



PUBLIC PETITION NO.

PE01384

Name of petitioner

Kim Hartley on behalf of Royal College of Speech and Language Therapists

Petition title

Giving Voice - speech and language therapy transforms lives

Petition summary

Calling 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.

Action taken to resolve issues of concern before submitting the petition

The Royal College of Speech and Language Therapists has been working hard to raise these issues with MSPs and the Scottish Government.

On general issue of Speech and Language Therapy (SLT) services:

In September 2010, meetings were held with Nanette Milne MSP, Richard Simpson MSP, Ken Macintosh MSP, Cathie Craigie MSP, and Shona Robison MSP to brief them about the positive role of speech and language therapy, and the growing pressures on speech and language therapy services. All asked for further information, which they have been sent or will be sent soon.

The Giving Voice campaign was launched in Scotland at the Scottish Parliament on 1 December 2010. All MSPs were invited to the launch. Nanette Milne MSP and Dr Richard Simpson MSP attended the launch to support the campaign.

On Children and Young people's Needs:

RCSLT made a written submission to government on the "Early Years Framework" and was actively involved in the Scottish Government's AHP "Working in Partnership" Project which aimed to improve partnership working between health boards and education authorities in relation to needs of children with additional support needs.

The RCSLT has met with Minister for Early Years Adam Ingram MSP in early 2010 after which a Scottish Government working group was set up to consider a communication action plan for Scotland's children and young people. The Scottish Government has now indicated such a plan is superseded by the "Literacy Action Plan". This is not a view shared by RCSLT and other supporting organisations representing children and young people with communication difficulties and their parents. RCSLT and partners, I CAN and AFASIC Scotland continue to negotiate.

On provision for long term conditions:

RCSLT has most recently contributed to "Scotland's Stroke Strategy" (Refresh), "Towards a Mentally Flourishing Scotland", "Delivering for Mental Health" (Refresh) and

“Realising the Potential: AHP Mental Health Action Plan” including direct contact and meetings with lead government officials. The Stroke Strategy mentions SLT but does not require boards to ensure quality services. The AHP Mental Health Action Plan does not require health boards to ensure SLT is provided as part of services even although it is identified as a core service by the action plan and, according to a recent survey there are fewer than 10 whole time equivalent SLTs in mental health services for the whole of Scotland.

On needs in the justice system:

The RCSLT met the Minister for Community Safety in February and November 2010. A debate was held in the Parliament on 28th October 2010 (tabled by Willie Coffey MSP). The Minister spoke at a RCSLT conference on the issue. At both the debate and conference the Minister encouraged the RCSLT to continue to pursue this issue with stakeholders, to drive change. RCSLT is to report on the conference in Spring 2011 including proposals for a pilot SLT service in Scotland’s justice system, informed by the views of key stakeholders such as Community Justice Authorities, the Scottish Prison Service and NHS Boards. No formal commitment to act has been made by the Scottish Government.

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Petition background information

The petitioner asserts that ensuring local authorities and health boards protect quality speech and language therapy services for all ages of people with communication support needs and / or swallowing difficulties when planning local services and setting budgets will save lives, save the public money in the short, medium and long term; ensure the most effective multi-disciplinary working and prevent hardship and secure equality of opportunity for all of Scotland's children and young people; people with long term conditions such as stroke, mental illness, learning disabilities, and cancer or people who are involved, as victims or perpetrators, in Scotland's justice system.

Why ensure local authorities and NHS boards protect quality speech and language therapy services when planning local services and setting budgets?

A 2009 RCSLT survey and 2010 FOI data from 11 of Scotland's NHS boards (including data on education authorities funding) shows that budget cuts are already having a negative impact on service access – even where speech and language therapists are proactively trying to maintain quality services through innovation and service redesign

- Waiting times and lists have grown and are growing
- SLTs are being cut or are missing from multidisciplinary teams across care groups
- There is evidence of the use of less experienced and less qualified staff supervised by a shrinking number of senior staff.

How do SLTs save lives?

SLT for babies with suckling and / or swallowing problems or adults with swallowing difficulties after stroke or other head injury helps to reduce malnutrition, recurring chest infections, aspiration pneumonia and potentially death.

How does SLT save the public money in the short, medium and long term?

Recently published independent research on the economic evaluation of SLT revealed;

For people with swallowing problems following stroke

- Every £1 invested in low intensity SLT is estimated to generate £2.30 in health care cost savings through avoided cases of chest infections.
- In comparison to usual care by a non-specialised nurse, speech and language therapy is estimated to prevent 4,300 cases of chest infections requiring hospital care, and 9,200 cases of chest infections requiring community care (across the UK).
- The estimated annual net benefit is £1.1m in Scotland.

For adults with Aphasia (speech and language problems after stroke)

- Every £1 invested in enhanced SLT is estimated to generate £1.30 due to the monetary benefit associated with a quality of life gain.
- In comparison to routine SLT, enhanced SLT results in an estimated 0.057 Quality Adjusted Life Years (QALY) gain per patient.
- Estimated annual net benefit £1.3m in Scotland.

For children with specific language impairment (and no other difficulty)

- Every £1 invested in enhanced SLT generates £6.43 through increased lifetime earnings.
- The benefits of SLT are derived from improved communication leading to improved educational achievement and in turn increased adult earnings.
- Further breakdown of the net benefits shows that estimated annual net benefit is £58m in Scotland.

For people with Autistic Spectrum Disorder

- Every £1 invested in enhanced SLT generates £1.46 through lifetime cost savings and productivity gains.
- Estimated annual net benefit is £0.8m in Scotland.

How does SLT ensure the most effective multi-disciplinary working?

SLTs are identified, in government policy and Quality Improvement Scotland Clinical Guidelines and Standards as key members of multi-disciplinary care teams for children with additional support needs, people with learning disability (of all ages), mental health services (for all ages), stroke care, cancer care (e.g. laryngeal cancer) and dementia care. Working within the social model of disability, SLTs have responsibility for establishing (through communication skills training and adaptation of written information) communication accessible services where ever people with communication disabilities wish or need to function. As such they have a key role in ensuring effective communication between the service users with communication disability and any public service provider.

How can services for people with communication support needs prevent hardship and secure equality of opportunity for all children and young people; people with long term conditions such as stroke, mental health difficulties, learning disabilities, and cancer or who are involved, as victims or perpetrators, in Scotland's justice system?

Scottish Governments own research showed people with unmet communication support needs compared to the general public are more likely to be unemployed or employed at an inappropriately low level; experience negative social interactions/communication within education, healthcare, criminal justice system, etc.; be misjudged in terms of cognitive and educational level and in terms of mental health status; be involved in the criminal justice system as both victims and perpetrators of crime; have difficulty accessing the information required in order to utilise services and live in socially deprived areas (Law et al. 2007).

Evidence based SLT services act to eradicate or minimise the impact of communication support needs on outcomes for individual and by extension their carers, community, service providers and Scottish economy generally.

RCSLT is calling on the Scottish Government to specifically:

A: Act to encourage NHS boards and local authorities to protect access to SLT services for people with communication support needs and/or swallowing difficulties to at least current (Dec. 2010) levels.

B: Develop and implement a communication action plan for Scotland's children and young people. The plan would require Scottish Government, local authorities and NHS boards to identify and address needs at the earliest opportunity by:

1. re-establishing universal quality early years, pre-school speech, language and communication screening
2. establishing screening of young people as they enter secondary school
3. jointly planning services in line with identified needs and with established evidence and guidance on what works best

RCSLT and partners, AFASIC Scotland and ICAN have made initial proposals to Scottish Government on a model plan.

C: Ensure Speech and language therapists are employed as core members of the multi-disciplinary teams providing for people who need stroke, mental health, learning disability, cancer and other services. NHS boards and local authorities must—

- maintain better data on the speech, language and communication needs of their populations
- plan services in line with these needs and with established evidence and guidance on what works best
- work more closely together to provide access to speech and language therapy, regardless of when and where people seek support

D: Establish Speech and language therapy services throughout Scotland's justice system.

Responsible agencies such as health boards, local authorities, community justice authorities, Scottish Prison Service and the COPFS must:

- identify demand for and review provision of speech, language and communication needs services throughout the justice "pathway"
- pilot evidence-based speech, language and communication needs services throughout the criminal justice services – including identification of speech, language

and communication needs in the national screening tool and communication skills training for key professionals working with young offenders

- develop speech, language and communication needs services throughout the criminal justice pathway – based on evidence from the pilot.

Unique web address

<http://www.scottish.parliament.uk/GettingInvolved/Petitions/PE01384>

Related information for petition

Do you wish your petition to be hosted on the Parliament's website to collect signatures online?

NO

How many signatures have you collected so far?

417

Closing date for collecting signatures online

N/A

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