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Alison Wilson
Assistant Clerk
Public Petitions Committee
T3.40
The Scottish Parliament
Edinburgh
EH99 1SP

17 October 2011

Dear Ms Wilson

CONSIDERATION OF PE1384

Thank you for your letter of 27 September 2011 to Ann Lillico, Office of DG Health & Social Care, seeking a written response to the following questions:-

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?
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.
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.
4. Can you clarify how you will ensure people with Speech, Language and Communication Needs are enabled to enjoy equity under the Patients Rights Act and Healthcare Quality Strategy?

Our detailed response to these questions is set out below:

Question 1

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.

As requested by the Committee, we asked NHS Boards across Scotland how local need for speech and language services is assessed and what the current waiting time is for access to services, unfortunately we did not receive responses from all Boards in time to inform this response but the 11 responses we did receive show that, as expected, assessment processes vary from Board to Board. The ways in which assessment of the need for SLT services is carried out includes:

- monthly monitoring of referrals in clinics and schools;
- awareness of changes in local population that will affect service categories, e.g. new housing or schools;
- looking at total population and mapping the prevalence of certain disorders against known incidence;
- monitoring of referral rates and patterns as a predictor of need;
- weekly allocation meetings where cases are triaged and prioritised;
- referrals are triaged and children with complex needs transition straight to the Additional Support Needs teams;
- using professional opinion and expertise, by measuring demand, by looking at demographics and taking local and national drivers, policies and strategies into account;
- professional judgement and the patient story within a care aims framework;
- based on the impact of the difficulty, the clinical risk and whether SLT can reduce that risk; and
- based on demographic, incidence and prevalence data, legislative frameworks, professional standards, HIS/QIS Clinical Standards, SIGN Guidelines as well as best practice statements etc which recommend access to SLT services as part of a Care Pathway.

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. The information we have received from NHS Boards tells us that waiting times for SLT services vary. For children's services, the waiting time can be as short as 5 days up to a maximum of 20 weeks under local targets (although those referred under the 2004 Act are seen within the 10 week target). In certain areas, local targets have been breached and waiting times have been up to 26 weeks due to unscheduled leave such as long term sickness or maternity leave. For adult services, the waiting times vary dependant on the type of service required, for community services, waiting times range from 10 days to 22 weeks and for adult learning disability services they range from 18 weeks to 24 weeks. Hospital outpatient waiting times range from 4 weeks to 6 weeks and inpatient services are mostly provided within one or two working days.

A formal census of new patients attending outpatients and community AHP services in all NHS Boards will be undertaken by ISD Scotland in February 2012. The census is being supported by all NHS Boards and we would be happy to share the results of the census with the Committee in due course.

Question 2

The responses we have received from NHS Boards indicate that the "specific circumstances exceptions" clause has been used on one occasion and there has been one dispute which went to tribunal.

Question 3

The short life AHP working group, focusing on primary care, will identify issues relating to the AHP workforce in the community. The Group will review these issues in November 2011 and at that stage decide if there are any specific recommendations to be made.

Question 4

The Patient Rights (Scotland) Act 2011 will apply to anyone who uses any NHS services. There will be a Patient Charter of Rights and Responsibility laid before Parliament and published next year which will make clear the range of rights, entitlements and what to do if you feel these have not been met. The Act also introduced the development of a new Patient Advice and Support Service, which will support people to have their rights met. It will be the responsibility of each NHS Board to ensure that the requirements of the Act are met across all their services.

Likewise, the Healthcare Quality Strategy applies to all areas of the NHS and sets out the Scottish Government's commitment to all patients having access to safe, effective and person centred care; however it is for NHS Boards and local authorities to determine the level of service required for all services, including speech and language therapy (SLT), based on local need.

The Committee will be interested to note that the Cabinet Secretary for Health, Wellbeing and Cities Strategy has recently announced the development of an AHP Delivery Plan for Scotland to provide a strategic platform for future AHP activity including service redesign. We will ensure that all of the AHP professional groups, including the Royal College of Speech and Language Therapists are fully engaged in the process of developing the plan and to that end we will contact Ms Hartley to discuss with her how improvements in support for people with communication difficulties can be progressed through the development of the National Delivery Plan.

I hope this letter is helpful in addressing the additional questions that have been raised by the Committee in relation to the provision of speech and language therapy services in NHSScotland.

Yours sincerely

Jacqui Lunday
Chief Health Professions Officer