

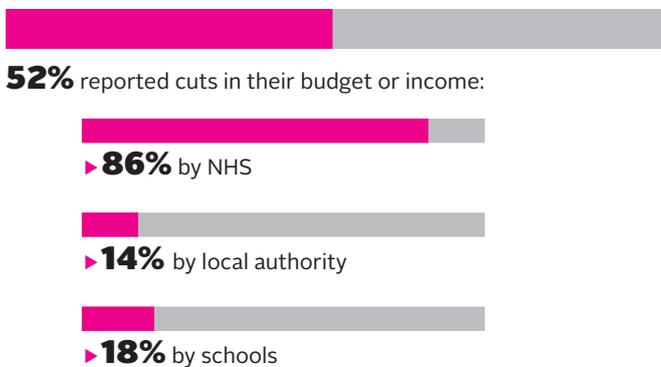
Cuts to speech and language therapy services

Speech and language therapists realise the public sector is facing tough times and that no one is immune from cuts to services. However, short-term pressures are seeing posts cut or downgraded in a way that will make it very hard for us to deliver improvements in quality and safety. We need to take a strategic approach that allows redesign of services creatively and which recognises that speech and language therapy can be a long-term cost-saver.



RCSLT's 2014 UK Cuts Survey

For the third year running, we surveyed UK speech and language therapy services in May 2014. A representative sample of services responded. This is what they told us:



Participants frequently commented on:

- ▶ reduced levels of support to clients
- ▶ increased wait for speech and language therapy
- ▶ less specialist input
- ▶ no service to some client groups



Participants also mentioned issues regarding:

- ▶ cuts to specialist services
- ▶ an increase in complaints
- ▶ joint working with other services becoming less effective

What did speech and language therapists say?

"We are unable to provide the full range of support we have previously provided."

"Now only able to see clients once a week at best."

"We have lost the most experienced therapists in the recent restructure."

"Primary schools are not able to access support or advice for children if they do not have a statement. When children do have a statement, the level of input does not meet the requirements on the statement or is so minimal that the school do not feel it helps at all."

"Children in mainstream schools will need to be discharged due to schools pulling out of top-up contracts."

"Training is not available to care home staff or family carers in communication techniques or awareness."

"There is almost no service for the universal and targeted caseload, when schools are dealing with over 70% of children in school with lower than national expected levels of language development."

"Prolonged periods nil-by-mouth. Lack of access to rehabilitation services."

"Dysphagia [swallowing] service cut."



What does this mean and what should be done?

Making piecemeal cuts each year to meet efficiency targets is leading to a loss of clinical leadership, specialism and expertise that risks making services unsafe and unsustainable. There must be a longer-term, more considered approach to making savings.

This is exacerbated by fragmentation of where funding sits, for example, in schools.

Some services are now contracting with a range of schools and others, all of whom have different wishes and requirements. This may or may not be attractive in principle, but in practice makes it hard to plan coherently and provide the necessary range and depth of specialism and expertise. Again, a strategic and collective approach is required.

It is a case of unintended consequences, but financial pressures and policies are working against other desirable outcomes.

These short-term cuts are jeopardising outcomes that everyone agrees are desirable. Examples include the response to the Francis Report in England and the proposed duty of candour; early intervention and public health; integration of services; and the patient safety agenda. Clinical commissioning groups and health and wellbeing boards – and their equivalents in the other nations of the UK – need to get a grip on the strategic commissioning and planning of speech and language therapy services.

► For more information visit: www.rcslt.org