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Submitted to **Primary Care Networks Service Specifications**
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Primary Care Networks Service Specifications

1 Is there anything else that we should consider for inclusion as a requirement in this service? For example, are there approaches that have delivered benefits in your area that you think we should consider for inclusion?

Is there anything else that we should consider for inclusion as a requirement in this service? For example, are there approaches that have delivered benefits in your area that you think we should consider for inclusion?:
Structured medication review and medicines optimisation
RCSLT recommends adding adults with learning disability.

Adults with learning disability are at risk of over prescribing of medicines. The STOMP programme (Stopping The Over-Medication of children and young People with a learning disability, autism or both) was launched in 2016 with the support of the RCSLT proposed the introduction of structured medication reviews for people with learning disabilities with psychotropic medicines. This requirement was dropped from the GP contract service specifications last year. Without national focus, people with learning disabilities will continue to experience adverse side-effects and inappropriate and over prescription of medications, which directly affect their health and wellbeing.

Enhanced Health in Care Homes
RCSLT is pleased to see speech and language therapists named as providing support for dysphagia in point 8, p.19, under Enhanced Health in Care Homes.

RCSLT recommends that communication and mental capacity support are added to this, to read 'Speech and language therapy including both communication and dysphagia assessment and support'. Supporting a person's communication skills is an essential holistic element of care plan development. This includes the role of SLTs in supporting mental capacity assessments.

To support professional development of staff working with eating, drinking and swallowing difficulties, the RCSLT recommends using the Interprofessional Dysphagia Framework (IDF, https://www.rcslt.org/news/consultation-on-the-interprofessional-dysphagia-framework). Funding from Health Education England is being used to update this framework and is led by the RCSLT with support from other professional associations.

The RCSLT also recommends that digital/technical solutions should be used to support the professional development of staff working with eating, drinking and swallowing difficulties, as well as e-learning. Sheffield Teaching Hospitals NHS Foundation Trust has developed novel digital solutions to do this, e.g. 'Dysphagia Guide' that has been developed for 'flash' training.

RCSLT recommends that the Patient's Association Care Home Charter should be included under point 7 (structured medication review) which covers oral health and medicines administration: https://www.patients-association.org.uk/patients-association-care-home-charter. There are training video clips for each point in the charter designed for support care staff /professional staff as well as resident charter and accompanying clips to explain each point.

The specification specifies the 'home round' will be GP-lead, however this goes against the aspiration of the Long Team Plan to consider skill-mix work that is carried out by the multidisciplinary team structured around the person. We would welcome a more flexible system whereby allied health professionals lead these home rounds (p.18).
The service requirement is at odds with the Long Term Plan's aspiration to make the most of digital tools, such as telehealth, to support and provide effective care to people. We would welcome consideration of wider ways of working.
Anticipatory care
RCSLT recommends adding communication skills to point 6, p.28, to the bullet point considering cognitive assessment in dementia support. It is key that a person's capacity to communicate is supported to enable shared decision-making.

RCSLT also recommends that the list on p.27 should include (for clarity) meeting the needs of people with dysphagia and communication difficulties.

It is also important (given the implied focus on the elderly population) to ensure the needs of children and adults with profound and complex needs and learning disabilities are met.

Personalised care
RCSLT recommends including communication support in personalised care, as supporting a person's communication skills is an essential holistic element of care plan development. This includes supporting mental capacity assessments. By taking into account a person's communication skills, shared decision-making can be better supported.

Supporting Early Cancer Diagnosis
RCSLT welcomes supporting early cancer diagnosis better.

RCSLT recommends that there should be systems in place to ensure that there is an easy and appropriate means of information sharing between the PCN and the acute trust to enable significant event analysis across a patient's pathway. In supporting early cancer diagnosis for this caseload, PCNs will need to support patients in better understanding that earlier presentation leads to significantly better chances of survival and reduces impairment associated with treatment.

RCSLT recommends that the HPV vaccination programme to prevent cervical and oral/throat cancers should be included. In head and neck cancer, where SLTs have a key role, HPV-driven cancers are significantly on the rise and PCNs should not miss opportunities to market these programmes to patients and their

families/carers.

2 Are there any aspects of the service requirements that are confusing or could be better clarified?

Are there any aspects of the service requirements that are confusing or could be better clarified?:
Structured Medication Reviews and Optimisation
Yes, in the proposed service model clarify that this relates to adults with learning disability.

It is essential that the Primary Care Networks deliver STOMP through the structured medication reviews and this should be stated clearly in the service model.

Enhanced Health in Care Homes
Community service will 'triage' people in care homes flagged for review. Decisions for input must be based on clinical judgement (p.18).

Great to see the consideration of mental health alongside community services, to ensure parity of mental and physical health of all people in care homes (p.16).

Whilst a 'consistent group of staff from the MDT' is welcome the MDT is only defined within the EHCH framework. Whilst the service model refers to the MDT, the EHCH Framework defines this in terms of local expertise and local resources. We know for example that speech and language therapy will be a requirement in relation to communication needs, dysphagia and mental capacity for example. The result may be that there are gaps in services to meet the needs of people in care homes if resources are not readily bought-in (p.18).

Providing care and intervention to someone within seven days of admission to the home may be unviable if they are medically unfit. Therapy intervention can only commence once the person is stable. We recommend that this section (p.18) is clarified.

We are concerned that services may be swamped at providing training available to care homes (P20) and digital options needs to be made available such as e-learning and training programmes.

Anticipatory Care
In relation to the maintenance of a list of identified individuals it will be vital to co-ordinate and not duplicate with other teams, such as community learning disability teams who will work with adults with learning disabilities, for example.

Supporting Early Cancer Diagnosis
Yes, more detail on the Rapid Diagnostic Centres and the targeted lung function checks would be useful.

3 What other practical implementation support could CCGs and Integrated Care Systems provide to help support delivery of the service requirements?

What other practical implementation support could CCGs and Integrated Care Systems provide to help support delivery of the service requirements?:
Structured Medication Reviews and Optimisation
RCSLT recommends that speech and language therapy is part of this, due to SLTs communication skills:
- Supporting and delivering shared decision making. Communication issues must be acknowledged in all healthcare discussions that involved discussions that are particularly dependent on ability to understand.
- Making all information accessible
- Making written information accessible for people with communication challenges
- Supporting with communication difficulties for example people in care homes, with long term conditions, or who are frail to understand the process.

Enhanced Health in Care Homes
RCSLT recommends that more investment in speech and language therapy is made to ensure these requirements are met:
- 3.16 (2) ensure every person has named SLT for dysphagia support
- 3.16 (3) SLTs linked to PCNs
- 3.16 (4) SLTs need to link to MDTs for dysphagia, EOL care, dementia, communication assessments and mental capacity assessments
- 3.16(5) SLTs need to be part of protocols to share information when patients are admitted or when other SLTs see patients e.g. rapid assessment teams for deteriorating patients
- 3.16(6) SLTs need to be part of 'Home round'. These could be done by remote linkages e.g. Skype type meetings
- 3.16 (7) SLTs need to be part of holistic assessment team

Anticipatory Care
RCSLT recommends that there are regular reviews of individuals on PEACE plans, anticipating deterioration in those who are continuing to eat and drink with severe dysphagia. RCSLT recommends that a protocol is set up to regularly manage the chest health for these individuals, who account for the large percentage of acute readmissions (with reference to dementia).

Personalised care
RCSLT recommends that the timing of the personalised care plan and inclusion of shared decision-making and future planning should be considered, occurring ideally at the early stages of e.g. dementia diagnosis. This would support preventing the person/families/carers from having to make these decisions when the person is in the advanced stages of the illness and acutely unwell in hospital, which is the current scenario.

Supporting Early Cancer Diagnosis
RCSLT recommends that specialist cancer centres are sufficiently resourced to manage the potential increase of 2 week wait referrals. RCSLT recommends that this includes consideration for the multi-disciplinary support in these clinics, i.e. speech and language therapists, dietitians, clinical nurse specialists, nursing and HCAs and admin support.

4 To what extent do you think that the proposed approach to phasing the service requirements is manageable in your area?

To what extent do you think that the proposed approach to phasing the service requirements is manageable in your area?:
Structured Medication Review and Medicines Optimisation
SLTs are already working with people with communication difficulties and adults with learning disabilities. SLTs are already working to deliver STOMP.

Enhanced Health in Care Homes
Recruitment will be an issue as many local community Trusts are struggling with Band 6/7 recruitment. There can be ways around this via rotational posts which Lewisham and Greenwich NHS Trust are already doing to drive recruitment.

Increased investment is key to manage these service requirements. We are aware of the short timeframes and the impact of these for the capacity of the workforce.

RCSLT is pleased that speech and language therapy is included, especially around dysphagia, but other aspects need to be included, i.e. communication, where SLTs have a key role.

RCSLT recommends that referral routes need to be clear, which patients need specialist SLT assessment and support and which patients can be managed by care staff.

Supporting Early Cancer Diagnosis
Tertiary cancer centres are over-stretched and there are high vacancy rates which will make meeting the targets difficult.

5 Do you have any examples of good practice that you can share with other sites to assist with delivering the suggested service requirements?

Yes, I have examples of good practice that I would like to share:
Yes

6 Referring to the 'proposed metrics' section of each of the services described in this document, which measures do you feel are most important in monitoring the delivery of the specification?

Referring to the 'proposed metrics' section of each of the services described in this document, which measures do you feel are most important in monitoring the delivery of the specification?:
Enhanced Health in Care Homes
Metrics 1 and 3 for SLT. If SLT are part of MDT and can provide timely assessment and support particularly around dysphagia admissions may be avoided due to negative consequences of unmanaged dysphagia. These metrics would also impact metrics 1 and 2.

However, we are not convinced that delirium is that best measurement for care homes. Perhaps a focus on mental capacity or dementia would be preferable based on the evidence of prevalence of people affected

Supporting Early Cancer Diagnosis
Metrics 4 and 5.

The conversion rate seems particularly important to ensure that increased detection rate isn't just due to a significant increase in 2WW referrals (with associated pressures on specialist clinics due to increased inappropriate referrals).