



Royal College of Speech and Language Therapists response to Scottish Government CONSIDERATION OF PE1384 as set out in their letter of 5th August 2011 to the committee

For consideration by committee on 20 September

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.*”

A: RCSLT General Response

RCSLT interprets from the responses given by the Scottish Government in their letter that they are in fact not able to do what the petition requests they do – that is “...***demonstrate how its policies and guidelines ensure local authorities and NHS boards protect provision of quality speech and language therapy services***”

To paraphrase the Scottish Government says in their response to the committee; (See appendix 1 for fuller explanation of each point)

- They do not collect data on actual levels of SLT provision in workforce figures (counting only funded vacancies as opposed to frozen posts etc.) and so subsequently they can't demonstrate they are monitoring any real world variation in service access.

Collecting data on actual levels of SLT provision / workforce would be one way Scottish Government could demonstrate how it's activity ensures people are getting access to quality speech and language therapy services.

- They do not seek or hold information on patient access to AHP services (e.g. no data or targets on waiting times) they do not have evidence in respect of whether local services are meeting needs. It is not rationale to say “no evidence” equates to “no problem in relation to unmet need” particularly if you make no attempt to gather any evidence.
- The Scottish Government say they do not know about provision of SLT services to specific care groups even where they recommend patients have

access to SLTs in their own published policies, guidelines or SLT access is recommended in Quality Improvement Scotland or Health Improvement Scotland guidelines or service standards. They do not know if SLT / AHP service users are able to access services national service standards say they can benefit from.

- It appears from answers given that the Scottish Government do not intend to gather data on provision of SLT services to specific care groups.

Collecting evidence of local service adherence to national standards (e.g. by HIS) would be another way Scottish Government could demonstrate how it's activity ensures people are getting access to quality speech and language therapy services.

- The Scottish Government do not know about funding of SLT services at NHS Board level. They omit to say if they hold any information on the other source of SLT funding – that is via SLAs from Education Authorities. Again they have no way of demonstrating even at a very superficial level if service users are getting access to services recommended for them.

Collecting data on actual levels of funding for SLT provision / workforce would be another way Scottish Government could demonstrate how it's activity ensures people are getting access to quality SLT services.

- The Scottish Government do not know about patients, carers or parents views of provision of SLT services – including service complaints.

Collecting data on patients, carers etc. views – and complaints - would be another way Scottish Government could demonstrate how it's activity ensures people are getting access to quality SLT services.

- They do not currently have evidence of outcomes for service users who are subject to prioritisation / risk management systems currently used in Scotland. That is they do not know if assessment of (future) risk accurately reflects actual (future) outcomes for service users. They are unable to answer the question - "what is the impact of demand management systems on outcomes for those patients not seen?"

Acting to ensure demand management systems are robust in respect of outcomes for service users deemed to be lower priority than resources can currently stretch to would be another way Scottish Government could demonstrate how it's activity ensures people are getting access to quality SLT services.

- The Scottish Government does not know either how need for SLT provision is measured, it does not guide boards even on indicators of need they might use and subsequently does not know how many people need SLT or the nature of that need.

Collecting data on levels of SLT need or at least making sure those that do do so reliably and consistently would be another way Scottish Government could

demonstrate how it's activity ensures people are getting access to quality SLT services.

RCSLT suggestion to the Committee

RCSLT would wish to see the Scottish Government act to ensure people are getting access to quality SLT (and all other AHP) services.

This could be for example by gathering and monitoring some of the information suggested above, setting targets for SLT / AHP access, incorporating timely access to quality SLT / AHP provision explicitly into the strategic measures of quality around person centred, safe and effective care (Quality Outcome Indicators) and / or HEAT targets.

The committee may wish to pursue this with Scottish Government.

B: Reference to ASL Act

The letter from Scottish Government states;

“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 last sentence suggests that services shouldn't worry too much about not meeting regulation timescales for assessment and provision because the regulations provide them with a selection of excuses which they can reasonably use to not meet timescales – including “because the assessment cannot take place” or “advice from another agency has not become available within the time limit”. Both these circumstances of course are more likely to arise as levels of SLT provision reduce. (Speech, Language and Communication Needs are the most common difficulty faced by children amounting to 5% of children or 50% of children from deprived communities.)

The implication is that Scottish Government might be (and perhaps others should be) increasingly willing to accept that children and young people might not receive provision under the ASL Act within timescales set down in regulation.

The intention of the Act and associated regulation though is, RCSLT would suggest, to ensure neither children, parents or others should not have to wait more than a maximum time for essential assessment and provision.

It is alarming that the Scottish Government has chosen to make the points it does given the ASL Act is the only statutory tool available to any SLT service users which gives some sort of guarantee to SLT service access.

RCSLT suggestion to the Committee

The Petitions committee may wish to seek information regarding the frequency of the use of the “specific circumstances exceptions”, the number of disputes between Education Authorities and Health Boards regarding SLT and the nature of these in 2009, 2010, 2011.

C: Information on AHP workforce demographic scoping, its design and expected start and reporting dates.

RCSLT welcomes the information provided on the qualitative and quantitative scoping exercises of the community AHP workforce in all NHS Boards to report late in 2011. Although the government indicates the exercises will identify “issues” in the community (only) sector of healthcare it is not clear if the report will report these issues and make recommendations on how these should be directly addressed – for example in relation to any workforce related gaps between supply of SLTs / services and demand.

RCSLT suggestion to the Committee

The committee may wish to clarify this.

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

The Healthcare Quality Strategy for NHSScotland and the Patient’s Rights Act are welcome developments.

User involvement, reporting of experiences and making complaints is defacto challenging for people with speech, language and communication needs (SLCN) – given that many of the ways of being involved and reporting experience requires people to speak, read, write etc.

RCSLT suggestion to the Committee

It would be helpful to get clarity of how Scottish Government will ensure people with SLCN are enabled to enjoy equity under the Patients Rights Act and Healthcare Quality Strategy.

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2 / 9 / 11**

Appendix 1: Full responses to specific parts of the Scottish Government letter

- 1. “,,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”**

Although this assurance is clearly very welcome the Scottish Government does not demonstrate how they monitor this is happening for patients in respect of SLT.

- 2. “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.”**

RCSLT repeats our response to the last letter from the Scottish Government. Reference to very low vacancy levels are irrelevant as these reflect funded posts unfilled, as opposed to frozen posts or posts under review or posts simply removed. Services across Scotland have been, or are being asked, to freeze posts or posts are simply taken out of establishment when personnel retire or leave. These do not of course show up on vacancy recording.

- 3. “...there is no evidence to suggest that existing staffing levels are not meeting service needs.”**

As the letter states itself later on the Scottish Government does not seek or hold information on patient access to AHP services and so they clearly will not have evidence in respect of meeting service need. It is not rationale to say no evidence is equates to no problem particularly if you make no attempt to gather any evidence.

Difficulties with service access has been reported and / or is available to Scottish Government, for example – RCSLT published survey 2009 detailing waiting times and lists; FOI report 2010 detailing waiting times and lists; verbal reports to Scottish Government via the AHP Strategic Workforce Group; Scottish Governments own publications in respect of AHPs in Mental Health (Realising the Potential) and AHPs in Stroke Care (Stroke Strategy).

- 4. 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.**

The Scottish Government say they do not know about provision of SLT services to specific care groups even where they recommend patients have access to SLTs in their own published policies, guidelines or SLT access is recommended in Quality Improvement Scotland or Health Improvement Scotland guidelines or service standards.

- 5. 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 Scottish Government does not answer this question in it's letter.

The national dataset for all the AHP professions as described by the Scottish Government will expose where services are currently being provided – not any gaps between where they are and where, according to policy and standards (etc.) they “should be” provided.

As the government says the data set is set up to facilitate management of AHP services – not to evaluate SLT / AHP service access.

This information being gathered about the demographics of the Speech and Language workforce will also only report characteristics about supply of workforce as opposed to capacity to meet service user demand.

It would seem from the answers given that the Scottish Government do not intend to gather data on provision of SLT services to specific care groups.

6. SLT funding by health boards and local authorities- 2010-2011 and 2011-2012

The Scottish Government do not know about funding of Speech and Language Therapy services at NHS Board level. They omit to say if they hold any information on the other source of SLT funding – that is via SLA with Education Authorities. Again they have no way of demonstrating even at a very superficial level if service users are getting access to services recommended for them.

As they point out funding is determined by assessed local need. The Scottish Government does not guide boards on assessment of need for SLT provision and therefore they abdicate responsibility for ensuring need measurement is reliable and consistent across Scotland.

Ensuring need was assessed consistently across the country would be a nother way the SG might demonstrate how they ensure people are getting what they need.

7. Patients carers and parents views of services – including recorded complaints.

The Scottish Government do not know about patients, carers or parents views of provision of Speech and Language Therapy services – including service complaints.

8. 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.

The Scottish Government do not provide the information sought by the committee.

It might be interpreted from this that they do not currently have evidence of outcomes for service users who are subject to prioritisation / risk management systems currently used in Scotland. That is they do not know if assessment of (future) risk by services accurately reflects actual (future) outcomes for service users.

The description of “Care Governance” is encouraging although the letter does not specify which care governance “vehicle” is the subject of the paragraph – referring to the same thing only as “It” in the opening of the subsequent paragraph.

Information published by NMAHP Quality Council suggests that the vehicle referred to is the Care Governance Measurement Framework – currently out for consultation. Unfortunately this has only just reached AHP professional bodies for response within one month.

An initial reading of the draft Care Governance Measurement Framework does not indicate this will identify if service users are actually able to access services in a reasonable time or indeed if measurement will allow a comparison of what service users “should” access as opposed to actual access. The committee may wish to clarify this with Scottish Government.

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

The Scottish Government does not know either how need for SLT provision is measured, does not guide boards even on indicators of need they might use and subsequently does not know how many people need SLT or the nature of need.

Ensuring need was assessed consistently across the country would be another way the Scottish Government might demonstrate how they ensure people are getting the services the evidence shows they can benefit from.