



Working in Harmony

This document sets out the general principles to facilitate cooperation between therapists, wherever employed, to ensure a consistently high standard of informed care for all clients.

Speech and language therapists (SLTs) may be employed within the NHS, by education authorities, charities or the voluntary sector or as independent practitioners working alone, or in group practices.

For clarity, all SLTs working outside the NHS will be referred to as independent practitioners.

General principles

SLTs, whether independent practitioners or from the NHS must communicate with other SLTs with whom they share clients. In these situations, SLTs must, with client or parental permission, make assessment results available to each other.

Under the *NHS Act*, a client receiving NHS speech and language therapy who also seeks speech and language therapy outside the NHS cannot be discharged from the NHS provider.

All clients are entitled to seek speech and language therapy from one or more services if they so choose. They are not entitled to seek a service from more than one NHS provider.

If a client chooses to use more than one service, it is in that client's best interests that SLTs from both or all the services involved collaborate freely. It may be appropriate for one SLT to take the lead role in managing the client's case. All the SLTs involved should be told about all case conferences involving a shared client and ask to be invited if appropriate. The aim is to offer complementary input in the best interest of the client.

An individual SLT seeing a client in the NHS should not see the same client privately at the same time.

NHS SLTs cannot recommend independent SLTs. They should instead suggest the client contact the Association of Speech and Language Therapists in Independent Practice (ASLTIP) at <http://www.asltip.co.uk/main.asp>. Alternatively, local telephone books may have contact numbers.

The RCSLT publication *Communicating Quality 2 (CQ2)* recommends that SLTs notify other SLT services involved with the client, with the client's or parent/guardian's permission.

If the client wishes a confidential second opinion and does not wish a previous therapist be informed, this should be respected and recorded in the client's notes.

All SLTs involved have a responsibility to liaise with one another, providing such permission has been given. The draft standard letter below may be useful.

SLTs should not express negative views about other sources or models of speech and language therapy being used. Therapists must seek agreement on a similar or complementary approach to the shared client. Good working practices between SLTs will allow complementary treatment plans to be developed.

If, when therapists are discussing a case, it becomes apparent that they are using different and possibly conflicting approaches, it should be agreed that this be discussed with the client and the client then invited to decide which approach he/she wishes to pursue.

The client should be told that the second practitioner would still be happy to see them if and when the client wished following completion of their therapy with the chosen practitioner.

Communication

The role of the ongoing communication between all SLTs should be to

- Allay anxiety
- Facilitate the therapeutic process
- Develop mutual trust
- Resolve potential conflicting professional issues
- Provide appropriate knowledge of local and national speech and language therapy service provision.

See *CQ2* on Good Practice and Client Management for further information.

Good Practice

Therapists should ensure that their competencies are sufficient to meet the client's needs and access professional support if necessary.

All therapists working with a mutual client must acknowledge that intervention may be subject to constraints. Examples include the client's ability to pay, availability of personnel or availability therapy skills. Any constraints must be acknowledged and respected by all therapists and communicated with the client and every effort made to lessen their effects.

Any therapeutic intervention should be underpinned by a robust assessment, clear goal setting and evaluation, agreed in advance with the client and/or carers. See *CQ2* for more information.

With the client's consent, all therapists involved in treatment and care should be informed of any meetings to discuss their case and be invited to contribute.

Each SLT has a responsibility to liaise with colleagues working with mutual clients. This is different from, and separate to, professional accountability.

All therapists are accountable, professionally and legally, for their own actions with a client.

Where there is an agreement to implement joint case management, each therapist will have defined areas of responsibility and, thereby, accountability, which will be agreed and documented with the client.

All SLTs have a duty to contribute to the training of SLT students. Joint working within a locality should be explored and pursued.

Statementing and second opinions

SLTs undertaking this work must:

- Give their professional opinion in the client's best interest
- Identify accurately the client's needs, uninfluenced by pressures such as the client's desires, or parent, carer or resource availability
- Build flexibility into identified provision
- Acknowledge constraints in respect of statementing or providing a second opinion, such as lack of knowledge of context, or inability to access other SLTs' reports
- Justify a recommended prescriptive approach by providing substantive clinical evidence or reference
- Be aware of further information outlined in the RCSLT publications: *Role of SLT in Statementing Guidelines*; *Education Code of Practice* and *Clinical Guidelines by Consensus for SLTs*.

Ethical and legal issues

- All SLTs should know about, and have access to, all policies, procedures and protocols to be followed wherever they work.

These may include:

- Health and safety issues
- Child protection
- Positive police vetting
- *Vulnerable Adults: No Secrets - Guidance on Developing and Implementing Multiagency Policies* available from Department of Health series number HSC 2000/007 - Category Continuing Health/Services
- Access to patient health records
- *Data Protection Act* : Caldicott
- Transparent complaint procedures: NHS complaints policy

Other useful references

The RCSLT *Communicating Quality 2* has useful information for SLTs on many of these areas. See also ASLTIP guidelines and RCSLT *Legal Resources Pack*.

Further reading: *Health Care Law* by Jonathan Montgomery, published by Open University Press.

Issues arising from patient/therapist interaction, or raised by a patient/parent/guardian or carer involving a third party, must be factually documented in the case notes contemporaneously, dated and signed.

If the patient or another person is potentially at risk, the therapist cannot agree to take no action. The patient should be made aware that departmental procedures will have to be followed and this may involve sharing sensitive issues with another person, provided that doing so will not put the therapist at risk. Any subsequent action must also be documented.

There follows now a draft letter, for permission for liaison with other professionals who are involved in the care of clients.

DRAFT LETTER

PERMISSION FOR LIAISON WITH OTHER PROFESSIONALS INVOLVED IN CLIENT'S CARE

Child's Name:	
Date of Birth:	
Address:	
Telephone Number:	
E-mail:	

Please circle the answers to the following questions:

Is your child having, or has he/she ever had NHS speech and language therapy?

YES	NO
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Are you happy for me to discuss your child with the NHS therapist and obtain written and/or verbal information about his/her therapy?

YES	NO
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Are you happy for reports to be sent to various professionals involved with your child (including NHS Speech and language Therapy)?

YES	NO
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Are you happy for me to discuss your child's therapy with other professionals such as a doctor, health visitor, nursery (nurse/teacher?) or schoolteacher?

YES	NO
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Signed:

Date:

Name of parent/guardian: