

SCHEDULE 2 – THE SERVICES

A. Service Specifications (B1)

Service Specification No.	02_GMS_0049
Service	Adult, community Speech and Language Therapy (SaLT) service
Commissioner Lead	Cardiovascular Clinical Commissioning Programme
Provider Lead	Dorset HealthCare
Period	1 December 2013 to 30 November 2014
Date of Review	November 2014

1. Population Needs

1.1 National/local context and evidence base

Speech and Language Therapists play an integral role in the rehabilitation and prevention of complications of speech, language, communication and swallowing difficulties.

This service specification covers the provision of Speech and Language Therapy (SaLT) services in a community setting for adults who experience speech, language, communication or swallowing difficulties. The service is available within normal office hours from Monday to Friday.

The service focuses on the treatment, prevention and support to patients

- a) Following discharge from hospital with a diagnosis of Stroke (including early supported discharge)
- b) As an urgent admission avoidance including patients seen within mental health units to avoid acute hospital admission (for mental health there is a limited service offered to minimise clinical risk)
- c) With a long term conditions

Alongside training and education to carers and staff, the service delivers county wide dysphagia awareness training.

The service is provided by a skill mix of qualified Speech and Language Therapists, assistants and support workers working towards an integrated community rehabilitation service.

Key legislation:

- Equality Act 2010
- Mental Capacity Act 2005
- Disability Discrimination Act 2005
- Human Rights Act 1998

Key national policies and strategic plans:

- Care Quality Commission (2009) Strategic plan 2010-2015.
- DH (2010) Equity and excellence: liberating the NHS.
- DH (2010) Improving the health and well being of people with long term conditions.

- DH (2010) Six lives progress report.
- DH (2007) National Stroke Strategy
- DH (2001) Valuing people.
- National Service Framework for Older People, DOH 2001
- RCSLT (2010) position paper.
- RCSLT (2009) Resource manual for commissioning and planning services for speech, language and communication needs.
- RCSLT (2006) Communicating quality 3.
- RCSLT (2005) Clinical guidelines.
- DH (2013) Cardiovascular Outcomes Strategy
- RCP (2008) Speech and Language Therapy concise guideline for stroke, 3rd edition.
- RCP (2012) The National clinical guideline for Stroke, fourth edition.
- NICE clinical guidelines CG162 (2013) Stroke Rehabilitation

Key local policies and strategic plans:

- NHS Dorset Clinical Commissioning Group Strategy 2013-18
- CCG Outcomes Indicator Set 2013/14. Domain 3, Helping people to recover from episodes of ill health or following injury; improving recovery from Stroke
- Cardiovascular Clinical Commissioning Programme 2013.14 priority

N.B This list is not exhaustive and the Provider is contractually obligated to review evidence base on a continual basis.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

2.2 Local defined outcomes

- 100% of stroke patients assessed within 4 weeks (excluding Early Supported Discharge)
- 98% of rapid response (admission avoidance) patients to be contacted by or seen by the community rehabilitation team within 2 hours of referral. SaLT contact/visit to be made within one working day.
- 100% of patients with a Long term condition to be seen within 8 weeks with 90% being seen within 6 weeks of referral. This target will be reviewed on an ongoing basis in line with referral patterns.

3. Scope

3.1 Aims and objectives of service

The aim is to provide a person-centred, individually tailored support that maximises the individual's abilities and opportunities to communicate and / or eat & drink safely. In some cases this will be total alleviation of the disability. In other cases, the aim will be to provide intervention or a management package to minimise the distress and social exclusion experienced by the individual.

In accordance with best practice and national guidelines, the SALT service works in partnership with individuals, their families / carers and relevant professional groups, organisations and agencies to:

- Support and promote inclusive communication and safe eating & drinking
- Enable others to address the barriers to communication, in order to maximise their independence, choice, control, inclusion and enjoyment of rights.
- Prevent communication and eating & drinking difficulties.
- Reduce the impact and risks associated with communication and eating & drinking difficulties.
- Reduce the impact of speech, language, communication or swallowing difficulties on people's wellbeing and their ability to participate in daily life.
- Taking the role of advocate on behalf of individuals with speech, language, communication and or swallowing difficulties
- Work with partners to prevent speech, language and communication difficulties

The service has an educational and/or training role for families and carers; SaLT Assistants and Healthcare workers; ward and community staff and SaLT students and communication volunteers and third sector agencies.

The service also has a role to ensure continuing professional development opportunities for Speech and Language Therapy staff.

The service focuses on the prevention and support to patients

- a) Following discharge from hospital with a diagnosis of Stroke (including early supported discharge)
- b) As an urgent admission avoidance
- c) With a long term conditions

3.2 Service description/care pathway

The Speech and Language Therapy Service is provided for the residents of Dorset CCG and is provided in the location most conducive to the achievement of personalised treatment goals and patient choice. The modalities of Skype and Tele health are to be utilised with appropriate patients.

Speech and Language Therapy pathways reflect and are integrated wherever appropriate into local pathways developed for specific groups, such as stroke, Urgent response and

admission avoidance and for many neurological/ Long Term Conditions. This enables the service to be part of a multi-agency seamless service that is able to respond to the needs of the individual.

There are pathways for each speech and language therapy disorder group that reflects and anticipates the needs of referred individuals.

Although condition specific pathways may differ, all patients will follow a basic pathway;

- Referral received
- Referral paper triaged on day of receipt
- Patient contacted with appointment date dependant on urgency of need
- Assessment and Management plan with personalised goals agreed with patient
- Direct speech and Language Therapy treatment/active monitoring with a management plan/discharge with a management plan
- Discharge with management plan and discharge summary to referring clinician

3.3 Any acceptance and exclusion criteria and thresholds

Referrals are received for adult patients living in the Dorset community from Primary Care, Secondary Care and from community services e.g. Integrated Community Rehabilitation Teams, Stroke ESD teams and Long Term Conditions teams and will fall in to one of the following categories

- a) Following discharge from hospital with a diagnosis of Stroke (including early supported discharge)
- b) As an urgent admission avoidance
- c) Patients with a long term condition

Exclusion criteria

- Individuals whose communication difficulties are as a direct result of their mental health.
- Where difficulties are only related to learning English as a second language.
- Trans-gender voice referrals.
- Individuals who do not have a structural / neurological basis or medical cause (e.g. sensory integration problem) underlying their swallowing / feeding problems.
- Voice referrals form part of secondary care service specification and excluded from community service
- Patients/clients requiring a specific package of care that exceeds the usual service provision capacity eg LSVT, complex dysfluency.

Inappropriate referrals will be returned to the referrer with appropriate guidance.

3.4 Interdependence with other services/providers

The Speech and Language Therapy service works in partnership with individuals and their families / carers and with other professions and agencies to reduce the risk and impact of speech, language, communication or swallowing difficulties on people's wellbeing and their ability to participate in daily life.

Although not co located with the Integrated Community Rehabilitation teams, Stroke Early Supported Discharge or Long Term Conditions teams the speech and language service will work in integrated virtual teams.

4 Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- NICE clinical guidelines CG162 (2013) Stroke Rehabilitation

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- RCSLT (2010) position paper.
- RCSLT (2009) Resource manual for commissioning and planning services for speech, language and communication needs.
- RCSLT (2006) Communicating quality 3.
- RCSLT (2005) Clinical guidelines.
- RCP (2012) The National clinical guideline for Stroke, fourth edition.
- RCP (2008) Speech and Language Therapy concise guideline for stroke, 3rd edition.

4.3 Applicable local standards

- 100% of stroke patients assessed within 4 weeks (excluding Early Supported Discharge)
- 98% of rapid response (admission avoidance) patients to be contacted by or seen by the community rehabilitation team within 2 hours of referral. SaLT contact/visit to be made within one working day.
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5 Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6 Location of Provider Premises

The Provider's Premises are located at:

Dorset HealthCare
University NHS Foundation Trust
Sentinel House
Nuffield Industrial Estate
Nuffield Road, Poole
BH17 0RB

7 Individual Service User Placement

