

INTRODUCTION

Due to the impact of COVID 19 the way ABUHB delivered the deafness speech and language therapy service changed and resulted in deaf children and young people (DCYP) receiving a blended approach to intervention. A blended approach means that DCYP received a combination of telephone, video, and face to face appointments with the Speech and Language Therapist (SLT) and/or Speech and Language Therapy Assistant.

Edwards et al. (2012) state that video appointments are an effective way to diagnose and treat DCYP and that outcomes reflect high agreement between video appointments and face to face interventions.

Currently, what type of 'blend' works for whom and why, is unclear. Furthermore, a rationale for establishing blended care is often lacking (Wentzel et al., 2016). However, combining treatment modalities allows services to provide equitable services to all clients depending on their individual needs and requirements (Edwards et al., 2012).

Project aim: to evaluate the effectiveness and efficiency of a blended approach to service delivery by the ABUHB speech and language therapy deafness team.

PERSON CENTRED AND EVIDENCE BASED

DCYP received a blended approach to service delivery on a needs basis ensuring it was person-centred as documented in the deafness criteria and ABUHB pathway.



The ABUHB evidence-based pathway is currently being adopted as the All-Wales Deafness Pathway and aligns with the Royal College of Speech and Language Therapists (RCSLT) and British Association of Teachers of the Deaf (BATOD) Best Practice Guidance for Collaborative Working between Qualified Teachers of the Deaf (QTOD) and SLTs.

WHAT WE DID

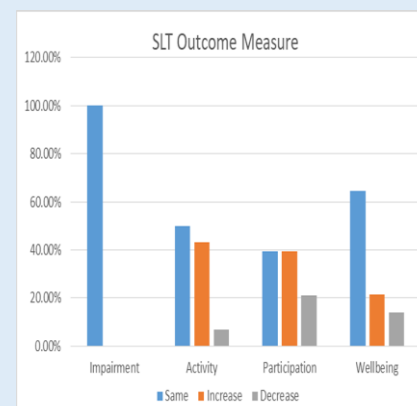
The following data collection methods were used:

- Therapy Outcome Measures (TOMs) – sample set of 28 scores
- Parent/carer surveys
- Cost analysis – travel
- Comparison of number of patient contacts

RESULTS

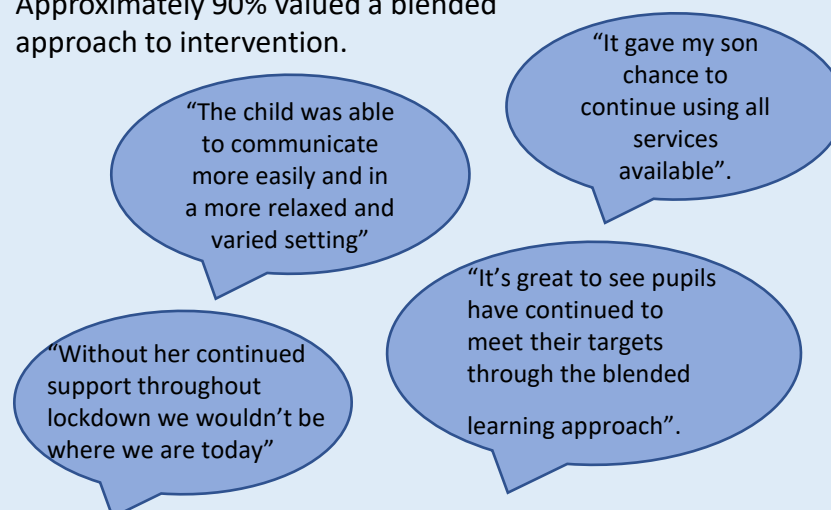
Graph 1. TOMs scores Jan 2020 – April 2021:

Increase
Same
Decreased



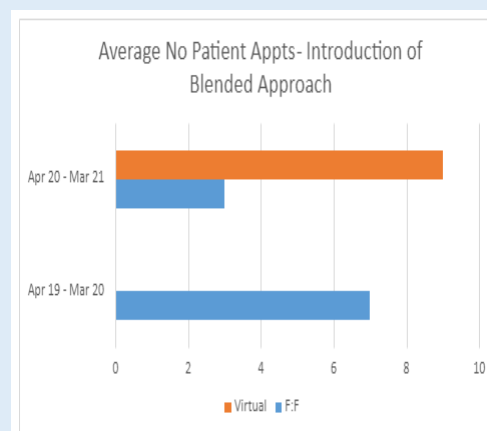
Service User Feedback

Approximately 90% valued a blended approach to intervention.



Patient Contacts

The blended approach model has **doubled** the number of patient appointments the deafness team are able to provide and has reduced the need for travel.



Reduced Travel Costs:

A blended approach has reduced travel expenses by nearly **50%**

SUMMARY

A blended approach has proven to be an effective and efficient model of intervention for DCYP in Gwent. This approach has:

1. Maintained and improved patient outcomes for this population of children whilst delivering person centred care. Service user feedback from parents/carers and school staff indicates that 90% of them value a blended approach to intervention.
2. Doubled the number of contacts that the speech and language therapy deafness team provides.
3. Reduced travel costs of staff.

KEY MESSAGES

Keeping service users at the heart of the model - engagement with and giving them a voice is paramount to the success of service transformation particularly in hard to reach populations such as deafness.

Challenge professional attitudes that highly specialist clinical interventions can be provided through other modalities.

Share and roll out transformational service change in Clinical Excellence Networks and national conferences

CONCLUSION

- No prescriptive intervention plan for a blended approach.
- It is clear from this study that a blended mode of delivery provides value-based care as it doubled patient contacts and reduced costs without compromising outcomes for DCYP.
- Most responses from service users also supported this approach even though they still favour in person appointments.
- Training, sharing/discussing the positive outcomes of the DCYP along with time to adjust may go some way in addressing the barriers to adopting tele-medicine as an approach to intervention.

REFERENCES

- Edwards, M., Stredler-Brown, A. and Houston, K.T. (2012) "Expanding use of telepractice in speech-language pathology and Audiology," *The Volta Review*, 112(3), pp. 227–242. Available at: <https://doi.org/10.17955/tvr.112.3.m.704>.
- Wentzel, J. et al. (2016) "Mixing online and face-to-face therapy: How to benefit from blended care in mental health care," *JMIR Mental Health*, 3(1). Available at: <https://doi.org/10.2196/mental.4534>.
- Royal College of Speech and Language Therapists (RCSLT) and British Association of Teachers of the Deaf (BATOD). Best Practice Guidance for Collaborative Working between Qualified Teachers of the Deaf and Speech and Language Therapists. 2019. <https://www.rcslt.org/wp-content/uploads/media/docs/clinical-guidance/rcslt-batod-guidance.pdf>.