

- **What is your response to the points made in the petition?**

The Royal College of Speech and Language Therapists “**Giving Voice**” campaign, with its objectives of raising awareness of the impact of communication disability and protecting the delivery of quality Speech and Language Therapy services is a helpful initiative.

NHS Fife recognises that communication disability has to be considered against more obvious physical disability / diagnostic based conditions. The impact of communication and / or swallowing disability is pervasive and comprehensive affecting development, educational attainment, employment opportunities, mental and physical health and social functioning. It is notoriously difficult to identify robust qualitative and quantitative indicators to measure this impact.

The petition refers to the main patient groupings supported by speech and language therapists. It also identifies existing working practices e.g. partnership working with education, multidisciplinary working and areas of innovation as driven by government priorities e.g. Criminal Justice System. This mirrors the patient groups and practices established in Fife.

Speech and Language Therapy in NHS Fife as an area wide service is able to take an integrated approach to managing resources. This allows responsive and incremental redesign to meet competing priorities, to retain and develop the quality of existing good practice whilst responding to the new.

For more than a decade there has been a partnership model between NHS Fife SLT Service and Fife Council Education Department. The SLT Service is developing a capacity building model within schools. Our goal is to focus SLT services effectively. We would query the evidence base for the re-introduction of universal screening by Speech and Language Therapists as suggested in the petition.

NHS Fife is fully engaged in the Long Term Conditions Agenda and the SLT Service welcomed the addition of neurological conditions including stroke within this category. The service is already deployed, to some extent, to meet “Balance of Care” however it is recognised that working within the community is less developed than would be ideal.

The establishment of a Speech and Language Therapy role within the Regional Forensic Service is a recent positive development for NHS Fife and has the potential for Fife to engage in the developing role within the Criminal Justice System.

While there is a risk that waiting times will grow, actions are being taken to manage this and to ensure that quality is retained and developed. Actions include moving away from specialism and strengthening a more generic SLT role and in some instances moving to a consultative only role.

- **How do you ensure that quality speech and language therapy services are protected when planning local services and setting budgets? How is this evidenced?**

NHS Fife is coterminous with Fife Council. The Speech and Language Therapy Service in Fife is an Area Wide Service managed through one CHP. This enables clear management lines while allowing SLTs in Fife to take a full part in local multi-disciplinary / agency teams.

SLT Managers within NHS Fife influence Strategic and Operational planning through a variety of ways including attendance at CHP, Operating Division and Learning Disability meetings. The SLT Service produces an annual written strategic / operational plan that details priority actions within the context of local and national policies including NHS Scotland Quality Strategy.

Speech and Language Therapy is a member of the Allied Health Professions Clinical Advisory Forum and has opportunity there and through this to the Area Clinical Forum to influence clinical direction.

The budget, including the Education Contract, is managed within the CHP and there are regular discussions and an annual service plan to ensure financial governance. Over the last year the SLT Service has attracted money from NES, Fairer Fife and Equally Well for initiatives on CPD, Patient Public Involvement and Accessible Information.

The quality of the service is protected through the delivery of a Clinical Governance plan and robust professional management. The Clinical Governance plan is reported through the CHP in the first instance.

The development of an SLT Research and Development Post has been instrumental in improving the quality of the plan and the service delivered. All SLTs in Fife are members of RCSLT as well as registered with HPC. Clinical Governance within the service is evidenced by:

1. Data collection –The R&D consultant has developed the professional data system to increase the validity of the data required by the NHS and the data required to build a local evidence base. The consultant attends local and national meetings to ensure that when a national platform is available, SLT will be able to move existing information without difficulty. Therapy Outcome Measures that involve patients/their carers are now collected routinely
2. Clinical Decision Making – This is framed by “ Malcomess Care Aims” with the emphasis on Patient’s Story, Risk and Impact and care managed as close to the individual as possible.
3. Clinical Governance Activity – This is supported by Journal Clubs, Peer Facilitation and Personal Development Planning in E-KSF among other systems.

The current financial climate will, inevitably, challenge staff at all levels as we work to continue with this good practice.