



Royal College of Speech and Language Therapists response to submissions to the Scottish Parliament Petitions Committee on Petition PE 1384:

The Royal College of Speech and Language Therapists (RCSLT) welcomes the recognition by respondents of the significant impact of speech, language and communication needs (SLCN) on individuals' life circumstances; the value of speech and language therapists (SLTs), the key role they play in multi-disciplinary teams and the response of SLTs to changing demographic and policy environments. We further commend the Scottish Government, NHS Boards and local authorities for their explicit commitment to the provision of quality SLT services.

RCSLT also recognises that activities listed by respondents are, in most cases, responsive in some degree to the issues raised in the petition. In respect of the Scottish Government, for example, RCSLT welcomes the establishment of an Allied Health Professional (AHP) lead for children and young people's services, recognition of the speech, language and communication (SLC) and literacy link, developments around 'Health for All' screening and reference to several key policies which aim to drive local provision of relevant AHP services, including SLTs.

Positive comments by respondents are however countered by issues they raise of concern or issues not addressed and are therefore conspicuous by their absence.

Reported strain on services

The majority of respondents, including the Scottish Government, indicate that services are operating under strain and that further cuts could or would undermine quality of provision. For example:

- Respondents say "the current financial climate will, inevitably, challenge staff at all levels as we work to continue with this good practice"; work on LTC is "less developed than would be ideal"; "provision of services is becoming more challenging"; "services work hard to provide an efficient and effective service within available resources. Currently this is becoming more challenging as all budgets are constrained nationally" and "Insufficient staffing levels may result in statutory duties (under the ASL Act) not being met by health with timescales and tasks not being completed and more recourse to dispute resolution processes."
- The Scottish Government recognises that there has been a decrease in numbers of SLT staff at a time when it is widely recognised that demand on services is growing due to demographic shifts. RCSLT highlights that reference to very low vacancy levels are irrelevant as these reflect funded posts unfilled, as opposed to

frozen posts or need. Services across Scotland have been, or are being asked, to freeze posts. These do not of course show up on vacancy recording.

- The Scottish Government also recognises that there are “issues” in the workforce – specifying identification of these as a desired outcome from the workforce demographic scoping exercise they are commissioning (start and reporting time unspecified.)
- A number of respondents stress the need to “prioritise.” Although this is clearly generally good practice, it would suggest that services are being increasingly limited to groups newly defined as “most needy.” That means that some people who used to receive a service are no longer doing so – not necessarily because their needs have changed - but because services can no longer cope within available resources. RCSLT would welcome further clarity on prioritisation systems used and validity in relation to the actual outcomes for patients no longer in the priority group. RCSLT would also draw the Committee’s attention to the one Board’s response that they are “moving away from ‘specialisms’ to a more generic role and in some cases to a ‘more consultative role only’.” Although it is unclear to which care groups this move applies, this response is concerning as such a move would not generally reflect evidence based RCSLT Clinical Guidelines which are expected to be applied by Health Professions Council (HPC).

Missing care groups

The petition refers to SLT services for a wide range of care groups including

- children and young people (CYP), both those with and without identified Additional Support Needs (ASN) and at all ages
- adults with a learning disability,
- all ages of people with mental health issues
- stroke patients
- others with acquired communication and / or swallowing difficulties.

Most respondents however provide information mainly on services for primary age children and then mainly for those with additional support needs. Very little, if any, information is provided regarding other major care groups listed above. Scarce information refers to community adult services or any provision for young offenders either in or out of custody. RCSLT would welcome the Petitions Committee seeking specific information on actual provision for these other care groups.

In respect of young offenders RCSLT welcomes the Scottish Government’s reassurance that AHP Directors are involved in NHS planning for prisoners. We are concerned however that the role of SLTs in the justice system is regarded as only relevant to those in prison. At a strategic level there appears to be a need to recognise the role of SLT in prevention of offending, YO management, pre-disposal, community disposal, prisoner management and post prison rehabilitation.

Missing data

Detail on actual levels of SLT provision in response to the national guidelines and policies is largely absent in all responses. Guidelines and policies which specifically identify SLTs as key members of service teams include several Quality Improvement Scotland / Health Improvement Scotland Clinical Guidelines, policies such as the Children and Adolescent Mental Health Service Framework, “Realising the Potential” AHP in Mental Health Action Plan , the Stroke Strategy and the Early Years Framework. Where statutory duties under the Education (Additional Support for Learning) (Scotland) Act 2004 are mentioned, it is not clear whether SLT services actually meet those statutory duties.

The Scottish Government reports that it is commissioning a workforce demographic scoping exercise to identify “the issues” but does not provide details on when this exercise will commence or report. RCSLT is very concerned that the “issues” are happening now and that action is required urgently.

RCSLT is also concerned that the scoping exercise will examine the demography (age, location etc) of AHPs . RCSLT would recommend that the exercise should also examine AHPs current workforce capacity to deliver policy for key demographic groups and actual AHP provision in recommended relevant care teams.

It is regrettable that there seems to be a lack of national steer on the quality and consistency of data gathering on need at a local level. Scottish Government also regrettably implies that known need is the same as actual need.

No data is reported in respect of changing budgets by any respondents – a key “input” impacting on service capacity and “outputs”.

No data on actual skill mix is reported by any respondent. RCSLT is particularly concerned that one responding Board reports that demand is shaping skill mix as opposed to clinical need and evidence based clinical guidelines

No respondents report SLT performance for relevant care groups against Referral to Treatment (RTT) waiting time guarantees. No information is offered on waiting lists. Both these measures would provide objective measures of quality.

No respondents report the patient, parents’ or carers’ views of services – again a valuable patient centred measure of quality.

Weak statutory service protection

Responses confirm that there is only minimal statutory protection of SLT services for CYP under the ASL Act.

Recommendations to Committee:

RCSLT request that the Committee seeks further, more detailed information from the Scottish Government, local authorities and health boards regarding;

- SLT provision / care group and actual response to SLT provision in relation to specific QIS / HIS guidelines and Scottish Government policies recommending key roles for SLT.

- Seek further information from the Scottish Government regarding whether the AHP national data set will reflect where SLTs (and other AHPS) “should” be according to specific QIS / HIS guidelines and Scottish Government policies recommending key roles for SLT.
- SLT funding by health boards and local authorities – 2010-11 and 2011-12.
- Patients, carers and parents views of services – including recorded complaints.
- Evidence base in relation to outcomes for service users in the short, medium and long term following use of “risk management” tools and / or prioritisation systems.
- Information on how local need for SLT is assessed and what that current assessment is.
- Information on AHP workforce demographic scoping, its design and expected start and reporting dates.

Conclusion

RCSLT welcomes the Petitions Committee’s consideration of our petition and respondents’ recognition of the valuable role of speech and language therapists in improving the lives of those with SLCN. However, we feel that the responses highlight the disparity in service provision across Scotland’s health boards and further more detailed information is required to ascertain how the Scottish Government, local authorities and NHS Boards are working to protect the provision of quality speech and language therapy services for people with SLCN.

Kim Hartley BSc (Hons) MBA Cert RCSLT
RCSLT Scotland Officer