

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	03/CVDS/0028
Service	Adult Speech and Language Therapy (SALT) service- Secondary care In patients and Consultant referred out patients
Commissioner Lead	Cardiovascular Disease Clinical Commissioning Programme
Provider Lead	Poole Hospital NHS Foundation Trust
Period	1 April 2014 to 31 March 2015
Date of Review	

1. Population Needs

1.1 National/local context and evidence base

Speech and Language Therapists play an integral role in providing evidence based assessment and rehabilitation of communication (speech, language and voice) and swallowing difficulties that are stable or improving as well as deteriorating communication and swallowing that may require palliative management.

This service specification covers the provision of Speech and Language Therapy (SALT) services in a Secondary care setting for adults who experience acquired communication or swallowing difficulties.

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

- Where a communication or swallowing difficulty has caused an urgent admission to hospital e.g.; stroke, brain injury, respiratory difficulty, acute neurological illness
- Where communication or swallowing difficulties are anticipated or develop post operatively e.g.; head and neck cancer, trauma, critical care
- Where there are problems associated with communication or swallowing as a result of long term conditions e.g.; dementia, progressive neurological disease, respiratory disorders
- Where there is communication or swallowing difficulties that require specialist Consultant led out-patient services e.g.; ENT, Head and Neck Oncology, Brain Oncology, who require objective assessments of swallowing via Video fluoroscopy and Fibre optic endoscopic evaluation.

The service is provided by a skill mix of qualified Speech and Language Therapists, assistants and support workers within a secondary care setting.

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 (2009) National Dementia strategy
- DH (2001) Valuing people.
- National Service Framework for Older People, DOH 2001
- NICE guidelines for Head and Neck Cancer, 2004
- Nice guidelines for Head Injury, 2003
- NICE guidance_for People with Brain and Other CNS Tumours, 2006
- 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
- British Society of Rehabilitative Medicine 2003 Rehabilitation following acquired brain injury

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
- Cancer and end of life Clinical Commissioning Programme
- General medical and Surgical Clinical Commissioning Programme

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

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 appropriate Stroke patients will be fully assessed within 72 hours. A management plan with agreed personalised goals will be in place within 5 days of admission
- 95% of referrals for inpatients at high risk of acute dysphagia to be seen within 2 working days
- In patients requiring SLT assessment and intervention for communication to be seen within 5 working days or sooner according to their priority.
- Out patient referrals from Consultants to be seen within 18 weeks RTT

Activity

First Attendances -961

Follow Up Attendances - 5666

Non Face to Face –reported but no target

3. Scope

3.1 Aims and objectives of service

The service provides evidence based assessment and rehabilitation of communication and swallowing problems that are stable or improving as well as deteriorating communication and swallowing that may require palliative management.

In accordance with best practice and national guidelines, the SALT service works in partnership with individuals and their families / carers, other professions and agencies to:

- facilitate discharge from hospital at the earliest and safest opportunity
- Reduce the impact of communication and/or swallowing difficulties on people's wellbeing and their ability to participate in daily life.

- manage risk associated with swallowing difficulties
- recommend and order the most suitable communication aids for individuals
- be an advocate on behalf of individuals with communication and or swallowing difficulties if required

Training and education on both communication and swallowing is given to carers and staff in order to deliver the above service requirements.

The service participates in the training of student SALT's.

Following Trust guidelines, Therapists initiate and participate in research to continue to develop evidence based intervention. The Service must ensure continuing professional development opportunities for Speech and Language Therapy staff.

The aim is to provide 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.

3.2 Service description/care pathway

The Speech and Language Therapy Service is provided for patients admitted to Poole Hospital NHS Foundation Trust whilst they remain an In- patient and provides an outpatient Consultant referred service for the following patients;

- Head and Neck Oncology – Dorset wide service
- ENT patients (east Dorset) with voice, swallowing and airway problems
- at the start of their Consultant led neurological rehabilitation pathway with early transfer to community SALT if on-going management required.
- Where there is a requirement for video fluoroscopic swallowing assessment – Dorset wide service

Speech and Language Therapy pathways reflect and are integrated wherever appropriate into local pathways developed for specific groups, such as stroke, emergency admission and for many neurological/ Long Term Conditions. This enables the service to be part of a multi-agency and multi-disciplinary 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;

- Patient admitted

- Speech and Language Therapy service alerted to admission
- Patient assessed within agreed National and local timescales
- 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/ transfer with management plan to community services as required

3.3 Population Covered

Patients registered with a Dorset GP.

3.4 Any acceptance and exclusion criteria.

Referrals are received for adult patients admitted to the acute hospital setting with a communication or swallowing difficulty.

Exclusion criteria

- Individuals whose communication and swallowing 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.
- Direct access GP referrals for voice (requires referral to ENT first to exclude malignancy)
- Children under 16 years of age

3.5 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.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

- NICE clinical guidelines CG162 (2013) Stroke Rehabilitation

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

- RCSLT (2010) position papers (video fluoroscopy, tracheostomy, SVR etc.).
- 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 appropriate Stroke patients will be fully assessed within 72 hours. A management plan with agreed personalised goals will be in place within 5 days of admission
- 95% of Poole Hospital inpatient at high risk of acute dysphagia referrals to be seen within 2 working days
- In patients requiring SLT assessment and intervention for communication to be seen within 5 working days or sooner according to their priority.
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5. Applicable quality requirements and CQUIN goals

6. Location of Provider Premises

The Provider's Premises are located at:
Poole Hospital NHS Foundation Trust

7. Individual Service User Placement