

RCSLT REPORT

Long COVID and speech and language therapy: Understanding the mid- to long-term speech and language therapy needs and the impact on services

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Executive summary

People who have had COVID-19 can experience mid- to long-term speech and language therapy needs. The Royal College of Speech and Language Therapists (RCSLT) undertook a survey of its members to inform our developing understanding of the clinical presentation of Long COVID and its impact on speech and language therapy services.

Our findings strongly align with national data already collected on Long COVID, and highlight variation across the country with respect to the referrals received and services provided. The findings complement the emerging evidence base about the essential role of speech and language therapy in the assessment, intervention and management of Long COVID.

We outline 11 recommendations to strengthen the role of speech and language therapy in Long COVID rehabilitation, to ensure that the needs of service users are fully met.

Background

COVID-19 and the longer-term impact

People who have had COVID-19 are known to have variable recovery trajectories, with some individuals experiencing symptoms months after the onset of the virus (Huang et al, 2021), but our understanding of the longer-term needs of people who have had COVID-19¹ is still developing. Over 200 symptoms have been documented (Davis et al, 2021), including respiratory, cardiovascular, neurological, gastrointestinal and psychological symptoms (NICE NG 188). People with persistent symptoms have been found to experience different clusters of symptoms or syndromes, and initial COVID-19 severity is not predictive of the development of needs in the longer term (NIHR, 2021).

Many people experiencing a number of these symptoms will require or would benefit from speech and language therapy intervention. Data collected routinely by SLTs across the UK indicate that there are a range of speech, language, communication and swallowing needs associated with COVID-19, and that speech and language therapy intervention contributes to improved outcomes for these individuals (RCSLT, 2020a; Chadd et al, 2021).

About the role of speech and language therapists (SLTs) in the COVID-19 pandemic²

People who have had COVID-19³ and require speech and language therapy are a heterogeneous group, with complex presentations, which are different and evolving (Intensive Care Society, 2020). As a result, rehabilitation needs vary, as do the trajectories, with some individuals experiencing symptoms that relapse and remit over time (Chaudry et al, 2021).

SLTs are recognised as having an important role to play in the rehabilitation of communication and upper airway functions following critical illness (GPICS, 2019). SLTs are also recognised as having a key role in the weaning of and recovery from tracheostomy following intensive care unit stays (McRae, 2018).

¹ These needs are referred to using different terminology, including 'post-COVID-19 syndrome' and 'Long COVID' (NHS.UK, 2021). There is a lack of consensus on the use of terminology. Please refer to the Definitions section for use of terminology in this report.

² For more information about speech and language therapy, please see Annex 1.

³ For more information about COVID-19, please see Annex 2.

In the context of recovery from COVID-19, SLTs support individuals who have eating, drinking and swallowing difficulties (dysphagia), voice difficulties (dysphonia), cognitive communication and chronic upper airway and respiratory problems (Intensive Care Society 2020). Laryngeal injury caused by prolonged intubation and tracheostomy can result in persistent long-term difficulties, requiring input from speech and language therapy (Wallace and McGrath, 2021). Individuals who have had COVID-19 but were not admitted to hospital may also require speech and language therapy for voice, swallowing and communication needs. Dysphagia and dysphonia can develop, secondary to respiratory symptoms, due to a disruption to the relationship between breathing and swallowing (Martin-Harris et al, 2005) and breathing and voice production (Lewandowski and Gillespie, 2016), respectively. This is observed in pulmonary disorders such as chronic obstructive pulmonary disease (Mohamed and El Maghraby, 2014; Ghannouchi et al, 2016).

RCSLT members have reported that, in some parts of the UK, SLTs have been recognised as a core part of the MDT for assessment and rehabilitation of Long COVID and are therefore present in designated Long COVID clinics in these areas. This is despite SLTs not being listed as a key member of the MDT in the NICE guideline for managing the long-term effects of COVID-19 (NICE NG 188)⁴.

Clinical innovation to meet the needs of people who have had COVID-19

The speech and language therapy profession has responded rapidly to meet the needs of this new patient group, both for those requiring rehabilitation in hospital as part of their recovery from the acute phases of COVID-19 and those individuals requiring support in the community. SLTs have rapidly developed methods for identifying the needs and management approaches, gathering evidence and developing the evidence base for interventions, and adopting new ways of working. RCSLT members have shared their knowledge, expertise and learning via networks, publications and webinars⁵ to support the wider profession, and these adaptations and innovations have been shared internationally.

The size of the problem

Prevalence estimates vary widely (NIHR, 2021). In March 2021, the Office for National Statistics (ONS) estimated that over one million people in the UK were experiencing symptoms persisting for more than four weeks after the first suspected coronavirus

⁴ In our correspondence with NICE, the exclusion of SLTs was due to insufficient evidence provided.

⁵ Please visit www.rcslt.org to access these.

(COVID-19) episode, which were not explained by something else (ONS, 2021): 697,000 people had self-reported Long COVID at least 12 weeks after infection, 473,000 at six months, and 70,000 at one year or later. In comparison, 100,000 people per year in the UK have strokes, and there are 1.2 million stroke survivors in the UK (Stroke Association, 2021)⁶.

The World Health Organization (2021) estimates that approximately one quarter of people who have had COVID-19 experience symptoms for at least one month, and around one in 10 people do so after 12 weeks. Based on recent estimates from the Office for National Statistics, 13.7% of people who test positive for COVID-19 in the UK continue to experience symptoms for at least 12 weeks (ONS, 2021). Among those who are hospitalised, an even greater proportion report symptoms at 12 weeks. In one British study of 110 patients, 74% reported persisting symptoms of mainly breathlessness and fatigue. About 10% had persistent anomalies on chest X-ray or respiratory function (Arnold et al, 2020).

As this is a new disease, the numbers of individuals experiencing symptoms in the long term will continue to rise as the pandemic continues, and for some the symptoms may persist beyond one year. It has been suggested that it may be reasonable to expect similar trajectories to those encountered in other coronavirus outbreaks, such as the SARS-CoV and MERS-CoV epidemics, and non-coronavirus-related acute respiratory distress syndrome (ARDS) (O'Sullivan, 2021; Ahmed et al, 2020). Studies following cohorts of individuals with long-term symptoms as a result of SARS and MERS have reported a number of symptoms persisting beyond 12 months, including respiratory symptoms (Yu et al, 2006), chronic fatigue and post-traumatic stress symptoms (Lee et al, 2019), and reduced quality of life (Batawi et al, 2019). A study into people hospitalised with ARDS found that, for some, decreased quality of life, physical symptoms, and psychological symptoms persisted for five years (Herridge et al, 2011).

Prevalence estimates of the speech and language therapy needs associated with COVID-19 are also evolving. In a (preprint) study of people with symptoms at least 28 days after a confirmed or suspected case of COVID-19, 40.1% of respondents reported speech and language symptoms in the fourth month after the onset of COVID-19 (Davis et al, 2021). Respondents reported a range of difficulties, including 'difficulty finding the right words', 'difficulty communicating verbally', 'difficulty processing written text', 'difficulty comprehending speech', 'difficulty speaking', 'slurring words/speech', 'lump in throat/difficulty swallowing' and 'changes in the voice'.

⁶ Stroke rehabilitation guidelines developed by NICE reference the communication and swallowing needs experienced by individuals post-stroke and speech and language therapists are named as members of the core multidisciplinary stroke team (NICE CG 162).

Unwarranted variation in provision of speech and language therapy

The RCSLT has been consulting with SLTs to better understand the evolving picture of the clinical presentation and management requirement for individuals with COVID-19. Despite the valuable contribution SLTs can provide in supporting people who have had COVID-19, SLTs are not routinely part of the core multi-disciplinary team (MDT) for Long COVID/Post-COVID-19 syndrome in the UK, and are not named in the NICE guidance (NICE NG188). The RCSLT is concerned about unwarranted variation due to a lack of the follow-up of patients – particularly of those in the community who have had COVID-19 – that may result in unidentified and unmet need.

In addition to this concern, RCSLT members have reported that there has been increased demand placed on speech and language therapy services for non-COVID patient groups, as a result of delays in accessing speech and language therapy due to lockdowns. The RCSLT published a report in April 2021, following a survey of the impact on service users with communication and swallowing needs over the course of the pandemic. This highlighted that, for those aged 18 and over, after lockdown started in March 2020, there was a reduction of more than 50% in access to speech and language therapy, and among those aged 18 and under 81% received less speech and language therapy. For all respondents, this had an overall negative impact on their communication and swallowing. Where they were asked about receiving speech and language therapy in the future, almost half of the respondents (49%) aged 18 and over were concerned about accessing it, compared to 79% of those under the age of 18. Both groups reported that this would make their lives worse (RCSLT, 2021b).

The purpose of this report

This report summarises the findings of a survey that was developed by the RCSLT to gather some key information about the mid- to long-term speech and language therapy needs of individuals who are experiencing symptoms at 12 or more weeks after contracting COVID-19, and the demand on speech and language therapy services. It makes recommendations calling for change at a national level, system level and workforce level, and for greater public awareness.

Definitions

Speech and language therapy needs

Throughout this report, where we refer to “speech and language therapy needs” we use this to encompass all speech, language, communication and swallowing needs, including voice difficulties and respiratory needs⁷. Examples of speech and language therapy needs referred to within this report include:

- **Dysphagia:** eating, drinking and/or swallowing difficulties
- **Dysphonia:** changes in the way that the voice sounds, eg hoarse, weak and/or strained
- **Dysarthria:** difficulties with producing clear, intelligible speech sounds, as a result of damage to the muscles used to speak
- **Aphasia:** difficulties with understanding and using spoken and/or written language, caused by damage to the brain
- **Cognitive communication disorder:** changes in communication caused by cognitive changes, such as reduced attention, memory difficulties and/or impaired processing skills
- **Dyspraxia:** difficulties with speaking, caused by damage to the areas of the brain that plan and co-ordinate the muscles used in speech.

Longer-term symptoms associated with COVID-19

There is inconsistency in the literature regarding the terminology used to refer to the longer-term symptoms experienced by people who have had COVID-19.

The National Institute for Health and Care Excellence (NICE) has developed a set of definitions for use in their guidance. They use ‘Post-COVID-19 syndrome’ to denote “signs and symptoms that develop during or after an infection consistent with COVID-19, continue for more than 12 weeks and are not explained by an alternative diagnosis” (NICE NG 188). To refer to earlier phases, they use ‘acute COVID-19’ for up to four weeks post-infection and ‘ongoing symptomatic COVID-19’ for 4-12 weeks.

On the other hand, some organisations, such as the National Institute for Health Research (NIHR) and World Health Organization, have adopted the term ‘Long COVID’ to refer to the longer-term needs of people who have had COVID-19. There is no internationally agreed definition of ‘Long COVID’ (WHO, 2021a), but it has gained

⁷ For more information about speech and language therapy needs and SLTs, please visit: <https://www.rcslt.org/speech-and-language-therapy/>

widespread use and, for some organisations, this is the reason for adopting this term (NIHR, 2021).

NICE has proposed this definition for Long COVID: “Signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 (from 4-12 weeks) and post-COVID-19 syndrome (12 weeks or more).” (NICE NG 188) Conversely, other organisations use the term to refer predominantly to symptoms present at 12 weeks or longer (WHO, 2021a) and/or use the terms ‘Post-COVID syndrome’ and ‘Long COVID’ interchangeably (NHS England, 2021).

In this report, we use ‘Long COVID’ to refer to individuals with symptoms present at 12 weeks or more after contracting COVID-19.

Methodology

The RCSLT established a working group consisting of SLTs from across the UK, working with individuals with speech and language therapy needs after COVID-19, at any point in their recovery. The expert group was involved in developing and testing a set of questions (Annex 3) to be included in a survey to RCSLT members about their experiences of working with people with Long COVID between March 2020 and February 2021. Questions requiring both quantitative and qualitative responses were included.

The questions were presented on Survey Monkey (Survey Monkey Inc, 2021) and disseminated to members of the RCSLT via a range of different channels, including an electronic newsletter, Twitter, and Clinical Excellence Networks. The survey was open to all RCSLT members between 24 February and 10 March 2021.

The data generated by the survey were analysed and the findings are provided in Annex 3. For the quantitative data, descriptive statistics were produced using Microsoft Excel. For the qualitative data, thematic analysis was used. Members of staff familiarised themselves with the free-text responses to each of the survey questions, and coded the data according to the themes emerging on this initial iteration. Further rounds of analysis were conducted, in which the codes were adjusted and the responses were recoded, to identify key themes.

Results

Responses were received from 39 SLTs working in England, Wales, Northern Ireland and Scotland. The majority of respondents (87.2%) were employed by the NHS, with the remainder working in independent practice, local authorities, third sector organisations and private health services. The majority responded on behalf of their own experiences (69.2%), rather than on behalf of their speech and language therapy service (30.8%).

Respondents reported seeing individuals with speech and language therapy needs 12 weeks after the onset of COVID-19 in a range of settings, including via telehealth and virtual wards/clinics (51.3%), outpatient settings/clinics (49.7%), acute wards (35.9%) and individuals' usual place of residence (35.9%). Eleven respondents (28.2%) reported providing speech and language therapy in critical care/intensive care units, and three respondents (7.7%), all of whom work in Wales, in designated COVID rehabilitation teams.

Referrals to speech and language therapy

Respondents reported on the numbers of referrals received for individuals who had speech and language therapy needs at last 12 weeks after the onset of COVID-19. Reports ranged from between 1-5 and 100+ referrals since March 2020.

- Respondents reporting on their personal experience reported, on average, receiving 6-10 referrals since March 2020.
- Those responding on behalf of their speech and language therapy service most commonly reported receiving 21-30 referrals since March 2020.
- Respondents reported receiving referrals for individuals aged 0-2 years through to 90+ years. The most commonly reported age category was 50-69 years, with 71.8% respondents having received referrals for this group.
- Individuals had received care in critical care/intensive-care units, hospital wards and their usual place of residence when they were most unwell with COVID-19. 59.0% of respondents had received referrals for people who were not hospitalised when they were most ill with COVID-19, and one respondent had received over 100 referrals for people in this category.
- Respondents reported a range of different sources of referrals to speech and language therapy. The three most commonly reported were GPs, other Allied

Health Professionals⁸ and professionals from Post-COVID hubs/Long COVID clinics.

The nature of the speech and language therapy needs

Speech and language therapy needs encountered by SLTs providing intervention to people who have had COVID-19 include dysphagia, dysphonia, dysarthria, aphasia, cognitive communication disorder and dyspraxia.

- 69.2% of respondents encountered individuals with dysphagia. 38.5% reported that over half of the individuals have been identified with dysphagia following an initial assessment.
- 61.5% of respondents encountered individuals with dysphonia. 41.0% reported that over half of the individuals have been identified with dysphagia following an initial assessment.
- 43.6% of respondents encountered individuals with cognitive communication disorder. 10.3% reported that over half of the individuals have been identified with cognitive communication disorder following an initial assessment.
- 23% of respondents reported that at least half of individuals referred to their speech and language therapy service had more than one speech and language therapy need.

The impact of the speech and language therapy needs

Respondents were asked about the broader impact these speech and language therapy needs were having on the individuals referred to their speech and language therapy service.

- 59% of respondents reported that the speech and language therapy needs were impacting on the **mental health and wellbeing** of at least half of the individuals referred.
 - One respondent commented: “Many patients have increased anxiety and[/]or depression and some also have [post-traumatic stress disorder]

⁸ The core professions who make up the Allied Health Professionals (AHPs) in the UK are art therapists, dietitians, drama therapists, music therapists, occupational therapists, orthoptists, orthotists, paramedics, physiotherapists, podiatrists, prosthetists, speech and language therapists. In England, Scotland and Northern Ireland, radiographers are classified as AHPs, and in Wales, practitioner psychologists are recognised as AHPs. Operating department practitioners and osteopaths are also classified as AHPs in England.

from being a health worker, nurse on the front line with Long COVID, and patients following intensive care input.”

- Respondents highlighted that the unknown recovery trajectory adds to the distress of these individuals.
- 62% of respondents reported the speech and language therapy needs were impacting on **ability to carry out daily tasks and activities** for at least half of the individuals referred.
- 46% of respondents reported that the speech and language therapy needs were impacting on the ability to **return to work** for at least half of the individuals referred.

The speech and language therapy interventions provided

Respondents were asked about the support that has been provided to individuals following the completion of initial assessment.

- More than half of respondents reported that they had:
 - delivered speech and language therapy (face to face or remotely) on a weekly basis (5.3%) or less than once per week (64.1%)
 - provided advice and signposted to online information and resources to support self-care
 - referred individuals for further investigations and/or to another speech and language therapy service
 - referred on to another healthcare provider and/or the wider MDT to support ongoing non-SLT needs.
- Other speech and language therapy support provided included the delivery of speech and language therapy more than once per week (face to face or remotely) and the delivery of an SLT-prescribed rehabilitation package by another member of the MDT.
- 30.8% reported that they had discharged many or some individuals from speech and language therapy without any other input.
- Respondents commented that many of the clinical presentations were similar in nature and some are delivering interventions in groups.

SLTs' experiences and the impact on speech and language therapy services

Respondents were invited to reflect on their experiences to date of providing care to people who have had speech and language therapy needs 12 weeks or more after the onset of COVID-19. The positive themes derived from the qualitative data include:

- **Increased and improved MDT working:** respondents reported close working practices with occupational therapists, dietitians, physiotherapists and GPs.
- **Ability to refer as appropriate:** respondents commented that referrals to speech and language therapy services are happening, even where SLTs are not in Long COVID assessment teams. It was also noted that there is a good ability to refer to other services, where required.

The less positive themes include:

- **Accessing to funding:** respondents commented that they have not received or been able to access additional funding to meet the increased demand to provide speech and language therapy services, and that this has increased the pressure on staff.
- **Increased waiting lists:** respondents commented that those referred to speech and language therapy are added to existing waiting lists, which are longer than usual due to services being paused during the first part of the pandemic and staff having to operate at lower capacity. They also highlighted that this impacts access to services for other service users, with many having delayed interventions.

Discussion

This survey provides an insight into the experiences of SLTs and speech and language therapy services working with individuals recovering from COVID-19. The findings complement the insights reported directly by RCSLT members to the professional body, gathered through speaking to members on a regular basis during 2020 and 2021. While relatively small in number, the responses received indicate that the concerns held by the RCSLT, which triggered this piece of work, were warranted.

Varying numbers of referrals

The results showed variation in the number of referrals to speech and language therapy. This, in part, reflects the heterogeneous nature of speech and language therapy services, and was not unexpected. Four respondents reported that they had received over 100 referrals since March 2020. All of these respondents worked in NHS Trusts or Health Boards. Two of these respondents were from services in Wales, where SLTs are embedded in Long COVID assessment teams. It is possible that, where SLTs are part of the MDT for assessing the rehabilitation needs for Long COVID, speech and language therapy needs are picked up earlier in the patient's rehabilitation journey. One of the other respondents was from East of England, working in acute and outpatient services, and the other was from London, also working in acute services. Both of these regions have had COVID-19 cases exceeding the UK average, which may account for the larger numbers of referrals⁹.

Conversely, two speech and language therapy services reported fewer than five referrals. Further interrogation of the data indicates that these are NHS adult services covering large populations. The two regions in question, South West and South East, have experienced levels of infection below the UK average¹⁰. Nevertheless, it seems unlikely that this alone would be the reason for the lower numbers of referrals.

Further correspondence with respondents also indicates that not all services have been receiving referrals over the entire 11-month period. Nevertheless, we believe the main reasons for the variation could be twofold. First, this could indicate a lack of awareness of speech and language therapy needs post-COVID-19. Second, there might be other factors worth considering that are impacting the number of referrals, such as the

⁹ As of 28 April 2021, the rate per 100,000 population for the UK as a whole was 6,604.8; rate per 100,000 population for London was 8,021.5; rate per 100,000 population for East of England was 6,230.5 (GOV.UK, 2021) <https://coronavirus.data.gov.uk/details/cases>

¹⁰ As of 28 April 2021, both regions have had lower-than-average rates of positive COVID-19 tests: South West has had 3,925.9 positive COVID-19 tests; South East has had 5,877.5 positive COVID-19 tests (GOV.UK, 2021).

presence of a regional COVID-19 hub with speech and language therapy involvement, and therefore there is little need to refer to those services.

Most commonly, speech and language therapy services received 21-30 referrals in the first 11 months of the pandemic. Although numbers are rather small, they are expected to increase the longer the pandemic continues. It is also important to note that speech and language therapy needs may be secondary to other Long COVID presentations, such as breathlessness, and that these are therefore more difficult to detect or will become of greater importance to service users experiencing these issues at a later stage in their recovery, or upon return to work. The All-Party Parliamentary Group (APPG) on coronavirus recommends that Long COVID should be classified as an occupational disease (APPG on Coronavirus, 2021).

In terms of the characteristics of those referred to speech and language therapy services for Long COVID, the distribution by age is broadly in line with the data reported by the Office for National Statistics (ONS) for Long COVID more generally. Over 70% of respondents to the survey had received referrals for individuals aged 50-69 years, and the second most common age category was 35-49 years. The ONS reported that rates of self-reported Long COVID were greatest in these two age categories (ONS, 2021). The survey confirmed that Long COVID is impacting across the lifespan, including in children. Of note, one independent SLT reported seeing 51-60 individuals under 25 years of age for needs associated with Long COVID since March 2020.

Potential risks of not addressing unmet speech and language therapy needs

The findings also confirm that speech and language therapy needs remain present in individuals who were and were not hospitalised when they were positive for COVID-19. Most commonly, SLTs reported working with people who were in their usual place of residence when they were most ill with COVID-19. This concurs with the ONS data, which estimates that, of those with self-reported Long COVID at 12 weeks, 54.3% were not hospitalised at the time of infection and 8.6% were admitted to hospital (ONS, 2021).

While it is positive to see that individuals who are not hospitalised are accessing speech and language therapy services, it will be important to ensure that individuals in the community are aware of the speech and language needs associated with COVID-19 and the longer term impact. In an opinion piece published by the BMJ, people with lived experience of voice issues months after contracting COVID-19 spoke out about their surprise that their symptoms are not commonly recognised or referenced in government information about COVID-19, despite the detrimental impact on their ability to

communicate with family, friends and colleagues, and on their ability to return to work (Chaudhry et al, 2021). Our findings support this, as the majority of respondents highlighted that the speech and language therapy needs of at least half of referrals were impacting on the ability to carry out daily tasks and activities, as well as the ability to return to work. The survey findings also revealed that speech and language therapy needs were impacting on mental health and wellbeing. This highlights the critical role of SLTs in Long COVID recovery. It also aligns with the ONS findings that, of those with self-reported Long COVID at least 12 weeks post-infection, 60.6% of people experience at least some limitation to their day-to-day activities, but a staggering 18.1% report ‘a lot’ (ONS, 2021).

Furthermore, it will be critical that all health and care professionals, particularly those recognised by NICE as a core part of the multi-disciplinary team (NICE NG 188) and those in primary care, clearly recognise the Long COVID symptoms that would benefit from speech and language therapy intervention and are aware of the routes for referral. The survey findings indicate that individuals are being referred to speech and language therapy services by a variety of different professionals, but greater awareness would ensure the needs do not go unmet.

Sustainability in meeting the needs of all service users

The findings indicate that individuals with Long COVID present with a range of speech and language therapy needs, but that the most prominent are dysphagia and dysphonia. With respect to dysphonia, speech and language therapy interventions are typically delivered in inpatient and outpatient clinics. With an increase anticipated in the known number of Long COVID cases in the community, careful long-term planning of workforce and service delivery will be needed at national and local level regarding skill mix and referral pathways, for example to benefit SLTs and patients. Existing referral pathways, such as NHS England’s Post-COVID syndrome pathway (NHS England, 2021), may need to be revisited to ensure that the needs of those in the community are identified at an early stage and provided with person-centred rehabilitation.

In addition, speech and language therapy has been recognised as a workforce group that is in short supply in some parts of the UK (NHS England, 2019). Given that respondents commented on the pressures of meeting the needs of this new patient group, along with existing caseloads and the lack of additional funding to meet this need, there is cause for concern unless action is taken to address the current level of need and plan for the future. Moreover, almost a quarter of respondents reported that the majority of individuals they have seen had more than one speech and language therapy need, indicating a higher level of complexity and need. It is reasonable to

assume that many would also have had other symptoms commonly associated with Long COVID, such as fatigue, but this was not in the scope of this survey. The training and education of both the current and existing workforce working with this patient group will be critical in ensuring that their complex needs are adequately met.

The findings show that SLTs are delivering a range of different interventions and management plans, indicating the importance of the support being tailored to individuals' needs. While a number of SLTs have provided advice and signposted to resources to support self-management, in some instances the delivery of regular speech and language therapy has been required, with some respondents providing this level of support to all of the individuals who have been referred. This highlights that the speech and language therapy needs associated with Long COVID cannot be managed purely with self-management or supported self-management techniques and resources.

It is of note, however, that 30.8% of respondents reported that they had discharged individuals from speech and language therapy without any other input after completion of assessment. Given that only 7.7% of respondents had received referrals for individuals who had no communication or swallowing needs after speech and language therapy assessment, it is possible that this was driven by resource- or funding-related restraints. Further exploration would be required to determine this. Nevertheless, given reports from SLTs about services being overstretched, this is a concerning possibility. In a recent RCSLT member wellbeing survey, 60% reported that their workload had increased since the start of the pandemic and 28% highlighted that their services operated with reduced staff and resource capacity (RCSLT, 2021a).

In line with the anecdotal evidence collected prior to the survey, some of the qualitative responses indicate that Long COVID referrals are having a broader impact on speech and language therapy caseloads, including individuals on existing caseloads. The recent RCSLT report on service users' experiences of receiving speech and language therapy services over the course of the pandemic highlighted that waiting lists have increased, with some respondents reporting that they were still awaiting diagnosis (RCSLT, 2021b). In addition, 33% of respondents in the RCSLT member wellbeing survey said their waiting lists had increased since March 2020 (RCSLT, 2021a).

Limitations

The findings of this survey should be interpreted with caution, given the relatively small number of responses. Nevertheless, the findings concur with the anecdotal evidence gathered by the RCSLT through conversations with members working across the UK on a regular basis.

This survey was designed to gather insights into the experiences of RCSLT members working across the UK, rather than to provide a detailed study. The majority of the questions contained in the survey were closed-ended questions, which required respondents to choose from a list of pre-set options. In some instances, such as the questions asking respondents to report on the number of referrals received, the decision to provide a set of options was taken to enable the respondents to answer more easily. However, using this approach, some of the detail that would have been gathered from offering an open-ended question was compromised. Furthermore, some of the closed-ended questions may have benefitted from the option for respondents to provide additional text, which may have offered a more detailed insight into some topics.

While it is acknowledged that the findings of the survey may not reflect the experiences of the RCSLT membership as a whole, it does provide some useful insights that are helping to shape our understanding of the needs of this new patient group and the role of SLTs in supporting them. Furthermore, as the national picture of Long COVID is evolving, it would be beneficial to consider repeating this survey to monitor ongoing developments.

Conclusions

This survey has uncovered variation in the provision of care by SLTs and speech and language therapy services to individuals with communication and swallowing needs after COVID-19. To some extent, this is not unexpected, but it is vital that action is taken to ensure that this variation is not a consequence of a lack of awareness of the speech and language therapy needs associated with Long COVID, resulting in unmet need.

The findings confirm that children, young people and adults with speech and language therapy needs associated with Long COVID have a heterogeneous presentation. Services need to be equipped to respond to the increased demand and complex presentations of these individuals. The risk of not providing intervention to those who need it is that individuals will have difficulties accessing education and training, returning to work, suffer a decline in their mental health, and/or be prevented from participating fully in day-to-day activities.

As the pandemic continues and the number of individuals with Long COVID symptoms grows, the speech and language therapy profession is expecting to see an increase in individuals requiring support in the community for speech and language therapy needs. Furthermore, this is in the context of increased pressure on services associated with the

pandemic, which has resulted in individuals on existing (outpatient and community) caseloads being unable to access intervention, and increased waiting lists.

We are still learning about the range and complexity of difficulties that children, young people and adults with Long COVID will present with. What is clear, however, is that as awareness about speech and language therapy needs post-COVID-19 grows, more professionals will refer people on to services.

This will place a demand on already stretched community services. Without investment, community services will struggle to meet the needs of people with pre-existing speech and language therapy needs as well as people who have had COVID-19.

Moving forward, we must make sure that speech and language therapy services are available for all adults to prevent their condition deteriorating, which can lead to a decline in mental health. In addition, for children and young people, it is essential that their needs are identified and met to enable them to fulfil their potential.

Recommendations

The RCSLT firmly believes that any person with a communication or swallowing difficulty has a right to access high quality speech and language therapy when and where they need it. Any person with such needs after COVID-19 must receive timely, individual, person-centred rehabilitation, which will support and maximise their mental health and wellbeing, participation in society, and ability to return to work.

To achieve this, the RCSLT recommends that the following actions need to be taken now:

At a national level:

1. National guidance must formally recognise and provide an appropriate response to individuals' communication and swallowing difficulties after COVID-19. This also includes recognition of the communication and swallowing needs that can be part of the presentation of Long COVID in NICE/SIGN guidelines and in national guidance from the NHS in the four nations of the UK.
2. Speech and language therapy services should be a core part of the MDT in national guidance and in NICE/SIGN guidelines for Long COVID, to provide for timely screening/assessment of communication and swallowing difficulties.
3. Research into the presentation of COVID-19 and Long COVID in the community (non-hospitalised patients) must be commissioned in order to gain a more

comprehensive understanding of the mid- to long-term needs of children, young people and adults, and the workforce.

4. There needs to be a systematic approach to data collection to:
 - improve our understanding of the prevalence of different symptoms and their impact on daily life and well-being
 - inform the types and provision of services
 - and explore unwarranted variation.

Data collected would inform our understanding of the clinical needs of those with Long COVID, including cognitive, communication and swallowing needs.

At a system level:

5. COVID-19 services must be expanded and appropriately resourced in every local area to meet the needs of people with Long COVID over the coming months and years.
6. The community rehabilitation workforce, including speech and language therapy, must be increased to meet the extra demand for care and support.
7. There needs to be clear referral pathways to speech and language therapy in order to provide ongoing and longer-term support.

At a workforce level:

8. National workforce strategies must reflect the increase in demand for speech and language therapy services associated with Long COVID, and the impact this has on access to services for other clients in order to ensure accurate workforce planning.
9. Appropriate training must be provided to upskill the speech and language therapy and wider workforce to meet the specific clinical needs of people with communication and swallowing difficulties associated with Long COVID.

To raise awareness among the wider public:

10. The wider public, as well as other health and care professionals, would benefit from a campaign to widen awareness of the symptoms people experience after COVID-19 that can be addressed through speech and language therapy input. National and local campaigns need to focus on the breadth of difficulties that people can experience, and should include communication, voice and swallowing difficulties.
11. More information needs to be provided specifically on the impact of Long COVID and implications for people returning to work.

The future

To strengthen our understanding of the longer-term effects of COVID-19, we will consider repeating this survey in approximately six months' time. At that time, we will review the questions and consider adding questions that were not included in this initial version, to ensure that the data we collect is beneficial to conversations around timely access to services for people with communication and swallowing needs after COVID. We will work with other stakeholders to consider how we can engage with service users with Long COVID.

In response to the findings of this survey, the RCSLT will:

- Share the findings with our members to support innovation and practice, service improvements and improve outcomes for service users
- Share the findings with government to ensure that people's communication and swallowing needs after COVID-19 are identified and supported
- Develop information and resources about the speech and language therapy needs experienced by those with Long COVID, to improve awareness within the profession and with colleagues, stakeholders and the wider public
- Triangulate the information gathered with other sources of data, including clinical outcomes data collected routinely via the RCSLT Online Outcome Tool and the COVID-19 data collection tool, to inform our future work on Long COVID.
- Closely monitor the evolving picture and make revisions to our data collection tools as required
- Continue to facilitate the sharing of learning across the profession about Long COVID
- Undertake further consultation with members and other stakeholders to inform future workforce models.

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Annex 1: about speech and language therapy

The speech and language therapy profession provides treatment, support and care for individuals with a range of difficulties with communication and swallowing. Speech and language therapists (SLTs) work together with children, adults, families, carers and the wider workforce, to carry out assessments and plan personalised therapy programmes that meet the needs of individuals. SLTs also contribute directly to a broad range of positive health and wellbeing outcomes for people throughout their lives and in their communities, including through promoting early intervention, prevention, inclusive communication, self-management and other public health activities.

SLTs are allied health professionals who are employed by the NHS and by other sectors, such as education and charities, as well as working independently. They work in wide variety of contexts and environments including hospitals, schools, nursing homes and other community settings¹¹.

The Royal College of Speech and Language Therapists is the professional body for people working in or studying speech and language therapy in the UK. It promotes excellence in speech and language therapy, and campaigns for better lives for people with communication and swallowing needs. It has over 19,500 members, including over 17,000 practising SLTs who are regulated by the Health and Care Professions Council (HCPC 2020), students, speech and language therapy assistants, retired SLTs and others with an interest in the profession.

¹¹ For more information about the speech and language therapy profession, please refer to the [RCSLT what is speech and language therapy factsheet](#).

Annex 2: about COVID-19

COVID-19 is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), and the first known case in the UK was identified in January 2020 (Lillie et al, 2020). During the course of the infection itself, some individuals remain asymptomatic whereas others develop symptoms of varying degrees. The majority of symptomatic patients develop mild or moderate symptoms, while a smaller proportion develop severe or critical disease, which can involve respiratory failure, sepsis and/or multiorgan failure (WHO, 2021b). Neurological and psychological symptoms may also be present, with or without respiratory illness (WHO, 2021b).

Annex 3: survey questions and results

Question 1: In this survey, we are seeking information about members' experiences of working with people with speech and language therapy needs at least 12 weeks after the onset of COVID-19, in terms of how these individuals present and what support they require. Are you responding to this survey on behalf of:

Response	Total	Percentage
Yourself only	27	69.2%
Your team/service	12	30.8%
Total	39	

Question 2: Thinking about people with SLT needs at least 12 weeks after the onset of COVID-19 who are accessing your service, in which of the following settings were/are these individuals receiving speech and language therapy? Please select all that apply.

Response	Total	Percentage
Critical care/intensive care unit	11	28.2%
Acute wards	14	35.9%
Outpatient setting/clinic	19	48.7%
Community hospitals	5	12.8%
Day centres	0	0.0%
Designated COVID rehabilitation centre	3	7.7%
Private practice setting	2	5.1%
Further education college	0	0.0%
Schools	4	10.3%
Early years settings/children's centre	1	2.6%
University or HEI	0	0.0%
Individual's own home/usual place of residence	14	35.9%
Secure hospitals or custodial settings	0	0.0%
Care/nursing home	12	30.8%
Hospice	3	7.7%
Via telehealth (eg virtual ward or clinic)	20	51.3%
Other (please specify)	0	0.0%

Question 3: In addition to COVID-19, which clinical areas do you, or your team, typically work in? Please select all that apply.

Response	Total	Percentage
Acquired speech difficulties	25	64.1%
AAC	19	48.7%
Aphasia	25	64.1%
Autism Spectrum Disorder	4	10.3%
Bilingualism	4	10.3%

Brain injury	18	46.2%
Cleft lip and palate/craniofacial	0	0.0%
Critical care	11	28.2%
Deafness	1	2.6%
Dementia	23	59.0%
Developmental language disorder	5	12.8%
Dysfluency	11	28.2%
Dysphagia (adults)	33	84.6%
Dysphagia (paediatrics)	0	0.0%
Head and neck cancer	13	33.3%
Learning disabilities	6	15.4%
Mental health (adults)	9	23.1%
Neonatal care	0	0.0%
Progressive neurological disorders	21	53.8%
Respiratory care	13	33.3%
Selective mutism	3	7.7%
Social communication difficulties	7	17.9%
Social, emotional and mental health	2	5.1%
Speech sound disorders	5	12.8%
Stroke	22	56.4%
Trans and gender-diverse voice and communication	4	10.3%
Visual and multi-sensory impairments	1	2.6%
Voice	20	51.3%
Other (please specify)	2	5.1%

Question 4: Who is/are your current employer(s)? Please select all that apply.

Response	Total	Percentage
National Health Service (NHS)	34	87.2%
Independent practice – sole trader	2	5.1%
Independent practice – more than one SLT working	0	0.0%
School	0	0.0%
Justice	0	0.0%
Not-for-profit organisation/third sector	1	2.6%
Social care/services	0	0.0%
University or other higher education institution	1	2.6%
Local authority	1	2.6%
Private health service	1	2.6%
Voluntary sector	0	0.0%
Social enterprise/public sector mutual	0	0.0%

Other (please specify)	0	0.0%
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Question 5: Which RCSLT Hub region(s) do you work in?

Response	Total	Percentage
Channel Islands and Isle of Man	0	0.0%
East Midlands	2	5.1%
East of England	3	7.7%
London	6	15.4%
North East & Cumbria	2	5.1%
North West	3	7.7%
Northern Ireland	2	5.1%
Scotland	5	12.8%
South Central	1	2.6%
South East	4	10.3%
South West	3	7.7%
Wales	5	12.8%
West Midlands	0	0.0%
Yorkshire & the Humber	3	7.7%

Question 6: Since March 2020, how many referrals (requests for assistance) have you/your team/service received for individuals who have/had speech and language therapy needs at least 12 weeks after the onset of COVID-19?

	Category	Total number of responses from SLT services	Total number of responses from individual SLTs
Number of referrals	1-5	2	3
	6-10	1	8
	11-15	1	4
	16-20	1	1
	21-30	3	0
	31-40	1	0
	41-50	0	1
	51-60	0	1
	61-70	0	0
	71-80	0	0
	81-90	0	0
	91-100	0	0
	100+	1	3
	<i>I don't know</i>	4	3

Average number of referrals	Median	16-20, 21-30	6-10
	Mode	21-30	6-10

Question 7a: Out of the total number of referrals (requests for assistance) received for individuals who have/had speech and language therapy needs at least 12 weeks after the onset of COVID-19, how many received care in critical care/intensive care units when they were most ill with COVID-19?

	Category	Total number of responses from speech and language therapy services	Total number of responses from individual SLTs
Number of referrals	0	1	1
	1-5	3	9
	6-10	1	3
	11-15	1	0
	16-20	0	1
	21-30	0	0
	31-40	0	1
	41-50	0	0
	51-60	1	0
	61-70	0	0
	71-80	0	0
	81-90	0	0
	91-100	0	0
	100+	0	0
<i>I don't know</i>	0	2	
Average number of referrals	Median	1-5	1-5
	Mode	1-5	1-5

Question 7b: Out of the total number of referrals (requests for assistance) received for individuals who have/had SLT needs at least 12 weeks after the onset of COVID-19, how many received care in hospital wards (non-ICU) when they were most ill with COVID-19?

	Category	Total number of responses from speech and	Total number of responses from individual SLTs
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		language therapy services	
Number of referrals	0	1	1
	1-5	4	8
	6-10	1	1
	11-15	0	1
	16-20	0	0
	21-30	0	0
	31-40	0	1
	41-50	0	0
	51-60	1	0
	61-70	0	0
	71-80	0	1
	81-90	0	0
	91-100	0	0
	100+	0	0
	<i>I don't know</i>	0	2
Average number of referrals	Median	1-5	1-5
	Mode	1-5	1-5

Question 7c: Out of the total number of referrals (requests for assistance) received for individuals who have/had speech and language therapy needs at least 12 weeks after the onset of COVID-19, how many received care in their usual place of residence when they were most ill with COVID-19?

	Category	Total number of responses from speech and language therapy services	Total number of responses from individual SLTs
Number of referrals	0	0	2
	1-5	5	8
	6-10	0	1
	11-15	0	1
	16-20	2	1
	21-30	2	0
	31-40	1	0
	41-50	0	1
	51-60	0	0
	61-70	0	0
	71-80	0	0

	81-90	0	0
	91-100	0	0
	100+	0	1
	<i>I don't know</i>	1	2
Average number of referrals	Median	1-5, 16-20	1-5
	Mode	1-5	1-5

Question 8: What is the source of these referrals? Please select all that apply.

Response	Total	Percentage
GPs	21	53.8%
Post-COVID hub/Long COVID clinics	14	35.9%
Social care	1	2.6%
Discharge coordinators	3	7.7%
Medical consultants (eg geriatricians, ENT, respiratory, neuro)	14	35.9%
Allied health professionals	17	43.6%
Nurses	7	17.9%
Critical care outreach	2	5.1%
Self-referrals	3	7.7%
Other (please specify)	4	10.3%

Question 9: Which age groups have you received referrals for? Please select all that apply

Response	Total	Percentage
Under 2 years	1	2.6%
2-11 years	3	7.7%
12-16 years	3	7.7%
17-24 years	3	7.7%
25-34 years	14	35.9%
35-49 years	25	64.1%
50-69 years	28	71.8%
70-79 years	20	51.3%
80-89 years	11	28.2%
90 years +	8	20.5%

Question 10: Following an initial assessment, how many individuals have been identified as having the following speech and language therapy needs associated with COVID-19¹²?

SLT need	Response	Total
Dysphagia (including post-extubation dysphagia)	All of the individuals I've/we've seen	6
	Many of the individuals I've/we've seen	9
	Some of the individuals I've/we've seen	12
	None of the individuals I've/we've seen	2
	I don't know	0
Dysphonia	All of the individuals I've/we've seen	5
	Many of the individuals I've/we've seen	11
	Some of the individuals I've/we've seen	8
	None of the individuals I've/we've seen	1
	I don't know	0
Dysarthria	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	1
	Some of the individuals I've/we've seen	8
	None of the individuals I've/we've seen	8
	I don't know	1
Aphasia	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	1
	Some of the individuals I've/we've seen	9
	None of the individuals I've/we've seen	9
	I don't know	2
Cognitive communication disorder	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	4
	Some of the individuals I've/we've seen	13
	None of the individuals I've/we've seen	4
	I don't know	1
Dyspraxia	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	0
	Some of the individuals I've/we've seen	1
	None of the individuals I've/we've seen	13
	I don't know	2
No communication and/or swallowing needs	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	0
	Some of the individuals I've/we've seen	3
	None of the individuals I've/we've seen	12

¹² Please note, in relation to questions 10-13 (inclusive): as a guide, when we refer to “many individuals”, we use this to mean at least half (ie 50-99%) and use “some individuals” to refer to less than half (ie 1-49%).

Question 11a: How many individuals with speech and language therapy needs at least 12 weeks after the onset of COVID had pre-existing speech and language therapy needs?

Response	Total	Percentage
All of the individuals I've/we've seen	1	2.6%
Many of the individuals I've/we've seen	2	5.1%
Some of the individuals I've/we've seen	17	43.6%
None of the individuals I've/we've seen	12	30.8%
I don't know	0	0.0%

Question 11b: How many individuals with speech and language therapy needs at least 12 weeks after the onset of COVID have/had more than one speech and language therapy need associated with COVID-19?

Response	Total	Percentage
All of the individuals I've/we've seen	3	7.7%
Many of the individuals I've/we've seen	6	15.4%
Some of the individuals I've/we've seen	19	48.7%
None of the individuals I've/we've seen	2	5.1%
I don't know	0	0.0%

Question 11c: How many individuals with speech and language therapy needs at least 12 weeks after the onset of COVID have/had more than two speech and language therapy needs associated with COVID-19?

Response	Total	Percentage
All of the individuals I've/we've seen	1	2.6%
Many of the individuals I've/we've seen	3	7.7%
Some of the individuals I've/we've seen	12	30.8%
None of the individuals I've/we've see	10	25.6%
I don't know	1	2.6%

Question 12a: At the point of referral to you/your service, have the speech and language therapy needs of individuals been impacting on their mental health and wellbeing?

Response	Total	Percentage
All of the individuals I've/we've seen	9	23.1%
Many of the individuals I've/we've seen	14	35.9%
Some of the individuals I've/we've seen	9	23.1%
None of the individuals I've/we've seen	0	0.0%
I don't know	0	0.0%

Not applicable	0	0.0%
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Question 12b: At the point of referral to you/your service, have the speech and language therapy needs of individuals been impacting on their ability to carry out daily tasks and activities?

Response	Total	Percentage
All of the individuals I've/we've seen	8	20.5%
Many of the individuals I've/we've seen	16	41.0%
Some of the individuals I've/we've seen	8	20.5%
None of the individuals I've/we've seen	0	0.0%
I don't know	0	0.0%
Not applicable	0	0.0%

Question 12c: At the point of referral to you/your service, have the speech and language therapy needs of individuals been impacting on their ability to return to work?

Response	Total	Percentage
All of the individuals I've/we've seen	7	17.9%
Many of the individuals I've/we've seen	11	28.2%
Some of the individuals I've/we've seen	10	25.6%
None of the individuals I've/we've seen	1	2.6%
I don't know	1	2.6%
Not applicable	2	5.1%

Question 13: Following completion of an initial assessment, what support has been provided to individuals to manage their speech and language therapy needs?

Type of support	Response	Total
Provision of advice and signposting to online information and resources to support self-care	All of the individuals I've/we've seen	8
	Many of the individuals I've/we've seen	6
	Some of the individuals I've/we've seen	11
	None of the individuals I've/we've seen	3
	I don't know	0
	Not applicable	1
Referral for further investigations/to another speech and language therapy service (eg tertiary service)	All of the individuals I've/we've seen	1
	Many of the individuals I've/we've seen	3
	Some of the individuals I've/we've seen	19
	None of the individuals I've/we've seen	5
	I don't know	0
	Not applicable	1
Delivery of speech and language therapy less than once per week	All of the individuals I've/we've seen	3
	Many of the individuals I've/we've seen	6

(face-to-face or remotely) with a speech and language therapist	Some of the individuals I've/we've seen	16
	None of the individuals I've/we've seen	2
	I don't know	0
	Not applicable	0
Delivery of weekly speech and language therapy (face-to-face or remotely) with a speech and language therapist	All of the individuals I've/we've seen	2
	Many of the individuals I've/we've seen	5
	Some of the individuals I've/we've seen	13
	None of the individuals I've/we've seen	8
	I don't know	0
	Not applicable	1
Delivery of speech and language therapy more than once per week (face-to-face or remotely) with a speech and language therapist	All of the individuals I've/we've seen	2
	Many of the individuals I've/we've seen	1
	Some of the individuals I've/we've seen	9
	None of the individuals I've/we've seen	13
	I don't know	0
	Not applicable	2
Delivery of an SLT-prescribed rehabilitation package by another member of the MDT (of which the speech and language therapist is a member)	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	4
	Some of the individuals I've/we've seen	3
	None of the individuals I've/we've seen	15
	I don't know	1
	Not applicable	3
Referral on to another healthcare provider/wider MDT to support ongoing non-SLT needs (eg fatigue, emotional wellbeing, breathlessness)	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	6
	Some of the individuals I've/we've seen	15
	None of the individuals I've/we've seen	3
	I don't know	1
	Not applicable	1
Discharge from speech and language therapy without any other input	All of the individuals I've/we've seen	0
	Many of the individuals I've/we've seen	1
	Some of the individuals I've/we've seen	11
	None of the individuals I've/we've seen	14
	I don't know	0
	Not applicable	1

Question 14: Is there anything else you'd like to tell us about the individuals you've worked with who have/had speech and language therapy needs at least 12 weeks after the onset of COVID-19?

Theme	Comments relating to theme
MDT working	<p>We are also piloting an AHP-led MDT with GP involvement for patients that have a number of clinicians involved in their care, so this should support better management.</p>
	<p>Our service is MDT with x2 mental health OT, x2 respiratory physio, x2 physio, x1 dietitian, x1 SLT.</p>
	<p>The Hub is looking into psychology support & GP but still awaiting.</p>
	<p>Also our 2 mental health occupational therapists on the team also provide further specific signposting and advice as appropriate.</p>
	<p>I am the sole SLT within the dedicated COVID Rehab Hub for [my organisation].</p>
	<p>We see all patients that have been admitted with COVID following discharge 4 weeks + post and GP/Consultant Community referrals.</p>
Ability to refer as appropriate	<p>Having access to the local Chronic Fatigue [sic] Service has also been really helpful.</p>
	<p>There is a lot of internal referrals within our team.</p>
	<p>I have also requested onward referral to on-occasion ENT via the GP due to nasal or ENT concerns requiring further investigation.</p>
	<p>Our Community Trust runs a Long COVID clinic and feeds into the acute Trust COVID virtual hospital - anyone referred to our Trust with Long COVID is asked triage questions that include SLT domains so we have mechanisms in place to pick up these patients; it just seems that our Long COVID referrals are not high.</p>
	<p>The development of a local Long COVID assessment service has facilitated appropriate triage and onward referrals for these patients. It is important that not all symptoms are labelled as 'Long COVID'!</p>
	<p>I am a trained Mindfulness & Compassion Teacher which is very useful when providing signposting for services and information and onward or internal referral to help individuals with increased mental health concerns.</p>
Mental health implications for service users	<p>There is a significant impact on all patients' wellbeing and mental health. Many patients have increased anxiety and or depression and some also have PTSD from being a health worker, nurse on the front line with Long COVID and patients following intensive care input. A lot of the patients are seeking support from social media Long COVID groups but really feel that [organisations] need to be looking into COVID support groups and I am bringing this up locally.</p>

Theme	Comments relating to theme
	high levels of distress regarding symptoms/unknown recovery.
	quite a few referrals received are for patients that initially exhibited symptoms in March/April 2020 so they have been managing independently for some time.
Accessing funding	This work is being absorbed within the service without additional funding.
	At the present time we have not needed any extra resource to see patients with Long COVID in our team (which is a community service).
Increased demand on staff	Extra demands re staffing.
Initial assessment is time consuming	Each initial assessment is quite time consuming as it often requires assessment of two areas with education and provision of strategies/exercises (eg for voice).
Increased waiting lists	Patients are added to existing waiting lists for treatment.
	This is potentially causing other client groups to wait longer to access the service as the high levels of distress within the Long COVID patient group often requires quicker intervention
Similar clinical presentations	We're also looking into the option of group sessions as a lot of patients present with very similar profiles.
	although tailored, strategies and advice is [sic] often replicated.
	very similar symptoms reported
	The input from SLT is significant with also the main needs being dysphagia, dysphonia, Xerostomia, cognitive communication changes that can occur in combination as well as alone. But also taste & smell changes.
Management of clinical presentations	important to encourage self-management of symptoms
Monitoring of referrals	We are monitoring whether referrals rise as current in-patients with COVID continue to be discharged.