

**The Royal College of Speech and Language Therapists briefing to the Health Committee on AHP Workforce**

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), students and support workers working in the UK. The RCSLT represents around 700 SLTs in Northern Ireland (17,000 UK wide – roughly 95% of SLTs). We promote excellence in practice and influence health, education, employment, social care and justice policies.

**Speech and Language Therapy: the transformation agenda**

Speech and language therapy is a cost effective and vital service which transforms lives, empowers lives and saves lives. If left unidentified and unsupported, speech, language and communication needs (SLCN) can have long-term implications for educational attainment, employment, social inclusion and mobility, mental health and involvement with the justice system. Speech and language difficulties are a key risk factor in safeguarding for vulnerable children, young people and adults. Speech and language therapists also play a key role in the management of dysphagia. Unidentified and untreated eating, drinking and swallowing difficulties (EDS[[1]](#footnote-1)) are significant risk factors in children with complex needs and in adults with conditions such as cancer, progressive neurological conditions, dementia and stroke and can lead to aspiration pneumonia and death.

HSCB performance data outlines the impact of the £17.6m non-recurrent funding made available in 2019/20 from the Confidence and Supply (C&S) Transformation Fund to undertake additional elective care activity to minimise the increase in waiting times.  As in previous years, Trusts are utilising this in part to reduce the number of patients waiting longer than 13 weeks for AHP treatment, such as physiotherapy and SLT.  Regionally in the eight months to end of November 2019, an additional 53,185 assessments, diagnostic tests, inpatient/day case and AHP treatments have been delivered as a result of this investment – this demonstrates the impact that more funding can have, but only if we have an available workforce to implement it.

**Current SLT Workforce Challenges**

Currently in Northern Ireland there are 472.6 whole time equivalent (WTE) SLTs (headcount 569, DoH March 2018). The current vacancies across the workforce are at a critical level. With **one in six of the workforce vacant (17%) and over 6.000 children and adults currently waiting for SLT services (March 2018).**  Skills gaps due to a lack of post-graduate training funding, high demand for P/T working and maternity cover, as well as the limitations of a annual regional band 5 recruitment process among other issues, all pose specific challenges for the SLT workforce going forward.

The RCSLT and the SLT Heads of Service have been working with the Department of Health since 2017 to develop a SLT workforce review report, which was submitted in late 2018 to the Department of Health AHP Workforce Review Programme Steering Group.

As with the entire AHP workforce, SLT services are facing mounting pressures from an ageing population; the need to move to seven day services in areas such as stroke and cancer care; rising level s of SEN among our school population; increases in survival rates for conditions which cause eating, drinking, swallowing and communication difficulties.

**Future-proofing the SLT workforce**

The statutory requirements under the mental capacity Act, to be fully implemented 2020-21, will place a greater demand on adult SLT services across NI. The RCSLT have continued to engage closely with the MCA DoH team and SLTs are named assessors under the new powers, however the current adult services SLT workforce is already under-reourced. Likewise the expected implementation of the SEND Act this year will also place increased requirements on childrens services.

In addition to equipping the SLT workforce to meet the current challenges they face and enableing them to play a full part in transforming services such as stroke and cancer care, SLT services in NI lag behind other parts of the UK in key areas where there is scope to make a meaningful difference to service quality and individual’s lives. For example there remains only 1 WTE SLT working in a dedicated dementia service in NI; we currently only have 1 WTE SLT post in youth justice and only one SLT post working on a pilot basis with looked after children residing in secure children’s homes; SLTs are not part of the multi-disciplinary CAMHs teams. All of these populations have been shown to have higher prevalence of communication difficulties and SLTs are core members of services in these areas throughout the UK.

**Key recommendations for SLT workforce**

We would urge the Department of Health to progress the SLT workforce review and implement the recommendations within it to equip the profession to contribute fully to the transformation agenda, these include:

* The numbers of commissioned undergraduate training places for SLT need to be increased in phases to 40 by 2024.
* There is a need to urgent review of band 5 regional recruitment for SLTs and consideration of ways in which to mitigate against the loss of new graduates to other markets / employers.
* Specific clinical and leadership training should be commissioned on a three year cycle to ensure that identified skills gap are addressed to enable the SLT workforce to be fit for the future.
* Appropriate funding should be secured for post-graduate education and training to support service provision and development.

Failure to plan for and fund an adequate SLT and wider AHP workforce will risk their ability of SLTs to contribute effectively to the transformation agenda and jepoardise the care of and outcomes for people in NI with communication and swallowing difficulties.

1. The clinical term for EDS is dysphagia. [↑](#footnote-ref-1)