This amendment is welcomed as additional evidence of a commitment to address the inequalities in access to the support that enables people with communication difficulties to lead full and active lives. It is not clear from the information available whether an Integrated Impact Assessment has already informed the amendment; the findings of a robust impact assessment will obviously shape national and local implementation. Our preference would be for the provision of communication equipment to be set clearly within a strategic approach to inclusive communication that enabled and empowered communication for people who have difficulty speaking, lost the ability to understand or speak English, hearing, lack of ability to see or respond to visual cues and limited health literacy. This is the approach that we are trying to mainstream in Lothian. I have highlighted only a couple of the most relevant interventions that are underway to progress the focus of this amendment.

First, we have an AAC (Alternative Augmentative Communication) service in Lothian – Keycomm - that offers specialist Speech and Language Therapy assessment and recommendations about communication technology to children and adults. This includes a service to people with all kinds of acquired communication disability. Recently the service received some funding linked to the “Right to speak” which enabled them to buy some equipment for each local team and train teams to use it so that assessments can be made as quickly as possible. People can borrow equipment to test it and then usually funding can be found to buy it if person will need to use it long term.

Secondly, we have an additional need for information task force (ANDI TF). The ANDI TF pilot system contains a field to record the need for interpreting, including alternate languages and British Sign Language (BSL) interpreting. The pilot has only been in one clinic for seven months and so information on use of BSL interpreters, mats or other equipment is not yet available. There has been some information flow about alternate language interpreting.

We have also been investigating the use of the Contact Scotland service for BSL interpreting. Through our enquiries, it also appears that there have been discussions with the service about whether it could be made available for service providers to have onsite in situations where a BSL interpreter is unable to be available, particularly in emergency situations e.g. A&E. This work is ongoing. The link for the service is: http://contactscotland-bsl.org/public/

We would also welcome greater attention to the opportunities for Research, development and improvement. We gained valuable experience and expertise in participating in the research into voice banking and are enthusiastic about participation in the service roll out. We also recognise the opportunities to participate in trials that develop and integrate technology designed to address more than one need into the same technology that provides communication
support. Currently, this seems difficult to orchestrate, particularly when devices are prescribed/recommended by staff from different disciplines, specialties and organisations.

In summary, while we have examples of excellent care in Lothian, our current evidence indicates that there are opportunities for improvement that this duty would help to unlock. These include addressing the variation in ease of access to expert assessment, equipment and support by diagnosis and service. Too much good practice reflects individual professional expertise rather than a systematic and consistent response to need. It fits well with recognition in Lothian that good care is underpinned by good communications. Introduction of this duty will also require investment to improve patient experience and outcomes. While this will need to be permanent, recurring and free at the point of use, the benefits in terms of independent living and the ability of individuals to participate in society should far outweigh the costs.

I would echo the views of colleagues regarding the establishment of a national professional network that could build on the existing more informal network of regional services, could lead on and support local practitioners with:

- Establishing a national data set
- National procurement – for equity and economies of scale
- Virtual national equipment bank – for loans etc
- Collection of outcomes data
- Engaging patients, carers and public in design, delivery and improvement
- Set within a framework of universal support activities e.g. communication access in shops etc
- Maintaining and updating the online resources developed during the Right to Speak Project e.g. the Now Hear Me website and online community of practice
- Maintaining and updating IPAACKS (a Scottish Government Commissioned on line CPD tool)
- Lead on research and development
- Lead on the development of training/education opportunities in AAC from basic up to expert level CPD provision.
- Provide 2nd and expert opinion
- Provide specialist assessment and advice

NHS Lothian