

## **‘The Road to Recovery must remove barriers preventing people with communication and swallowing needs having better lives’ says the Royal College of Speech and Language Therapists**

**8 March 2022**

### **Introduction**

The Royal College of Speech and Language Therapists thinks that the Government's NHS Reform Plan is a welcome start; but that the Road to Recovery must remove barriers preventing people with communication and swallowing needs having better lives and full details of the Government's plans are needed to ensure that they will actually deliver what is proposed and not result in any unintended consequences.

As the Government recognises, the NHS Reform Plan comes at a time when health services around the world face long-term challenges, from an ageing population to more people living with multiple health conditions. These challenges pre-date the COVID-19 pandemic. They will continue long beyond the pandemic unless meaningful reform is enacted now.

### **Lessons learned from the pandemic**

The lessons learned from the pandemic are clear and patients' voices and the voices of their loved ones could not be clearer - or louder. Speech and language therapy makes people's lives better and the lives of their families and carers better too. Not having access to speech and language therapy is bad for people's physical and mental health, their wellbeing, their family life, their social life and friendships, and their education and jobs. That was the message over 500 individuals and families delivered to us very forcefully and powerfully in [\*Speech and language therapy during and beyond COVID-19: building back better with people who have communication and swallowing needs.\*](#)

## **Skills knowledge and experience of whole health workforce**

As we journey on the Road to Recovery, the skills, knowledge and experience of the whole health workforce, including speech and language therapists, must be harnessed. This is essential if COVID backlogs are to be addressed, the long-term challenges facing the NHS are to be resolved and investment in the NHS is to have a lasting impact.

We welcome the Government's ambitions to modernise the NHS, benefit patients and build on lessons learned during the pandemic focused on preventing ill-health, driving up performance and increasing patient choice.

## **More details needed**

However, the full details of the Government's reform plans are needed. Without those, it is not possible to know how the NHS Reform Plan will enable better lives for people of all ages with communication and swallowing needs – or tackle the health inequalities they face. It is also not possible to assess if any of the reforms will also have potentially unintended consequences for people with communication and swallowing needs and their families. This includes, for example, the Government's proposals on tackling waiting lists.

## **Role of speech and language therapists**

As allied health professionals, speech and language therapists have a crucial role to play in delivering the Government's reforms for people with communication and swallowing needs, their families and carers, and the other professionals working with and supporting them. [They also have a central role to play in clearing the backlog caused by the pandemic.](#)

## **Removing barriers on the road to recovery**

But to achieve that, our unique diagnostic and therapeutic skills, knowledge and experience must be maximised. That cannot happen without the barriers described below being removed. These barriers are limiting patient choice. They are limiting people's ability to receive personalised care, based on what matters to them and

their individual strengths and needs. They are exacerbating health inequalities. They are preventing people living as independently as possible for as long as possible. They are increasing pressure on other NHS services. They are limiting the contribution and professional development of speech and language therapists.

[The Government itself recognises that barriers exist to the development and delivery of integrated approaches.](#) Speech and language therapists work across health, care, education and justice settings, and in other settings too, to support people across the life course, from new-born babies to those at the end of life. The people they support face a number of barriers to having the best possible level of support: barriers on workforce, barriers on funding, policy barriers and practical barriers.

### **Workforce barriers**

For people to exercise choice and enjoy personalised care, it is essential that there are the staff whose care they and their families want, need and rely on.

Therefore, [workforce planning in England must be improved. For too long, it has not been fit for purpose. It has resulted in a shortage of speech and language therapists. Both the Department of Health and Social Care and the NHS Long-Term Plan have publicly recognised this.](#)

As the Health and Care Bill continues its passage through Parliament, the Government must set out how it proposes to address this so there are sufficient speech and language therapists trained and retained to meet current and future demand.

Specifically, the Government must set out its plans to address the following points:

- No account has been taken of those speech and language therapists:
  - employed by non-health employers – for example, those working in independent practice, in the voluntary and third sectors, or those directly employed by schools; and
  - employed by the NHS but working in non-health settings – for example, those working in schools or in criminal justice settings.

- No national assessment has been undertaken of the demand and unmet need for speech and language therapy.

### **Funding for speech and language therapy services**

Allied to workforce planning is the need to fund speech and language services in the interests of patient choice and personalised care. [The Department for Education has recognised that the right funding is fundamental to children and young people's access to the speech and language therapy that they need.](#) The same is true for adults who rely on speech and language therapy.

So [the Government should use the forthcoming Budget to set out how it proposes to fund speech and language therapy services](#), in the interests of the people who rely on them and their families, the wider health and care system, the education and criminal justice systems, and the public purse in the long-term given the risks of increased costs if we fail to identify and support people's needs early and those needs become more severe.

### **Policy barriers**

**Mental health** – given the links between communication and swallowing needs and mental health, [speech and language therapists should be recognised as a core part of mental health teams and be embedded in all children and young people's mental health services and in all adult mental health services too.](#)

**Prescribing responsibilities** – the legal barrier to speech and language therapists training to be independent prescribers must be removed. [We renew our call on the Government to use the powers it has under the Medicines and Medical Devices Act \(2021\) to extend independent prescribing responsibilities to us.](#)

**Mental capacity** – the legal barrier to speech and language therapists training to undertake mental capacity assessments must be removed. [We renew our call on the](#)

[Government for speech and language therapists to be able to train to assess mental capacity.](#)

**SEND Green Paper & Schools White Paper** – The Government’s amendments to the Health and Care Bill on babies, children and young people are very welcome. [So is its recognition of the importance of communication needs and the important part that they play in children’s development.](#) The Government’s recognition that [speech, language and communication skills are a primary indicator of child wellbeing is also very welcome.](#) In that context, the forthcoming SEND Green Paper and Schools White Paper provide important opportunities to promote children and young people’s health and wellbeing. [The Government recognises that the current SEND system does not deliver the outcomes we want and expect for all children and young people with SEND, their families or the people and services who support them. It also recognises that the impact that the COVID-19 outbreak has had on children and young people with speech, language and communication needs.](#) The Government should use the forthcoming SEND Green Paper to address these issues. It should also use the forthcoming Schools White Paper to recognise that [spoken language is centrality to literacy and numeracy](#) and that some children and young people who communicate differently, including for example through the use of communication aids, or with difficulty, will need support. [It should adopt a whole-school approach to embedding speech, language and communication skills in learning, with additional support for children who need it.](#)

## **Practical barriers**

**Technology** – [people with communication needs and their families have told us that the use of technology does not suit everyone.](#) It can pose particular challenges to some people with communication needs. These needs of those people must be recognised and supported. It must also be recognised that technology is not the solution in every situation. For example, telehealth might not suit people who do not have access to private space for confidential discussions, or those with limited connectivity.

**Communication support** – many people, including some of our most vulnerable people, may need support to communicate their choices because they communicate differently or with difficulty. Without that support they will not be able to exercise personal choice or benefit from personalised care. There is also a risk that assumptions may be made about them and on their behalf which might not actually reflect the person’s choices. So for equity of access to care, including where it is delivered, a person with who communicates differently or with difficulty may need to support to make informed choices about their treatment and care.

## **Chief Executive quote**

RCSLT Chief Executive, Kamini Gadhok MBE, said:

*“Any reform of the NHS that will enable better lives for people with communication and swallowing needs and their families is welcome. We look forward to seeing the full details of the Government’s Road to Recovery plans to see if that is actually going to be the case.*

*“For us to arrive at the destination we all want to be – people of all ages able to achieve their potential and live as independently as possible for as long as possible - we must remove the barriers preventing the skills, knowledge and experience of speech and language therapists being maximised. This could be achieved straight away by making changes to policies on mental health, prescribing and mental capacity. Longer-term work is needed to improve funding for services and workforce planning.*

*“We stand ready to work with the Government, partner organisations and people with lived experience of speech and language therapy and their families and carers as we journey together along the Road to Recovery.”*

For more information, please contact:

RCSLT’s Head of External Affairs [peter.just@rcslt.org](mailto:peter.just@rcslt.org)

RCSLT’s External Affairs Officer [padraigin.oflynn@rcslt.org](mailto:padraigin.oflynn@rcslt.org)

