

**Minutes of the
Access Special Interest Group Meeting,
held on 7th May 2015**

At The Access to Communication and Technology West Midlands Rehabilitation Centre, Birmingham

Members Present

Will Wade	OT, ACE North
Jane Bache	Joint head of service, Compass
Marta Dabek	OT, Special Effect
Frankie Palmer	Special Effect
Marcus Moss	Valence School, Kent
Rachel Diss	Clinical Scientist, Scope
Meike Currie	Rehab Engineer, Kings
Wendy Garnett	OT, Bowley Close
Claire Hayward	OT, ACT West Mids
Sharon Taylor	OT, Chailey Heritage
Polly Wingate Saul	OT, Bristol Com Aid Service
Lynne Allsopp	OT, ACT West Mids
Nathan Robson	Trainee CS. Oxford Enablement
Bicky Ho	OT, Oxford Enablement
Christian Dryden	ACE South
Lisa Price	OT, ACT West Mids
Jodie Rogers	OT, East Kent Adult CAT

In Attendance No other attendees

Apologies Zoe Paye and Gillian Taylor

**Minute
Number**

Action

01 Review Agenda

Agenda items were reviewed and agreed.
Additional items added: Neuro-rehab patients
Mounting

02 Review Previous Minutes

Minutes were reviewed and agreed

03 Matters Arising

SIG Terms of reference were reviewed and agreed.

Will has created a website for the Access Group. <http://ataccessgroup.org.uk> This contains previous minutes and presentations etc. There is a member's only area – this is passworded, Will shall forward the password via the Access Group.

Will

Will is currently working on the Article for OT news – he will complete this shortly and forward to Bicky and then the group for comment before publishing.

**Will
Bicky**

04 NHS England 'Hub and Spoke' AAC Service Update

Each 'Hub' representative gave a brief overview of their service's progress in terms of service delivery and/or recruitment. Whilst some services are now fully operational in terms of accepting referrals and staffing, this is not the case nationally. Some services reported now having waiting lists for assessment. There was some discussion regarding national coverage and the need for clarification over which service covers which area. Will has a map with the areas outlined

according to each Hub service – he will forward this via the Access group email.

Will

There was some discussion regarding referral form formats and referral procedures. OTs from ACT service reported that they have implemented a telephone duty system whereby referrals are taken by a clinician on duty. They have found that this has streamlined the system and saves time in terms of reducing need for to'ing and fro'ing for additional information etc.

Jodie raised a question regarding how services were currently involved in terms of supporting the assessment of neuro-rehab patients. This is currently being discussed at a national level via the national AAC working group. Overall, people reported limited involvement with this client group at present. However, concerns were raised based upon previous experiences with this client group e.g. issues with working within ward environments (loss of equipment, instructions etc not handed over between staff etc).

05 Working with Companies

There was some discussion regarding companies seeing clients independently of specialist services. It was acknowledged that companies are an integral aspect of the AAC community. However, some concerns were raised regarding occasions where companies have seen clients to demonstrate a device and presented this as an assessment for which a report, with recommendations for purchase, is then provided. Concerns discussed were in relation to whether the most appropriate device is trialled and that patient expectations maybe raised

Will suggested that AAC services should work collectively to gather evidence in relation to these concerns so that recommendations can then be made in agreement with companies. There is to be a meeting with companies/stakeholders to discuss some of these issues 23rd September (no further details)

All

Jane reported that Compass Service has invited both companies and stakeholders to discuss some of these issues, inform them that company reports will not be accepted, and to agree how to work best together.

06 Working with the MNDA

This was linked to the discussion regarding agenda item 5. Lynne explained that previously MNDA would fund a 3 month loan period for AAC equipment including eyegaze. However, she reports that they will no longer do this until the hub has agreed to fund a device for long-term provision. This is problematic due to demands on services and possible delays in assessment. In discussion with the group it appeared that the MNDA operates differently in different regions. Lynne is due to meet Karen Peters (MNDA director of care) to discuss.

07 Eyegaze

There was some discussion regarding eyegaze across the previous agenda items. In addition to this:

- Marta reported that she has used the new Tobii eyegaze Explorer. She found it to have reduced accuracy for targeting and less smooth movement when compared with other eyegaze devices. Eyegaze explorer can only be used for left-click.
- Will reported that the Mygaze camera is reportedly due to have a new interface for Windows Control with improved features.
- Will reported anecdotally finding that the Allea eyegaze system has improved outcomes for clients with MND.

Access SIG 2 Day Training Event

Jane has now kindly booked the venue for this event.

The event will take place at the Royal Hospital for Neuro-disability, Putney, London On 12th and 13th November 2015

This event will primarily be aimed at those working within the field of EAT/specialist access. Overarching themes were agreed:

- Play and early years
- Computer access and access for leisure
- Access and neuro-rehab
- PMLD
- Long terms conditions

Topics to consider within these themes are:

- access assessment
- new equipment
- access to low-tech AAC
- when things wrong, as well as what has worked well

Other topics of interest discussed were:

- Posture/positioning in the real world
- Vision assessment – Sharon to ask Dr Kate Fisher to present

There will also be:

- A short update and discussion in relation to the NHS England hub and spoke service model.
- A workshop to kick-start the competencies project for OTs working in AAC

A committee has been formed to help organise the event; Jane, Will, Lynne, Marta and Jodie.

Actions:

- 1) Offers and ideas for presentations to be forwarded to the committee ASAP
- 2) Will to advertise 2 day event on Access website
- 3) Will to organise registration through the website
- 4) Jane to get quote for lunch and refreshments and forward to Will.
- 5) Will to approach Elizabeth Casson trust for funding for lunch etc
- 6) Committee to organise programme

**All
Will
Will
Jane
Will
Committee**

Competencies

Lynne asked whether others had any resources in relation to competencies for OTs working with AAC. Will reported that some work was carried out in relation to AAC competencies by the 'competencies group' for communication matters. This work was passed onto NHS Scotland Who were able to secure funding and this resulted in the development of the iPAACKS resource. There was some discussion regarding iPAACKS and it was agreed that although this is a useful resource the competency framework is generic and a specific resource for different professions working within AAC may be useful. It was agreed that a workshop will take place at the 2 day training event to kick-start this work. This work can then be progressed by new starters as they can record those competencies they use or develop as they progress into their roles.

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Mounting

There were a number of discussions in relation to mounting:

- Marta raised concerns in relation to mounting eyegaze over clients beds where there is a risk of equipment dropping onto a patient e.g. eyegaze bolt-on unit being knocked off magnetic holder. Others suggested use of Velcro as a back-up to the magnet, or use of rolling floor mounts.
- Discussed procedures for mounting and risk assessment. Some services use WRAMP or versions similar to this. Overall it was agreed that, rather than a need to review risk-assessment documentation, best-practice guidelines on mounting procedure and risk-assessment would be useful, including aspects such as driving assessment. Pending discussion with the original working party lead at Bristol, it was agreed that it the access group would be a suitable forum to setup a working party to address this.

Action:

Polly to liaise with Alison Teague who was involved in original consortium that developed WRAMP. Polly to liaise with Will who will then advertise working group on AAC google group. Those parties interested in being involved in working group to email Polly or Will

**Polly
Will**

All

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Any other Business

There was general discussion regarding group member's use of, experience of devices and other issues:

- Voice banking: Anecdotal reports of UK users experiencing difficulties with Model-talker. Will reported that MNDA may fund Acapela voice (reportedly better for UK users). Smartbox have also created a gridset for message banking – available on online grids.
- Outcome Measures: Several services are using TOMs (therapy outcome measure).
- There was some discussion regarding use of integration options for wheelchair controls and alternative access. Options discussed were iPortal (DX controller systems), Bluetooth module available for R-net P&G controller and 'switch switcher' for switching modes when using switches for driving. The need to risk-assess was highlighted.
- Will reported that ACE now produces a monthly newsletter with news in relation to AAC and access, including new products etc. This can be accessed via sign-up at <http://aacinfo.email/>
- The importance of access for low-tech AAC was discussed. There were number of cases discussed where clients had been provided with low-tech AAC strategies but were struggling to access them or they were not appropriate for the client. There is a need for hub services to provide training to local services to ensure that access is considered in all cases.
- Will reported that the website resource 'Speechbubble' is currently being updated. Speechbubble provides information re. vocabularies and devices and the new website can be searched in relation to methods of access. It's due to be released in approximately 1 month. <http://speechbubble.org.uk/>
- Notable resources mentioned included DWVAC –useful for reduced voice commanding a computer interface (ACT have used this successfully), Qwayo Possum, GEWA Omni, Grapevine software (computer all-access software), and Scan Monkey from Toby Churchill (a computer access switch device).

Signed:



Will Wade - Access SIG Chair

Date: Friday 15th May 2015