



Accountability for Professional Advice Given to People who are Not Registered Patients

Background

The ascendancy of the public health/health promotion agenda at a national level has led to the increasing development of prevention focussed speech and language interventions, thereby extending the boundaries and scope of professional practice.

A speech and language therapy contribution is now recognised and sought by many initiatives designed to improve people's life chances in terms of education and employment prospects, access to health and to increase social inclusion. Speech and language therapists (SLTs) are now working in prevention focussed developments such as those promoted by NSFs, Sure Start and BEST Teams, Youth Offending or relative support networks.

New ways of working present many opportunities to utilise the specialist skills of the speech and language therapist, but these new environments also present many challenges for delivering interventions within a robust governance framework.

***Please note this advice relates to communication only. Advice relating to dysphagia management should always be recorded in an individual patient record.**

Statement of the Issue

Traditionally when a referrer suspects a speech, language, communication or swallowing difficulty, a referral is made, consent is sought and the individual becomes a patient, ie a person who receives 'medical' care, attention or treatment (www.dictionaries.com, 2005).

For detailed information on consent to treat NB (specific personalised advice is classified as treatment) see the following website: www.doh.gov.uk/consent

In this instance interventions are recorded according to RCSLT guidelines, (Communicating Quality 2, 1996) which provides a contemporaneous record of the interventions undertaken. In this way both the practitioner and the patient are protected as the interventions are recorded and the record is open to scrutiny.

A preventative approach highlights different challenges. The SLT may provide verbal advice to groups or people, who may or may not have identified difficulties. These people are citizens not patients. There is currently no requirement to record advice given, leading to poor accountability and leaving both the practitioner and the citizen potentially vulnerable.

Source of Advice

This issue is by no means unique to speech and language therapists. A number of different bodies and organisations have been approached to provide a solution to this difficulty and ensure that there is appropriate protection for the population and for staff.

It would seem that no one organisation has dealt with this issue completely but the advice given by the NHS Litigation Authority has proved helpful in developing a series of foundation statements and recommendations to strengthen accountability, thereby offering greater prevention to all concerned.

Scope of Applicability

This guidance applies to all staff that work within a speech and language therapy Department. This may include qualified speech and language therapists, Technical Instructors, Assistants, Language Development Workers, Bilingual Co-workers, etc.

Foundation Principles for Preventative Advice

1. Advice must be based on general awareness raising strategies to facilitate speech, language and communication development – It should not be targeted at specific individuals nor based on a skills profile generated from assessment.
2. If more specific advice is required the therapist must encourage the individual or responsible adult to consent to referral so they can be registered as a patient. Information on advice given would then be recorded in the usual way as part of

the treatment intervention.

3. If individuals or families express or demonstrate reluctance to be registered as a patient because of perceived stigma or other reasons, the SLT has a responsibility to support their understanding of what patient registration means.

This may include:-

- the SLT's ability to give specific targeted advice.
- that records are confidential and that information in most instances will only be revealed to others with their express consent.
- they will receive a copy of all correspondence.
- if they wish they may have access to read what is recorded in their file (in most instances).

4. All advice must be evidence or consensus based.

Recommended Actions to Strengthen Accountability for General Advice

1. Clinical teams to develop a standard presentation or a set of key evidence based statements around which a presentation can be structured. This may include a series of pre-prepared responses to frequently asked questions (FAQs).
2. The presentation and/or fact sheets should be approved by local Clinical Governance Committee.
3. A policy to be developed stating the requirement of staff to adhere to the pre-agreed information in all appropriate situations.
4. Anonymised notes to be recorded containing a minimum data set of date, time, location, numbers attending, approximate age of individual(s) at whom the advice is aimed and the nature of the advice given.
5. Anonymised records to be peer reviewed every 4 months for:-
 - adherence to standardised guidance.
 - appropriacy of advice given.
6. Additional information highlighted by regular audit to be added to the standardised package.

The actions identified in this guidance will improve professional accountability for advice relating to speech, language and communication skills, thereby reducing the risk to both the public and members of staff.

There follows:

- a series of scenarios to clarify the phrase “general awareness raising strategies”
- a flow chart to illustrate key stages of the process

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Paediatric Scenarios

1. A parent asks the SLT; ‘My two-year old cannot pronounce their r-sounds correctly; how can I make them do it?’
2. A parent asks the SLT; ‘My four-year old child doesn’t speak very clearly; should I go to the doctor?’
3. A nursery teacher asks the SLT; ‘This child seems to be in a world of their own, and won’t join in with activities; will you assess them?’

In all these cases, general advice may be given, about aspects of normal development, referral routes, consent requirements etc. At the same time, the SLT must exercise their judgement about how far further questioning may be appropriate to frame this general advice.

Adult Scenarios

1. A therapist is approached by a relative of a patient attending a dysphasia support group. The relative’s query concerns a neighbour who she describes as “a bit deaf and confused” and wonders if doing ‘speech exercises’ would be beneficial.

The SLT is able to discuss general strategies, which may be helpful, eg ensure that you have the other person’s attention, make eye contact before commencing conversation, ensuring that the person can see your face etc.

The SLT refrains from giving specific advice based on any detailed information that has been shared with her. She however suggests that the neighbour should encourage the neighbour to self-refer to SLT if more specific advice is required.

2. The SLT visits a supported home for people with a learning disability that is occupied by two young women. Staff find communication with one of the women difficult. They refer to the SLT Service but the young woman does not meet any of the agreed criteria for acceptance to the service for individual therapy. It is felt however, that the staff group would benefit from Total Communication “training” enabling them to independently manage the communication environment, which would benefit the young woman with learning disabilities.

The SLT must open a health record in the name of the individual and the treatment (albeit indirect) must be recorded against client details in the patient’s file.

Although it may appear as a subtle distinction between indirect intervention and general advice, in this case the training of others was the specific intervention carried out to bring about environmental change and thus support the client with learning disabilities.

FLOW CHART

