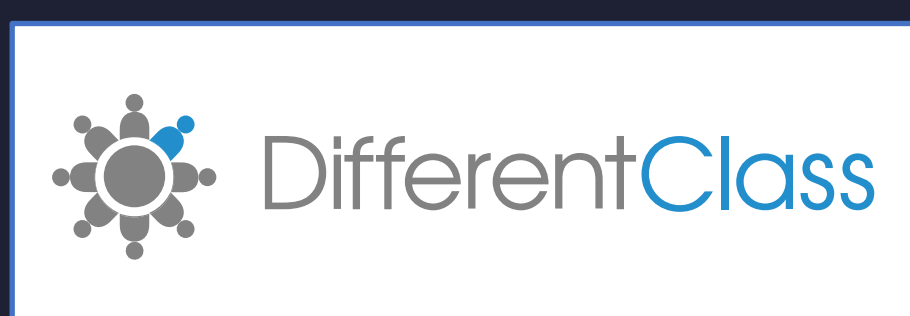


P1.21 Equity of Access for Children to Speech and Language Therapy in the UK

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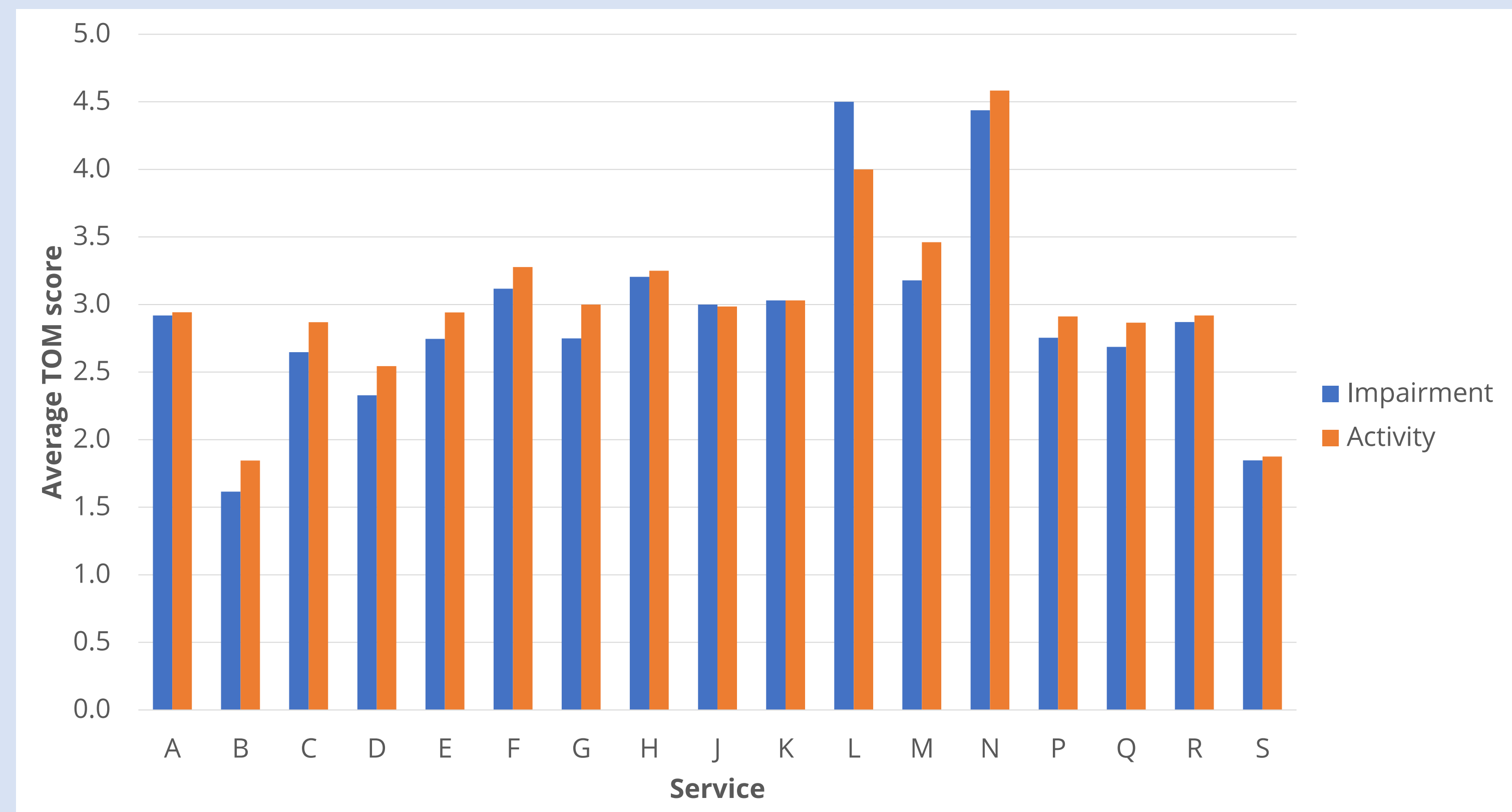


Introduction

- The National Health Service (NHS) in the UK aims to provide **equitable access** to services for its population.
- There is concern that there is **unwarranted clinical variation**, leading to disparity in access to services, outcomes and expenditure.
- Understanding **causes of variation** and learning from services who appear to facilitate more positive patient outcomes and identifying areas for change, offers the opportunity to improve services and care pathways.
- Real-world data**, such as routinely-collected data, can be used to identify and understand such variation.

Results

Figure 2: Comparing access to services for children with phonological disorder aged 4 – 16 years according to average TOM scores at the start of therapy



There is variation in the severity of needs at different services. The severity of impairment ranges from 1.62 ('severe') to 4.5 ('mild'). Activity ranges from 1.85 ('severe') to 4.58 ('mild').

Method

The Royal College Speech and Language Therapists Online Outcome Tool (ROOT) [1] collates and reports **demographic, diagnostic and outcome information** using the Therapy Outcome Measures (TOM) [2].

The **TOM** is a psychometrically robust method of summarising levels of **impairment, activity, social participation and well-being** based on the International Classification of Functioning [3].

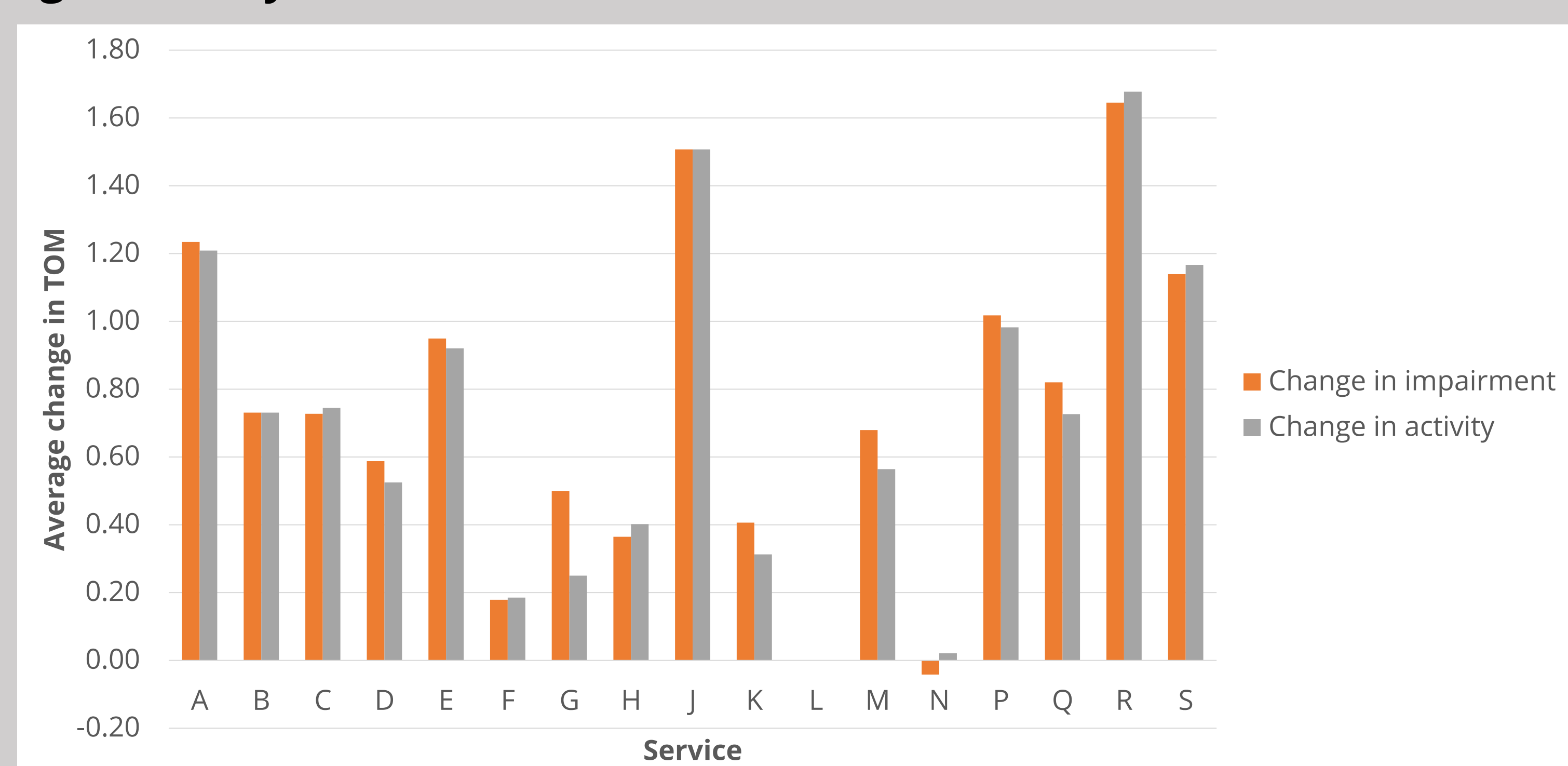
The ROOT data (up until April 2023) was interrogated to examine **equity of access to and outcomes** to NHS-funded speech and language therapy services for **children aged 4-16 years**.

- 45 services contributed 6,542 episodes of care
- 27 of these were NHS/local authority services, with 5,427 episodes of care. These were extracted for descriptive analysis.

A 'deep dive' into the **most common focus** of speech and language therapy intervention was undertaken.

Results

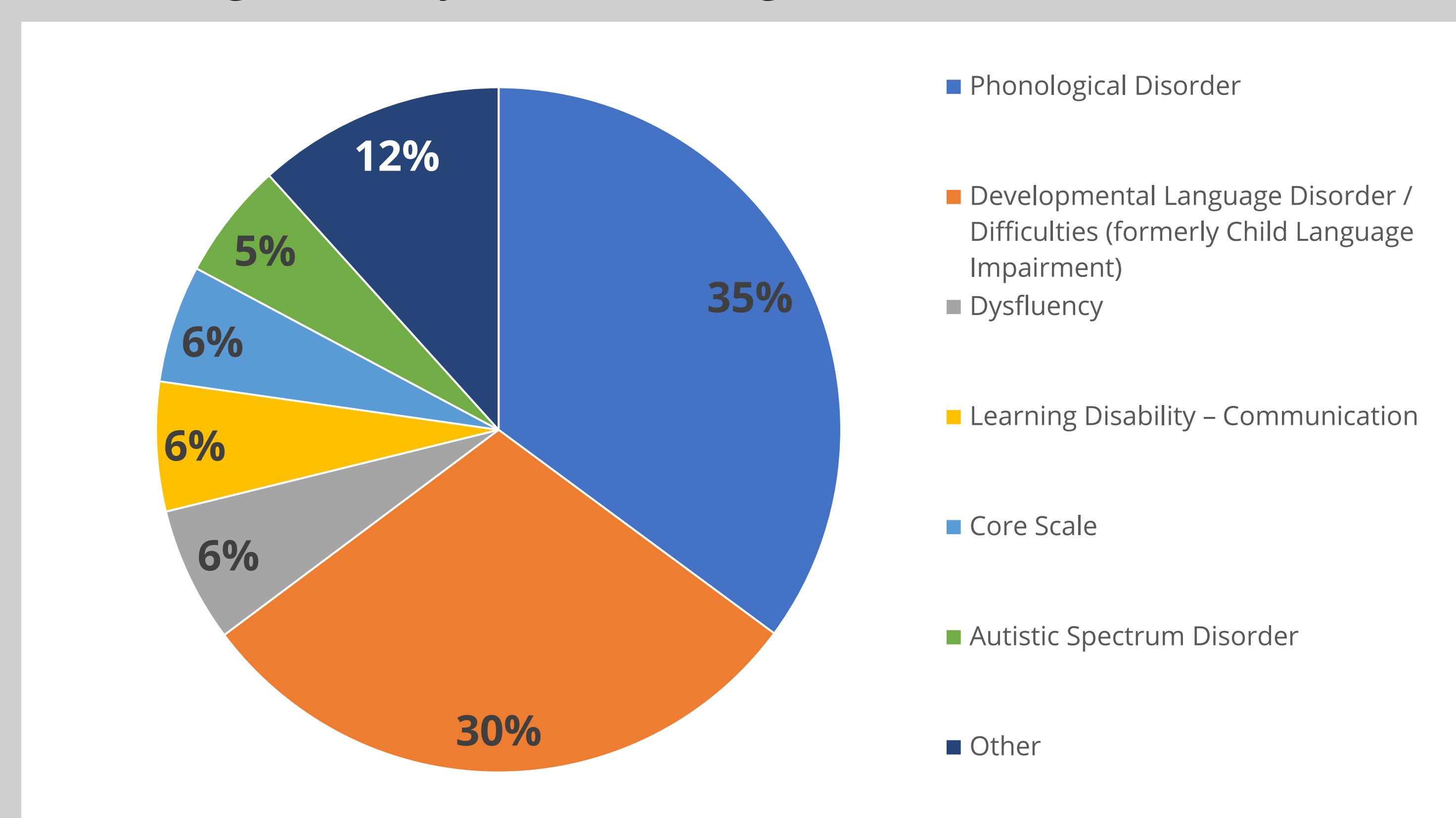
Figure 3: Comparing outcomes for children with phonological disorder aged 4 – 16 years at different services



There is significant variation in outcomes between services (range: -0.04 to 1.66 for impairment, 0.02 to 1.68 for activity). Although there are 5 services where change in impairment and activity was not clinically significant (change of +0.5 or more [2]), the majority of services support children to make clinically significant gains.

Results

Figure 1: Focus of speech and language therapy for children aged 4 – 16 years, according to TOM scale recorded



The most commonly recorded TOM scale (a proxy for focus of intervention) was phonological disorder, accounting for 35% of all therapy episodes.

Conclusion

- There is variation in access to and outcomes from state-funded services for children with phonological disorder.
- More investigation into factors such as referral criteria, service model and local demographics is required in order to determine the reasons for this variation.
- Making variation explicit is helpful for services to explore equity and consider service planning and development.
- Using this data to understand the landscape of children's services across the country is critical to informing policy and strengthens lobbying and influencing activities.

References and resources

[1] Royal College of Speech and Language Therapists (2023) RCSLT online outcome tool (ROOT). Available from: www.rcslt-root.org [Accessed 6 June 2023].
 [2] Enderby, P. and John, A. (2019) Therapy Outcome Measure User Guide. Croydon: J&R Press Ltd
 [3] World Health Organization. (2001) International Classification of Functioning, Disability and Health (ICF). Geneva: WHO; Available from: <https://apps.who.int/iris/handle/10665/42407> [Accessed 2 June 2023].