

## **Royal College of Speech and Language Therapy Clinical Excellence Network - Written evidence (PRT0047)**

This evidence is submitted by the Royal College of Speech and Language Therapists (RCSLT) Neonatal Clinical Excellence Network (CEN). The RCSLT Neonatal CEN represents Speech and Language Therapists (SLTs) across the UK who work in neonatal care. It provides a forum for neonatal SLTs to discuss the current evidence to support therapeutic assessment and management for both communication and feeding and encourages best practice and research development.

The RCSLT Neonatal CEN is submitting evidence to support the understanding of the impact of timely and optimal SLT feeding and communication assessment and management for outcomes for babies and families requiring neonatal care.

### **1.0 Background**

1.1 SLTs support parents, carers, and families alongside the multidisciplinary (MDT) neonatal team to establish effective, positive oral feeding alongside promoting the early optimisation of a baby's speech, language, and communication development. These early interventions are key to supporting longer term outcomes in feeding/eating and drinking, speech, language, and communication through family integrated care and neuroprotective care principles.

1.2 Babies presenting with ongoing feeding and/or swallowing difficulties specifically may have an inefficient pattern of feeding to take all their nutrition by suck feeding or have an un-coordinated swallow for breast and bottle feeding. These babies need longer-term supplemental or alternative feeding methods after discharge from the neonatal unit which will involve ongoing speech and language therapy assessment and management.

1.3 Babies born preterm or a term baby with a complex clinical history or condition requiring neonatal care are at increased risk of having later speech, language, and communication needs (SLCN) and vulnerable for persistent feeding and/or swallowing difficulties.

1.4 Examples of specific speech, language and communication needs for children born preterm include:

- Difficulties with receptive language skills
- Delayed acquisition of first words
- Difficulties developing the ability to link words effectively
- Difficulties sustaining communication with others
- Difficulties learning grammatical rules, use of shorter sentences and fewer nouns and verbs within expressive language repertoires

## **2.0 Variation in care and health inequalities in Speech and Language Therapy service provision in neonatal care**

2.1 NHS Long Term Plan (National Health Service, 2019), the Neonatal Critical Care Review (NHS England and NHS Improvement, 2019), the Getting it Right First Time (GIRFT) report (NHS England, 2022), the Ockenden Review (2022) highlighted the significant shortfall of medical, nursing and Allied Health Professionals (AHPs). SLTs are part of the AHP workforce in neonatal care.

2.2 In 2019, where there was a neonatal SLT service provision, the GIRFT review found that adherence to the RCSLT neonatal staffing recommendations (2018) for neonatal units is very low. Adherence in Neonatal Intensive Care Units (NICUs) at 31% and Local Neonatal Units (LNUs) at 24%. Three quarters of staff in NICUs and LNUs felt the current service was insufficient.

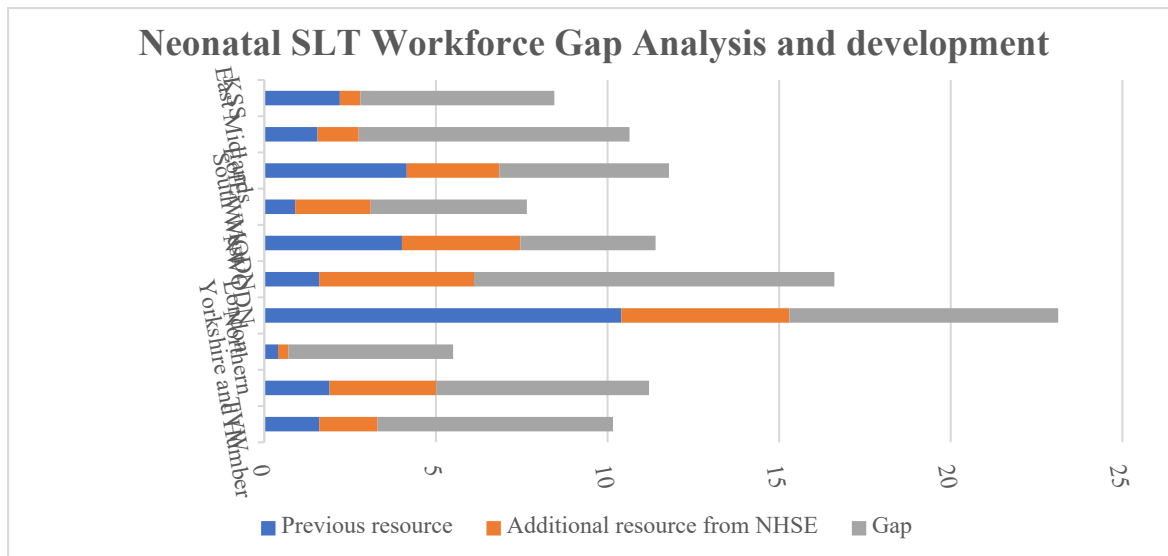
2.3 As part of the NHS Long Term Plan (National Health Service, 2019), £1.6 million was allocated to neonatal operational delivery networks

(ODNs) in England for AHP network roles. The funding allocated for the SLT network roles was 0.1 per 10,000 live births which is a third of the recommended funding and not adequate to fulfil the needs of the role and job description and does not allow for any clinical time (RCSLT, RCSLT neonatal staffing recommendations, 2023). There is currently no provision for network roles in Wales, Scotland, and Northern Ireland to contribute at a strategic level to neonatal service development and workforce transformation plans. Thus, creating further inequalities for babies and families receiving neonatal care across the United Kingdom.

2.4 Where SLT neonatal service provision does exist, there is variation in funding amounts and sources. Some SLT services have funding to provide an embedded service, other services may in-reach from community providers with minimal or no funding and some units may still have no access to SLT services (Marks, Gordon and Parnell, 2022).

2.5 Following the Ockenden review in 2022, NHSE funding was given to neonatal ODNs in England for the recruitment of AHPs and psychology for inpatient care. NHSE funding has increased SLT roles across neonatal networks in England. However, disparity remains for access to neonatal SLT services. The amount of funding provided, and the range of different sources of funding continues to exist for models of SLT service provision in the UK. There continues to be a large gap in the funding of neonatal SLT roles (see figure 1) and many unit SLT services are not meeting the recommended RCSLT staffing standards (RCSLT Staffing recommendations for neonatal units, 2023).

**Figure 1. Operational Delivery Networks in England SLT neonatal workforce whole time equivalent (WTE) gap analysis in comparison to the RCSLT neonatal staffing recommendations 2018 (2022)**



### **3.0 Variation in care and health inequalities in Speech and Language Therapy service provision for outreach and neurodevelopmental follow up.**

3.1 There is variability in the UK with provision of neonatal outreach services and currently no funded neonatal SLT outreach service provision exists. SLT services for outreach is essential to continue to support feeding development in the early weeks after discharge home from neonatal units especially as babies are being discharged at an earlier gestation with sucking feeds and naso-gastric tube feeding supplementation e.g. 34-35 weeks gestational age.

3.2 Community SLT paediatric dysphagia provision is variable across the UK with some services not commissioned and/or do not have specialist trained SLTs to provide feeding/dysphagia assessment and intervention to babies under 6 or 12 months (see paragraph 4.1). Where there is a provision, babies can be waiting for 8-12 or more weeks for an initial assessment. This can lead to readmissions to paediatric units due to ongoing feeding difficulties and faltering growth.

3.3 The NICE Guidelines for Developmental Follow - up of Children and Young People Born Preterm (National Institute of Health Care and

Excellence, 2017) recommends enhanced developmental support and surveillance by a multidisciplinary team up to 2 years (corrected age) for children born preterm who are at high risk of developmental problems or disorders and a developmental assessment at 4 years (uncorrected age) for all children born before 28 weeks' gestation (National Institute of Health Care and Excellence, 2017). There is variability and inequalities in the provision of MDT follow up for these babies nationally. There is no funding for SLT input into surveillance clinics at 2 years where at least one occupational therapist (OT), one physiotherapist and one SLT should be assessing children alongside a neonatologist or paediatrician with an understanding of neonatal care and child development. Not having access to specialist SLT impacts on the early identification of feeding and speech, language and communication needs and onward referral for early intervention for children and families who have required neonatal care.

#### **4.0 Variation in care and health inequalities in Speech and Language Therapy service provision in the community & education settings**

4.1 There are long waiting lists to access speech and language therapy in many areas. NHS England figures show that in January 2024, 73,635 children were on a waiting list for speech and language therapy, 29% of these (21,007) have been waiting more than 18 weeks (NHS England, 2024. Community health services waiting lists).

4.2 A recent survey by the RCSLT of vacancies in the profession found an average vacancy rate of 25% in children's speech and language therapy services. 96% of children's speech and language therapy services say recruitment is more or much more challenging than at any time in the last three years. (RCSLT 'Fail to plan, plan to fail: speech and language therapy workforce planning in England' April 2023).

4.3 SLCN can impact on a child's abilities to interact, respond and build relationships, engage socially, and access a variety of environments. SLCN can significantly impact on education achievements throughout school and into young adulthood. On average, each primary school class across the UK may have two children who were born premature (Bliss, 2024). Access to early intervention for speech, language and communication for premature infants is crucial for their ability to access learning and reduce the need for additional educational support which has ongoing financial implications.

4.4 Children born prematurely need access to surveillance and early intervention for eating and drinking, speech, language, and communication needs (SLCN) during their early years from an SLT to optimise their outcomes. Community SLT paediatric services are typically arranged to meet the needs of children who have delays or disorders to their speech, language, and communication development rather than for those with known risk factors such as prematurity and this leads to a gap in service provision and delay to intervention. Most community SLT paediatric teams have an age limit of 18 months to 2 years before they would provide assessment or intervention for SLCN (NICE NG 72, 2017).

## **5.0 Variation in care and health inequalities due to the current gaps in education and training of the neonatal SLT workforce**

5.1 Neonatal SLT is considered an advanced practice sub - specialty area within paediatric SLT requiring supervision, education, and training (Adams et al, 2022; British Association of Perinatal Medicine, 2022). Access to training and development opportunities for SLTs working in neonatal care has been inconsistent with training opportunities ranging from formal neonatal courses to in-house training and development.

5.2 The RCSLT Neonatal CEN developed the RCSLT neonatal dysphagia competency framework (RCSLT, 2018) alongside the RCSLT paediatric

dysphagia competency framework to support the development of SLTs working in dysphagia and neonatal care. The RCSLT neonatal SLT Dysphagia Framework is currently under review. The RCSLT neonatal CEN also established Hot Topics annual or biannual education events in 2018 to support the need for continued professional development in this specialist area.

5.3 An education and training structure to support the SLT workforce knowledge and skills and design education resources required was identified. These education resources have been developed alongside NHSE Workforce Training and Education (WTE) and are available on the NHSE e-learning platform. There are foundation modules including "Introduction to Allied Health Professionals in Neonatal Care" and a further two profession-specific modules focused on the role of the SLT within neonatal care and development of clinical skills and knowledge. The next phase for this workforce structure and planning is to create the enhanced modules. These are currently under development and will enable established neonatal AHPs to further develop enhanced knowledge, clinical reasoning, and service development skills to align with the workforce structure for SLTs working in neonatal care.

5.4 An education survey was carried out by the RCSLT Neonatal CEN of its membership in 2022. The survey highlighted the inequity of specific training opportunities SLTs working in neonatal care had been able to undertake. The survey also highlighted barriers that have prevented SLTs being able to access available education and training and these included cost, availability of study leave, the education not being considered a priority, not the main area of clinical speciality and no training budget available. These barriers could also reflect the different models and funding available for SLT service provision. The survey highlighted the need for SLTs working in neonatal care to have protected time and funding available to access specific neonatal training opportunities to build skills in this area and strengthen the profession moving forward.

## **6.0 Variation in care and health inequalities due to the current gaps in clinical supervision of the neonatal SLT workforce**

6.1 SLTs working as part of a funded embedded service onto a neonatal unit should have regular access to clinical supervision from an appropriately skilled neonatal AHP and CPD activity related to neonatal care to ensure safe and reflective clinical practice and appropriate professional development. It is recommended SLTs working into neonatal care are involved with the RCSLT neonatal clinical excellence network (CEN) and their regional SLT neonatal networks to ensure knowledge and understanding of evidence based clinical intervention, relevant education, and training opportunities, developing outcome measures to evidence the impact of SLT interventions, research, and national developments in neonatal care.

6.2 Neonatal SLT network leads have been able to provide opportunities for peer supervision through shared learning groups. However, there is fewer options for access to formal clinical supervision for neonatal SLTs due to capacity (see 2.3) and the limited availability of trained neonatal SLTs; to provide this supervision. The RCSLT Neonatal CEN Education survey highlighted 43% of members accessed ad-hoc clinical supervision and 15% of members had no access to clinical supervision.

6.3 There is a recognition that inadequate funding and staffing for SLT roles on neonatal units has an impact on service provision, retention, succession planning and maintaining competencies. It is essential SLTs working as part of the team on neonatal units have adequate funding and ringfenced time for service delivery, access to neonatal education and training, have appropriate neonatal clinical supervision and support to develop their neonatal competences. This facilitates career progression, resilience, retention, and sustainability of roles and services in the long-term, supporting high-quality interventions and optimising outcomes for babies, families, and the neonatal MDT.



## **7.0 Research priorities to prevent preterm birth and improve care for babies and mothers, with a focus on developing evidence-based practice**

7.1 Results from the national Neonatal Priority Setting Partnership were published in 2023 (Evans et al, 2023), setting out high priority areas for neonatal research. These priority areas highlighted the importance of neonatal speech and language therapy and the need for further speech and language therapy-focused research to better understand and maximise positive speech, language, and feeding outcomes for babies born preterm and their families. Identified research priorities included questions relating to the effect of increasing dedicated AHP staffing, embedding feeding teams on neonatal units, carrying out regular AHP ward rounds, impacts of oral feeding on non-invasive respiratory support, benefits of post-discharge neurodevelopmental interventions and follow up programmes, and long-term speech and language outcomes for preterm babies.

7.2 Adding to these priority areas, we feel there is an urgent need for research to:

- Identify the necessary components and effects of neonatal feeding and communication interventions for high-risk preterm babies
- The effect on babies and families of being unable to access speech and language therapy services during neonatal admission

7.3 NHS Race and Health Observatory. Review of Neonatal Assessment and Practice in Black, Asian and Minority and Ethnic Newborns (NHS RHO, 2023) highlighted perinatal practices around the assessment of cyanosis. SLTs as part of their assessment of feeding and swallowing and interventions analyse babies colour changes. We use pulse oximetry on the neonatal unit when a baby is being monitored in this way but there needs to be an objective measure for when this is no longer being used

due to a change in the babies clinical need. Research into an objective measure is needed to help minimise any inequalities care for babies.

*27 March 2024*