

P 29

Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Coleg Brenhinol y Therapyddion Lleferydd ac Iaith

Response from: Royal College of Speech and Language Therapists



National Assembly for Wales Health, Social Care and Sport Committee Consultation on Priorities during the Fifth Assembly

1. Executive Summary

- 1.1 The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to comment on the future priorities of the Health, Social Care and Sport Committee. We are pleased to see recognition of the importance of scrutinising workforce issues within NHS Wales as a key issue and have responded to the committee's consultation on the sustainability of the NHS Workforce separately. Our response below highlights our comments on other suggested priority areas proposed within the forward work plan which we believe may warrant scrutiny by the committee. We have divided these topics into 12-18 months and post 18 months.
- 1.2 We would welcome a focus on primary care, antipsychotic medication in care homes and efficiency as initial priority topics and an inquiry into health and social integration and waiting times targets at a later stage within the life of the committee.

2. About the Royal College of Speech and Language Therapists

- 2.1 The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists (SLTs), SLT students and support workers working in the UK. The RCSLT has 15,000 members in the UK (450 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

Priority areas for the first 12-18 months in addition to the sustainability of the NHS Wales Workforce

3. Primary Care

- 3.1** We agree that given increasing pressures on primary care, there is a need to prioritise an inquiry into progress on transforming models of care and shifting care from hospitals to community settings. We are of the opinion that such an inquiry may need to dovetail with the findings of the Ministerial Taskforce on Primary Care which we understand will be meeting in the Autumn.
- 3.2** We believe that the skills of speech and language therapists (SLTs) can be further utilised to help address challenges affecting primary care and ensure that services meet the needs of local populations and would wish any such inquiry to ensure the contribution of these professionals are fully considered. The inclusion of SLTs within new models of primary care will help to build upon the specialist skills that SLTs already bring to the primary care workforce.
- 3.3** There are a number of roles that SLTs already take on as part of primary care teams, for example, SLTs provide telephone triage to care homes managing the communication and swallowing problems of those in their care, removing the need for a GP visit. They provide training to care home staff and others in the community to manage decline in swallowing performance from age and disease, which reduces morbidity, mortality and prevent hospital admissions. SLT has been developing efficient and effective telehealth solutions in this regard. Published evidence already indicates that interventions delivered by SLTs can provide economic benefits. For example, social return on investment research has highlighted the value of the provision of speech and language therapy for post-acute stroke patients.[\[1\]](#) Evidence from a telehealth project in care homes has indicating savings of £60 on each teleswallowing assessment¹.
- 3.4** The design of new models of primary care requires consideration of the drivers of future patient demand and changing expectations of how NHS services are delivered. With extensive experience of providing community based care, SLTs are well placed to implement the Welsh Government’s vision of offering patient care closer to people’s homes.
- 3.5** As the Committee reflect upon ways to develop a workforce which is responsive to changes in primary care, now and in the future, it is important to acknowledge the contribution that Allied Health Professionals and in particular SLTs can make in providing effective patient-centred care and ensure this is recognised within the parameters of any inquiry.

4. Use of antipsychotic medication in care homes

- 4.1** RCSLT Wales would welcome a committee inquiry into the use of antipsychotic medication in care homes in relation to people affected by dementia, as suggested in the consultation document. Such an inquiry may be timely given plans to introduce

¹ University College London (2016) London Speech and Language Therapy workforce scoping project, phase 2: modelling workforce transformation example, report available upon request.

a new Welsh Government dementia strategy for consultation later this year. As part of such an inquiry, we call on the committee to consider alternative communication support available to people affected by dementia. Evidence shows a reduction of challenging behaviour when an SLT has helped the care workforce modify their communication style.

4.2 Communication difficulties occur in all forms of dementia and in the later stages these become more challenging. These problems can have emotional and physical consequences;

- People with dementia are at risk of being unable to communicate that they are hungry or thirsty resulting in dehydration, malnutrition, and possible subsequent hospital admission. They may also be unable to communicate that they are in pain
- Communication difficulty is described as one of the most frequent and hardest to cope with experiences for the family and carers. Communication breakdown can lead to frustration, challenging behavior, low mood and depression.
- Care staff view communication problems as one of the greatest challenges in delivering good dementia care
- Alzheimer's Society found that 'the ability to communicate' is one of 10 key indicators of quality of life valued by people with dementia.

4.3 Speech and language therapists (SLTs) support people living with dementia and those caring for them by assessing their needs and delivering interventions to support communication, and safe eating, drinking and swallowing. They also support others to recognise dementia-related symptoms and to support each person as an individual. A recent audit of memory loss teams in Wales revealed that only one 0.6 SLT post exists across teams to support people living with dementia. RCSLT Wales believes that all people with dementia and their families should have access to high quality speech and language therapy support when and where they need it. As part of our dementia campaign, we are calling on Welsh Government, Local Health Boards and care providers to:

- recognise people with dementia have communication, eating, drinking and swallowing needs
- ensure people with dementia have access to the speech and language therapy services they need in hospitals, **care homes** and their own homes
- provide education, support and training, and set the highest standards, for health professionals, **care home and agency staff** to understand the communication difficulties experienced by people with dementia and identify the early signs of eating, drinking and swallowing difficulties to ensure people's nutritional needs are met.

4.4 We hope that if the issue of antipsychotic medication within care homes is selected for consideration by the committee, that the terms of reference for a potential

inquiry will include staff support for communication difficulties.

5. Efficiency within the NHS and modern management practices

5.1 We agree that there is an urgent need to consider improved efficiency in healthcare, looking at learning and good practice from within the UK and beyond, given the scale of pressures on the system. In our view, such a review should focus on looking at new models of care. An example of which may be the Malconess Care Aims which has been adopted by a number of Speech and Language Therapy Services. The main benefits identified by services and teams using it are that the model offers:

- a standardised way of capturing and communicating clinical reasoning
- a clear and comprehensive way of demonstrating clinical effectiveness
- a systematic way of supporting and demonstrating clinical reflection
- an ability to focus resources where they can make the most difference by being outcomes driven and not demand led
- a sound framework for managing caseloads and workloads a framework to support service design, planning and evaluation

Priority areas for Committee Consideration Post 18 Months

6. Integration of Health and Social Care Services

6.1 We agree that an inquiry looking at the progress made to date and assessing the impact of Welsh Government policies and legislation on integration of health and social care services would be beneficial. We believe that this may be most fruitful later in the committee cycle once the Social Services and Wellbeing Act and the Wellbeing of Future Generations Act have had the opportunity to embed. In our view, any such inquiry should consider;

- to what extent have there been changes in culture, values and behaviour to support greater integration?
- to what extent have joint working arrangements developed including pooling of budgets and resources, training and performance management.
- to what degree is there a shared vision in health and social care?
- to what extent has there been a shift within planning and service provision to models which are preventative and which maintain wellbeing and independence?

6.2 Our members have a particular interest in the effective integration of health and social care. Approximately 40% of SLTs work in intermediate care services. SLTs work at all stages of the care pathway – from primary to secondary to tertiary care; from universal to specialist level services; from prevention to rehabilitation and

reablement to end of life care. The profession has a key role in services for all major clinical priority groups – dementia, frail elderly, stroke, cancer, learning disability, mental health. SLTs deliver integrated and effective community services, focusing on early intervention and rehabilitation which support people to live more healthily in their own home for longer.

- 6.3 Allied Health Professionals (AHPs), including SLTs operate on a ‘social-model’ - rather than treating an illness, speech and language therapists (and other AHPs) are involved in a continuous process of assessment, differential diagnosis and defining and delivering a programme of care. We urge the committee when considering an inquiry on integration of health and social care to take note of the key role of AHPs within early intervention and prevention services and assess to what extent a multi-disciplinary workforce has developed which harnesses these unique skills.

7. Waiting Times Targets

- 7.1 RCSLT Wales would cautiously welcome an inquiry into therapy waiting times as part of a broader review of waiting times targets. A focus on this area in the past has yielded extra investment in speech and language therapy services and reduced waiting times. However there is an inherent risk that such a focus leads to an industry of measurement and perverse incentives. We would be in favour of committee scrutiny into how performance measures may be refined to maintain improvements already achieved.

