



31 July 2019

**THE ROYAL COLLEGE OF SPEECH AND LANGUAGE THERAPISTS RESPONSE to The Department of Health consultation on 'Reshaping Stroke Care' 2019.**

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 over 17,000 members (around 700 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.

Speech and language therapists have a major role in working directly with children, young people and adults, as well as supporting and training other professionals in working with speech, language and communication needs (SLCN).

As the consultation sets out, the case for reforming stroke services in NI is well documented in order to address inconsistencies in access to specialised stroke acute care and to vital, continued support in the community, including speech and language therapy (SLT). We note that the consultation is heavily weighted to reforming acute services and while we agree this is a priority for improving care, we are concerned that the real need to improve community services to enable long-term rehabilitation and life after stroke is not forgotten.

RCSLT fully support the objective of improving outcomes for stroke survivors in Northern Ireland and welcome this as an opportunity to redress some of the inequities of access to both acute and community based specialist speech and language therapy for stroke patients. Please find our responses to the consultation questions below.

If you would like any further information then please do not hesitate to contact RCSLT.

Yours sincerely,

**Ceara Gallagher**  
**Head of the Northern Ireland Office RCSLT**

**Rosalind Kyle**  
**Country representative RCSLT**

Patron: Her Royal Highness The Countess of Wessex  
Registered Office: 2 White Hart Yard, London SE1 1NX.  
Tel: 020-7378-1200 E-mail: [postmaster@rcslt.org](mailto:postmaster@rcslt.org)

A company limited by guarantee • Incorporated in England No. 518344 • VAT No. 795 8119 77 • Registered Charity



## Background: How speech and language therapy supports stroke patients

- In Northern Ireland 4,000 people have a stroke each year<sup>1</sup>; it is the third biggest cause of death in Northern Ireland<sup>2</sup>. Speech and language therapy is vital to help stroke survivors with both their immediate and long-term recovery from stroke.
- A third of stroke survivors will have some level of communication difficulties following a stroke<sup>3</sup> and between 40 – 78% will initially experience some level of difficulty in swallowing (dysphagia)<sup>4</sup>. 76% of those initially affected will continue to have a moderate to severe difficulties while 15% will live with a profound dysphagia<sup>5</sup>.
- SLT is an effective intervention for supporting people with communication and swallowing difficulties:
  - Speech and language therapists (SLTs) are uniquely qualified to assess an individual's ability to understand and to communicate that understanding to optimise a person's choice, degree of control and capacity to consent to treatment and care. SLTs support the medical team to assess capacity in cases where it is difficult to obtain consent from a person.
  - Dysphagia can be managed by SLTs as they support individuals to eat and drink safely and train others. SLTs also provide training to other healthcare professionals to carry out screening.
  - If it is not managed, dysphagia results in malnutrition and dehydration and is a major factor in repeated chest infections, choking risk and pneumonia which are linked to avoidable hospital admissions and in some cases death. Evidence indicates that delays of five hours or more in dysphagia screening and all delays in comprehensive SLT dysphagia assessment is associated with higher incidences of stroke associated pneumonia.<sup>6</sup>
  - SLTs have a key role in the long-term rehabilitation of patients as part of the core multidisciplinary rehabilitation teams.
  - SLTs provide coaching to others, including other professionals, carers and to facilitate communication.

## Issues of access to SLT for stroke survivors in NI

---

<sup>1</sup> Stroke Association (2015). State of the Nation, Stroke Statistics, Stroke Association NI

<sup>2</sup> Stroke Association (2018) State of the Nation, Stroke Statistics

[https://www.stroke.org.uk/system/files/sotn\\_2018.pdf](https://www.stroke.org.uk/system/files/sotn_2018.pdf)

<sup>3</sup> Stroke Association (2012) Speech and Language Therapy after Stroke. Stroke Association. London.

<sup>4</sup> Martino R, et al. Dysphagia after stroke: Incidence, diagnosis, and pulmonary complications. Stroke 2005; 36:12, 2756-2763.

<sup>5</sup> Mann G, Hankey G, Cameron D. Swallowing function after stroke prognosis and prognostic factors at 6 months. Stroke 1999; 30, 744-748

<sup>6</sup> Bray et al (2017) 'The association between delays in screening for and assessing dysphagia after acute stroke, and the risk of stroke-associated pneumonia' available at <https://www.ncbi.nlm.nih.gov/pubmed/27298147>

- A 2017 survey of stroke survivors, commissioned by RCSLT NI in partnership with the Stroke Association and Dr Niamh Kennedy of University of Ulster, revealed that 90% of stroke survivors report that communication difficulties following their stroke have impacted hugely on their lives and that less people are now receiving speech and language therapy after a stroke than in 2008.
- A third of respondents felt that the amount of SLT they received was too little with some reporting having received no provision at all<sup>7</sup>. As such the RCSLT NI has been calling for a communication lifeline for all stroke survivors by ensuring that every stroke patient has a communication assessment within 72 hours.
- There are significant regional variations in the commissioning of specialist stroke SLT services across Northern Ireland, both in relation to acute and community settings, for example only one hospital – the Royal Victoria Belfast – has a dedicated, protected SLT stroke team.
- We welcome the reconfiguration of stroke services and believe this is an important opportunity to ensure that all stroke survivors have access to the speech and language therapy support they require.

## Reshaping Stroke Care: RCSLT responses to consultation questions

### **1. Do you agree that stroke patients should be admitted as soon as possible to specialist centres to deliver the best possible outcomes?**

#### Speech and language therapy care and standards in hyperacute and acute stroke units

- The RCSLT supports the well evidenced position set out in the document that admitting patients to specialist centres offers the best outcomes following stroke. This is borne out by the experiences of our members, for example in the Ulster Hospital the SLT team reported that swallow screening rates improved significantly when the patient is admitted to the stroke ward, rather than a general acute ward despite extensive swallow screening training for general acute staff<sup>8</sup>.
- SLTs are responsible for training and supporting other professionals to undertake dysphagia screening and provide direct specialist bedside swallow and communication assessments, differential diagnosis and onward management and provision of therapy for patients during the hyperacute and acute stroke recovery phase.

<sup>7</sup> RCSLT NI Survey 'Communication Needs following Stroke' 2017 available at <https://www.rcslt.org/policy/northern-ireland#section-4>

<sup>8</sup> Information provided by SLT service at South Eastern Trust – data collated from Sentinel Stroke national Audit Programme (SSNAP) Results 2017 - 2018

- NICE guidelines requires that every stroke patient has their swallow screened within four hours of admission and that where a screen indicates positive for dysphagia, a full swallow assessment should be carried out by a specialist within 72 hours of admission<sup>9</sup>.
- In addition the NICE guideline 'Stroke Rehabilitation in Adults' recommends that all stroke patients be screened for communication difficulties within 72 hours of the onset of stroke symptoms and that 45 minutes of active therapy should be provided each day for as long as it is of benefit<sup>10</sup>.
- The ability of SLT teams to achieve the recommended levels of therapy and assessment targets in stroke care currently varies, as reflected by regional SSNAP data for Northern Ireland: SLT performance ratings ranged from A to C dependent on the admitting hospital in the most recent performance report (October – December 2018)<sup>11</sup>.
- This highlights the clear need to address this variation in care to ensure fair, best and equal access for stroke survivors across the region through 24/7 day services, increasing the workforce of protected, designated SLT stroke teams and a regionally agreed, evidence based service standard for the provision of specialist SLT for stroke patients.

#### Role of SLTs in 7 day TIA assessment services

- SLTs have a valuable role to play in managing patient flow and should be regarded as a core part of any ambulatory stroke service aiming to have patients assessed and managed, with onward referral to community stroke teams as appropriate. SLTs are required to ensure the identification and management of any dysphagia and communication needs.
- The RCSLT would welcome more detail on the role envisaged for SLTs in the proposed seven day specialised service for TIA assessment clinics as part of the proposal for specialist centres and as outlined in commitment 1. In particular will SLTs currently working in stroke care have the chance to engage with this work to develop a regional model for TIA assessment and the configuration of this seven day assessment service?

#### Opportunities and challenges around 7 day services in specialist centres

- A 24/7 model would offer clear benefits to stroke patients in the areas of swallow and communication by ensuring that patients have access to the necessary SLT assessments over the weekend.
- As mentioned above evidence indicates that delays of five hours or more in dysphagia screening and all delays in comprehensive SLT dysphagia assessment is associated with higher incidences of stroke associated pneumonia.<sup>12</sup>
- SLTs are among those AHPs who are already implementing quality improvement through extended hours services to improve patient outcomes. The below case study from the SLT department in South Eastern Trust highlights the use of extended hours to achieve a reduction in

<sup>9</sup> NICE guideline Stroke and transient ischaemic attack in over 16s: diagnosis and initial management (May 2019) available at [www.nice.org.uk/guidance/ng128](http://www.nice.org.uk/guidance/ng128)

<sup>10</sup> NICE Guideline Stroke rehabilitation in adults (June 2013) available at [www.nice.org.uk/guidance/cg162](http://www.nice.org.uk/guidance/cg162)

<sup>11</sup> Sentinel Stroke national Audit Programme (SSNAP) Results October - December 2018 Routinely admitting teams available at [www.strokeaudit.org/results](http://www.strokeaudit.org/results)

<sup>12</sup> Bray et al (2017) 'The association between delays in screening for and assessing dysphagia after acute stroke, and the risk of stroke-associated pneumonia' available at <https://www.ncbi.nlm.nih.gov/pubmed/27298147>

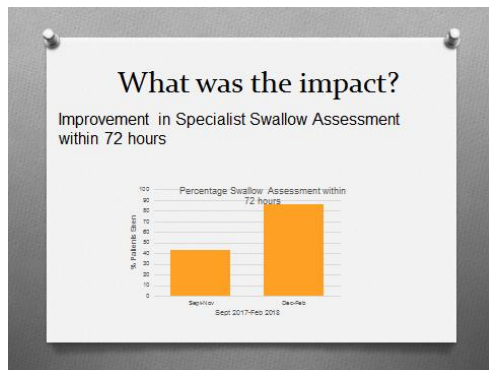
waiting times for a swallow assessment for those patients who fail a swallow screen on a weekend admission. In some cases this has reduced the need for nil by mouth or nasal gastro tube insertion in resulting in increasing patient satisfaction.

### **Review of extended hours at the Ulster Hospital 2018<sup>13</sup>**

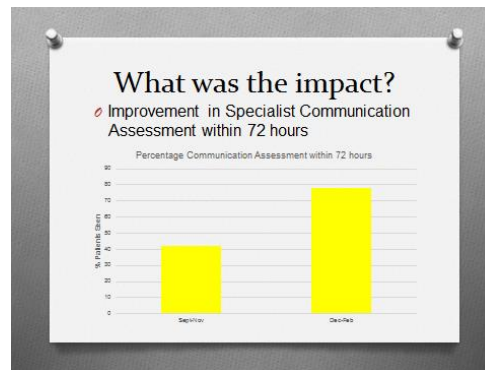
The South Eastern Trust initiated a three month pilot of extended hours in autumn 2017 to facilitate acute SLT assessment and treatment on Sundays.

#### **The impact**

The review in early 2018 indicated that 31% of new stroke referrals were assessed on a Sunday and resulted in significant improvements to the numbers of patients receiving assessments within the recommended 72 hour target between September 2017 and February 2018.



Improvement from 43% to 86%



Improvement from 41% to 78%

Overall 45% of patients receiving their swallowing and communication assessments within 24 hours and a further 42% are having this within 48 hours.

#### **Positive impact on well-being**

Patient feedback also highlighted a positive impact on patient well-being with increased satisfaction compared to the reported distress of nil by mouth by patients. The review further noted that in some cases the provision of a specialist dysphagia assessment on a Sunday prevented the need for nasal gastro tube insertion for those patients who might have required this to ensure adequate nutritional intake over the weekend period while waiting on assessment.

- The availability of 24/7 SLT specialist services would also ensure that patients have the communication assessment and support needed to exercise their capacity to express their views and give consent to interventions, including thrombectomy and thrombolysis. Providing this 'communication lifeline' to stroke survivors by ensuring that all communication assessments take place within 72 hours is particularly important in light of the implementation of the Mental Capacity Act (2016) which we understand will be fully commenced in 2020.
- RCSLT support the active involvement of our members in the development of seven day services, which is an emerging area of work for SLTs in Northern Ireland. We would expect due regard to be given to staff safety and security; capacity and the availability of appropriate specialist skills;

<sup>13</sup> All data provided by SLT service at South Eastern Trust.

maintenance of existing cover for the five days already serviced; appropriate funding and the ability to discharge effectively to the community at the weekend<sup>14</sup>.

#### SLT staffing levels in specialist stroke centres

- As mentioned already there are currently huge variations in the provision of specialist, protected SLT posts for stroke patients in acute settings in NI. SLTs providing stroke care are most often working in the general acute or medical SLT team. In some instances services are under tremendous pressure. For example there are currently no protected stroke specialist SLT posts designated in either acute hospitals in the Western Trust – Altnagelvin or South West Acute. As a result two WTE community stroke team SLTs are providing in-reach to existing stroke wards to try to meet some of the demand for specialist stroke care.
- These urgent SLT workforce challenges need to be addressed as part of any reconfiguration of stroke services.
- The RCSLT welcome the clear recognition in the document that hyperacute stroke units require more intensive AHP staffing, but would welcome more detail on how appropriate levels of skilled SLT staff will be determined for the preferred model of hyperacute units and acute stroke units.
- In the Royal Victoria Belfast specialist acute stroke SLT has recently received funding for one additional full time band 6 and one SLT Assistant post in recognition of the increasing demands on the team. Similarly to nursing colleagues they are asked to input into the stroke assessment day service (SAD), where patients attend for a day but gets all scans and assessments required for full stroke work up, and the stroke assessment bay (SAB) service, where patients are admitted straight from AE to be fully assessed and differentially diagnosed, they are then admitted to Stroke unit or discharged. However initial increases in staff were limited to nursing and medical staff. It is important that safe and appropriate SLT stroke staffing levels are considered from the outset when planning new services, to ensure best outcomes for patients.

**RCSLT recommends a minimum staffing level of one WTE SLT per 10 bed patients who have had a stroke. Where there is a ratio of below one WTE per ten beds patients we would anticipate a low level of care and this would preclude timely assessment capacity and optimal recovery.**

#### Additional pressures on SLT capacity in specialist centres

- Our members have also highlighted that planning of appropriate staffing levels must account for additional pressures beyond WTE to bed patient ratios that will arise as a result of the proposed region-wide configuration of services. For example:
  - **Scope of role:** in the Royal Victoria Belfast, where stroke services are most closely aligned to that of a hyperacute and acute unit model, the dedicated SLT team see not just the bed patients but also patients who attend the stroke assessment bay and stroke day assessment clinics. The SLT Stroke team also assess and manage all acute stroke patients throughout the hospital site including AE and ICU.

<sup>14</sup> RCSLT's position on 7 Day Services available at: <https://www.rcslt.org/members/delivering-quality-services/seven-day-services/seven-day-services-guidance#section-3>

- **Impact on 5 day service:** the SLT service in the Ulster Hospital has implemented extended hours to provide a six day week service that provides assessment and treatment on a Sunday for patients on the stroke ward. They report that staffing levels need to reflect the impact of this on cover for the routine 5 day a week service and include appropriate supervision during extended hours, and available administrative and support services.
- **Future-proofing capacity:** additional duties for SLTs under this new model, for example the role for SLTs in new seven day TIA assessment services, and the impact of forthcoming mental capacity legislation.

**RCSLT recommend that SLTs are included in any workforce review group and are widely consulted upon the development of the stated workforce implementation plan as set out in the consultation document so that sufficient capacity and flexibility is planned for.**

## **2. Do you agree that, to deliver an effective service, staff need the opportunity to build and develop their specialist expertise?**

- Yes. The RCSLT as the professional body for speech and language therapists provide research, guidance and opportunities to support members working in stroke care.
- SLTs need time to develop specialist skills and knowledge to deliver excellent services and meet the needs of stroke patients. This includes their understanding of and ability to meet SSNAP targets, implement NICE recommendations as they apply to NI, deliver Royal College of Physicians recommendations and adhere to RCSLT guidance.
- Members currently providing stroke care have highlighted that funded training and development posts for SLTs as an ongoing resource will be key to ensuring sustainability of services and succession planning. For example, in the acute stroke setting in Southern Health and Social Care Trust (SET) the SLT department have implemented software-based rehabilitation for aphasia to supplement and augment traditional therapy provision. However the considerable training required means that stable, specialised SLT staffs is needed to support the ongoing delivery of this intervention to patients.

### Shared professional development

- It is our members experience that SLTs working in specialised stroke units require specialist skills not only in their own professional role, but must also have and be supported to develop the necessary knowledge of the conditions treated and managed by both medical and AHP colleagues.
- SLTs are responsible for training other colleagues and professional to support stroke survivors in the areas of both swallow screening and communication. Staffing levels and the structure within SLT teams must allow capacity not only for ongoing profession specific development and also for shared professional development.
- This is especially important given the role of SLTs in assisting medical colleagues with differential diagnosis in both communication and swallowing as well as assessing capacity. For example currently in the Royal Victoria Belfast the SLT team see all patients who are admitted with stroke. This helps to manage those patients at high risk for aspiration pneumonia, who may present with silent aspiration, and flag up those patients who may be unsuitable for a swallow

screen, for example who have dysarthria, cognitive difficulties and have had a previous dysphagia.

**RCSLT recommend a proactive approach to ensure that development and training opportunities for stroke specialist SLTs are appropriately resourced to include funded training and development posts and support career progression.**

### **3. Do you agree that delivering better outcomes should take priority over additional travel time?**

- RCSLT support the stated priority of achieving the best outcomes for patients and recognises the difficulties in balancing this with additional travel time for some patients. Nonetheless the RCSLT believe that careful consideration needs to be given to the potential consequences of providing acute care in a location that may be a significant distance from the patient's home and family as outlined below.

#### Impact of travel time on family/carers of stroke patients

- We note that on page 32 of the consultation document it outlines that the benefits of improved acute care in the minutes and hours following a stroke is deemed to 'outweigh the short-term impact for people visiting stroke patients in hospital'. Whilst we agree entirely with this in relation to survival prognosis, our members have highlighted that travel time for family/carers may impact a patients communication prognosis and resultant quality of life following hospital discharge.
- Where a stroke results in a persistent communication impairment or swallowing difficulty, it is important that the patients have the opportunity to discuss the nature and impact of these difficulties alongside their carers and family with SLTs, if they so wish. This is especially true for vulnerable adults, those with mental capacity issues or older people who reside in nursing homes that are admitted to stroke units.
- Members have raised concerns about how these conversations might be impacted if a family or carer is unable to travel significant distances, particularly where carers and family may themselves be elderly or have additional difficulties.

"Post-stroke recovery is so dependent on family / carer support, social connections and reassurance to embrace recovery goals from the start"

SLT working in stroke care in Ulster Hospital

- We fully support the rationale around centralising stroke services to improve survival rates. Nonetheless consideration must be given to ways in which to mitigate the potential effects on stroke patients' mental well-being and onward recovery where communication partners and carers are precluded from engaging with SLTs as a result of significant travel time to acute locations.

#### Ensuring patient safety and continuity of care between acute and community teams

- Careful consideration must be given to how the vital links between community and acute teams will be managed, to ensure seamless working between acute and community SLT. This is particularly important where patients are travelling significant distances for critical acute care and for SLTs who are integral to long term rehabilitation of stroke survivors.



- Members have highlighted that patient outcomes are best supported if transition to community stroke care is well informed and services are joined up. For example in SET the community and ESD teams share the same clinical and management SLT staff which provides a seamless transition for patients as community teams. Community teams are aware of patients being transferred and can liaise easily on clinical issues with acute colleagues if required. How will these types of links be maintained in a new model?
- The case study below from the SLT stroke team at the Royal Hospital highlights how the links between acute and community services can affect issues of patient safety in achieving the safe discharge of patients with post-stroke dysphagia.

**The Dysphagia DAMES Project: Dietary Supplements, Appropriate thickener, Modified medications, Education of patient and carer, Swallow care plans**

The SLT specialist stroke team at the Royal identified a patient safety issue after reports that some patients were having difficulties obtaining modified medications and thickeners following discharge. An audit of the care pathway for safe dysphagia discharge revealed a number of process issues that impaired safe discharge – for example the prescription of thickeners was not traditionally recorded on the medical information kardex system used by medical staff and pharmacy.

The project initiated a number of change ideas including the use of the DAMES checklist with all dysphagia patients to ensure a safe discharge and most notably receiving Drug and Therapeutic Committee approval to put thickeners and supplements on the in-patient medicine kardex, thereby ensuring that this information went with the patient on discharge.

Compliance with DAMES was 40% in the baseline cohort and following implementation it was 100%. The DAMES acronym is a simple, effective way for ensuring patients with post-stroke dysphagia leave hospital safely and reducing the likelihood of hospital readmission.

**4. Would the availability of additional measures such as the availability of an air ambulance address your concerns about additional travel time?**

- Members have raised concerns around how patients who present at their local A&E will be transferred, what will be the availability of ambulances to transfer and how this will impact on assessments and treatments in timely, effective services.

**5. Which of the options do you think delivers the maximum benefit for stroke patients in NI?**

- The RCSLT fully supports the rationale for centralising services as outlined in the consultation document and recognise that each option is supported by evidence that demonstrates significant benefit to patients compared with the current service model.
- However the RCSLT are not endorsing one option over the other as we do not hold the overall expertise in relation to the geographical location of services. Rather it is the RCSLT's position that wherever services are located, patients must receive the best care possible in relation to dysphagia and communication to ensure their fullest recovery following stroke. To achieve this both acute and community stroke SLT services, regardless of location, must be appropriately resourced, commissioned and supported in a joined up way that puts the stroke patient at the heart of their services.

**The RCSLT agree with the Stroke Association’s position that “staying as we are is not an option and a lack of progress in reconfiguration puts lives and recoveries at risk”.**

**The RCSLT joins the Stroke Association in urging the Department of Health to “plan and implement their chosen model carefully in partnership with the stroke community and without further delay”.**

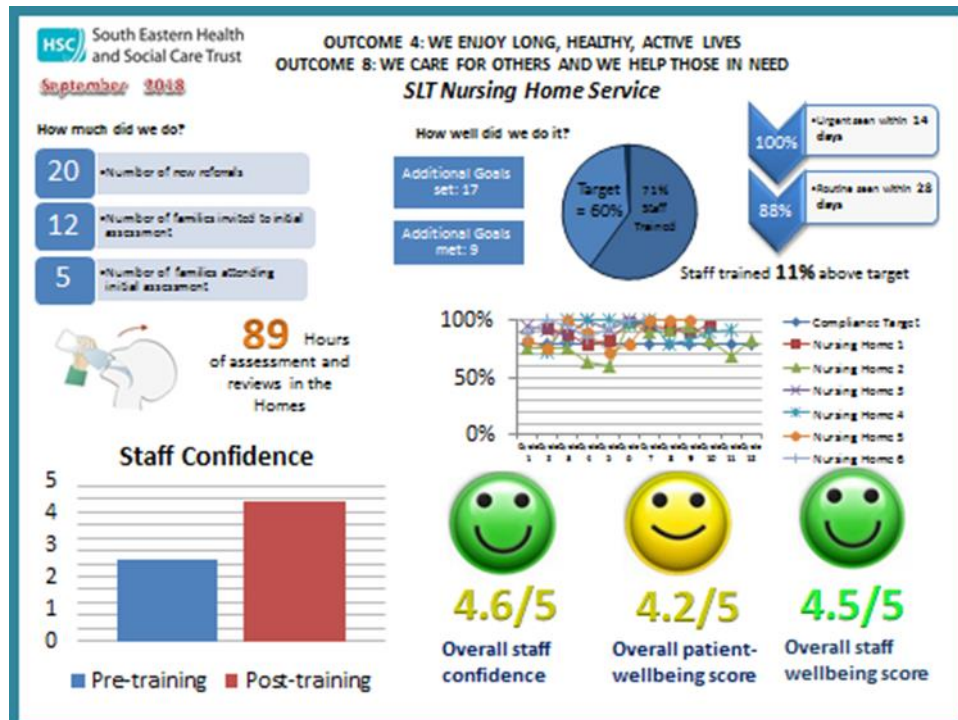
#### Essential SLT services for stroke survivors in any new model of stroke care

- In any new model of acute care the RCSLT recommends that the service standards which underpin this model must include the timely access to appropriately staffed, designated and specialist SLT care for every stroke patient in NI regardless of location. This will involve ensuring that the SLT stroke workforce is properly funded with sufficient flexibility and sufficient professional development opportunities as discussed above.
- As the document highlights reconfiguration will have an impact on the provision of stroke care in some areas as a natural consequence of a more centralised HASU and ASU model. Whilst we fully support this approach, it is important to ensure that the expertise of staff should be harnessed, protected and fully utilised in the transition period and beyond, particularly those staff who work in existing sites where stroke services may be removed.
- As stated above, it is equally important is that any new model of stroke services in NI will improve access to inpatient and long term rehabilitation, as well as acute care, for every stroke survivor regardless of where they live.

#### **6. Are there additional options that we have not considered?**

- RCSLT are not proposing any additional service models options however we would like to raise the following additional points that we feel are not fully addressed through the consultation document:
  - a) **Long term support**
    - The RCSLT welcome the recognition in the document of the need for long term rehabilitation support and the commitment given to utilise the Stroke Association’s ‘Struggling to Recover’ report as a blueprint for change. As this report highlights, stroke survivors often feel abandoned at the hospital door. We are concerned with the lack of detail around investment in long-term rehabilitation services and would welcome further detail on this.
    - Community SLT stroke services are crucial in supporting people with their communication and swallowing difficulties to maximise their physical and emotional recovery, return to work and community:
      - The RCSLT’s survey of stroke survivors in NI (Feb 2018) indicated the extent to which communication difficulties have an impact on life after stroke. 71% of respondents said that communication difficulties have affected their life significantly; only 3% said it hadn’t affected their life at all. Over 50% of people said it also affected their mood a lot.

- 85% of patients reported that SLT had a positive effect on helping them to communicate with family and 75% of people said SLT made it easier to be more independent.
- SLTs can offer expertise in developing a community stroke model to ensure best outcomes for stroke survivors. Below is a report card from a Quality Improvement project by SLT in SET. By supporting and training care home staff to safely manage dysphagia in their settings. Showing how a training role, sharing expertise and true collaboration improved patient long term safety, quality of life and cost effectiveness for services.



**RCSLT recommend that long-term stroke rehabilitation is prioritised alongside acute services and is calling for more detail on the levels of investment in community services.**

**b) Regional pathway for long term support**

- The RCSLT would welcome more detail urgently on how the regional stroke support pathway which is under development by the health and social care network will integrate and complement the chosen option for acute care. We note that this work is planned for conclusion in summer 2019 as outlined in the consultation document (page 22), however it is our understanding that SLTs from across the region have not had the chance to engage with this work.
- We welcome the acknowledgement in the document of SLTs as part of the core multidisciplinary team in acute stroke care, however we are concerned that our role is also recognised in the design of community services, particularly in light of the points we have raised around continuity of care between acute and community and how SLTs are leading transformation already in some areas.

“Our experience has definitely been that each part of the service is highly inter-dependent and only able to deliver if the system is resourced and considered in its entirety. The knock-on effect of issues in one part of the system to all of the others cannot be over-estimated both on patients and families and staff”.

SLT Western Trust

**RCSLT would welcome urgent clarification around the involvement of SLTs in the design and development of the regional pathway for long-term support for stroke survivors.**

**c) Early Supported Discharge (ESD)**

- The RCSLT welcome the additional funding for ESD in areas to facilitate weekend cover in all trusts, however careful consideration needs to be given to the likely flow of patients through a smaller number of specialist centres and any subsequent effect this may have to ESD and community stroke care.
  - Will SLT capacity in ESD teams and community stroke teams receive the necessary funding boost as part of the overall package to improve patient outcomes? We would welcome more detail on this.

**d) Workforce review**

- The RCSLT welcome the undertaking in the document to conduct a stroke specific workforce review, which we understand will include AHPs. We would emphasise the need to engage with SLT services across the region to understand the current challenges and opportunities which vary throughout Northern Ireland. It is also vital that current expertise is not lost as an unintended consequence of reconfiguration.
- SLTs have a smaller available workforce pool and are almost entirely a female profession which raises specific challenges around maternity cover and flexible working opportunities. As such members are concerned that job design is sufficiently flexible to ensure both recruitment and sustainable capacity in the longer term.

**The RCSLT recommends that the proposed workforce implementation plan should consider the need to recruit, develop and maintain levels of expertise among SLTs in light of the particular challenges faced with SLT recruitment in NI.**

Please also find our comments under [Section 3 of the equality screening questionnaire](#).

## **Section 3 – Equality and Human Rights**

Section 75 of the [NI Act 1998](#) requires departments in carrying out their functions relating to NI to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and

- between persons with dependants and persons without.

You may wish to refer to the Equality Screening, Disability Duties and Human Rights Assessment Template at <https://www.health-ni.gov.uk/consultations>

	Yes	x
<b>Question 7: Are any of the options set out in the consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the 1998 Act? (Please Tick)</b>	No	
<p><i>If yes, please state the group(s) and provide comment on how these adverse impacts could be reduced or alleviated in the proposals:</i></p> <p>Persons with an existing communication disability who suffer a stroke may be at risk of being adversely affected by reconfiguration of services where they, as a result of reconfiguration, be required to receive acute and in patient rehabilitation in a location the than their home trust. We welcome the identification in the quality screening document that ‘Service users with disabilities may have particular needs in relation to the way stroke services are organised, including: information and communication support needs (people with sensory impairments and those with a learning disability)’.</p> <p>It is important for all stroke survivors communication is supported in hospital and that they receive a seamless, safe discharge into the community following their acute care. However the potential for stress and anxiety may be even greater for those patients who are admitted to acute care following a stroke who have an existing communication impairment (this could include patients with a degenerative neurological condition or physical disability that impairs their ability to speak, or indeed those who may have significant social communication difficulties as are associated with autistic spectrum disorder). These patients may use alternative or augmented forms of communication and it is vital that extra supports are put in place to ensure that they receive any additional speech and language therapy support necessary to receive information and express their views about their care.</p>		

For further information please contact Vivienne Fitzroy, NI Policy Officer on  
 Vivienne.fitzroy@rcslt.org | 028 9044 3689.