

**Royal College of Speech and Language Therapists submission
Health and Social Care Parliamentary Committee Inquiry
“Delivering Core NHS and Care Services during the Pandemic and Beyond”**

1. Summary

1.1. The Royal College of Speech and Language Therapists (RCSLT) is pleased to make a submission to the Health and Social Care Committee’s inquiry into “Delivering Core NHS and Care Services during the Pandemic and Beyond”.

1.2. Throughout the UK, speech and language therapists have worked tirelessly to ensure that people with COVID-19 receive as much support as possible. They are using their specialist skills to provide interventions and rehabilitation, both within and beyond intensive care units, to support immediate and longer-term recovery of communication and swallowing problems and respiratory management.

1.3. There is a need to provide effective and appropriate rehabilitation to people recovering from the disease over the coming weeks and months, to ensure they make the best possible recovery. Alongside this, there are people of all ages without COVID in the community with communication or swallowing needs who require speech and language therapy and need to be reprioritised, to ensure that everyone receives vital access to, and support from, speech and language therapy alongside other therapies.

1.4. Through this submission we will highlight how these considerations can be taken into account through service planning and delivery.

2. How to achieve an appropriate balance between Coronavirus and ‘ordinary’ health and care demand

2.1. COVID-19 patients are presenting in the community with a range of complex needs, requiring a multidisciplinary approach to care management and longer term rehabilitation. Any national policies or strategies need to reflect both the rehabilitation needs of COVID-19 patients and the ongoing support of existing clients. This will ensure that people newly referred to speech and language services receive the support they require, whether they have had COVID-19 or not; and that those without COVID-19 who may have missed out on being identified and/or supported during the pandemic also receive the support they need.

Priorities for action

2.2. The RCSLT recommends that a national approach to post-COVID rehabilitation is developed, involving professional bodies’ expertise. This is underpinned by the development of guidance on whole rehabilitation pathways, based on the emerging evidence of what is needed, to reflect:

1. Emerging evidence of clinical presentation of need of COVID-19 patients and
2. Balancing existing clients and COVID-19 patients

2.3. The RCSLT recommends the development of a COVID-19 rehabilitation and recovery framework, to support caseload management in the community, spanning multiple rehabilitation pathways. National practices that currently exist on which to model include:

1. Early supported discharge in stroke
2. Pulmonary and cardiac rehabilitation
3. Cancer survivorship clinics
4. ICU follow-up clinics

2.4. The impact of COVID-19 and the wide range of resulting clinical presentations, indicate a need to equip community speech and language therapists, and the wider multidisciplinary team, with the skills and knowledge to diagnose and manage these patients. Training and

enabling the wider team would support a holistic approach to meeting the rehabilitation needs of patients.

2.5. Sufficient resources must be provided to ensure that all services are able to respond in as timely and appropriate way as possible. This includes speech and language therapists who work in rehabilitation settings as well as acute settings.

2.6. The workforce can be used to increase capacity through maximising skill mix, developing new ways of working, agile flexing and providing care in new and innovative ways.

The challenges moving forward are:

2.7. Balancing – Managers need to manage the backlog of existing and new referrals as well as the additional COVID-19 referrals. This will become more critical as planned, elective and urgent care restarts creating extra demand on community rehabilitation services.

2.8. Complexity of need – Patients post-COVID-19 are presenting with a range of very complex needs and all allied health professionals, including speech and language therapists, need to understand patient management, recovery timeframes, and flags for risks and deterioration. This is proving difficult as patients' have relatively unknown needs.

2.9. New ways of working - Managers need the skills and confidence to engage in changes to practice and service delivery such as teleworking to keep both children and adults safe in their homes, supporting their communication and swallowing needs.

2.10. Reduced staffing - Many speech and language therapy services have had staff redeployed to other areas of the health system to support the Coronavirus effort.

2.11. Planning - Speech and language therapy managers need flexibility to support and manage existing clients and COVID-19 patients in the community, as well as planning for a possible second wave of the pandemic which will require additional staff to respond to an influx of acute cases, resulting from redeployment to other services, additional staff illness and further social restrictions.

3. Meeting the wave of pent-up demand for health and care services that have been delayed due to the Coronavirus outbreak

Unmet needs

3.1. Adult community speech and language therapy services need to balance their offer of support to existing clients, as well as to clients with newly diagnosed conditions such as stroke. Many of their clients will have received no speech and language therapy, or very little support, during the pandemic. The communication or swallowing needs of these clients may have deteriorated through a delay in intervention. For example due to:

1. The restrictions in the "COVID-19 Prioritisation within Community Health Services" guidance
2. Shielding – clinically vulnerable people may not want health professionals in their home, avoiding contact to keep themselves safe and well. In the RCSLT survey on the "Impact of COVID-19 on speech and language therapy services", 40% of speech and language therapists said that clients were choosing not to receive any intervention at this time
3. Social distancing – many speech and language therapy clients are classed as vulnerable. In the RCSLT survey, 29% of clients did not have access to teleworking so technology was a barrier to remote therapy provision.

3.2. Children's community speech and language therapy services will also face a wave of pent-up demand;

1. Many children and young people with existing communication or swallowing needs will have received reduced speech and language therapy provision during the pandemic, either because services have been prioritised elsewhere, staff have been redeployed, or because schools have closed.
2. The closure of schools and pre-school settings, coupled with changes to health visitor checks, also means a reduction in the new identification of children with speech, language and communication needs. Children's speech and language therapy services are reporting significant reductions in new referrals during the pandemic.
3. In addition, the closure of pre-school settings has the potential to impact on children's early language development. The first months and years of a child's life are particularly crucial for language development and if a child's language is not supported, their development may be permanently affected.
4. The reduced opportunities for both early identification and timely intervention may mean that more children require specialist support from speech and language therapy.

Prioritisation

3.3. The national prioritising guidance, "COVID-19 Prioritisation within Community Health Services", initially published in March, advised that community speech and language therapy services should undertake segmentation to prioritise urgent care needs, with medium and lower priority work being stopped. Feedback from our members indicated that their response was to review their caseloads to prioritise which work was considered urgent or essential and should continue, and which work would have to be paused.

3.4. In line with this national guidance, high priority speech and language therapy work may include:

1. Providing tele-swallowing – sessions are conducted by phone video conferencing where possible, and only providing face-to-face appointments if essential and appropriately risk assessed. This is underpinned by appropriate training of care or support staff to support the remote working of speech and language therapists.
2. Early supported stroke service to avoid loss of rehabilitation potential – including access to speech and language therapy and other therapy interventions.
3. Speech and language therapy to continue to support people with progressive neurological conditions, such as dementia, motor neurone disease, multiple sclerosis, and Parkinson's disease, at high risk of aspiration pneumonia due to swallowing difficulties – this includes swallowing assessments. Timely speech and language therapy intervention helps prevent hospital admission.
4. Providing an advice service to families of high risk children and young people with communication needs, delivered remotely – these may include those with safeguarding concerns, or where there is thought to be a significant risk to the child's mental health if they are unable to communicate with their families.

Impact of COVID-19 on speech and language therapy services

3.5. The RCSLT is concerned about the impact of reductions in provision and the need for investment in community speech and language therapy services when 'normality' returns. In the RCSLT survey into the "Impact of COVID-19 on speech and language therapy services", 98% of speech and language therapists said that the pandemic was having an impact on service delivery. 49% of speech and language therapists reported that clients are seen less frequently and 81% said that there were clients on their caseload who were no longer receiving an intervention but who would usually do so.

3.6. We are also hearing from our members, that local pathways have been disrupted and they are being asked to develop new care pathway. In the RCSLT survey, one third of respondents said they were being asked to develop new care pathways.

3.7. The rehabilitation of people recovering from COVID-19 will be complex as individuals will have a range of symptoms. This will require a personalised approach to rehabilitation which is responsive to individual patient need. A rehabilitation pathway for a 'one-size fits all' is less helpful.

3.8. The RCSLT is working with our members to develop a framework to support discussion and development of services across all clinical pathways. We are also talking to our multidisciplinary team colleagues about the workforce requirements and pathway guidance that we could provide.

4. Meeting extra demand for mental health services as a result of the societal and economic impacts of lockdown

Communication disability and mental health difficulties

4.1. The RCSLT is very concerned that where communication needs are left unsupported this will result in significant negative consequences for the mental health of many children and young people, adults and older people across the country.

4.2. During the pandemic community health services were scaled back. Many people living in the community who would normally receive speech and language therapy have not received any intervention for speech, language and communication support as their needs were not classed as "urgent".

4.3. Communication is essential to maintaining relationships, interacting and participating in family life, making friendships and being part of the wider community. Everyone needs to be able to communicate to be able to be involved in daily life.

4.4. Supporting communication during the pandemic is critical. Failure to support people's communication needs will deny them the means to communicate their most basic needs, to express their wishes and to reach out to their family and loved ones at this most difficult time whilst we are all in isolation.

4.4. This can result in withdrawal and depression.

4.5. Speech and language therapists should be considered part of the core mental health workforce and, as an embedded part of the multidisciplinary team, can help to meet the extra demand for mental health services as a result of the lockdown

Mental health of speech and language therapists

4.6. Speech and language therapists are acting as health professional, carer and counsellor at the end of people's lives. Expert clinical opinion suggests that 30-50% of patients post-ICU do not survive.

4.7. In the RCSLT survey on the "Impact of COVID-19 on speech and language therapy services", the stress and anxiety that frontline speech and language therapists are facing is evident. The most common words that members used to describe their workplaces were "unpredictable" and "emotionally challenging".

5. Meeting the needs of rapidly discharged hospital patients with a higher level of complexity

The needs of patients

5.1. Our members are reporting that people who received acute or intensive care treatment for COVID-19 may suffer from a whole range of associated problems lasting for months or even years. The consequences of life saving interventions such as sedatives, mechanical ventilation, intubation, oxygen therapies and tracheostomy may lead to countless longer term problems, including:

1. voice disorders (dysphonia);
2. swallowing difficulties (dysphagia)
3. cognitive-communication disorders
4. ongoing respiratory problems - impacting on the coordination of swallowing and breathing which carries an increased risk of chest infection and further lung complications;
5. chronic upper airway narrowing or stenosis

5.2. People may face any of the above combination of issues to differing degrees, however these difficulties may not always be immediately obvious, yet they are of significant impact for the patient. This requires appropriate diagnosis and management, as part of the rehabilitation package.

5.3. Our members report that COVID-19 patients are being discharged into the community with these complex and ongoing needs, indicating a clear role for the immediate and longer-term involvement from speech and language therapy in the rehabilitation of swallowing and communication difficulties in the community.

Staffing

5.4. Speech and language therapy managers have redeployed their staff to other roles across the health and care system, to help contribute to supporting people with the virus and respond to the national emergency. However, in line with the prioritisation guidance, the RCSLT expected the redeployment of SLTs would take account of the prioritised services that would continue despite not being COVID-19 related. Sufficient speech and language therapists would need to remain within community settings to sustain prioritised services where the risks of not delivering that service would be high, although the delivery of the therapy might change.

5.5. The RCSLT is hearing that there are inadequate numbers of staff in community services, to meet the needs of existing clients and COVID-19 patients. Speech and language therapists, and other allied health professionals, who were redeployed to support the acute frontline during the pandemic should be returned to their original positions, especially as community demand will increase.

5.6. National stakeholders will need to work with professional bodies to collect and apply evidence on rehabilitation needs to support workforce modelling going forward.

6. How to ensure that positive changes that have taken place in health and social care as a result of the pandemic are not lost as services normalise

6.1. As with all other health, social care, education and justice professionals, the working lives of our members have changed, in some cases very significantly. We salute how speech and language therapists in England, Scotland, Wales and Northern Ireland have adapted to this situation so they can continue supporting people with communication and/or swallowing needs. These new ways of working have included greater use of telehealth, the training of other staff to support their work and adapting their usual working.

6.2. From the RCSLT survey, two thirds of respondents said that they were delivering services via altered methods of service delivery. 66% of respondents were using more

remote provision of therapy via telephone consultations whilst 48% were using more remote provision of therapy via video consultations.

6.3. The RCSLT is updating its guidance on telehealth to provide advice on best practice to enable individuals/organisations to understand telehealth options and help support their decision making.

6.4. The lives of people with communication and swallowing needs have also changed and speech and language therapists across the UK are helping those people understand and adapt to these changed circumstances. Speech and language therapists are producing information that is accessible so people with communication needs understand what COVID-19 is, what they need to do to keep themselves and others safe and what to expect when accessing health and social care services.

6.5. Speech and language therapists are also promoting accessible and reliable information so people have access to evidence-based information from trusted sources.

6.6. There are many opportunities to re-design care pathways to maximise patient outcomes and experience. This includes consideration of the following:

1. Services co-produced with patients, carers and service user organisations (in line with the NHS personalisation agenda)
2. Establishment of 'one-stop multidisciplinary team follow-up clinics' to support holistic approaches to care
3. Maximising the skills of the workforce e.g. allied health professional-led clinics
4. Promotion and use of telehealth, digital prescriptions/therapy resources and platforms, telephone screening
5. Addressing health inequalities
6. Resources required to meet the needs of this new cohort of patients whilst not compromising services for existing clients
7. Using the opportunity presented by the Medicines and Medical Devices Bill to extend prescribing rights, where appropriate, to a range of allied health professionals, including speech and language therapists, occupational therapists, dietitians, diagnostic radiographers and orthoptists to deliver better and more timely patient care and help reduce pressure on the wider health and social care system

7. About the Royal College of Speech and Language Therapists

7.1. The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists across the United Kingdom. The RCSLT currently has around 17,000 members. We promote excellence in practice and influence health, education, employment, social care and justice policies.