Health Bill:
Access to care for people with speech and language disabilities
November 2026

The Royal College of Speech and Language Therapists (RCSLT) supports Baroness Monckton of Dallington Forest's probing amendment (279QL), which would require the Secretary of State to review the challenges faced by people with speech, hearing, language or learning disabilities when accessing NHS care.

We welcome that the proposed review would involve people with speech, hearing, language or learning disabilities, the parents of children with such needs, the carers who work with people with communication disability, difficulty, or difference, and medical professionals, which should include speech and language therapists given the direct support they provide people and their families and carers, and how they can help with ensuring wider NHS care is accessible to people with communication disability, difficulty, or difference.

The review would provide an opportunity to examine both access to speech and language therapy and the wider barriers people with communication needs face when accessing other NHS services. It would help identify gaps in existing provision and establish what further action is needed to ensure people can access safe, timely, and equitable healthcare.

People with speech, language, and communication needs must have equal access to NHS services. However, communication barriers can prevent people from accessing appropriate care, understanding information about their health, communicating symptoms and concerns, giving informed consent, and participating in decisions about their treatment.

Effective communication is fundamental to safe and equitable healthcare. People have diverse communication needs. Some communicate verbally, while others use alternative and augmentative communication (AAC), visual supports, signs, symbols, or other non-verbal methods. Some require additional processing time, specialist communication support, or assistance from someone who understands their communication.

Healthcare services must recognise these individual differences and ensure that people receive the support they need. When communication needs are not recognised or adequately supported, symptoms may be missed, concerns misunderstood, diagnoses delayed, and people may not receive appropriate treatment.

The amendment provides an opportunity to examine two important areas where improvements are needed:

1. access to speech and language therapy; and
2. the accessibility of wider NHS healthcare services to people with communication disability, difficulty, or difference.

Access to speech and language therapy

Improving access to speech and language therapy matters because of:

1. the prevalence of communication disability, difficulty, and difference;
2. the long waiting times people are experiencing to access speech and language therapy; and
3. the risks of not being able to access support.

Prevalence

- Around 10% of children and young people have long-term speech, language, and communication needs which cause them significant difficulties with communication or learning in everyday life.
- Up to 20% of the population may experience communication difficulties at some point in their lives.

Waiting times

NHS England figures in September 2026 revealed that:

Children and young people

- 56,763 children and young people were waiting for speech and language therapy
- 36% of children and young people had been waiting more than 18 weeks for therapy, with over 1000 waiting more than two years

Adults

- 27,561 adults were waiting for speech and language therapy
- 16% of adults had been waiting more than 18 weeks for therapy

Risks

- People of all ages with communication disability, difficulty, or difference who cannot access speech and language therapy are at risk of worse outcomes in relation to their education, employment, physical and mental health and wellbeing, relationships, and quality of life.

Speech and language therapy is an essential service for people of all ages with speech, language and communication needs, as well as those with difficulties eating, drinking and swallowing.

Timely access to speech and language therapy is particularly important. Early intervention can improve outcomes for children with speech, language and communication needs, while timely support for adults can help maintain communication, independence, and participation in work, and everyday life.

However, access to services remains inconsistent, with people experiencing delays, variation in service availability, and differences in provision depending on where they live. For adults with certain conditions, such as developmental language disorder, or adults who stammer, there is effectively no NHS service available to them.

The review should therefore examine the availability of services, waiting times, workforce capacity, and geographical variation in access. It should also consider how services can better meet the needs of people across the lifespan.

Without timely access to speech and language therapy, people risk missing opportunities for early intervention and appropriate support, potentially increasing their needs, and the pressure on other health and care services, with more public money needing to be spent at a later date because their needs were not identified and supported at an earlier opportunity,

Access to wider NHS healthcare services

People with communication disability, difficulty, or difference, can also experience significant barriers when accessing healthcare services beyond speech and language therapy. This can range from people who stammer having difficulty accessing telephone-based services to people with more complex communication difficulties not always being able to understand information unless it is in a format that meets their needs.

Meeting people's communication needs requires more than just simply providing information in an accessible format. It means identifying, recording, and sharing individual needs and ways of communication, providing appropriate communication support, and making reasonable adjustments consistently across NHS services.

The Accessible Information Standard sets out requirements for NHS and publicly funded adult social care services to identify, record, flag, share, and meet people's information and communication needs. However, despite these requirements, people continue to experience barriers in accessing appropriate support, highlighting gaps in implementation across services.

The Reasonable Adjustment Digital Flag builds on this by providing a way to record and share people's wider reasonable adjustment needs across health and care services. While the Accessible Information Standard focuses specifically on information and communication needs, the Digital Flag covers a broader range of adjustments to support people's access to services.

All providers of NHS and publicly funded health and social care services in England were required to achieve full compliance with the Reasonable Adjustment Digital Flag Information Standard by 30 September 2026.

However, having systems in place to record and share people's needs does not guarantee that appropriate adjustments will be delivered. Staff must understand the information recorded and take action to ensure people receive the support they need. This could include providing Easy Read information, allowing additional processing time, arranging appropriate communication support, and making suitable adjustments to appointments.

The proposed review should therefore consider how effectively these requirements are being implemented in practice, whether people's communication and reasonable adjustment needs are being met consistently across NHS services, and what further action is needed to address gaps in provision.

Key challenges and gaps

Despite existing requirements and opportunities to improve accessibility, significant barriers remain:

1. People's individual communication needs may not be recognised or documented when they access GP practices, hospitals, and other NHS services.
2. Even where needs are recorded, staff may not understand what action is required. A flag must translate into practical adjustments, including accessible information, additional processing time and appropriate communication support.

3. Healthcare professionals may lack the knowledge and confidence to communicate effectively.
4. Information is not always shared between services. When people move between different NHS settings, their communication needs may be lost, meaning they and their families needing repeatedly to explain their requirements.
5. Better monitoring is needed to establish whether people receive the communication support and reasonable adjustments they need, rather than simply whether their needs have been recorded.

Questions for the Minister

- What action is the Government taking to address variation in access to speech and language therapy across England, including differences in waiting times and service availability?
- How will the Government ensure that the proposed review captures the experiences of people with speech, hearing, language and learning disabilities, their families and carers, including the barriers they face when accessing both speech and language therapy, and wider NHS services?
- What action is the Government taking to ensure consistent implementation of the Accessible Information Standard, including the identification, recording and sharing of people's communication needs and the provision of appropriate support?
- With the 30 September 2026 deadline for compliance with the Reasonable Adjustment Digital Flag Information Standard now passed, how will the Government ensure that recorded adjustments are consistently implemented across NHS services?
- What steps is the Government taking to ensure NHS staff have the skills and confidence to communicate effectively with people with speech, language and communication needs, including those who use alternative and augmentative communication?

Appendix

Amendment 279QL

After Clause 84, insert the following new Clause—

"Review: access to care for people with speech and language disabilities

1. Within six months of the day on which this Act is passed, the Secretary of State must publish a report on the challenges faced by people with speech, hearing, language or learning disabilities in accessing NHS care.
2. In preparing the report under subsection (1) the Secretary of State must consult—
    a. patients with speech, hearing, language or learning disabilities,
    b. the parents of children with speech, hearing, language or learning disabilities,
    c. carers who work with people with speech, hearing, language or learning disabilities, and
    d. medical professionals."

Member's explanatory statement

This amendment would require a review of the challenges faced by people with speech, hearing, language or learning disabilities in accessing NHS healthcare services.