



## **The Royal College of Speech and Language Therapists response to the *Hospitals - Creating A Network For Better Outcomes* consultation.**

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists in the UK, representing more than 22,000 members, with over 870 in Northern Ireland. We represent the whole speech and language therapy workforce including students, therapists and support workers.

We would like to raise the following points for consideration –

### **1. Shifting left – community services**

The RCSLT welcomes the commitment of the Department to enhance both community and primary care services as well as secondary care. We cannot rely on hospital transformation to meet the needs of our population, there must be investment in community services. We also agree that we need to create dynamic services that meet the changing needs of the population. Speech and Language Therapists (SLTs) have key roles to play in both acute and community care.

Having Speech and Language Therapists in primary care has significant potential for positive impacts across services including cost savings. We have all seen the benefits and improved outcomes from having a First Contact Physiotherapy service in GP surgeries, therefore I have outlined below what could be achieved with a First Contact SLT service.

#### **First Contact SLT – Adult Eating Drinking and Swallowing Difficulties (EDS)**

1 of 17 people will report having trouble with eating, drinking & swallowing (EDS) across their life span.

Prevalence of EDS increases significantly with age and across certain conditions, e.g. stroke 51-78% and dementia with estimates between 50 and 68%.

Speech & Language Therapists (SLT) have a vital role in the assessment and management of EDS. EDS is associated with aspiration pneumonia, malnutrition, dehydration, weight-loss, choking, frequent hospital admissions

with prolonged length of stay, increased mortality and decreased quality of life. This leads to extra burden on the management of frail and vulnerable patient groups with increased costs to the Health Care sector.

Early identification and effective management of EDS “up-stream” by appropriate trained and skilled staff can have a positive impact on patient safety, quality of life and family/carer experience.

A First Contact SLT (FCSLT) could support GP surgeries within a Federation and work autonomously providing rapid response for patients with EDS, identifying those patients whose care would be navigated to the SLT instead of a GP. The FCSLT will supporting Practice staff with education, training and awareness raising and practical checklist of key words for appropriate signposting.

The FCSLT can deliver; -

- A direct access model – assessment, diagnosis, treatment and discharge
- Same day advice and support to patient and/or carers
- Fast track to SLT for those requiring further assessment, which can include endoscopic examination such as fibre-optic endoscopic examination of swallow (FEES) which would facilitate differential diagnosis and ensure patients are not on unnecessarily modified diets
- Onward referral to other members of the MDT
- Advice and support for other members of the MDT e.g. District Nurses etc.

It is predicted that by 2035 up to 67.8% of adults aged over 65 years are expected to be living with multiple health conditions. It has long been recognised that early intervention aims to improve population health and reduce health inequalities.

Additionally, investing in other community-based services such as Acute Care/ Hospital at Home which provide multi-disciplinary care for patients preventing hospital admissions and supporting early and safe discharges means that hospital beds are available for those whose cannot be safely managed in the community.

## **2. Workforce & funding –**

RCSLT NI report [We are the Village](#) (2024) outlined the scale of the problem. *Between 2021 and 2023 there was an 85% increase in children and young people waiting for speech and language therapy. Meaning over 2000 **more** children in NI need input (4527 total).*

With the needs continuing to rise, for example those children with SEN and no increase in training places, our members continue to be stretched beyond capacity.

The RCSLT welcomes the Department of Health's commitment to continue to address the ever-increasing workforce pressures within the system. The [2019 Speech and Language Therapy workforce review](#) detailed several key steps to ensure a sustainable and effective workforce. These recommendations have yet to be implemented in full, yet this review is now out of date and no longer fit for purpose.

- A recommendation for 40 commissioned undergraduate training places at Ulster University by 2024 – the commissioned number for training places for 24/25 remained at 28. Although the Irish government funded 12 additional places, these are for Republic of Ireland domiciled students who are under no tie-in to work in Northern Ireland once they qualify. Other Allied Health Professions have seen increases in their commissioned training places at UU while Speech and Language places remain at 28 despite increasing demand for services.
- Introduction of other routes into the profession including apprenticeships and masters programmes. The Department of Health have been working with the Department for Economy to secure funding for an AHP apprenticeship pilot which we hope will lead to a speech and language course within the next few years. We would like to see more work to progress the option of a pre-registration Masters course, something which have been running for many years in other parts of the UK.
- Advanced practice – The AHP Advanced Practice Framework is crucial to modernising healthcare delivery and facilitating hospital transformation in Northern Ireland. This framework enables AHPs to work at the highest levels to enhance clinical decision-making, minimizing delays and improving patient flow in both acute and community settings. By integrating these advanced practitioner roles, hospitals can reduce the strain on medical staff, improving efficacy and sustainability.

SLTs working in advanced practitioner roles can save the health service money. For example, the **SLT led ENT Parallel Clinic** over a 2-year period was able to release back 60 consultant clinics to ENT. *Many patients with a voice or upper airway condition attending the ENT out-patients service do not need to see an ENT Consultant directly. Instead, they can be seen by an Advanced Practitioner Specialist Speech and Language Therapist, (SLT), with specialised knowledge and skills in the assessment and management of voice and upper airway conditions. The SLT can investigate, make advanced clinical decisions, conduct endoscopic evaluation of the larynx, provide advice, exercises and techniques to manage the condition, and make referrals to other services as required, in the SLT Led ENT Parallel clinic service.*

Ensuring the health and social care workforce is adequately funded to provide the required services allows for safer and more effective practice. Members tell us they have seen an increase in the number of people requiring intervention for

their speech, language and, or eating, drinking and swallowing needs since COVID, including long COVID as a new clinical area for SLTs.

### **3. Voice of Allied Health Professionals**

Allied Health Professionals (AHPs) represent the second largest workforce in health and social care in Northern Ireland. Unfortunately, AHPs are frequently overlooked and not adequately included in workforce transformation strategies and plans. It is crucial for the Department of Health to recognise the unique skills and experiences of AHPs to ensure their perspectives are included in future decisions.

The plans have potential to significantly impact and change how our AHPs deliver services and therefore, the RCSLT NI would encourage the Department to engage with the AHP professional bodies to ensure that the voice of our AHPs across the region is heard.

### **4. Communication accessibility**

There are a significant number of people living in Northern Ireland with long term speech, language and communication needs (SLCN). Research indicates that around 10% of the population will be living with SLCN and these people will be useful our hospital and community services. We would recommend that the following free, online training is adopted by all health and social care staff to ensure that all facilities are safe, accessible spaces regardless of disability or difference. Currently the NIFRS has adopted this training and made it mandatory across the region. They have incredible outcomes from staff feeling more able to communicate effectively with the public.

[Communication Access UK](#) – 4 short modules (15 minutes each) addressing communication, verbal communication, telephone communication and written communication, offering practical tips for your service.

Please do not hesitate to contact me if you would like further information

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