

## How professionals from the AAC hub and local therapists work together and share responsibility.

### An example of supporting a child with communication difficulty.

This document is a fictional example to clarify for professionals how the principle of the AAC care pathway might be applied. It distinguishes between a therapist working in a local health board team (“spoke therapist”) and staff from the specialist AAC team (the hub”)

It should be read in conjunction with the AAC Care pathway included in the Service Specification.

	What happens	The related principle
1	A spoke therapist has been working with a child for several years using a range of strategies, seeking support where wanted through her normal supervision and Continuing Professional Development (CPD) routes. The therapist works closely with the child’s school and family.	This is the spoke speech therapist responsibility - business as usual.
2	The therapist is aware through information from the hub and general professional reading that there are high tech communication aids that could help the child at the stage the therapist has now reached.	Hub responsibility to make spokes aware of the potential and accessibility of high tech AAC options; also spoke therapist responsibility to keep up to date with professional developments.
3	The therapist accesses the referral form, referral criteria and guidance from the hub and makes a referral for an assessment.	Hub responsibility to make their service known and for referral process and tools to be accessible. Spoke responsibility to follow the guidance and use the referral form provided.
4	During the process the therapist phones the hub and has an informal chat about some aspects of the case.	The hub is accessible to clarify or explain points.
5	As part of the pre-referral assessment the therapist completes the outcome measure Therapy Outcome Measures for AAC (TOMS- AAC)	There is an outcomes measure approved by the Speech and Language Therapy profession applied before and after the provision of a high tech AAC device.
6	The hub uses the information on the form and from the phone call with the referrer to triage and prioritise. They also allocate staff for the initial visit based on information in the form	The referral process gives enough information for the hub to prioritise their response and to send the most appropriate staff and equipment for the first assessment visit.
7	The spoke therapist is involved in the assessment and provision on loan of a new communication aid.	The spoke therapists are involved in the assessment process.
8	The assessment and provision process involves several visits by the hub to identify need, trial equipment, install equipment and provide instructions in how to use. The spoke therapist attends the key meetings but is not able to make all of	It is a hub responsibility to involve the spoke therapist in their assessment; it is a spoke responsibility to participate.

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	<p>them.</p> <p>The hub inform the referring therapist of progress and provide reports following each meeting. There is a brief email exchange to check some information.</p>	<p>It is not possible for everyone to attend every meeting so the spoke is kept informed of action taken and given the chance to contribute to the process outside of meetings.</p>
9	<p>As part of the process the spoke therapist is shown by the hub how to use the final device loaned. The hub provide the therapist with further written guidance and weblinks about using the device.</p>	<p>It is the hub responsibility to train in the use of specific communication devices they issue.</p>
10	<p>The therapist then plans a programme to develop the child's language, which includes use of the newly provided complex AAC device. For advice on the programme the therapist refers to normal supervision and CPD routes. The therapist contacts the hub to check some of the technical limits of the AAC device and to refresh his/her memory on how to use it.</p>	<p>Designing and implementing therapy programmes is a spoke responsibility. The hub remains available to give support specifically about the communication aid they provided.</p>
11	<p>As the programme progresses the spoke therapist assesses the development of the child's language and how the AAC aid is contributing. The therapist discusses progress in her normal supervision and team support arenas</p>	<p>On-going support for the spoke therapists about their input to patients comes from line and professional management.</p>
12	<p>At one stage the therapist thinks the aid has stopped working properly so the therapist contacts the hub who advise him/her how to fix it and offer to send out a technician if needed.</p>	<p>Hub gives support specifically about the communication aid they provided. The device remains the property of the hub service who are responsible for its continuing functioning.</p>
13	<p>The training provided by the hub included how to add more vocabulary to the device and the spoke therapist and school are able to do this as it is needed. They know how to contact the hub if there is a problem.</p>	<p>Foreseeable developments such as adding more vocabulary will be done by the spoke, following training by the hub and with support from the hub if needed.</p>
14	<p>Not all of the family and school staff were present when the hub demonstrated how to use the aid. They learned how to use the device by the spoke therapist and staff/family sharing what they had been taught and passing on the written guidance. However the spoke therapist was not confident that everyone had enough understanding so the therapist arranged for some people to contact the hub for more detailed guidance. The hub provided the support by a demonstration and discussion via video conference.</p>	<p>Responsibility for training communication partners how to use the device is shared between spoke and hub.</p>
15	<p>After several months, the spoke therapist feels the use of the device is established</p>	<p>The overall duty of care for the patient remains with the spoke while the child is</p>

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	<p>and the school and family are supporting its use to meet the child's needs. The therapist initiates a review, involving the hub as well as the child, family and school.</p> <p>The therapist discharges the patient and closes the episode of care.</p>	<p>on their caseload. The spoke decides when it is appropriate to discharge the patient.</p> <p>At this point, the hub does <b>not</b> assume overall duty of care for the child if it is discharged by the spoke, but <b>does</b> remain responsible for the equipment it provided.</p>
17	<p>The child's family are given contact details and information to contact the referring therapist for general help with their child's communication issues or the hub service for help specifically relating to the equipment.</p>	
18	<p>As part of the review the spoke therapist completes a TOMS-AAC assessment.</p> <p>The TOMS-AAC assessments are sent to the hub who collate them</p>	<p>There is a professional outcomes measure applied before and after the provision of high tech AAC</p> <p>These are collated by the hub for all their service users to give a measure of the impact of high tech AAC equipment. (Internally the Electronic Assistive Technology Service plans to apply the PIADS tool to measure the impact of their service which include environmental controls as well as AAC devices)</p>
19	<p>12 months after the communication aid was issued the hub review how it is working. They replace a damaged mounting but otherwise judge the equipment is working well and is still appropriate. They report the outcomes of their review to the spoke therapist.</p>	<p>Part of the way the hub discharges its responsibility for the equipment it has issued is through an annual review. This is <b>not</b> an overall review of the user's speech and language needs. The hub would make a referral back to the spoke if they saw a need for a wider review or further input.</p>