Catrin George and Nicola Jenkins

Integrated Community Speech and Language Therapy Service

Introduction

My name is Catrin and I'm the clinical lead for the Community Speech and Language Therapy Service in an Aneurin Bevan
I'm Nicola, I'm the Community Speech and Language
Therapy Assistant within an Aneurin Bevan Newport.

Why was the service needed

The service was developed around 2020. The background was basically that we were moving towards a more complex NHS with an elderly population with a lot of co-morbidities. There is a big shift with clinical futures in Aneurin Bevan Health Board's strategy with putting the focus on care closer to home and place-based care for patients in Gwent. Aneurin Bevan Health Board had never had an adult Community Speech and Language Service before. Funding was generally arranged for hospital inpatient services and outpatient services in clinics.

Development of the service

There was a national shift towards place-based care and we received some funding for a project to start the community service of adult speech and language therapy teams in Blaenau Gwent and Newport. The intention in due course was to keep people at home giving quality care to the most complex patients living in the community and reduce the likelihood of hospital admission. It also helped in terms of inpatient wait times and outpatient wait times too as many are housebound, bed-bound and unable to get to the hospital. It also helps with hospital transportation funding because we can go to the nursing homes and see patients at home because they're bed bound.

With the traditional outpatient offer, the waiting time was close to 14 weeks but we were able to respond in the community much earlier than that. We saw patients with complex needs much faster on their journey and were able to keep them at home. We've seen a bit of development, coming to the end of our third year. Funding streams have also been part of the story. Two separate funding streams were initially generated by the Welsh Government. They funded a full-time band seven clinical leader and a full-time band four assistant which is Nicola's role at Newport and Blaenau Gwent. After that first year the funding was consolidated as RIF funding the Regional Integration Fund at Welsh Government level. That gave us tapered funding to employ a few more staff.

We've been collecting data to show the numbers we're treating as well as what the outcomes are and looking at things like independence, feeling more responsibility for their own care. Reducing the need for hospital transport and hospital admissions to show that we're looking at the values of the service, but we've also collected patients' stories to show that everything we do has positive outcomes for patients and changes their lives for the better. It's not just saving money within the system. It was developed a few years ago but has changed over time. At first, it was a much smaller project, and there was no need to collect so much data. Over the years, the data has grown, become less isolated. One of the criteria was also the need to collect data for well-being and mental health. I think the overall pressure in healthcare has now become a more collaborative experience for patients. It is hoped that we can integrate health and social caring that it is more a streamlined patient service.

The old, more medical model didn't work where patients would be admitted, things would have been done for them, and then they were sent home. That would continue to happen with people keep going back and forth. While now, through this RIF (Regional Integration Funding), we are part of a system where we are trying to transform and make change happen so that the patient can stay in the community and their own home with all the multidisciplinary team around them Keep them safe and healthy for as long as we can.
A little bit more patient focused, isn't it? We listen to their needs. A lot of people don't want to go to the hospital today. So we can help them by staying home and giving them the care they need, which is much easier. For Newport, they can come through the help request line, that's a phone number available every afternoon where they can talk to a therapist. And if they meet us Criteria, they would be handed over to us. A referral will come in. Can I just say that part of the reason, although we've never had an adult speech and language therapy community team at Aneurin Bevan we're the first adult service to have created a kind of direct self-referral system with the phone, which makes things easier for the person with the problem, the person who can best explain, basically whereas previous systems paper referrals from general practitioners, while they now have access to easier access, patients and carers, right service at the right time. So we get referrals through, the application line for help, from nursing homes. They can get in touch to discuss swallowing difficulties, communication difficulties. This is the easiest way for community patients to access this. We also receive referrals from inpatients, speech and language therapists, who are treating someone due for discharge, but they also need to follow up.

So we can get a referral that way. Then there's Blaenau Gwent through IAA (Information Advice and Support Centre) Again, that's either self-referral, or from nursing homes, or from surgery or re-enablement. They can get through that, which is the easiest way. And also then we get the odd one from the community resource re-enablement team. They'll make a paper referral to us, if they've gone in for physiotherapy and they feel like there's some swallowing difficulties, they'll hand over to us and ask us if we could go out and do an assessment for them.

There are a lot of avenues to contact us. And one of the big ones, which has been part of transforming services in Wales for healthcare, has been through a general practitioner, and multidisciplinary team meetings. So Nicola sits within those where patients with the most complex needs can be discussed so, you could take a little more background. At their meetings, we have the GP, there will be District Nurses, there will be older people's care pathway care co-ordinators, Age Cymru, and then it might be Social Workers there as well. We sit and as long as the patient has given Consent, we will have a detailed discussion on the patient.

So, we can pick up they have some difficulties that we need to face, or I'll talk about a case in the community where I feel like we need to part of. We can put them in touch with Age Cymru for example if someone doesn't receive a benefit they could you do a benefit check? Maybe they need a med review, if they haven't had one for a few months. I could say if they're really having trouble swallowing the tablets and everything is discussed in the multidisciplinary team.

And that's the quickest and best way to action things and wraparound services. We're an umbrella organization, all working together for this one patient and we can discuss with a social worker someone who might need housing, benefits, medication, or even that we can get the GP to go out that day if we feel, or the therapists feel there is deterioration. So, it's really good and valuable part of our service that we provide.

Impact of the service

The results were probably the best part of our collection. We've had amazing feedback. Part of what I have to do every quarter of the year is report to the Welsh Government. And we're asked to gather information about how we've changed people's lives, kept them out of hospital. So there are results that show the value of our service as the NHS is a business, such as reducing the risk of pneumonia, reducing the likelihood of hospital admission, the Transport ambulance, antibiotics. And then there are the outcomes for how the

patient's life is different in his or her opinion. We have a patient story that's called Pauline's Story for public viewing and it looks at the work we've done with a woman who is 54 years old and living with Motor Neurone Disease. It's how the power of speech and language therapy registered professionals specialising in swallowing and communication needs, go out to her home to keep her independence with her therapy. She can't access transport She's practically unable to move.

She relied on an all-working family and lives with her son who is her primary carer and only 17 years old. Speech and language therapy was the one thing she could be completely independent with so we went to her house and kept an eye on her swallow. We made sure she had proper feeding tubes Installed at the point they were needed. We have stopped her needing referral to the inpatient speech and language therapy team. So that resource is kept open to people who aren't already known to the speech and language therapy team. We've enabled her, through apps and iPad to be able to type and talk how she feels so she can stay part of her care. So I think the patient outcomes have been huge.

They have been making the patient feel part of their own care and that they are still autonomous. It has been keeping them out of hospital and nursing homes and home with their families. And I think that's the most What we do is advocate. We are advocates and give people who have lost their voice their voice back 100% for the patient and the carer. There's something different about stepping in Someone is at home and managing things that are so central to us as human beings, food and drink, being able to say how you feel. And those things are being changed by these terrible diseases that our patients have. So we're finding ways around it.

Being in someone's home, you see all the impact to the whole person and their families. And you can do the work you do with them, the therapy is tailored to them and what their needs are as a family. It's personal. I have worked with this gentleman who had difficulties with just communicating and he wanted to go to the store to buy his dog's food because he had no family local to him. So between me and the OT, we used to go down the shop because she was helping with money management and I was communicating and by doing a couple of sessions, going to the store, and just explaining what was going to happen because nobody was giving him time to really talk and get out what he wanted. Now he can be independent and go in and buy dog food and go back to the house and that was his wish. Therefore, his mental health has increased. It made him so happy that he had independence to go and ask for dog food because before as soon as he walked in the shop, he forgot what he wanted and have a little meltdown. But now he's more confident. Of course, since Covid, everything has moved out of hospitals and into some form of virtual working.

And this can be quite difficult to keep on top of and make sure everyone gets information and sharing happens between professionals so that the work is not duplicated and everyone knows the plan and patient needs are central to that plan. I think we're another way of supporting people, and the community teams are supporting with advanced care planning. No one has really held that responsibility for a long time. We do advanced care planning to think about the future of the patient and ensure their needs are met and also support other professionals who are assessing that patient's mental capacity in their home to make their own decisions.

And a big part of that is advocacy, giving them reasons for making their own decisions where possible, that's been very important. I think the biggest lesson we are forever learning is how to establish and keep clear with our criteria. More and more people want to get care at home and there is a big push towards that at the national and health board level. But we are a valuable resource with not many of us, and we're still establishing ourselves. So reaching the patients who really need us to be in their homes, whether that's because they're house bound and they can't access other services or because of their treatment needs are in that home and cannot be met elsewhere.

Lessons Learned

We've had quite a few referrals on paper and it looks like they're for us and then we go out and maybe their needs are better met by another service. But we learn from each referral And one of the things that we have developed is What's the word? Is it a more intricate triaging system to make sure we understand what the need is? How is it currently being achieved? That allows us to decide when we go out as well. Because we if someone from our triage seems really urgent and we think we can keep them at home, they are at risk of admission.

We can go out within a week. Previously, that patient would have been admitted due to their first appointment being 14 weeks later. At the moment, we only have funding for one band seven, which is me. We have small pockets of money through Blaenau Gwent via their community resource team for a band six. And we have money for one band six in Newport and then two band fours, one in Newport and one in Blaenau Gwent. So, right now, we have to keep it small. Mainstreaming is exactly what we hope to do in the coming weeks.

Next Steps

In the future, we are collecting data all the time, which says that people living in Caerphilly and Monmouthshire and Torfaen also need the service. And outpatients in the traditional outpatient offer It is out dated for some patients. But right now we have to keep everything small and not overreach. And we are looking at different ways to try to get more sustainable funding moving forward. What I always forget is that Often, people do not know what we do as speech and language therapists. And people more often associate us with the paediatric side and stammering. And I believe not just communication but the swallowing side of it is very complex and we have to understand physiology. Hence my elevator pitch - Working with people from the start of their life to the end of their life. They are independent registered professionals who have detailed knowledge of swallowing and communication disorders. The NHS is at breaking point at the moment and We are facing a frail aging population with complex co-morbidities. Having speech and language therapy within the Community helps the whole system because we are there to try to help them stay at home, live with their swallowing communication needs within their communities and prevent them from going to hospital unnecessarily. And prevents them from getting worse than needed.

I also believe that a large part of our work supports People to have a good death in the place they want to be. Which is home for the most part, isn't it? Generally, it is a home. And although we can give expert Intervention to patients within inpatient settings and in clinics, and those settings cannot be devalued they are very important. But within the community, we need to ensure that the patients who are unable to access those services are heard by their voice. We like to think we give that personal touch.