

Background

In November 2022, a Speech and Language Therapy (SLT) and Dietetic (DT) Assistant Practitioner (AP) was recruited into the team, a health and social care integrated community multidisciplinary team (MDT). The AP is a Band 4 post (NHS Pay scales, 2025), with a greater responsibility and in-depth knowledge than a Band 3 assistant (RCSLT, 2023). The AP provides training to Care Home (CH) staff (Nursing and Residential Homes) along with initial assessments for SLT and DT referrals. 75% of residents in CH are affected by dysphagia (swallowing difficulties), 52% of these residents are malnourished (Care England, 2024).

The Welsh Government's (WG) priorities are focussing on supporting people to remain healthy and well while bringing health and social care together (Welsh Government, 2021). This includes redesigning roles and supporting development of careers along with developing new roles, including joint roles and delivering services in new ways (Welsh Government, 2023).

Recent studies, referring to assistants, as opposed to AP, highlighted benefits of improved patient care, support for the SLT caseload, timeliness of care and assistant job satisfaction (Rushton *et al.*, 2022) and (Schwarz *et al.*, 2022). Challenges included job security of registered staff, lack of trust and harm to patients (Rushton *et al.*, 2022), and lack of scope of practice, training requirements and less experienced staff's reluctance to change work practices (Schwarz *et al.*, 2020). Professional identity and ambiguity in a multiprofessional role were identified as challenges by the assistants (King *et al.*, 2022). Enablers and facilitators were ensuring governance both competency and supervision (Schwarz *et al.*, 2022; Rushton *et al.*, 2022; Huglin *et al.*, 2021; Schwarz *et al.*, 2020) along with clear career progression and a voice in shaping their future workforce (King *et al.*, 2022).

Project summary

A Focus Group (FG) was conducted to allow common experiences to be explored between 6-8 people (Offredy and Vickers, 2010). Convenience Sampling was used, all registered SLTs and DTs in the team were invited to take part. As only 2 DT and 2 SLT were available, and to ensure it remained a FG the SLT and DT assistants were invited. Responses from the FG were themed using a six-step approach (Braun and Clark, 2022).

Due to CH being unable to participate in data gathering as initially planned, a decision was made to instead interview the AP. Responses were themed as the FG responses were. The themes, subthemes and some examples are in table 1.

Results

a preventative approach [...] oral nutritional supplement point of view [...] training [...] of food fortification can reduce the costs [...] prescriptions of supplement drinks

deal with a cohort of patients that are less complex [...] I'm cheap.

been very thorough with regards to governance [...] ensuring that we are doing things right [...] all notes are counter signed.

	FG Data		AP interview data	
	Themes	Subthemes	Themes	Subthemes
Benefits	Patient outcomes	Point of contact Staff trained Prevention Timely referrals Resources Appropriate referrals	Outcomes	Assistant practitioner Patient Care home staff Health board MDT staff
	Organisational changes	Governance Increased capacity for registered staff Strengthen SLT and DT relationships Autonomous Role development	Presence in care homes	Deal with challenges Familiar face Relationship building Point of contact
	Developing skills of others	Students Band 3 SLT and DT staff Registered staff Wider team Care home staff	Upskilling others	Care home staff Students MDT
Challenges	Workforce factors	Culture Governance Planning	Workforce factors	Culture Governance Workflow Identity
	Identity	Registered staff Assistants Assistant Practitioner		

Reflection

Rolfe reflective model (Rolfe and Freshwater, 2010).

What?

This evaluation is a starting point for gathering data, further developing my research skills. The review of WG documents and recent literature broadens my knowledge in this area.

So what?

The data from both interviews complimented each other with common themes as well as differences. A balance of qualitative and quantitative data provides more depth when discussing this role, in particular the future of this role and scope to expand. A recent speech by the Cabinet Secretary for Health and Social Care reinforced a shift to community services, focussing on prevention and for services to deliver value for money along with good patient outcomes (Welsh Government, 2025), highlighting how current this evaluation is.

Now what?

This evaluation can be enhanced with CH manager /staff data along with feedback from service users and their families to give a much more rounded compliment of data. This evaluation has highlighted further scope for the AP role, both increasing the number of AP in CH and introducing the AP in the own home part of the service. Those patients are potentially more vulnerable in terms of malnutrition and EDS difficulties. Training could be provided to Care agencies supporting these individuals. I am excited about the future of the AP role and the impact it can and will continue to have within the community.

References:

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In a 6-month period, 12 months apart, referrals from CH, for EDS, increased, from 92% to 95% which could be due to an increased awareness of EDS.

Between training session and providing initial assessments in CH the AP saved an estimated total of £7,150 in the last financial year

In the last financial year the AP delivered 98 training sessions, training 825 CH staff

The number of patients (SLT) the AP saw in this period tripled, increasing capacity for SLTs to see more complex patients

