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

Kathryn Moyse, Pam Enderby, Katie Chadd, Kamini Gadhok, Sarah Lambert, Paddy Guest and Mark Bedwell

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.

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 wellbeing 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 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’).

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.

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