



IASLT

The Irish Association of
Speech + Language Therapists

***IASLT PRE-BUDGET
SUBMISSION 2023***

Date approved by IASLT Board: 2nd September 2022



**Everyone will have the right to live well,
irrespective of communication or eating,
drinking and swallowing difficulties.**



IASLT Vision, 2020

The Irish Association of Speech and Language Therapists (IASLT) is the recognised professional body for Speech and Language Therapists (SLTs) in Ireland.

Speech and Language Therapists are a highly skilled, flexible, and valuable part of the health and social care workforce. Speech and Language Therapy transforms lives by assisting people to achieve their communication potential. However, over recent months the challenges in accessing speech and language therapy services have been highlighted nationally.

As the professional body for Speech and Language Therapists we wish to acknowledge the challenges our profession faces and the requirement for a career pathway that reflects the expertise of the profession and supports competency development. We recognise the challenges that exist in relation to recruitment and retention of staff and will highlight some potential solutions that should be considered. We will suggest areas where the SLT role can be expanded further to deliver services. Strategic investment in the speech and language therapy workforce is fundamental to 'Improving Safe, Timely Access to Care, and Promoting Health & Wellbeing' (*Sláintecare Reform Programme 1, 2021-2023*).



Key areas identified needing investment

1

Significant Investment in the Speech and Language Therapy workforce: workforce planning and intelligence.

2

The immediate establishment of a Chief HSCP Officer in the Department of Health and Children.

3

Communication and Swallowing SlainteCare priorities.





Significant Investment in the Speech and Language Therapy workforce: workforce planning and intelligence.

*What is IASLT's ask? **

“ IASLT calls on the government to commission a workforce planning and intelligence report for speech and language therapists with a focus on recruitment and retention issues. Such a review must make provision for new and developing areas of practice and a framework to support specialisms and advanced practice in the profession. ”

Why?

Recruitment and retention of Speech and Language Therapists must be a government priority to ensure that there are **enough speech and language therapists trained and retained** to:

- Support people with communication and/or swallowing needs, their families and the other professionals working with them; and
- Ensure speech and language therapists can make their full contribution to delivering relevant Government policy objectives in education, health and social care (including mental health and community rehabilitation), and justice.

Driver

Incentivise Speech & Language Therapy as a career to support retention through:

- Enhanced career pathways to realise the full potential of speech and language therapists.
- Funded professional development including master's and research opportunities.
- Support the continuing professional development of Speech & Language Therapists with the granting of an individual stipend of €500.



- Implementation of a Location Allowance to act as compensation for the high cost of living in larger cities where the standard of living and cost of rent is higher than the national average.
- Promote family friendly working policies incorporating flexibility for all professional HSCPs to form part of an ongoing HSCP strategic review.

The Health Sector turnover document (2020) shows that the rate for Health & Social Care Professionals was 7.4% with higher rates amongst therapy professions, Pharmacists and Psychologists with a turnover rate of 9.1% for therapists. While IASLT acknowledges the significant increase in Speech and Language therapy posts that have been introduced in the past year through the enhanced (community care provision of funding) there are significant challenges to recruiting staff to these additional posts. There is associated difficulty in retention of staff in key roles across services. The lack of progress in the completion of the Career Pathway Review Group and the restriction of staff grade upgrades to adult Primary Care positions only, has augmented challenges. There are **not enough clinical specialist roles** and the grade of advanced practitioner, and a framework to support advanced practice roles needs to be established with sufficient funding and educational opportunities to support development. These roles are essential in order to protect and retain staffing, to develop services and to improve outcomes, to support the implementation of Sláintecare and to enhance the quality of life for service users who have communication and/or swallowing impairment.



2

The immediate establishment of a Chief HSCP Officer in the Department of Health and Children.

What is IASLT's ask?

“ IASLT Calls for the Appointment of a Chief HSCP Officer in the Department of Health and Children.

Speech and language therapy is one profession within a larger group of health and social care professionals. It is vital that the government acknowledges the independent role of health and social care professionals (HSCP) by recognising the fundamental necessity of a Chief HSCP Officer within the department.

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Why?

- To provide the Minister and Department with the expert advice and support within government ensuring cost savings, efficiencies and reducing waiting lists.
- To ensure equitable input into delivery of healthcare system that is connected, coordinated and holistic by harnessing the diverse and unique clinical experience and knowledge of HSCPs.
- To achieve the ambitions for Sláintecare implementation.
- To provide the necessary expertise to secure a more coordinated approach to Health and Social Care in Ireland.
- To introduce minimum safe staffing levels for HSCPs.
- To provide the necessary expertise and coordination of care, grounding a more collective and cohesive approach for Health and Social Care in Ireland.



Driver

Ensuring the government accesses expert Speech & Language Therapy advice and support is paramount in adopting a multi-disciplinary approach to ensuring timely and flexible delivery of care to support the Speech, Language and Communication Needs (SLCNs) and Dysphagia (i.e., swallowing) requirements of persons across the life span.





Communication and Swallowing SlainteCare priorities.

The ambitions of Sláintecare (2018) strategy *to enhance & reform models of* care require radical change in existing healthcare delivery models to include new ways of working. Speech & Language Therapists have an opportunity to deliver on this priority by delivering integrated swallowing diagnostics services across acute and community settings.

Background:

Speech & Language Therapists have a unique recognised and registered professional role in identifying and managing swallowing difficulties known as dysphagia.

From a healthcare perspective the presence of dysphagia significantly increases healthcare utilisation and cost and is an important contributor to pressure on healthcare systems. Dysphagia increases the length of hospital stay by 2.99 days. The presence of dysphagia has been shown to add 40% to healthcare costs internationally (Westmark et al 2018).

Advanced medical technology has led to the development of numerous instrumental dysphagia exams. Videofluoroscopy continues to be the most widely available instrumental dysphagia test in Ireland, however it is limited in its availability to acute clinicians. The use of fiberoptic endoscopic evaluation of swallowing (FEES) is increasing in Ireland and is being used by a growing number of SLTs in acute and community care settings. It is a safe, evidence-based, SLT-led instrumental swallowing assessment which involves placing a scope trans-nasally to detect dysphagia/aspiration. It can be used with a wide range of clinical groups.

It is well recognised that prompt intervention in the management of dysphagia can prevent costly and life-threatening complications, such as aspiration pneumonia (RCSLT, 2014).



The National Service Plan 2022 priorities include the expansion of the community diagnostics programme for the provision of timely direct access to diagnostics, enabling integrated care delivery, reduced emergency department attendances and facilitating hospital avoidance, particularly for the over 75 years age group. In view of the prevalence of dysphagia and the economic burden associated with hospital admissions, Speech & Language Therapists can enable the reorientation of dysphagia care away from the acute hospital to community.

FEES is a portable technology that has the potential not only to change the diagnostic but the therapeutic interventions that can be provided to support the management of dysphagia across acute & community settings. It is an essential tool to optimise both clinical and psychosocial outcomes for people with dysphagia.

What is IASLT's ask?

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There are two strands to requirements to enhance and reform diagnostics for dysphagia; operational and strategic

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1.Operational: The HSE Mid-West Community Healthcare team recently launched the first of its kind community based & mobile swallowing diagnostic FEES service, which Minister for Health, Mr. Stephen Donnelly, had an opportunity to visualise first hand. The scalability and spread of this model nationally have huge potential.

The national picture reveals a concerning resourcing challenge given the dearth of Level 3 FEES Practitioners. The scaling up and spread of FEES across CHO's is impossible without an investment in training programmes and supervision to expand the pool of Level 2a & Level 2b FEES practitioners.

New development investment required to establish Advanced Practitioner roles for existing Level 3 FEES practitioners to extend the scope of practice of the profession,



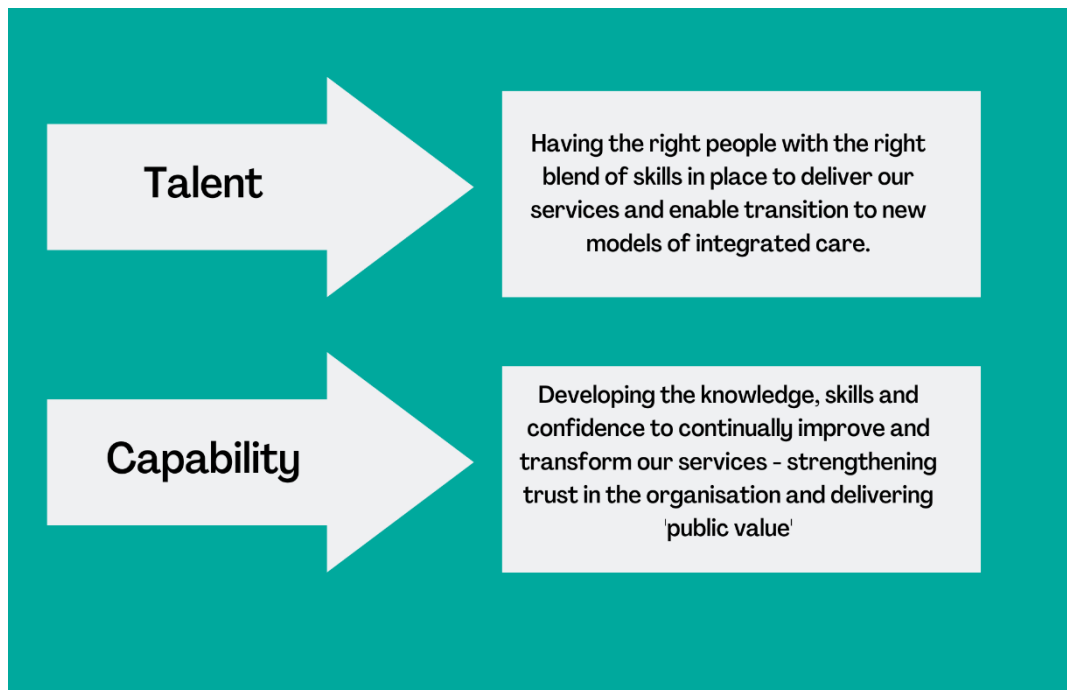
provide appropriate/additional training/qualification and to ensure methods of accreditation.

2. Strategic requirements: The development of a National Clinical Lead for FEES to provide leadership and direction to:

- Support the design and implementation of a model of care to ensure high quality, accessible and safe care that meets the needs of the population.
- Meet key targets for Slaintecare Implementation Strategy and Action Plan 2021-2023 delivering 'Right Care, Right Place, Right Time' and by the right team and the ECC programme.
- Develop and deliver a national training programme and supervision model. The dearth of Level 2b & Level 3 FEES practitioners has stagnated the establishment of FEES services in acute hospitals. The scaling up and spread of FEES diagnostics across all Model 4 hospitals and CHO's is dependent upon robust training programmes and supervision structures.
- Across systems working model for delivery of FEES services between community and acute, benefitting the integration of care through cross service planning and delivery, with a health system working together, responsive to the changing needs of patients and their families.



3.3 DYSPHAGIA



What is IASLT's ask?

“ €100,000 to fund project management resources to scope out the baseline competencies across Progressing Disabilities benchmarked against RCSLT Framework for Paediatric Dysphagia. Once the landscape is defined, invest in Paediatric Dysphagia training through establishment of programmes via acute hospitals. ”

Driver:

The Irish Association of Speech and Language Therapists (IASLT) welcomes new service developments that will enhance access to services and clinical outcomes. However, the development and reconfiguration of disability services has highlighted training and supervision gaps for speech and language therapists, in the provision of Feeding, Eating, Drinking, and Swallowing (FEDS) service.



3.4 Mental Health Services

Speech and Language disorders often overlap with social, emotional and behavioural challenges in childhood. Many referrals to Child & Adolescent Mental Health services (CAMHS) have unidentified communication difficulties. Speech & language therapists advocate for client-centred and recovery-oriented services in both CAMHS and adult mental health settings.

What is IASLT's ask?

“ IASLT calls for an investment of €3.5 million to fund 60 new development senior speech & language therapy posts nationally; including one senior SLT per CAMHS team, and one senior SLT per Child and Adolescent Mental Health Services Mental Health Intellectual Disability (MHID) and Adult MHID teams, in line with Vision for Change staffing recommendations. ”

IASLT calls for the further development of Speech & Language Therapy in adult mental health services, through the initial provision of two senior Speech & Language Therapists per CHO in 2023.

IASLT seeks additional funding to support the upskilling of the Speech & Language Therapy workforce, in all settings, to become more trauma informed in their approach to clinical work with children, adolescents and adults. IASLT supports the development of additional clinical specialist roles within CAMHS to further evidence-based practice, complete research activity and specialist education in this field.

Drivers

Many adult mental health service users are at risk of serious negative health consequences, hospital admission, choking episodes and death because of unmanaged swallowing disorders. Communication difficulties frequently co-occur



with a broad range of mental disorders including Psychosis, Dementia, Bipolar disorder, Attention Deficit Hyperactivity Disorder and Eating Disorders. In many parts of the country adult mental health service users do not have access to specialist speech & language therapy, despite the clinical risk this presents. Access to Speech & Language Therapy assessment and intervention will deliver person-centred and recovery-based care in mental health services, improving patient safety, autonomy and quality of life.

Language is involved in every aspect of mental health assessment and treatment. Research has evidenced an association between young people's communicative competence and their mental health. Speech & Language Therapists working in mental health settings co-design and co-facilitate individualised treatment plans, including talk therapies, in order to improve service users' participation and independence. Timely access to speech & language therapy is critical to enable meaningful engagement of all service users in their care planning process.

Conclusion

As the recognised professional body for Irish Speech and Language Therapists, IASLT trusts that this submission will be used to inform government planning and delivery of evidenced-based services. The needs of people with Speech, Language and Communication Needs (SLCNs) and Dysphagia (i.e. swallowing) disorders should be afforded appropriate exchequer funding.



Appendix:

FEES is an instrumental assessment of swallowing used by SLTs, in which a flexible nasendoscope (digital or fiberoptic) is inserted transnasally to directly visualise naso-/oro- and laryngopharyngeal structures, secretions, sensory response and pharyngeal swallow function

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