

Mr Franck David  
Assistant Clerk  
Public Petitions Committee  
TG.01  
The Scottish Parliament  
Edinburgh  
EH99 1SP

5 August 2011

Dear Mr David

### **CONSIDERATION OF PE1384**

Thank you for your letter of 25 March 2011 to Ann Lillico, Office of DG Health & Social Care, seeking a written response to the following questions:-

- what is the Scottish Government's response to the point made by NHS Lothian ([PE1384/D](#)) on the subject of dispute resolution and will it act on this matter?
- what is the Scottish Government's comprehensive response to all the points/questions raised by the petitioner ([PE1384/F](#))?

Our detailed response to both is as follows:-

#### **PE1384/D**

NHS Lothian has suggested that an addition be made to the Petition on the subject of dispute resolution. This is a decision for the petitioner to make.

Whilst we share the view that insufficient staffing levels may result in statutory duties not being met by NHS Boards, I would refer to my previous reply to the Committee in which I offered assurance that the Scottish Government is committed to all patients having access to safe, effective and person centred care, as set out in the Healthcare Quality Strategy for NHSScotland; and that it is for NHS Boards and local authorities to determine the level of service provision required for speech and language therapy based on local need. Whilst latest workforce statistics show a small decrease in the number of speech and language therapists working in NHSScotland, there is no evidence to suggest that existing staffing levels are not meeting service needs.

The Education (Additional Support for Learning) (Scotland) Act 2004 (as amended) places education authorities under a duty to meet the additional support needs of all children and young people for whom they are responsible.

Education authorities can request help from other agencies, including health services, to assess and make provision for additional support needs within specific timescales. These can be excepted in specific circumstances, for example, because the assessment cannot take place, the results of the assessments are unavailable, the child or young person did not attend an appointment for assessment or examination, or advice from another agency has not become available within the time limit. Therefore, the system is realistic in its expectation of services.

The Scottish Government recognises that partnership working is key to the delivery of services for children and young people with additional support needs. In 2010, guidance on *Partnership Working between Allied Health Professionals and Education* was produced for education authorities and allied health professionals to support partnership working. The guidance sets out the benefits of collaborative working and the positive impact to children's and young people's outcomes that partnership working in this area can bring in relation to additional support for learning. In addition to advice and information, the guidance provides a range of case study examples that can be used to influence local working.

Dispute resolution mechanisms are available within the additional support for learning framework that covers a range of circumstances. Mechanisms include mediation, independent adjudication and the Additional Support Needs Tribunals, which consider matters related to Co-ordinated Support Plans. The aim is for issues to be resolved at the earliest point possible, with the focus being on the need to ensure that children and young people receive continued support, as appropriate.

#### **PE1384/F**

Our response to each of the additional points raised by the petitioner are as follows:

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

Information on the provision of Speech and Language Therapy services to specific care groups is not held centrally.

The Education (Additional Support for Learning) (Scotland) Act 2004 places a duty of care that children are seen by a speech and language therapists within a set time. With regard to other care groups there is currently no specific waiting times targets for Allied Health Professionals, including speech and language therapists. Individuals are prioritised on the basis of clinical need, as determined by the healthcare professional.

#### **B. 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 Scottish Government policies recommending key roles for SLT.**

The Allied Health Professions (AHP) minimum data set was developed by ISD Scotland under the direction of the AHP Strategic Workforce Group; and finalised following pilot studies and consultation within NHS Scotland. The petitioner is a member of the Strategic Workforce Group.

The national dataset for all the AHP professions represents an important first step in establishing a robust evidence base in support of the management of AHP services. The dataset will allow the collection of workforce activity data and will give AHP Directors a better understanding of where service delivery is taking place. It will also be used to inform service redesign and help to identify and evaluate service efficiencies, where relevant.

NHS Education for Scotland (NES) has been commissioned to undertake a workforce analysis of Speech and Language Therapy and Occupational Therapy provision. This will tell us more about the demographics of the Speech and Language and Occupational Therapy workforce both now and in the future; as well as help to predict our future workforce needs for both these professional groups

#### **C. SLT funding by health boards and local authorities- 2010-2011 and 2011-2012**

Information about funding for Speech and Language Therapy services is not held centrally. Spend on these services comes from the overall baseline funding that is allocated to each NHS Board; and it is for each Board to determine locally what spend is needed in the provision of individual services.

#### **D. Patients carers and parents views of services – including recorded complaints.**

Information on patients and carers views of Speech and Language Therapy services, including the recording of complaints, is not held centrally.

The Healthcare Quality Strategy for NHSScotland recognises the importance of ensuring that patient experience is used to inform the delivery of safe, effective and person centred care; and commits to ensuring that patients are encouraged to be active partners in their own care.

The Patient Rights (Scotland) Act 2011 provides every patient with the right to health care that has regard to the importance of providing the optimum benefit to the patient's health and wellbeing, allows for patient participation in decisions about their healthcare, and which provides appropriate information to support them to do so.

The Act also provides for the right of every patient to make complaints and to provide feedback on the care they have received; and for the Common Services Agency in Scotland to secure the provision of a patient advice and support service.

#### **E. 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.**

It is expected that Speech and Language Therapists deliver a service that is safe, effective and person centred in accordance with professional codes of practice and the regulatory guidelines set down by the Health Professions Council. It is for NHS Boards to determine the level of service provision based on local needs; and the individual clinician to prioritise service delivery based on professional judgement of risk and benefit.

Care Governance is a vehicle to support NHS Boards to deliver the Nursing Midwifery and Allied Health Professions (NMAHP) contribution to quality, alongside other forms of governance. Its purpose is to provide assurance to the public, NMAHP professionals, NHS Board Directors and Scottish Ministers that systems are in place to enable NMAHPs to deliver high quality direct care for people.

It will use real time information to inform improvement and strengthen involvement and ownership of all staff in their contribution to the delivery of safe, effective and person centred care. In particular, it will seek to address any gaps in current forms of governance, particularly around everyday care and person centeredness, which have been highlighted recurrently by patients and carers.

The evidence suggests that a range of staff, practice, organisational and patient variables can predict or influence the NMAHP contribution to quality and impact on patient experience. However the complexity of healthcare presents challenges in defining and measuring these variables and identifying their interrelationships. A care governance measurement framework has the potential to make sense of how we address these challenges and enable us to enhance the NMAP contribution to quality. This framework will be agreed nationally with Scotland's Nurse and AHP Directors.

**F. Information on how local need for SLT is assessed and what that current assessment is.**

Whilst the Scottish Government provides the policies, frameworks and resources to support the delivery of high quality healthcare in Scotland, it is for each NHS Board to decide how these are used to deliver services, based on the needs of their local population.

**G. Information on AHP workforce demographic scoping, its design and expected start and reporting dates.**

The Scottish Government has established a short life working group with representatives from NHS Boards to qualitatively scope the community AHP workforce in all NHS Boards in NHSScotland, using workforce planning methodology. This will collect high level information about the emerging workforce models and issues. The first meeting of the group took place in June 2011 and initial questionnaires have now been issued to all NHS Boards. In a sample of NHS Boards a further scoping exercise will be carried out at a later date to examine quantitative demographic information. The details of this exercise have still to be finalised.

The group will collate and analyse the data from each Board to identify key themes, examples of good practice and leadership models. It is anticipated that a report will be published by the end of 2011 and that it will include recommendations based on the information available.

I hope this letter is helpful in addressing the additional questions that have been raised by the Committee in relation to the provision of speech and language therapy services in NHSScotland.

Yours sincerely

Jacqui Lunday  
Chief Health Professions Officer