RCSLT response to NICE guideline for Rehabilitation for chronic neurological disorders including acquired brain injury,

The RCSLT welcomes the National Institute for Health Care and Excellence (NICE) guideline on "Rehabilitation for chronic neurological disorders including acquired brain injury," which acknowledges that speech, language and communication needs are too often overlooked for people with chronic neurological disorders.

We are pleased that the guideline acknowledges the significant impact of speech, language and communication impairments on the health and mental wellbeing of children, young people and adults living with chronic neurological disorders. It also highlights how improved speech, language and communication can enhance participation in education and employment, offering broader social and economic benefits.

However, access to speech and language therapy remains inconsistent. Timely and appropriate assessment and intervention is essential, and action is urgently needed to ensure services are sufficiently resourced and fully integrated into care pathways, so that everyone with a chronic neurological disorder can access the speech and language therapy they need, when they need it.

Throughout the development of this guideline, the RCSLT has strongly advocated for the vital role of speech and language therapists in rehabilitation. We are grateful to everyone who contributed to the guideline development process and helped ensure the voice of the profession, and our users with communication and swallowing needs, were heard.

We encourage all members to read the full guideline to understand the broader context and to identify where speech and language therapy contributions add value to the lives of people with chronic neurological disorders. These contributions extend beyond the sections titled "Speech, language and communication" and "Eating, drinking and swallowing".

Key points of welcome

There are a number of positive inclusions in the final guidance that we are pleased to see:

- The guideline recognises cognitive communication disorder, a condition previously omitted from guidance, which has led to uncertainty around service provision.
- It clearly highlights complex communication and cognitive needs as requiring specific consideration in decision-making, assessment planning, and engagement in rehabilitation.
- Talking therapy will be tailored to a person's cognitive and communication needs, with adjustments to therapy techniques, session structure, and delivery methods.
- Reasonable adjustments and adaptations are identified as important to enabling people to fully engage in rehabilitation.
- The guideline supports speech and language therapist-led education and training programmes in communication skills for family members, carers, and others important to the person.
- It also recognises the importance of ongoing review for people who are provided with a modified diet and fluids.

Areas of concern

While some of the recommendations have the potential to improve the identification of, and support for, communication and swallowing needs, we are concerned that several factors may hinder their effective implementation and overall impact.

1. Workforce

We welcome the minimum service specification that highlights the essential elements of integrated rehabilitation care. However, variation in service provision across the country remains a concern.

Speech and language therapy is essential to the assessment and management of rehabilitation needs within integrated teams, yet the role of speech and language therapists is frequently overlooked.

To address this, speech and language therapists must be fully embedded into clearly defined, sufficiently funded, interdisciplinary care pathways. Strategic workforce planning and investment are required to ensure speech and language therapy is included wherever rehabilitation services are commissioned.

2. Capacity

The guideline recommends that, following initial screening, further assessment by a speech and language therapist should be carried out where needed, and urgently in cases of severe communication difficulties. This recognition of urgency is welcome.

However, we are concerned that current speech and language therapy capacity is insufficient to meet this level of need. Many community services experience long waiting times and high demand, making timely assessment and intervention difficult to achieve. Without additional investment in service capacity, the aspiration for urgent support risks becoming unachievable in current practice.

3. Scope

Clear understanding of the population groups covered by this guideline, and how it intersects with existing NICE guidelines, is essential for effective implementation. In particular, broad recommendations may not always acknowledge the specific challenges relating to rehabilitation for children and young people. To support professionals, people with neurological disorders, and their families in navigating this, the RCSLT is keen to work collaboratively with NICE to promote clarity, consistency, and confidence in the use of these recommendations.

Next steps for SLTs

This NICE guideline is intended to present high level principles across rehabilitation care. The RCSLT recommends that members integrate a wide range of evidence sources, to inform their practice.

There are numerous RCSLT resources designed to give more specific guidance in relevant areas of speech and language therapy, including

- **Eating and drinking with acknowledged risks** - RCSLT would recommend that members use the resources available on our website to support clinical practice in this area. This guidance is currently being updated and will be available in 2027
- **Acquired brain injury** – an update to current RCSLT guidance was consulted on over the summer and will be published in Spring 2026
- **Cognitive communication disorders** – new RCSLT guidance is currently under development and is due to be published in Spring 2026
- RCSLT also has guidance on **AAC** and **Voice banking** and has this week published guidance for the first time on **Awake craniotomy**

Research evidence must meet rigorous NICE standards in order to inform their recommendations. This is why the RCSLT is actively working to support the growth of research in the profession and advocate for increased funding for high-quality studies in the field.

References

Rehabilitation for chronic neurological disorders including acquired brain injury, NG252, https://www.nice.org.uk/guidance/ng252