

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Effaith yr ôl-groniad o ran amseroedd aros ar bobl yng Nghymru sy'n aros am ddiagnosis neu driniaeth](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment](#)

WT 37

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





Senedd Cymru Health and Social Care Committee consultation on the waiting times backlog on people in Wales who are waiting for diagnosis or treatment

Executive summary

The Royal College of Speech and Language Therapists (RCSLT) Wales welcomes the opportunity to provide written evidence as part of the committee's inquiry on the waiting times backlog for people in Wales who are waiting for diagnosis or treatment. Our response is based on discussions with our members and focusses on highlighting the current increased demand for speech and language therapy services, reasons for this, the challenges faced by the profession as a result and proposed solutions in order to mitigate these challenges.

Key points

- There is an increase in the number of people waiting for speech and language therapy. Between February 2020 and October 2021 the number of people waiting for speech and language therapy services beyond 14 weeks rose from 24 to 508¹.
- Patients are presenting with more complex needs and psychological issues because of delayed care and people need more frequent and longer speech and language therapy interventions due to deterioration in their condition.
- There are increased waiting times across all clinical areas but some clinical areas are increasing more than others, such as gender incongruence services.
- It is important to consider who the stakeholders are that can support children and adults with speech, language, communication and swallowing difficulties who are interdependent with speech and language therapy.
- The capacity to provide speech and language therapy has been affected by Covid 19. This has altered when the demand has come to services, how services are provided in line with restrictions, the workforce and how it has adapted.
- We fully appreciate the whole system pressures currently faced; however, we are very concerned about the risk of members being redeployed away from services that are still under pressure to reduce waiting lists and meet targets and to provide timely care to service users. We are now all too aware of the impact of redeployment from the first lockdown and caution against redeployment unless all other possible options have been explored.

¹ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Diagnostic-and-Therapy-Services/waitingtimes-by-weekswait-hospital>

About the Royal College of Speech and Language Therapists

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT 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.

Demand for speech and language therapy services

Numbers Waiting

3. The Welsh Government targets² for therapy services state that no-one should wait longer than 14 weeks for therapy services, including speech and language therapy. Between February 2020 and October 2021, the numbers waiting beyond this target for therapy services rose from **197** to **7,334**.³ Specifically, for speech and language therapy the numbers waiting beyond 14 weeks rose from **24** in February 2020 to **508** in October 2021.⁴ A recent UK wide RCSLT report⁵ also highlighted the significant pressures on services. **More than three quarters** (75.7%) of SLTs reported that the demand on their service had increased since before the pandemic, with **over a quarter of these** (29.7%) of these indicating that the **demand 'had at least doubled'**.⁶ Depending on the intervention required, people may need to wait for further follow up from speech and language therapy services. It is important that this does not lead to further delays in treatment.

Access

4. Early identification, diagnosis and timely intervention are known to improve outcomes across a range of clinical areas. However, during the time restrictions were put in place due to the pandemic, limitations in access to speech and language therapy have resulted in many people not having their needs identified or met.
5. Part of the reason for the longer waiting times for services users has been when and how people have needed to access speech and language therapy services. This shift has been associated with the waves of the virus: those in school and community settings are now feeling a bigger impact, whereas those in acute settings observed an increase in demand in line with the peaks of infection. This has meant that more requests for speech and

² <http://www.wales.nhs.uk/sitesplus/documents/862/2020-21%20Delivery%20Framework.pdf>

³ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Diagnostic-and-Therapy-Services/waitingtimes-by-weekwait-hospital>

⁴ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Diagnostic-and-Therapy-Services/waitingtimes-by-weekwait-hospital>

⁵ RCSLT Report: The sustained impact of COVID-19 on speech and language therapy services in the UK, Jan 2022. *In press*

⁶ *Ibid.*

language therapy services have been made over a shorter period of time resulting in **longer waiting times**.

6. The restrictions in place due to covid-19 have meant that stakeholder agencies who would usually refer to speech and language therapy were not doing so. Some speech and language therapy services received bulks of referrals when services were again able to submit them. This included from schools and nurseries when they re-opened after being mostly closed.
7. The same is true of patients presenting at hospitals themselves during the pandemic meaning their access has been different and often again resulted in waiting longer before being seen and receiving specialist advice from a SLT than prior to the pandemic. This is evident for patients with particular conditions:

Cancer: The pandemic had a significant impact on all cancer services.⁷ Significant diagnostic and referral delays resulted in people with head and neck cancer presenting later for treatment⁸ with more advanced cancer and larger tumours.

Stroke: It is well documented that fewer people reported to hospital with acute stroke or TIA during the pandemic.⁹

8. Between November 2020 and February 2021, the RCSLT conducted a UK-wide survey of people's experiences accessing speech and language therapy during the first UK-wide lockdown when many SLTs were redeployed (March–June 2020).¹⁰ The findings present a worrying picture on the impact on people of all ages. Across the UK, 52% of adults who had been receiving speech and language therapy before the pandemic received less during lockdown and 44% did not receive any. 37% reported their communication or swallowing got worse and 56% of respondents said that receiving less speech and language therapy negatively impacted their mental health. 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. 24% reported their communication or swallowing got worse and 45% of respondents said that receiving less speech and language therapy negatively impacted their mental health.

Clinical areas and presentation – Supporting Adults with Communication and Swallowing Needs

Severity and Complexity

9. Our members are reporting that their clients are presenting with more complex needs and psychological issues because of delayed care and people are needing more frequent and longer durations of SLT due to deterioration in their condition or lack of change in presentation over the last 2 years. Examples of increased levels of need:

⁷ <https://www.macmillan.org.uk/about-us/what-we-do/we-make-change-happen/we-shape-policy/covid-19-impact-cancer-report.html>

⁸ <https://www.data-can.org.uk/>

⁹ https://www.stroke.org.uk/sites/default/files/campaigning/jn_2021-121.1_-_covid_report_final.pdf

¹⁰ RCSLT (2021). Speech and language therapy during and beyond COVID-19: building back better with people who have communication and swallowing needs. Available here: <https://www.rcslt.org/wp-content/uploads/2021/03/Building-back-better-March2021.pdf>

- **Cancer:** More complex surgery can result in significant swallowing and communication difficulties post treatment, requiring longer term rehabilitation. There is the potential risk that people may face more significant longer-term issues.
- **Stroke:** ¹¹Patients are now reporting to SLT with greater communication and swallowing needs, requiring more rehabilitation intervention.
- **Long-term conditions:** People with pre-existing long-term conditions have deteriorated faster since the pandemic began. ¹² Existing clients are presenting with more complex needs to community therapy teams.

Gender services

10. The clinical need is also a particular challenge regarding waiting lists in this clinical area. As part of a multidisciplinary team (MDT), SLTs have an essential role to play in ensuring the best possible gender congruence outcomes for trans and gender-diverse people. SLTs, with appropriate skills, may support voice modification and facilitate gender expression through vocal and communication change and exploration. Voice and communication are repeatedly reported to be a critical factor in achieving congruence.¹³
11. When the Welsh Government established the Welsh Gender Team (WGT) in April 2019, with the intention to better meet the needs of those requiring gender services within Wales, it was expected that the demand for speech and language therapy would be met from within existing core services. However there has been a significant increase in referral numbers to speech and language therapy services and a number of services have highlighted that they are currently not in a position to meet the demand for this service.
12. One local Health Board is far from unique in highlighting that in 2020/21 they saw a 3-fold increase in referrals. It is expected that the trajectory for 2021/22 will see a further increase against the baseline. A number of local Health Boards have highlighted that they are not able to provide a safe and effective speech and language therapy service to this population without appropriate commissioning.
13. We believe that given this context, there is an urgent need for the Welsh Health Specialised Services Committee (WHSSC) to review the make-up of local gender multi-disciplinary teams and given the increase in demand, focus on the capacity of speech and language therapy, ensuring appropriate commissioning.

Covid-19

14. SLTs manage clinical conditions associated with COVID-19 including:
 - A large number of people requiring speech and language therapy due to additional acute clinical incidents following COVID-19 infection and intervention on intensive care units.
 - People with post-COVID syndrome (often known as Long COVID) requiring community support with their voice, cognitive-communication and swallowing needs. ¹⁴

¹¹ <https://www.rcslt.org/wp-content/uploads/2021/05/RCSLT-Long-Covid-Survey-Report-May-2021.pdf>

¹² Alzheimer's Society, https://www.alzheimers.org.uk/?gclid=EA1aIQobChMIwtaU8Oyu9QIVB-7tCh3ieg-AEAAYASAAEgJfxvD_BwE&gclid=aw.ds

¹³ Adler, Hirsch & Mordaunt, 2012; Mills & Stoneham, 2017

¹⁴ RCSLT Report: The sustained impact of COVID-19 on speech and language therapy services in the UK, Jan 2022. *In press*

SLTs are not routinely commissioned within post-COVID services. Often, existing community therapy teams have to absorb this extra demand, at a time when they are desperately trying to tackle their identification and intervention backlog as a result of the pandemic.¹⁵ SLTs need to be embedded in the multi-disciplinary working to realise the potential clinical outcomes for patients.

Clinical areas and presentation – Supporting Children and Young People with Communication and Swallowing Needs

Severity and Complexity

15. A number of factors have 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 SLTs is required in order to meet the higher needs of these children. Examples of increased level of need include:
 - **Missed health visitor checks:** 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.¹⁶
 - **School starters:** 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.
 - **Speech sound difficulties in children:** children are continuing to present with speech sound difficulties which members would have anticipated would have been worked on and would therefore no longer be an issue by their current age. Their difficulties may require more and different intervention as they are now older and problems are continuing. This is impacting on children in their confidence in communicating and educational outcomes.
 - **Communication regression:** Services are reporting more children whose speech, language and communication skills have declined.¹⁷

Interdependencies

16. Our members have also highlighted their concern and the potential and actual demand due to the implementation of the Additional Learning Needs and Educational Tribunal (Wales) Act 2018. This has and will cause an inevitable increase in demand on the speech and language therapy workforce around collaboration and sharing of information required. There is also a concern around the growing impact for the profession of attendance at Individual Development Plan meetings.
17. Speech and language therapy 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, eg. 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

¹⁵ https://www.rcslt.org/wp-content/uploads/2022/01/Supporting-adults-with-communication-and-swallowing-needs_December-2021.pdf

¹⁶ https://www.rcslt.org/wp-content/uploads/2021/12/Supporting-children-and-young-people-with-communication-and-swallowing-needs_December-2021.pdf

¹⁷ Ibid

known to Youth Justice Services. This will depend on how services are structured and funded.

Capacity

How SLTs work

18. The COVID-19 pandemic has impacted speech and language therapy services in Wales in several ways. Services have needed to respond to national policies requiring substantial change to their provision of SLT. Due to the impact of restrictions put in place for Covid, speech and language therapy service delivery was adapted as many staff members were redeployed and there was a need to minimise face to face contact. Even now, many services are offering a blended approach with a combination of video and face to face appointments. Where face to face appointments are being provided, they may take longer due to infection prevention and control procedures extending the preparation and appointment time. Additional time is required to carry out checks with families before they attend appointments and due to restrictions by schools for visits (e.g. only visiting 1 school in a day). In some places only 1 carer can attend appointments, and, in some places, recent restrictions have meant face to face appointments cannot currently be offered. These factors have often resulted in service delivery taking significantly longer.
19. Whilst many services adapted their provision, such as, developing information sessions for parents and carers which could be viewed as videos rather than as in person sessions, this may not have been a complete replacement. The speech and language therapy workforce quickly moved to using Attend Anywhere¹⁸ and in some Health Boards, provided the most sessions via this method of services in the organisations. Some families, for a variety of reasons, did not want to be seen via video sessions, with a preference to wait for face to face meetings, again resulting in delays.

Workforce

20. As well as provision of speech and language therapy being affected, the workforce has been itself has been significantly affected. Speech and language therapy teams are dealing with increasing numbers of people needing the service without a fundamental change in capacity, which may impact on the intervention offered.
21. Our members report that ensuring a sustainable workforce to respond to growing pressures is of concern. We have seen a number of staff have taken early retirement over the last two years and the student streamlining process has also had an impact on service provision from 2021. For example, some children and adults have had to wait longer to see Allied Health Professions (AHP) as implementation of streamlining forced some Health Board departments to wait until September for graduates to start work when they were needed in the Spring. Conversely, some Health Board departments have had to take graduates earlier (rather than throughout the year) and in greater number than needed at present which is placing a significant financial burden on departments or wider within Health Boards. A large intake of graduates places a very high demand for supervision on a department. Usually such recruitment would be spread over a longer period of time easing this demand.

¹⁸ <https://digitalhealth.wales/tec-cymru/vc-service/i-am-clinician/what-nhs-wales-video-consulting-service>

This reduces the capacity for clinical work carried out by staff who are working as supervisors to new graduates. This cohort of students will have experienced significant disruption to their studies due to the pandemic thus effective supervision is even more critical.

22. The SLT workforce itself has not been immune to the impact of COVID-19. The presence of the virus and the subsequent lockdowns had direct consequences for SLTs who needed to shield, become home-educators, and acquire additional carer responsibilities. Where SLTs were able to work clinically, some were redeployed to work in potentially novel and sometimes stress inducing areas, including those with critically ill and dying COVID patients and others had to redesign entire services, and all whilst managing the personal effects of the pandemic on their own lives and wellbeing. Coupled with an inevitable higher than usual rate of staff absence due to sickness and self-isolation, and the continual burden of the pandemic for now almost 2 years, the speech and language therapy workforce have and continue to experience profound personal effects of COVID-19.¹⁹
23. The SLT workforce has responded rapidly to changing circumstances and supported the wider health and social care system to support the national effort on managing the impact of COVID-19. We praise our members for their contribution at this time of national crisis. However, the RCSLT is very concerned about the risk of members being redeployed away from services that are still under pressure to reduce waiting lists and meet targets. In addition, members have informed us that some redeployment roles during the first surge were unsuitable in terms of using their skills and expertise to best effects.
24. Whilst understanding the all too real system pressures, we believe there are more cost-effective alternatives to redeployment of AHPs that have been used successfully in some areas and could be used more widely and would not create gaps in service for patients who vitally need support now for difficulties they have in communication and swallowing. These could include, bringing back retired staff or using volunteers or students to increase system capacity.

Complaints

25. Where families have made complaints about service delivery during the pandemic through the 'putting things right'²⁰ process, services have needed to allocate members of the team to investigate and respond. An increase in this is another example where the capacity of the workforce to complete clinical work can be reduced. In some instances, the speech and language therapy workforce as well as families would have expected children to have made progress possibly to the point where they would no longer be needing intervention, many continue to need therapy.

¹⁹ 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/>

²⁰ <https://gov.wales/nhs-wales-complaints-and-concerns-putting-things-right>

Conclusion

26. The RCSLT firmly believes that any person with a communication or swallowing difficulty has a right to access high quality speech and language therapy when and where they need it. Any person with such needs must receive timely, individual, person-centred rehabilitation. In addition, the RCSLT recognises that everyone within the profession has the right to a good and healthy work life. To achieve this, the RCSLT recommends the following urgent actions:

- Guidance and support for SLTs and the broader health workforce outlining strategies for service development and improvement to specifically manage the backlog in care arising from the shutdown and adaptation of services and redeployment efforts from 2020 and continuing now.
- Substantial and sustained investment in public speech and language therapy 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. Gender incongruence services are an example of such a service.
- Development and implementation of effective strategies to recruit, retain and upskill SLTs to take on new posts and to current vacancies to maximise the availability of the workforce and thus increase capacity.
- It is essential that the indirect impact of the COVID-19 pandemic on people with speech, language and communication and eating, drinking and swallowing needs is considered, and that the risks, if their needs are not identified or supported over a prolonged period are mitigated. It is therefore vital that AHPs are protected from redeployment.
- Holistic, comprehensive and sustained support for SLTs' psychological wellbeing, as a direct effect of the demands placed on healthcare services since March 2020.
- Funding to establish the evidence base for a blended approach to interventions in line with clinical pathways for speech and language therapy.

Further information

27. We hope this paper will be helpful in supporting the committee discussions around the impact of the waiting times backlog on people in Wales. We would be happy to provide further information if this would be of benefit. Please see below our contact details.

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.