

Stakeholder Response Proforma

Policy Title	Neonatal Services (Intensive Care, High Dependency and Special Care) Commissioning Policy
Policy Reference Number	CP263a
Deadline for comments	Please complete and return your completed form by e-mail to CTT_WHSSC_Consultation@wales.nhs.uk by 17:00 on Thursday 13 July 2023

Respondent's Name	Alison Williams Bev Curtis Dr Caroline Walters
Respondent's Job Title	Head of Speech and Language Therapy, ABUHB Bev Curtis, Speech and Language Therapist (Clinical Lead Paediatric Dysphagia) CAVUHB External Affairs Manager, Wales, Royal College of Speech and Language Therapists in Wales (RCSLT Wales)
Replying on behalf of organisation?	Yes
Name of Respondent's organisation	Royal College of Speech and Language Therapists (Wales)

Declaration: Before completing this proforma you must declare any financial or other interests in relation to any specialised services directly relevant to this commissioning policy. [Please refer to the WHSSC '[Standards of Behaviour](#)' policy]

Interests to be declared:



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Comment Number	Page Number	Line Number	Section	Comment [Insert each comment in a new row]
1.	16	35-37	Staffing	It is extremely positive that the AHP staff workforce is cited with reference to specialist skills and appropriate numbers.
2.	17	14	Essential staff	'Access to' to AHP is referenced. This is NOT appropriate AHP needs to be embedded in neonatal care as part of the substantive MDT based on the units. BAPM 2022 cites the requirement for the AHP model to be an 'embedded service provision as part of the wider neonatal team'.
3.	18	29	Other professional groups	It is positive that special expertise is cited for speech and language therapy. The RCSLT Neonatal competency framework is available via the link cited at the end of page 19.
4.	19	22-29	Other professional group	<p>The speech and language therapy definition is weak. It does not reference the support for early communication. The following definition is proposed:</p> <p>Speech and language therapists (SLTs) are key members of the neonatal multi-disciplinary team (MDT). When embedded in neonatal care, a specialist SLT's unique knowledge and skills can help with early identification of infants at risk of feeding/swallowing/communication difficulties. The SLT can support provision of safe and positive oral feeding, to reduce the likelihood of long-term feeding difficulties, and support the family to develop responsive communication strategies to minimise long term speech/language/communication needs.</p>
5.	20		Table 1	The BAPM standards 2022 do not reflect current RCSLT recommendations. RCSLT are publishing the Speech and Language Therapy staffing recommendations for neonatal

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			<p>units in summer 2023. We have attached the endorsed document to our response as it not yet available on our website. We will circulate the web link once available.</p> <p>The speech and language therapy recommendations are based on unit type rather than cot type and are as follows:</p> <p>Surgical NICU - Total annual cot activity (IC+HD+SC)/292 x 0.055 wte of SLT (292 represents 80% cot occupancy in a year)</p> <p>Medical NICU - Total annual cot activity (IC+HD+SC)/292 x 0.05 wte of SLT (292 represents 80% cot occupancy in a year)</p> <p>LNU - Total annual cot activity (IC+HD+SC)/292 x 0.05 wte of SLT (292 represents 80% cot occupancy in a year)</p> <p>SCU - Total annual cot activity (IC+HD+SC)/292 x 0.04 wte of SLT (292 represents 80% cot occupancy in a year)</p> <p>Minimum staffing levels for LNU and SCU A minimum service level of 0.4 wte SLT per LNU and 0.2 wte per SCU is required. Where there is a staff level of less than this, the risks associated with an in-reach service are heightened.</p> <p>Both surgical and medical NICU SLT WTE should include 8a Clinical lead. All other units should include Highly Specialist SLT (Band 7).</p>
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				It is noted that there is no reference to AHP network roles. These are referenced in BAPM.
6.	22	13-25	FI Care	There is no reference to AHP in FI care. There is evidence from units in England that outcomes are improved when there is embedded AHP input in units providing FI Care.
7.	25	3-35	Follow up	<p>It is not clear if this service specification is intended to address both acute care and follow up. All follow up WILL require AHP. Recommendations for AHP follow up are cited by BAPM 2022.</p> <p>There is no reference to AHP under the provision for follow up, particularly neurodevelopment surveillance. BAPM guidance includes a basic WTE for therapists involved in FU clinics 0.15WTE per half day clinic</p>

Insert extra rows as needed

Instructions for submitting comments

- Include page, line and section number of the text each comment is referring to.
- If you wish to make a comment on the whole document please insert 'general' in the page number and section column.
- Submit this template as a Word document (not a PDF).
- Combine all comments from your organisation into one response. We cannot accept more than one response from each organisation.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use.
- For copyright reasons, comment forms must not include attachments such as research articles, letters or leaflets.

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- We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please enter YES in the box

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