



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

### Appendix G

#### Chapter 5 - Digitally enabled care will go mainstream across the NHS

Headlines – what is relevant to our members?	Implications – what does this mean for speech and language therapy?
P91, 5.5: 'integrated care records across GPs, hospitals, community services and social care'.	This sounds useful for integrated working. However, will SLTs working in education have access?
P92, box, 'Mandate and rigorously enforce technology standards...to ensure data is interoperable and accessible.'	This will help with integrated working and includes standards such as SNOMED CT.
P93, 5.9: 'People will be empowered...by the ability to access, manage and contribute to digital tools, information and services.'	This has significance for speech and language therapy provision via apps, telehealth, or online services. However, how will we ensure equity of access for service users? This includes the concept of digital literacy of the public, which the Long Term Plan acknowledges. This shift may potentially involve service redesign as SLT will be offering some services digitally.
P93, 5.13: 'by 2010, we aim to endorse a number of technologies that deliver digitally-enabled models of therapy for depression and anxiety disorders for use in IAPT services...such as virtual and augmented reality...'	This is potentially very good to try for these patient groups, but research is needed to ensure it is evidence-based and that this technology is not at the expense of the ability of patients to see clinicians face to face if required. Note also that staff will need training and time to introduce these new technologies.
P94, 5.16 'We will enable staff to capture all health and care information at the point of care...support the workforce to develop the digital skills they need...mobile access to work more flexibly'.	This is potentially useful to ease the administrative burden. Also, it is potentially good for SLTs working in integrated care and across different locations and out in the community. Some services will need significant investment in infrastructure/technology to enable this to happen. Leadership and change management skills will also be important in implementing change (digital transformation and changes to working practices).  It may also be the case that SLTs have the opportunity to be involved in the development of systems that meet their needs, as this is a key principle outlined in <a href="#">The Future of Healthcare</a>

<p>P95, 5.18 ‘...expanding the successful NHS Digital Academy...informatics leadership representation on the board of every NHS organisation...We will increase training in digital capabilities...particularly in ‘newer’ digital fields’.</p>	<p>SLTs could have a key role to play here, as there are many at the vanguard of using technology and informatics in their roles. Although the NHS Digital Academy is now open to AHP applicants, it is currently aimed at senior leaders with existing experience in digital health and informatics (e.g. Chief Information Officers (CIOs) and Chief Clinical Information Officers (CCIOs)). Therefore, there is a need for further training in digital skills in the wider SLT workforce and an investment in training is welcomed. The NHS England Digital AHPs Steering Group has begun looking at the support AHPs require to identify what is needed to address training needs. There may also be implications for pre-registration training and the Topol Review, being conducted by Health Education England, is focusing on how to prepare the healthcare workforce for a ‘digital future’.</p>
<p>P96, 5.22 ‘...roll out of Electronic Patient Record (EPR)’.</p>	<p>This allows the sharing of records across different health and care settings. This is good for SLTs in principle. However, will it be accessible to those working in other sectors such as education?</p>
<p>P97, 5.24 Virtual clinics with escalation to face-to-face appointments where needed, can replace follow-up appointments for many conditions.</p>	<p>SLTs are already leading the way on this and developing an evidence base.</p> <p>However, there are complex challenges to embedding virtual clinics including: time and money investment to set up, staff training and incentives.</p> <p>There is a need also to consider that it is not a solution that fits all clinical situations, all clinicians and all patients.</p> <p>This <a href="#">paper</a> by Trisha Greenhalgh for a good summary.</p>
<p>P97, 5.26 ‘During 2019, we will deploy population health management solutions to support ICS (Integrated Care Systems) to understand the areas of greatest health need and match NHS services to meet them...identifying those groups of people who are at risk if adverse health outcomes...shining a light on health inequalities’.</p>	<p>This has the potential to support SLT services with better understanding of the needs of the local population and designing services that meet these needs. There are links with the work by Public Health England that the RCSLT has been supporting in undertaking speech and language needs assessment. It is also aligned with the work of the RCSLT Outcomes Programme.</p>

P97, 5.27 'The use of de-personalised data extracted from local records...will enable more sophisticated population health management approaches and support world-leading research.'	This will help SLT research and also modelling population needs. We welcome this as it supports the work of the RCSLT in relation to the collection and use of outcomes data using the ROOT. This should be an enabler for SLT services wishing to engage in the work.
P98, 5.31 'creating a secure and capable digitally literate workforce...'	We welcome investment in developing a digitally literate workforce (as above regarding gaps in training and plans to address these).
P98, 5.31 'published open standards to enable interoperability and continual improvement'.	We welcome also a set of open standards for technology suppliers. This is a benefit for SLTs who are also developing digital clinical resources. Also, adoption of standards such as SNOMED CT will have a benefit for patients in terms of delivering safe and effective care.
P99, box: 'people will have access to their care plan and communications from their care professionals via the NHS App'.	This is obviously a useful benefit for service users and particularly if they are attending a variety of services (for example, crossing between SLT and CAMHS services).
P99, box: 'secondary care providers in England, including acute, community and mental health care settings, will be fully digitised'.	SLTs working in these fields will benefit from digital access to services for information capture, storage, processes and sharing, and access to relevant, accurate information by healthcare professionals will ultimately benefit patient care.

#### General comments/observations:

- Digital is a key theme throughout the Long Term Plan and is a key enabler listed under a number of headings, including supporting new models of care and reducing inefficiencies.
- Addressing health inequalities, unmet need and unwarranted variation (and the links with improving outcomes) are key themes throughout, with a view to narrowing the gaps in the next 5-10 years. The availability of good, accurate data is referenced as a key enabler: "Without access to timely and accurate data we cannot maximise the opportunities to improve care for all patients" (page 23).
- There are also multiple mentions to investing in quality improvement, which is also in line with the work streams of the RCSLT Outcomes Programme.

#### 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>

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