



The NHS England Long Term Plan: what it means for speech & language therapy

Appendix D Chapter 3: Further progress on care quality and outcomes

Headlines – what is relevant to our members?	Implication – what does this mean for speech and language therapy?
<p>Over arching</p> <ul style="list-style-type: none"> The Long Term Plan has been published before the Green Paper on Social Care, the Green Paper on Prevention and the Review of the Better Care Fund. 	<ul style="list-style-type: none"> These plans and reviews will have an impact on how the Plan is implemented and how care is joined-up.
<p>Primary and community care</p> <ul style="list-style-type: none"> In the Long Term Plan primary and community health services will get a major investment. The Plan proposes to integrate GP, community and health and social care with increased investment. 	<ul style="list-style-type: none"> The Plan aims to speed up progress towards integrated care by aligning regulation and providing specific funding. This focus on improving out-of-hospital care and keeping people out of hospital backed by a funding commitment is welcome. Whilst the idea is not new, it is often seen as the answer to the capacity issues in the acute sector. One of the challenges will be delivering this. This rests on newly formed primary care networks which are yet to be tested.
<p>Clinical area focus</p> <ul style="list-style-type: none"> There is a major push on clinical priorities. These are heart disease and stroke, cancer, respiratory conditions, dementia, and self-harm. This is based on the latest Global Burden of Disease study and the top five causes of early death for the people in England. 	<ul style="list-style-type: none"> The focus on single conditions fails to recognise multi-morbidities and people living with long-term conditions. There is also a lack of reference between single diseases and health inequalities.
<p>Cancer P56 -61; P17; Para 1.17; p32, para 1.58; p32; Para 1.59; P33; Para 2.2</p>	
<ul style="list-style-type: none"> By 2021, every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support. This will be 	<ul style="list-style-type: none"> This represents an increased role for SLTs to support both early detection and also to support people to live well for longer after

<p>delivered in line with the NHS Comprehensive Model for Personalised Care.</p> <ul style="list-style-type: none"> • Earlier detection: by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to 75% of cancers. • Better screening: it particularly mentions bowel cancer, HPV, cervical cancer and lung health checks. • Earlier diagnosis and treatment: New faster diagnosis standard for cancer will be introduced from 2020 and Rapid Diagnostic Centres will be created from 2019 to house all the different cancer specialists in one place. • Post treatment: There will be patient tailored follow-up pathway and better access to clinical support in case their cancer returns. • Proven techniques and technologies will be rolled out and available in all neurosurgical centres in England. 	<p>treatment.</p> <ul style="list-style-type: none"> • Cancer services will become specialised presenting opportunities for SLTs to get involved as the service model changes.
<p>Stroke care P64-65</p>	
<ul style="list-style-type: none"> • Integrated Stroke Delivery Networks (ISDNs) will support Sustainability and Transformation Partnerships (STPs) and Integrated Care Systems (ICSs) to reconfigure stroke services into specialist centres. • ISDNs will ensure that all stroke units will, over the next five years, meet the NHS seven-day standards for stroke care and the National Clinical Guidelines for Stroke. • The stroke workforce will be modernised with a focus on cross-specialty and in some cases cross-profession accreditation of particular 'competencies'. • New post-hospital stroke rehabilitation models will be tested. This includes an increased role for voluntary organisations including the Stroke Association. • The SSNAP dataset will be updated. This is likely to affect AHP services. 	<ul style="list-style-type: none"> • The number of acute stroke units may be cut by one third with patients going to more specialised centralised centres across regions. This is already starting to take effect with the announcement in Kent. • SLTs will need to consider their workforce model to be able to meet the seven day standard for stroke care. • The RCSLT will continue to work with SSNAP to make sure data collection is accessible and useful for SLT and AHP services.
<p>Respiratory disease P66-67</p>	
<ul style="list-style-type: none"> • There will be greater investment in services to treat and support people with respiratory disease. Primary care networks will support the diagnosis of respiratory conditions with more staff being trained. • Pneumonia: Increased use of risk scoring for patients to reduce avoidable hospital admissions. Patients with community-acquired pneumonia in emergency departments will be cared for out of hospital through nurse-led 	<ul style="list-style-type: none"> • The RCSLT is developing a factsheet on this issue. • SLTs need to use the evidence base to help support and grow their services to support people to stay well at home for longer.

supported discharge services (as per Chapter 1).	
Mental health P68 -73	
<ul style="list-style-type: none"> • Investment in mental health will be targeted at better crisis services and improved community care. £2.3bn of the £20bn is being set aside. <p><u>Common disorders</u></p> <ul style="list-style-type: none"> • Expansion to the “Improving Access to Psychological Therapies” (IAPT) programme is proposed for people with common mental health problems. • The Plan commits to test four-week waiting times for community mental health teams in pilot areas. • The testing will inform the development of future standards, including the most clinically appropriate clock start and stop points and interventions. <p><u>Severe mental health problems</u></p> <ul style="list-style-type: none"> • New models of primary and community mental health care will be developed. • Local areas will redesign and reorganise core community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks. • New services will be developed for people who have the most complex needs. • A new community-based offer will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. <p><u>Emergency mental health support</u></p> <ul style="list-style-type: none"> • There will be a single point of access to community health support via NHS 111 for people experiencing crisis. Alongside this, apps and online resources will be used. • Community-based mental health services will be resourced to provide 24/7 support to people experiencing a mental health crisis by 2020/21. Community services will be resourced to offer 	<ul style="list-style-type: none"> • Tackling the problems in child mental health services and in community mental health provision could swallow up all the money. Proposals for ring fenced funding reflect these concerns. <p>Improving Access to Psychological Therapies</p> <ul style="list-style-type: none"> • There is no recognition of support for people with speech, language and communication needs accessing verbally based therapies. • The RCSLT will continue to press for support for communication to access these talking based therapies. <p>Support for people with severe mental health problems</p> <ul style="list-style-type: none"> • The new community services will be multidisciplinary and recognise physical and mental health integration. • SLTs need to use the evidence including NICE guidelines to promote the added value of SLTs in mental health teams. The role of SLTs supporting communication difficulties need to be raised in relation to risk assessment and consent. • SLTs must position themselves as crucial mental health professionals in these new community and crisis services. <ul style="list-style-type: none"> • There is no consideration of access for people with communication difficulties.

<p>intensive home treatment as an alternative to an acute inpatient admission.</p> <ul style="list-style-type: none"> • All acute hospitals will have a mental health liaison service in A&E departments and inpatient wards by 2020/21. • Mental health nurses will be introduced to ambulance control rooms to improve triage and response to mental health calls. They will train and upskill ambulance staff to increase their competency. • New standards for access to urgent and emergency specialist mental health care will be developed. • Waiting times for emergency mental health services by 2020 will be developed. • The Long Term Plan recognises the role of voluntary sector partners to deliver “sanctuaries, safe havens and crisis cafes” for people with escalated needs and to work with the NHS to develop “models such as crisis houses and acute day care services, host families and clinical decision units”. <p><u>Inpatient care</u></p> <ul style="list-style-type: none"> • The Plan will continue to work towards the policy objective of eliminating inappropriate out of area placements by 2021, reducing length of stay at acute mental health units to 32 days (the national average) and investing in the physical environment. 	
<p>Learning disability and autism P72, P117, P52, P53</p>	
<p>Specialist community teams to support people with autism P72</p> <ul style="list-style-type: none"> • There will be investment in specialist community teams to help support children and young people with autism and their families. 	
<p>Lifelong opportunities P117</p> <ul style="list-style-type: none"> • Supported internship opportunities targeted at people with a learning disability and/or autism will increase by 2023/24. • There will be an increased number of NHS organisations making the Learning Disability Employment Programme pledge. 	
<p>Tackle the causes of morbidity and preventable deaths P52</p> <ul style="list-style-type: none"> • The uptake of existing annual health check for people aged over 14 with a learning disability 	

<p>will be improved.</p> <ul style="list-style-type: none"> • The introduction of a specific health check for people with autism will be piloted and if successful will be extended more widely. • Stopping the over medication of people with a learning disability, autism or both will be expanded and there will be Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP) programmes to stop the overmedication of people with a learning disability, autism or both. • The Learning Disabilities Mortality Review Programme will continue to be funded to identify common themes and learning points and provide targeted support to local areas. 	
<p>The whole NHS will improve its understanding of the needs of people with learning disability and autism P52</p> <ul style="list-style-type: none"> • There is a commitment to hold a consultation to examine the options for delivering awareness training in learning disability and autism. • NHS staff will receive information and training on supporting people with learning disability and/or autism. • All local healthcare providers should be making reasonable adjustments. • National learning disability improvement standards will be implemented over the next 5 years, and apply to all services funded by NHS. • By 2023/24 a 'digital flag' in the patient record will ensure staff know a patient has a learning disability or autism. • There will be hearing, sight and dental checks for all children and young people with a learning disability or autism in special residential schools. 	<ul style="list-style-type: none"> • The RCSLT will seek to influence the development of the training and respond to this consultation. • We will promote inclusive communication and reasonable adjustments.
<p>Reducing waiting times for autism diagnoses P52</p> <ul style="list-style-type: none"> • Packages to support children with autism or other neurodevelopmental disorders and their families through the diagnostic process will be jointly developed. 	<ul style="list-style-type: none"> • The RCSLT will work to ensure that SLTs are part of the core multi-disciplinary team, in line with NICE guidance: https://www.nice.org.uk/guidance/cg128 • The RCSLT will raise awareness of developmental language disorder (DLD) as one of the neurodevelopmental disorders to be included in the pathway.

<p>Inpatient care for people with learning disability, autism or both P52-53</p> <ul style="list-style-type: none"> • By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker – initially focused on those who are inpatients or at risk of being admitted to hospital, with a plan to extend to those who face multiple vulnerabilities such as looked after and adopted children. • By March 2023/24 inpatient provision will have been reduced to less than half of 2015 levels. • There will be increased investment in intensive, crisis and forensic community support – every local health system will be expected to use investment to have a seven day specialist multi-disciplinary service and crisis care. • All care commissioned by the NHS will need to meet the Learning Disability Improvement Standards. • There will be work with the Care Quality Commission (CQC) to implement recommendations on restricting the use of seclusion, long-term segregation and restraint. • All areas will implement and be monitored against a 12-point discharge plan. • The existing Care, Education and Treatment Review (CETR) and Care and Treatment Review (CTR) policies will be reviewed and strengthened. 	<ul style="list-style-type: none"> • There will be opportunities from increased investment in intensive, crisis and forensic community support. It will be important to make the case for SLT involvement as part of specialist multi-disciplinary services – and consider readiness for providing a seven day service.
<p>Older people P17 & 33</p>	
<ul style="list-style-type: none"> • Population measures will be used to identify risks: the Electronic Frailty Index and proactive population health approach will focus on moderate frailty. • There is a focus on slowing “the development of older people’s frailty” through better identification and intervention of people living with severe and moderate frailty. 	<ul style="list-style-type: none"> • There are good opportunities to support the shifting narrative around frailty and highlight the speech and language therapy needs of older clients. • Working alongside other AHPs, we can show how we support people to stay well at home for longer and support early discharge from hospital. • Send any case studies to claire.moser@rcslt.org

Planned care P73-75	
<ul style="list-style-type: none"> • There will be increased patient choice in providers, including increased use of the independent sector. • Capacity alerts will be used to support patient decision-making. The national roll-out of capacity alerts is underway. • A review is underway to reform how referral to treatment (RTT) waiting times are calculated. • There will be new fines for hospitals and clinical commissioning groups breaching the 12 month wait. 	<ul style="list-style-type: none"> • Alongside patient choice, there is a role for SLTs in supporting decision-making, weighing up and considering risks and benefits. • This is part of the personalised care agenda where adjustments need to be made for communication needs and low health literacy.
Staff training <ul style="list-style-type: none"> • Staff will be trained to have the conversations that help patients make the decisions that are right for them. • To increase personalised care training will be rolled out to help staff identify and support relevant patients. 	<ul style="list-style-type: none"> • Training is a significant step forward and we must promote communication and shared decision-making. • The Plan acknowledges that a tailored approach requires work with local government and voluntary partners.
Digital services P24-25, Para 1.37 & P25, Para 1.42	
<ul style="list-style-type: none"> • Over the next five years every patient will be able to access GP consultations via telephone or online; there is also an emphasis on apps and video consultations. • Technology will be used to redesign outpatient contact and there is emphasis on remote monitoring of health conditions. 	<ul style="list-style-type: none"> • The success of this depends on funding, internet connection and patients. • Consideration needs to be given to accessibility and ease of access for people with communication needs, cognitive needs and disability. • The increased use of remote monitoring will be an area of growth for many SLTs.
Social prescribing P25-27, Para 1.43 & Para 1.44	
<ul style="list-style-type: none"> • This will be expanded to reach 2.5 million people within five years. • The range of support will be diversified across the country. • Young carers will be referred to local services via social prescribing. 	<ul style="list-style-type: none"> • The Government views the voluntary/charity sector as the solution to deliver this. • We need to position SLTs as active sign-posters to services and work with the new Link Workers to support our clients. • The AHP framework in social prescribing is due in June.
RightCare Care Pathways P6, P25, para 1.40, P43, para 2.35	
<ul style="list-style-type: none"> • The Plan commits to an expansion of RightCare Programme as a way of ending clinical practice variation. 	<ul style="list-style-type: none"> • The RCSLT will continue to influence the development of these pathways to ensure that SLT is

<ul style="list-style-type: none"> All systems and trusts will be required to invest in proven initiatives, including the Model Hospital, RightCare and Get it Right First Time. 	<p>appropriately recognised and commissioned.</p>
<p>Same day emergency care P66, para 3.84, P102, Para 6.12, P104, Para 6.16</p>	
<ul style="list-style-type: none"> Same day emergency care will be rolled out for every type-1 A&E department. This will be embedded in every hospital during 2019/20. 	<ul style="list-style-type: none"> The discharge team mentions occupational therapists and physios as well as social workers and nurses. There is an opportunity for SLTs to grow services to support A&E and people to be treated and rehabilitated at home. Send any case studies to claire.moser@rcst.org

RESOURCES

- The NHS Long Term Plan is accessible via: <https://www.longtermplan.nhs.uk/>
- The RCSLT analysis of the plan (Feb 2019) is accessible via: <https://bit.ly/2RTUoGr>
- The RCSLT response to the plan (Jan 2019) is accessible via: <https://bit.ly/2DKI7AI>
- The RCSLT consultation response (Sept 2018) is accessible via: <https://bit.ly/2C4dcgm>

For more information, please contact peter.just@rcslt.org