SMART Environmental Control Service Referral Form

## NHS Lothian (full service) and NHS Borders (assessment/advice service only)

## Description

The SMART Environmental Control Service provides environmental control systems which enable patients with complex physical disabilities to control devices around the home, such as mobile phones, pagers, intercoms, lamps and home entertainment equipment. Environmental control devices can be interfaced to a wide range of equipment provided by other services/agencies or self-funded, including community alarms, door openers, and other home automation equipment. The service can also provide assistive technology integration to allow multiple devices to be controlled from the same input method. For example switches can provide access to an environmental control device and an alternative augmentative communication device.

Use of an environmental control system can assist a patient to recover a measure of independence, makes continued care at home easier for the relatives and can delay or prevent permanent admission to hospital. Supply of the equipment may also make it feasible to discharge home a patient who would otherwise have to remain in hospital.

**Criteria**

Equipment can only be supplied to people who are permanently disabled by disease, injury or congenital impairment to the extent that they are unable to perform such functions as answering the front door of their house, or switching a light or television on and off. Potential users must also:

a) have the ability and willingness to use the equipment;

b) have the need for the equipment and derive significant improvement in their independence and quality of life through its use;

c) be unable to use simpler or more cost effective equipment that may be available from other sources (e.g. local authority social work department).

The connection of the environmental control equipment to a wide range of other devices for example door openers, curtain openers, page turners, computers and tablets, may be considered. However, these devices are not supplied by the environmental control service.

Installations are usually phased with key equipment interfaced first following an initial assessment. Additional devices may be added later as required provided the user is able to demonstrate their ability to use the environmental control.

## Further Information

Information about the service and referral forms can be obtained by contacting the service:

Telephone Numbers:

SMART Centre Environmental Control Co-ordinator: 0131 537 9422

SMART Centre Environmental Control Workshop: 0131 537 9465

Website: <https://www.smart.scot.nhs.uk/service/environmental-control/>

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| Patient | | | | | | | | | | | | | | | | | | | |
| Surname: | | | Click here to enter text. | | | | | Home address: | | | Click here to enter text. | | | | | | | | |
| Forename(s): | | | Click here to enter text. | | | | |
| DOB/CHI Number: | | | Click here to enter text. | | | | | Postcode | | | Click here to enter text. | | | | | | | | |
| Tel. no: | | | Click here to enter text. | | | | | Other tel. no: | | | Click here to enter text. | | | | | | | | |
| Main contact for patient, if not patient | | | | | | | | | | | | | | | | | | | |
| Surname: | | Click here to enter text. | | | | | | Relationship | | | Click here to enter text. | | | | | | | | |
| Forename(s): | | Click here to enter text. | | | | | | Tel. no: | | | Click here to enter text. | | | | | | | | |
| Access information and risks | | | | | | | | | | | | | | | | | | | |
| Are there any health and safety or safeguarding issues that we need to be aware of? Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Referrer** | | | | | | | | | | | | | | | | | | | | |
| Name: | Click here to enter text. | | | |  | | | Email: | | | | Click here to enter text. | | | | | | | | |
| Address: | Click here to enter text. | | | |  | | | Profession: | | | | Click here to enter text. | | | | | | | | |
| Postcode: | Click here to enter text. | | | |  | | | Service name: | | | | Click here to enter text. | | | | | | | | |
| Tel. no: | Click here to enter text. | | | |  | | | Health board: | | | | Click here to enter text. | | | | | | | | |
|  | | | | | | |  |  | | | | | | | | | | | |
| General Practitioner | | | | | | |  | Housing Authority (if known/applicable) | | | | | | | | | | | |
| Name: | Click here to enter text. | | | | | |  | Name: | | Click here to enter text. | | | | | | | | | |
| Address: | Click here to enter text. | | | | | |  | Address: | | Click here to enter text. | | | | | | | | | |
|  |
| Postcode: | Click here to enter text. | | | | | |  | Postcode: | | Click here to enter text. | | | | | | | | | |
| Tel. no: | Click here to enter text. | | | Practice code: | | Click here to enter text. |  | Tel. no: | | Click here to enter text. | | | | | | | | | |
| Email: | Click here to enter text. | | | | | |  | Email: | | Click here to enter text. | | | | | | | | | |
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| **Community Occupational Therapist** | | | | | | |  | **Social Worker** | | | | | | | | | | | |
| Name: | Click here to enter text. | | | | | |  | Name: | | Click here to enter text. | | | | | | | | | |
| Address: | Click here to enter text. | | | | | |  | Address: | | Click here to enter text. | | | | | | | | | |
| Postcode: | Click here to enter text. | | | | | |  | Postcode: | | Click here to enter text. | | | | | | | | | |
| Tel. no: | Click here to enter text. | | | | | |  | Tel. no: | | Click here to enter text. | | | | | | | | | |
| Email: | Click here to enter text. | | | | | |  | Email: | | Click here to enter text. | | | | | | | | | |
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| **Care Provider** | | | | | | |  | **Medical Consultant (if known/applicable)** | | | | | | | | | | | |
| Name: | Click here to enter text. | | | | | |  | Name: | | Click here to enter text. | | | | | | | | | |
| Address: | Click here to enter text. | | | | | |  | Address: | | Click here to enter text. | | | | | | | | | |
|  |
| Postcode: | Click here to enter text. | | | | | |  | Postcode: | | Click here to enter text. | | | | | | | | | |
| Tel. no: | Click here to enter text. | | | | | |  | Tel. no: | | Click here to enter text. | | | | | | | | | |
| Email: | Click here to enter text. | | | | | |  | Email: | | Click here to enter text. | | | | | | | | | |
| Patient details | | | | | | | | | | | | | | | | | | | |
| Brief description of disability and approximate date of onset | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Brief description of upper limb and hand function physical abilities\* see further guidance for more details  Click here to enter text. | | | | | | | | | | | | | | | | | | | |
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| Brief description of other physical abilities\* see further guidance for more details  Click here to enter text. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Does the patient have the cognitive ability to operate new technology? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Does the patient use a wheelchair indoors? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Is the wheelchair powered? | | | | | | | | | | | | | | Yes | | |  | No |  |
| If the wheelchair is non-powered, can the patient propel it? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Can the patient walk at all indoors? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Do you consider that the patient is motivated towards controlling his/her environment? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Does the patient use a communication aid? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Does the patient use a separate living room and bedroom? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Is the patient’s vision | | | | | | | | | Good? | | | |  | Fair? | | |  | Poor? |  |
| Is the patient’s hearing | | | | | | | | | Good? | | | |  | Fair? | | |  | Poor? |  |
| Is the patient left on his/her own? | | | | | | | | | | | | | | Yes | | |  | No |  |
| Please describe the arrangements:  Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Are any of the above likely to change in the near future e.g. powered wheelchair referral in place?  Click here to enter text. | | | | | | | | | | | | | | | | | | | |
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| **Environmental control details** | | | | | | | | | | | | | | | | | | | |
| What are the patient’s goals for home/environmental control? \* see further guidance for more details  E.g. [1] controlling a mobile phone to answer calls [2] selecting some favourite channels on the TV [3] being able to reliably operate the community alarm [4] being able to identify who is at the door and release the door lock etc.  **Important**: Please note that:   * The service only provides the means of interfacing with certain devices and does not provide the actual devices. * Interfacing to a electrically operated bed or chair will only be consider following a full risk assessment that takes into account the user’s capacity to safely operate these devices. * Computer/tablet access is only provided as part of an environmental control system and not as stand alone provision. | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Has the patient tried any non-specialist methods to achieve their environmental controls goals?  E.g. large button remote controls, voice activated smart speakers | | | | | | | | | | | | | | | | Yes |  | No |  |
| If yes, please describe the outcome. | | | | | | | | | | | | | | | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | |
| Have actions been taken with regards to adapting the patient’s home to facilitate the use of an environmental control system e.g. obtaining contractor quotes for door opener installation? | | | | | | | | | | | | | | | Yes | |  | No |  |
| If yes, please give details. | | | | | | | | | | | | | | |  | |  |  |  |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | |

## Referrer’s Signature

The form must be signed by the patient’s GP, medical consultant or Health and Care Professions Council (HCPC) registered therapist.

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| --- | --- | --- | --- |
| Signature: |  | Date: | Click here to enter a date. |

**Important**:

* Please note that where possible referrers should attend the initial assessment and may be required to attend subsequent appointments.
* This form should be completed by a relevant health and social care professional.
* Incomplete and unsigned forms may not be accepted and could delay provision.

Please post to: Referrals, SMART Centre, Astley Ainslie Hospital, Edinburgh EH9 2HL

Or email to: [Smart.Referrals@nhslothian.scot.nhs.uk](mailto:Smart.Referrals@nhslothian.scot.nhs.uk) **NB for security reasons please only email via an @NHS.net, an @nhs.scot, an @yyy.scot.nhs.uk account, or an @yyy.gov.uk email address.**

Upon receipt the referral form will be screened and acknowledged. If you do not hear from the service within one month of submission, please contact us on 0131 537 9422/9465.

**Further Guidance:**

* Brief description of upper limb and hand function physical abilities – please provide information that is relevant for the patient using a switch or a touch screen with their hands e.g. reduced strength/muscle weakness, tremor, tone, fatigue.
* Brief description of other physical abilities – if a patient would struggle to use a switch with their hands please provide information that is relevant for alternative access methods e.g. a head switch, head tracker, voice control, eye gaze system.
* What are the patient’s goals for home/environmental control? Please consider the equipment below and any specific goals the patient would like to achieve.

|  |  |  |
| --- | --- | --- |
| Community Alarm | Nurse Call System | Local pager/alarm |
| Door entry/intercom | Door Operator | Window Operator |
| Curtain/Blinds Operator | Telephone (landline/mobile) | Tablet/computer |
| Table Lamp | Television | Sound system/radio |