SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No:	D01/S/c
Service	Environmental Control Equipment for Patients with Complex Disability (All Ages)
Commissioner Lead	Carolyn Young
Provider Lead	*For local completion*

1. Scope

1.1 Prescribed Specialised Service

This service specification covers the provision of environmental controls which is one aspect of the specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children).

1.2 Description

Specialist services to support patients with complex physical disabilities (including those with a combination of physical, sensory, intellectual, learning or cognitive disabilities) include the specialist assessment for, and provision of (if indicated);

- Prosthetics
- Specialist augmentative and alternative communication aids
- Specialist environmental controls.

This applies to provision for adults and children.

1.3 How the Service is Differentiated from Services Falling within the Responsibilities of Other Commissioners

NHS England commissions specialist environmental controls.

Clinical Commissioning Groups (CCGs) do not commission any services relating to a patient's specialist environmental control but commission any general health services required by that individual.

Local authorities commission non-specialist environmental controls.

This service is commissioned by NHS England because:

- the number of patients requiring the services is small (about one patient in each GP practice requires access to the service);
- the cost of providing the service is high because of the specialist equipment involved;
- the number of doctors and other expert staff trained to deliver the service is small; and
- The cost of treating some patients is high, placing a potential financial risk on individual CCGs.

2. Care Pathway and Clinical Dependencies

2.1 Care Pathway

The service will deliver environmental control and other related specialist equipment as a specialised service to a population sufficient to generate the critical mass of referrals to support the service and to allow retention of specialist skills.

Principal Elements of the Environmental Control Service

Staffing

The assessment and provision of Environmental Control (EC) equipment will be carried out by a multi-disciplinary team (MDT) consisting of experienced professionals from a clinical / Allied Health Professional (AHP) background with the required range of clinical and technical competencies to ensure appropriateness and independence of prescription. All EC provider services will employ, or have reliable access to, properly accredited and experienced clinical scientists, rehabilitation physicians, clinical technologists, occupational therapists and speech and language therapists. Members of the MDT will be involved as appropriate to individual cases.

Commissioning and Clinical Governance

The service will have as clinical lead an established clinician with relevant, proven competences and well versed in service organisation, innovation and research. The service will keep user related documentation securely in accordance with Trust and NHS guidelines.

Training

The service will ensure that they offer training packages, seminars and symposia to inform professionals (especially community occupational therapists, social workers, and speech and language therapists) and voluntary sector personnel within its catchment. This will ensure that patients who could benefit from EC provision are referred to the service. EC and other Electronic Assistive Technology (EAT) services across the country will collaborate to ensure equity of standards in prescription.

Care Pathway for EC Service Delivery

- Referrals will be accepted from health and social care professionals. Self-referrals can be accepted where subsequently endorsed by a health or social care professional.

- When treating children, the service will additionally follow the standards and criteria outlined in the Specification for Children's Services (attached as Annex 1 to this specification).
- Additional information to the referral may be required from other health professionals as appropriate, such as the patient's General Practitioner (GP) or consultant. The referral will not be formally accepted until all required information is received by the service.
- All referrals will be acknowledged within 10 days of receipt by the service to the referrer, the individual patient and their GP. It will be stated if there is reason to delay the assessment or referral acceptance, such as insufficient referral information.
- The service will assess the EC needs of all patients fulfilling the acceptance criteria.
- Patients will be assessed at their home, place of residence, hospital, school, or workplace as most appropriate, by competent, experienced personnel and in collaboration with other services where necessary.
- Referral will be made to other services, such as other EAT services where appropriate. In particular, cases where the primary need is for communication will normally be considered as suitable for referral for a Specialist Augmentative & Alternative Communication (AAC) Service. Where the assessment concludes that EC, specialist AAC, and/or specialist wheelchair functions should be integrated, or work in conjunction, the EC service will liaise with other EAT services to ensure joint and/or co-ordinated provision.
- The assessment recommendations shall be confirmed in writing to the patient, referrer, GP and other stakeholders as appropriate.
- Opportunity for a temporary trial of suitable sample equipment shall be recommended and made available when indicated, such as when there is doubt over the patient's motivation or ability to use the equipment.
- When equipment provision is recommended at the assessment, this will normally be available for use by the patient within 18 weeks of acceptance of the referral. Exceptions to this target may occur due to dependencies on other agencies or when the recommended solution involves custom, bespoke or integrated equipment.
- A prioritisation system will be in place to ensure that individuals with a rapidly deteriorating condition are assessed and equipment provided (where appropriate) within a clinically appropriate time. Other reasons for prioritisation may also be appropriate and will be considered on a per-case basis from referral information.
- All patients provided with equipment shall receive adequate training in its use with necessary information in an appropriate format to them. Additional tuition shall be available as required, in consideration of the possible cognitive impairment of some users.
- Patients using the equipment shall receive on-going technical support in case of its malfunction. This will include planned preventative maintenance (PPM) of the equipment in accordance with the manufacturer's requirements and statutory testing, typically by an annual service visit.
- In response to reported malfunctions of the equipment, the service shall ensure that the user is contacted as soon as possible and remedial action for critical functions taken within 48 hours of notification.
- The frequency of user and equipment review will be determined on a case by case basis. Patients with rapidly deteriorating conditions will require more frequent reviews.
- Adjustments, modifications or change of the equipment provision shall be provided when indicated following review due to change in patient clinical condition, functional impairment or circumstances. A full re-assessment of their needs shall also be available when appropriate.
- Equipment no longer required by users due to a change in their circumstances shall

be reclaimed, decontaminated and refurbished to standards agreed with manufacturers prior to becoming available for re-issue.

Please note that access to treatment will be guided by any applicable NHS England national clinical commissioning policies.

2.2 Interdependence with Other Services

Relationships are required with other services and agencies where collaboration on assessment and/or provision for an individual patient is necessary, notably:

- Wheelchair services and communication aid services where equipment is required to be inter-connected or integrated.
- Local Community Equipment and Telecare services where equipment is required to be interconnected to allow its control by the patient through the EC equipment.
- Social services, housing associations or departments where minor adaptations works are required (e.g.: electrician or joinery/locksmith services).
- Specialist Nursing homes for patients with complex disabilities where they are likely to be resident for a significant period of time.

The following represent the additional stakeholders potentially involved in EAT service provision:

- Community Social Services, especially Occupational Therapy Service
- Community Rehabilitation Service / Physical Disability Support Team
- Specialist Rehabilitation or treatment centres (Spinal Injury Units, Regional Rehabilitation Centres, Regional or National Specialist Hospitals)
- Palliative Care Team & Consultant
- Consultants in Rehabilitation Medicine and Neurology
- Clinical Nurse Specialists (e.g.: Multiple Sclerosis)
- Voluntary sector / support workers & organisations (e.g.: Motor Neurone Disease Association)
- Hospice & Respite centres
- Nursing & residential care homes
- Continuing Care Managers
- School, Colleges and Universities - Special Educational Needs Teams

EC services across the country will collaborate to ensure service standards are maintained with equity. Collaboration is also required between EC services regarding individual patient equipment users who move place residence, so that their equipment and its support can be transferred.

EAT equipment may be obtained from suppliers in accordance with National Framework agreement for EAT operated by the NHS Supply Chain (Contract Ref: NF001365), which specifies the agreed process for the installation and on- going support of the equipment. Where utilised, EAT services are therefore required to liaise and work collectively with suppliers who provide equipment and services in accordance with the framework agreement and monitor their performance against this.

3. Population Covered and Population Needs

3.1 Population Covered By This Specification

The service outlined in this specification is for patients ordinarily resident in England or otherwise the commissioning responsibility of the NHS in England (as defined in *Who Pays?: Establishing the responsible commissioner* and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges).

Note: For the purposes of commissioning health services, this excludes patients who, whilst resident in England, are registered with a General Practitioner (GP) Practice in Wales, but includes patients resident in Wales who are registered with a GP Practice in England.

The service is to be available to persons of all ages, diversities, medical conditions (acquired or congenital) and place of residence (independent living, with family, residential care, nursing home), who have a severe disability, which restricts their ability to independently operate standard means for control of the environment and access to computer technology.

3.2 Population Needs

A particular service will normally serve the population within a determined geographical area with a population size sufficient to generate the critical mass of referrals to support the service and to allow retention of specialist skills.

Acceptance and Exclusion Criteria and Thresholds

An individual requiring access to the EC service will have significant physical disability, predominately with upper limb impairments that result in them being unable to use standard controls, for example remote-control handsets or telephones or computer mice, keyboards or touch screens.

Many of these individuals have neurological conditions resulting in tetra-paresis, often with a progressive component varying from moderate to rapid and may also be combined with fatigue. In addition, many individuals will also have impaired cognition and / or communication function. The commonest diagnoses are as follows; Multiple sclerosis, Spinal Cord Injury (level C5 / 6 & above), Motor neurone disease, Cerebral palsy, Muscular dystrophy, Severe arthritis, Acquired Brain injury and severe stroke.

Environmental Controls Provision will be for People who Meet the Following Criteria:

- Profound and potentially complex physical disability, such that they are unable to operate standard controls for functioning independently in the home.
- Cognitively and physically able to operate EC equipment consistently.
- Able to demonstrate sustained motivation to use the EC equipment.
- Individuals requiring multiple control functions integrated into a single means of access and for whom multiple devices, each with separate function are inappropriate.
- Where individuals have a variable condition (e.g.: a progressive neurological condition), the above criteria can be applied with regard to the person's anticipated needs and abilities within a clinically appropriate time period. Referrals can be accepted on this basis.

Exclusion Criteria (For Equipment Provision by the Service);

- Where non-specialist solutions to the identified needs of the patient are available and appropriate for the individual.
- The individual patient does not have the cognitive ability or motivation to learn to operate the EC equipment. This shall normally be established though a period of trial of some sample solution of equipment.
- Provision of equipment is inappropriate due to social, environmental or other

circumstances.

- Where the referred need is for equipment primarily for educational ICT or, employment 'access to work' requirement, then the referral will normally be referred to the relevant agencies for assessment and provision. Collaboration with these agencies may still be appropriate.

Given the nature of the medical conditions, compliance with the criteria may not be apparent from the referral information, and therefore are to be applied following the assessment. Certain aspects of the potential provision are outside the funding remit of the specialist service and require referral for funding and provision by other agencies. If these are not available, then this may or may not preclude the benefit of provision of:

1. EC equipment affecting the fabric of the building and typically funded through application to other funding sources such as Disabled Facilities Grant (DFG) or minor adaptation, including;
    a. door openers, window openers, curtain openers, replacement door locking mechanisms
    b. building adaptations
    c. electrical, joinery, carpentry or other minor adaptation.

2. Equipment for monitoring and health needs;
    a. telecare equipment
    b. tele-health equipment
    c. tele-rehab equipment.

3. Other equipment;
    a. page turner.

3.3 Expected Significant Future Demographic Changes

There are no expected future demographic changes.

3.4 Evidence Base

Electronic Assistive Technology (EAT) is a term used to describe electronic equipment that can enable disabled people to live with a degree of independence in the community. This includes Environmental Control (EC) covered by this specification, Augmentative and Alternative Communication (AAC) Aids covered by Specification D1b and Complex Wheelchair control systems, in some instances these functions may be required to be integrated together or work in conjunction.

EC equipment enables individuals with significant physical disabilities, particularly of the upper limbs, to control functions or appliances primarily within the home/residential environment, but may also be used in other locations, such as school, college or workplace. Those in long term specialist nursing home or hospital settings may also benefit. The functions can include summoning help in an emergency or from a carer, controlling door entry, making and receiving telephone calls, operating electrical appliances and lighting and accessing computer technologies.

A key element of EC Systems is that they enable the user to control multiple functions through an input and interface that are tailored to their individual needs. The systems are prescribed and assembled to meet individual need and may include a custom manufactured or bespoke element.

Like other specialist equipment services, EC services are characterised by the:

- Complexity of patient needs (who will have a complex physical disability often in combination with a cognitive/language/sensory disability).
- Need for an awareness of the up to date range of EAT equipment options.
- Need for expert and independent assessment, as appropriate, by a multidisciplinary team.
- Provision of equipment on a long term loan basis to meet individual patient's assessed independence goals.
- Patient and carer training in use of equipment to maximize its effectiveness and user independence.
- Timely review and re-assessment for changing needs.
- On-going and life-long maintenance of equipment and support for its operational use.

NICE has not issued specific guidance on EAT.

The National Service Framework for long term conditions has clearly identified the need to provide Equipment in Quality Requirement (QR) 7. QR 7 has recognised the role of EAT in enhancing independence, improving quality of life and in selected cases improve the opportunities for employment.

Specialist Services National Definitions Set (SSNDS) (3rdEdition 2010) has recognised that Specialised Commissioning Groups (SCG) should be commissioning EAT services.

British Society of Rehabilitation Medicine (BSRM) (2000) - 'Electronic assistive technology' and 'Specialist equipment services for disabled people – the need for change' Royal College of Physicians of London & Institute of Physics and Engineering in Medicine 2004-ISBN 1 86106 234 7 provide further information.

4. Outcomes and Applicable Quality Standards

4.1 Quality Statement – Aim of Service

Aims

- To provide relevant EC equipment to adults and children with complex physical disabilities, due to variety of medical conditions, in order to improve their independence, quality of life, safety and participation.
- To participate with the provision of other EAT such as communication aids, powered wheelchair controls and other equipment of daily living, where this is appropriate.
- To collaborate with other clinical services and social agencies to optimise patient's wellbeing.
- To ensure that patients and carers are well informed on the use of the equipment that has been loaned to them.
- To adapt equipment provision to meet the changing needs of the patient.
- To provide the service in an independent, unbiased, cost effective and accountable way.
- To ensure all staff within the service are trained to an adequate and relevant level of competency, including awareness of technological developments
- To promote the development and application of EC and other relevant EAT products.
- To promote equitable provision of service across the population and diagnostic groups, developing and maintaining a care pathway for referral and provision in

conjunction with local community services
- To support primary and secondary care staff by offering them specialist professional advice and training.
- To collaborate with national initiatives to develop and improve service provision.

Objectives

- Undertake assessment of individual patient's EC needs by professionals with relevant competencies, working within or alongside the service. This should include recommendations on equipment solutions and referral to other agencies as appropriate.
- Maintain access to a loan bank of appropriate EC equipment for assessment, trial and long term loan to patients.
- Provide as appropriate, a broad range of equipment as required to meet an individual patient's independence goals.
- Support patient's use of EC equipment by regularly reviewing them and their equipment requirements so as to meet changing needs and enable them to maintain a reasonable degree of independence.
- Ensure all equipment provided is maintained in a satisfactory state and checked in accordance with manufacturers' recommendations.
- Health and social care professionals working in areas where service uptake is low are targeted and encouraged to refer those who could benefit from equitable equipment provision.

NHS Outcomes Framework Domains

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

4.2 Indicators Include:

Environmental Control provision promotes independence, safety and quality of life. It is a means of providing a person with a disability, the ability to participate in every-day

activities: domestic, social and in the workplace. Reducing dependency on others for routine tasks provides greater autonomy to the individual, assists in managing risks and may reduce support costs. It can also have a positive impact on the wellbeing of carers and family members.

Measures of these quality of life indicators and the means of reporting them are being evaluated and these measures will be piloted following the evaluation. The effect of changes in medical condition and other circumstances would have to be accommodated in any such measure.

Service Activity level reporting; numbers of

- referrals
- assessment
- equipment provisions
- reviews of existing equipment users
- adjustments /additions to existing equipment provisions
- withdrawal of equipment no longer used / required.

No.	Indicator	Data source	Domain(s)	CQC Key Question
Clinical Outcomes				
Patient Outcomes				
	Report % cases for which the following care-pathway steps are undertaken) Wait time Referral to equipment provision or other outcome – maximum of 18 weeks Reported fault with equipment related to critical functions that are responded to and fault rectified within 48 hours.	Contract Monitoring Contract Monitoring Contract Monitoring	**Domain 4: Ensuring that people have a positive experience of care**	
Structure & Process				
	Referral receipt acknowledged within 10 working days to referrer, GP and individual patient	Contract Monitoring	**Domain 2: Enhancing the quality of life of people with long-term conditions**	

	Assessment outcome report sent out to all stakeholders within 10 working days of assessment	Contract Monitoring		

Detailed definitions of indicators, setting out how they will be measured, are included in schedule 6.

4.3 Commissioned providers are required to participate in annual quality assurance and collect and submit data to support the assessment of compliance with the service specification as set out in Schedule 4A-C

4.4 Applicable CQUIN goals are set out in Schedule 4D

5. Applicable Service Standards

5.1 Applicable Obligatory National Standards

Core Requirements

1. The provider must demonstrate the assessment and provision of EC equipment is carried out by a multi-disciplinary team consisting of experienced professionals from a clinical / Allied Health Professional (AHP) background.
2. The provider must demonstrate the service enables patients to be assessed at their home, place of residence, hospital, school, or workplace as appropriate, by competent, experienced personnel and in collaboration with other services where necessary.
3. The provider must demonstrate the service enables patients using the equipment to receive on-going technical support in case of its malfunction, and an annual service maintenance visit including statutory testing of equipment.
4. The provider must demonstrate the service provides patients with adequate training in equipment use with necessary information in an appropriate format to them.
5. The provider must demonstrate the service has access to a loan bank of appropriate EC equipment for assessment, trial and long term loan to patients.

General Requirements

The following require services to give people choice through services planned and delivered around their individual patient needs; to support people to live independently and play their full part in society; to coordinate partnership working between health and social services and other local agencies.

- National Service Framework (NSF) for long term conditions has clearly identified the need to provide Equipment in Quality Requirement (QR) 7. QR 7 has recognised the role of EAT in enhancing independence, improving quality of life and in selected cases improve the opportunities for employment

- Standards for Better Health
- NHS Improvement plan: Putting People at the Heart of Public Services.
- This sets a service model for long-term conditions through self-care, disease management and case management.
- Complying with requirement of other relevant Statutes e.g. Disability
- Disability Discrimination Act and The Equality Act

Equipment Related Statutory Requirements

- Ensuring that equipment is purchased and maintained in accordance with statutory requirements including Medicines and Healthcare Products Regulatory Agency (MHRA) regulations and manufacturer's handbooks.
- Department of Health's publication: 'The Code of Practice for health and adult social care on the prevention and control of infections and related guidance'.
- British Society of Rehabilitation (2000) 'Electronic Assistive Technology'

Quality standards

- National Framework agreement for EAT operated by the NHS Supply Chain (Contract Ref: NF001365), which specifies the agreed processes on suppliers for the installation and on-going support of the equipment.

  Sub-contracting elements of the service under this or other contract framework agreements
  should ensure adequate and appropriate competency of staff employed, including those for
  visiting and interacting with individual patients using the EC equipment.

5.2 Other Applicable National Standards to be met by Commissioned Providers

British Society of Rehabilitation Medicine (BSRM) (2000) -'Electronic assistive technology' and 'Specialist equipment services for disabled people – the need for change' Royal College of Physicians of London & Institute of Physics and Engineering in Medicine 2004-ISBN 1 86106 234 7 provide further information.

5.3 Other Applicable Local Standards

Not applicable

6. Designated Providers (if applicable)

Not applicable as no formal designation process has been completed.

7. Abbreviation and Acronyms Explained

The following abbreviations and acronyms have been used in this document:

EAT – Electronic Assertive Technology
EC – Environmental Control
AAC – Augmentative & Alternative Communication
QR – Quality Requirement

SSNDS – Specialist Services National Definition Set
SCG – Specialised Commissioning Group
BSRM – British Society of Rehabilitation Medicine
ISBN – International Standard Book Number
NHS – National Health Service
GP – General Practitioner
CCG – Clinical Commissioning Group
MDT – Multi-Disciplinary Team
AHP – Allied Health Professional
PPM – Planned Preventative Maintenance
ICT – Information & Communication Technologies
DFG – Disabled Facilities Grant
NSF – National Service Framework
MHRA – Medicines and Healthcare Products Regulatory Agency
CQUIN – Commissioning for Quality and Innovation

Date published: August 2018

Appendix 1

QI Master

Number	Indicator	Detail			Data Source	O.F Domain , 1,2,3,4,5	CQC Key question, Well led, responsive, effective, caring, safe
		Descriptor	Notes	Evidence documents			
	Clinical Outcomes - quantitative data where possible using national data need to minimise the burden						
101	Average length of time from referral acceptance to patient assessment	Average length of time from referral acceptance to patient assessment, as defined by specification	For acceptance criteria please see service specification	Annual Report.	Provider	2, 4	caring, effective, responsive
102	Proportion of cases where wait time from referral acceptance to equipment provision is greater than 18 weeks.	Proportion of cases where wait time from referral acceptance to equipment provision is greater than 18 weeks.		Annual Report.	Provider	2, 4	effective, responsive

103	Proportion reported faults with equipment, which are related to priority functions that are responded to and the fault rectified within 48 hours.	Proportion reported faults with equipment, which are related to priority functions that are responded to and the fault rectified within 48 hours. Priority functions are identified by the EC service on individual case basis as essential to be rectified within 48 hours taking into account other contingency measures.		Annual Report.	Provider	2, 4, 5	caring, effective, responsive
	Patient Experience - PROMS PREMS can be difficult to gather if no national survey can put in process indicator if required						
201	Patient Feedback is reflected in service development	The service should have undertaken an exercise during the last 12 months to obtain feedback on patients'/carers' experience of the services offered. The exercise and actions taken as a result should have been presented to, agreed and discussed with the team and relevant governance group, and shared with patients/carers.		Annual Report.	Self declaration	2, 4	effective, caring

202	There is information for patients and carers	The team should have information for patients covering at least the following: - the service offered - local unit information - key members of the team. - support Services for equipment issued - Funding sources for ancillary equipment items not funded by EC service		Operational Policy.	Self declaration	2, 4	effective, caring
	Structure and Process - infrastructure requirements, staffing, facilities etc						
301	There is a MDT of personnel as detailed within the service specification.	The assessment and provision of EC equipment will be carried out by a multi-disciplinary team (MDT) consisting of experienced professionals from a clinical / Allied Health Professional (AHP) background. All EC provider services will employ properly accredited and experienced; - clinical scientists, - rehabilitation physicians, - clinical technologists, - occupational therapists	One person may occupy more than one role as appropriate within the boundaries of their professional discipline	Operational Policy	Self-declaration	2, 4, 5	safe, effective, caring, responsive

		and Where additional expertise is required (e.g. speech and language therapists), there are written arrangements in place with a named provider or co-located service. Reliable access is such that agreed arrangements are in place to ensure that members of the MDT will be involved as appropriate to individual cases.					
302	On at least two occasions and in two different locations within the year, the service offers training packages, seminars and symposia to inform local community based professionals and services as detailed within the service specification.	On at least two occasions and in two different locations (or within the year, the service offers training packages, seminars and symposia to inform local community based professionals and services as detailed within the service specification (2.1)		Annual Report including details of training.	Self declaration	2, 4, 5	safe, effective.

303	The service has established relationships with other services and agencies as detailed within the service specification.	The service has established relationships with other services and agencies as detailed within the service specification (2.1) including: - wheelchair services - Local community equipment and telecare services; - Social services, housing associations or departments where minor adaptations are required; -specialist nursing homes for patients. - AAC service - Community Rehabilitation /Neurological Services , - Specialist Rehabilitation or treatment centres, - Third sector and voluntary welfare support groups		Operational Policy	Self declaration	2, 4, 5	safe, effective, caring.
304	Where clinically appropriate, the service uses multiple manufacturers, taking into account patients holistic needs	The Services provides equipment in accordance with clinical appropriateness to the individual's assessed needs and from more than one equipment manufacturer		Operational Policy	Self declaration	2, 4, 5	safe, effective, caring, responsive

305	There is a process in place whereby, when clinically appropriate, patients have access to computer technology provision as detailed within the service specification	There is a process in place whereby, when clinically appropriate, patients have access to computer technology provision as detailed within the service specification and guidelines in Appendix A.		Operational Policy	Self declaration	2, 4, 5	safe, effective, caring, responsive
306	There are agreed pathways in place as detailed within the service specification	There are agreed pathways in place as detailed within the service specification (2.1)	Care pathways specify how the different organisations and groups of professionals should interact at defined stages of the patient journey. Where relevant, pathways should take into account nationally or internationally agreed guidance and standards.	Operational Policy	Self declaration	2, 4, 5	safe, effective, caring, responsive

307	There are clinical guidelines in place as detailed within the service specification.	There are clinical guidelines in place as detailed within the service specification.		Operational Policy	Self declaration	2, 4, 5	safe, effective, caring, responsive

QI Summary SS

Number	Indicator	Data Source	Outcome Framework Domain	CQC Key question
Clinical Outcomes				
101	Average length of time from referral acceptance to patient assessment	Provider	2, 4	caring, effective, responsive
102	Proportion of cases where wait time from referral acceptance to equipment provision is greater than 18 weeks.	Provider	2, 4	effective, responsive
103	Proportion reported faults with equipment, which are related to priority functions that are responded to and the fault rectified within 48 hours.	Provider	2, 4, 5	caring, effective, responsive
Patient Experience				
201	Patient Feedback is reflected in service development	Self declaration	2, 4	effective, caring
202	There is information for patients and carers	Self declaration	2, 4	effective, caring
Structure and Process				

301	There is a MDT of personnel as detailed within the service specification.	Self declaration	2, 4, 5	safe, effective, caring, responsive
302	On at least two occasions and in two different locations within the year, the service offers training packages, seminars and symposia to inform local community based professionals and services as detailed within the service specification.	Self declaration	2, 4, 5	safe, effective.
303	The service has established relationships with other services and agencies as detailed within the service specification.	Self declaration	2, 4, 5	safe, effective, caring.
304	Where clinically appropriate, the service uses multiple manufacturers, taking into account patients holistic needs	Self declaration	2, 4, 5	safe, effective, caring, responsive
305	There is a process in place whereby, when clinically appropriate, patients have access to computer technology provision as detailed within the service specification	Self declaration	2, 4, 5	safe, effective, caring, responsive
306	There are agreed pathways in place as detailed within the service specification	Self declaration	2, 4, 5	safe, effective, caring, responsive
307	There are clinical guidelines in place as detailed within the service specification.	Self declaration	2, 4, 5	safe, effective, caring, responsive

Appendix 2

Access to Computer Technology Provision within Specialised Environmental Control services (D01/S/c)

This document sets out the interpretation of the NHS England Service specification (D01/S/c Environmental Control Equipment for Patients with Complex Disability) and should be read in conjunction with the specification. Clients must meet the referral criteria to the service (see service specification "Profound and potentially complex physical disability, such that they are unable to operate standard controls for functioning independently in the home").

Additional Referral Criteria / Clarifications.

The client:

- is unable to access their computer through standard means (mouse, keyboard etc.) but would expected to be able to use the equipment with the provision of suitable aids or adaptations;
- demonstrates an intention to require access to IT to support independence and daily living;
- does not have computer access difficulties solely related to sensory disabilities (i.e. visual or hearing impairment);
- does not intend to use the computer primarily for use in educational or work situations or environments;
- has a level of computer literacy adequate for the tasks they wish to be able to achieve, or have on-going access to adequate training and support to achieve this. (e.g. through local therapist or other service provider).

In some cases, provision of appropriate seating equipment to ensure the necessary postural position and support is a pre-requisite of computer access provision. The seating equipment is to be supplied by other services and therefore may delay Computer access provision.

Potential Provision by Specialised Service:

- Specialised computer access equipment.
- Training in use of the specialist equipment provided by the EC service.

Not provided:

- Standard or non-specialised computer access equipment.
- Standard of non-specialised computer modifications – e.g. standard operating system adjustments.
- The computer device (unless this is part of communication aid or environmental control being otherwise provided).
- Training in general computer or IT use.
- Seating equipment necessary to achieve appropriate postural positioning and support.

Specialised computer access equipment:

- is designed specifically to allow computer control by individuals with severe physical disabilities.
- is not a standard computer peripheral.
- is not a standard operating system setting.
- may require custom manufacture or modification.
- may be hardware and/or software.

Appendix 3

Change Form for this Specification

Product name: Environmental Control Service Specification

Publication number: D01/S/c

CRG Lead: Alan Woodcock

<u>Description of changes required</u>

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
Service specification moved from old format into new service specification template.	Service specification moved from old format into new service specification template. Content changes below.	ALL	Update service specification to reflect EC procurement.	Carolyn Young	August 2018
Referrals will be accepted from health and social care professionals, charity support workers	Referrals will be accepted from health and social care professionals. Self-referrals can be accepted where subsequently endorsed by a health or social care professional. .	Section 2.1 Care Pathway for service Delivery	Clarification for services as to self-referral – must be endorsed by health or social care professional	Carolyn Young	August 2018
New paragraph	A prioritisation system will be in place to ensure that individuals with a rapidly deteriorating condition are assessed and equipment provided (where appropriate) within a clinically appropriate time. Other reasons	Section 2.1 Care Pathway for service Delivery	This aligns the EC service specification with the AAC service specification and will allow people with rapidly degenerative conditions to be	Carolyn Young	August 2018

	for prioritisation may also be appropriate and will be considered on a per-case basis from referral information.		prioritised. This is current practice.		
New	Where individuals have a variable condition (e.g.: a progressive neurological condition), the above criteria can be applied with regard to the person's anticipated needs and abilities within a clinically appropriate time period. Referrals can be accepted on this basis.	Section 3.2 – Acceptance and Exclusion Criteria	This brings the EC specification in line with the AAC specification and will allow patients with rapidly degenerative conditions to be seen earlier in their pathway	Carolyn Young	August 2018
New	Where the referred need is for equipment primarily for educational ICT or, employment 'access to work' requirement, then the referral will normally be referred to the relevant agencies for assessment and provision. Collaboration with these agencies may still be appropriate.	Section 3.2 / Exclusion Criteria	Guidance on role and collaboration with partner agencies	Carolyn Young	August 2018
Certain aspects of the potential provision are outside the funding remit of the specialist service and require referral for funding and provision by other agencies. If these are not available, then this may or may not preclude the benefit of	Certain aspects of the potential provision are outside the funding remit of the specialist service and require referral for funding and provision by other agencies. If these are not available, then this may or may not preclude the	Section 3.2 / Exclusion Criteria	Additional guidance and clarification as to what is for the NHS to fund and what sits within the local authority	Carolyn Young	August 2018

provision of the EC equipment, these are: • door, window and curtain openers • page turners • building adaptations • electrical, joiner/carpentry or other minor adaptation	benefit of provision of the EC equipment, these are: That affecting the fabric of the building and typically funded through application to other funding sources such as Disabled Facilities Grant (DFG) or minor adaptation, including; • Door openers, window openers, curtain openers, replacement door locking mechanisms • building adaptations • electrical, joinery, carpentry or other minor adaptation Equipment for monitoring and health needs • telecare equipment • Tele-health equipment • Tele-rehab equipment Other equipment • page turner				
Not previously included	Provide as appropriate, a broad range of equipment as required to meet an individual patient's independence goals.	Section 4.1/Aims of Service	Included to emphasise the aim of the service	Carolyn Young	August 2018
New Section	Quality Indicators	Section 4.2/Indicators	Not previously included in service	Carolyn Young	August 2018

		Include	specification. Developed and agreed with QST		
New requirement	Sub-contracting elements of the service under this or other contract framework agreements should ensure adequate and appropriate competency of staff employed, including those for visiting and interacting with individual patients using the EC equipment.	Section 5.1/Quality Standards	Requires services to ensure that subcontractors meet the same competencies as employed staff	Carolyn Young	August 2018