

**Cost improvements / added value**

**Key improvements and added value**

- Achieve early discharge from hospital and free up hospital capacity
- Early interventions play a preventative role and reduce the burden on the NHS over time and reduce hospital admissions in the first place
- Reduce waiting times
- Assist patients with long-term conditions
- Improvements in general health, wellbeing and independence
- Increase choice
- Improved participation in social, and educational activities and family relationships
- Reduce dependency on health and on-health services

<b>Intervention</b>	<b>Source of evidence</b>
SLTs can pass on expertise in a range of settings, which reduce pressure on the NHS and <b>reducing hospital admissions</b> in the first place.	G Lindsay, Educational Provision for Children with Specific Speech and Language Difficulties, Cedar 2002
Access to SLT professional’s results in <b>fewer delayed discharges</b>	Reducing brain damage: faster access to better stroke care HC 452, Session 2005–06, National Audit Office, paragraph 1.25 and Figure 10; Evidence 21–23.
<b>Delayed discharge</b> has massive implications as stroke patients occupy over 2.6 million acute hospital bed days a year, the largest numbers of any patient group.	Reducing brain damage: faster access to better stroke care HC 452, Session 2005–06, National Audit Office, paragraph 1.25 and Figure 10; Evidence 21–23.

**Good evidence that people with aphasia benefit from speech and language therapy.**

In a study of global aphasia where subjects were randomised to intensive therapy daily session and regular therapy three sessions per week more patients in the intensive group achieved significant improvement.	Denes G, Perazzolo C, Piani A, Piccione F. Intensive versus regular speech therapy in global aphasia: A controlled study. <i>Aphasiology</i> 1996; 10: 385-94.
A meta-analysis, which included group quasi-experimental studies where aphasia was not necessarily of stroke origin concluded that outcomes for treated individuals are superior to those for untreated individuals in all stages of recovery and especially in the acute stages.	Robey RR. A meta-analysis of clinical outcomes in the treatment of aphasia. <i>J Speech Lang Hear Res</i> 1998; 41: 172-87
Two additional RCTs have demonstrated the benefits of intervention for aphasia following stroke, with therapy sessions of three hours per week over six months and five hours per week for four months.	Katz RC, Wertz RT. The efficacy of computer-provided reading treatment for chronic aphasic adults. <i>J Speech Lang Hearing res</i> 1997; 40: 493-507.  Elman RJ, Bernstein-Ellis E. The efficacy of group communication treatment in adults with chronic aphasia. <i>J Speech Lang Hear Res</i> 1999; 40: 493-507.

**Dysphagia**

Dysphagia is present in 64 - 90% of conscious	Mann G, Hankey GJ, Cameron D.
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stroke patients in the acute phase	Swallowing functions after stroke: prognosis and prognostic factors at 6 months. Stroke 1999; 30 4: 744-8.
SLT interventions reduce the impact of the dysphagia and improve nutritional intake	Biernacki and Barratt 2001
SLTs can provide detailed assessment of the eating environment and make appropriate recommendations to ensure maximum independence.	Osborn and Marshall 1992
When dysphagia occurs as a feature of dementia, difficulties presented at <b>mealtimes</b> are often complex and SLT involvement will include assisting with feeding, positioning, behavioural and psychological problems	Steele et al 1997
It is known that the correct specialist SLT professional advice increases <b>independence</b> , helps to maintain <b>eating</b> skills and can reduce the risk of undernutrition	Alzheimer's Society 2000.
Supporting and enabling communication is an ethical obligation for healthcare professionals. SLTs have the specialist skills to facilitate optimal communication, maximising the individual's <b>choice and degree of control</b> .	Barnett 2000 and Allan 2001
Implementation of a systematic programme of diagnosis and management of dysphagia within an acute stroke management plan can reduce the occurrence of pneumonia	Diagnosis and treatment of swallowing disorders dysphagia in acute care stroke patients. Agency for Health Care Policy and Research. Evidence Report/Technology Assessment 8; 1999. [cited 14 Feb 2003].
Aspiration is confirmed in 22-42% of conscious stroke cases	Kidd D, Lawson J, Nesbitt R, MacMahon J. Aspiration in acute stroke: A clinical study with videofluoroscopy. QJ Med 1993; 86 12: 825-9.

### Dementia

Detailed language assessment is particularly important in examining frontotemporal dementia and the progressive aphasia	Snowden and Griffiths 2000
SLTs have a key role in the <b>recognition of different types of dementia</b>	Snowden and Griffiths 2000
SLTs make a vital contribution to <b>early diagnosis</b>	Garrard and Hodges 1999
There is a growing body of evidence to justify that SLT <b>intervention with people who have dementia improves communication</b>	Powell 2000.
<b>Communication</b> in semantic dementia can be maintained and enhanced by specific SLT interventions	Snowdon and Griffiths 2000
Communication disorder in Korsakoff's dementia associated with memory difficulties has been shown to respond to a validation approach to communication management	Bryan and Maxim 1998
SLTs identify strengths and needs of an individual and clarify what can be expected in terms of communication and to assist others in	Stevens and Ripich 1999

<b>managing communication disorder</b>	
The SLT is able to provide intervention at specific stages of the progression of the disease thereby <b>assisting carers</b> to develop more realistic expectations and <b>appropriate coping mechanisms</b>	Barnes 2003
Profile based assessments allow the communicative relationship between the person with dementia and their carers to be analysed in terms of the use of communication strategies and their success and targeted advice given to improve/maintain these	Perkins et al 1997
Evidence states that by viewing caregivers as communicative partners who can take on a greater share of the communicative burden as deterioration progresses is a positive way to encourage communication by direct intervention.	Le Dorze et al 2000
SLTs can advise on adapting existing provision to enable the inclusion of people with advanced dementia in activities and to help staff achieve <b>effective communication with them</b>	Powell 2000
SLTs can advise on how to enhance the communication environment by passive enrichment and improvement of active interaction between people and their physical and social surroundings	Lubinski 1995
Evidence found that the work of the SLT was most effective when the SLT was a permanent and specialist member of the multiprofessional team.	Heritage and Farrow 1994
Nurses working in the traditional model of dementia care feel intimidated and frustrated by their lack of ability to communicate with clients.	Packer 1999
The SLT has skills to enhance the performance of others and to optimise communication throughout the duration of the illness.	Maxim et al 2001
The SLT has a vital role in contributing information to the team including the person and carers regarding the safety and efficiency of oral intake and the prognostic indicators for change	Kindell 2005
The SLT has unique skills and expertise that complement and complete the knowledge base of the multiprofessional team within specialist mental health services for older people	Griffiths and Baldwin 1989

### Learning disability

The Speech and Language Therapist may maximise communication through advice, support and provision of resources. This could involve advising advocacy groups	Goodley, 2000
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SLTs provide informed expert professional opinion around issues such as consent or forensic or legal services.	Hollins and Sireling 1994; Bull, 1995; Cambridge, 2001.
SLT assist in the protection of vulnerable adults and young people, working with the multi-disciplinary team.	Brown & Turk, 1992; Quigley, 1999
Speech and Language Therapists can advise and support others in developing appropriate communicative environments	Bradshaw, 1998; Bartlett, 1997
SLTs work with community services such as banks, libraries, hospitals, leisure facilities to raise awareness of the communication needs of people with learning disability within the community.	Matthews and Dean, 1999
Speech and Language Therapy deliver effective systematic training for other professionals, families and friends	Money 1997, van der Gaag 1998, Purcell 2000
SLTs deliver effective systematic training for other professionals, families and friends	Money 1997, van der Gaag 1998, Purcell 2000
SLTs have specific skills and knowledge to identify meaningful levels of participation that enable persons with learning disability to express their opinions to the full extent of their ability	Grove, et. al, 1999
Other services where the Speech and Language Therapist can play a role include the criminal justice system, advocacy services, housing providers, leisure services and employment services	Simons, 1999
Speech and Language Therapists are appropriate professionals to train as intermediaries	Home Office, 1998
SLTs make a contribution to policies, procedures, training and PACE.	HMSO 1984