



Royal College of Speech and Language Therapists Submission to the Workforce Review Team, May 2006

1. **Context:** The recent health white paper sets the scene well. It considers in detail the current requirements of the 15 million people with longer-term health needs but also looks forward. It says that the number is growing and every decade, from ageing of the population alone, it is likely to increase by over a million. With an older population, the incidence of stroke, dementia and cancers increases. **There are important issues around workforce numbers and the capacity of the existing levels of SLTs to cope with the projected increase in demand on their services.**
2. RCSLT is aware of the current environment within which NHS commissioners are working and makes its submission in the context of the drive across the health service to achieve both (a) financial balance and (b) the national service delivery priorities for commissioners. **SLTs can and do play an important role in supporting their achievement by adding value to the various care pathways within which they work – securing better outcomes, better patient care and best value.**
3. Furthermore, the commissioning of **SLT services should be seen as an investment** that will reap dividends later in terms of reduced dependency on other health services and non-health services. The work of SLTs with children and young people also plays a fundamental part in achieving the five outcomes of Every Child Matters.
4. In drawing up its recommendations to strategic health authorities WRT has previously acknowledged the value of workforce solutions that are multi-disciplinary in nature. It has also recognised that - as the new care pathways are developed and more services are shifted from hospitals to community-based settings – SLTs are ideally placed to facilitate new ways of working, as they already work across disciplines, and therefore work to increase service delivery.

Service delivery – helping achieve the priorities

(a) Achieving robust financial health

5. SLTs can make a good case for helping the NHS to achieve value for taxpayers' money through:

Facilitating new ways of working

6. SLTs currently interface with different health professionals, helping to integrate services and streamline care for many specific groups such as stroke, traumatic brain injury, mental health, Parkinson's disease, multiple sclerosis, cancer care, special care babies, the pre-school population, children with learning disabilities and physical disabilities.
7. They have a unique multi-agency perspective from which to identify opportunities and effect change. Furthermore, by striving to provide seamless

care that puts the interests of the individual first, they apply a pressure to services to become more responsive and more efficient.

8. For instance, SLTs providing cleft lip and palate services in Great Ormond Street Hospital are helping to alleviate pressure on surgeons (often consultant plastic surgeons) by undertaking endoscopic evaluation of velopharyngeal function for the investigations of nasal speech. Furthermore these skills also allow the development of a comprehensive prosthetic service for these patients without encroaching on surgical time.¹
9. In another service, children with possible non cleft velopharyngeal dysfunction used to be referred to the different members of the Cleft Palate Team in an ad hoc manner, taking up time and space in busy multi-disciplinary clinics, until an SLT led outpatient clinic was set up to assess these patients. Now only 40% of them need to be referred on to the cleft palate clinic with the rest being given SLT or ENT care.
10. And in Lanarkshire, for instance, redesigning ENT services has involved establishing an SLT-led VideoLaryngeal Endoscopy Clinic. By providing VLE review of patients in the clinic, an estimated 250 slots a year are released in ENT Outpatients (where reviews would previously be done) for consultant visits. This reduces waiting times for a consultant and allows the consultant to see the more complex cases.
11. In South Manchester, expert SLTs have led voice clinics since 2002, taking case histories and performing fiberoptic and rigid stroboscopic examinations as required. The Consultant laryngologist is called in when necessary and only 20% of referrals require surgery. A similar single clinic is run alongside the Consultant's general ENT clinic. This has enabled double the number of appointments to be offered, freed up Consultant time and reduced waiting times.²
12. In Nottingham and many other areas SLTs work as part of the multidisciplinary team on neonatal units. Their early intervention prevents long term feeding difficulties becoming established. By carrying out swallowing assessments on the wards and arranging follow up support in the community children can be discharged more quickly from hospital
13. Later in a child's life, SLTs can provide assessment of children with swallowing difficulties in hospital, special school and other community settings. This leads to intervention to prevent aspiration. Without detection and intervention ongoing aspiration leads to life threatening chest infections.
14. SLTs have the key role in assessment and intervention for children with specific language impairment. Timely and collaborative intervention in early years and school settings reduces the impact of the impairment on literacy development and all areas of learning. SLTs in the care pathway for pre-school and school aged children with hearing loss help identify and manage the treatment of deaf and hard of hearing children. SLT intervention here

¹ Sell, Mars and Worrell, *Process and outcome study of multidisciplinary prosthetic treatment for velopharyngeal dysfunction* in International Journal of Language and Communication Disorders (2006).

² P Carding, *Voice Pathology Clinics in the UK* in Clinical Otolaryngology & Allied Sciences, Vol 28, Issue 6 (2003)

supports improvements in a child's language and reading skills, which reduces the costs of special education.

15. SLTs can pass on expertise in a range of settings, reducing pressures and waiting times within the NHS³. In Derby, Learning Support Assistants from local mainstream schools in Derby, were seconded by the Local Authority to work within the SLT service. SLT's devised individual work programmes for each child and the LSAs were trained by our therapists to use therapy strategies for children with speech and language disorders. The LSAs visited local schools over a five-week period to coach classroom-based staff on delivering the SLT programme. All children made measurable progress and were reviewed every half term by SLT's. Therapists now see children in school not clinic which enables them to work within multidisciplinary teams, reduces DNA rates and children benefit from a more holistic approach.

Achieving best value

16. Early interventions with personalised, high quality preventative care and treatment achieve better outcomes. They are both a positive step for patients and mean less burden on the NHS over time. For example, in cases of dementia SLTs not only support treatment but also can inform and speed diagnosis. With stroke, outcomes are radically improved where there is no wait for SLT intervention and it is available within, say, two days rather than two weeks.
17. SLT intervention helps secure accurate diagnosis by providing a differential diagnosis between mental illness and language disorder, reducing pressures within the health system. Similarly, one third of children with diagnosed communication problems will develop mental illness if untreated creating extra burdens.⁴

(b) Reducing health inequalities and increasing life expectancy at birth

18. Health later in life is influenced by factors right at the start of life and positive early relationships can affect later resilience and mental wellbeing. Interventions targeted at children in underprivileged communities right at the start of life, through Sure Start for instance, are proven to improve life chances and life expectancy itself. We know that accessing education has an impact on qualifications, employability and therefore income, with income being one of the biggest determinants of health. Without early access to SLT assistance in education (and especially reading and writing skills) children with communication difficulties can find later academic ability compromised⁵. Conversely, timely intervention can minimise a young person's future service needs.
19. Communication difficulties can greatly affect the formation of relationships and can often lead to behavioural problems⁶. These preventable difficulties have a major impact on the individual's life chances and pose a financial burden on the organizations and agencies who support the children, young

³ G Lindsay, *Educational Provision for Children with Specific Speech and Language Difficulties* (Cedar 2002)

⁴ Clegg, Hois and Rutter, *Life Sentence* in Bulletin 571 p.16-18 (RCSLT 1999)

⁵ Locke, Ginsborg and Peers, *Development and Disadvantage in Early Years*, International Journal of Language and Communication Disorders Vol 27 No 1 (2002)

⁶ Snow and Powell, *Developmental Language Disorders and Adolescent Risk* in Current Issues in Criminal Justice 16(2) Australia (2004)

people and eventually adults including the criminal justice system and mental health services. SLTs therefore reduce social exclusion for children in a range of care pathways including those with learning difficulties or specific communication impairments. In Salford, SLTs work with the Youth Offending Team to lower recidivism rates and with young people at risk of exclusion from school.

(c) Cancer – cutting maximum waits for treatment

20. SLTs play a crucial role in cutting waiting lists for cancer treatment. In Southern Derbyshire, the ENT service hold monthly SLT-led follow-up laser clinics for patients who have received laser surgery for T1-T4 laryngeal carcinoma. This service releases consultant clinic time, whilst providing timely SLT input. SLTs help not only in the rehabilitation of cancer patients but just as importantly in helping to speed diagnosis in cases of head and neck and oral cancer.

(d) 18-week maximum wait

21. RCSLT recognises that waiting for SLT services is an issue for many, particularly for children, and is working closely with government across the health and education departments to support improvements and speed up access. SLTs should be seen as a natural and obvious element in the skills mix that throughout the health service is working to drive down patient waits.

Our health, our care, our say – helping deliver the white paper’s vision

22. The holistic approach to health and social care taken by SLTs in their work to maximise patients’ communicating skills and quality of life fits closely with the main themes of the health white paper:

(a) Putting people more in control of their own health and care

23. Speech and Language Therapists:

- Already support individuals to manage their own care and will be called upon to make an even bigger contribution as the Expert Patients Programme is expanded.
- Have a clear role in supporting advocacy for, and in enabling others to work with, people with communication difficulties who might be vulnerable to exclusion.
- Identify whether people have the communicative capacity to make informed choice and give consent. This is a particularly relevant skill – the Government’s choice agenda is a positive step but so is its acknowledgement that some people need more support and safeguards to exercise choice.

(b) Enabling and supporting health, independence and well-being

24. Speech and Language Therapists:

- Support people with communication difficulties to stay in employment or return to work when these difficulties, if not appropriately managed, can lead to job loss and long-term benefit dependency.
- Play an essential role in rehabilitation in intermediate care and as more and more people benefit from supported early discharge from acute hospitals, the demands on SLTs to fulfil this function will only become greater.

- Offer therapies that for people who are clearly exhibiting signs of depression or anxiety do so much to reduce long-term dependence on medication and increase resilience and capacity for independence.
- Support young people with disabilities when making the sometimes difficult transition to adult services.

(c) Rapid and convenient access to high-quality, cost-effective care closer to home

22. SLTs are already used to working flexibly and outreaching into homes and community settings. In Nottingham SLTs working with children are organised into local community teams. A partial booking system has been introduced so parents and carers can choose from a selection of venues and appointment times to arrange their child's initial assessment. This system is reducing the number of appointments lost through families not attending

(d) In addition the work of SLTs contributes to the achievement of many of the Department of Health's goals for local health and social care delivery:

- Improved health and emotional well-being
- Improved quality of life
- Making a positive contribution
- Patient choice and control
- Freedom from discrimination
- Economic well-being
- Personal dignity