

Delivering electronic and computer based assistive technologies within the guidance set out by the Health & Social Care Act 2011.

**Dr Emlyn Williams
February 2013**

For over twenty years the British Society of Rehabilitation Medicine [BSRM] and its membership have been actively promoting equipment provision for the enablement of severely disabled people.

'A Prescription for Independence' [1994] and 'Electronic Assistive Technology'[2000] were seminal publications.

Thereafter there was extensive collaboration between the BSRM, the Royal College of Physicians [RCP] and the Institute of Physics and Engineering in Medicine [IPEM] which led to publication in 2004 of 'Specialist equipment services for disabled people – the need for change'.

Over the next few years the BSRM, the RCP and IPEM recognised that whilst much of the content of the document remained appropriate and valid, organisational and technological change had overtaken it.

In October 2012 Emlyn Williams was asked to prepare guidance as to how services should develop in and beyond 2013 in accordance with the provisions of the Health and Social Care Act 2011.

His preliminary draft was circulated in December 2012. It concentrated on:

1. User-centred services delivered equitably within each region.
2. Assessment of need by competent professionals.
3. Coordination of equipment provision and on-going support overseen by regional hubs in collaboration with locality based personnel and resources.
4. Embracing innovative and converging technologies and ensuring that they could be readily accessed by health and social care professionals as well as by those in need.
5. Recognising and emphasising that compatible technologies and largely identical user groups required an over-arching commonality of provision.

He has yet to receive meaningful comment.

On being invited to comment on guidance issued by the Clinical Reference Groups for ECS and AAC[Environmental Controls and Communication Aids], he identified inappropriate language, content and presentation only to be told that he was arrogant and out of order.

Dr Emlyn Williams supports the thrust of the NHS reforms scheduled for implementation on 1st April 2013.

However he is concerned that at a time, when there is real opportunity for change, vested interests are deploying their skills to ensure that inappropriate patterns of care continue and flourish.

- The National Commissioning Board has identified a need to appoint a number of medically qualified National Clinical Directors [NCD] to work alongside the Specialist Commissioners overseeing Long Term Conditions.

NHS recruitment processes are heavily skewed towards favouring those NHS employees who have failed to retain or secure positions elsewhere.

At a time of such organisational and technological upheaval, it is particularly important that a doctor appointed as NCD to oversee telecare, environmental controls, communication aids and computer access technology has the clinical experience, knowledge and professional standing appropriate to such a post.

It is has to be wrong that systems set up to protect workers' rights are being used to exclude competent and qualified contenders:- the law of unforeseen consequences is corrupting appointment procedures so that those deemed unsuitable elsewhere are fast-tracked into these important NCD posts.

- Clinical Reference Groups have been set up hastily as fora within which a range of individuals and organisations can express their views. Their guidance for Specialist Commissioners in respect of ECS and AAC lacks clarity and all too often suggests that services do not need medical oversight. This is outwith the policies of most Foundation Trusts as well as the guidance outlined in the Health and Social Care Act 2011.

Whilst it is agreed that competent therapists and technical personnel can and do manage services effectively, there will be occasions when all parties will appreciate ready access to the diagnostic, ethical, holistic and practical skills that only the specialist Rehabilitation Medicine Consultant can provide.

In summary if new organisational systems are to be successfully implemented on and after April 1st 2013, knowledgeable and experienced medical professionals will need to be in place nationally and at a regional level to oversee service delivery.
