

Supporting adults with communication and swallowing needs

December 2021

1. Executive summary

- People are presenting to community services with more advanced or complex needs than before the pandemic. This is due to delays in identification and assessment, and limited access to services during the pandemic. People will require more, and often more specialist, rehabilitation to manage the decline in their condition.
- Speech and language therapy services that traditionally deliver rehabilitation are also focused on delivering COVID-rehabilitation, with no extra resources. This has further stretched services, and led to:
 - longer waiting lists;
 - suboptimal care;
 - avoidable hospital admissions; and
 - worse outcomes for the service user and their families.
- Service users tell us that having less speech and language therapy is bad for their mental health and wellbeing. It also has a negative impact on their ability to carry out everyday activities, including work, and participate in family and social life.
- There are significant challenges with staff recruitment and retention, adding to the pressure on services.

2. The risks of not supporting people with communication or swallowing needs

- There is a significant risk of negative outcomes for people on long waiting lists.
- The impact of people in the community not having their speech and language therapy needs met impacts on their mental health and wellbeing, quality of life, and can trigger unnecessary, and avoidable, hospital admissions.
- Eating, drinking and swallowing difficulties have potentially life-threatening consequences. Delays in the identification and management of eating, drinking and swallowing difficulties (dysphagia) have an impact on nutrition and hydration status, respiratory function and makes taking medication more difficult. This can result in increased crisis management of dysphagia, avoidable hospital admissions and, in some cases, death (RCSLT factsheet).
- Timely access to speech and language therapy optimises recovery. It enables people to remain in employment, be economically active, and be active members of society while living as independent lives as possible.
- People with poor communication are at risk of being less involved in decisions about their care, inappropriate capacity decisions and not being able to access rehabilitation programmes

and other services (RCSLT factsheet).

- The consequences of untreated speech, language and communication needs are associated with poor educational and employment outcomes (Conti-Ramsden et al., 2018), poor mental health (Bryan et al., 2015) increased likelihood of offending (Bryan et al., 2015) and quality of life in general (Feeney et al., 2012).
- Effective communication is routinely deemed as one of the top skills required for economic success. People with unidentified or unsupported speech, language and communication needs are disadvantaged in the workplace.

3. The deterioration experienced by adults with communication or swallowing needs

- Early identification, diagnosis and timely intervention are known to improve outcomes across a range of clinical areas. However, over the previous year, the reduction in access to speech and language therapy has resulted in many people not having their needs identified or met.
- Speech and language therapists are reporting that their clients are presenting with more complex needs and psychological issues because of delayed care. People are needing more frequent and longer durations of speech and language therapy due to the deterioration in their condition.
- Examples of increased levels of need:
 - **Cancer:** The pandemic had a significant impact on all cancer services. Significant diagnostic and referral delays resulted in people with head and neck cancer presenting later for treatment (Data-Can) with more advanced cancer and larger tumors. More complex surgery results in significant swallowing and communication difficulties post-treatment, requiring longer term rehabilitation. Speech and language therapy teams are dealing with increasing numbers of people in the community, so the intensity of intervention offered to each individual is less than previously. There is a real risk that people may face more significant longer-term issues.
 - **Stroke:** Fewer people reported to hospital with acute stroke or TIA during the pandemic (DHSC). Community therapies reduced or stopped (RCSLT, May 2021). As a result, more people are now reporting to speech and language therapy with greater communication and swallowing needs, requiring more rehabilitation intervention.
 - **Long-term conditions:** People with pre-existing long-term conditions have deteriorated faster since the pandemic began (Alzheimer's Society). Existing clients are presenting with more complex needs to community therapy teams.
 - **Hospital readmission:** People with conditions such as dementia and COPD are being readmitted to hospital more frequently due to pneumonia related aspiration from swallowing problems. Delays in seeing speech and language therapy in the community is also leading to increased family distress trying to cope with coughing, choking and malnutrition. Timely speech and language therapy can help to prevent readmission by managing dysphagia effectively in the community and preventing respiratory complications.
- **MND:** People with progressive conditions such as MND are struggling with access to communication and swallowing in the community. With late speech and language therapy input, people are missing the 'window' for PEG, voice banking and optimal AAC support. This is distressing for the individual and their family and is preventable by more timely intervention.

- **Older people:** The lack of social contact and supportive communication environments affected the communication and cognitive ability of older people. This has led to more older people with speech, memory and concentration difficulties (Age Concern).
- **Hearing loss:** People with hearing loss who are referred to speech and language therapy services are struggling to access these services. Therapy via virtual means is often not possible and limited access to safe and compliant transparent face masks makes lip reading very difficult in face-to-face sessions.
- **Mental health:** Referrals to adult mental health services increased (NHS Digital) due to the effects of not receiving care during the pandemic, symptoms deteriorating or from developing new ones (Nuffield Trust). 60% of people in mental health settings have communication challenges and 30% have swallowing needs.
- A delay in face-to-face GP appointments means that people are referred to speech and language therapy with less background information than previously. As a result, it is taking longer to gather all the relevant information during the initial assessment. This risks exacerbation of the person's swallowing and communication deficits whilst waiting to be seen.

4. The additional impact of COVID-19

- The COVID-19 pandemic has impacted speech and language therapy services in the UK in several ways. Services have needed to respond to national policies requiring substantial change to their provision of speech and language therapy, and the workforce itself has been affected. Speech and language therapists have had to manage new clinical conditions associated with COVID-19 including:
 - A large number of people requiring speech and language therapy due to additional acute clinical incidents following COVID-19 infection;
 - People with post-COVID syndrome (often known as Long COVID) requiring community support with their voice, cognitive-communication and swallowing needs.
 - Speech and language therapists are not routinely commissioned within post-COVID services. Existing community therapy teams have to absorb this extra demand, at a time when they are desperately trying to tackle their identification and intervention backlog as a result of the pandemic.

5. The impact of the pandemic on speech and language therapy services

- Speech and language therapy services continue to oversee an ongoing and increasing level of demand which is stretching services and increasing waiting lists.
- The identification and intervention backlog facing speech and language therapy services is significant. Demand is increasing as a result of:
 - Adults developing advanced or severe needs, due to delayed or stopped speech and language therapy, who now require more intervention;
 - Providing rehabilitation to people with post-COVID syndrome with no extra resources;
 - Supporting people who have developed new speech and language therapy needs during the pandemic;
 - The increased emphasis on access to community rehabilitation, of which speech and language therapy is a part.
- Services are reporting demand on their services has increased since the onset of COVID-19 in the UK, with a substantial proportion of services saying that it has 'at least doubled' (RCSLT

report in preparation).

- Speech and language therapy services facing an increase in demand, has resulted in 'longer waiting times', 'less face-to-face therapy given' and 'more remote therapy given' (RCSLT report in preparation).
- The fact that less therapy is offered, as well as a change in the form of delivery, should be closely monitored. A reduction in the amount of speech and language therapy should not be used to manage waiting lists.
- The increase in demand is having a negative impact on speech and language therapy services, the individuals that therapists serve, and indeed therapists themselves. The growing negative impact on speech and language therapists' wellbeing is an area of concern (RCSLT report in preparation). This is leading to challenges with staff retention and recruitment and workforce gaps to deliver these services.

6. What people say about speech and language therapy over the last two years

- The UK-wide lockdowns had a significant impact on the lives of people with communication and swallowing needs.
- We know adults and their families value speech and language therapy.
- From the RCSLT report 2021, 76% of people said speech and language therapy makes their lives better. 29% said it makes their family or carer's life better.
- However, during the pandemic many people did not receive the speech and language therapy they desperately needed.
- 52% of adults had less speech and language therapy during the pandemic.
- Concerningly, there were many people who received no speech and language therapy at all for their communication and swallowing needs (44% of adults).
- Less speech and language therapy has negatively affected peoples' communication and eating/drinking.
- 28% of adults reported their communication or swallowing needs got significantly worse.
- Half of people said their lack of speech and language therapy made their mental health worse.

7. Conclusion

- Services are being stretched trying to meet the need of increasing numbers of people requiring rehabilitation, and post-COVID-rehabilitation. This has led to an increased risk of negative outcomes for service users.
- The ability of the speech and language therapy workforce to deliver services is under threat due to staff recruitment and retention challenges. Even before the pandemic, speech and language therapy was a workforce under pressure.
- The Government recognised the role of speech and language therapists in delivering the NHS Long Term Plan. The NHS Long Term Plan itself highlighted that speech and language therapy is a profession in short supply.

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