

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 07

Ymateb gan: | Response from: Coleg Brenhinol y Therapyddion Lleferydd ac Iaith | Royal College of Speech and Language Therapists

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Senedd Cymru Health and Social Care Committee consultation on The Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

### Executive summary

The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the Welsh Government's Plan for transforming and modernising planned care and reducing waiting lists and the opportunity to provide written evidence as part of the Committee's inquiry on the same. Our response is based on discussions with our members and follows broadly the terms of reference.

### **Key points**

- We welcome the notion of 'waiting well' which pervades through the Plan. However, there will need to be a continued investment in sufficient resources into patient information and communication and an enhanced approach to communicating with patients while they wait to help them manage their condition and know what to do if their condition gets worse.
- It is imperative that the necessary detail is provided that will support health boards to ensure they have sufficient workforce capacity to deliver the Programme's ambitions. There should be collaborative working with relevant NHS bodies and involving professional bodies' expertise like the RCSLT to develop the workforce plan at local, regional, and national level.
- We know that in some cases technological innovations have been positive. However, this is not the solution in every situation. For this reason, we would like to emphasise that there

should be flexibility in meeting the Programmes targets around digital approaches so that the patient is seen in the most appropriate way for their condition. There is also likely to be variation across Wales, including by age of patient and access to reliable technology.

- The RSCSLT believes that for there to be real sustained improvements in digital delivery, there will be a need to ensure that physical estates are used as efficiently as possible.
- We welcome the prioritisation of children within the Plan. COVID-19 has had a huge impact on children's development with SLT services experiencing a significant backlog of demand with growing waiting lists. We have been encouraged by recent positive investment via the Child Development Fund and Flying Start Capital Funding. However, the RSCSLT believes it is crucial that the prioritisation of children's services continues to be supported with substantial and sustained investment to both manage the consequences of the pandemic in the short term but also in the long-term to mitigate against further negative outcomes caused by a lack of services.
- There is a need to be more sophisticated in regards waiting times targets so that the whole pathway is timely.
- The national plan which has been produced will need to be accompanied by clinical and managerial leadership across the whole system that is aligned to a common purpose.<sup>1</sup>
- The Programme should come with a clear finance strategy. This should include determining the longer-term capital investment that will be required, as well as processes to assure that revenue sources will be sufficient to finance long-term service transformation.

### **About the Royal College of Speech and Language Therapists**

1. RSCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RSCSLT has 17,500 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.
2. Speech and language therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.

### **Meeting people's needs**

3. The RSCSLT is in agreement with the themes highlighted in the Programme as it demonstrates an understanding of the challenges faced by speech and language therapists as they deal with the scale of backlog, unmet needs and increased demand post Covid. We particularly welcome the notion of 'waiting well' which pervades through the Plan. This has been evidenced well in relation to children as SLT Services have experienced a significant backlog of demand, with growing waiting lists, and late referrals for children with a high level of need, hence the developments in the Welsh Government Talk with Me: Speech, Language and Communication (SLC) Delivery Plan<sup>2</sup>, has come at an opportune time, with a greater focus on better universal provision for children and families by promoting and supporting children's SLC needs via introduction of the Talk with Me campaign,<sup>3</sup> by strengthening information available to people on websites, the introduction of a toolkit and a number of health boards developing helplines.

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<sup>1</sup> <https://senedd.wales/media/3pjhracie/agr-ld15132-e.pdf>

<sup>2</sup> <https://gov.wales/talk-me-speech-language-and-communication-slc-delivery-plan>

<sup>3</sup> <https://gov.wales/talk-with-me>

4. However, the RCSLT would like to emphasise that building on existing mechanisms, given the numbers of patients waiting, NHS bodies will need to ensure that they are investing sufficient resources into patient information and communication. The Programme refers to the need for health boards to develop a communication strategy which is very welcomed, however there is a lack of detail in the Programme which would make it difficult to comment on its efficacy in relation to patient needs.
5. Further, Surveillance of patients whilst they are on the waiting list also needs to be carefully managed to minimise and ideally avoid them coming to harm as a result of long waits for treatment. To help achieve the action within the Programme of *seeking to identify and prioritise the clinical needs of those waiting and focus on those in greatest need*, performance measures need to have a greater focus on patients' clinical needs rather than simply how long they have been waiting.<sup>4</sup>

### **Workforce**

The RCSLT welcomes that the Programme is due to be underpinned by a 'coordinated and focused' workforce plan as we believe that a sustainable workforce is a crucial element for the success of the Plan. Further we are pleased to see reference to the importance of rehabilitation.

### **Recruitment and retention**

6. The RCSLT believes that the plan lacks detail on how the Welsh Government will support health boards to ensure they have sufficient workforce capacity to deliver its ambitions. The Welsh Government should work with relevant NHS bodies and involving professional bodies' expertise like the RCSLT to develop the workforce plan at local, regional, and national level. The plan should be based on a robust assessment of current capacity gaps and realistic plans to fill them. Understanding the vacancy rate and subsequent recruitment need is difficult. NHS Wales does not collect this information which is thought to impact the quality of workforce planning.<sup>5</sup> The RCSLT also await details of how or where the funding discussed in the programme will be allocated.
7. In relation to SLT services, SLT teams are dealing with increasing numbers of people needing the service without a fundamental change in capacity, which may impact on the intervention offered. Our members report that ensuring a sustainable workforce to respond to growing pressures is of concern. There will need to be a consideration of the number of speech and language therapists trained and the support that is put in place e.g. opportunities for blended working and crucially interlinked with this, the consideration of SLT training in Wales as we believe we need to see an urgent step change in training places to meet future demand given our workforce profile. This is especially pressing given recent policy initiatives such as the Flying Start expansion, changes to mental capacity legislation to include speech and language therapists as approved mental capacity practitioners, the potential and actual demand due to the implementation of the Additional Learning Needs and Educational Tribunal (Wales) Act 2018, an increase in demand for SLT services in certain clinical areas such as Gender Services and potential new roles within youth justice.

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<sup>4</sup> <https://senedd.wales/media/3pjhracie/agr-ld15132-e.pdf>

<sup>5</sup> <https://www.wcpp.org.uk/wp-content/uploads/2021/12/Challenges-and-Priorities-for-Health-and-Social-Care-Wales-Briefing-Note-.pdf>

8. It is also important to note that not all SLTs work in the NHS, many work in schools, in community settings, in justice and in the independent sector. We are seeing increased demand for SLTs across these areas too, for example, in prisons and Youth Offending Teams, and as registered intermediaries for the Ministry of Justice. Not all new SLTs will enter the NHS so it is important to factor this in to planning.
9. Retention of existing staff is a further problem, partially due to poor wellbeing but we have also seen a number of staff take early retirement over the last two years. Combined with such recruitment issues, this means the health and social care sector are struggling to maintain their current staffing levels, let alone increase them. Some health boards have reported more younger speech and language therapists are leaving to join the private sector due to workload pressures and stress and there is a sense that it will be easy to return to the NHS at a later date, mitigating the risk of leaving. The RCSLT believes that there needs to be a greater focus on retention and the development of existing professionals. We wish to see far greater clarity on routes for AHP progression from support worker roles through to advanced practitioner and consultant roles. The development of advanced practitioners in particular presents significant opportunities for role development and service innovation for AHPs.<sup>6</sup>

### **Wellbeing**

10. The SLT workforce itself has not been immune to the impact of COVID-19 and the continual burden of the pandemic for now over 2 years has meant they continue to experience profound personal effects.<sup>7</sup> The pandemic has left a legacy of a tired workforce which fundamentally threatens the ability of the NHS to function. Interventions aimed to support the mental and emotional wellbeing of health and social care workers were reported during the pandemic, however the impact of these is not yet known.<sup>8</sup> The availability of funding also calls into question the sustainability of these initiatives. The Programme cites as a priority - *to engage the workforce as Welsh government plan the recovery and reset to and understand the long-term workforce capacity, development and support needed both to recuperate and rebuild for the future*. The RCSLT looks forward to further details to this important action.
11. We would also like to highlight the tendency for and the impact of mixed messaging from Welsh government and health boards. On one hand, the message is one of commending staff for their resilience and hard work and acknowledgement of being overstretched and exhausted, however on the other, there is strong messaging around working to clear the backlog and reduce waiting lists, being creative and utilising new ways of working. There is a mismatch between the two which is causing anxiousness and leading to high stress levels.

### **Multidisciplinary working**

12. COVID-19 patients are presenting in the community with a range of complex needs, requiring a multidisciplinary approach to care management and longer-term rehabilitation.

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<sup>6</sup> For further details, please see RCSLT Wales submission - <https://www.rcslt.org/wp-content/uploads/2021/12/RCSLT-Wales-response-to-the-HSC-Committee-inquiry-on-workforce-003.docx>

<sup>7</sup> Royal College of Speech and Language Therapists, 2021. Speech and language therapy services after COVID-19. RCSLT. URL <https://www.rcslt.org/get-involved/building-back-better-speech-and-language-therapy-services-after-covid-19/>

<sup>8</sup> (Swansea University, 2021)

Any national policies or strategies need to reflect both the rehabilitation needs of COVID-19 patients and the ongoing support of existing patients. The programme mentions *access to rehabilitation and recovery services as being essential..... and that Welsh government will build capacity through new ways of working and expansion and utilisation of the AHP workforce* and further the commitment in the Programme of *developing multidisciplinary 'teams around the patient'*. The RCLT fully supports these actions as we believe collaboration will be essential to the effective delivery of the plan. However, we have concerns *over the* lack of detail of how this will be achieved.

### **Digital services and data**

13. The SLT workforce has responded rapidly to changing circumstances which has included the adoption of new ways of working, including greater utilisation of technology and digital in-service delivery. For example, the SLT workforce quickly moved to using Attend Anywhere<sup>9</sup> and many services are offering a blended approach with a combination of video and face to face appointments. The RCLT notes that the Welsh Government plans to ensure that *35% of new appointments and 50% of follow up appointments are virtually delivered*. In relation to this our members have voiced concerns as in some cases the utilisation of technologies has been positive, however, this not the solution in every situation, digital poverty and a lack of digital literacy are factors. The adoption of technologies may also not be suitable for a particular condition a person has or the age of the person with a communication or swallowing need, at both ends of the age range. Consideration also needs to be given to the challenges presented around school based services and adult services where the majority of service continues to be hospital based. For these reasons there will need to be flexibility around the targets for virtual approaches.
14. The RCLT believes that for there to be real sustained improvements in digital delivery, there will be a need to ensure that physical estate are used as efficiently as possible, for example by maximising community and primary care premises to enable care close to home, maximising space in care homes and in other settings such as schools. The programme cites an investment into infrastructure and estates but there is no detail as to how this will be achieved. It will be important to ensure that patient outcomes and patient experience are considered alongside any gains from a productivity perspective.
15. We would also like to highlight that we believe the success of the plan will depend on investment in digital technology for example, electronic patient records which would support the outcome of waiting well. Also more sophisticated systems to support validating of waiting lists. Presently Therapy Manager systems do not distinguish between different types of waits. We welcome the recent positive response by Welsh government to the report on the Waiting times backlog inquiry regarding shared patient records and the plans to introduce a new digital interface to ensure data can be shared across organisational and system boundaries. We look forward to seeing details and timeframes for this single national health and care record.<sup>10</sup>

### **Children's services**

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<sup>9</sup> <https://digitalhealth.wales/tec-cymru/vc-service/i-am-clinician/what-nhs-wales-video-consulting-service>

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Page <https://business.senedd.wales/documents/s125743/Response%20from%20Welsh%20Government%20to%20the%20report%20Waiting%20Well%20-%20the%20impact%20of%20the%20waiting%20times%20backlog.pdf>

16. The RCSLT particularly welcome the focus on children’s services within the plan as we know that COVID-19 has had a huge impact on children’s development. Many children and young people have not received the same level of speech and language therapy during the pandemic. The [RCSLT’s Build Back Better report](#) published in March 2021, found that during the first UK-wide lockdown, across the UK, 81% of children and young people who had been receiving speech and language therapy before the pandemic received less during lockdown and 62% did not receive any. A number of other factors have also contributed to an increased level of need in children and young people, resulting in increased pressures on children’s SLT services. In some cases, specialist input from speech and language therapists is required in order to meet the higher needs of these children. For example, children who did not receive the 2.5 year health visitor check during the early stages of the pandemic are now rising 4 and could have significantly delayed language development<sup>11</sup> and an increase in the number of children starting school with delayed language, because they have not benefited from the language-rich environment and opportunities for social interaction that are provided by early years settings. We welcome the investment via the Child Development Fund in recent years as a result of the Welsh government ‘Talk with Me’ plan<sup>12</sup> and Flying Start Capital Funding. However, the RCSLT would like to emphasise that there needs to be substantial and sustained investment in children’s services and where SLTs are part of multi-agency teams to both manage the consequences of the pandemic in the short term but also in the long-term to mitigate against further negative outcomes caused by a lack of services. Short term funding is not adequate often regarding successful recruitment.
17. SLT services need to work with stakeholders to ensure that needs are met closest to the children and by the right person in the right place. This may mean that the SLT is not the best person to address needs. There will be many examples where ensuring that the wider workforce, e.g. in childcare settings and educational settings, is able to support children appropriately in their own environments for learning and development. Additionally, SLTs work in multi-disciplinary and multi-agency teams where children and young people need this, such as, where they have selective mutism and where they are known to Youth Justice Services. This will depend on how services are structured and funded. We look forward to seeing the detail to the actions on the prioritisation of this important area before we can comment on the Programmes efficacy.

### **Targets and Timescales**

18. The national Plan sets out high level ambitions to reduce waiting times. It includes target milestones to reduce the number of people waiting for treatment but lacks detail especially in the sections entitled ‘what do we want to achieve?’ The Programme provides broad ideas as to the desired outcomes, but it will be difficult to measure the success of the plan without data and a clear framework for measuring these outcomes. For example, as mentioned above the RCSLT looks forward to the forthcoming workforce plan, which we hope will address the demand in SLT services and SLT workforce capacity issues.
19. The RCSLT has some concerns around the Welsh Government ambition of *increasing the speed of diagnostic testing and reporting to 14 weeks for therapy interventions by spring 2024*. Our members felt that this target may be too crude and that there was a need for

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<sup>11</sup> <https://www.rcslt.org/wp-content/uploads/2021/12/Supporting-children-and-young-people-with-communication-and-swallowing-needs-December-2021.pdf>

<sup>12</sup> <https://gov.wales/talk-me-speech-language-and-communication-slc-delivery-plan>

more sophistication in regards waiting times targets. For example, there would need to be a consideration of follow up appointments and how technology may support meeting the target. Fundamentally there is a need for the whole pathway to be timely.

### **Leadership and national direction**

20. The challenge of the planned care backlog is huge, and it will require the NHS to transform at a scale and pace not seen before. The national plan which has been produced will need to be accompanied by clinical and managerial leadership across the whole system that is aligned to a common purpose.<sup>13</sup> The RCSLT is concerned that the Programme implies that much of the detail of how processes will be put in place will be left to health boards, which leaves room for inconsistency and inequality through the system which needs to be improved, if not eradicated.
21. The RCSLT was disappointed to hear the recent announcement that the NHS executive will be set up as a hybrid model rather than its own organisation. We believe that this is a huge opportunity missed by Welsh government as more now than ever we believe there needs to be a clearer distinction between the strategic management of NHS Wales and the delivery of Welsh government priorities. Looking forward, we hope that the new NHS executive membership will be diverse to include AHP representation.
22. We would also like to highlight that the Welsh government should make sure that its national plan comes with a clear finance strategy. This should include determining the longer-term capital investment that will be required, as well as processes to assure that revenue sources will be sufficient to finance long-term service transformation.

### **Further information**

We hope this paper will be helpful in supporting the committee discussions around the Programme for planned care and reducing waiting lists. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

**Naila Noori, External Affairs Officer (Wales), Royal College of Speech and Language Therapists**

### **Confirmation**

This response is submitted on behalf of The Royal College of Speech and Language Therapists in Wales. We confirm that we are happy for this response to be made public.

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<sup>13</sup> <https://senedd.wales/media/3pjhracie/agr-ld15132-e.pdf>