Written evidence submitted by the Royal College of Speech and Language Therapists (EPW0024)

1.0 Introduction

1.1. The Royal College of Speech and Language Therapists (RCSLT) is pleased to make a submission to the Health and Social Care Committee expert panel. This submission is also supported by the Association of Speech and Language Therapists in Independent Practice (ASLTIP).

2.0 Planning for the workforce commitment: ensure that the NHS and social care system have the nurses, midwives, doctors, carers and other health professionals that it needs

Was the commitment met?

2.1 The Government has failed to make any commitment at all to workforce targets in the Allied Health Professions (AHPs), which includes speech and language therapy. It is therefore not possible to measure any progress against a target that does not exist. This lack of target setting has meant insufficient priority is being given to the rigorous analysis of both demand and supply across the AHP professions and of speech and language therapy. For too long, workforce planning in England for speech and language therapists (SLTs) has not been fit for purpose. This is clear from the evidence:

- the NHS Long Term Plan stating speech and language therapy is a profession in short supply;[1] and
- the Department of Health and Social Care, in its submission to the Migration Advisory Committee's Full Review of the Shortage Occupation List, arguing that speech and language therapists should be added to the Shortage Occupation List because the profession is facing a range of pressures including increasing demand, in mental health in particular and limited education and training course output.[2]
- No national assessment has been undertaken of the demand, supply and unmet need for speech and language therapy, since a stocktake in 2014.
- We are seeing widespread difficulties across England in SLT recruitment. We are hearing from every NHS SLT service that we speak to that they have vacancies they cannot fill. In particular, we are hearing about problems in recruitment to band 6 and 7 and to specialist roles, for example neonatal roles.
- Even where (often short term) post-Covid funding has been made available there are not the staff available to fill them.
- Independent sector SLTs are reporting they are at clinical capacity and referrals have significantly increased post-Covid with local NHS services under pressure. One service in London reports that there are "more jobs than graduates".

What is the scale of unmet demand for SLT services?

2.2 We estimate that, given the scale of backlog and unmet needs and increased demand post-Covid – which has been identified from initial discussions with speech and language therapy services ,a

[1] https://www.longtermplan.nhs.uk/

[2] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/806331/28_05_2019_Full_Review_SOL_Final_Report_1159.pdf

minimum increase in the skilled workforce is required in the region of 15%. In recent years the profession has grown by 1.7% net per year.

2.3 The scale of unmet demand for children and young people's services, including pre-Covid, is well documented, with recent evidence consistently indicating that community paediatric speech and language therapy services in England are unable to meet current demand. This situation has been exacerbated by the COVID-19 pandemic. NHS services are experiencing a significant backlog of demand, with growing waiting lists, and late referrals for children with a high level of need. That demand is also reflected in the independent sector with demand outstripping supply there too, for example, increasing concerns about supporting EHCPs, potential tribunals and placements for students. The situation is similar across adult services too in mental health, stroke, cancer and respiratory services. These issues are explored fully in our submission to the Health and Social Care Committee on clearing the backlog[3] caused by the pandemic.

What are the issues with workforce planning?

2.4 Workforce has consistently been viewed through the lens of NHS requirements only. This fails to take account of potentially one third of speech and language therapy that takes place outside the NHS. ASLTIP has seen a 49 percent rise in membership in the last 10 years – highlighting the importance of including an assessment of the independent sector in workforce planning. No account has been taken of those speech and language therapists:

- employed by non-health employers – for example, those working in independent practice or those directly employed by schools or local authorities; and
- employed by the NHS but working in non-health settings – for example, those working in schools or in criminal justice settings.

2.5 In March 2022, the Minister of State for Health, Edward Argar, confirmed that the Secretary of State for Health, had not had any specific discussions with either the Secretary of State for Education or the Secretary of State for Justice about workforce planning for healthcare professionals working in the education or justice sector.[4][5] This highlights the lack of understanding by the UK Government of the role of AHPs and of speech and language therapists across communities, as well as in the core NHS. Not all healthcare takes place in the NHS or in social care.

2.6 There have been increases in the number of SLTs being trained in recent years, but SLTs have a choice about whether to work in the NHS or in the independent or other sector. This focus on NHS requirements alone means that workforce planning is inadequate in determining how many SLTs need to be trained to meet the long-term need.

2.7 This must change. If it does not the risks are clear:

- there will be insufficient SLTs available to provide an NHS service for communication and swallowing needs of patients;

[3] https://committees.parliament.uk/writtenevidence/38360/pdf/
[4] https://questions-statements.parliament.uk/written-questions/detail/2022-03-07/135407
[5] https://questions-statements.parliament.uk/written-questions/detail/2022-03-07/135410

- existing workforce pressures will intensify risking staff burnout or them leaving the health service for other sectors where SLTs work and/or leave the profession itself with negative consequences for those people with communication and swallowing needs and their families who rely on speech and language therapy; and
- not enough speech and language therapists will be trained and receive the continuing professional development they need to meet current and future demand or the level of specialism they need to develop to support people with more complex communication and swallowing needs and their families and the other professionals working with them.

What steps are needed to plan effectively for the workforce?

2.8 The following steps are required:

- The Government needs to set targets for increasing the number of each of the AHP professions, including speech and language therapy. The determination of targets needs to take into account how many new clinicians need to be trained for the whole profession, not just for the NHS.
- There is a disconnect between assessing complex demand for SLT, happening mostly within Trusts and via NHSE and assessment of supply, (rightly) focussed on by Health Education England (HEE). Workforce planning needs to factor in both of these and consider against a longer timeframe, given the time it takes to train a qualified speech and language therapist. It needs to look at demand for SLT services, addressing health inequalities and unmet needs as well as addressing supply issues.
- The Government could directly help address part of the supply issue by supporting the wider take-up of degree apprenticeships for the AHP professions by funding backfill costs for apprentices on pre-registration degree apprenticeship courses. Their take-up is being held back in SLT by small teams being unable to fund the backfill for apprentices while they are in academic off the job training.
- We recognise that these are complex issues to address, but as a small profession we are ready to work with HEE and NHSE on addressing them.

3.0 Building a skilled workforce: help the million and more NHS clinicians and support staff develop the skills they need and the NHS requires in the decades ahead.

3.1 As a professional body the points below reflect the difficulties highlighted to us by members. It is not possible for us to assess the impact of the commitments referred to at a Trust level as we do have access to the information to allow this.

Lack of CPD support

3.2 SLTs have reported increasing problems in access to CPD to support them in understanding the latest evidence base so that they can provide high quality care and meet the requirements set out by the regulator. Funding has been inequitable for some time and SLTs report this as a frequent issue, not only in terms of the cost of training, but also in terms of being allowed to claim travel expenses to attend where they are in person.

3.3 Additionally, time to attend training is an issue. Even when SLTs have the funding to access resources, the impact of pressures to see patients and manage waiting lists is resulting in reductions in SLTs being given time off for CPD.

3.4 In the Independent sector SLTs do not have opportunities for funded training and doing so impacts on their income.

Reduction of leadership roles

3.5 SLTs want to see a visible career path that leads to senior roles. Cuts to senior clinical leadership posts, have not only created an increase in vacancies but also decreased the number of people able to supervise NQPs and offer placements or apprenticeships. Senior clinical leaders are also essential in providing coaching and development to develop clinical experts for the future and reduce the current vacancy challenges in higher bands.

SLTs working in the community

3.6 We have not seen any noticeable change for our members working in the community so far. Even if fully implemented, the Government needs to go much further in order to address the scale of challenge currently facing the community workforce, in particular following the pandemic.

4.0 Wellbeing at work: introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services.

4.1 We are pleased that the Government has made commitments to new services for NHS employees to support their wellbeing. Our survey from February 2021 on members' wellbeing found that the effect of the pandemic has had, and continues to have, a huge impact on SLTs. The majority of respondents told us that – since the beginning of the pandemic – they have felt overwhelmed at work, their anxiety and exhaustion has increased, they have felt an increase in low mood, and they had concerns about their safety.

4.2 We have also collated resources available online for members, including promoting those available from the NHS https://www.rcslt.org/learning/covid-19/health-wellbeing/#section-6 .

4.3 It is vital these additional resources continue to be made available to NHS staff as the demands and the fall out from the pandemic continue. Our members are facing the pressure of huge backlogs for treatment against a picture of vacancies across services.

5.0 About the Royal College of Speech and Language Therapists and The Association of Speech and Language Therapists in Independent Practice

5.1 The Royal College of Speech and Language Therapists (RCSLT) is the professional body for speech and language therapists across the United Kingdom. The RCSLT currently has over 20,000 SLT members, including student members. We promote excellence in practice and influence health, education, employment, social care and justice policies.

5.2 The Association of Speech and Language Therapists in Independent Practice (ASLTIP) provides support and information on working as an independent Speech and Language Therapist within the United Kingdom. ASLTIP provides information and a contact point for members of the public searching for a private Speech and Language Therapist. All ASLTIP members are members of the RCSLT and registered with the Health and Care Professions Council (HCPC).

May 2022