

PE1384/N

Petitioner Letter of 10 September 2012

Dear Chris,

Firstly, I am very grateful to the Committee for continuing to pursue the Giving Voice petition. Their sustained support and action has, I believe, had a significant impact on the outcomes for SLT service users in respect of the AHP National Delivery Plan in particular.

My response to the Scottish Government's letter, responding to the Committee's most recent correspondence, is as follows.

The Committee had asked that the four points raised by the petitioner in her most recent response be taken into account when formulating the final AHP Delivery Plan.

- 1. The AHP Delivery Plan must have a wider, more inclusive vision of people's needs, independent living, the value of all AHPs and the AHP contribution to Scotland's performance.**

I agree with the Scottish Government that the final AHP National Delivery Plan better reflects the value and impact of ALL AHPs and broader range of care groups than the original consultation document.

- 2. The AHP Delivery Plan should commit to gradual improvement of access to essential AHP services.**

The petition calls 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.*"

The AHP National Delivery plan has, at last, as the government indicate got targets for AHP access. This means that now the Scottish Government can to some extent at least ... "*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.*"

This represents a huge step forward for AHP service users.

The Committee may wish to note that the "over target" waiting times referred to by the government include Speech and Language Therapy median waits for Children up to 27 weeks with a maximum of 81 weeks – and for adults – 16 weeks median and maximum 32 weeks. See <http://www.isdscotland.org/Health-Topics/Waiting->

3. The AHP Delivery Plan should set desirable target which are achievable because they are rooted in reality of current service.

RCSLT agrees with Scottish Government that the National Delivery Plan is challenging. RCSLT welcome the support for strengthened leadership and better data gathering on service needs, workforce etc. The National Delivery Plan however comes with no clarity on funding to extend AHP workforce provision. The SLT workforce has in fact shrunk by 2.4% against an average of 0.6% since 2008.

4. The AHP Delivery Plan should “Do as it says” and commit to stronger AHP leadership – from the Scottish Government’s Health Directorates – to NHS and Integrated Health and Social Care Boards across Scotland.

RCSLT agrees that the National Delivery Plan provides much impetus and support for strengthened AHP leadership. RCSLT note however that, even although AHPs are considered key to delivery of health and social care, they are not (according to the closing consultation on the Integrated Health and Social Care Bill) to be included in statutory guidance on Health and Social Care Board Membership.

In the full response to the IHSC Consultation including headline responses (available on request from the Clerks to the Committee), the RCSLT:

11. call for delivery of quality AHP services to be more explicitly and transparently owned by Health and Social Care Boards.
12. call for AHP professional leaders/ advisers to be defined, in statute (either in the Bill or subsequent regulation), as essential members of commissioning and planning bodies – above, at and below - Health and Social Care Board level.

I hope this response is of interest to you and Committee members even at this late stage.

Yours,

Kim Hartley