

FOI REF: 24/894

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10th January 2025

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FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

- 1. A copy of your pathway for assessment and provision of non- specialist Augmentative and Alternative Communication (AAC), this includes tablet-based devices, text to speech devices and apps but not equipment provided by the specialist hubs (eg eyegaze)**

Pathway is bespoke. Referral received by Speech and Language Therapy (SLT), triaged and then assessed for non-specialist AAC as appropriate. There is no specific pathway. We provide 'low tech' paper based AAC where this is most appropriate or as a bridge whilst specialist AAC is obtained. We have a stock of tablets to trial apps or strategies as required both in Community and Acute. These are solely for demo purposes or in person therapy with the SLT and are not left with patients. If a patient has their own tablet or mobile phone, we can support set up of appropriate communication aids and review their use if required. For inpatients on Stroke wards, we have newly obtained tablets for therapy, purchased through a budget underspend, for assessment and therapy whilst inpatient only.

- 2. The number of patients (adult and children) assessed for a non-specialist communication aid in 2023 and 2024 (YTD)**

We do not hold this information as it forms part of patient care and is not recorded. We are an Adult service only. Primary and secondary reasons for referral listed on the community caseload as communication was 318 in 2023 and 258 2024 YTD, and a proportion of these would have received support with non-specialist AAC. Primary and secondary reasons for referral on the Acute Caseload, excluding stroke, was 594 for 2023 and 441 for 2024 YTD, again a proportion of these would have been assessed for non-specific AAC. There may have been cross over from Acute and Community services. We do not hold specific information regarding communication referrals within stroke caseload.

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3. The number of patients (adult and children) provided with a non-specialist communication aid in 2023 and 2024 (YTD)

We do not hold this information as it forms part of patient care and is not recorded. We are an adult service only. Primary and secondary reasons for referral listed on the community caseload as communication was 318 in 2023 and 258 2024 YTD, and a proportion of these would have received support with non-specialist AAC. Primary and secondary reasons for referral on the Acute Caseload, excluding stroke, was 594 for 2023 and 441 for 2024 YTD, again a proportion of these would have been assessed for nonspecific AAC. There may have been cross over from Acute and Community services. We do not have specific information regarding communication referrals within stroke caseload.

4. Your budget for 2023 and 2023 for the provision of non-specialist communication aids eg boogie boards, lightwrighters, tablets and apps that require direct access NOT eyegaze

There is no specific budget. We have demo equipment that has been purchased historically via charitable funds or budget underspend. We have budget to purchase Surgical Voice Restoration Valves for Laryngectomy patients, however this is overspent due to inflationary increases in prices and a 20% increased caseload in this area of service.

5. If provision of non-specialist communication aids is on a loan basis, then how long is this for eg 3 months, or as long as required

Loan equipment, for example amplifiers, they are loaned on an individual basis, and no set amount of time is specified, but is agreed with the SLT at assessment. Paper based AAC is provided individually and is the patients to keep.

6. If you do not have a budget for providing non-specialist communication aid devices (e.g. iPads and tablets, text to speech apps, keyboard-based communication aids) how should a local, community or acute based speech and language therapist working for your organisation make available assessment and provision of these devices for adults (18 or over) living with speech difficulties?

There is no budget available for sourcing or providing non-specific AAC at ESHT. Communication aids can be assessed by CCAS (Chailey Communication Aid Service) via referral, but the patient would need to meet strict criteria and patients are expected to not be able to access communication support via tablets or mobile phones. If patients are able to provide their own tablet or mobile phone the SLT can support identification of appropriate AAC through assessment and support implementation of these. Some specialist organisations/charities, such as the stroke association, MNDA, Parkinsons UK and others may be able to support through their own budgets or hardship funds.

7. The number of patients supported with a non-specialist communication aid via an individual funding request.

We do not hold this information as it forms part of the patient's treatment and is included in individual patients notes. We have made referrals to CCAS and supported communication with MNDUK, Parkinsons UK and more specific organisations such as military charities/Royal British Legion during this period.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Freedom of Information Department
esh-tr.foi@nhs.net