



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

www.health-ni.gov.uk

REVIEW OF URGENT AND EMERGENCY CARE SERVICES IN NORTHERN IRELAND

Consultation Questionnaire

16 March 2022 – 15 June 2022

Introduction

What is your name?

Name: Ruth Sedgewick

What is your email address?

Email: ruth.sedgewick@rcslt.org

Are you responding as an individual or on behalf of an organisation, please highlight the most relevant option below:

Member of the general public

Service user

Family carer

Social care worker

Social worker

Voluntary & Community sector

Health & Social Care Trust

HSC organisation

Public organisation

Independent social care provider

Trade union

Regulatory authority

Professional body

Advocacy organisation

Academic body

Another NICS Department

Arms Length Body

Other

Please specify the name of the organisation, VCS, Private Company or Public Body:

Royal College of Speech and Language Therapists (RCSLT)

Strategic Priority 1

1. To what extent to do you agree that the introduction of a regional 'Phone First' service will improve urgent and emergency care in Northern Ireland?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

2. To what extent to do you agree that the introduction of Urgent Care Centres and rapid assessment and treatment services in all Trusts, to accompany the 'Phone First' service, will improve urgent and emergency care in Northern Ireland?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

3. To what extent to do you agree that the introduction of a reshaped, integrated Out of Hours GP service will improve urgent and emergency care in Northern Ireland?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

4. Taking into account the proposals under Strategic Priorities 2 and 3, are there in your view any important actions missing under Priority 1?

Yes No

If your answer is **Yes**, please provide further detail and explanation below:

The RCSLT NI welcomes **accessibility** as a key theme of the review. People with speech, language and communication needs (SLCN) often face greater difficulties in making their views known and may require specific support to participate in decisions about their life, needs and wishes. Many adults who require urgent and emergency care will face communication challenges - almost 90% of people with learning disabilities will have communication difficulties. Communication support for those with SLCN may involve providing information in a variety of formats such as easy read, using strategies to support understanding and retention of information and allowing additional time to facilitate alternative or augmented forms of communication such as gestures, signs, symbols, word boards and other communication aids.

The RCSLT NI however has some concerns regarding the accessibility of the 'Phone First' system and the challenges this will pose to the thousands of people living with a communication difficulty in NI who need to access urgent and emergency services. Speaking on the telephone is much more challenging than face to face interactions because it removes the additional layers of support, including gestures and facial expressions. We know that 50% of those with intellectual or learning difficulties report challenges accessing health services due to difficulties making appointments via telephone and a lack of support and accessible information when navigating health settings (Allerton & Emmerson, 2012).

The RCSLT would suggest that those who are answering the phone receive communication training to ensure they can communicate in an inclusive and effective way. **Communication Access** is a free, online training programme that provides explanation on various communication difficulties that people may face and ideas on how to help. Click [here](#) for further details. Additionally, the RCSLT NI would welcome clarity on what alternatives will be available to Phone First if people are unable to verbally communicate via the telephone. Beyond the Phone First initiative, accessibility and inclusivity remain a key priority for all people accessing urgent and emergency care. We know that 1 in 5 of all people in the UK will experience a communication difficulty at some point in their lives. Research in Scotland in 2018 found that only 73% of service users agreed that they easily understood information given to them, about their care, by their GP (University of Strathclyde, 2021, Financial case for Inclusive Communications). For this reason, the RCSLT NI would encourage **all patient facing departments** to commit to becoming communication inclusive and roll out this free, online training (linked below). Once the training is complete, services and departments can display this symbol to demonstrate a commitment to inclusive communication and that all those living with SLCN are welcome. <https://communication-access.co.uk/>



Strategic Priority 2

5. To what extent do you agree that the proposed actions under Strategic Priority 2 will improve the efficiency and effectiveness of the urgent and emergency care system in Northern Ireland?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

6. To what extent do you agree that the proposed actions under Strategic Priority 2 will improve provide sufficient evidence and data to inform capacity requirements for our future urgent and emergency care system?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

7. Taking into account the proposals under Strategic Priorities 1 and 3, are there in your view any important actions missing under Strategic Priority 2?

Yes **No**

If your answer is **Yes**, please provide further detail and explanation below:

Strategic Priority 3

8. To what extent do you agree that the proposed introduction of the regional Intermediate Care model will improve urgent and emergency care services in Northern Ireland?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

9. Taking into account the proposals under Strategic Priorities 1 and 2, are there in your view any important actions missing under Strategic Priority 3?

Yes No

If your answer is **Yes**, please provide further detail and explanation below:

8.07 refers to doctors, nurses and 'other staff'. The RCSLT NI would welcome the inclusion of the term Allied Health Professional (AHP) here which covers 13 professions, many of which are integral to these preventative measures for treating unwell patients in their community environment, be that home or care facility. Inclusion of 'AHP' in this section demonstrates a value for the role that they have within acute and community services.

The Acute Care at Home teams in both the Belfast and Southern Trusts have permanent speech and language therapists (SLTs) as a key member of their MDT, 1.0wte in Belfast and 2.5wte in Southern. Demand is high and these SLTs have significant roles in MDT management of acutely unwell people, supporting the assessment and management of dysphagia. Dysphagia is the term used to describe eating, drinking and swallowing issues.

This factsheet highlights those who typically present with a dysphagia & the impact it can have - <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/rcslt-dysphagia-factsheet.pdf>

Dysphagia is a potentially life-threatening condition. It can result in choking, pneumonia, chest infections, dehydration, malnutrition and weight loss. It can also make taking essential medications more difficult, not to mention the impact on quality of life. SLTs treating dysphagia in the community, in the acute care at home/ hospital at home service, undoubtedly prevents unnecessary hospital admissions.

*There are, however, people who require hospital/ ED admission, even with the acute care at home services. A 2019 project within the SET trust ED department in the Ulster Hospital, showed that 88% of speech & language therapy referrals entered the hospital from ED, but only 10% of them were referred by ED at the start of their hospital journey. The project involved placing a band 7 SLT and a band 4 SLT assistant in ED for 25 days and used quality improvement methodology to analyse the next steps over a six-month period. The aim was to raise the profile of the SLT service to prompt early referral by increasing SLT presence in ED. SLT worked alongside IT to develop an electronic triage system using trigger words based on data collection and patient profiling. Example of trigger words included 'aspiration', 'slurred speech', 'consolidation', 'private nursing home'. Those patients who fitted the SLT patient profile were identified and filtered on to a bespoke SLT list for input. Data analysis showed that this proactive 2-pronged approach ensures earlier access to SLT while the patient is in ED. Benefits included a **reduced length of hospital stay by 3 days**, meaning bed and cost savings for the trust. There were also benefits to patient experience, safety and flow. A subsequent study revealed that all ED staff felt SLT input was beneficial.*

9.09 – We welcome the inclusion of 'allied health professional' here when discussing new Rapid Access Assessment and Treatment centres and we will require support to grow our small workforce to enable this to happen. The RCSLT NI are calling for more funded SLT posts within both acute and community services. Currently in NI the SLT workforce is small, with the uplift this year of 5 places, we will welcome just 33 students to Ulster University in September. We have not exceeded the number of places we had in 2009, despite the range of clinical areas that SLTs are now working in. The RCSLT NI are therefore calling for full implementation of the 2019 workforce review and commitment from DoH to introduce alternative routes into the profession, for example Masters' programmes and apprenticeships.

Consider a patient presenting with new swallowing difficulties when eating and drinking at home. Community SLT waiting lists are lengthy and SLT services are stretched beyond capacity. Some areas in NI have people waiting more than 9 months for an initial swallowing assessment. We know that swallowing difficulties can lead to chest infections, pneumonia, dehydration, weight loss and death. This patient could end up in hospital very unwell, when a timelier SLT assessment at home or via the Rapid Assessment and Treatment centres could have prevented admission.

The RCSLT NI believe that true transformation of service delivery is required to meet the changing needs and increasing demands that the current system cannot support. We need to move away from GP/ medical led services by giving autonomy to AHPs and remove the layers of unnecessary process. AHP led teams, alongside nursing colleagues are skilled to manage complex patients to remain in their homes, accessing GP/ medical support only if required. 9.10 describes GPs referring directly, however GPs are already hugely over stretched and we would welcome consideration for other mechanisms for referral that acknowledge and enable the potential for AHPs and nurses to manage the Rapid Assessment and Treatment centres to take some pressure off GPs.

9.14 – The RCSLT NI would suggest the term AHP is included within this section to demonstrate the presence of the many professions that have a significant input into the assessment and management of care home residents, these include speech and language therapists, occupational therapists, physiotherapists, podiatrists and dietitians.

Further to our suggestion that all staff are trained in accessible communication via the [communication access](#) free online training, we would also offer reference to the [RCSLT five good communication standards](#). The RCSLT NI request that these are included within the **Intermediate care: minimum set of standards for an integrated urgent and emergency care service** on page 53 of the Review.

GENERAL QUESTIONS

10. To what extent do you agree that the proposed Strategic priorities as a package will deliver the Vision: *‘To ensure that all citizens in Northern Ireland have equal access to safe urgent and emergency care services, tailored to their specific needs at the right time and in the right place.’*

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

11. To what extent do you agree that the proposed Strategic priorities as a package will improve the experience and outcomes for urgent and emergency care service users?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

12. To what extent do you agree that the proposed Strategic priorities as a package will improve the equity of provision for urgent and emergency care service users?

Strongly Agree **Agree** Neither Agree or Disagree Disagree Strongly Disagree

13. If you have any further comments on any aspect of this Review and / or the Strategic Priorities please include below.

The RCSLT NI is supportive of this review and grateful for the opportunity to respond. This review should be considered within a context of inclusive communication support to ensure that the intended benefits are accessible and meaningful to all service users. We agree there is both the need and opportunity to redevelop urgent and emergency care services that keep the patient in the centre, promote hospital care at home/ community services and ultimately keep ED for those who have emergency medical needs. AHPs, including SLTs are the solution to many of the pressures and problems that exist today within our health service.

We would welcome further engagement with the review and legislative process in due course to understand the implications for SLTs working in acute and community settings and offer any advice or support as needed.

14. Equality and Rural Needs Assessments

A) Do you agree with the Equality Impact Assessment (EQIA)?

Fully Agree

Mostly Agree

Neither Agree nor Disagree

Mostly Disagree

Fully Disagree

Please provide comments below:

(B) Do you agree with the Rural Needs Impact Assessment?

Fully Agree

Mostly Agree

Neither Agree nor Disagree

Mostly Disagree

Fully Disagree

Please provide comments below:

Section 75 Equality Questions (optional)

If you are responding as an individual, do you wish to respond to questions on what Section 75 categories describes you best (this is not compulsory)

Note: Section 75 of the Northern Ireland Act 1998 ([‘the Act’](#)) requires the Department, in carrying out its functions, powers and duties, to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- between men and women generally
- between persons with a disability and persons without
- between persons with dependants and persons without

1. Religious belief

Buddhist Catholic Hindu Jewish Muslim No religious belief Protestant Sikh Other Prefer not to say

2. Political Opinion

Nationalist generally Unionist generally Other Prefer not to say

3. Racial group

- Black Chinese Indian Pakistani Mixed ethnic background Polish Roma Travellers White Other
 Prefer not to say

4. Gender

- Male Female Transgender Transsexual Other Prefer not to say

5. Marital status

- Civil partnership Co-habiting Divorced Married Separated Single Widowed Other Prefer not to say

6. Age bracket

- Under 18 18-65 66-74 75 and over Prefer not to say

7. Persons with disabilities as defined by the Disability Discrimination Act 1995.

- Yes No Other Prefer not to say

8. Dependants

- Care of a child with a disability Care of an adult with a disability Care of a dependant older person Not applicable
 Prefer not to say

9. Sexual orientation

- Bisexual Heterosexual Gay or Lesbian Other Prefer not to say

Privacy Notice

Data Protection Officer Name: Charlene McQuillan

Telephone: 02890522353

Email: DPO@health-ni.gov.uk

Being transparent and providing accessible information to individuals about how we may use personal data is a key element of the Data Protection Act (DPA) and the EU General Data Protection Regulation (GDPR). The Department of Health (DoH) is committed to building trust and confidence in our ability to process your personal information and protect your privacy.

Purpose for processing

We are encouraging organisations and institutions to respond but also people with lived experience and carers. We will process personal data provided in response to consultations for the purpose of informing the review. We will publish a summary of the consultation responses and, in some cases, the responses themselves but these will not contain any personal data. We will not publish the names or contact details of respondents, but will include the names of organisations responding.

Lawful basis for processing

The lawful basis we are relying on to process your personal data is Article 6(1) (e) of the GDPR, which allows us to process personal data when this is necessary for the performance of our public tasks in our capacity as a Government Department. We will only process any special category personal data you provide, which reveals racial or ethnic origin, political opinions, religious belief, health or sexual life/orientation when it is necessary for reasons of substantial public interest under Article 9(2)(g) of the GDPR, in the exercise of the function of the department, and to monitor equality.

How will your information be used and shared

We process the information internally for the above stated purpose. We don't intend to share your personal data with any third party. Any specific requests from a third party for us to share your personal data with them will be dealt with in accordance the provisions of the data protection laws.

How long will we keep your information

We will retain consultation response information until our work on the subject matter of the consultation is complete, and in line with the Department's approved Retention and Disposal Schedule Good Management, Good Records (GMGR).

What are your rights?

- You have the right to obtain confirmation that your data is being processed, and access to your personal data
- You are entitled to have personal data rectified if it is inaccurate or incomplete
- You have a right to have personal data erased and to prevent processing, in specific circumstances
- You have the right to 'block' or suppress processing of personal data, in specific circumstances
- You have the right to data portability, in specific circumstances

- You have the right to object to the processing, in specific circumstances
- You have rights in relation to automated decision making and profiling.

How to complain if you are not happy with how we process your personal information

If you wish to request access, object or raise a complaint about how we have handled your data, you can contact our Data Protection Officer using the details above. If you are not satisfied with our response or believe we are not processing your personal data in accordance with the law, you can complain to the Information

Commissioner at:

Information Commissioner's Office

Wycliffe House

Water Lane

Wilmslow

Cheshire SK9 5AF

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