



Problem statement:

CRTA speech and language therapists (SLTs) did not have resources to offer patients trials of equipment identified to be beneficial for rehabilitation. Patients would either need to fund this equipment themselves, or would forgo it due to financial considerations.

This had a negative impact on patients' care and function: mainly reduced opportunities in rehabilitation, followed by an unreached potential of independence.

Measures to track improvement:

- Patients' access to equipment was measured. With the equipment, patients would be able to maximise their rehabilitation potential and independence, in line with the ambition *better patient experience* of the *We Care* strategy. The equipment would promote self-management, which would result in shorter episodes of care and hence shorter waiting times for the next patients, and a reduced possibility of re-referrals.
- This would enable the Trust to meet the National Clinical Guideline for Stroke on technology, and is a more cost-effective way of achieving 90 hours of aphasia therapy (evidence from the NIHS).
- The project also aimed to reduce inequality for patients who were less able to afford equipment, and inequality of equipment availability between SLT community services and between professions. This supported the ambition of *putting communities first*.

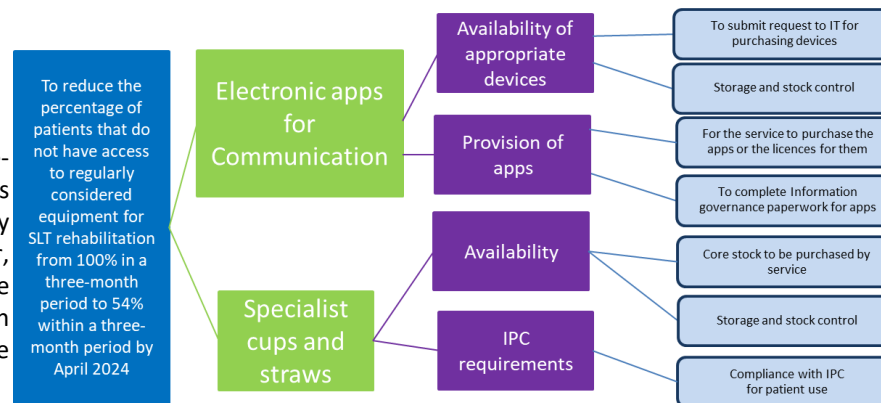
SMART aim:

To reduce the percentage of patients that did not have access to regularly considered equipment for SLT rehabilitation from 100% in a three-month period to 54% within a three-month period by April 2024

Tests of change:

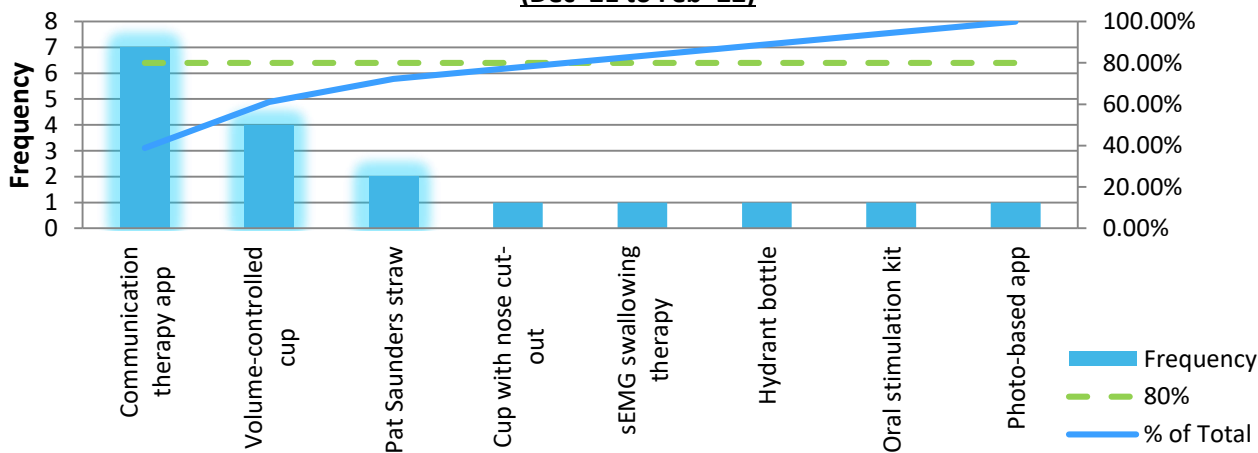
The need for electronic apps was discussed with the Professional Lead SLT.

A request for volume-controlled cups and straws was submitted to the Deputy Clinical Resource Manager, who then approved the purchase. The SLTs were then able to provide these to the patients who required them.



Baseline data:

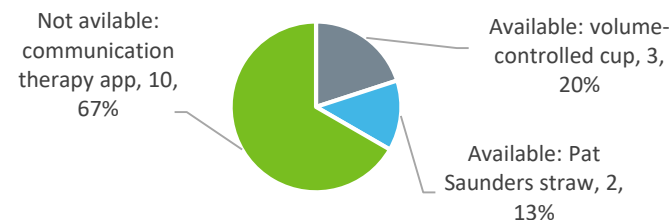
Demand for SLT rehab equipment in Community Rehab (Dec '21 to Feb '22)



This project focussed on increasing access to the *Vital 3* pieces of equipment identified, as shown by the Pareto chart above. All 13 patients who required these pieces of equipment did not have access to them, except when privately funded.

Results - what we learned and what's next:

Availability of the *Vital 3* SLT equipment in Community Rehab (Feb to Apr '24)



The aim of this project has not been fully met: of the 15 instances one of the *Vital 3* pieces of equipment was considered, 10 patients (67%) did not have access to it. However, there were immediate benefits to patients who needed a volume-controlled cup or a Pat Saunders straw: 100% of them had access to it. A care manager described the benefits of the volume-controlled cup, 'the patient can have now drink without the thickener, and looks so happy'.

What's next?

A communication therapy app remains a vital tool in SLT rehab. The husband of a patient who would benefit from a communication app said, 'I can see how it would help by having so many questions and pictures for practice'. Due to the scale of the process in acquiring electronic devices for loaning to patients (involving information governance considerations), the Professional Lead SLT has taken over to lead this as a bigger project. I will support this as a team member.



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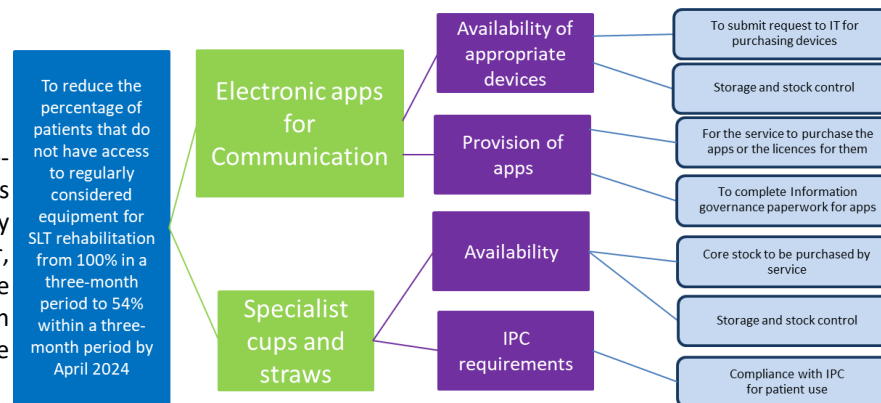
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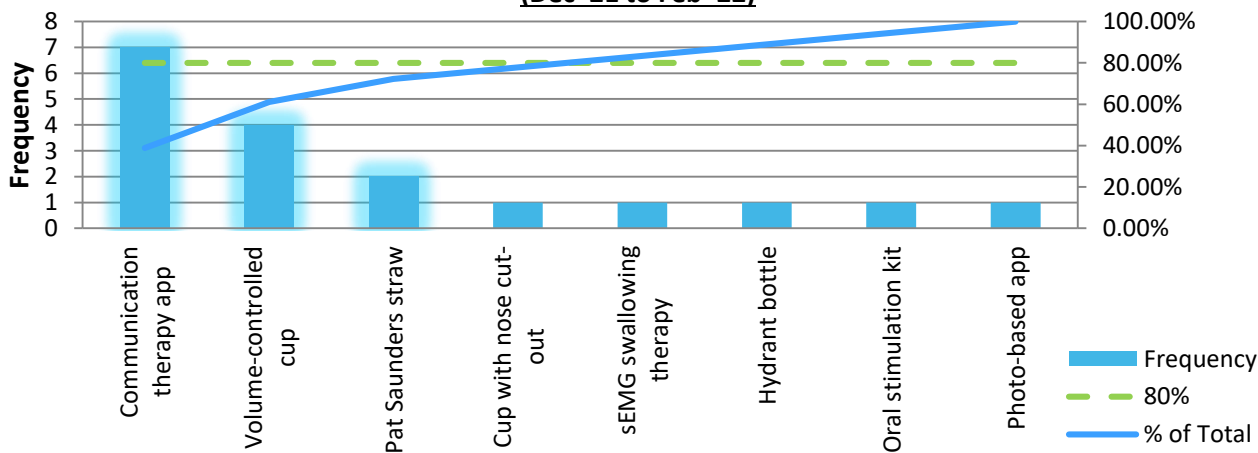
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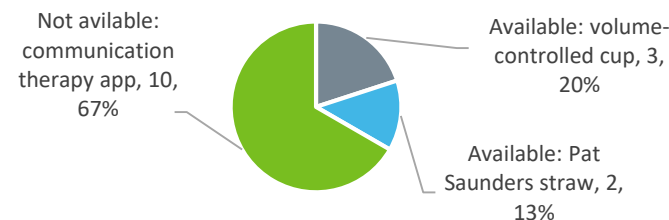
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What's next?

A communication therapy app remains a vital tool in SLT rehab. The husband of a patient who would benefit from a communication app said, 'I can see how it would help by having so many questions and pictures for practice'. Due to the scale of the process in acquiring electronic devices for loaning to clients (involving information governance considerations), the Professional Lead SLT has taken over to lead this as a bigger project. I will support this as a team member.



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Measures to track improvement:

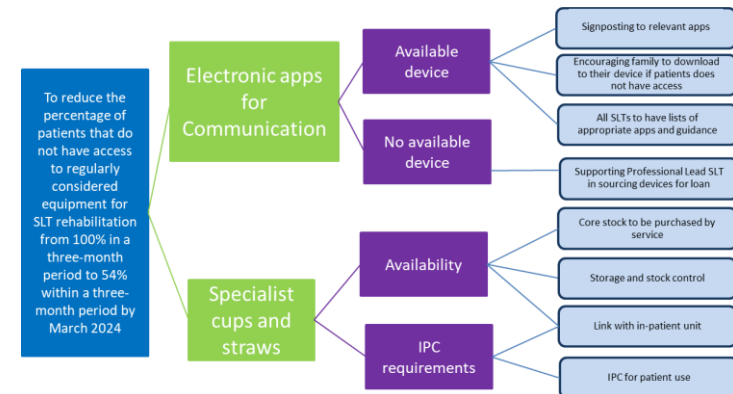
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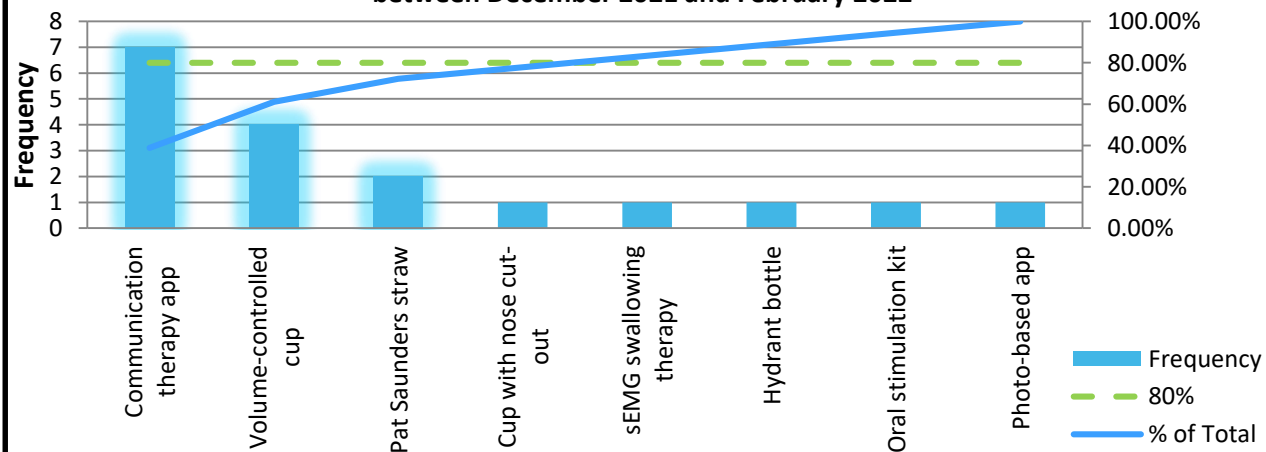
Tests of change:

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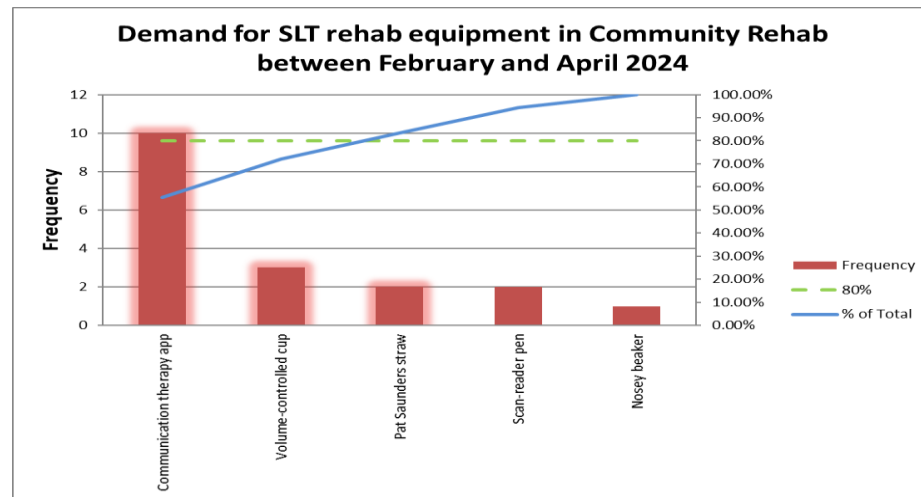
Data:

Demand for SLT rehab equipment in Community Rehab between December 2021 and February 2022



The project focussed on increasing access to the *Vital 3* pieces of equipment identified, as shown by the highlighted bars above. All 13 patients who required these pieces of equipment did not have access to them, except when privately funded.

Results, what we learned and what's next:



Of the 15 instances one of the *Vital 3* pieces of equipment was considered, 10 patients (67%) did not have access to it. Although the reduction did not reach the aim, all patients who needed a volume-controlled cup or a Pat Saunders Straw had access to it. A care manager described the benefits of the volume-controlled cup, 'the patient can have now drink without the thickener, and looks so happy'. The Community Rehab Team should continue to provide SLT equipment, especially the *Vital 3* identified, to the patients who need it.



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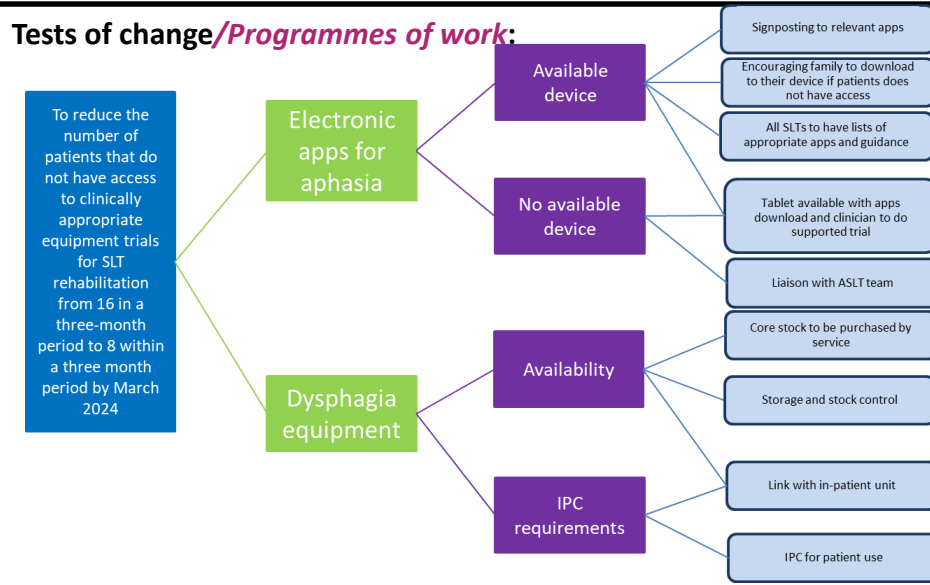
SMART aim/Vision Statement:

To reduce the number of patients that do not have access to clinically appropriate equipment for SLT rehabilitation from 16 in a three-month period to 8 within a three-month period by March 2024

Measures to track improvement/Targets:

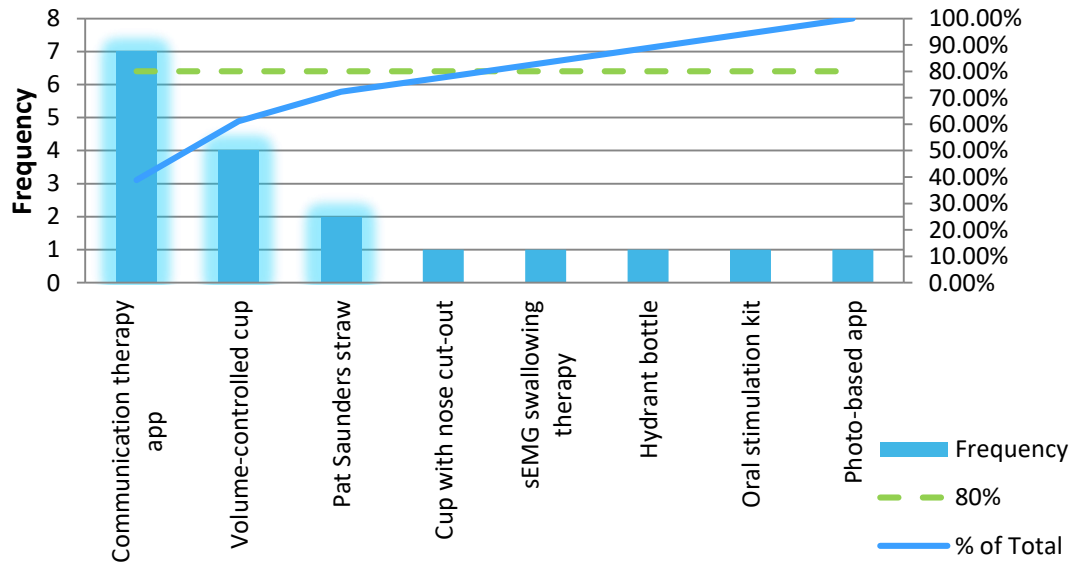
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Tests of change/Programmes of work:



Data/Current state and baseline
Measurements for the targets:

Demand for SLT rehab equipment in Community Rehab between December 2021 and February 2022



Results, what we learned and what's next/Analysis:

We learned that the *vital three* pieces of equipment considered were a communication therapy app, a volume-controlled cup and a Pat Saunders straw. An SLT commented, '*If client did not have a tablet or smartphone, they would not be able to access the free trial.*'

Due to the scale of the process in acquiring electronic devices for loaning to clients (involving information governance considerations), the Professional Lead SLT is leading this project, which I am supporting as a team member.

I have successfully applied for some volume-controlled cups and Pat Saunders straws. Community Rehab SLTs can now provide these to clients who have been assessed to benefit from them.

A repeat data collection for the demand for SLT equipment is held between February and April 2024.



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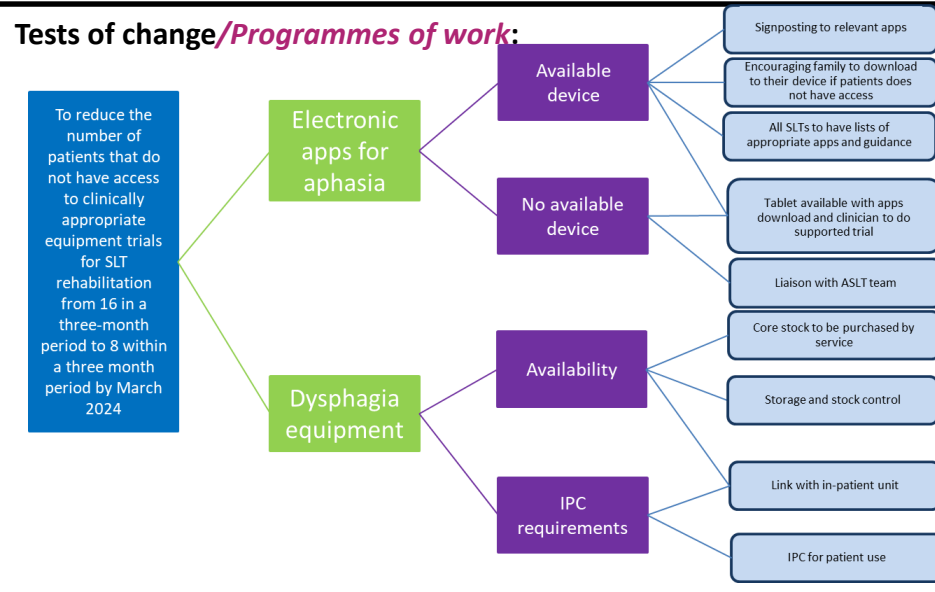
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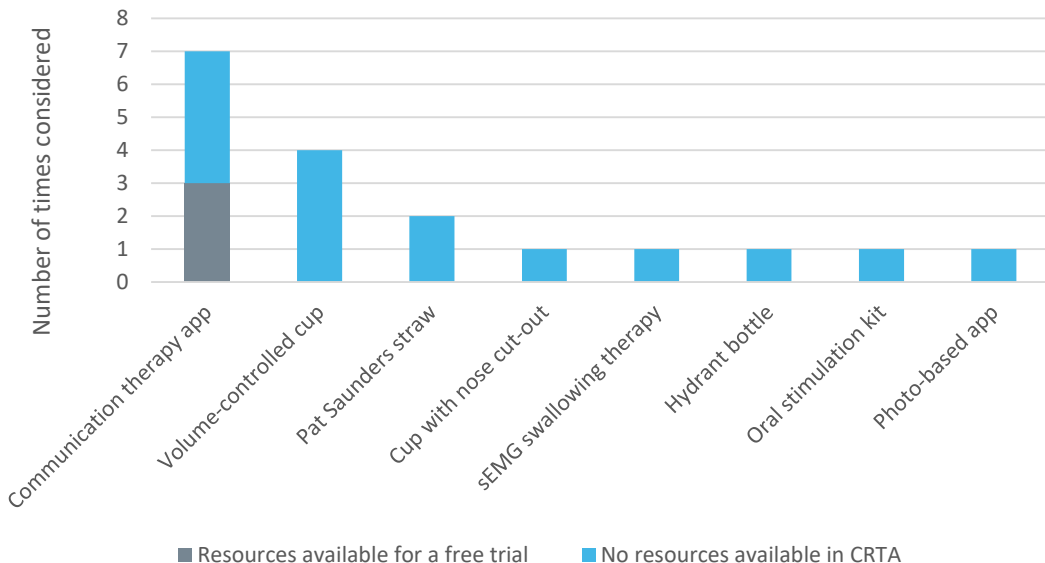
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Tests of change/Programmes of work:



Data/Current state and baseline
Measurements for the targets:

SLT equipment considered for therapy in CRTA between December 2021 and February 2022



Results, what we learned and what's next/Analysis:

We learned that the most-frequently recommended equipment was a communication therapy app for aphasia, followed by a volume-controlled cup for dysphagia. An SLT commented, 'If client did not have a tablet or smartphone, they would not be able to access the free trial.'

Actions

- To liaise with SLT Professional Lead about loan arrangement of equipment
- To present case to a clinical resource manager, CRTA, and to request provision of equipment
- If equipment is provided, CRTA SLTs to use the equipment for free trials and complete a repeat survey
- To summarise results of the repeat survey and analyse any change