



How does outcome measurement sit within the bigger picture?

Kamini Gadhok, MBE and Katie Chadd



Overview

What are we
all here for?

Who are you
supporting?

How do you
support them?

How do you
know if it is
working?

Who needs to
know?

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What are we all here for?

- To create better lives for all people with communication and swallowing needs
- 'Better lives' – better outcomes in areas that matter to individuals, in the context of their own lives
 - Understanding an individual's home environment, roles in life, language, culture, religion, friendships...
 - Requires services that are able to meet the needs of diverse populations

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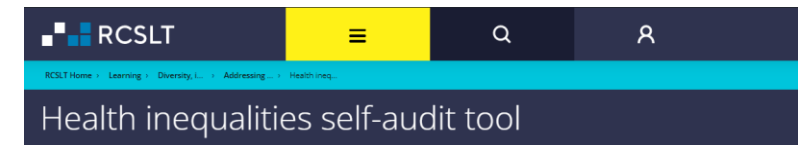
How do you
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Understanding your local population

- Need to understand your local community - data is integral to this
- Overall population:
 - What is the size of the population?
 - How many children are being born?
- Population characteristics:
 - Socio-economic status
 - Religion
 - Ethnicity
- What are their *likely* needs?
 - Incidence and prevalence
- *Individual* service user's context, preferences and needs



Part one: Understanding your community

Context

The only way to really evaluate if your service is providing inclusive and equitable care is to understand the community you're working with in the first place – both on a local level, and in terms of the clinical population.

How do you know if you're seeing who you should expect to be seeing in your service? It is the very first and fundamental step in exploring whether your service is inclusive and equal.

Use the prompts below to examine what you know about the community you do and don't serve.

Understanding your local population

- Do you know the general makeup of your local population (e.g. age, gender, ethnicity, religion, language spoken)? Take a look at the data provided by Public Health England for your area [Public Health profiles](#), the [Northern Ireland Census](#), the [Scotland Census](#), [StatsWales](#) or the [Office of National Statistics for UK wide data on a range of variables](#).

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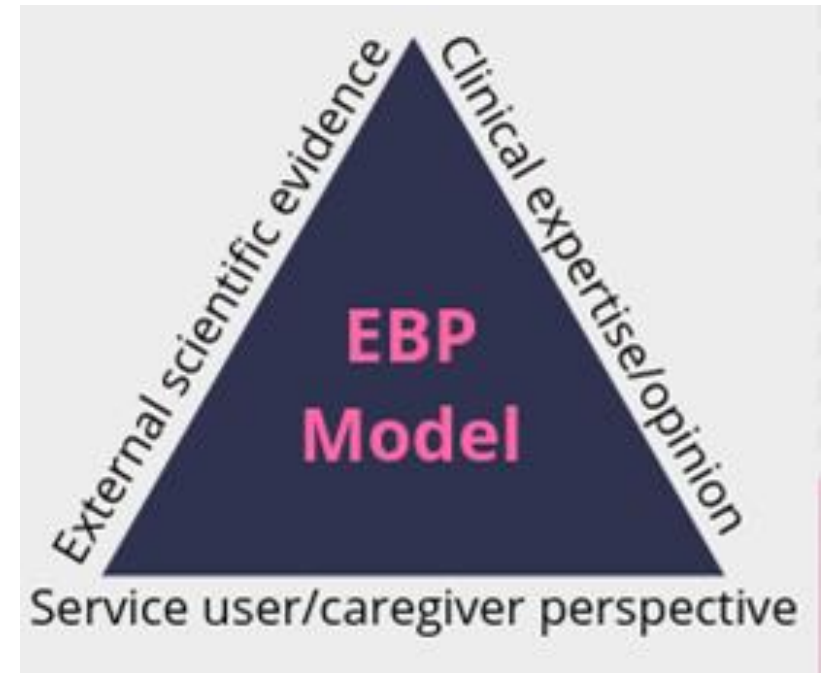
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How do you support them?

- Only when you **fully understand** your local community and your individual service users can you meaningfully consider **how to support them**
- How do you know '**what works**'?
- Need to take an **evidence-based** approach...



Evidence-based practice



Page content

An introduction to evidence-based practice

RCSLT evidence-based practice resources

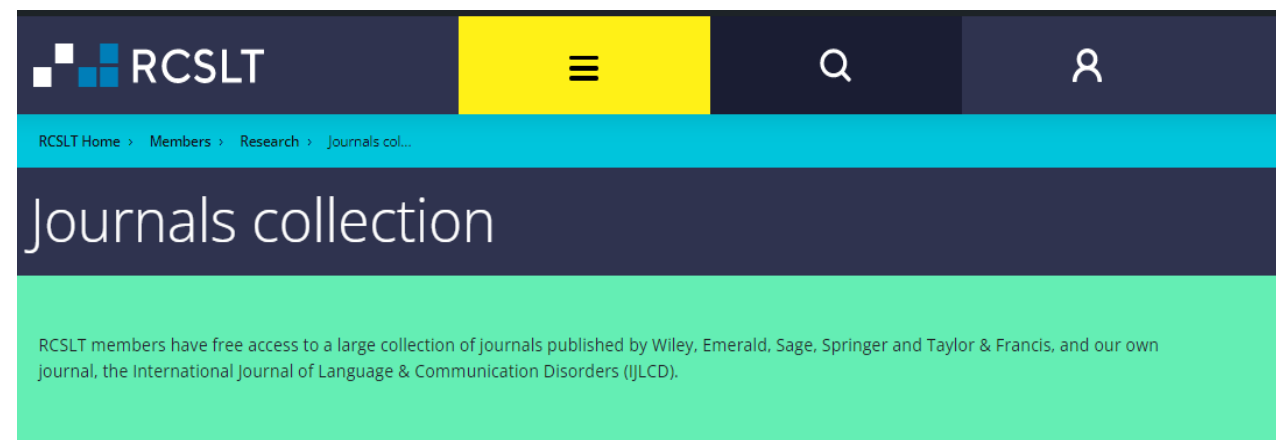
An introduction to evidence-based practice

Evidence-based practice (EBP) is the integration of best available evidence, clinical expertise and service user preferences and values. All three elements are critical to the process of evidence-based clinical decision making.

See also the RCSLT Research Twitter handle [@rsltresearch](https://twitter.com/rsltresearch).

Clinical expertise

This refers to clinical knowledge, skills, experience and education. Clinical expertise is always evolving through day-to-day practice and the process of EBP. Furthermore,



Page content

Accessing the journal collection

How to access the RCSLT journal collection

- Find the journal title using the A to Z list below
- You can only read and download full text articles if you access the journal using the A to Z links on this page

Real-world evidence

- **'Scientific evidence'** can be complemented by **'real-world evidence'** (RWE) – e.g. when we don't have enough/sufficient quality 'research evidence' (e.g. COVID-19)

Population data

- Population size
- Incidence and prevalence data
- Local population data
- Census findings

Outcome measures

- Holistic evaluation of functioning
- Reported by service user or carer, clinician, other professional

Patient data

- Patient **characteristics** (age, ethnicity, gender, languages spoken)
- Medical **diagnoses**
- SLT diagnoses

Clinical data *('outputs')*

- Language **test scores**
- Informal assessments/observations
- Swallowing **assessments**
- No of sessions

Other data

- **'Inputs': e.g. staff numbers**
- **Productivity** data e.g. time
- **Cost effectiveness** data e.g. money spent / impact

Page content

[Introduction](#)

[Share your story](#)

[Case studies](#)

Case studies

Here you can find examples of RCSLT members using routinely collected clinical data to drive quality improvement in their services.

- Case study one: [using routine clinical data to evaluate a new model of care to make the case for its long-term implementation \(PDF\)](#) (Annie Aloysius and Alex Connolly, Imperial College Healthcare NHS Trust)
- Case study two: [using routine clinical data to identify common areas of need in a year group and implement a new intervention programme to support pupils' progress \(PDF\)](#) (Natacha Capener, Selly Oak Trust School)
- Case study three: [measuring time spent on routine clinical administration tasks to identify areas of improvement to increase direct patient contact time \(PDF\)](#) (Elaine Bolam and Louise Morley, Northumbria Healthcare NHS Foundation Trust)
- Case study four: [collecting data on therapy time required and staffing levels to make the case for addition funding for SLT services in neonatal care \(PDF\)](#) (Annie Aloysius and Alex Connolly, Imperial College Healthcare NHS Trust and colleagues)
- Case study five: [utilising outcome measures and wait time data to make a business plan for extra staffing to increase resource allocation in neonatal care \(PDF\)](#) (Jo Marks, Manchester Foundation Trust)
- Case study six: [using data on staff confidence following workshops to demonstrate value of the local offer to commissioners \(PDF\)](#) (Liz James, Korina Tavridou, Lucy Ward and Serena Lo, Central London Community Healthcare)

Find examples of SLTs utilising real-world data to inform practice on the [RCSLT website](#)

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How do you support them?

Joined-up thinking and co-production...

Triangulate everything you know about:

- The local community
- The different types of evidence and data you've gathered
- Your clinical experience and expertise

Agree, with the individual **service user and their families** (and others involved), on *outcomes that matter*

- Consider their culture, values, beliefs...
- How do these shape the purpose of the intervention?

Based on this, *co-produce a care pathway* to deliver to support achievement of meaningful outcomes

- Person-centred care
- Holistic approach
- Joint-up working with others involved

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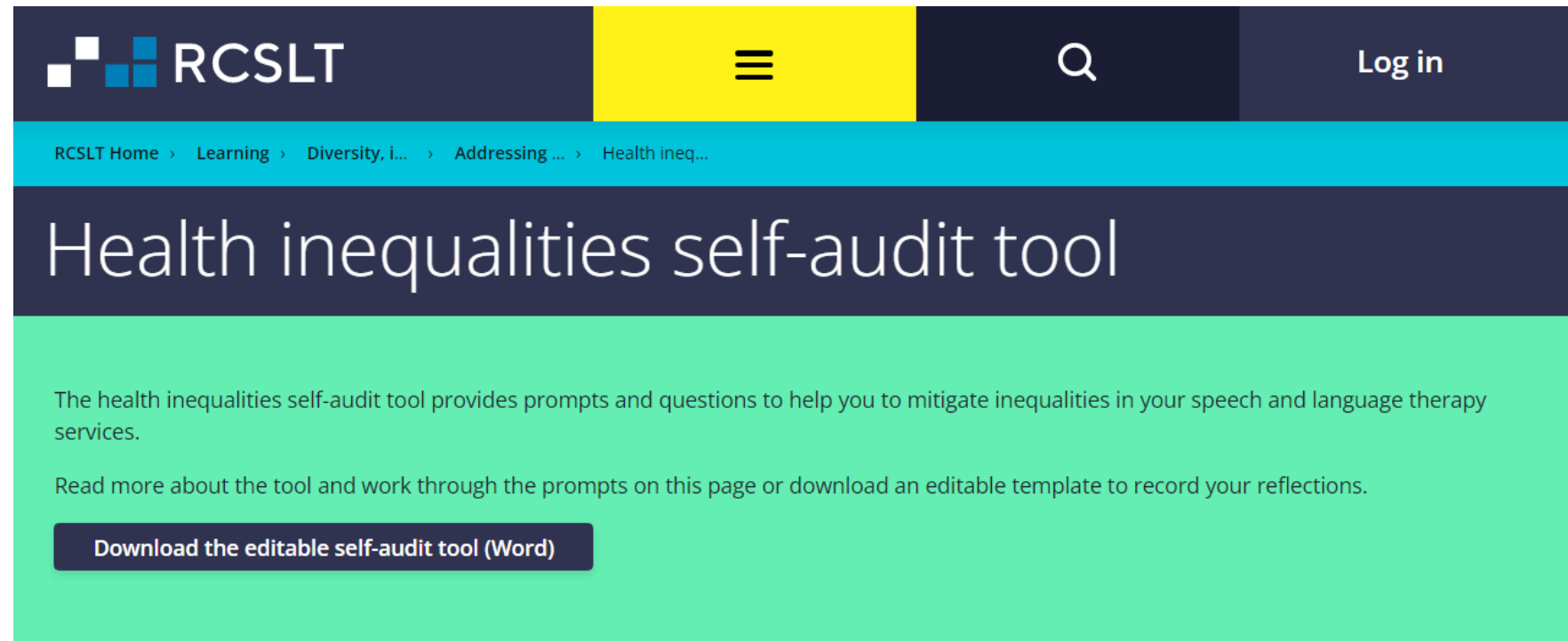
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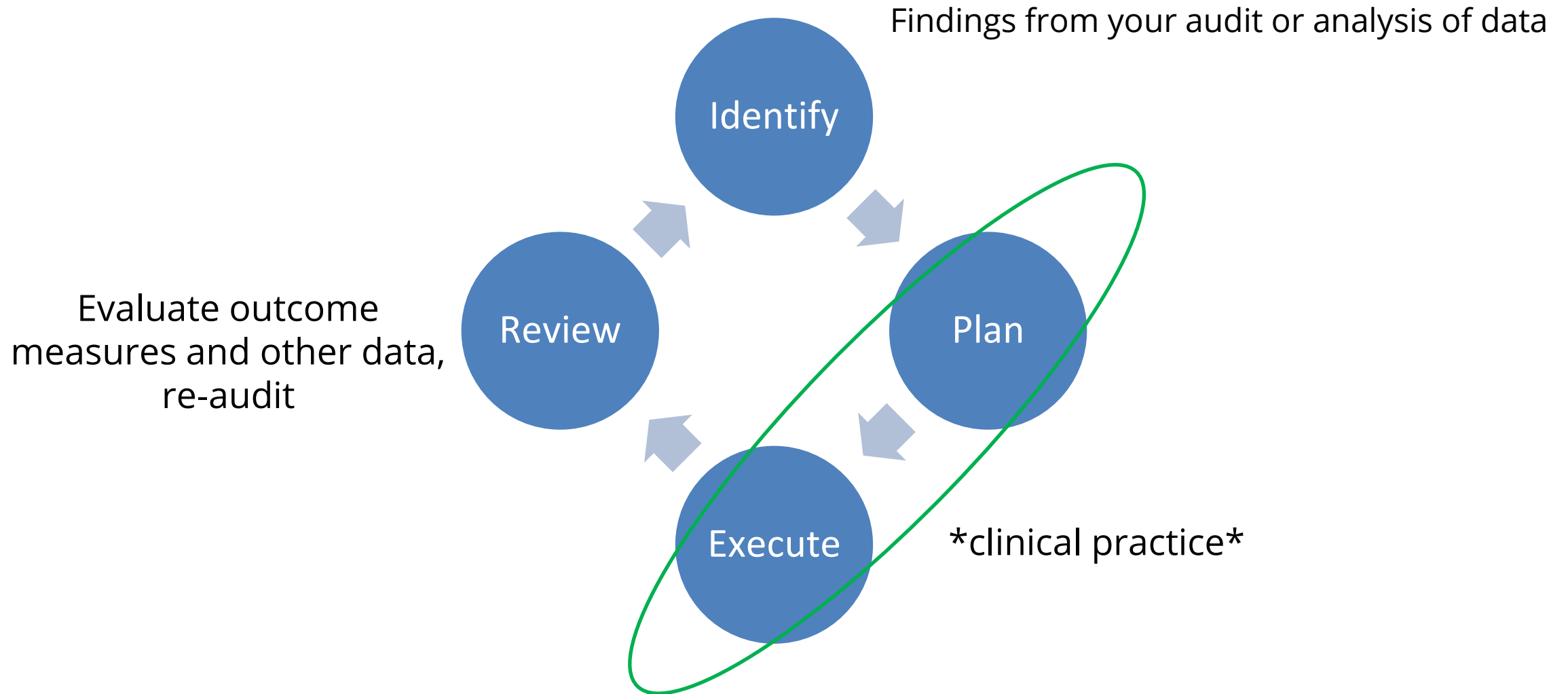
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How do you know if it's working?

- Use outcome measurement to evaluate – is this having the impact on the individual / service users as a group that we hoped it would?
- If not, **why** not?
- What are the **barriers**?
- Is there **variation**?
- What can be **improved**?

A screenshot of the RCSLT website's 'Health inequalities self-audit tool' page. The page has a dark blue header with the RCSLT logo, a yellow menu button, a search icon, and a 'Log in' link. Below the header is a light blue breadcrumb trail: 'RCSLT Home > Learning > Diversity, i... > Addressing ... > Health ineq...'. The main title 'Health inequalities self-audit tool' is in white on a dark blue background. The body of the page is light green and contains the text: 'The health inequalities self-audit tool provides prompts and questions to help you to mitigate inequalities in your speech and language therapy services.' followed by 'Read more about the tool and work through the prompts on this page or download an editable template to record your reflections.' and a dark blue button with white text that says 'Download the editable self-audit tool (Word)'.

Cycle for continuous improvement



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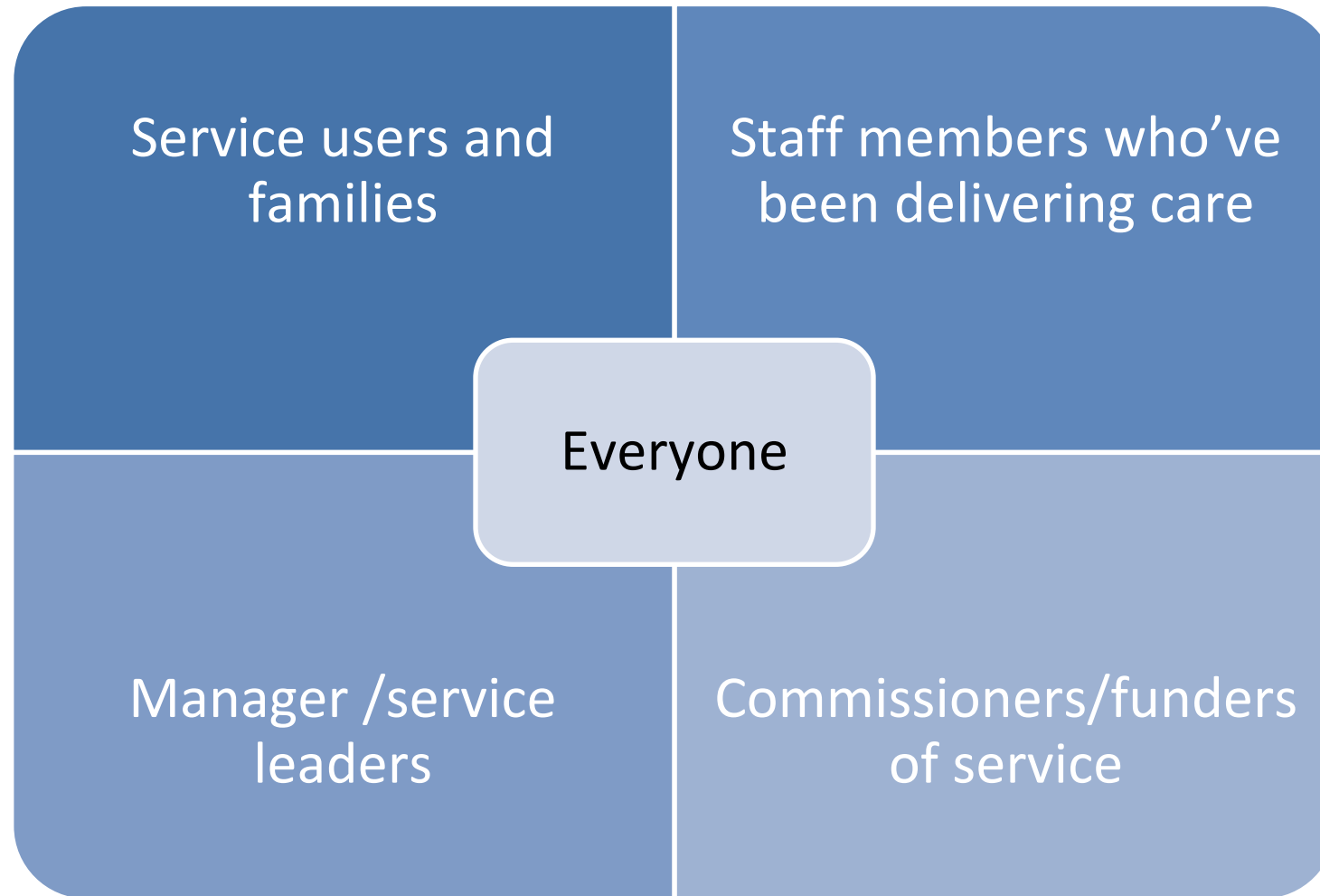
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- Remember what we are all here for!
- Understand your community and individuals you're supporting
- Triangulate evidence **what is meaningful for your service users** to co-produce care pathway
- Evaluate and improve – continuous cycle
- Feedback to everyone