

MANIFESTO 2022

“Key to successful innovation and modernisation will be capitalising on the knowledge, expertise and professional experience of the AHP workforce.”

The Department of Health Workforce Strategy 2018

Maximise the speech and language therapy workforce to meet the needs of people living with communication and swallowing difficulties

We are calling on our political parties to:

- Support development of the speech and language therapy workforce to address capacity and skills gaps through increased undergraduate commissioning and further training for advanced and specialised speech and language therapy roles.
- Support director level representation of allied health professionals (AHPs) across our health and social care structures to ensure parity with medical and social care colleagues.

THE BACKGROUND

- Speech and language therapy is a cost effective and vital service which transforms lives, empowers lives and saves lives.
- If left unidentified and unsupported, speech, language and communication needs (SLCN) can have long-term implications for educational attainment, employment, social inclusion and mobility, mental health and involvement with the justice system.
- Speech and language difficulties are a key risk factor in safeguarding for vulnerable children, young people and adults and speech and language therapists (SLTs) are one of the seven named professions that undertake capacity assessments under the Mental Capacity Act NI (2016).
- Speech and language therapists also play a key role in the management of dysphagia. Unidentified and untreated eating, drinking and swallowing difficulties (EDS¹) are significant risk factors in children with complex needs and in adults with conditions such as cancer, progressive neurological conditions, dementia and stroke and can lead to aspiration pneumonia and death.
- Investment in the speech and language therapy workforce in NI has not kept pace with the needs of our population – we are training fewer undergraduate SLTs than in 2009 and implementation of the speech and language therapy workforce review (2019) has stalled and does not reflect the impact of COVID-19 on the profession.

¹ The clinical term for EDS is dysphagia.

IN NORTHERN IRELAND

- In Northern Ireland 4,000 people have a stroke each year: a third of stroke survivors will have some level of communication needⁱⁱ and between 40-70% will experience some level of eating, drinking and swallowing difficultiesⁱⁱⁱ.
- In Northern Ireland more than 300 people are diagnosed with head and neck cancer each year^{iv} - current international and NICE guidelines recommend that patients with head and neck cancers should start speech and language therapy before treatments that may result in swallowing and/or communication difficulties. Currently prehab speech and language therapy services are underdeveloped and underfunded across Northern Ireland.
- 19,000 people are living in Northern Ireland with a diagnosis of dementia and experiencing the associated communication difficulties, yet the level of specifically funded SLT for dementia care in NI is extremely low at 1.6WTE.
- Since 2015/16 there has been a 26% increase in the number of children with special education needs requiring a place at special school, however, there has not been an equivalent increase in funding for speech and language therapy SEN provision to ensure equitable access to speech and language therapy for children with complex needs.
- Failure to plan for and fund an adequate speech and language therapy and wider AHP workforce will risk the ability of SLTs to contribute effectively to the transformation agenda and will jeopardise the care of and outcomes for people in NI with communication and swallowing difficulties.
- AHPs are unrepresented at senior level positions in health and social care in NI which means their skills and contribution can often go overlooked – AHPs are not represented at board level in four out of five HSC Trusts and do not have a dedicated Directorate in the Department of Health.

The Economic Benefit:

HSCB performance data outlines the impact of the £17.6m non-recurrent funding made available in 2019/20 from the Confidence and Supply (C&S) Transformation Fund to undertake additional elective care activity to minimise the increase in waiting times.

As in previous years, Trusts utilised this in part to reduce the number of patients waiting longer than 13 weeks for AHP treatment, such as physiotherapy and SLT. Regionally in the eight months to end of November 2019, an additional 53,185 assessments, diagnostic tests, inpatient/day case and AHP treatments have been delivered as a result of this investment – this demonstrates the impact that more funding can have, but only if we have an available workforce to implement it.

i Stroke Association (2015). State of the Nation, Stroke Statistics, Stroke Association NI

ii Stroke Association (2012) Speech and Language Therapy after Stroke. Stroke Association. London.

iii Martino R, et al. Dysphagia after stroke: Incidence, diagnosis, and pulmonary complications. Stroke 2005; 36:12, 2756-2763

iv Department of Health, Draft Northern Ireland Cancer Strategy 2021-31, Fig 1: Average number of cancers diagnosed per year available at doh-cancer-strategy-2021-2031.PDF (health-ni.gov.uk)