HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM The Royal College of Speech & Language Therapists

Introduction:

Effective communication is fundamental to all health and wellbeing outcomes.

- SLC difficulties among adults (e.g. as a result of stroke, head and neck cancer, learning disability, mental illness, dementia) contribute to poor mental health, isolation and loneliness. SLTs can prevent and intervene early to prevent these poor outcomes.
- 20% of the population will experience communication support needs at some time in their lives. Scotland’s communication profile is changing as more people are living longer with long term conditions associated with communication difficulties.

Eating, drinking and swallowing are essential physical and social but have life threatening consequences when disrupted.

- Eating, drinking and swallowing difficulties (EDSD) are common among people with dementia, stroke, degenerative neurological conditions including Parkinsons, MND and MS and the frail elderly. Care Inspectorate data for 2016 (gathered under FOI) revealed that 5425 people in care homes were on a textured diet and 8323 have a hearing impairment.
- As well as being distressing for individuals and their families, EDSD can often lead to repeated chest infections, poor nutrition and hydration, hospitalisation, pneumonia and ultimately death.

Scotland’s 950 WTE Speech & Language Therapists (SLTs) are uniquely qualified to support people experiencing communication or swallowing difficulties.

SLTs are graduate autonomous clinicians who can and very often do act as first point of contact professionals for the general public.

It is essential SLTs are integrated with multi-disciplinary teams in primary care.

- SLT services can and do prevent speech, language and communication (SLC) difficulties and subsequent behavioural and / or poor mental health outcomes among children and young people. SLC difficulties are the most common developmental difficulties children experience growing up.
- SLTs can prevent, intervene early and or treat EDSD (as part of a wider team) to avoid all these.
- Scottish Government’s ‘Active & Independent Living Programme’ (AILP) clearly places AHPs, including SLTs, in multidisciplinary teams with responsibility for rehabilitation and early intervention. outcomes.

Considering the Health and Sport Committee’s report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?
• SLTs have an important role to play in reducing admissions but services report they are not being fully utilised in community settings nor do they have capacity to meet demand. SLT services need investment if they are to effectively contribute to meeting the public's call on primary care services.

• As primary care services transform SLT services report a mixed picture of development. SLTs report core referral pathways are established across all adult services. Two thirds of adult SLT services are using electronic referrals, attending multi-disciplinary clinics and are actively widening referral routes. 25% have implemented a helpline service.

• Many individuals in community settings, children and adults, receive SLT services without any reference to the persons GP. The committee must note that General Practice is not necessarily at the frontline of care for many, if not most of the people SLTs already provide services to.

• In many areas there are limited connections with General Practice and other community based services. Many do not request appropriate intervention early enough for people with communication or swallowing difficulties as there is a lack of understanding of their impact and the role SLTs have supporting people. GPs need to be made fully aware of the range of AHP roles and rapid pathways for onward referral need to be set up.

• The UK Allied Health Professions Public Health Strategic Framework 2019-2024 sets out the role and value of AHPs in Public Health. The national Public Health strategy and needs to reflect this joint government policy and the new Public Health body must include specific AHP strategic leadership role.

• SLTs commonly work in Care homes as many patients live in care. Strong and effective partnerships and coordination with partners are essential to provide better outcomes however SLT services are reporting significant disruption to partnership working as integration structures and plans have been implemented.

• Most Health and Social Care Partnerships do not yet have clear AHP leadership. In Health Boards AHP Directors are not always deployed at strategic level, equivalent to nurse and medic leaders. Health and Social Care Partnerships must substantially strengthen their ownership and leadership of AHP services to support transformation in the ways sought by Scotland's people.

• RCSLT agree that informing and empowering the public to directly access to the right professional is what needs to happen and that this is the responsibility of all health care professionals.

• RCSLT emphasise that a shift in public understanding is needed to move away from the expectation that GP referrals are required for SLT or AHP services.

• The findings in the Committee's survey show that the majority of both men and women would be happy to see someone other than a GP. Stats for SLT however do not compare favourably with other better understood professions.

• RCSLT would believe there would be substantial value in investment in communication accessible information which explains to the public which professions they can access directly and what different professions can help them with.

• To prevent, intervene early and manage people's care people using services need to be given the very best possible opportunity to communicate throughout the primary care system.
• Services in the future must seek to communicate in an inclusive way. That is in a way that ensures individuals receive information and are enabled to express themselves in ways that they find easiest. Asking a non-reader to read a leaflet is clearly not inclusive.

The Scottish Health Council’s “Our Voice” Citizens Panel 4th Survey Report May 2018 reports strong demand for communication inclusive approaches in primary care services and, in some detail, identifies the publics’ inclusive communication preferences. More recently Scotland’s Social Security Act set out a statutory definition of Inclusive Communication. Communication access to health care is at least as important as communication to money to live on.

What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

• RCSLT Scotland 2018 benchmarking survey across urban and rural SLT Adult services produced a picture of services actively working towards national outcomes and targets with variations between and even within health board areas.

• Technology and IT support were the two most challenging issues across SLT services unable to rely on their health board’s strategy and support services. A third of adult services report they don’t or are unable to use electronic patient records and that these are not always consistent within the same service or health board area, for example medical consultants often use a different system.

• Very limited resources are available to meet expanding regular and new demands on SLT services. New activities such as anticipatory care planning, palliative care, healthcare in prisons, hospital discharge, care homes and emergency services are being delivered with the same level of resource. Problems associated with allocation of resources across very diverse care group needs, lack of clarity on priorities and securing fair funding for SLT services are the context service leads are currently required to work in.

• All SLT services are experiencing increasing demand across all age groups however NHS workforce data shows the number of Whole Time Equivalent number of SLTs has remained largely static for years. National Workforce Plan workforce planning tools are still to have an impact on planning. The Staffing Act, although welcome in promoting a multi-disciplinary approach to work load measurement, is not expected to produce multi-disciplinary workload tools (or tool boxes) for some time.

• Public information on how to self-refer or access a SLT service is identified as a key area for future development. (See comment above). Less than half of SLT services use social media and guidance and policy on social media varies significantly across Health Boards.

• Lack of joint cross sector planning remains a barrier to effective use of assets. Although SLT services have good relationships with 3rd sector organisations (most provide training to 3rd sector partners) only half report joint planning with 3rd sector organisations and a third don’t have contact with their local 3rd sector interface.

• SLTs are consistently using personal outcome approaches but the development of service outcome measures is uneven and varies across health boards. RCSLT benchmark survey 2018 established that 44% of adult services have an outcome measurement system in place and that 67% have trained staff to measure outcomes.

• Identifying the contribution of SLTs (and most AHPS) at a local or national levels is impossible within current information and statistical reporting mechanisms and
frameworks. AHP data sets covering workforce and outcomes are still being developed to support new integrated structures in the future. Date of when they will be ready and / or implemented is unknown.

- Around half of the services report being involved in inter-agency service reviews. Only 22% are involved in patient forums. This is of concern as it may mean those with communication difficulties are not getting the opportunity to have their views considered or needs planned for across mainstream services and is evidence of gaps in multidisciplinary approaches to service planning.

- Services report that health and social care integration has ‘reset’ a lot of important local strategic relationships. For some this has caused significant disruption in implementing new arrangements.

- Services don’t have capacity to do more work on new service design involving multidisciplinary teams and the public. An indicator of this is that only 44% of SLT services report using ‘e-health’ to promote preventative measures.

How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities.

- Establish AHP leadership on Integrated Joint Boards and Health Boards through regulation. AHP Directors on Health Boards should lead on workforce planning, service reform and delivery and be held accountable, through the Board, to the public and government. AHP expertise would act to create a truly ‘multidisciplinary’ approach as set out in the Primary Care Clinical Professions Group ‘The Future of Primary Care in Scotland: a view from the professions’ (May 2017).

- Establish a common framework of outcomes and indicators – and associated reporting mechanism across health and social care professionals. To improve monitoring and evaluation it will be essential to support reporting at the same level across all primary care professions. Any monitoring system will need to reflect impact of specialist, targeted and universal levels of multi-disciplinary provision.

- Invest in the necessary skills, knowledge, time capacity and hard ware infrastructure to enable all members of the primary care multi-disciplinary team (as defined in the Staffing Act 2019) to enable the whole MDT equally to report using that common framework.

- RCSLT would recommend regulation requiring primary care services of the future to implement quality communication inclusive approaches to everything they do.

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