

# bulletin

THE OFFICIAL MAGAZINE OF THE ROYAL COLLEGE OF SPEECH & LANGUAGE THERAPISTS

September 2014 | [www.rcslt.org](http://www.rcslt.org)



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- ADULTS WITH LEARNING DISABILITIES
- CHILDREN ONLY
- ADULTS ONLY
- CHILDREN & ADULTS



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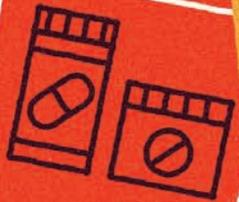
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RCSLT cuts survey 2014: You tell us about the effects on your service users and families

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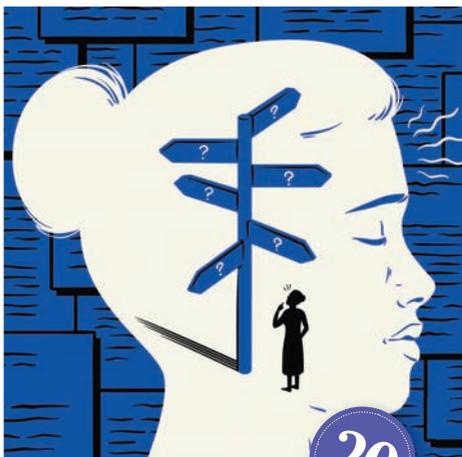
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# Steven Harulow

EDITORIAL



**Bulletin thrives on your letters and emails. Write to the editor,** RCSLT, 2 White Hart Yard, London SE1 1NX email: [bulletin@rcslt.org](mailto:bulletin@rcslt.org) Please include your postal address and telephone number. Letters may be edited for publication (250 words maximum)



## Doing more with less

**F**inancial and workforce challenges are now an established way of life to many working across the public sector. In the areas of healthcare and education, particularly, there is also an expectation that services will deliver more with fewer resources, as the demand for those services increases.

This month's cover feature (pages 12-15) looks at the results of our latest cuts survey. Although the number of responses is down on previous years, the results still show clearly the effects of cuts on service users and their families. The article also guides service leaders through some of the steps they can take when facing proposed changes.

Demonstrating the effectiveness of what you do as SLTs is an essential part of your roles as modern practitioners. On pages 22-24, Dominique Lowenthal and Gaye Powell report on the progress of the RCSLT's Outcomes Measures Project. This important venture aims to establish a framework and core set of outcomes and outcome measures for conditions and/or settings.

I am also pleased to announce the inclusion of the RCSLT Impact Report for 2013-2014 in this issue. This review of the past financial year gives a real flavour of the activities and achievements of your professional body – definitely worth a read.

### Steven Harulow

Bulletin editor

[bulletin@rcslt.org](mailto:bulletin@rcslt.org)

### My RCSLT

Judith Payne



I am in my second year of work as a paediatric SLT for Virgin Care in South West Surrey. I work in a pre-school language centre and in mainstream schools with children who have a statement of special educational needs. The RCSLT helps me to maintain links with other SLTs throughout the UK and constantly keeps me up-to-date with the most recent developments within our ever-changing field. The

RCSLT was a great source of support throughout my transition from student to fully-competent therapist – providing talks at university, student study days and guidance for completing the newly-qualified practitioner competencies.

## Manchester Language Study thanks

Twenty years ago, I applied to the Nuffield Foundation to study children with specific language impairment attending language units across England. This longitudinal project, known as the Manchester Language Study, was successfully funded and officially began in 1995. For 20 years we have been able to count on the help, support and dedication of SLTs, language unit teachers, school teachers, assistants and many professionals across the country, and especially the families and the children (now young adults) themselves. We want to thank you all and invite you to celebrate with us at a special reception in November 2014. If you have been involved in any way with the study or know someone who has, or are a friend of the study, please get in touch so we can send you the celebration details. Contact my assistant, Jackie O'Brien, at: [jackie.obrien@manchester.ac.uk](mailto:jackie.obrien@manchester.ac.uk)

**Professor Gina Conti-Ramsden, University of Manchester**

## On the right 'Trach' report debate

The June publication of NCEPOD report into Tracheostomy care 'On the right Trach' is the culmination of a two-year study to identify difficulties in the care pathway for adult patients with a tracheostomy. The study collected data on 2,546 tracheostomy cases in 219 hospitals across the UK (excluding Scotland) using prospective questionnaire surveys, and randomly sampled 426 patients for detailed review.

One SLT, representing the RCSLT, sat on the multidisciplinary expert group tasked with designing the study and reviewing the findings. Five SLTs were part of the adviser group undertaking individual case reviews. The report makes 25 recommendations based on findings on the organisation of care, tracheostomy insertion, tube care, multidisciplinary care, complications and outcomes. Those of particular significance for SLTs include:

- SLTs are key multidisciplinary team members and should always participate in the routine care pathway for all tracheostomy patients. Hospitals need to provide adequate staff to ensure this happens routinely and in a timely manner.
- Involvement of SLTs in critical care needs to be facilitated, particularly for more complex patients, and to assist with high-quality communication strategies, and day-to-day ward care.
- Dysphagia is common in tracheostomy patients and warrants further study in terms of risk factors, identification and natural history. There needs to be improved recognition of the incidence of dysphagia in tracheostomy patients at all points in the care pathway – with early referral to SLTs with specific competences. Adviser opinion found 40% of cases reviewed in critical care units and 39% of ward cases received a good quality of care generally.

Download the full report from: [www.ncepod.org.uk](http://www.ncepod.org.uk)

The next Tracheostomy CEN meeting (8 October) will focus on the report and debate ways for SLTs to facilitate implementation of the recommendations. For further information email: [sarah.wallace@uhsm.nhs.uk](mailto:sarah.wallace@uhsm.nhs.uk) or contact the CEN.

**Sarah Wallace, By email**

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VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG) AND FOLLOW THE LINKS





RCSLT  
conference begins  
in Leeds



Closing date for 2015  
Winston Churchill  
Fellowship application



Webinar: 'Mind the  
gap and build a bridge  
across it'

## It's RCSLT conference time in Leeds

*Places are going fast for the speech and language therapy event of the year*

There is still time to book your place at the RCSLT 2014 Conference in Leeds on 17-18 September.

'Mind the Gap: Putting research into practice' focuses on the challenges and opportunities facing the profession and provides a platform for the dissemination of the latest innovations in evidence-based practice.

The conference programme is packed with oral and poster presentations, workshops, parallel and plenary sessions, and keynote speakers. It will give you the opportunity to come together to focus on how the profession can survive and thrive.

The economic reality has set the context for this year's conference. It is vital that the profession shows evidence of what works. Following on from the RCSLT Hub Summit 2013, Mind the Gap will look at the current drivers - translating research into practice to inform service delivery and design, outcomes for service users,

outcome measures and the need to strengthen the business case for commissioning services.

The RCSLT will



host a stand in Leeds where you can meet Enquiries Coordinator Tom Griffin and find out more about Giving Voice and the International Communication Project 2014. You can also meet the editors of the International Journal of Language and Communication Disorders and the Bulletin editorial team.

📍 Visit: <http://tinyurl.com/k3ub7cp> for more details and information on how you can book your place

## Your July-August IJLCD

Many of you will be wondering what has happened to your July-August special issue of the International Journal of Language and Communication Disorders (IJLCD), entitled 'The SLI debate: Diagnostic criteria and terminology' (see August's Bulletin, 'Join the IJLCD debate on SLI', page 6)

This exciting issue includes lead articles from Professor Dorothy Bishop ('Ten questions about terminology for children with unexplained language problems') and Professor Sheena Reilly and colleagues ('Specific language impairment: a convenient label for whom?'). It also features commentaries from a range of experts, including academics, SLTs, educational psychologists and special educational needs lawyers. There is also a response article 'Terminological debate over language impairment in children: Forward movement and sticking points'.

The special issue content is groundbreaking and, to make the most of the many contributions, is presented in a different structure than you are used to. To make sure the journal does it justice the production team needed a little longer than usual to get everything just right

We expect to deliver this issue with your Bulletin later in the year. However, the online version is available via the RCSLT website: [www.rcslt.org/members/publications/publications\\_list](http://www.rcslt.org/members/publications/publications_list). Please join the debate. After you have read the articles and commentaries, visit the discussion forum: <http://tinyurl.com/lee3za2> to have your say.

### NEWS IN BRIEF

#### The Health and Care

Professions Council (HCPC) is seeking to appoint three lay and one registrant member to its Council. Council members play a key role in setting strategy and policy, and ensuring the HCPC fulfils its statutory duties and responsibilities. They also act as HCPC ambassadors, representing the Council's public protection role. Applications close on 12 September 2014.

📍 Visit: <http://tinyurl.com/p9gd263>

**Correction:** The obituary for Hilary Jarvie in July's issue of Bulletin (page 26) was co-written by Lynette Smith and Eunice Gibson, not Gibbs as we stated at the end of the article. Our apologies go to Eunice. Read this month's obituary, for Professor Jeri Logemann, on page 27.

**Childhood dysarthria** is the topic of a special issue of the International Journal of Speech-Language Pathology, 'Translating knowledge to practice in childhood dysarthria'. The issue includes articles on assessment, treatment, outcomes and impact by a range of international authors. RCSLT members can access this journal for free via the RCSLT Journals Collection.

📍 Visit: <http://tinyurl.com/pdvqtxg>

**Do you have** any information or views about child sexual exploitation in Northern Ireland and how it is addressed? In November 2013, ministers set up an independent inquiry to look at the matter and make recommendations. The inquiry is particularly interested in hearing the views and experiences of frontline workers and former workers.

📍 Visit: [www.cseinquiry.org.uk](http://www.cseinquiry.org.uk)



**Avril Nicoll@avrilnicoll**

As usual, a nightmare choosing between sessions:) MT @RCSLT: See our updated conference programme at <http://bit.ly/WRfkSH> #rcslt2014

**Gillian Rudd@GillianRudd**

Nearly 10 years since I qualified, I still get excited about visiting @RCSLT HQ! #NotCoolButDontCare #slpeeps #London pic.twitter.com/4Q5UoLxKsj

## New opportunities for head and neck cancer dysphagia research

The future is looking bright for research funding into dysphagia interventions for head and neck cancer patients with National Institute for Health Research (NIHR) funding for three projects.

Comparing pre-treatment gastrostomy tube versus nasogastric feeding in patients undergoing chemoradiotherapy (TUBE) aims to evaluate which options lead to a better swallowing ability or quality of life.

The cognitive behavioural enhanced swallowing therapy feasibility study (CB-EST) aims to develop an intervention combining the principles of cognitive behavioural therapy with usual swallowing therapy, to help patients adjust to changes following cancer treatment.

Resources for Living (Research for Patient Benefit funding)



### Can molecular gastronomy techniques help patients re-engage with eating and drinking?

is a pilot study looking at whether molecular gastronomy techniques (Heston Blumenthal-style cooking) can assist patients re-engage with eating and drinking, finding different ways of preparing foods they can both

manage and enjoy. Workshops will start in September 2014.

Meanwhile, Cancer Research UK has also made two large investments into investigating whether different cancer treatments can improve swallowing outcomes.

Postoperative adjuvant treatment for HPV-positive tumours (PATHOS) aims to tailor post-surgery radiotherapy treatment for patients with oropharyngeal cancer to reduce side effects, particularly swallowing problems. More than 20 centres are participating across England and Wales. Recruitment starts in December.

Comparing dysphagia optimised radiotherapy versus standard radiotherapy in head and neck cancer (DARS) is a multi-centre study that aims to refine radiotherapy techniques to safely reduce the dose to areas

that are essential to swallowing.

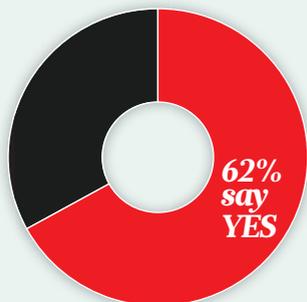
Finally, the Scottish Chief Scientist Office Research Grant body has provisionally allocated funding for the development and feasibility of a swallowing intervention package. This multi-centre study will look at the delivery of a pre-treatment swallowing intervention aiming to improve long-term outcomes.

This programme of research is crucial in furthering the evidence base for speech and language therapy interventions. It has involved a collaboration of national academic and multidisciplinary clinical partnerships and patient engagement. This is great news for our patients, team working, new networks and rehabilitation research.

For further information, email: [joanne.patterson@ncl.ac.uk](mailto:joanne.patterson@ncl.ac.uk)

RCSLT Web Poll  
Have your say...

Are you in favour of the Assisted Dying Bill?



VISIT: [WWW.RCSLT.ORG](http://WWW.RCSLT.ORG)

## 'Help Stop Choking' wins national award

A unique project involving a service user with learning disability has bagged one of the top awards at the inaugural Patient Safety and Care Awards 2014, organised jointly by the Health Service Journal and Nursing Times.

Belfast Trust SLT Angela Crocker worked with a service user, John, and the Learning Disability Team to produce an accessible DVD called 'Help Stop Choking.' Together they won the prestigious award in the 'Preventing Avoidable Harm' category.

Help Stop Choking is based on a service user's experience to help increase awareness of choking, promote safe eating strategies and reduce avoidable



mortality and adverse harm effects from choking. John hopes that by sharing his story it will help to improve service user experience and help other people reduce their risk of choking.

Presenting the award, the judges commended Angela and John on the uniqueness of the project, which was the only one to include a service user. They also referenced the huge impact the DVD could make by preventing avoidable deaths by choking and said all learning disability services across the UK should use it as core training and awareness raising for both staff and service users.

Visit: <http://youtu.be/AEwDb3ZNkAc>

**Claire Goodwin@bake\_therapist**  
 @RCSLT one of your girls is on  
 #GBBO great british bake off this  
 year! It's ME!! pic.twitter.com/  
 NBNv4to1ES

**Speech Dudes@SpeechDudes**  
 My @RCSLT membership has  
 now been reinstated! Big thanks  
 to Tashika who fixed my blunder  
 ;) Gotta love those #RCSLT folks!!



**BRYONY SIMPSON & KAMINI GADHOK**

**GIVING VOICE UPDATE**

# Celebrating a year of Giving Voice



**Have Giving Voice bag, will travel**

Eight members of the University College London society spent a gruelling week in July undergoing various SLT-related challenges. This included three students on a pureed food diet, two replacing all fluids with thickened liquids, one student only using a tablet for communication, one voluntarily stammering and one wearing a heat-moisture exchange system, as used by those who have had a laryngectomy. You can read about their experiences via their blog (<http://uclgivingvoiceblog.wordpress.com>). By the end of the week they had raised an incredible £1,064 for the Stroke Association.

The students launched a viral campaign #GiveMe5. This involves posting a 'selfie' on Facebook, showing your hand with five words

you couldn't live without written on the back, and then nominating other friends to do the same. The message copied into every post spreads key statistics about speech and language and links them to the Giving Voice website. Hundreds of people have already taken part. The person behind the concept, Holly Strickland, even took it to Glastonbury with her and made it into the BBC TV coverage.

The students also came up with an ingenious way to spread the message further afield. During the long summer break, all are taking their Giving Voice bags with them on holiday to spread the news about the campaign (see photo of the progress so far).

**Lucy Crook**

## Queen's award for Therapy Box

Communication technology business, Therapy Box, has received a Queen's Award for Enterprise for Innovation. The company, which specialises in developing apps for individuals with a variety of speech and physical disabilities to enable them to communicate, is one of the smallest businesses to have received the prestigious accolade.

Co-founders former SLT Rebecca Bright and Swapnil Gadgil attended

a reception at Buckingham Palace in July to celebrate the achievement and meet the Queen. Following this, an intimate event took place at Therapy Box's offices, where the Lord Lieutenant of Greater London, Sir David Brewer, representing The Queen, presented the pair with a chalice and scroll in commemoration.

Visit: <http://therapy-box.co.uk>

## GET INVOLVED THIS SEPTEMBER

As you open your Bulletin this month we will be coming up to the RCSLT Conference 2014, 'Mind the Gap: Putting research into practice', on 17-18 September in Leeds.

We hope to see as many of you as possible at this exciting event, which will focus on the challenges and opportunities facing the profession and provide a platform for dissemination of innovations for evidence-based practice. Places are going fast, so book yours today. Visit: [www.rcslt.org/news/events/2014/rcslt\\_conference\\_2014](http://www.rcslt.org/news/events/2014/rcslt_conference_2014).

On the eve of the conference, on 16 September, we will hold the RCSLT annual general meeting. This is free to attend and all members are welcome. At this year's meeting, we will announce proposals for a new governance structure for the RCSLT. There will be an opportunity for members to find out more about this.

For more details and information about how to submit a proxy vote, visit: [www.rcslt.org/about/howwearun/council](http://www.rcslt.org/about/howwearun/council)

We hope to use this opportunity to develop new ways to refresh the way we engage with members, particularly at a time of ongoing pressures in the health and social care systems; the need to influence at national, regional and local levels; and potential changes as a result of the referendum in Scotland on 18 September and General Election in 2015.

We would also encourage you to sign up to the post-conference webinar that will take place on 16 October. If you attended the conference, RCSLT Councillor for Research and Development Professor Vicky Joffe and Research Manager Dr Emma Pagnamenta will provide ideas of the 'what next' you might want to take forward in your practice.

If you could not attend, they will provide you with a flavour of the event, encourage you to view the post-conference slides and help you think about how the themes relate to your practice. Visit: [www.rcslt.org/news/webinars/rcslt\\_webinars](http://www.rcslt.org/news/webinars/rcslt_webinars) ■

**Bryony Simpson, RCSLT Chair; Kamini Gadhok, MBE, RCSLT Chief Executive. Email: [kamini.gadhok@rcslt.org](mailto:kamini.gadhok@rcslt.org)**

*“At this year’s meeting, we will announce the proposals for a new governance structure for the RCSLT”*

## Manchester students impress during Action on Stroke Month

University of Manchester (UOM) SLT students worked closely with The Stroke Association throughout Action on Stroke Month in May 2014 to promote the RCSLT's Giving Voice Campaign. This was through 'Science Stroke Art 2014' – a series of innovative public engagement and awareness events in Manchester, which included talks, storytelling, theatre productions, and science and art demonstrations.

The students had an important role throughout these activities, particularly during a 'human library' event. This involved working with stroke survivors to help develop stories based on their experiences of stroke. Students were able to support those with communication



UOM SLT students promote the important role of SLTs during stroke rehabilitation

difficulties by finding augmentative ways of delivering their story.

We held three Giving Voice stalls at several other events to provide the public with information about the communication and swallowing difficulties people may experience after stroke. We also strongly promoted the important role of SLTs during stroke rehabilitation.

Aphasia researchers from the university attended to support us by providing details about developments in aphasia research.

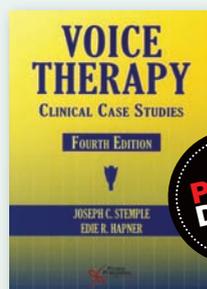
We organised an end of year academic ball for students and university staff. Giving Voice was at the heart of this event, while also raising an impressive £877 for The Stroke Association. Two guest speakers shared their experiences

of stroke and this provided participants with inspiring first-hand accounts of how speech and language therapy is fundamental to the rehabilitation of stroke survivors.

Being part of the Giving Voice Campaign has been a truly rewarding experience and we have received incredibly positive feedback from The Stroke Association's regional head of operations. On a personal level, I have enhanced skills in networking, leadership and creativity. I believe the UOM SLT students have shown dedication to and enthusiasm for the Giving Voice Campaign and we are very proud of our achievements so far.

.....  
**Alana Botwright (Newly-qualified SLT)**

### The RCSLT prize draw Win a book...



PRIZE  
DRAW

Bulletin readers can win a copy of 'Voice therapy: clinical case studies'. Email your name, address and membership number to [prizedraw@rslt.org](mailto:prizedraw@rslt.org) and put 'September draw' in the subject line. **Entries close 15 September. July's winner was Vanessa Lloyd from Wrexham.**

## Afternoon tea highlights speech and language therapy role

The Adult Acquired Disorders Community Speech and Language Therapy team from Anglian Community Enterprise held a successful afternoon tea networking event in July, at Great Horkesley Village Hall near Colchester.

As a newly-established team, staff wanted to raise awareness of the role of SLTs, to build new links with local services and to share ideas and information about the services offered by each other. The event was well-received by guests from a wide variety of organisations, including Alzheimer's Society, Essex Carers Support, The Stroke Association,



Headway and Age UK.

Guests were able to find out more information about communication aids, therapy for people with dysphagia and communication therapies. The team also promoted the International Communication Project 2014 Pledge and the RCSLT's 'Giving Voice for people with dementia' campaign, highlighting the need for SLT input.

Hannah Astley and Jennifer Whitaker, both SLTs, gave a short talk about the department's role and services offered, with other guest talks from Ryan Jones from Essex Carers Support and Alison Heavey from Huntington's Disease Society.

.....  
**Hannah Astley, SLT**

**£1,064**

raised by UCL students  
for the Stroke  
Association

**£30,000**

available to support research  
through a Peel and Rothwell Jackson  
Postgraduate Travelling Fellowship



**Derek  
Munn**

**COLUMN**

## SUMMER REFLECTIONS

It's summer at the RCSLT and we've been making the best of the warm weather by taking stock. For example, as I write, we have recently compared notes across the UK on developments around children and young people – and what we've found is that despite the differences in political context, the issues and challenges are often the same.

Northern Ireland's Public Health Agency is reviewing allied health profession provision for children with statements. There's also a review of Sure Start, a 'Delivering Social Change' programme led from the top of government and a strategic partnership looking at outcome-based commissioning for children and young people. The RCSLT is involved in all these developments.

In Wales, consultation has just closed on additional learning needs (special educational needs have different names in the different parts of the UK). Alongside this, is a review of special schools provision. We are particularly pleased though that following RCSLT lobbying, the Welsh Assembly Government is taking speech language and communication needs seriously, with money committed to its Flying Start programme for priorities that include language development, awareness training for civil servants and forthcoming guidance on early language.

*“The Welsh Assembly Government is taking speech language and communication needs seriously”*

In Scotland, the focus is on the implementation of the Children and Young People's Act passed earlier this year. We are influencing the guidance, linking speech and language to the eight outcomes that the law seeks for each child.

Bulletin readers will know about the changes that have now come in for special educational needs and disability (SEND) in England (read 'RCSLT produces online SEND reforms guidance' August 2104 Bulletin, page 5). We'll also be addressing this as part of our approach to the General Election – more next month.

We are also taking stock of the RCSLT's campaigning work. Just a reminder that for the time being, if you want to talk to us about Giving Voice or the International Communication Project 2014, email: [campaigns@rcslt.org](mailto:campaigns@rcslt.org) or phone Tom Griffin on 0207 378 3012. ■

**Derek Munn, RCSLT Director of Policy and Public Affairs.  
Email: [derek.munn@rcslt.org](mailto:derek.munn@rcslt.org)**



### **Morag is new deputy chair**

The RCSLT Council has approved – in the absence of multiple candidates, in accordance with the RCSLT's Articles – for Scotland Councillor Morag Dorward to be the next deputy chair of council. Morag will take up her position at the 2014 annual general meeting in Leeds on 16 September. All members are welcome to attend the AGM. The agenda, minutes of the 2013 meeting, background notes, booking form and proxy voting form are now available from: [www.rcslt.org](http://www.rcslt.org)

### **Dementia impact survey**

To mark the fourth year of the National Dementia Declaration, the Dementia Action Alliance is surveying people affected by dementia and the professionals supporting them to find out whether current activity is leading to real changes on the ground. The online survey has a filter with different questions for people affected by dementia and professionals.

● **Visit: [www.dementiaaction.org.uk/impactsurvey](http://www.dementiaaction.org.uk/impactsurvey)**

### **IJLCD editor interview opportunities**

The RCSLT would like to offer two certified members the opportunity to be part of the interview panel for the new editor in chief of the International Journal of Language and Communication Disorders. We are looking for an SLT working clinically and an RCSLT member working at a higher education institution. You will be required to attend up to two days of presentations/interviews with the prospective candidates at the RCSLT offices in London during November 2014. The RCSLT will pay reasonable travel costs. If you are interested in taking part, please

email: [emma.pagnamenta@rcslt.org](mailto:emma.pagnamenta@rcslt.org) for more information. To apply, send your contact details, CV and a brief statement on why you would like to be part of the interview panel to Emma by 19 September 2014.

### **Travelling fellowships available**

Apply now for a Peel and Rothwell Jackson Postgraduate Travelling Fellowship. Up to £30,000 is available to support your research, advanced study or the acquisition of a new clinical skill unlikely to be available in the UK. Candidates will be planning a UK career that will be enhanced by spending up to a year at a centre of international excellence. Closing date, 6 November 2014.

● **Visit: [www.peeltrust.com/fellowship.php](http://www.peeltrust.com/fellowship.php)**

### **Dysphagia information online**

In line with the RCSLT's plans to provide online support for key clinical and topic areas, we have created a new webpage to raise awareness of and encourage member involvement in our dysphagia-related work ([www.rcslt.org/members/clinical\\_areas/dysphagia](http://www.rcslt.org/members/clinical_areas/dysphagia)). The RCSLT Dysphagia Working Group is currently drafting content for the dysphagia section, including clinical information, links to key RCSLT and external resources, and important contacts. A link to this page will also be available on the new current projects page.

● **Visit: [www.rcslt.org/about/current\\_rcslt\\_projects](http://www.rcslt.org/about/current_rcslt_projects)**

### **NICE updates for AHPs**

The National Institute for Health and Clinical Excellence (NICE) produces guidance on the most clinically and cost-effective, evidence-based care. Recently published guidelines, quality standards and implementation tools for allied health professionals include: Antisocial behaviour and conduct disorders in children and young people (QS59), Domestic violence and abuse (PH50), Autism (QS51), Mental wellbeing of older people in care homes (QS50) and Stroke Rehabilitation (CG162). Visit: [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance) to read the guidelines. Register for the NICE e-newsletter and updates, visit: [www.nice.org.uk/newsletter](http://www.nice.org.uk/newsletter)

## Get involved in dementia research

There is currently huge investment in dementia research and while a significant focus is on drug treatments, funders recognise that research is equally necessary into living well with dementia.

Alzheimer's Society is leading the way in the UK and has promised to invest at least £100m in dementia research over the next decade.

In 2013, Alzheimer's Society led a Dementia Priority Setting Partnership with the James Lind Alliance. The partnership consulted with people with dementia, their carers and health and social care practitioners. The top 10 priorities include the effectiveness of care and interventions for people with dementia and their carers, ways to encourage people with dementia to maintain nutritional intake, early diagnosis, and acute and end of life care (visit: <http://tinyurl.com/mdu3yhk>).

Alzheimer's Society has a



dedicated care, services and public health research funding stream and would like SLTs to get involved. The society provides funding for project grants, a range of fellowship grants (for clinicians and researchers)

and PhD studentships (visit: <http://tinyurl.com/ptbbcd5>). It has also launched its new Dementia Research Leaders programme, which brings together new and existing ways to support promising early career researchers to forge careers in the dementia field. Funding and development opportunities are available for people from biomedical, clinical and social science backgrounds (visit: <http://tinyurl.com/nlak9wp>).

If you know of any further opportunities for SLTs to get involved in dementia research, email: [emma.pagnamenta@rslt.org](mailto:emma.pagnamenta@rslt.org)

**Katherine Gray, Research Grants Manager, Alzheimer's Society**

## Make an IJLCD date this winter

The International Journal of Language and Communication Disorders (IJLCD) team is delighted to announce that Professor Karen Bryan will give the 2014 IJLCD Winter lecture on 4 December 2014 (5.30pm – 8pm).

Hosted by the Division of Language and Communication Science at City University London, Karen will discuss 'Language difficulties and criminal justice processes'. The lecture will consider the demands on language required by processes, such as police interviews, giving evidence in court

and restorative justice. Karen will also present evidence for the over-representation of people with cognitive and communication difficulties in the criminal justice system, and evidence for the potential value of speech and language therapy to youth justice services, and the impact of registered intermediaries on justice processes.

A drinks reception will follow Karen's talk. Tickets are free, but places are limited.

Visit: <http://bit.ly/1t3fljw> to book your ticket. Registration opens 15 September 2014.

### Post-conference webinar

The RCSLT will host a webinar, 'Mind the gap and build a bridge across it: a post-conference round up' between 2pm – 2.45pm on 6 October 2014. Panellists RCSLT Deputy Chair Maria Luscombe, Research and Development Councillor Professor Victoria Joffe, and Research Manager Dr Emma Pagnamenta will discuss key themes from the conference. The webinar will also help you with your reflections and provide ideas of the 'what next' that you might want to take forward in your practice. If you are not able to attend the conference, the webinar will provide a flavour of the event, encourage you to view the post-conference materials and consider how the themes relate to your practice.

Visit: <http://tinyurl.com/RCSLT2014>

### Professional indemnity arrangements

All Health and Care Professions Council (HCPC) SLT registrants must now have appropriate professional indemnity arrangements in place as a condition of registration. Director of Policy and Standards Michael Guthrie says, "The majority of our registrants will already meet these requirements because they will be indemnified either through their employer, a professional body, union or defence organisation, directly with an insurer, or a combination of these. However, it is important registrants ensure they have cover in place that is appropriate for their practice." In future, the HCPC will ask registrants to confirm they meet the requirement by completing a professional declaration when renewing or registering.

Visit: [www.hcpc-uk.org/registrants/indemnity](http://www.hcpc-uk.org/registrants/indemnity)

### CPLOL call for abstracts

The Scientific Committee is inviting abstracts for the scientific programme of the 9th European CPLOL Congress, which will take place in Florence on 8-9 May 2015. The congress will cover all the fields of the speech and language therapy practice, particularly child language and non-language disorders; acquired speech, language and swallowing disorders in adults and older people; and speech and language education and profession. Submissions close on 1 November 2014.

Visit: [www.cplolcongress2015.eu](http://www.cplolcongress2015.eu)

### Implementing the SEND reforms

The Communication Council has published a free report 'Implementing the SEND reforms', which aims to provide practical information regarding commissioning for speech, language and communication needs services within the context of implementing the special educational needs and disabilities (SEND) reforms. The report provides a synthesis of the key messages from a seminar held in February 2014, together with additional background material around the 2014 SEND reforms.

Visit: <http://tinyurl.com/nzz38kg>



# Linda Armstrong

# Opinion

**Linda Armstrong wonders whether lipreading could be an evolving role opportunity for SLTs**

## On everyone's lips?



ILLUSTRATION Trina Dalziel

Lipreading classes aren't a million miles away from speech and language therapy groups for people with communication problems. That's the conclusion I quickly reached when talking to tutors and current lipreading class members about the impact of their classes. I am working for the Scottish Lipreading Strategy

*“Is the training of some SLTs/SLT students to be lipreading tutors a possible way forward?”*

Group on a project to improve access to lipreading classes for adults with hearing loss.

The Scottish Government funded the group's work, recognising that lipreading classes are an integral part of adult hearing rehabilitation but currently available to only about 500 people in Scotland at a time (1% of those receiving their first NHS hearing aids annually). The Scottish Government is particularly interested in improving and joining up services to people with hearing loss at present as part of its new joint sensory strategy, 'See Hear' (Scottish Government, 2014).

The Quirk Report (DES, 1972) recommended that SLTs have a role in adult acquired deafness management. The RCSLT considers deafness/hearing loss a core SLT clinical area – for example, in the competencies framework, Communicating Quality 3, Clinical Guidelines and 'Resource Manual for Commissioning and Planning Services for SLCN'. Hearing loss can have a significant impact on speech and language therapy delivery and effectiveness, for example for clients with aphasia. Conversational problems and misunderstandings are inevitable. Improved digital hearing aids make a difference, but are not usually the total answer.

Currently, three of the 26 lipreading tutors in Scotland are SLTs. One is a retired SLT manager, another does lipreading classes as an integral part of her post as specialist SLT for clients with hearing loss across the life-span and the third does lipreading classes in addition to her NHS SLT post with people with acquired neurological conditions.

Eight RCSLT-registered clinical excellence networks relating to hearing loss exist around the UK: two UK-wide, three in England and one each in Scotland, Wales and Northern

Ireland. They are wholly or mainly concerned with hearing loss in children. Specialist speech and language therapy services to people with hearing loss exist, but again mainly focus on children.

How many SLTs out there work in specialist posts with adults with hearing loss? Are you also a lipreading tutor/teacher? Do you refer clients to lipreading classes? Is there an evolving role opportunity here (RCSLT, 2008)? Is the training of some SLTs/SLT students to be lipreading tutors a possible way forward to deal with the lack of lipreading classes in remote and rural areas, and a way of attracting younger people to classes? I'd be delighted to hear from you on these or any related questions by the end of November when the project ends.

National Lipreading Awareness Week is 8–12 September 2014. For more information about lipreading classes visit: [www.lipreading.org.uk](http://www.lipreading.org.uk) and [www.scotlipreading.org.uk](http://www.scotlipreading.org.uk) ■

**Linda Armstrong, Research Officer, Action on Hearing Loss for the Scottish Lipreading Strategy Group. Email: [linda.armstrong@hearingloss.org.uk](mailto:linda.armstrong@hearingloss.org.uk)**



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### Acknowledgement:

Many thanks to the three SLTs/lipreading tutors in Scotland – Liz Hurst, Liz Kraft and Alison Pendrowski – for significantly informing this discussion through their specialist knowledge and experience

# BUDGET CUTS 2014

## — CLIENT GROUPS SERVED: —

ADULTS WITH  
LEARNING  
DISABILITIES

CHILDREN  
ONLY

ADULTS ONLY

CHILDREN &  
ADULTS

52,3%

BUDGET CUTS  
2014

## EMPLOYED BY:

SCHOOLS

LOCAL AUTHORITY

NATIONAL HEALTH SERVICE

IF YES,  
BY WHOM

SCHOOL

HEALTH

LOCAL  
AUTHORITY

% OF  
BUDGET CUT

10%

# Cuts 2014: You tell us about the effects on your services

**Steven Harulow** looks at the results of the 2014 RCSLT cuts survey and ways forward for those facing funding reductions

**T**he RCSLT's third survey on the effects of financial cuts, in May 2014, shows speech and language therapy services are continuing to lose posts, are facing a reduction in the banding of staff that remain, and are having to restrict the services they provide in order to save money. All this at a time of increasing demand for speech and language therapy services.

As with our 2012 survey, your feedback tells us that 'service efficiencies' have moved beyond saving money on your back office functions and are having a real impact on your service users. In light of these results and the RCSLT's activities to support services under threat, this article looks at some of the steps you can take when faced with funding and workforce challenges.

## Contact the RCSLT

The RCSLT, while not able to enter specific negotiations on local pay and conditions, does have a wealth of resources you can use to help you in your negotiations. We are very keen to help you, so make sure you contact the RCSLT (tel: 020 7378 1200) as soon as you find out that your service is under threat. Over the past few years, we have engaged with several services and found that face-to-face meetings can be very helpful.

"However, we are very dependent on you telling us what is happening locally - either in your own or neighbouring services," says

RCSLT CEO Kamini Gadhok.

Services also need to act quickly to ensure local union representatives are aware of the situation, particularly if staff are under threat of redundancy or downgrading, or there are other changes to their terms and conditions.

## Start the dialogue

The first thing to remember is not to panic. We all know public sector financial cuts are inevitable, but the fact your organisation has asked you to take part in consultation means you have opportunity to at least partly influence the final decision.

Kamini adds, "It is vital that you keep lines of communication open during any change process, so you can discuss the implications of decisions made and be clear about the impact they will have on patient/service user outcomes. How you influence and the tactics you use are particularly important. Decision-makers are probably not fully aware of what your service actually

does and are looking at what you do simply in terms of what you cost.

## Count the money

It is important that you fully understand the savings required by your organisation as a whole and from your service in particular. Ask how the changes proposed will meet the local priorities and patient need, as well as the needs of commissioners. Understand the rationale behind the decision to reduce your budget.

Establish the figures, both in terms of how much your service costs and the income you bring in to your organisation. Do these figures match what you have been presented with in the consultation? If no figures have been provided, ask to see them.

You know what your service does better than anyone else, so make sure your decision-makers are aware of the income you generate and the money you are already saving. Look at the Department of Health's Quality, Innovation, Productivity and Prevention website (<http://tinyurl.com/9rnzfxp>) for examples of the way other teams have reported their efficiency savings.

## Question the clinical evidence

It is very important to examine the clinical basis behind any proposed budget decisions. Have your decision-makers taken into account the local population needs in their decision to reduce posts and limit the provision of services?

"We know of a recent example where a decision to reduce children's services was based purely on an analysis of local deprivation to predict future levels of speech, language and communication needs [SLCN]," Kamini says.

"While deprivation is one indicator of the prevalence of SLCN, this measure alone fails to account for specific needs, such as specific language impairment and autism spectrum disorders."

NHS and upper-tier local authorities

*"We are unable to provide the full range of support that we had previously provided."*

have had a statutory duty to produce an annual joint strategic needs assessment (JSNA) since 2007. This analyses the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. Have your decision-makers taken full account of your region's JSNA in predicting future demand for your services? If not, this is an area your team can investigate further to challenge their assumptions.

### Mandate for quality

The failings in care standards at Mid Staffordshire NHS Foundation Trust and Winterbourne View Hospital are still high on the Government's healthcare agenda and are continuing to drive the focus on quality. In this light, the Department of Health 'Mandate to the NHS Commissioning Board (NCB)' is a very powerful influencing tool. It sets out the objectives for the NHS and highlights areas of health and care where government expects to see improvements.

According to the Mandate, all providers will be, "legally required to publish to account for the quality of their services". It also makes reference to the need to promote research and innovation through the creation, diffusion and adaption of good practice.

Importantly, the Mandate talks about leading the continued drive for efficiency savings through the QIPP programme and discusses the statutory duty with regard to the planning and delivery of education and training. Visit: <http://tinyurl.com/amrjqzq>

### Know your duty of care

Professionalism is also very high on the national agenda following Mid Staffordshire and Winterbourne View. Remember this in your negotiations. The RCSLT requires members to challenge, risk assess and appraise funding levels, and identify and articulate risk with relevant partners. In particular, this must happen where, due to the proposed funding levels or models of service:

- There is a risk to the safety of service users.
- The service provided would be detrimental to or of no benefit to service users.
- The service provided/not provided would expose the therapist to risk of reference to the Health and Care Professions Council.
- The service provided/not provided would breach the therapist's duty of care.

Visit: <http://tinyurl.com/m2nrtgj>

### Clinical leadership counts

Local decision makers are looking to make instant savings in staffing, their biggest cost centre. This has resulted in the downgrading of senior clinical leadership posts across all of the allied health professions. Remind your decision makers that clinical specialists are an essential long-term resource for further service innovation and improvement. They are responsible for staff supervision and continuing professional development, to ensure patients receive the best practice in care. They minimise risks, improve outcomes and lead developments in research and service delivery.

According to Kamini, "The role of highly-specialised clinicians is critical within the NHS to enable the effective development of skills, knowledge and expertise to support more junior SLTs. Loss of these posts will result in poorer patient outcomes, for example longer stays in hospital. Without the skills and knowledge of senior clinicians the profession will be stripped of a significant specialist resource."

### Cuts toolkit

The RCSLT's Giving Voice campaign has helped members to demonstrate how speech and language therapy makes a difference to people with SLCN, their families and the wider society. As part of the campaign we have produced a 'cuts toolkit' ([www.rcslt.org/members/cuts\\_toolkit/intro](http://www.rcslt.org/members/cuts_toolkit/intro)).

This contains two key documents. The 'RCSLT statement on the roles and responsibilities of registered practitioners' is an important statement that reiterates your professional obligations. It is a useful



#### 44 RESPONSES:

England	68.2%
Scotland	9.1%
Wales	18.2%
Northern Ireland	4.5%

#### Who are you employed by?

NHS	85.7%
Local authority	8.6%
School	5.7%



#### Which client groups do you serve?

Children only	60%
Adults only	20%
Children and adults	10%
Adults with learning difficulties	10%

benchmark against which to gauge decisions you are being asked to make. You can also use the 'RCSLT briefing for decision-makers' to give an insight into the short- and long-term impact of poor budget decisions.

The toolkit also provides information on how to engage and influence local budget holders, and how your services users and their parents and carers challenge cuts. It will also direct you to RCSLT resources, including:

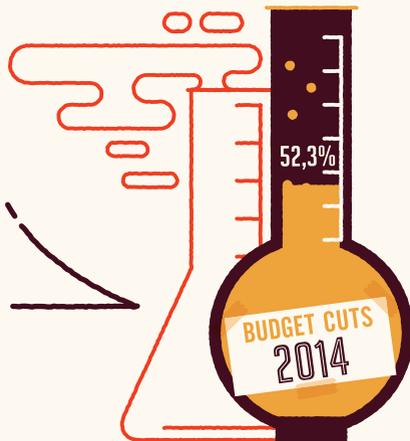
- The 'Matrix Report: An economic evaluation of speech and language therapy'
- Giving Voice campaign delivery toolkit – includes templates for letters to decision makers and advice on how to explain the initiative to your colleagues and communications teams.
- Manager's Resource Pack – provides information to influence commissioners and others, focusing on achieving financial balance. It includes information relating

*“We have lost the most experienced therapists in the recent restructure.”*



**Have you had a cut in your budget and/or income in 2013/2014?**

Yes **52.3%**



**If yes, by whom?**

Health **86.4%**  
Local authority **13.6%**  
School **18.2%**



**Do you anticipate a cut in your budget and/or income in 2014/2015?**

Yes **55.8%**

**If yes, by whom?**

Health **82.6%**  
Local authority **17.4%**  
School **17.4%**

**By what percentage has your budget has been cut?**

Average: **10%**  
Range: **2-30%**

**Are these cuts one-off or recurrent?**

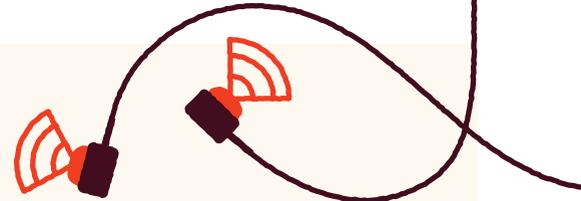
One-off **30.8%**  
Recurrent **69.2%**

**Has this cut had a negative impact on your service?**

Yes **92.3%**

**How?**

Posts cut **61.5%**  
Posts frozen **19.2%**  
Posts downgraded **46.2%**



Service abolished **7.7%**  
Service reduced in scope (eg loss of universal provision) **42.3%**  
Service rationed (eg age bar) **7.7%**  
Eligibility threshold raised **19.2%**  
Waiting lists increased **38.5%**  
Waiting times increased **46.2%**

**Has this affected your service users?**

Yes **79.3%**

**How?**

- ▶ Reduced clinical specialist/lead time
- ▶ General follow-up carried out by assistant no longer available
- ▶ Now only able to see clients once a week (maximum) and have less time to plan and provide best therapy possible
- ▶ Longer wait for initial appointment and follow up
- ▶ Longer follow up waiting times
- ▶ Increase in time taken to access speech and language therapy
- ▶ Lack of access to rehabilitation services
- ▶ Loss of specialist expertise, knowledge and therapy
- ▶ Poorer quality SEA2 (statement) reports being written
- ▶ Prolonged periods nil-by-mouth
- ▶ Dysphagia service cut – service users advised to seek GP advice instead

to the risks of not providing speech and language therapy.

- **Quality Self-Evaluation Tool (Q-SET)** – allows teams to evaluate the quality of the services they provide and compare with others of a similar type.
- **Commissioning Resource Manual** – supports leaders in the planning, commissioning and delivery of speech and language therapy services in line with government and local priorities.
- **Quality standards for schools as commissioners of speech and language therapy services** – highlights the quality standards that are priorities for schools to adhere to in the commissioning process.
- **Policy statements and position papers** – tools to influence the commissioning and organisation of services.
- **RCSLT list of outcome measurement tools** – maps outcome measurement tools/ systems and highlights where they were useful.

**Essential training**

You are not alone in facing these challenges. The East Midlands Local Education and Training Board has funded the development of an informative and practical training programme to support SLTs and their leaders in all settings, as they face major financial, service and workforce challenges. The programme aims to help SLTs get a better understanding of the principal drivers and nature of change, and enable them to have more influence and control over the design and delivery of clinical services.

Speech and language therapy services have been working together at a RCSLT Hub level to develop this resource. Our workforce planning and development adviser, David Amos – who was human resources director at two London teaching hospitals and the deputy HR director for the English NHS at the Department of Health – has delivered training in the

East Midlands and North West. We have plans to roll out the developing package in other areas soon. You can watch the East Midlands RCSLT Hub workforce planning session at: <http://tinyurl.com/mxos9rs>

David and Kamini will present a session on the training at the RCSLT Conference in Leeds, in September. They will describe, in clinical business terms, what are safe, productive and value-for-money speech and language therapy services. There will also be case studies, including, ‘how to make a clinical business case’ and ‘advanced job planning: how to make the most of, and justify, the expert clinical specialist role’. Frontline SLT leaders who have worked with the RCSLT programme will illustrate their practical examples of how they have built a bridge between knowledge and practice, in order to understand, influence and control the challenges they face. **To book your conference place, visit: <http://tinyurl.com/k3ub7cp>** ■

# An effective model of neuro-oncology care

**Antonia Kilcommons** reports on a pioneering rehabilitation service for children with brain tumours

**B**rainbow is a rehabilitation service for children with brain tumours, based at Addenbrooke's Hospital in Cambridge. Launched in September 2013, the service has been funded for three years through the collaboration of three local charities<sup>1</sup>. The multidisciplinary service is part of Addenbrooke's paediatric haematology and oncology team, and works closely with inpatient teams, as well as with local teams across the region.

I took up my new full-time SLT post within the Brainbow Service at the beginning of September 2013. The service includes a physiotherapist, occupational therapist and clinical psychologist, with overall leadership from Consultant Paediatric Oncologist Dr Amos Burke. A project coordinator supports the overall development and management of the service and clinical team. As part of my role, I continue to link professionally with my paediatric colleagues in the larger Addenbrooke's speech and language therapy team for clinical supervision, continuing professional development opportunities and joint clinical working.

## Brain tumours

Brain and central nervous system (CNS)

tumours are the second most common group of cancers in children (exceeded only by leukaemia). They account for a quarter of all childhood cancers (CRUK, 2014). Each year, around 350 brain and CNS tumours are diagnosed in children aged 0-16 years. About a third of these occur in children under three years of age. Brain tumours generally have a better outcome in children than in adults, but children are often unwell for months prior to diagnosis and a prolonged period between symptom onset and diagnosis is associated with increased morbidity (Wilne et al, 2010).

Paediatric brain tumours differ from adult tumours in some important respects. Approximately 60% are infratentorial and arise in the posterior fossa region, including the cerebellum and/or brainstem (CRUK, 2011). They can typically present with difficulties in coordination, hemiparesis and cranial nerve palsies, contributing to swallowing difficulties and dysarthria.

Survival rates have improved considerably over the past decade. This may be due to factors including improvements in imaging, a multidisciplinary approach, improved neurosurgical techniques, more precise radiotherapy and more intensive and combined chemotherapy options.

Rehabilitation and support for reintegration into education and society are essential. Children and young people treated with chemo-radiotherapy for brain tumours often develop cognitive difficulties,



particularly with speed of processing (Wilne et al, 2013). It is important that professionals recognise these issues and implement supportive strategies when looking at ongoing educational needs.

## The role of the SLT

Neurological dysphagia and communication difficulties are wide ranging in children with brain and CNS tumours – attributable to differences in histology, size, shape and location of the tumour, and the nature of surgery and treatment regimes. The impact on speech, language and communication development can depend on the age of the child at diagnosis and length of hospitalisation.

The role of the SLT can be a significant one in the case of posterior fossa syndrome (PFS), a collection of neurological,



**The Brainbow Service ([www.cuh.org.uk/brainbow](http://www.cuh.org.uk/brainbow)) aims to:**

- Help children with brain tumours reach their full potential.
- See every child and family prior to any surgery for suspected brain tumour. The Service coordinates assessments by team members to obtain a baseline of each child's existing abilities. This involves gathering a case history of their pre-morbid communication function, as well as an eating and drinking history. The SLT will recommend appropriate management strategies where dysphagia symptoms or communication difficulties exist.
- Follow up all children post-surgery, working with the inpatient multidisciplinary teams to guide and assist with rehabilitation.
- Ensure clear communication between different professionals involved in each child's care, coordinating transition between hospital and teams closer to home.
- Review all children treated for a brain tumour who are in long-term follow up. Children and their families attend clinics at Addenbrooke's to establish current level of functioning and discuss specific areas of difficulty. Individual profession-specific assessments identify the clinical needs and draw up a detailed rehabilitation plan with agreed functional goals. Children may be offered further input from the Brainbow Service or we will liaise closely with local teams.
- Provide key data on clinical and service outcomes using Therapy Outcome Measures, Paediatric Evaluation of Disability Intervention and Goal attainment Scales. We ask parents and children to complete the Paediatric Quality of Life Inventory (PedsQL-Core scale) and the Peds QL multidimensional fatigue scale as a measure of health-related quality of life (Varni, 1998-2014). The project also uses patient satisfaction questionnaires to provide a qualitative measure of the service.

rarely the same as before surgery (Steinbok et al, 2003). There are often ongoing speech and language therapy needs, with significant long-term impairment in severe cases. Children may present with residual difficulties affecting nasality, pitch and prosody of speech as well as wider higher-level language difficulties and executive function affecting processing, sequencing and memory.

Children with PFS may require periods of non-oral feeding secondary to neurological involvement, treatment regimes and behavioural issues (Morgan et al, 2008). The SLT will be closely involved in assessing swallow safety and supporting the gradual introduction of oral intake throughout the child's recovery and during ongoing rehabilitation.

**Integrated care pathway**

Addenbrooke's Hospital (Cambridge University Hospitals NHS Foundation Trust) is the regional centre for paediatric oncology<sup>2</sup>. The hospital treats about 30 new cases of childhood brain tumours each year and in the region there are almost 200 children who are in long-term follow up over the past 10 years.

All children admitted with a suspected brain tumour enter the 'Integrated Care Pathway for Paediatric Brain Tumours'. This provides a standardised model of care that coordinates the input of medical and allied health professionals involved in each child's care up to the point of a confirmed

diagnosis. Magnetic resonance imaging remains the most widely used means of imaging. Once a tumour is confirmed, the main options for treatment involve partial or complete surgical resection, chemotherapy and/or radiotherapy.

**The Brainbow Service**

With many children diagnosed with childhood brain tumours achieving long-term survival (65% overall five-year survival) (Peris-Bonet et al, 2006) the consequences of both the tumour and treatment are often considerable. Decisions around management of childhood brain tumours often require a careful balance between optimising chances of survival versus long-term morbidity.

There is increasing recognition of the late effects of treatment, often resulting in physical, endocrine, cognitive, behavioural, emotional and communication difficulties (Anderson et al, 2001). These life-long chronic conditions can have an adverse effect on functional outcomes.

Currently, access to rehabilitation for children with brain tumours varies across the region and approaches to rehabilitation are inconsistent across the UK (NICE, 2014). Brainbow aims to help improve access to a more standardised and coordinated rehabilitation approach that can be tailored for all children with brain tumours across the region. Each child with a newly-diagnosed brain tumour will have a

behavioural and psychosocial symptoms that can occur in children following surgical resection of posterior fossa tumours (Pearlman et al, 2008). The impact of PFS can be traumatic for both the child and family and can result in long-term rehabilitation needs in severe cases.

One of the most distressing post-surgical symptoms is the onset of cerebellar mutism – a severe incoordination of the volitional aspects of speech (Parent et al, 2011). This can occur immediately postoperatively or present within the first week. Speech and language therapy support is key during this period to explore alternative means of communication and to support the gradual return of speech, often over days, weeks or months. There have been no cases reported where a child with cerebellar mutism does not regain functional speech, although it is



**From left to right:** Carole Hughes (Anna's Hope), Kate Stephens (physiotherapist), Katie Johnson (occupational therapist), Antonia Kilcommons (SLT), Rob Hughes (Anna's Hope).

standardised approach to assessment and be offered a clear programme of rehabilitation tailored to their needs. Timely intervention will maximise the opportunity for each child to re-integrate back into society, access education and minimise the likelihood of adulthood dependency.

### Future developments

We hope the Brainbow Service will continue as an NHS-funded service after its initial three years. However, it will be essential

to gather the necessary evidence to prove the service can make a real difference to children diagnosed with a brain tumour, improving long-term functional outcomes and quality of life.

Although the service is in its infancy, it is clear there is a much-needed role for speech and language therapy in this specialist field. It is exciting to be part of such a pioneering service from the outset and I hope we will be able to share the findings from this project – providing an effective model of care that

can be recognised and developed in other centres around the UK. ■

**Antonia Kilcommons, Specialist SLT, Brainbow Service, Addenbrooke's Hospital.**  
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#### Notes:

1 Anna's Hope, Camille's Appeal and Tom's Trust – all of whom have had personal experience of having children with brain tumours

2 Covering Cambridgeshire, Peterborough Suffolk, Norfolk, Bedford, Essex and Hertfordshire

#### Acknowledgements

The author is grateful to her Brainbow colleagues and SLT Sophie Phillips for their helpful comments and guidance in producing this article

### Toby's story

Toby was diagnosed with a medulloblastoma at 12 years of age. He underwent full surgical excision of the tumour and commenced a treatment protocol involving radiotherapy and chemotherapy. He met all members of the Brainbow Service team pre-surgery for baseline assessments. Follow up took place during his acute admission and as an outpatient during ongoing treatment.

Post-surgery, Toby developed Posterior Fossa Syndrome presenting with marked agitation, poor secretion management, very limited communication and significant ataxia. We kept him nil by mouth due to the risk of aspiration and provided nutrition via a nasogastric tube until the insertion of a percutaneous endoscopic gastrostomy. Frequent re-assessment and intervention took place as his swallow function began to improve – provided jointly by the Brainbow Service – to optimise the functional skills and positioning needed for safe swallowing and resuming oral intake. Toby's family required close support in helping them understand the nature of his swallowing difficulties.

His speech began to return relatively quickly post-surgery. As he developed stronger vocalisations, single words and short phrases began to emerge and Toby also used some basic gestures to support functional communication. We supported his parents in how to maximise Toby's communication while minimising frustration. Prior to discharge his communication returned to its pre-morbid level.

Toby continued to have regular physiotherapy and occupational therapy from the Brainbow Service during his radiotherapy treatment. He presented with low mood during treatment and saw the Brainbow clinical psychologist for further emotional support. He also saw the Brainbow SLT for further swallow reviews as an outpatient because he presented with new swallowing concerns with fluids, influenced by his treatment.

The Brainbow Service will continue to review Toby up to the age of 16 with close liaison with community teams and his secondary school. Neuro-cognitive and language assessments may take place in the future to support his ongoing education, given the likely impact of his treatment on his future learning potential.

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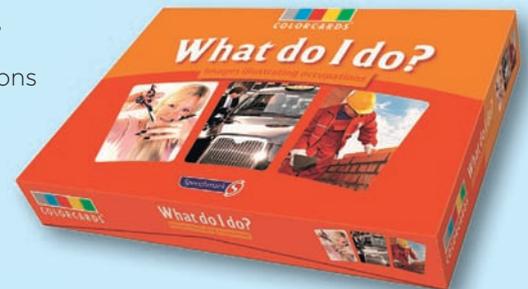
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## More Prepositions

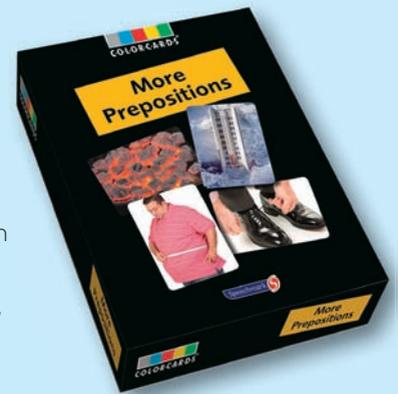
This set of 36 cards provides many opportunities to introduce and understand prepositions. 12 cards show contrasting words on the same card – for example: • tall and short • near and far • above and below

24 cards have individual examples of prepositions that can be used to construct sentences or even stories – for example: • The ice cream is cold • The dentist said open your mouth • The coals on the barbecue are hot • The man has his shoes on

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## More What are they thinking?

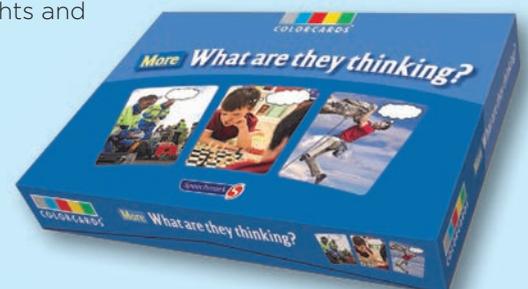
This collection of cards is designed to encourage users to focus on the thoughts and feelings they and other people experience when confronted with a situation.

Each card includes a 'thought bubble' to facilitate consideration of both what that individual is thinking and also the user's personal response. Discussions about the appropriateness of the situation and of the best way to deal with it will all help to develop: • Thinking skills • Understanding relationships • Problem solving • Social and emotional skills

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**Vicky Joffe and Emma Pagnamenta look at the issue of explaining treatment options and the evidence available**

## Making sense of it all

**E**vidence-based practice is a common thread underpinning most of our activities and discussions as professionals. An essential part of our role is to inform service users and their carers about the treatment choices available, so that they understand and support the intervention provided, and to ensure they are partners in the decision-making process.

Service users and their families have the right to services based on the best available evidence. In some areas, we have robust evidence of good practice; in others, we have less evidence on which to base our decisions. In either case, service users and their carers may approach you as the 'expert' after having done their own research, and may want to ask you about the approaches they have come across.

### Challenging questions

Many of you will be able to recall at least one example where somebody has challenged you about the work you are doing. Remember,

evidence is as key to service users as it is to professionals. Interestingly, Alston et al (2012) suggest that patients view evidence for what works as more important in healthcare than their provider's opinion and their own preferences.

A question often asked is, 'Why has this happened?' To answer this we need to draw upon a wide-ranging evidence base, investigating the aetiology of different conditions, risk factors and diagnostic features. Often, there is no straightforward answer. Many clients experience multifaceted and complex difficulties with speech, language and communication, and swallowing that we cannot account for by a simple cause-effect relationship. Frequently, there is also little consensus regarding aetiology and importantly, the progression and long-term impact of a disorder is often unknown (Law et al, 2010).

Clients may also ask, 'What is the evidence that this is going to work? As clinicians,

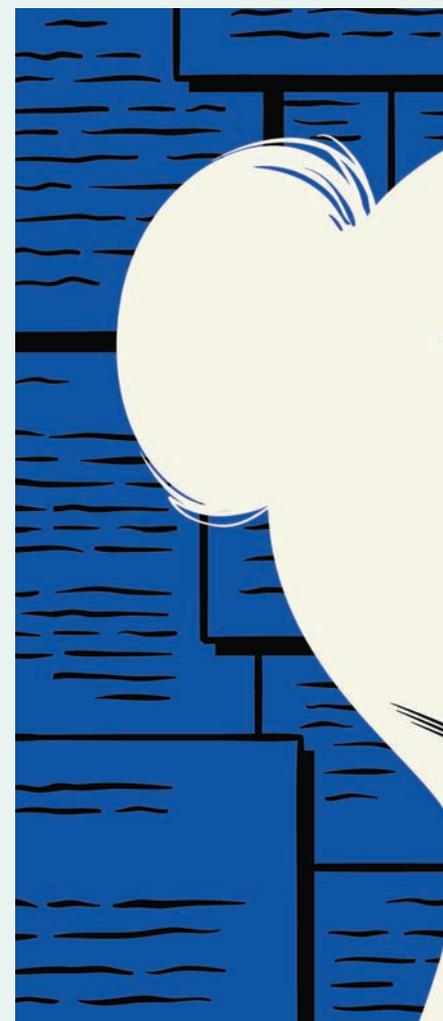
we may perceive that service users, family members and carers may not respond well to uncertainties. In the best-case scenario, we would have plenty of evidence to show an intervention is safe, effective and efficient. How many of us can say this confidently to our clients? Not only do many of us face difficulties accessing the latest evidence and keeping up to date, but we also have the challenge of working with complex cases, often requiring intricate individualised interventions in the context of gaps in our evidence base.

### Informed discussions

Those that have done their own research may ask why you are not employing an intervention that they know someone else has received, the new intervention described in a newspaper or the treatment discussed on a blog or website. These situations can be difficult, especially when you, as the therapist, do not know about the alternative interventions they are discussing or if the intervention you have chosen has a limited evidence base.

These scenarios are likely to increase as the amount of information in the public domain grows. For example, a new initiative, 'patientACCESS' enables service users to request journal articles for a minimal processing fee. The aim is to provide the means for informed discussions between service users and those providing their care. Similarly, ThinkWell is a novel online research programme that aims to help the public understand health information and encourage participation in online research studies.

We need to be able to give clear answers and provide reassurance to anxious carers and family members. Honesty and openness in these scenarios are paramount. You



may not know about every intervention out there, but you can certainly commit to finding out more information about the treatment options suggested by your clients. Similarly, there may be occasion where a recommended intervention lacks a strong evidence base. In this case too, it is vital to be transparent about this with your clients and their families, and explain why this is the best current treatment available.

### Effectiveness and efficiency

It is not only service users who ask about the evidence base underpinning our work. Decision makers – such as service purchasers and commissioners, schools, clinical managers, local authorities, other professionals and third sector organisations – aim to purchase the most effective and efficient service, and will look to you to provide answers.

It is useful to think about the level of detail these audiences

# Research and Development Forum



ILLUSTRATION BY Ben Mounsey

## Table one: Examples of the online support available

RCSLT Commissioning Resource Manual – provides a synthesis of the evidence that includes epidemiology and the evidence for interventions	▶ <a href="http://tinyurl.com/3lc94sc">http://tinyurl.com/3lc94sc</a>
Guideline documents provide useful summaries of evidence	▶ RCSLT publications: <a href="http://tinyurl.com/pr4wq8a">http://tinyurl.com/pr4wq8a</a> ▶ NICE guidance: <a href="http://www.nice.org.uk/guidance">www.nice.org.uk/guidance</a> ▶ National Clinical Guidelines for Stroke <a href="http://tinyurl.com/ox69l77">http://tinyurl.com/ox69l77</a>
Tools in the public domain can help frame discussions with commissioners, settings and parents	▶ The What Works' searchable database of interventions for children with SLCN: <a href="http://tinyurl.com/px268kd">http://tinyurl.com/px268kd</a> ▶ The Best Evidence Encyclopaedia UK (reviews of evidence-based educational programmes): <a href="http://tinyurl.com/q6queqa">http://tinyurl.com/q6queqa</a> ▶ 'The Early Intervention Foundation Guidebook': <a href="http://tinyurl.com/lcbl63x">http://tinyurl.com/lcbl63x</a>
The Bulletin 'In the journals' section signposts readers to the latest research and makes the most of the journal access the RCSLT journal collection offers alongside other initiatives, such as OpenAthens	▶ RCSLT journal collection: <a href="http://tinyurl.com/pdvqtxg">http://tinyurl.com/pdvqtxg</a> ▶ OpenAthens: <a href="http://tinyurl.com/2d88mr">http://tinyurl.com/2d88mr</a>
An outline of 'red flags' to frame your discussions with service users who suggest their own treatment options	▶ Bishop D. Neuroscientific interventions for dyslexia: Red flags. 2012. <a href="http://tinyurl.com/bspztql">http://tinyurl.com/bspztql</a>

are interested in and how they may differ. For example, a clinical commissioner might want to know how recent the evidence is on which you are basing your model of service delivery or the outcomes for the local population. Another professional could be more interested in long-term trajectories for a particular condition or information about the intensity of intervention required to ensure effectiveness.

### You're not alone

We need a toolkit to be able to access, appraise and keep up to date with the latest evidence. You will feel more confident if you have a good knowledge of the evidence base. Being part of a professional community, such as a clinical excellence network, a local group or your RCSLT Hub can help keep abreast of new knowledge. Table one provides further examples of support online.

Collecting local outcome data is invaluable and something we

urge all of you to do. You will then have information about what is effective in your setting and service. Even if there is then a gap in the published research evidence, you will have important information to share with others.

Local data is a particularly important part of your toolkit in the current climate of austerity. You need to be ready for questions around the level of service you provide and the resources available. You may need to seek guidance from your managers in order to provide a clear rationale for why you are offering a particular model of service delivery or intensity of therapy, particularly if there is evidence for the effectiveness of a higher level of provision than you are able to provide. Don't be afraid to ask these questions; it is far better to be prepared when others ask them of you.

Our endeavours to embed our clinical practice with appropriate evidence; critically appraise the evidence available

and build evidence where it is non-existent are complex, time consuming and difficult. They are also essential to being an effective therapist. Every SLT faces these same challenges, so look around you, build knowledge and let's reduce the uncertainty collectively. ■

**Professor Victoria Joffe, RCSLT Councillor for Research and Development. Email: [vjoffe@city.ac.uk](mailto:vjoffe@city.ac.uk) Twitter @vjoffe**  
**Dr Emma Pagnamenta, RCSLT Research Manager. Email: [emma.pagnamenta@rslt.org](mailto:emma.pagnamenta@rslt.org)**



### References & resources

Alston C, et al. *Communication with patients on health care evidence*. Institute of Medicine of the National Academies 2012 <http://tinyurl.com/pnysghs>

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**S**o what are outcomes and outcome measures? This is not a straightforward question, nor is there a straightforward answer. There have

been a myriad of papers written on the subject (Fratalli, 1998; Donabedian, 1980; 2005). For those less familiar with the concept and how it relates to services, this is a brief overview.

Outcomes mean different things to different people, which is why there is confusion. They are not diagnostic, nor are they descriptions of service processes, or assessments of need, but they are absolutely key to demonstrating the ultimate effectiveness of care (John, 2011).

Clinically, therapists tend to think of the achievement of intervention goals as outcomes – ie, the focus being the remediation of the presenting difficulty, for example, improved intelligibility, increased word finding ability, or moving from puree to solids. As such, these may be described as clinical level, or short-term outcomes. Historically, and in the absence of anything more tangible to provide explanation and evidence for expenditure (Raleigh, 2011), commissioners and budget holders have focused on ‘processes’ and countable ‘outputs’, such as waiting times, number of treatments and discharges as ‘outcomes’.

### Levels of outcomes

At a national level, outcomes are embedded in policy and there are ‘ultimate outcomes’ relating to health, social care and education at a whole population level. While these are worded slightly differently in each of the UK countries, the underlying concepts are

# Outcomes and outcome measures

**Gaye Powell and Dominique Lowenthal present an update on the RCSLT Outcome Measures Project**

ILLUSTRATIONS BY Davor Pavelic

similar and include increased healthy life expectancy, reduction in health inequalities (DH, 2012), treatment effectiveness, wellbeing, prevention, independence, achievement, and service user experience (DH 2013; Scottish Government, 2013). There are also regional and local outcomes that reflect the local population needs and priorities more specifically. It is against this multi-level collection of outcomes that commissioners and budget holders are seeking to commission speech and language services.

How can we make explicit the causal relationship between what we do with an individual and their family, and the effect this has on the ultimate policy level outcomes? The outcome, and its subsequent

measure (indicator), should reflect the impact speech and language therapy has had on enabling an individual’s real life functioning. For example, increasing intelligibility may enable a child to play with peers more easily, increase confidence and their level of integration and participation. Voice therapy can enable return to work, reduce anxiety and dependency on antidepressants, and increase wellbeing.

What is required is evidence of the improved level of functioning or other indicator of change, before and after intervention. For some outcomes it is easy to see the causal link between therapy and the outcome. For others, it may be less obvious, and difficult to define over time (Deloitte, 2011) – for example, the contribution to academic achievement, or reduction in reoffending.

### Project aims

The RCSLT Outcome Measures Project is striving to arrive at a framework and core set of outcomes and outcome measures for conditions and/or settings in two phases.

Phase 1 is focusing on identifying an existing outcome measurement tool that has a broad application across as many care groups as possible, in order to begin gathering consistent data nationally. This must have good reliability and validity, and meet as many of the 11 agreed criteria as possible (table one). This tool will be recommended for adoption by the profession

*“What is required is evidence of the improved level of functioning or other indicator of change, before and after an intervention”*

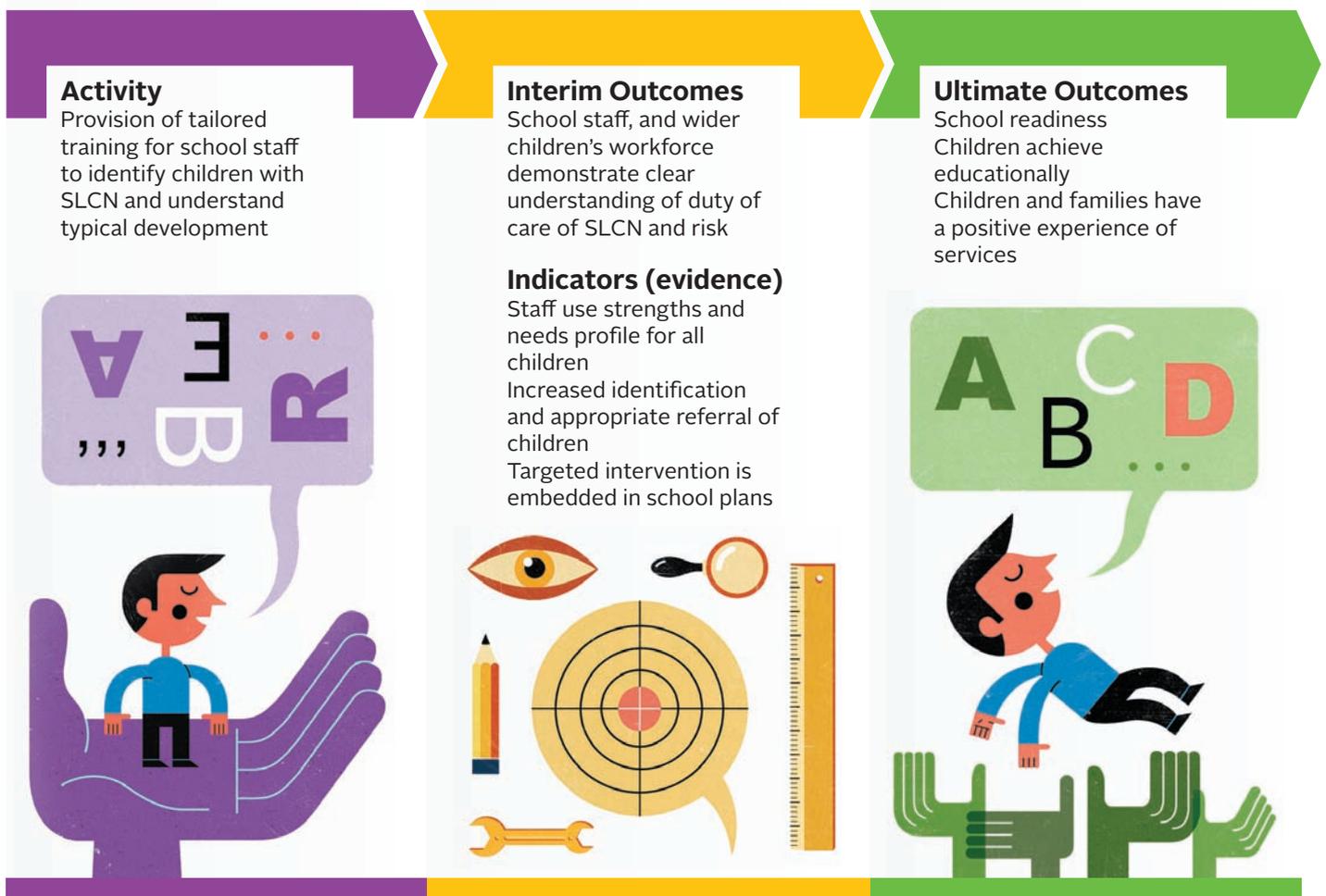
## THEORY OF CHANGE MODEL

This is different from a logic or business model that is descriptive in terms of listing required resources and countable outputs – which is what has been used historically, but which is not necessarily causal (Clark et al, 2004).



An example from work done to date is shown below:

### Pre-school training packages and specialist speech and language therapy input



in the short term. Information from members and research to date has found very few measures which fit the majority of these criteria. They are either focused on one particular aspect, (EuroQol, 2014), are not applicable across the age range or client groups or are very lengthy to administer.

### Theory of change

Phase 2 is running in parallel to identify existing or develop new valid and reliable condition and setting-specific outcome measures. The RCSLT has recommended a theory of change model to help undertake this task. Simply, it aims to help you

illustrate your theory of how and why what you do works, and the impact it has on service users' real life functioning. It is causal and provides an overview of how desired change is expected to come about by visually linking activities (interventions) to outcomes.

There is no definitive starting point for developing a theory of change model. You could start with activities and work forwards or outcomes and go backwards. However, justifications are required at each step – you have to articulate the hypothesis about why something will cause something else (with evidence) and it maps the pathway

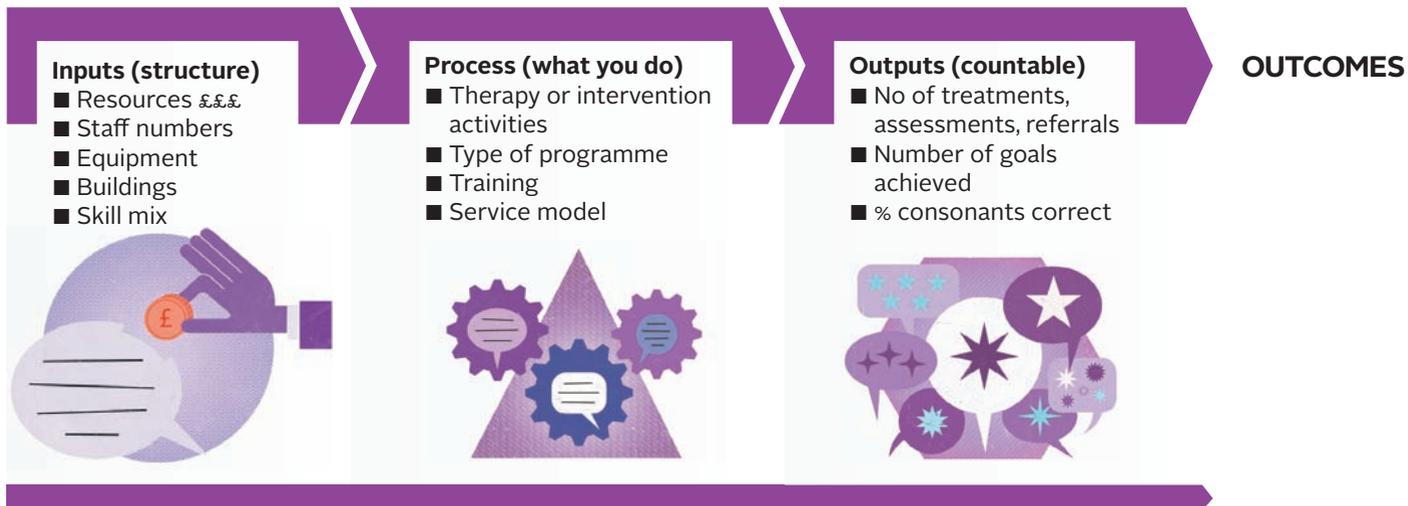
of change in a similar way to clinical decision making, but at a higher level.

It may depend on where your initial thinking is focused and who you are devising it for. The key is that having determined what activities/ interventions you deliver, the next step is to ask, "So what?" What you need is not a list of the clinical level outcomes or goals referred to earlier, but the impact the achievement of these will have on enabling the individual, family, colleagues, and carers in day-to-day life.

### Critical step

The next critical step is to show how this translates into the ultimate outcomes of »

**LOGIC MODEL EXAMPLE**



concern to whoever is requiring information about the value and contribution of speech and language therapy. The explanation must be easily understandable and interim outcomes require evidence and measurable indicators of the change. Theories of change and logic models are not mutually exclusive and work very well together to provide robust arguments for changes in funding or styles of service delivery.

Many of the hubs and clinical excellence networks have already done some brilliant work on starting to develop models for clinical specialities. An online theory of change tool will soon be available to enable you to develop models and access master templates for different conditions with details of what others have already generated to help take this work forward.

Finally, research has identified facilitators and barriers to the adoption of outcome measures by allied health professionals, of which we need to be mindful (Duncan and Murray, 2012). These include professionals’

level of knowledge and confidence about using outcome measures and the degree of organisational and peer support available to promoting their work in practice. It is therefore essential that we ensure there is support and understanding of outcome measurement at individual therapist, team and organisational levels. Ultimately, the profession will need to arrive at a consensus on a core set of outcomes for each condition/setting and a number of core indicators for each.

That is not to say you cannot use any local indicators you or your commissioner/ budget holder may require. At a national level there will be core evidence of the impact of speech and language therapy that is consistent, comparable and meaningful. Remember, the reason behind the project is to ensure the right services for individuals with speech, language, communication and swallowing needs are available to be commissioned now and in the future.

In the next Bulletin we will present a

number of existing measurement tools identified, or currently being used by members and map these against the 11 criteria to help us move towards the adoption of a tool in the short term. ■

**Dr Gaye Powell, RCSLT Outcome Measures Project Manager. Dominique Lowenthal, RCSLT Head of Professional Development. Email: [gaye.powell@rcslt.org](mailto:gaye.powell@rcslt.org)**



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Scottish Government. *National Outcomes*. <http://tinyurl.com/kwa6ebd>

**Table one: The 11 criteria agreed for existing outcome measures at the October 2013 and subsequent RCSLT Hub meetings**

1.	Is it reliable?
2.	Is it valid?
3.	Is it suitable across key client groups?
4.	Is training available?
5.	Is it easy to access?
6.	Is it easy and quick to use?
7.	Is it compatible with existing tools?
8.	Can it work with the main areas of SLT practice and current priorities?
9.	Can it capture long term/ultimate outcomes?
10.	Can it take account of different stakeholders' priorities for outcomes?
11.	Can it capture the range of service elements provided: interventions, training, adaptations to the environment, universal level etc?



# ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS

## NOTICE OF 2013/2014 ANNUAL GENERAL MEETING

Notice is hereby given that the Annual General Meeting of the Royal College of Speech and Language Therapists will be held on **Tuesday 16 September 2014, at 6.00 pm at University House, University of Leeds, LS2 9JT**. (This is a repeat of the calling notice that appeared in August Bulletin).

All members are welcome to attend the AGM.

The AGM agenda, minutes of the 2013 meeting, background notes, booking form and proxy voting form will be available to download from [www.rcslt.org/about/howwearerun/council](http://www.rcslt.org/about/howwearerun/council)

If you wish to send in a proxy form, it must be received at RCSLT no later than **6pm on Friday, 12 September**. Proxies received after that time will not be counted.

Please note that:

- Only full members are entitled to vote at the AGM
- Proxy votes are only counted if a poll is called for at the meeting; they are not counted with a show of hands

Some important changes to the RCSLT's constitution are going to be proposed to members at the AGM as a result of the ongoing governance review. The AGM papers therefore include a background message from the Chair of RCSLT, following on from her message in the May 2014 Bulletin.

Papers for those members who have requested to receive formal notices in hard copy were posted on 22 August. Please contact the RCSLT Company Secretary if you have not received them.





# Autism and communication

Tuesday 25 November 2014, Hilton Hotel, Reading



This conference will discuss the types of communication difficulties that people on the autism spectrum can experience, as well as the various tools and strategies to help support verbal and pre-verbal communication.

## Key presentations:

- > Understanding and supporting communication in people on the spectrum: making therapy irresistible  
**Gina Davies, Specialist Speech and Language Therapist and Sleep Counsellor**
- > The next generation of Social Stories™  
**Carol Gray, President, The Gray Center for Social Learning and Understanding.**

## Seminars include:

- > the practicalities of delivering effective therapy for children with autism
- > reasonable adjustments to aid communication in specialist hospitals and residential settings
- > understanding and using Intensive Interaction
- > using IT as a communication aid – useful apps and programs.

Don't miss the early booking rate – register by 26 September 2014!

[www.autism.org.uk/conferences/communication2014](http://www.autism.org.uk/conferences/communication2014)

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The National Autistic Society, a charity registered in England and Wales (269425) and in Scotland (SC039427)

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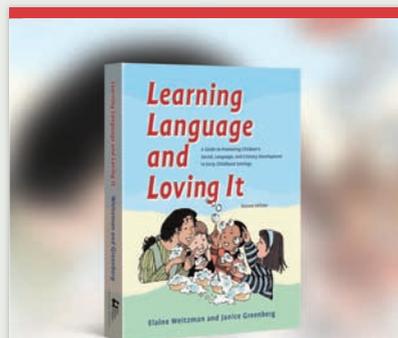
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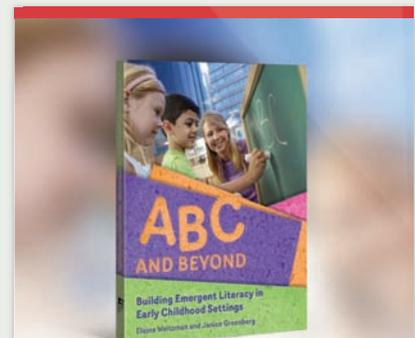
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Bulletin remembers those who have dedicated their careers to speech and language therapy

# Obituary

REMEMBERING

## Jeri Logemann

1942 – 2014

Jeri Logemann, Professor of Communication Sciences and Disorders at Northwestern University and Professor of Otolaryngology and Neurology at the Feinberg School of Medicine, died on 19 June 2014.

Jeri grew up and lived her life in the Chicago area attending Northwestern University as an undergraduate, a masters and a PhD student. She spent her working life at the university, researching and teaching within speech pathology and directing the voice, speech, and language service and swallowing centre within the hospital.

Jeri was one of the most significant international figures in speech and language therapy/pathology in the past 30 years. Her immense contribution was primarily in developing theoretically-driven assessments and management for people with swallowing difficulties. The publication of the first edition of her book in 1983 was a pivotal moment for the management of people with swallowing difficulties – for the first time there was a resource to facilitate evidence-based assessment and management in clinical practice.

Publications produced by Jeri and her extensive collaborators exceed 400 articles and book chapters. These publications are not only numerous, but cover a range of topic areas and are published in a huge array of journals including Neurology, Cancer, Gastroenterology and the Journal of Speech and Hearing Research. Her contributions were recognised across disciplines and internationally with awards from American Academy of Otolaryngology, the American Speech-Language Hearing Association (ASHA), and an honorary fellowship from the RCSLT in 2013.

In developing the ‘cookie swallow test’, later known as the modified barium swallow/ videofluoroscopy study of swallowing, Jeri revealed the potential for studies into swallow physiology and changes with age, swallowing disorders and therapy interventions, which she was later to exploit to the full. It was the first tool available to assess oropharyngeal swallowing, providing an image that allowed an analysis of swallowing and impaired swallowing. It remains the gold standard against which all other assessments for swallowing are compared and is utilised extensively as an outcome measure for therapy intervention studies.

Through meticulously designed and executed studies, Jeri contributed to our understanding of how the tongue manipulates and holds the bolus, how pressures are generated within the oropharynx, and the mechanism for closure of the larynx during swallowing. She produced detailed profiles of the types of swallowing difficulties people with different medical diagnoses present with, including post-CVA, PD, SCI, HI and particularly within head and neck cancer, where her work into the effects of surgery, reconstruction, chemotherapy and radiation on swallow function and quality of life informed the decisions individuals with head and neck cancer made about their treatments. Jeri was a major contributor to the development and evaluation of many therapy interventions, including postures, manoeuvres, bolus modifications and swallowing exercises.

Jeri was an exacting colleague and mentor, and a formidable PhD supervisor.



She was also a hugely joyous person with a love of theme parks and rides. It is no coincidence that during one of Jeri’s terms of office as ASHA president the convention took place in Orlando, with the opening evening in Disneyworld.

She enjoyed parties and hosted Christmas parties in her beautiful home, which was meticulously, extensively and extravagantly decorated for the holidays. In addition to Christmas, Jeri loved Halloween when she could add themed decorations both inside and outside her home.

Jeri enjoyed travel enormously and was a self-confessed Anglophile, regularly visiting the UK and spending many hours and days browsing antique shops and markets looking for additions to her ‘collectibles’, including a vast Toby jug collection she had acquired over the years. Another of Jeri’s collections was of beautiful ornamental glass balls, which were used to decorate lightning rods on the outside of houses in the USA during the 19th Century.

Many people have met Jeri and few would fail to see her humour and joy in life. She inspired us to strive for excellence in research and clinical practice ensuring the best outcomes for our clients and for that I am very grateful.

.....  
**Dr Christina H Smith, Senior Lecturer,  
Language and Communication Research  
Department, University College London**



# Our monthly look at the latest in published research

# In the journals

Send articles or publications to consider for future issues. Email: [emma.pagnamenta@rcslt.org](mailto:emma.pagnamenta@rcslt.org)

## Robots and dementia

An innovative study carried out in Brisbane has explored maintaining links between people with dementia living in residential care settings and their family members using telepresence robots.

The researchers tested the potential of the technology to maintain communication links between family members and their relatives with dementia living in a residential care setting. They used a mixed method approach and a feasibility framework to evaluate the participant's experiences of the Giraffe telepresence robot. The results showed residents were able to engage in and enjoy the opportunity to interact with their family via the robot. Family members appreciated the visual contact that enabled them to see the physical state of their relative as well as the benefit that the visual link afforded in enhanced communication.

The families and care staff had anticipated that the participants with dementia may have a fear of the technology, but this proved not to be the case.

**Reviewed by Deborah Slate, Team Leader, Dorset Community Adult Speech and Language Therapy Service**



### Reference

Moyle W, et al. Connecting the person with dementia and family: A feasibility study of a telepresence robot. *BMC Geriatrics* 2014. <http://tinyurl.com/kupqfca>

## Storytelling and language learning

Although reading plays an important role on children's language learning, oral storytelling should not be overlooked as an important facilitator of vocabulary development, according to German researchers.

Their study investigated the effects on vocabulary learning of stories which were narrated spontaneously by adults, read to children or read independently by the children. In both the Grade 2 and Grade 4 children, significant advantage was shown when stories were told to children rather than read. The project involved 37 typically developing German children, who were tested on their knowledge of 18 novel words after these were included in stories in the three narrative conditions. Number of presentations of the words was controlled, and sequence of conditions counterbalanced. Word learning was also correlated with language measures.

Although reading comprehension was significantly related to the acquisition of the new vocabulary via reading, and receptive vocabulary correlated with learning of vocabulary aurally, overarching findings were in favour of learning from 'told', rather than 'read' stories. Possible advantages include the more interesting and social aspects of the storytelling, greater animation, prosody, eye contact and body language or the more natural mode of speaking by the adult.

**Reviewed by Natalie Hasson, Lecturer, City University London**



### Reference

Suggate SP, et al. Incidental vocabulary acquisition from stories: Second and fourth graders learn more from listening than reading. *First Language* 2013; 33:6, 551- 571. DOI: 10.1177/0142723713503144. <http://fla.sagepub.com/content/33/6/551>

## Biomusic reveals personhood

The use of biomusic with people with profound and multiple disabilities (PMD) could enhance the perceived personhood of these individuals and enrich interactions with their family members and caregivers, American researchers suggest.

Biomusic addresses some of the widely acknowledged challenges of interacting with and relating to people with PMD. The novel technology measures four physiological signals (pulse, respiration, fingertip-temperature and electrodermal activity) and converts them into musical elements that caregivers can hear.

Researchers recruited clusters of participants - three people with PMD and largely pre-intentional communication behaviours and four of their caregivers. They participated in four individual biomusic sessions. The researchers gathered qualitative data from semi-structured interviews with carers and analysed this using grounded theory techniques.

The majority of caregivers responded positively to the use of biomusic during sessions; some reported it provided a representation of the person they could relate to. This helped some to relax in the presence of the person and increase their awareness of minimal physical cues.

The authors acknowledge the limitations of the research but felt, "results support the continued study of biomusic as a means of revealing the personhood of some of the most vulnerable members of our society."

**Alix Lewer, Safeguarding Adults Lead, Guy's and St Thomas' NHS Foundation Trust**



### Reference

Blain-Moraes S et al. Biomusic: A novel technology for revealing the personhood of people with profound multiple disabilities. *Augmentative and Alternative Communication* 2013; 29:2, 159-173.

This section aims to highlight recent research articles that are relevant to the profession. Inclusion does not reflect strength of evidence or offer a critical appraisal. If you find any of these interesting follow them up and apply your own critical appraisal.



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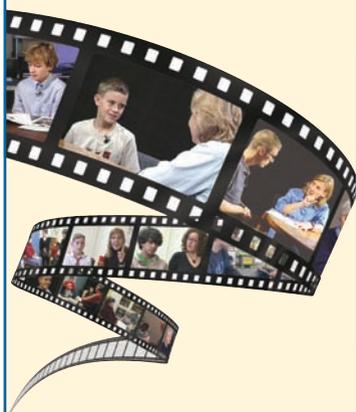
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From Michael Palin Centre for Stammering Children, London: Frances Cook, MBE, MSc, Cert. CT (Oxford), Reg UKCP (PCT), Cert MRCSLT (Hons); Willie Botterill, MSc (Psych. Couns.), Reg UKCP (PCT), Cert MRCSLT; Ali Berquez, MSc, BA (Hons), Dip. CT (Oxford), Cert MRCSLT; Alison Nicholas, MSc, BA (Hons), Cert MRCSLT; Jane Fry, MSc (Psych. Couns.); Barry Guitar, Ph.D., University of Vermont; Peter Ramig, Ph.D., University of Colorado-Boulder; Patricia Zebrowski, Ph.D., University of Iowa; and June Campbell, M.A., private practice, provided additional footage.



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## 16-17 Sept 2014, Midlands NEW PROMOTIONAL "VITALSTIM THERAPY CERTIFICATION COURSE"



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NICE has produced guidance that recommends NMES (IPG490) should only be used with special arrangements for clinical governance, consent, audit or research in May 2014. [www.nice.org.uk/guidance/IPG490/chapter/1-recommendations](http://www.nice.org.uk/guidance/IPG490/chapter/1-recommendations)

Faculty: Yorick Wijting, VitalStim Certification Program Developer and Instructor (USA) will cover the theoretical background of this modality and the research supporting its use. There will be extensive hands-on time with the equipment. Dysphagia clinicians will acquire the knowledge and skill to incorporate VitalStim Therapy in their respective settings effectively and appropriately.

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specialisms. Mind the Gap promises to be a busy interactive event providing delegates with the opportunity to share:

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**Yorkshire and Humberside Dysfluency CEN**

**16 September, 9.30am – 12.30pm**

Includes 'Interiorised stammering', feedback from Oxford Dysfluency Conference and discussion about 'Is fluency the best outcome of therapy for those who stammer?'. 12.30: Trudy Stewart's celebration and farewell lunch before retirement. Please bring food to share. All welcome. There will be no journal club. Leeds Stammering Support Centre. Email: [helen.jennox@york.nhs.uk](mailto:helen.jennox@york.nhs.uk)

**Counselling and Therapeutic Skills CEN**

**19 September**

'Introduction to counselling approaches are relevant to and effective in SLT'. Sam Simpson ([www.intandem.co.uk](http://www.intandem.co.uk)) will present 'Person-centred therapy touchstones'; Carolyn Cheasman and Rachel Everard (City Lit) will talk about 'Acceptance and commitment therapy'. RCSLT, 2 White Hart Yard, London SE1.  
Email: [ruth.phillips.sig@hotmail.co.uk](mailto:ruth.phillips.sig@hotmail.co.uk)

**Learning Disabilities SIG (Scotland)**

**23 September, 9am for 9.30am – 4pm**

Palliative care study day: presents opportunity to learn how SLT is involved in palliative care in learning disabilities. Includes bereavement and loss, end of life care, dysphagia, communication and mealtime toolkit, and case studies of work. Also launch of the LD SLT online community of practice, plus AGM. Stirling Community Hospital. Email: [jreid5@nhs.net](mailto:jreid5@nhs.net). Tickets from Eventbrite online ticketing system: search under 'SLT Learning Disability'.

**Criminal Justice and Secure Settings CEN**

**29 September, 10am – 4pm**

Durham YOS SLCN project; therapy workshop; and RCSLT outcome measures team. Newcastle University. Members free; non-members £10.  
Email: [offendersig@gmail.com](mailto:offendersig@gmail.com)

**London Speech Disorders SIG**

**29 September**

Caroline Bowen: one-day course. Developmental verbal dyspraxia. Friends House. Members £50; non-members £60. Agenda/timings to follow. Booking essential.  
Email: [frances.ridgway@uclh.nhs.uk](mailto:frances.ridgway@uclh.nhs.uk)

**Yorkshire Adult Dysphagia SIG**

**2 October, 9.30am – 2pm**

The Poppleton Centre, York, YO26 6JT. Members free; non-members £10. Email: [ellie.girdwood@york.nhs.uk](mailto:ellie.girdwood@york.nhs.uk) or tel: 01904 725 768

**Head and Neck (South) CEN**

**2 October, 9.30am – 5pm**

'Optimising swallow outcomes following chemo-radiotherapy'. Evidence reviews regarding prophylactic exercises, tube feeding and minimising treatment toxicity. Also includes updates on clinical trials and DAHNO/NICE. Institute of Cancer Research, Chester Beatty Laboratories, 237 Fulham Road, London SW3 6JB. Members £10; non-members £40 (includes lunch). For further info and to book, email: [Lindsay.Lovell@stgeorges.nhs.uk](mailto:Lindsay.Lovell@stgeorges.nhs.uk)

**Psychiatry of Old Age (Southern) CEN**

**7 October, 9am – 4.30pm**

Includes less common dementias – assessment, diagnosis and intervention; RCSLT update (theory of change); AGM; other items tbc. RCSLT, London. For further info and to book, email: [SIGPOA@gmail.com](mailto:SIGPOA@gmail.com)

**Tracheostomy CEN**

**8 October, 9.30am – 4pm**

Feedback on NCEPOD tracheostomy report: Implications and future planning for SLTs. £20 includes lunch. Queen Square, London.  
Email: [natasha.morrow@nhs.net](mailto:natasha.morrow@nhs.net)

**Trent Voice CEN**

**9 October, 9.30am – 4.30pm**

'New to voice' day for recently-qualified therapists working in voice or those returning to the area of voice. This interactive study day covers aspects of assessment and therapy, including laryngeal image interpretation and case discussion. Rotherham. Members £30; non-members £45.  
Email: [annahanson80@hotmail.com](mailto:annahanson80@hotmail.com)

**Scotland CEN for Voice**

**10 October, 9.30am – 4pm**

Dr Alistair Dobbin: 'Positive mental training'. A self-help modular programme based on developing relaxation, visualisation and self-hypnotic techniques for anxiety, stress and depression. RCGP-accredited programme. The Perth Royal Infirmary, The Steele Lecture Theatre. Members £25; non-members £35; students £25.  
Email: [clare.tarr@nhs.net](mailto:clare.tarr@nhs.net)

**Central Neuro-Rehab CEN**

**22 October, 9.30am – 3.30pm**

Dr Steven Bloch: 'Assessment and treatment of dysarthria beyond intelligibility'. Day will include practical workshops and presentations. Brief overview of current research into dysarthria management, led by committee members. Birmingham City University B15 3TN. Members £25; student members/SLTAs £15; non-members £40; students £25. Payable on the day by cash/cheque. Visit [www.bcu.ac.uk](http://www.bcu.ac.uk). Choose 'Online Store' from 'Useful Links' drop-down menu on the top right. Listed under 'Events & Conferences'.

**Aphasia Therapy CEN**

**27 October, 9.30am for 10am – 4pm**

A day with Professor Linda Worrall. RCSLT, London. Members £20; non-members £30 (includes lunch). Email: [katherine.scantlebury@nhs.net](mailto:katherine.scantlebury@nhs.net), tel: 01553 613 471

**Central Paediatric Dysphagia CEN**

**4 November, 9am for 9.30 start – 4pm**

Membership £15. For more details visit: [www.cpd-sig.co.uk](http://www.cpd-sig.co.uk), email: [secretary@cpd-sig.co.uk](mailto:secretary@cpd-sig.co.uk)

**Essex SLI CEN**

**11 November, 1pm – 4pm**

Professor Courtney Frazier Norbury: 'The impact of language impairment at school entry - A population study'. The Lodge, The Chase, Wickford SS11 7XX. Members free; non-members £8. To confirm place, email: [kfarrow@nhs.net](mailto:kfarrow@nhs.net)

**Head and Neck Oncology (North) CEN**

**14 November**

York Hospital FEES workshop and master class in head and neck cancer dysphagia led by Annette Kelly. £20 members; £25 Head and Neck CEN South members; £40 non-members.  
Email: [joanne.patterson@ncl.ac.uk](mailto:joanne.patterson@ncl.ac.uk)

**Yorkshire Voice CEN**

**17-18 November**

Two-day laryngeal manipulation workshop with Jacob Lieberman. Practical hands-on tool for voice clinicians. New Mill, Saltaire, West Yorkshire. £150 for full two days (including lunch and refreshments). Booking deadline 12 September. Email: [sarah.jordan@bdct.nhs.uk](mailto:sarah.jordan@bdct.nhs.uk) or [razia.whitaker@anhst.nhs.uk](mailto:razia.whitaker@anhst.nhs.uk) for more information

**Computers in Therapy CEN**

**19 November, 9.30am – 4pm**

'IDEA (Inclusion in the Digital Economy for Aphasia) Project: How does aphasia impact on Internet use?' Main speaker SLT Fiona Menger. Plus Gaze viewer discussion, app share, Twitter, and telehealth journal review. PCAS Room Clarendon School, Henleaze Bristol BS9 4LR. £7.50. Free parking.  
Email: [shelagh.benford@salisbury.nhs.uk](mailto:shelagh.benford@salisbury.nhs.uk)

**SLT in Children's Centre SIG**

**8 December**

Workshop: 'Grab them when you can. Maximise your opportunities to engage with families via current initiatives. An opportunity to keep your practice up to date.' Parkside Community Hall, Amptill, Bedfordshire MK45 2HX. Members £20; non-members £30 to include membership until 31 August 2015. Pay on the day (cash or cheque). Places limited. To book, email: [Jayne.Blincoe@walsallhealthcare.nhs.uk](mailto:Jayne.Blincoe@walsallhealthcare.nhs.uk)

**South East and London Stammering SIG**

**12 December, 9.30am – 4pm**

Study day: Stammering therapy in the group setting. Explore the benefits of delivering therapy to groups of children, adolescents and adults. London venue. Email: [helen.story@nhs.net](mailto:helen.story@nhs.net)



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For further information, please contact:

**Mark Varley, Speech and Language Therapy Manager**  
[mvarley@bostonspa.org.uk](mailto:mvarley@bostonspa.org.uk)

For an application pack, please contact:

**Mandy Dowson, Office Manager**  
[mdowson@bostonspa.org.uk](mailto:mdowson@bostonspa.org.uk)

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For an informal discussion about the post, please contact Dr Emma Pagnamenta. Email: [emma.pagnamanta@rcslt.org](mailto:emma.pagnamanta@rcslt.org)

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For further information regarding the position, please contact **Jo Hickey, Principal Speech and Language Therapist - Secondary Schools on 020 8869 2473 or Melanie Abba, Principal Speech and Language Therapist - Schools Team on 020 8869 2476.**

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Hours: Permanent, Full time, 40 hours per week, 6 day week working pattern  
Salary: £45,124 - £54,151 inclusive



**A new opportunity has arisen for a specialist Speech and Language therapist in Neurology to work in our exciting private unit. Ascot Rehab is a 15 bed bespoke specialist rehab unit providing exemplary interdisciplinary rehabilitation. We are looking for an innovative, experienced SLT to lead our team of Speech and Language Therapists. New ideas, forward thinking and dedication are a prerequisite.**

You will be one of a team of Physiotherapists, Occupational therapists, Neuropsychologists and Rehabilitation assistants.

### THE MAIN PURPOSE OF THIS JOB IS TO:

- Be responsible for leading and overseeing the Speech and Language Therapy team including rotas, division of clients and therapy sessions, supervision of the Speech and Language Therapy team members.
- Provide, maintain and review comprehensive, client-focused, highly specialist Rehabilitation Speech and Language Therapist services for patients aged 16 years and above.
- Provide clinical leadership in neurological rehabilitation, covering a range of neurological disorders and act in an advisory role for all

clinical staff in addressing complex patient issues in neurological rehabilitation.

- Work in a collaborative manner with existing services and new service developments in order to contribute to the ongoing development of Ascot Rehab Service, and provide leadership in service developments and initiatives in the area of neurological rehabilitation.
- Carry a specialist caseload and work with team members to assess, plan and implement appropriate rehabilitation programmes.
- Initiate and direct research and clinical audit within the service relevant to this area of expertise.

### ESSENTIAL EXPERIENCE

- Good understanding of responsibilities expected from a Head of Speech and Language Therapy within a neuro rehabilitation centre
- Experience of the staff planning process, including identification of both financial and non-financial risks and their subsequent management for services and projects
- Experience of working to and assisting with

development of long-term business plans, and creating successful partnerships with other organisations

### DESIRABLE EXPERIENCE

- Basic knowledge of company and employment legislation
- Experience of working with an organisation or governing body to promote good governance
- Experience of working independently, managing a team, and juggling workloads

**\*\*\*If you meet the above criteria, please send your CV and supporting statement to: [louise.turpin@ascotrehab.com](mailto:louise.turpin@ascotrehab.com)**

**Please email [reem.hamdi@ascotrehab.com](mailto:reem.hamdi@ascotrehab.com) for the full job description.**

**Interview will take place: 3rd or 4th week of September 2014**

**For further information please contact:**

**Louise Turpin  
General Manager and Head of Rehabilitation -  
Ascot Rehab  
01276 450820 / 07850 244706**

[www.ascotrehab.com](http://www.ascotrehab.com)

**If you enjoy** working with children, making a positive difference in their lives, and would like a new adventure, this could be exactly what you're looking for in your next SLP job. We are seeking an experienced SLP to provide services to a 10 year old from a VIP family in Saudi Arabia. The candidate will work individually with him at home, as well as providing direct services, and professional development in the main stream school setting. The candidate will be supervised by an Educational-Clinical Consultant and will work closely with other team members (Occupational Therapist and Educational Therapist).

**REQUIREMENTS**

- Master's Degree in Speech and Language Pathology.
- SAC, ASHA or RCSLT certification
- Excellent communication skills, including proficiency in written and spoken

**ENGLISH**

- Excellent interpersonal and organisational skills
- Experience with providing professional development for teachers at the elementary and middle school level
- Experience working with children with expressive-receptive language disorders
- Experience modifying and differentiating the school curriculum
- At least five years clinical experience
- Familiarity with Visualizing and Verbalising, Fast Forward, use of graphic organisers and essay planners,
- Experience providing therapy in the home

**BENEFITS**

Medical insurance, one bedroom accommodation provided in a private compound and a competitive tax free salary.

To apply, please submit your application (including resume, cover letter and three references), to: [slpinriyath@gmail.com](mailto:slpinriyath@gmail.com)



**A charity providing specialist services to children, young people and adults with autistic spectrum conditions. As part of the Speech and Language Team you will be based at Doucecroft School, a converted estate in a beautiful setting in Eight Ash Green, Colchester.**

The available posts are part of our Clinical and Therapeutic Services involving working within our Multi-Disciplinary Team, liaising with staff, parents, other professionals and contributing to staff training. These roles offer the ability to work creatively, flexibly, in a truly personalised way with individuals with autism, giving frequent opportunities for collaborative working. Salaries negotiable – experience dependent.

**Ref D101 Speech and Language Therapist - hours negotiable -**

Working with children at the school, you will be an enthusiastic therapist and have some experience of working with individuals with autism and/or special needs. This post could be suitable for a newly qualified therapist.

**Ref D102 Highly Specialist/Principle Speech and Language Therapist - hours negotiable -**

you will be an experienced therapist able to carry out supervision/line management responsibilities for other therapists and work clinically within our services; with considerable experience of working with individuals with autism and the ability to demonstrate qualities to lead a team.

Successful applicants will receive ongoing supervision/CPD and require a criminal records check.

**For job descriptions and application forms go to [www.autism-anglia.org.uk/jobs/vacancies](http://www.autism-anglia.org.uk/jobs/vacancies) or 01206 771234. Closing date: 30.09.14. Interviews: w/c 13.10.14.**

Lincolnshire Partnership   
NHS Foundation Trust

**Speech & Language Therapist**

**Base:** Adult Learning Disability Services, Gervas House, Lincoln or Carlton Centre, Boston • **Salary:** registered Speech & Language Therapist posts available (banding dependent on experience) • **Ref:** 274-LPFT3266

An exciting opportunity has arisen for Speech and Language Therapists to join LPFT's multi-disciplinary Learning Disability Service in Lincolnshire.

We are looking for people who are passionate about working with people with learning disabilities, person-centred and able to work independently and flexibly to meet service demands. Experience using a range of communication tools and approaches and designing and delivering training packages required. Post-graduate qualifications in dysphagia are desirable but support to achieve these competencies would be provided to suitable candidates.

New developments are providing opportunities for post holders to be involved in the future development of speech and language services in the wider trust and close working with other organisations to support speech and language therapy delivery across a range of client groups. If you are passionate about developing your profession this could be the post for you!

Lincolnshire Partnership NHS Foundation Trust is committed to clinical supervision, management supervision and continued professional development

If you would like to discuss these posts please contact Deb Hussey, Team leader on 01522 577404

Applications are welcomed for the above position. For a more detailed job description please visit [www.jobs.nhs.uk](http://www.jobs.nhs.uk) and search for Lincolnshire Partnership NHS Foundation Trust using the above reference number.

**Closing date: 19th September 2014.**

We are committed to ensuring Equal Opportunities for all and employing a workforce which reflects the diversity of our local community. We are also committed to flexible working patterns within the needs of the service. We also have a team to advise on childcare and carer issues.



**SPEECH & LANGUAGE THERAPIST**  
(p/t .4), Grade: LBR8

Required for September 2014. A Speech & Language Therapist of the Hearing Impaired in this 11-18 mixed comprehensive school.

Caterham High School houses the Hearing Impaired Provision for students aged 11-18 who have a permanent hearing loss and live in the London Borough of Redbridge. The provision is highly successful with a proven record of academic and personal development for its students. There is a supportive and well-established team of teachers of the deaf, special support assistants and communication support workers. The communication approach is student-centred but all students use speaking and listening as their primary communication mode.

We are looking for a speech and language therapist to join our team in developing the communication skills of our pupils through 1:1 intervention, group therapy, providing advice and guidance to staff and parents and liaising with cochlear implant teams. We would welcome applications from people with a genuine commitment to working with young people with hearing impairments. Some knowledge of BSL, or a willingness to learn would be an advantage.

All candidates will be subject to an enhanced DBS check and satisfactory references.

Please download an application form/information regarding the post from our website or e-mail the school for an application form/further details. Closing date: 19th September 2014.

[www.ecaterham.net](http://www.ecaterham.net)



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[info@sugarmanmedical.co.uk](mailto:info@sugarmanmedical.co.uk)



## LONDON SYDNEY

# NEW JOB?

**SPEECH AND LANGUAGE THERAPIST**  
September 2014, Full/Part time, Band 5-6

ERS provides specialist support within a small and caring environment for our pupils, many of whom have additional needs.

We are seeking a Speech and Language Therapist to join our multi-disciplinary team. The successful candidate will be required to assess pupils, provide therapy, set up programmes and work with staff in supporting pupils' communication needs.

The successful candidate will be fully qualified and registered with the HCPC and RCSLT and have experience in a school setting.

Egerton Rothersey School is committed to safeguarding children. Successful candidates will be subject to a DBS check.

**To apply please contact Mrs Susan Lucas, [susan.lucas@eger-roth.co.uk](mailto:susan.lucas@eger-roth.co.uk)**  
**Closing Date: 15 September 2014**



[www.eger-roth.co.uk](http://www.eger-roth.co.uk)

The official recruitment site for the **RCSLT**, the professional body for speech and language therapists in the UK, and the best place for speech and language specialists to find jobs.

You can search for vacancies for SLTs, including full-time speech and language therapy vacancies and part-time roles, or view lists of vacancies matching popular searches, such as speech and language therapy jobs in London and lecturer vacancies.

Start your search today and visit  
[www.speech-language-therapy-jobs.org](http://www.speech-language-therapy-jobs.org)





# Dr Amanda Smith

**OCCUPATION:** EXECUTIVE DIRECTOR OF THERAPIES AND HEALTH SCIENCE, QUALITY AND SAFETY, POWYS TEACHING HEALTH BOARD

*“Each year, NICE appoints 10 Fellows to join a growing cohort of professionals who act as ambassadors”*



In late 2010, I read a note in the Bulletin that said the then National Institute of Health and Clinical Excellence (NICE) was developing guidance for patient experience. With a background in paediatric specific speech and language difficulties, and a relatively new role as head of therapies and speech and language therapy in my organisation, this felt like a rare opportunity to become involved in the work of NICE. I applied to be on the Guidance Development Group (GDG) and was recruited onto the group.

The GDG was sizeable – made up of experts from a number of fields and professions and included six fantastically committed patient members. With skilful chairing by our academic chair, Warwick University’s Dr Sophie Staniszewska, we soon developed a productive relationship with healthy and lively challenge and debate, sifting through evidence that was prepared and collated for us by the research team.

After several meetings, consultation and late revisions the group was delighted to finally see CG138 (Clinical Guidance Patient Experience in Adult NHS Services) ([www.nice.org.uk/guidance/cg138](http://www.nice.org.uk/guidance/cg138)) together with the Quality Standards (QS15) ([www.nice.org.uk/guidance/qs15](http://www.nice.org.uk/guidance/qs15)) published in February 2012.

Having personally and professionally learned a huge amount from working with NICE, in September 2012, once again following a piece in the Bulletin, I applied for a three-year NICE Fellowship. Each year, NICE appoints 10 Fellows to join a growing cohort of professionals who act as ambassadors for the Institute at local, regional and national levels. I was fortunate to be appointed to join the 2013–2016 group.

The first SLT to be a NICE Fellow, I felt privileged to be able to bring my professional background and knowledge into this new role. As a Fellow I have access to development through workshops,



opportunities to observe and participate in the working of NICE and to support from senior members of the NICE team. Fellows also have the opportunity to use their expertise to shape the Institute’s guidance programme and initiatives.

In April 2011, NICE was renamed the National Institute for Health and Care Excellence because it embraced social care guidance alongside its existing programme of health guidance. NICE’s role has broadened out and at the same time the team has been working to make all guidance much more accessible, with free apps and easier links to the evidence base.

As SLTs work across so many domains of health and social care, it is of value that guidance – whether existing, under development or in the pipeline – has become readily accessible. The NICE website provides easy links and search methods to all guidance. Pathways have been developed so that all NICE-approved guidance can be accessed in relation to any particular condition.

All guidance goes through a period of stakeholder consultation. This is an

opportunity to influence the guidance, both when it is first developed and when it is reviewed and updated. The review and update of patient experience guidance CG138 was completed in 2013, taking into account available new evidence.

Examples of existing and recent guidance include autism, ADHD, neurological conditions, stroke, dementia, glue ear/ otitis media, looked after children and service user experience. New guidance in the pipeline includes cerebral palsy (2016); challenging behaviour and learning disabilities (2015); transition from children to adult services (2016); Parkinson disease (update 2016); motor neurone disease (2016); and multiple sclerosis (2014).

In February 2014, NICE supported me to visit Northern Ireland to meet NICE Implementation Facilitator Lesley Edgar and to learn about the approach NI has taken in implementing NICE guidance. As with Wales, where I work, NI has a service level agreement with NICE to use the resources and is now two years into a new approach to engaging organisations in developing a consistent approach to implementing NICE guidance. In Wales, the updated agreement has been in place for a year. As a Fellow, I now chair the NICE Liaison Group for Wales, where we are committed to support a similar focus in the implementation of NICE guidance across health and social care. ■

.....  
**Dr Amanda Smith, Executive Director of Therapies and Health Science, Quality and Safety, Powys Teaching Health Board, NICE Fellow. Email: [Amanda.Smith2@wales.nhs.uk](mailto:Amanda.Smith2@wales.nhs.uk)**

© Visit: [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance) and [www.nice.org.uk/Get-Involved/Fellows-and-scholars](http://www.nice.org.uk/Get-Involved/Fellows-and-scholars) (recruitment for the 2015 intake of Fellows and Scholars will open in Autumn 2014)

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(PECS)**

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**22 September, University of  
Southampton**

**Challenging Isolation:  
Working with adults who  
are alone**

@University of Southampton Auditory Implant Service. A one-day workshop for professionals supporting adults with cochlear implants who have few communication opportunities in their daily lives. A joint workshop from the Auditory Implant Service and Yorkshire Implant Service. Cost: £25. Tel 023 8059 3522, email: [ais@soton.ac.uk](mailto:ais@soton.ac.uk), visit: [www.southampton.ac.uk/ais](http://www.southampton.ac.uk/ais)

**3 October**

**Home Supporting: Leave  
the bag of toys in the car**

Practical ideas to help parents develop techniques to support their child's spoken language using daily routines: use the ideas the very next day. £85. The Ear Foundation. Email: [sam@earfoundation.org.uk](mailto:sam@earfoundation.org.uk)

**9 October, Northwick Park  
Hospital**

**Nasendoscopy scoping for  
SLTs**

Theoretical and practical sessions to help in developing nasendoscopy technique. Useful for therapists working with voice and dysphagia. £120. For application form and information email: [Janine.ettlinger@nhs.net](mailto:Janine.ettlinger@nhs.net), tel: 020 8869 2410

**13-14 October, Edinburgh**

**Working with Listening  
and Auditory Processing  
Difficulties**

Understanding, profiling and managing auditory processing difficulties. Two-day course

for professionals working with clients with listening difficulties. £300 (Early Bird £275). Email: [camilla@johansenias.com](mailto:camilla@johansenias.com), tel: 0131 337 5427

**13-17 October, London**

**Adult Dysphagia Training –  
Theoretical Course**

One-week intensive course aimed to provide participants with theoretical knowledge to assess and manage adults with acquired dysphagia. Cost: £200. Contact: Judith Jackson, tel: 020 7288 5546, email: [Judith.jackson3@nhs.net](mailto:Judith.jackson3@nhs.net)

**15 October**

**Speech acoustics: Plain  
English**

Develop your understanding of how speech sounds are made in the mouth and how this relates to the acoustics of speech. Practically apply this knowledge to case studies. £85. The Ear Foundation. Email: [sam@earfoundation.org.uk](mailto:sam@earfoundation.org.uk)

**16 October**

**'Let Me Tell You!' Story and  
narrative development**

Focusing on pre-school years we'll explore the skills needed - memory, theory of mind and social scripts – to use spoken language to tell stories. £85. The Ear Foundation. Email: [sam@earfoundation.org.uk](mailto:sam@earfoundation.org.uk)

**16-17 October, London**

**Supporting stories of  
change: using narrative  
ideas and practices**

Introduction to theory and practice of narrative ways of working; topics include externalising, re-authoring, listening for alternative storylines and developing skills in narrative questioning. Suitable for all client groups. £148. Email: [rachel.everard@citylit.ac.uk](mailto:rachel.everard@citylit.ac.uk), tel: 020 7492 2579

**20 October onwards,  
London**

**Dysphagia training –  
practical competencies**

Looking for work? A practical eight-week full-time course aimed at achieving RCSLT specialist dysphagia practitioner competencies so you can work independently with adults with acquired dysphagia. Cost: £2,000.

Contact below for funding/ payment options: Judith Jackson, tel: 0207 288 5546, email: [Judith.jackson3@nhs.net](mailto:Judith.jackson3@nhs.net)

**24 October, London**

**British Dyslexia Association  
Conference: Speech/  
language impairment and  
dyslexia**

Book now. Features eminent speakers including Professor Maggie Snowling, Anne Fox, Rita Fogarty and Dr Courtney Norbury. Prices from £110. For more information and booking: email: [katrinac@bdadyslexia.org.uk](mailto:katrinac@bdadyslexia.org.uk) or tel: 01344 381 569

**30-31 October, Greenwich**

**Swallowing rehabilitation  
and the use of surface EMG  
biofeedback**

Maggie-Lee Huckabee PhD. Two-day course exploring the evidence and practical application of swallow-skill training using sEMG. £210. Limited places for last half-day practical workshop (£70). Email: [helen.day@oxleas.nhs.uk](mailto:helen.day@oxleas.nhs.uk)

**4-5 November**

**International Feeding  
Disorders Conference**

The emphasis will be on research and clinical practice developments relating to developmental, systemic and bio-behavioural aspects of feeding and eating disturbances. Contact: ICH Events, tel 020 7905 2699, email: [info@ichevents.com](mailto:info@ichevents.com)

**7 November, SIG SpLD  
(Dyslexia) Conference**

'Dyslexia – An Impairment of Language Learning', Prof Maggie Snowling. 'Putting the IT into LITeracy', Jenny Thomson, Senior Lecturer Univ of Sheffield. 'Apps that really make your life easier'. 'LinkedIn – getting your message across'. Exhibition and delicious lunch included, Institute of Materials, Carlton House Terrace, SW1Y 5AF. £90 including membership. Email: [Spldsiglondon@gmail.com](mailto:Spldsiglondon@gmail.com)

**21 November, St Thomas's  
Hospital, London**

**Voice Clinics Forum 2014**

Voice Clinics present current thinking and practical experience on postoperative voice rest, therapy, management of

papilloma in adults and children and working with chronic cough/ paradoxical vocal fold function. Further information at: [www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk) (Courses and Events)

**24-27 November, Edinburgh  
Johansen IAS**

Learn to use selected or customised music CDs. All ages. Individual and group programmes. Organises and enhances listening and auditory processing. Supports spoken and written language. £500 (Early Bird £475). Email: [camilla@johansenias.com](mailto:camilla@johansenias.com), visit: [www.johansenias.com](http://www.johansenias.com)

**1-4 December, Manchester**

**ADOS-2 administration and  
coding course**

ADOS-2 is the latest revision of the Autism Diagnostic Observation Schedule and is the most widely used observational assessment in the diagnosis of autism. Visit: [ados2training.co.uk](http://ados2training.co.uk) or tel: 0115 7149 000



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