

Tackling the Treatment Tail in Community Speech and Language Therapy Clinics

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Problem Statement and Aim

In many children's community Speech and Language Therapy (SLT) clinics there are long waiting lists for treatment. Often children on review are not seen within the recommended timeframe for re-assessment and further treatment. The result is, an often lengthy, treatment tail in clinics. This project aims to reduce that treatment tail.

- Outcomes**
- 1 Reduce the treatment tail in children's community SLT clinics.
 - 2 Increase the range of treatment options offered (including more efficient options), in accordance with the evidence base for different client groups.
 - 3 Enable joint planning to manage needs of locality caseloads.

Project Process (what, when and who?)

	Deliverable	Timeframe	Responsibility
1	Pilot approach in one clinic	Mar 17	Project lead
2	Evaluation of pilot shared with wider team	Jun 17	Project lead
3	Trial approach in various clinics	Feb 18	Local SLTs
4	Refinement of processes	Jun 18	Project lead
5	Further trials	Sep 18	Local SLTs
6	Evaluation prior to implementation as a general caseload management strategy across clinics	Dec 18	Project lead

- Objectives (how to do it)**
- 1 Ensure an appropriate review (re-assessment) takes place within the recommended time frame.
 - 2 Ensure an appropriate treatment/therapy episode (if required) is provided in a timely way following review.

- Risks and Considerations**
- 1 Staffing levels/vacancies in some clinics.
 - 2 Adherence to treatment tail/caseload management approach

Outcomes of the Pilot
Clinic: Ballymena Health and Care Centre

SLTs considered the composition of the overall treatment tail (outstanding reviews from August '16 -March '17).

Capacity for seeing reviews was considered. A period of 2 weeks was reserved for review appointments.

57% of cases making up the treatment tail had phonological difficulty. The block booking of reviews meant that all outstanding children with phonological difficulty could be reviewed within the 2 week period.

Once the review period was complete, SLTs in the clinic met to discuss their re-assessment and planned therapy. They considering the current impact, needs of the child, the evidence base and most efficient options for therapy.

Of the total reviewed, 33% were discharged (treatment no longer indicated), for the remaining 67%, treatment was provided

Range of treatment options provided

The pilot of this approach reduced the treatment tail by ___ months

