



Commissioning EAT Services for the Liberated NHS

Dr Ajoy Nair,
Consultant Rehabilitation Medicine
Chair BSRM SIGEAT

Alan Woodcock, Service Manager, REM
North Thames Regional Environmental
Control Equipment Service

Development of EAT services in NHS

- **1995 devolvement of EC from DoH to NHS**

Transfer from single central body to network of regional services

BSRM Working Party report: 'Prescription for Independence' **1994**

- **Evolution from EC to EAT** (adopted in some areas)

Multi-disciplinary teams with wider service remit, hub& spoke model

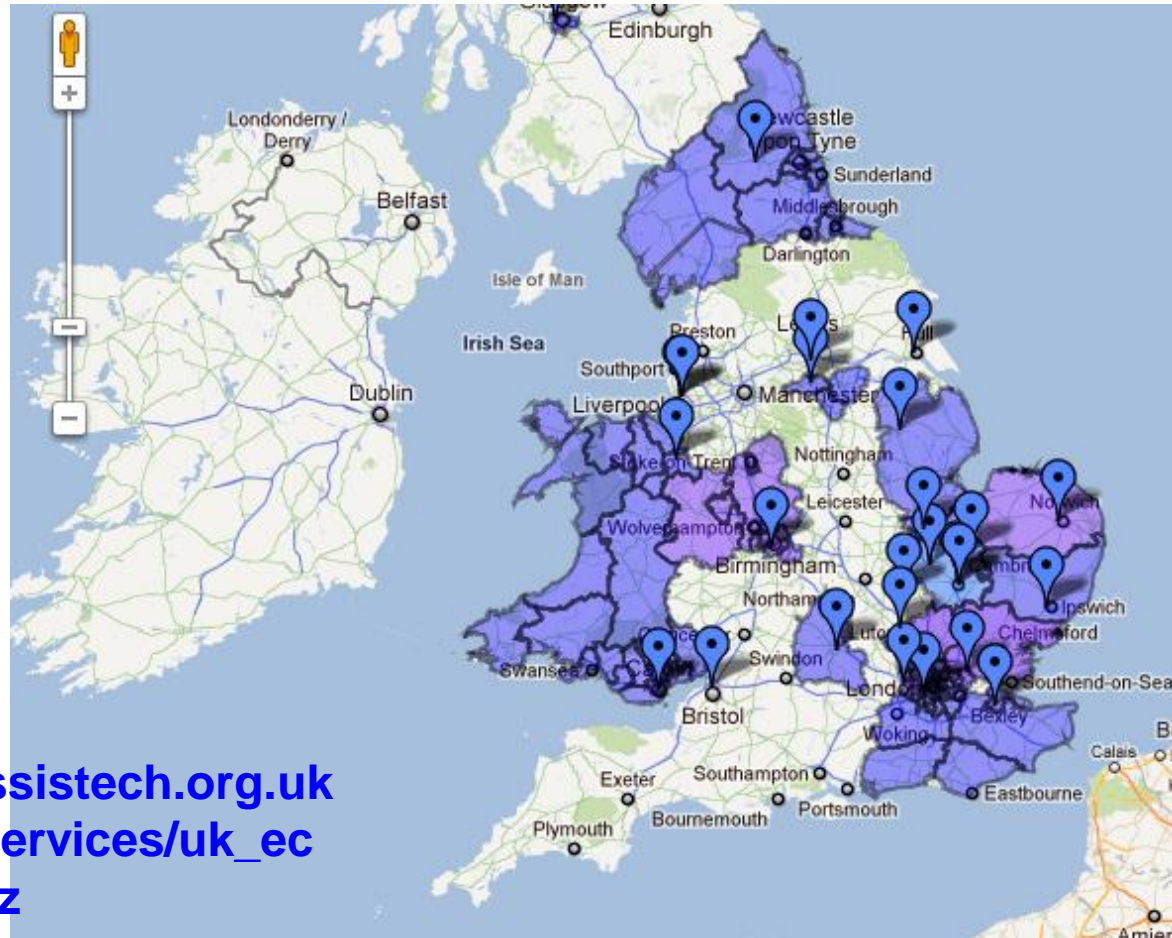
BSRM Working Party report: Electronic Assistive Technology" **2000**

- **Collaboration with Community Equipment Services (ICES)**

RCP/IPEM document : Specialist Equipment Services

for disabled persons: The need for change" **2004**

EAT Services – England & Wales



http://www.assistech.org.uk/data/media/services/uk_ec_services.kmz

EC/EAT Equipment Prevalence

Guestimate of NHS services :

- 8,000 existing EC/EAT users
- 1,000 new provisions each year
- £10+m budget
- 100 NHS staff employed
- National Contract for Suppliers

Variety of Service Models

- Assessment
Single professional lead (OT, CRM) to MDT
- Equipment delivery & support
Supplier Contracts to In house provision
- Commissioning
- Single PCT to multi-PCT consortium
- Hosting:
Hospital trusts, MEP, Social Services,
Community Equipment hubs

Specialist Service Definition Set

Definition No. 05:

Assessment and provision of equipment for people with complex physical disability

<http://www.specialisedcommissioning.nhs.uk/doc/assessment-provision-equipment-people-with-complex-physical-disability-all-ages>

Specialist Service Elements

- the complexity of service user needs
(complex physical/cognitive/language/sensory disability - often in combination)
- expert assessment
- user and carer training to maximise effectiveness and independence
- timely review and re-assessment for changing needs
- on-going, life-long maintenance/replacement and user support.

Specialist Service Elements

- Hub and spoke model is an effective service delivery model for specialised equipment
- Hub playing a key co-ordinating and educating role whilst supporting the spokes ensuring high standards are maintained even when dealing with less complex cases.
- Critical mass of people dealt with by the hub ensures the multi-professional team has the range and level of skills to deal with complex cases.

Our 2012 Olympian challenge

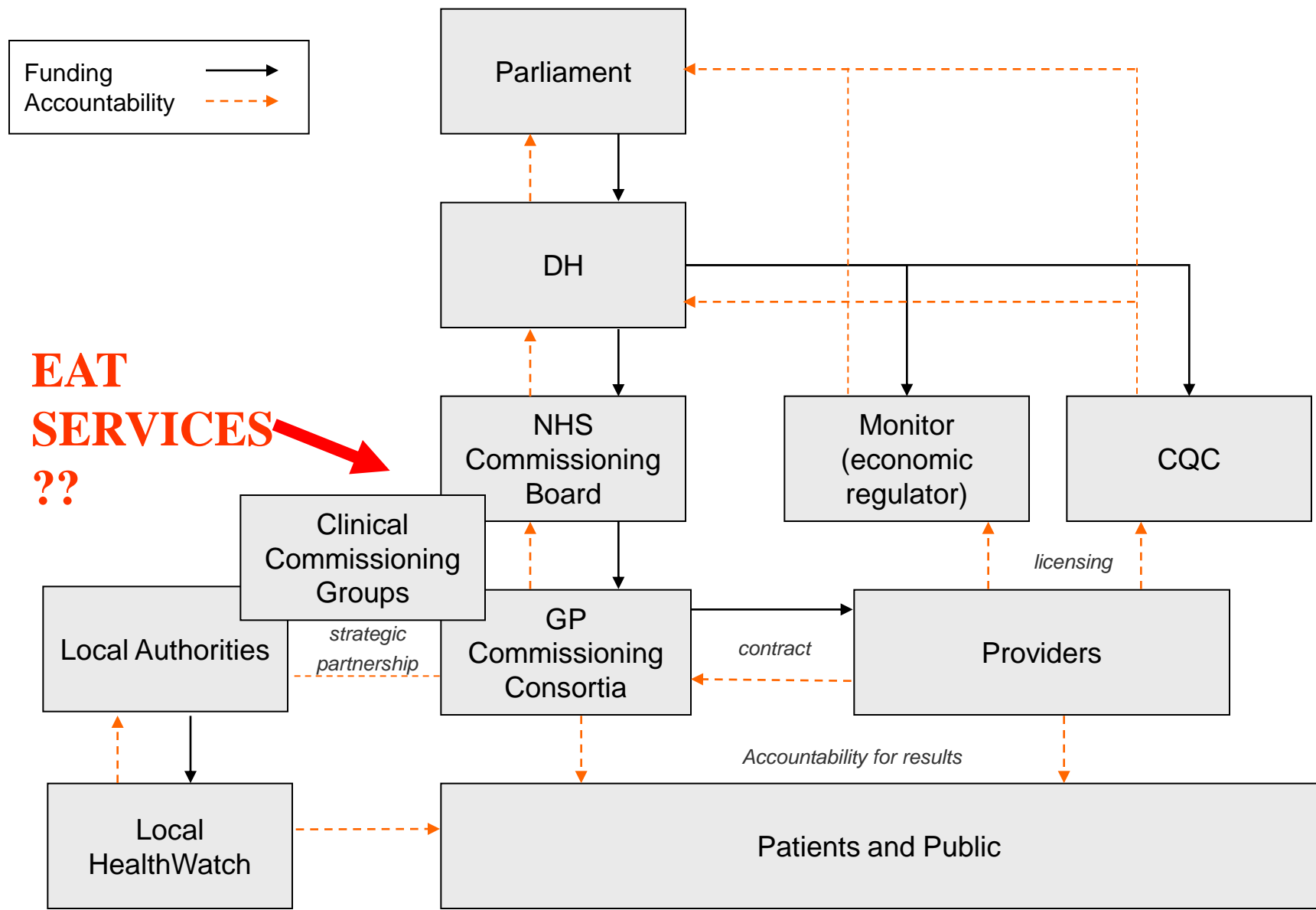
NHS 'Liberation'

- Commissioning changes
- Funding re-evaluation
- Any Qualified Provider

Equipment developments

- EC on generic computer platforms
- I-phone/computer access from Wheelchair controls
- Affordable Eye gaze

Proposed Commissioning Model



National Commissioning Board

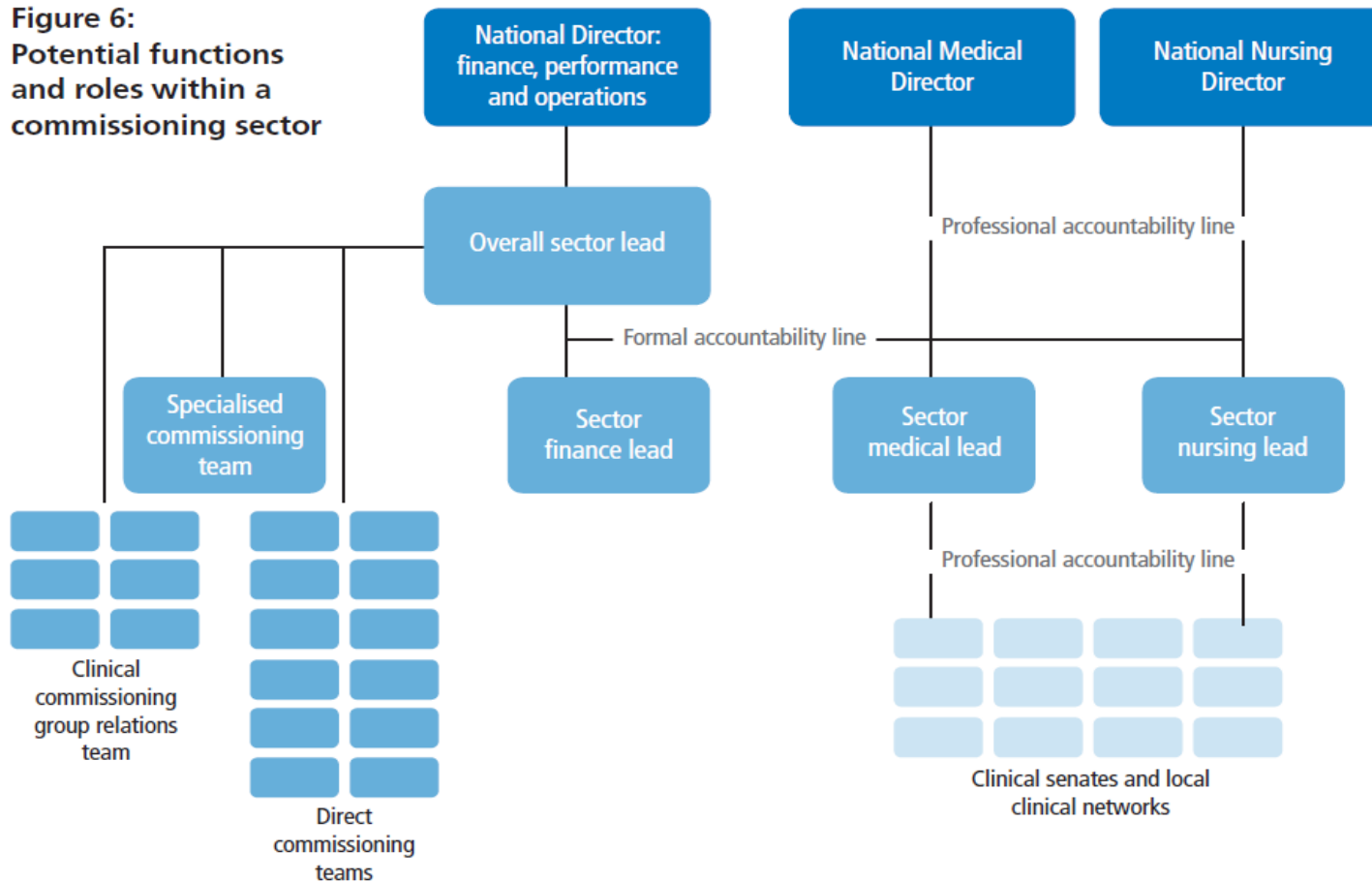
- Accountable to the Secretary of State
- Develop the **NHS Outcomes Framework**:
set of indicators, reflecting the quality standards developed by NICE
- **Directly Commission £20bn services, incl. some specialised & primary care services by 1 April 2013**
- Responsible for holding GP consortia to account for NHS resources and for the outcomes they achieve as commissioners
- Shadow NCB from Oct 2012

NCB Specialist Commissioning

- **NHS Commissioning Board** will **commission directly** around £20bn of services including specialised services
- Significant aspects of the Board's specialised commissioning functions will also need to be arranged at **sub-national level**, though a more uniform approach to this work across the country would also be developed.
- We therefore envisage dividing the country into **four "commissioning sectors"**,..... The initial geographical footprints for these sectors would reflect the four SHA clusters which we are in the process of developing
- <http://www.commissioningboard.nhs.uk/commissioningboard/files/2011/10/Developing-the-commissioning-board.pdf>

Developing the NHS Commissioning Board

Figure 6:
Potential functions
and roles within a
commissioning sector



NHS Outcomes Framework

covers 5 improvement domains with 51 indicators:

1. Preventing people from dying prematurely;
- 2. Enhancing quality of life for people with long-term conditions;**
3. Helping people to recover following episodes of ill health or after injury;
4. Ensuring that people have a positive experience of care;
5. Treating and caring for people in a safe environment and protecting them from avoidable harm.

NHS Outcomes Domain No.2

Enhancing quality of life for people with long-term conditions

Overarching indicator

2. Health-related quality of life for people with long-term conditions

Improvement areas

Ensuring people feel supported to manage their condition

2.1 Proportion of people feeling supported to manage their condition

Improving functional ability in people with long-term conditions

2.2 Employment of people with long-term conditions

Reducing time spent in hospital by people with long-term conditions

2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)

2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

Enhancing quality of life for carers

2.4 Health-related quality of life for carers

Enhancing quality of life for people with mental illness

2.5 Employment of people with mental illness

Any Qualified Provider AQP

- We expect choice of provider to
- drive-up quality,
- reduce costs and
- enable innovation to support the delivery of QIPP
- improve access,
- address gaps and inequalities

Commissioners control both contracts and prices and will challenge providers to deliver services of the highest quality.

Commissioners attempting to impose... constraints risk referral to the NHS Cooperation and Competition Panel.

<http://healthandcare.dh.gov.uk/aqp-answers/#22>

<http://healthandcare.dh.gov.uk/r2p-faqs/>

Current Initiatives

- Service Standards for AAC provision
Communication Matters

http://www.communicationmatters.org.uk/sites/default/files/downloads/standards/aac_quality_standard_for_commissioners_sept_2011.pdf

- RCP/IPEM Survey of EAT services

<https://www.rcpworkforce.com/se.ashx?s=253122AC45B719E2>

- Parliamentary representation by PMG/BHTA
The Future of Wheelchair Services:
- Any Qualified Provider ?

<http://www.pmguk.co.uk/reports.html>

AAC Quality Standards (24)

- Assessment including trial of equipment
- Adequate training and on-going support
- Management of needs
- Keeping service user informed
- Allocated case worker
- Maintaining response timescales
- Periodic review and re-assessment
- Continuity of service – child, adult, other AT

BSRM SIGEAT Working Party

A working party involving most stakeholders and clients, to;

- Collate Information on Current EAT Services
location, boundaries, service specification,
equipment remit, team members
- Recommend specific minimum service requirements
(eg; eligibility, referral & assessments, reviews on going support)
- Recommend minimum service delivery standards
- Progress meaningful outcome measures

Why do this?

- It is not about Service A is better than Service B
- Finding common ground
- What do we do well and what needs improving?
- If we do not prepare ourselves with specific service requirements and standards, the NCB will do it for us.

Contact us

Dr Ajoy Nair,

Consultant Rehabilitation Medicine

Chair BSRM SIGEAT

ajoy.nair@nhs.net

Alan Woodcock, Service Manager, REM

North Thames RECES

alan.woodcock@thh.nhs.uk

01895 279 158