



CONSIDERATION OF PE1384

Royal College of Speech and Language Therapists response to

Scottish Government letter of 17th October 2011

For consideration by committee on 29th November

The original petition called on “...*the Scottish Parliament to urge the Scottish Government to demonstrate how its policies and guidelines ensure local authorities and NHS boards protect provision of quality speech and language therapy services for all people with speech/language communication support needs and/or swallowing difficulties.*”

The Petitions Committee wrote to the Scottish Government following its 20/09/11 meeting asking four questions – repeated below. The ***text in bold and italics*** are RCSLT suggestions for further action by the committee.

Question 1:

“In relation to the point made by the petitioner can you explain how you are able to properly assess that the needs of patients are being met when you do not seek or hold information on patient access to AHP services? The Committee would find it helpful if you could obtain this information from the NHS Boards?”

The Scottish Government has answered this questions (and others like it repeatedly) by saying...

“The Scottish Government provides the policies, frameworks and resources to NHS Boards in order that they can deliver services that meet the needs of their local populations, however, the actual provision of services, including speech and language therapy services, is the responsibility of local NHS Boards, taking into account national guidance, local service needs and priorities for investment.”

Further in their letter they say...

“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 are currently no specific waiting time targets for speech and language therapy services, however some NHS Boards set local targets.”

Again it is apparent that the Scottish Government has no means “to demonstrate how its policies and guidelines ensure local authorities and NHS boards protect provision of quality speech and language therapy services”

In my previous briefing to the Committee (for its meeting on 20/9/11) I suggested a number of ways in which the Scottish Government might choose to monitor implementation of its policies and frameworks in respect of SLT. I suggested;

1. Collecting data on actual levels of SLT provision / workforce (i.e. counting frozen posts and posts “under review” as well as funded vacancies) would be one way Scottish Government could demonstrate how it ensures (or at least monitors) people’s access to quality speech and language therapy services.
2. Collecting evidence of local service adherence to national standards (e.g. by HIS) would be another way Scottish Government could demonstrate how its activity ensures people are getting access to quality speech and language therapy services.
3. Collecting data on actual levels of funding for SLT provision / workforce – from both Health Board and Local Authority sources would be another way Scottish Government could demonstrate how its activity ensures people are getting access to quality SLT services.
4. Collecting data on patients, carers etc. views – and complaints - would be another way Scottish Government could demonstrate how its activity ensures people are getting access to quality SLT services.
5. Collecting data on levels of SLT need or at least making sure those that do so reliably and consistently would be another way Scottish Government could demonstrate how its activity ensures people are getting access to quality SLT services.

Suggestion of a practical way forward:

The Scottish Government could gather and monitor some of the information suggested above in relation to AHP services generally by incorporating them into the measures of quality around person centred, safe and effective care (Quality Outcome Indicators) and / or HEAT targets. This is in fact already done in respect of access to other professional groups such as psychologists.

The Committee may wish to ask or request that the Scottish Government to consider the suggestions 1-5 above or other robust improvements to AHP service quality monitoring (via ongoing data gathering and evaluation)

- ***As part of its ongoing work on the AHP Delivery Plan and***
- ***As part of the current consideration of Quality Outcome Measures and HEAT Targets.***

Question 2:

“Again, as suggested by the petitioner the Committee would be grateful if you could obtain information, from NHS Boards if necessary, on the frequency of the use of “specific circumstances exceptions”, the number of disputes between Education Authorities and NHS Boards regarding SLT and the nature of these in 2009, 2010 and 2011.”

The Scottish Government answer is of course extremely reassuring that only one case has got to the ASN tribunal phase in respect of “specific circumstances exceptions” in the last 3 years. This indicates generally SLT services are managing to meet the statutory regulations in respect of “seeing” a child within a set time – and therefore children with needs are getting into SLT services despite severe strain on services.

The answer given by Scottish Government however is surprising (although I recognise that it may be the specificity of the question). I say this because when I met recently with Dr. Morrow, President of the ASN Tribunals, he said that many ASN tribunals have an SLT aspect and that they are usually disputes about sufficiency of SLT on offer.

I wonder if the disparity between the government record and the experience on ASN tribunals is to do with the fact that SLT services are meeting targets to “see” children within 10 weeks but then subsequent actual direct therapy has to be rationed to the extent that more parents or others are raising complaints.

Perhaps the Committee might want to consider seeking data from the ASN Tribunal on number of tribunals held with “an SLT aspect” and the nature of these in 2009, 2010 and 2011.

Question 3:

“With regards to the qualitative and quantitative scoping exercise that is being undertaken and due to be reported on in late 2011, can you confirm if this will only report on issues or if it will make recommendations on how these should be directly addressed.”

The clarification offered by the government is very helpful.

The committee may wish to clarify if the issues (and any recommendations) will be published and, if so, when?

Question 4:

“Can you clarify how you will ensure people with Speech, Language and Communication Needs (SLCN) are enabled to enjoy equity under the Patients Rights Act and Healthcare Quality Strategy”

The answers given by the Scottish Government are reassuring. However they do not unfortunately specify how the very particular needs of people who, for example can't read, write, speak or easily understand others will be ensured equity under the

Patients Rights (Scotland) Act and subsequent Patients Charter of Rights and Responsibilities.

The answer in respect of the Healthcare Quality Strategy appears to misinterpret what the above query was about. That is it is about how will people with SLCN be assured safe, effective and person centred services generally throughout contact with healthcare providers, rather than a query about access to SLT. Safe, effective and person centred services are founded on effective communication between healthcare provider and service user what ever the point of contact. SLTs certainly have a key role in training their multi-disciplinary and multi-agency colleagues on how to deliver optimally communication accessible services – but communication access is the ultimate responsibility of all public facing providers under the Disability Discrimination Act and Patients Rights Act.

The committee may wish to consider asking or requesting the Scottish Government to consider a “Rights to quality accessible communication throughout healthcare” and Communication Accessibility Standards of Patients Advice and Support Services during their deliberations on the Patients Charter of Rights and Responsibility.

AHP Delivery Plan:

RCSLT welcome and recognise the engagement with professional bodies in respect of AHP Delivery Plan and specifically how this might progress better services for people with communication difficulties.

However further to points above in relation to communication accessibility we would suggest alternative routes to secure equitable rights of access to health services generally for people with SLCN.

RCSLT will pursue the issues in respect of communication accessibility etc. directly with the Scottish Government as they are not the primary focus of the petition under consideration.

Kim Hartley
RCSLT Scotland Officer