



24.11.16

Briefing for the NI Assembly Health Committee review of the impact of the allied health professions (AHPs) to community care.

The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), students and support workers working in the UK. The RCSLT has almost 17,000 members (around 500 in Northern Ireland), including nearly 95% of the speech and language therapists working in the UK. We promote excellence in practice and influence health, education, employment, social care and justice policies. SLTs play a major role in working directly with children and adults, as well as supporting other professionals in working with speech, language and communication needs and swallowing disorders.

The RCSLT is pleased to submit this briefing to the health committee for its review of the impact of AHPs for community care. The RCSLT is encouraged by the principles outlined in both the Bengoa report and Minister's vision to 'embrace transformation and work to create a modern, sustainable service that is properly equipped to help people stay as healthy as possible and to provide them with the right type of care when they need it.'

The RCSLT consider that with appropriate alignment and recognition of the contribution that SLTs can make to delivering cost effective solutions within community care, this vision can be realised.

This briefing includes enabling recommendations and examples of practice that can contribute to delivering the Minister's vision. Some of these recommendations have been adapted from a briefing which was recently submitted to the Scottish Health and Sports Committee GP Hubs Inquiry (September 2016).

Yours sincerely,

Alison McCullough MBE  
Head of the Northern Ireland Office

RCSLT

Anne Gamble  
Country representative

RCSLT

## **Recommendations**

In order for change to happen, it is important to not only redesign the processes themselves but also to change the underlying culture. The enabling recommendations below provide a framework for this culture shift.

### **1. Increase awareness across the primary care workforce and the public generally of the AHP role, impact and availability of direct access to AHPs**

Knowing who the right person is can be very difficult if there is little knowledge of the SLT/AHP offer. A greater awareness by all health care professionals and policy makers is required if the SLT contribution to the redesign of primary care services is to be realised. SLTs/AHPs have the expertise and skills to address many of the most common reasons people visit their GPs. If people were more aware of and understood the SLT/AHP roles and how AHPs can be accessed directly, unnecessary GP appointments could be reduced significantly.

### **2. Primary Care redesign to enable direct access to AHP services through better screening or triage and rapid referral.**

Many AHP services such as speech and language therapy already have direct referral, but despite this the GP is often used as the referral route. The general public remain unaware that they can directly access these AHP services without first seeing a GP.

Bengoa states that 'since 2003, there has been a steady and persistent rise in consultation rates for GPs. in 2012/13, 12.4m consultations were undertaken. This equates to an average of 6.9 consultations per patient per year in NI which is at the very high end of the spectrum compared with other OECD countries.'

A better informed public who *choose* to directly access AHP services would significantly reduce the pressures upon GP practices and 'could prevent unnecessary GP appointments, ensuring people see the right person at the right time, first time.'

Currently GPs often have to deal with concerned parents worried about their child's developmental milestones, speech and language attainment or behaviour. Often GPs refer these families to their health visitor who then refer on to speech and language therapy. Speech and language therapy services already have open referral and do not require a GP contact. SLTs are also uniquely placed to give appropriate advice and guidance as they are specialists in early development, have uniquely specialist knowledge and skills in speech and language development and are also able to give diagnostic opinions on behavioural difficulties which may or may not be linked to autism.

One innovative Northern Ireland research project called 'Your bump and beyond' aimed to address concerns like these at the earliest opportunity by providing mothers at breast feeding support groups with messages about communicating to your baby in the womb and in the first few months of life. An information pack was also then used to provide speech language and communication information to teenage parents.

Another project in Limavady 'Reversing the Effects of Socio-Economic Deprivation on Child Language Skills in the Limavady Neighbourhood Renewal Area' has also clearly demonstrated the need for different ways of working in primary care in order to reach socially deprived children who are at much greater risk of developing speech and language difficulties.

'Historically paediatric community Speech and Language therapy services have been delivered exclusively in Health Centres in Northern Ireland, however within the Western HSC Trust in the region of 20% of families are discharged from SLT services for failing to attend appointments or otherwise engage with the service. Running parallel to this, language and communication is increasingly being identified as an area of need by primary schools in the Limavady area. An initial screen of 303 children in their nursery and primary one year in the Limavady area, indicated that 68% of children were demonstrating some level of language delay. Recently this project was a finalist in the UK Advancing Healthcare Awards in London in April 2016, in the category of Public Health.'

*See Appendix 1; for further information*

### **3. Contracts with independent GP practices to provide clear incentive for developing direct access to multi-disciplinary services**

Financial payments for condition management such as respiratory, diabetes, hypertension and asthma, (which incentivise GPs to increase their consultations), could also be realigned to redirect patients to more appropriate AHP services; for example dietetics, speech and language therapy and physiotherapy.

Cough is the commonest symptom for which patients seek medical advice (Schappert and Burt, 2006) and therefore generates significant healthcare and economic costs. It is associated with a spectrum of disorders across multiple medical specialties and can provide significant challenges for effective evaluation and management. The cost of cough to the UK economy is estimated to be at least £979 million. This comprises £875 million in loss of productivity and £104 million cost to the healthcare system and the purchase of non-prescription medicines (Morice, McGarvey and Pavord, 2006).

It is estimated that approximately 20% of chronic cough (CC) patients are resistant to medical treatment (Pratter and Abouzgheib, 2006). From the limited Level 2 evidence available, speech and language therapy intervention has been proved effective in this group. If speech and language therapy is provided as a routine treatment 15 option, there could be a significant positive impact on reducing the economic burden of this complex condition.

There is emerging evidence for the role of non-pharmacological treatment approaches and specifically speech and language therapy interventions (Gibson and Vertigan, 2009). In a recent systematic review of pharmacological and nonpharmacological interventions for cough, speech and language therapy was detailed as showing promise to successful treatment outcomes (Mollasiotis et al., 2010).

*See Appendix 2; BHSCT Speech and language therapy service proposal for adult services in primary care*

### **Vocal cord dysfunction (VCD)**

VCD frequently mimics asthma presentation because of the episodic restricted airflow and respiratory sounds. Often a diagnosis of VCD is made after treatment for asthma stretching over a period of a few years has been unsuccessful. Including SLTs in asthma clinics may significantly reduce the medicines cost for some individuals.

It is acknowledged that as this is an emerging field, cost analysis data is limited. Data based on five selected patients with previously unknown respiratory diagnosis, pre respiratory speech and language therapy intervention, are highlighted.

All patients were diagnosed with VCD and led by a respiratory SLT in an airways MDT setting. All patients were individually treated with an average of seven respiratory speech and language therapy sessions each. Cost codes are from national tariffs for 2013. Pre- and post-data collection occurred for twelve months either side of the respiratory speech and language therapy sessions given:

	Pre respiratory speech and language therapy intervention	Post respiratory speech and language therapy intervention	Percentage reduction	Cost savings
Number of Emergency Department visits	100	14	86%	<b>£24,080</b>
Length of hospital overnight stay days	256	40	84%	<b>£94,824</b>

Further, a study of 20 patients consecutively referred, noted significant reduction in hospital admissions post-therapy (Pargeter et al., 2012).

Speech and language therapists have clinical expertise in the assessment and management of communication and swallowing difficulties. SLTs working with voice disordered patients and/or complex dysphagia cases have a specialist skills mix that is becoming increasingly recognised as integral to the respiratory multidisciplinary team.

[https://www.rcslt.org/members/publications/publications2/adult\\_respiratory\\_care\\_june\\_2015](https://www.rcslt.org/members/publications/publications2/adult_respiratory_care_june_2015)

*See Appendix 3; The benefits of Speech & Language Therapy in the management of Vocal Cord Dysfunction: A Case Study*

**4. Workforce planning and development to reflect the changing demands on the multi-disciplinary team, the assets (e.g. interface with other sectors) already available in that team, and new models of care rather than the alternative uni-professional focus**

The Bengoa report refers to the “Underinvestment in primary and social care, the very services that can prevent hospital admission, because of over-investment in the current hospital model’ ‘Patients are admitted to hospital unnecessarily because they can’t access the treatment they need in their community,’

Whilst workforce increases to ameliorate the pressures on GPs are to be welcomed, it is short sighted to focus solely upon a uni-disciplinary solution.

One of the main reasons for admission to acute services in the elderly is respiratory difficulty. A GP is often called once the patient has become medically unstable and requires admission. Swallowing difficulties in the elderly and in end of life care are a major cause of aspiration pneumonia and hospital admissions. Investment in resourcing speech and language therapy to prevent aspiration in the frail elderly would not only reduce hospital admissions but would also reduce GP contacts at a significantly less cost.

An admission avoidance project in Sandwell in 2009 evidenced benefits for both patients and service providers. *See Appendix 4.*

Patients were previously seen by primary care SLT but they were not able to provide a rapid response service or training to primary care staff in the early identification and management of dysphagia or end of life related difficulties. 37% of hospital SLT referrals were for palliative feeding and could have been assessed and managed at home with the right resources and support. Relatives and staff caring for patients with dysphagia are often anxious around dysphagia management, when this is associated with the end of life. Patients were repeatedly admitted to hospital or referred to community SLT where there was unclear decision making around end of life and feeding at risk.

Sandwell Community Healthcare Services improved dysphagia management and piloted a community dysphagia rapid response assessment service. Quality was improved by allowing more patients to be managed at home for terminal illnesses, and increasing empowerment for patients, their carers and staff. Productivity has been improved by reducing hospital referrals and admissions

The examples above provide illustrations of how SLT could contribute more effectively to delivering redesigned community care. More information on the economic value of speech and language therapy is available on our manifesto briefing papers, attached.

### **See Appendices**

1. Early intervention
2. Speech and language therapy service proposal for adult services in primary care
3. The benefits of Speech & Language Therapy in the management of Vocal Cord Dysfunction: A Case Study Catherine Stewart and Shelley Bolton  
*Speech and Language Therapists, Belfast Health and Social Care Trust*
4. Primary care rapid response assessment of dysphagia in end of life care  
Provided by: Sandwell Community Healthcare Services 2009
5. RCSLT; The economic value of speech and language therapy
6. RCSLT; Reducing pressures on care
7. RCSLT; Manifesto Children
8. RCSLT; Manifesto communication disability
9. RCSLT Manifesto Adults

23 November 2016