

ENVIRONMENTAL CONTROL PROVISION

Prescription for Independence - 1994

Abstract

This report was produced by a working party of the BSRM Environmental Control Special Interest Group and completed in June 1994. The BSRM is grateful to the Department of Health for financial assistance with the costs involved.

The BSRM Environmental Control Special Interest Group was established in 1992 to enhance the training of assessors and to provide advice to the Department of Health on professional matters concerned with the provision of Environmental Control Systems.

For the past thirty years, people with severe physical disabilities have been provided with environmental control equipment, funded centrally by the Department of Health. This has enabled many people to lead independent lives, remain in their own homes or perform every day activities otherwise denied to them.

As in other parts of the Health Service, changes are occurring which will affect the future of this service. The British Society of Rehabilitation Medicine (BSRM) has been asked to help influence these changes and ensure that the service goes forward into the Twenty-first Century, keeping pace with changes in both the technical advances being achieved and the reorganisation and development of rehabilitation services nationally.

This report, which should be read by all who have an interest in providing equipment to people with disabilities, seeks to set out the principles and practice by which these aims can be achieved.

Summary

Environmental control systems (ECS) provide a means for a person with severe physical disability to control access to their home, to summon emergency help, to operate domestic appliances such as telephone, television, video and hi-fi and to switch electrical power for lighting and other appliances.

The increased independence which these systems provide allows the user to be at home, confident in the knowledge that the home is secure and that help can be obtained if required. Consequently carers are free to leave the home for periods of time and the burden of providing continuous care is much relieved. There is thus a major impact on the lives of many severely disabled people not only in terms of enhanced independence and dignity, but also in maintaining the integrity of family life and reducing dependence on care services and institutional care.

The equipment currently provided is of two types, using either a visual display unit or a fixed pattern lamp display. Simple messages can be generated for display on the visual unit, whilst limited requirements can be met with a modified form of the lamp display. The fixed wiring required by both systems for signal transmission to the selection unit, limits operation to one or two rooms in the home.

Since the 1960's ECS have been available to qualifying individuals who meet the eligibility criteria outlined in an NHS Supplies document - 'The Provision of Environmental Control Systems through the Department of Health' (The Yellow Book). Eligibility and equipment needs are decided by an appointed medical consultant (Assessor). Simpler systems, such as door intercoms and alarm systems can be provided by Social Services Departments (SSD) and are referred to in Section 7.

Local administrative responsibility for the service formally rests at Regional Director of Public Health level, but is usually delegated to local district co-ordinators. Their role includes processing assessors reports, organising case conferences with patients, carers, social services representatives and the equipment supplier and placing equipment orders with NHS Supplies.

ECS provision has formerly been prescribed or supplied as an isolated event without reference to, or integration with other equipment needs such as communication aids or electric wheelchair controls. This report recommends that ECS prescription should be part of an overall needs assessment of a person with disability.

Impetus for change has already come from the Department of Health in response to the opinions of disabled people and providers of the service. A former working party drew up new service specifications (Appendix A) for equipment and, based on these, the invitation to tender for contracts was opened to companies throughout Europe in 1993. Laboratory and technical evaluation of new equipment is still proceeding in Lincoln and Bath and has enabled much useful information to be collected on standards and audit. This will also be applicable in other fields where assessment of technology is needed. A simplified leaflet on ECS provision has also been sent to all Health Authorities and SSD.

The original remit of the BSRM Environmental Control Special Interest Group was to consider the educational and training needs of medical assessors. This report deals with the delivery of service (Co-ordinator Role) and with the assessment of need and prescription of equipment (Assessor Role). It examines the present function and limitations of both roles and makes suggestions for broader remits in both, leading to service improvements.

Devolution of ECS provision has been announced since the Working Party was set up. It is, therefore, an optimal time to suggest ways in which the service could be improved. The report examines the implications of devolution as this is a wider remit which needs to be addressed by Health Authorities. It is not our remit to consider new equipment trials although we have included some final speculative thoughts about the future in Section 8.

End of Abstract
