services do more to engage users in the monitoring, evaluation and development of services.

Specialist Equipment Services provided by the NHS

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

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

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

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

Whilst the ICES initiative represents a major drive to modernise community equipment services, only piece-meal developments are taking place within the NHS' specialist AT

services. Some services are benefiting from investment and modernisation whilst others appear to be regressing with no current mechanism for progress.

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

Other statutory providers

In addition to health and social services the Department of Work and Pensions provides AT through the Access to Work Programme run by Job Centre Plus. For people starting a new job approved costs of AT are fully funded by the government and, for those needing AT to continue in work, a percentage is paid by the employer. Additionally the Department of Education and Skills is responsible for the provision of AT in the education sector. This provision is primarily focused on the educational environment and the AT provided is not usually made available at home.

Funding and Commissioning

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

The Government allocated over £200M to health and social services agencies between 2001-2004 to support the ICES initiative – to achieve single, integrated services and to increase by 50% the numbers of people able to benefit from community equipment services. Unfortunately it is evident that a significant proportion of this money was diverted for other purposes and the ICES team has identified a number of agencies that had not achieved a single service as required by April 2004. In the meantime the NHS specialist services are left to survive on the scraps from the acute table. Further research may be required to illustrate more fully the cross-sector financial benefits of effective AT provision.

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

Recommendations to the task force from the British HealthCare Trade Association (BHTA) will include moving to a procurement model based on proper assessment, professional advice and choice rather than the current model which focuses on driving down costs. This focus on driving down costs has led to less research and development and innovation, a failure to attract investment and a dramatic reduction in UK manufacturing.

Potential drivers for change

Demographics

Increased survival rates and improved medical care are increasing the numbers of disabled people and the proportion of disabled and older people with complex and severe impairment. This is in addition to the growing population of people who are moving into older age and who will develop. Advances in AT have been heralded as one of the potential mechanisms of providing the necessary support to this increasingly disabled and elderly population.

Legal and attitudinal changes

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

Relevant government initiatives

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

Changes in commissioning structures

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

Emerging technologies

A range of new products and services are currently evolving which will need to be incorporated into AT provision. Complex electronic environmental control systems that can operate a wide range of devices have been available, but only to severely disabled people, for many years. As a wider range of modular technologies become available, there is scope to provide simpler devices (such as door openers) to even more disabled and older people.

These new technologies present challenges including who will be responsible for their funding and the need for close links with housing services. It remains to be

seen how AT services will evolve to incorporate them but lessons from the past must be learnt.

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

The growth in the use of personal computers has resulted in some specialist health services providing computer access technology. However there is currently no statutory obligation to provide assistance with accessing computers, even on education agencies with regard to children with special needs, and this issue needs clarification.

Challenges to progress

Standards

There are many different groups of professionals involved in providing AT each with their own codes of conduct and standards that guide their practice. The Forum has voiced concerns about the quality, visibility, adoption and monitoring of standards that cover delivery of AT services.

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 or imposed. It is difficult for professionals to find out and assess all the relevant standards and difficult for users to find out about the standards of service they ought to expect or to appraise or influence the way they are provided.

The formation of two new bodies for audit and inspection (Commission for Social Care Inspection and the Commission for Healthcare Audit and Inspection, known as the Healthcare Commission) provides a mechanism and the opportunity to consider how national standards might be developed and monitored in the future. But harmonisation and evaluation of standards should not be delayed until these bodies have agreed to undertake this exercise and produced their conclusions.

1. Standards

Proposal A:

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.

Proposal B:

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

Proposal C:

The gaps identified from work carried out under Proposal A should be filled by standards developed collaboratively by professional and user groups. These should be capable of being applied to state and/or the private/voluntary sector.

User Involvement

In recent years the NHS has made a concerted attempt to involve users in service design (e.g. initiatives like patient forums). The merits of involving users and mechanisms for doing so, have been well set out in the Disabled Living Centres Council document '*Community Equipment ... why should we care?*' However anecdotal evidence in the AT field would suggest that in practice user involvement in local service development is difficult to sustain.

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

2. User Involvement

Proposal:

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

Service Integration

The ICES initiative represents a significant strategic attempt to improve the provision of AT to older and disabled people. However much emphasis has been placed on the integration of community health and social services and further consideration will need to be given as to how community services can interface effectively with specialist AT services in the NHS and voluntary sector. These specialist services have additional and complementary expertise that should be harnessed for the benefit of users.

The Audit Commission in the report '*Assistive Technology – Independence and well-being 4*' has also looked at how integrated community equipment services could provide the gateway to information about more specialised services.

3. Service Integration

Proposal:

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

Professional Development and Training

There is a variety of professionals and support staff involved in the provision of AT. Some professions have a specific qualification to provide particular technologies (for example prosthetics and orthotics) while other assistive technologies, such as wheelchairs, may be provided by a wide range of professionals. In some cases assessment is by support staff. Over recent years different professional groups have developed AT related training programmes. Qualification requirements however vary from service to service.

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

There was nonetheless agreement on the pressing need for all professionals to have training that keeps them up to date with new technology in their given field and also informs them about issues relating to the wide range of AT their clients may be using. The Forum also expressed the ambition that establishing career progression might help address long-standing problems with recruitment.

4. Professional Development and Training

Proposal A:

A mapping exercise should be conducted to identify what training is required and how best it should be provided, to identify existing AT training initiatives and a mechanism to evaluate them established.

Proposal B:

In future service standards there should be a requirement that all staff are appropriately qualified, or trained and competent to deal with the AT they are providing and have access to on-going training in that AT.

Proposal C:

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

Information

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

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

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

a) Commercially available products

The primary source of information at national level on commercially available products is the Disabled Living Foundation's database and website. This database covers a wide range of products but unlike its counterparts in other comparable countries, it is not available free of charge. The majority of subscribers to the database come from within the NHS and local authority social service departments with much of the remainder of subscriptions coming from locally based voluntary organizations. Some impairment-specific charities also have databases of relevant equipment and the TechDis website provides information on AT for education (primarily on computer access).

At local level Disabled Living Centres provide independent information and advice and the opportunity to try out AT products.

The Department of Health has recently funded a pilot project to set up and evaluate the use of an IT based self-assessment tool (SARA) for the provision and purchase or loan of a selection of basic equipment. This pilot was evaluated in March 2004 and the Disabled Living Foundation will be developing SARA with partners.

b) Product evaluation

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

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

c) Services providers of AT

There is no comprehensive source of information about services providing AT. A growing number of voluntary organisations provide AT and many have information

on a selection of specialist services though this is usually limited in range. EmPOWER are currently conducting a mapping exercise of wheelchair services.

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

d) Research and development and innovation

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

What are the key problems in information provision and the Forum's proposals?

Lack of free, credible information for AT users

The fact that comprehensive and credible information on AT is not available free to users and potential users is clearly disempowering. To find out about AT users currently have to negotiate a complex system of information provision which often includes relying on professionals.

If users had direct access to information it would enable them to exercise choice about equipment that may help them, including from the commercial and retail sectors. Primarily of benefit to users, freely accessible information on AT would also inform and empower staff in statutory and voluntary services and may increase the purchase of AT from the commercial sector.

The Forum support the proposal that information about AT should be provided free of charge to users and potential users. Ideally, as is the case in other comparable countries, this should eventually take the form of a contract tendered by a relevant government department.

Almost as important as the issue of free access to information is the need for credible information which users can rely on to evaluate and choose AT to suit their requirements. The AT industry should initiate a project to establish standards for the provision of information about commercially available AT. AT users should be consulted about what they need to know and the potential for user-review should be explored.

Lack of coordination in information provision

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

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

Lack of index of service providers

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

5. Information**Proposal A:**

A single gateway for access to information about AT and AT services should be created.

Proposal B:

A mechanism should be developed for the provision of information about AT free of charge to users and potential users.

Proposal C:

A proposal should be developed for the creation of a comprehensive index of AT service providers as a resource for AT users and professionals.

Proposal D:

The AT industry should initiate a project to establish standards for the provision of information about commercially available AT.

Appendix: list of reports, publications and initiatives

1. Ashton, L.(ed), *Accident Prevention Among Older People: approaches in practice, a series of case studies*, Health Education Authority, 1998.
2. Audit Commission, *Fully Equipped: The Provision of Equipment Services to Older or Disabled People by the NHS or Social Services in England and Wales*, Audit Commission, 2000, <http://www.audit-commission.gov.uk/>
3. Audit Commission, *Assisting Independence 2002*, Audit Commission, 2002, <http://www.audit-commission.gov.uk/>
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5. Beardshaw, V., *Last on the List - Community Services for People with Physical Disability*, Kings Fund Institute, 1988.
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The Foundation for Assistive Technology (FAST) is funded by the Department of Health to act as the AT Forum secretariat team.

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