

## **SOMERSET ASSISTIVE TECHNOLOGY AIDS AND PRODUCTS TO MAKE YOUR LIFE EASIER**

### **1 INTRODUCTION**

- 1.1 This document describes the process NHS Somerset has used to seek the views of service users, carers, members of the public, healthcare professionals and key stakeholder organisations on its proposals to expand the use of Assistive Technology in Somerset.

### **2 BACKGROUND**

- 2.1 The feedback document focused on three distinct areas of Assistive Technology products and described what NHS Somerset and its partner organisations would like to do.
- 2.2 Respondents were asked to answer specific questions and make comments on the plans for ensuring the right equipment is provided in expanding the use of assistive technology.
- 2.3 The engagement process took place over twelve weeks between 12 October 2009 and 4 January 2010.
- 2.4 The aims for the information and engagement process propose for further developing Assistive Technology in Somerset. Assistive Technology is expected to help:
- prevent or delay the possible increase of future health and social care needs
  - react to any change in a user's immediate situation
  - reduce the numbers of emergency admissions and general practice appointments
- 2.5 Assistive Technology will support people with medical conditions that are well controlled and also those that are not. It can also provide support to people without a known condition or assessed need. It is expected that if the use of Assistive Technology was increased across Somerset there would be:
- an increase in personal independence
  - an increase in personal safety and security
  - more support for carers
  - more opportunity for people to self-manage their long term medical condition(s)
  - more efficient use of social and health care staff

2.6 There were five main priority areas people were asked to give their views on which are as follows:

- Long Term Conditions
- Memory Loss (including dementia)
- Vulnerable People
- Falls
- Social Isolation

2.7 NHS Somerset, Somerset County Council and WyvernHealth.Com involved staff, clinicians and members of the public throughout the consultation via a number of meetings and focus groups, and through the distribution of a number of consultation documents

## **2 EMERGING THEMES**

3.1 The range of engagement processes has resulted in some consistent emerging themes which are detailed below.

### **Priorities**

3.2 The overwhelming response to Assistive Technology is positive by health and social care staff as well as service users, carers and the public. All the priority areas received support however the staff and service users viewed the priorities differently.

3.3 Health and social care staff were asked which of the following they considered to be a priority area:

- Falls
- Long Term Conditions
- Memory Loss (included dementia)
- Social Isolation
- Vulnerable People

3.4 The results show that staff considered Falls and Memory Loss to be the joint highest priorities at (95%).

3.5 This reflects the feedback from the Occupational Therapy Assistive Technology awareness event which took place prior to the consultation process.

3.6 Health and social care staff rated products to assist people who are prone to falling as the highest priority and it was stated that this is a current government initiative (The Falls Prevention Scheme), aiming to reduce the number of people being admitted to hospital as a result of a fall.

- 3.7 Health and social care staff also thought that the products to prevent people from falling would be acceptable to the people of Somerset.
- 3.8 Service users, carers and the public however viewed the equipment to help people who have a long term chronic condition as being their top priority.
- 3.9 The emerging theme from respondents was that service users who accessed telehealth equipment would benefit the most.

### **Directory of low level products and services**

- 3.10 Service users, carers and the public wanted to ensure that Assistive Technology products are marketed well and that there is not just a directory of the products available, but a directory of accessible services as well.
- 3.11 The directory published should not only have product information signposting where this can be purchased, but information and advice on accessible services that can support the use of technology.
- 3.12 There was overwhelming support for this directory from service users, carers and the public, along with health and social care staff who thought that a directory of products would be useful to them as well.

### **Costs**

- 3.13 All respondents were concerned about the costs of some products although they were not totally put off by the prices, especially when it was explained that some products could possibly be accessed by using the Attendance Allowance. As mentioned previously, products on prescription was suggested and would be seen as a helpful way of people using equipment.
- 3.14 It was thought that service users receiving Direct Payments for their care would be able to purchase the Assistive Technology products they need.
- 3.15 There was a comment from a member of staff which kept appearing in the feedback document which was:

*“We have been using AT for a long time, in some cases this can help people remain relatively independent, or even can be as effective as keeping someone in their own homes for longer, in the case of patients with dementia. Withdrawal of funding for AT would necessitate more expense in other areas, it is not just about making life easier.”*

### **Assessment for Suitability**

- 3.16 Both staff and service users, carers and the public were concerned that people should be properly assessed for any Assistive Technology products and they and their carers are confident about using them.
- 3.17 It was pointed out that not all service users are suitable for a variety of reasons and that the products should go to the user who would really benefit from having them.
- 3.18 It was suggested by service users, carers and the public that if products were going to be phased in then the patients who had a long term conditions should be prioritised first.

### **Patient confidentiality**

- 3.19 Service users and the public were really concerned that their information should only be seen by the appropriate staff involved in their care and that it should be kept securely.

### **Human Contact**

- 3.20 The overwhelming theme that came through from all the respondents was that no Assistive Technology aid should replace face to face contact with a human being.
- 3.21 This was thought to be especially true for people who live in isolated rural areas who need the help, reassurance and support of health and social care staff.

### **Products**

- 3.22 Telehealth products seemed to be the most popular as far as the service users, carers and public were concerned, helping people with Long Term Conditions to be monitored at home or in the general practice, rather than in hospital.
- 3.23 A quote from a member of the public was received on the issue of social isolation:  
  
*“I can understand the need to prioritise and also the financial problems of providing a viable service especially for the elderly and inform. But, they still need human contact and the visits to provide telehealth monitors to measure blood pressures and vital signs are a good way to provide human contact by community medical staff”.*
- 3.24 Telecare products were the most popular with health and social care staff especially the piper life line and the falls detectors, where appropriate.

- 3.25 A health professional stated “*This type of technology is essential in managing risk. It is also helpful for carers and the families’ piece of mind.*”
- 3.26 All the respondents to the feedback process were keen that Assistive Technology should continue to be rolled out across the county in a considered timely way for service users.
- 3.27 Assistive Technology products are viewed as important to help service users remain at home and live as independently as possible. For the family and carers of these service users the products are seen as being really beneficial if used correctly and in appropriate settings.

#### **4 SUMMARY OF EMERGING THEMES**

- 4.1 The Falls and Memory Loss priorities were considered to be the most important by health and social care staff and the telecare equipment that can support these service users.
- 4.2 Service users, carers and the public viewed the Long Term Conditions priority as their most important with telehealth equipment to support these users.
- 4.3 Additional priorities and ideas were suggested around palliative care needs, technology to support patients in taking their International Normalised Ratio (INR) measurements at home and telemedicine and telehealth technology to support prison healthcare services.
- 4.4 Although there were concerns about costs, there was a willingness to contribute to the cost of equipment and ongoing use, however this subject needs careful consideration.
- 4.5 There was overwhelming support for a signposting, information and advice, High Street Directory and Purchasing Guide to low level health and social care technology.
- 4.6 Overall the response to expanding the use and introducing new pieces of Assistive Technology is positive by health and social care staff, as well as service users, carers and the public.

#### **5 RESPONSE TO FINDINGS**

- 5.1 The feedback of the engagement process has been compiled by the Patient and Public Involvement Lead and the Patient Experience Team.

5.2 All information collected during the consultation and subsequently put into the report was reviewed by the Assistive Technology Board as a draft report on 26 January 2010. The board will consider the findings before presenting the report to the following:

- Adult Services Partnership Board
- Executive Management Teams within:
  - \* NHS Somerset
  - \* Somerset County Council
  - \* WyvernHealth.Com

## **6 NEXT STEPS**

6.1 Decisions will be made at the groups set out in item 5.2 above on whether the Assistive Technology Board should move forward to further develop the Assistive Technology Joint Five Year Strategy for Somerset and individual supporting Business Cases.

**Margaret Grizzell**  
**Patient and Public Involvement Lead**