



**RCSLT Brief**  
**Scottish Parliament Debate, 19<sup>th</sup> May 2015**  
**Allied Health Professionals: enabling active and independent living**

**S4M-13196 Maureen Watt: Allied Health Professionals, Enabling Active and Independent Living—**

That the Parliament recognises that allied health professionals (AHPs) possess a diverse range of unique skills and expertise in rehabilitation and enablement that are key to supporting self-management and enabling active, independent and productive living; recognises and congratulates the increasing number of AHPs in Scotland on the important role that they play in prevention, early intervention and enablement in supporting the health and wellbeing of the people of Scotland throughout their lives, and believes that this approach can be further strengthened through the ongoing integration of health and social care services.

**See end of brief for an explanation of how SLTs contribute to rehabilitation, self management, independent living, prevention, early intervention and the Health and wellbeing outcomes.**

**Allied Health Professions in Scotland – the positives**

1. Like the debate today Cabinet Secretaries and Ministers have repeatedly said over the years how much they value AHPs. For example at the launch of the first AHP National Delivery Plan (November 2011) and recently in response to stage 1 amendments to the Public Bodies (Joint Working) Act on membership of Joint Boards (September 2014).
2. Scotland has an AHP National Delivery Plan (2012-15) – 27 actions (25 for AHP Directors; 1 for Scottish Govt; 1 for NHS Boards). RCSLT understand with 9 months to go 52% of these objectives had been met.
3. Scotland has 11 AHP Directors in Scotland's 14 geographical NHS Boards (with at least 1 under review following retirement) and 3 in special health boards.
4. There are an estimated 35 AHP Consultants funded by NHS Boards and Scottish Government.
5. There are a lot of small projects showing how AHPs deliver positive outcomes for people of Scotland and service providers – undoubtedly much of it reported by the Minister in the debate.

**Allied Health Professions in Scotland – the less positive story**

**1. Leadership:**

- Despite encouraging words in Parliament, committees and meetings direct AHP representation on Joint Boards has not been made statutory in regulations and Joint Boards are not including AHPs – even although they are free to do so.
- Not every health board even has an AHP Director and of those who are in post their organisational position, scope and the support they receive to adequately represent 12 professions - is very mixed.
- 3 (10%) AHP Consultants have lost their jobs in the last 3 months including the AHP Director in the State Hospital.

**2. Money is not shifting:**

- The AHP National Delivery Plan (2012-15) was not supported by dedicated local development funds.

- RCSLT understand that funding available for national level AHP initiatives has been cut.
- Funding of AHP services has been slashed by NHS Boards and Local Authorities in the last 3 years well above 3% efficiency savings. For example the Health Committee's own survey of SLT services in 2013 (PE 1384) revealed there was an 8.8% decrease in funding for SLT (2010-14) overall – stretching to over 20% in some NHS Boards and Local Authorities.
- Here are just 15 of the current government policies which increase the demand on AHP services. Increased expectations of AHPs have attracted no, little or only short term investment in AHP services.
  1. National Delivery Plan for the Allied Health Professionals
  2. Children and Young People (Scotland) Act – “Getting it Right for Every Child”
  3. Child Poverty Strategy
  4. Early Years Framework
  5. Maternal & Infant Nutrition Framework
  6. Child Healthy Weight HEAT target
  7. Early Detection of Cancer: Services provided by radiographers and radiotherapists (before referral to other AHPs) are predicted to increase by 85% by 2018.
  8. New musculoskeletal (MSK) waiting times of 4 weeks
  9. Elective and unscheduled waiting times targets and guarantees
  10. Food, Fluid & Nutritional Care Standards and Inspection
  11. Dementia Strategy
  12. Stroke Action Plan
  13. National Falls Programme
  14. Transfer of prisoner health care to NHS
  15. Implementation of the Scottish Service Model for Chronic Pain

### **3. Workforce:**

- AHPS work as part of multi-disciplinary and multi-agency teams. Colleagues in these teams (nurses, doctors, social workers, teachers, health visitors etc.) refer people to AHPs so that the individual achieves the health and social care outcomes they desire.
- The AHP workforce increased by 0.1% in quarter Sept – Dec. 2014 compared to an increase of 0.6% in overall NHS staff – including 1% increase in nursing staff in the same quarter.
- Between Dec. 2013 and 2014 AHPs increased by 1.3% against an average of 1.8% - including 1.9% increase in nursing and 4.6% increase on medical staff.
- There are no concrete plans to increase the AHP workforce to match plans for nurses, health visitors or doctors.
- The moratorium on recruitment and no compulsory replacement of retiring staff or cover for those on maternity or carers leave hits AHP services hard - 80% of AHPs (and 98% of SLTs) in Scotland are women; 56% are over 40 years old.
- The Scottish Govt. currently has no strategic AHP workforce planning group.

### **Policy Priorities of Allied Health Professional Bodies**

- Scottish Government needs to be the change they want to see.
- RCSLT call on Scottish Government to demonstrate leadership and create the conditions that enable AHP services to be everything they can be.
- AHPs need more than just a list of more actions for local AHP leaders to do – Scottish Government and Joint Boards have to actively take on responsibility for change too.

### **Leadership - RCSLT call on Scottish Govt. to actively demonstrate the value of AHPs by**

- Communicating equity of esteem (to other health and social care professions) and an expectation that AHP leaders will be round strategic tables locally - including joint boards.

- Habitually ensuring direct AHP representation on national strategic groups where AHPs are needed to make the policy work.
- Increasing investment in AHP leadership and support nationally and locally.

**Funding: RCSLT call on Scottish Govt. to enabling redistribution of money which reflects new ways of working by**

- Putting dedicated funding behind the AHP National Delivery Plan refresh.
- Monitoring for itself – and reporting to local agencies - the relative expenditure and savings delivered by AHP services.

**Workforce: RCSLT calls on Scottish Govt. to**

- Set out how it intends to compliment the uni-disciplinary increases in nursing and medical staff with growth in the AHP workforce.

**Suggested questions for the Minister**

1. What was the budget for the current AHP NDP?
2. Has the budget been cut in the last year and if so by how much?
3. Will implementation of the refresh of the AHP National Delivery Plan receive any new support funding and if so how much and will it cover both national and local developments?
4. Given AHPs, nurses and doctors all deliver as part of a multi-disciplinary teams how does the funding for AHPs developments compare with funding for Nurses developments, consultant posts etc.?
5. How, without informed AHP leadership at Joint Boards tables, does the Minister expect the AHP approach can be further strengthened through the ongoing integration of health and social care services?
6. What is the Scottish Govt. vision for AHP professional leadership at a local level – specifically do they expect NHS Boards and / or Joint Boards to give equity of esteem, funding and support to AHP Directors as they do, say, for Nursing or Medical Directors?
7. What are the Scottish Govt. hopes for local AHP service funding going forward? Does the government expect it to reflect demands placed on AHPs by new ways of working?
8. What is the Scottish Govt. vision for AHP workforce growth and specifically how does the Scottish Govt. intend to compliment growth among referring agents to AHPs (e.g. in nursing and medical staff) with balanced growth in AHP workforce ?
9. The government will be aware of the gender imbalance among AHPs. How does the government intend to protect services from the impact of otherwise welcome family friendly policies such as parental and maternity leave?

**For further information contact**

**Kim Hartley, Head of RCSLT Scotland Office / 0131-226-5250 / 07712525329 /  
kim.hartley@rcslt.org**

## Where SLTs fit in to enabling active and independent living

### **Speech and Language Therapists (SLT) and Rehabilitation:**

250,000 people of all ages have communication disability in Scotland including 1/3 Stroke survivors and everyone with dementia. Policy and publications with explicit govt. support identify SLT as a key service for all these and other groups.

### **Speech and Language Therapists (SLT) and Self Management:**

To self manage you need to be able to understand written and / or spoken information and tell people how you are and what you need etc. Effective communication between service user and support providers is key to self management. SLTs work to ensure the user: support provider communication works by enabling people communicate to the best of their ability and by mainstreaming “Inclusive Communication” approaches throughout services.

### **Speech and Language Therapists (SLT) and Independent Living:**

The Independent Living Movement in Scotland identifies the Basic Rights of independent living to include accessible and readily available information and communication and appropriate support for communication, in both directions. SLTs work to mainstream “Inclusive Communication” approaches throughout services.

### **Speech and Language Therapists (SLT) and Prevention:**

Most people with dementia and many of the frail elderly have eating, drinking and swallowing difficulties. SLTs work with carers to prevent choking and aspiration of food and fluids – thus preventing malnutrition, chest infections, pneumonia and hospital admissions.

### **Speech and Language Therapists (SLT) and early intervention:**

50% of children and young people from hard to reach communities arrive at school with underdeveloped speech, language and communication. Scottish Govt. has recognised this impacts on all aspects of wellbeing. SLTs work to optimise the speech, language and communication development and ability of all children from before birth to adulthood.

### **Health and wellbeing outcomes:**

As well as enabling people to live independent, healthy lives SLTs also deliver an annual net benefit of at least £61.2 million to the Scottish economy, including at least £2.4 million/annum in adult stroke services alone.

**For further information contact**

**Kim Hartley, Head of RCSLT Scotland Office / 0131-226-5250 / 07712525329 /  
kim.hartley@rcslt.org**