



Resource Manual for Commissioning and Planning Services for SLCN

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Acknowledgements

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We would particularly like to thank the many who contributed to the focus groups which helped to shape this document.

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CONTEXT

The aim of this section is to set out the context for this resource. This work forms part of a range of tools which can support leaders with service planning and delivery, in line with both government and local priorities.

It is essential for service providers to demonstrate quality and productivity and to:

- show value for money
- be able to provide a strong financial argument for the need to invest in services for people with speech, language, communication and swallowing needs
- demonstrate improvements in outcomes for individuals, families and society

Value for money is not about being the cheapest option but about delivering the most return (impact, best outcomes) for a given investment over time.

The key drivers for change to services include:

1. The broad context, which can be divided according to the following factors:
 - **P**olitical and **L**egislative factors
 - **E**conomic factors
 - **S**ocial factors
 - **T**echnological factors
2. The near or local context, including:
 - Localised policies
 - Addressing local needs
 - Service provision
 - Workforce
 - The evidence base

THE BROAD CONTEXT (MACRO-ENVIRONMENTAL ANALYSIS): FACTORS FROM THE WIDER WORLD

The Macro-environmental analysis commonly takes the form of a PEST analysis:

Political and legislative factors

Economic factors

Social factors

Technological factors

Political and legislative drivers

Devolution has resulted in changes to the powers of the different institutions across the UK.

The government in power at Westminster maintains responsibility for policy and legislation in relation to key areas including: tax, benefits, foreign affairs, international development,

trade and defence for the four countries of the UK. Government in Westminster is also responsible for health, social care and education in England, but these areas are devolved for Northern Ireland, Scotland and Wales.

As a result of devolution, each country of the UK may have different parties in power, with the possibility of increasing powers in the future. The impact of this is the diversification of policy and direction of travel.

Legislative drivers

The main areas of UK-wide legislation that are relevant include the following themes:

- Human Rights
- Disability Discrimination
- Equality

Though there is different local interpretation, these far-reaching legal instruments define the rights and responsibilities of people and those commissioning and providing services for them.

Public protection has also been strengthened through the introduction of registration of professionals, for example, through the Health Professions Council.

There is separate legislation relating to health, education and social services in each of the devolved administrations in England, Northern Ireland, Scotland and Wales.

Economic

The current challenging economic backdrop will have a significant impact on the financing of public services, with local planners and commissioners prioritising services which are value for money, evidence based and releasing cash through innovation.

Social

In order to plan and deliver services, it is essential to identify the demographic factors relevant to speech and language therapy (SLT) and the challenges that these bring.

- The population is aging: people are living longer.
- The birth rate is falling: most families are having fewer children
- The infant mortality rate is also falling, with more children surviving premature birth or health problems or injury in infancy.
- The urban population is growing.
- The proportion of the population in employment is falling.
- The proportion of the population with English as an additional language is increasing, particularly in urban areas.

THE NEAR OR LOCAL CONTEXT

Localised policies

Central to the new reforms is the emphasis on local decision-making within a national framework. Across the four countries of the UK there are requirements to provide services to accord with local need and influence. In England there is a particular focus on increasing the range of potential providers (plurality of provision) with commissioners having a role to stimulate the market.

For each country, arrangements have been established to assess whether commissioners are achieving better health outcomes for the local population. Part of this process will be an assessment of how well commissioners are performing against specified competencies/indicators/targets. For example, in Northern Ireland these targets are based upon high-level outcomes linked to local strategies.

With the devolution of power to local levels, there is a focus on developing more robust accountability. There is an emphasis on joint working to support integrated commissioning, service planning and provision across health, social care and education.

There are different approaches to this development with different structures and commissioning and performance management arrangements being established across the UK. The dominant theme in strengthening accountability is “putting service users at the centre” with respect to:

- Access and self-referral
- User voice at strategic to operational to individual case management
- Population/local engagement
- Information and advice for users, parents/ carers
- Patient Rights
- Self management of conditions

Some localities will be commissioning or planning speech and language therapy services as a single service whilst others will be commissioning integrated services, cutting across traditional boundaries, with health services integrated with education or social services. In many areas, this has already happened for children's services.

It is recognised that, often, no single agency can deliver best outcomes for their service users by working in isolation. Joint commissioning is advocated wherever the meeting the needs of individuals requires contributions from a number of agencies.

Similarly, some service planners or commissioners will be organising services around disease groups, such as services for persons who have survived a stroke. In either case, it will be important for speech and language therapy managers to liaise with other services to ensure that SLT provision is incorporated in their service plans.

Special arrangements are in place for commissioning services for unusual, low incidence or costly interventions. Speech and language therapy managers should identify the specialist commissioning procedures that may be required for individuals requiring

particular interventions such as costly augmentative communication aids, protracted or intensive interventions.

Addressing local needs

In general terms, the UK is experiencing a number of long-term demographic changes (some of which are identified above).

There is significant local variation within these general trends. It is important to understand what these changes and variations imply in relation to the provision of local SLT services. Other local factors to be taken into consideration include: employment, cost of living, housing, transport and, particularly, levels of deprivation.

There are information resources available online from which planners, commissioners and providers can find out more about local and regional demographic factors. Some of these can be found signposted on the RCSLT website www.rcslt.org.

Local public health teams will also be able to sign-post local services to relevant data and information for their area.

There will also be learning from data collected by services. The RCSLT has developed an online tool called Q-SET, the Quality Self- Evaluation Tool to help you collate local SLT service derived information <http://www.rcslt.org/resources/qset>. Q-SET should be used alongside national and local data to support service planning and evaluation of service delivery.

Through completing Q-SET, provider services can:

- use the resource every 9-12 months to review progress in meeting action plans and to demonstrate service enhancement
- compare their service with other similar service types e.g. urban, rural, acute, community, adult, paediatric, education, 3rd sector
- demonstrate that their service meets the needs of the service users
- identify areas of strength and generate action plans relating to areas of development.
- submit the results as part of the evidence for a clinical audit
- retain ownership of the monitoring and development of services ensuring that strong professional standards are maintained in the context of multi-agency teams

Service providers completing Q-SET will support commissioners to:

- reduce the 'postcode lottery' of service availability and quality
- have high quality information that is relevant and accessible
- have an overview of developments, trends and initiatives within the service
- have accurate and timely statistics to support performance management and monitoring
- collect data to contribute to the debates on benchmarking. Where benchmarks do not yet exist Q-SET will enable Commissioners to contribute to this in the future
- collect examples of good practice to inform other pieces of work and the development of services as a whole.

Locally derived information will help SLT services to illustrate:

- the numbers of patients/clients seen
- sources of referral
- amount of resource used in providing a service to the client e.g. number of sessions and skill mix
- nature and severity of the disorder, disability, psychosocial impact at the onset of intervention
- nature and severity of the disorder, disability, psychosocial impact at the completion of intervention.
- level of satisfaction with the service.

Service provision

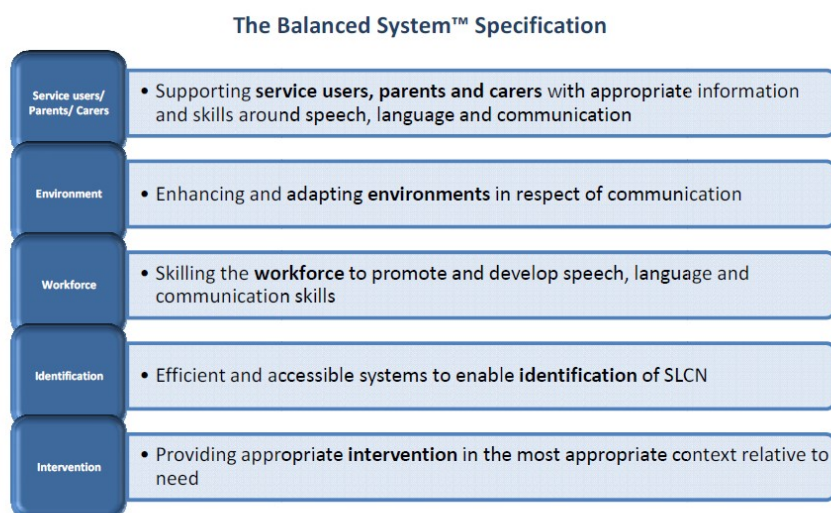
Speech and language therapists have a role in delivering specialist and targeted support to clients, carers and their families. Speech and language therapists can also reduce long-term demands on services by addressing immediate needs that arise from circumstance rather than underlying impairment. Providing training for the wider workforce is integral to the speech and language therapists core role, as outcomes for people with speech, language and communication needs SLCN are improved when the whole workforce is able to contribute appropriately to care pathways.

SLTs also work with the wider workforce contributing to the public health agenda, promoting health and well-being in respect of communication and swallowing. There is little awareness outside the profession of the role of speech and language therapists in preventing the development of speech and language impairments and the further impact and consequences of different speech, language and communication disorders upon health, education, social integration and employment.

The challenges of meeting the speech, language and communication needs (SLCN) of a given population are best understood through a social (participative) model. Key elements of a total service specification will start with:

- identifying the needs of the service user, parent or carer for support and information
- identifying/assessing and diagnosing specific SLCN and providing appropriate intervention.
- considering needs of service users within the environments they encounter
- training the wider workforce that interfaces with them to maximise opportunities for positive outcomes.

The balanced system (diagram 1) below illustrates the wider context for how SLTs contribute to this range of activities. The needs of service users should be considered in service specifications. The role of SLTs in supporting the active participation of service users in service planning, adapting the environment and enskilling the workforce is as relevant as the SLT role in identification and intervention.



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Workforce

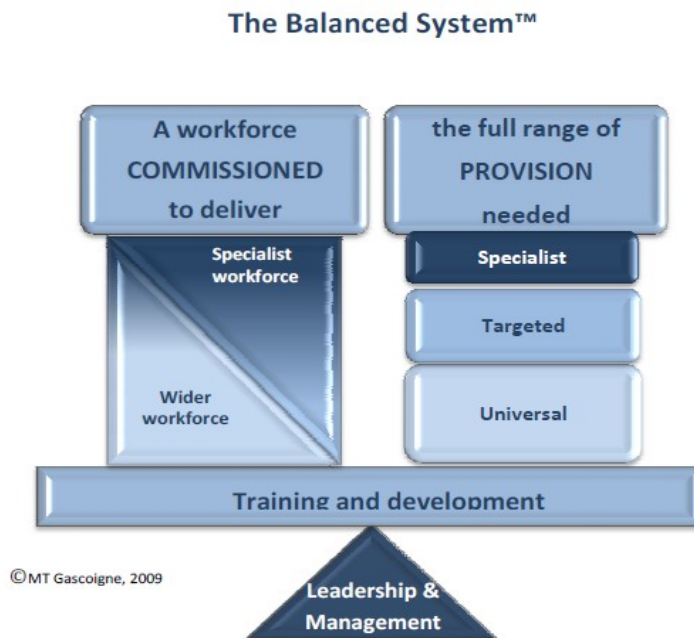
Careful planning of services, including joint commissioning, will help to shape the workforce and inform the skill mix required to deliver high quality services, improve outcomes and support value for money. Because the commissioning and planning of services relies on the evidence base for a given type of SLCN or model of practice, it is essential that clinical and managerial expertise from speech and language therapists is available to support innovation and quality of service design.

Speech and Language Therapists, as part of the wider workforce, may be employed by a range of organisations, including the third sector, social care and education or be working as private practitioners.

Equal Access to services is of importance to local decision makers. Local demographic profiling will inform workforce requirements. For example, bilingual staff and support workers are required in most areas to meet the needs of diverse communities. The appropriate skill mix should enable services to be family-centred and be culturally and linguistically appropriate and responsive. It may be necessary to consider increasing home delivered services or providing services in unusual locations.

The RCSLT also acknowledges the important role that Assistants and Support Workers have in the delivery of effective speech and language therapy services. Assistants and Support Workers are integral members of both speech and language therapy and multi-disciplinary teams, engaged in a wide range of clinical settings with diverse client groups, duties and responsibilities. http://www.rcslt.org/aboutslts/rcslt_statement_v3.pdf

In order to support more effective use of skill mix, SLT services also need to provide education and training of the wider workforce and not be focussed solely on direct patient / client care. For all services, this is critical to secure the appropriate balance of cost-effective universal, targeted and specialist services.



PRACTICAL CONSIDERATIONS

Many people involved in strategic planning, commissioning or reviewing services will not be familiar with speech and language therapy, its objectives, the needs of clients requiring speech and language therapy, the principles driving the profession, or the evidence base and the following points may support people.

- Where possible, draw on the evidence base.
- Communicate clearly and succinctly.
- Avoid using acronyms and provide a glossary of terms.
- Do not assume knowledge of local arrangements or the requirement to interface with other agencies
- Set your service in the context of local priorities.

The RCSLT's Communicating Quality 3 (CQ3) provides clear guidance on care pathways, clinical standards and issues related to quality assurance. This information should be used in submissions to support commissioning quality services.

The following guiding principles have been adopted and apply to all client groups. Services are to:

- be family centred and culturally and linguistically appropriate and responsive
- be comprehensive, coordinated and team based
- work with and communicate effectively with other services meeting the needs of the client
- be evidence based
- ensure equal access
- involve the family and carers
- include training and education of co-workers
- ensure practitioners continuing professional development and appropriate support.

Evidence of the impact of the service will be important to commissioners and providers. Providers will need to demonstrate the impact of their service, particularly when services are being reviewed. Determining the objectives of the service will support the process of outcome measurement. SLT services will need to provide information on outcomes achieved and levels of client satisfaction. Some of this information can be gathered through use of the RCSLT's Q-SET tool, as detailed above.

Managers of speech and language therapy services will need to equip themselves to engage effectively and positively with those who are commissioning or monitoring services. They will need to:

- identify who is commissioning or responsible for overseeing different services. For example, health commissioners may be working with commissioners for education/head teachers. It is important to identify who is taking the lead for each aspect of the service delivery in the locality.
- establish good working relationships and effective communication with those commissioners and planners for their area of responsibility.
- be aware of local priorities and commissioning plans and strategies.
- have a good understanding of the commissioning/planning/monitoring framework for the locality
- be equipped with local data, knowledge and evidence to the tendering process
- be clear of the unique contribution of the service to improving health, employment, education and social outcomes
- be able to clarify and demonstrate local working partnerships and collaborations
- provide data describing the service provided, (numbers and types of patients, numbers of attendances, health and social outcomes etc).

The RCSLT has developed a range of resources to support its members with Continuing Professional Development. CPD is a regulatory requirement for all SLTs and this requires all HPC Registrants to demonstrate how the CPD they have undertaken has sought to enhance service delivery and to be of benefit to service users. The RCSLT has endorsed this requirement through its own CPD standards. <http://www.rcslt.org/cpd/resources>

THE EVIDENCE BASE

The commissioning and planning of services must be informed by the evidence base of effective practices.

This Resource Manual SLCN is based on a synthesis of existing published research. The threshold for inclusion in the syntheses has favoured the most scientifically robust research methodologies which have often reflected medical (impairment) rather than social (participative) models of care.

In the section summaries, emerging practices that have not been included in the evidence synthesis, are referred to and should be considered alongside the syntheses. This tension between empirical evidence resulting from robust research, which by definition is retrospective, and the needs to encourage innovation and service re-design to support improvements in outcomes for people with speech, language, communication and swallowing difficulties is natural and unavoidable. Emerging practice will not have the same evidence base and therefore less empirically stringent measures of evidence need to be taken into account for these areas including professional consensus and measures of service user, parent or carer experience. However, because of the value of some emerging innovative practice, they have been included in this resource.

An overview of the methodologies employed in identifying practices that are included in this resource accompanies this document.

Using these resources

Speech and language therapy managers can assist commissioners by understanding their agenda and the objectives that they are to be assessed on.

The Royal College of Speech and Language Therapists is providing these resources to assist speech and language therapists in gathering the core data required to support service tendering agreements, service planning, monitoring arrangements and/or where services require specification.

Each part of these resources is focused on a specific area.

The resources provide:

- *The Contextual Synthesis*. This includes definitions, information on the incidence and prevalence of the disorder, key contribution of speech and language therapists, consideration of the implications and broader consequences of the disorder.
- *The Synthesis of Key Literature*. This summarises the evidence of the impact of speech and language therapy.

Each section within these resources gives succinct information to inform the factual content for any service planning activity. These include:

- Key points
- Topic –What is [the condition]?
- How many people have [the condition]?

- What causes [the condition]?
- How does this condition affect individuals?
- What are the aims/objectives of speech and Language therapy interventions for [this condition]?
- What is the management for people with [this condition]?
- What is the evidence for Speech and language therapy interventions in [this condition]?
- Studies
- Assessment methods
- Speech and language therapy interventions
- Summary
- References

This information will need to be put into context, using local information.

Other guidance and resource materials

It is recognised that service managers may wish to amplify or clarify, an aspect of their service by providing reference to other national or local research of relevance.

The RCSLT has a range of resources which can be used to further support and inform the commissioning, planning and provision of services for people with speech, language, communication and swallowing needs. These can be found on the RCSLT website: www.rcslt.org

The RCSLT is grateful to the experts from within the SLT community who contributed to the evidence published in this document.

METHODOLOGY FOR SYNTHESIS OF LITERATURE

Introduction

The focus of the interventional synthesis within these briefings is to provide a synopsis on the effectiveness of speech and language therapy interventions for each specific condition.

The interventional syntheses are produced by reviewers within the Information Resources Section (within the Health Economic and Decision Science Section) at the School of Health and Related Research (SchARR). Information specialists/reviewers for this bulletin were Diana Papaioannou and Anna Cantrell.

Methodology

The interventional syntheses are not intended to be a full systematic review within each topic area. However, they draw upon systematic review techniques to ensure that the syntheses are developed according to systematic, explicit and transparent methods. The intention of the syntheses is to consolidate twenty articles which represent some of the best research for each topic area.

Literature searching

Systematic literature searches were undertaken to identify a range of evidence for each interventional synthesis. The interventional syntheses do not attempt to consolidate all research within a particular topic area; rather they aim to present a careful selection of the most current research within that field. Therefore, the approach adopted for the literature search aims to be comprehensive reflecting this systematic and explicit approach.

Firstly, search terms were selected within the project team drawing on the expertise of four speech language professionals. This involved listing all possible synonyms describing the condition or population (for e.g. children/infant, stuttering/stammering) and combining those with terms to describe speech and language therapy. Terms were used in both free text and thesaurus searching. The following databases were used:

- ASSIA
- CINAHL
- The Cochrane Library (which includes the Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled trials, Database of Abstracts of Reviews of Effects, Health Technology Assessment Database and NHS Economic Evaluations Database).
- Linguistics and Language Behaviour Abstracts
- MEDLINE
- PsycInfo

All references retrieved from the literature searches were entered onto a Reference Manager Version 11 database using appropriate keywords.

Selecting and obtaining relevant articles

Articles for inclusion were selected to illustrate the range of good quality evidence within each topic area. An initial screening of articles was undertaken by the Information specialists/reviewers who adopted the following principles:

- Articles must be empirical research evaluating the effectiveness of a particular speech and language therapy intervention
- Only articles published in English language are included.
- In general, only the most current (1998-present) literature is included. However, exceptions were made to this if a particular article was felt to be important to include.
- Where possible higher level evidence was included (systematic reviews, randomised controlled trials). However, this research did not always exist in every topic area.
- Efforts were also made to seek out literature that provided a range of perspectives on interventions for each topic area, i.e. both quantitative and qualitative research.

Following initial screening, the remaining articles were examined by two members of the team; each having considerable speech and language therapy knowledge and experience. Approximately, twenty articles were selected by the two reviewers with disagreements being resolved by a third reviewer.

Assessing the quality of relevant articles

Formal quality assessment of the articles was not undertaken. Instead, quality assessment involved using checklists as a guide to give an indication of the overall quality of studies and highlight the main good and bad aspects of each study. For each interventional synthesis, the included study designs are listed and the problems with each study design noted. General observations on study quality are made and common errors within the studies, where appropriate, are specifically noted. The checklists used are one for quantitative and one for qualitative studies from the Alberta Heritage Foundation for Medical Research.¹ Additionally, when an identifiable study design was used, the appropriate Critical Appraisal Skills Programme (CASP) checklist was selected.²

Syntheses of the twenty articles

Each article was read in turn by one of the Information Specialists/reviewers. The key points were summarised including the objective of the study, the participants' characteristics, the methodology, the intervention, results and limitations. From this, articles were grouped into themes according to the factor being investigated (for e.g., length of intervention, personnel carrying out intervention, family involvement in treatment, nature of disorder). Results were summarised and drawn together within each particular theme and a summary paragraph provided at the end.

These syntheses first went out for review by selected individuals, identified by the research team, with particular expertise in the delivery or management of services to the

¹ LM Kmet, RC Lee, LS Cook (2004) Standard Quality Assessment Criteria for Evaluating Primary Research Papers from a Variety of Fields. Accessed at <http://www.ihe.ca/documents/hta/HTA-FR13.pdf> (Accessed on 25th September 2008, now no longer available)

² Critical Appraisal Skills Programme (2007) Appraisal Tools. Accessed at <http://www.phru.nhs.uk/Pages/PHD/resources.htm> on 9th January 2009.

specific client group. Comments were included in the second draft, which was then dispatched to those selected by the Royal College Speech and Language Therapists who were invited to attend a focus group day. These therapists gave detailed consideration to their specialist area and contributed to the more general discussion of one further area. Issues to be captured in the key points were also identified within the focus groups. These comments contributed to the third draft of the syntheses, which again went out to reviewers. In some cases, further work was required in order to modify the wording and reflect discussion.

Checklist for service managers involved in commissioning services

Have you presented incidence and prevalence figures and local demographic trends for the conditions in your area?

Have you provided information on local access and use of services in the context of the number expected and highlighted your approaches to inequalities?

Have you consulted systematically with users to inform development of this commissioning proposal?

Does your proposal fit/link with local cross agency priorities?

Have you outlined the range of services provided including training?

Have you made clear how this fits with future planning for your service over the next 3-5 years?

Have you stated the assumptions which underpin your thinking in the plan and for future developments?

Have you offered predictions about the likely impact of investment in the proposal?

Have you made clear where the risks are and what contingency plans you have put in place?

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