



RCSLT statement: Redeployment of staff and impact on outcomes for service users in future COVID-19 surges

13 October 2020

1. Introduction

In the first wave of COVID-19, staff were redeployed to meet actual or anticipated demands to respond to patients with COVID-19 and most other services were stopped or paused. There is now a recognition from the scientific advisers in government and the NHS that there needs to be a balance struck to make sure that those service users who have missed out on care do have their needs met.

The RCSLT supports the redeployment of speech and language therapists (SLTs) to elements of the wider health and social care system to support the national effort on managing the impact of COVID-19.

However, The RCSLT is very concerned about the risk of members being redeployed away from services that are still under pressure to reduce waiting lists and meet targets; eg for education, health and care (EHC) plans (for children and young people in England with special educational needs and disabilities (SEND)).

In addition, members have informed us that some redeployment roles during the first surge were unsuitable in terms of using their skills and expertise to best effects. We believe there are more cost-effective alternatives; for example bringing back retired staff or using volunteers or students to increase system capacity.

SLTs have significant skills and expertise to meet the clinical presentation needs of patients with COVID-19 as highlighted in the following RCSLT guidance:

1. [COVID-19: Maximising the contribution of the speech and language therapy workforce](#) (24 April 2020)
2. [COVID-19 Speech and language therapy rehabilitation pathway](#) (14 July 2020)

At the same time, it is essential that the indirect impact of the COVID-19 pandemic on people with speech, language and communication and eating, drinking and swallowing needs is considered, and that the risks if their needs are not identified or supported over a prolonged period are mitigated. It is important, therefore, that decisions around redeployment of SLTs are informed by the need for specific, prioritised speech and language therapy services to be maintained both within and beyond a health and social care setting.

2. Member and service user experiences of the first wave of COVID-19

The RCSLT recently conducted a survey of members asking what their experience of the first wave of COVID-19 was like. In addition, the RCSLT will be conducting a survey of service users to find out about their experiences during the same time period. These two surveys will bring a holistic overview of the impact of COVID-19 of speech and language therapy services during the first wave.

The member survey identified the following:

- Increased risks for service users with cancer
- Deterioration in service users with long-term or degenerative conditions due to lack of access to treatment
- The impact on children and young people and their life chances
- Increased health inequalities for those where there are barriers to access to telehealth, including:
 - Digital poverty
 - Digital literacy
 - Literacy and other disadvantages as a result of communication difficulties
 - Lack of access to interpreters for non-English speakers
- Worsening mental health
- Increase in challenging behaviours
- Increased barriers to accessing other services
- Deterioration of swallowing, speech, language or communication skills
- Increase in safeguarding concerns
- Reduced referrals to services during the lockdown period followed by an increase in referrals to services impacting on capacity to meet demand
- Reduced staff wellbeing, including:
 - Exhaustion
 - Low morale
 - Staff shortages as a result of self-isolation requirements due to COVID-19

3. Key learning points from the first wave of COVID-19

The RCSLT has engaged with members who have been at the frontline of COVID-19 to seek feedback on the learning to date.

Members report the following:

- a) More services may be able to be maintained due to greater ability to deliver telehealth across the board for many aspects of speech and language therapy.
- b) There is a greater understanding of COVID-19, as a result of which clinical presentations of the disease are better managed.
- c) Sharing experiences and working together has improved through having had good national networks established.
- d) There is a better understanding and use of personal protective equipment (PPE) across the services provided, with members becoming used to adapting as advice has changed. The fact that PPE has become part of the 'new normal' way of working will help maintain more services in the future. Members are advised to follow the latest government guidance and RCSLT guidance:
 - i) [RCSLT guidance on reducing the risk of transmission and use of personal protective equipment \(PPE\) in the context of COVID-19](#) (11 September 2020).
 - ii) In the absence of government guidance, SLTs should follow RCSLT guidance to inform local policies and procedures regarding the use of PPE.
- e) However, PPE also continues to be a barrier for some services; eg children's services where difficulty maintaining social distancing and the need to wear a face mask affects the ability to provide appropriate services. Members have reported conflict between parental demand for face-to-face services where services can be delivered via telehealth, and parents requesting that no face masks are worn at face-to-face appointments. The RCSLT would again advise that member refer to the [RCSLT guidance on reducing the risk of transmission and use of personal protective equipment \(PPE\) in the context of COVID-19](#) (11 September 2020).
- f) The RCSLT continues to lobby for the availability of a medically approved clear face mask:
 - i) [RCSLT policy statement: Transparent face masks](#) (22 September 2020)
- g) In some areas, working with partners across all sectors of health, education and social care has improved, leading to better understanding of different agendas and priorities to problem solve and maintain services.

- h) However, in other settings, particularly in schools where head teachers are needing to make decisions on how to maintain a COVID-19 safe environment, external visitors are being excluded.

4. Considerations on staff redeployment and service delivery as we go forward in the 'new norm'

As highlighted in the introduction (page 1), it is important to stress that the RCSLT is very concerned about the risk of members being redeployed to unsuitable roles and the impact this will have on their service users. More cost-effective alternatives should be considered; eg bringing back retired staff or using volunteers or students to increase system capacity.

If staff are redeployed, roles undertaken should use their skills and expertise to best effect. In addition, for those roles that are outside of their normal scope of practice, it is essential appropriate training and supervision is provided.

4.1. Restarting services

The RCSLT is aware that significant work has been underway locally to restart services, including the following:

- Reducing waiting times/lists that have built up
- Setting up face-to-face appointments for service users who have not been able to access telehealth
- Working within COVID-19 distancing restrictions; eg reduced clinic availability and associated limitations like fallow periods (if deemed necessary by aerosol generated procedure guidance)
- Adapting service delivery to meet challenges of service users not receiving optimum/timely interventions through the first pandemic wave
 - This has impact on workforce capacity due to the time taken to see those service users
- Delivering and maintaining EHCPs and exploring the use of telehealth as a means of delivering 'face-to-face' care

A key concern is that, in responding to the COVID-19 pandemic, a number of service users will have considerably worse outcomes, as highlighted above.

It is essential for the system to adapt and change to respond to COVID-19 whilst also delivering services for non-COVID-19 service users. RCSLT members are asked to refer to [this open letter](#).

Members should consider the potential implications of missed appointments on service users' speech, language, communication and eating, drinking and swallowing needs. There is a risk that service users will avoid appointments and follow-up appointments due to 'appointment fatigue'. Members have reported that this may be particularly true for those having had COVID-19, who may be attending more than one outpatient clinic as part of the ongoing management of their clinical needs and complications.

The RCSLT is working with government to inform the rehabilitation pathway for both COVID-19 and non-COVID-19 service users, building on the work undertaken with the [Intensive Care Society](#).

It is also important for SLTs to consider the impact of local lockdowns and the need for redeployment in such events.

4.2. Staff considerations

Services also need to maintain staff flexibility to respond to ongoing unknowns. For example:

- a) Size and rate of COVID-19 and non-COVID-19 hospital admissions and caseloads
- b) Staffing pressures (staff unavailability due to restarted research/clinical work, sickness and self-isolation)
- c) Nature and severity of patient presentations as the coronavirus mutates

Staff who are clinically vulnerable and continue to work from home or in non-patient facing roles could support. For example:

- a) The continuity of service provision via telehealth
- b) Service planning, development of training resources, audit and QI projects

If you have any feedback on this statement, please contact info@rcslt.org