



# Name of project: Reducing waiting times in the Adult Speech and Language Therapy Service (2): engaging service users

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## What was our aim?

Our aim was to fully engage with service users and carers regarding a redesign of the Adult Speech and Language Therapy Service.

### quadruple aim:

- ✓ Patient experience
- ✓ Clinical effectiveness
- ✓ Staff satisfaction
- ✓ Value for money

## Why is it important to service users and carers?

A merger between the Adult Speech and Language Therapy Service and a neighbouring service, resulted in an increase in referrals and waiting times for patients. Initial data analysis indicated that it was not possible for the service to meet demand with existing staff and processes.

The increase in waiting times and numbers caused concerns regarding the impact on a patient's physical health as well as their psychological wellbeing. In addition to this, it was causing concern about the resulting impact on the clinical colleague's wellbeing.

It was felt that engaging our service users was important, to make sure any changes and improvements to the service would meet their needs.

## Ideas and tests of change

Our focus group was made up of people who were both current and past users of our service and their carers. They all had different conditions which had caused them to access our service and although they all had some communication difficulties, these ranged from severe to mild.

We did not shy away from people who had raised concerns about the service in the past, but instead made sure they were invited, so that a wide range of experiences could be voiced and heard.

To make sure everyone had an equal voice and was able to engage within the discussions equally, we used a range of supportive communication techniques including:

- Aphasia friendly (accessible) information sheets, agendas and minutes
- Total communication strategies were used during all meetings (drawing, key words, recapping)
- Meetings took a slower pace and extended over multiple meetings
- Additional speech and language therapists (SLTs) attended to help support people with more severe difficulties
- Lots of tea and cake!

## The tools we used

Pictured are some of the service users who came to our group (pre-COVID-19).



We used appreciative enquiry, brainstorming and process mapping in our project.



Some of the resources used to support communication within the group.

## Results/How did we do/Anticipated outcome

We carried out three separate focus group meetings:

- The first presented the problem the service faced, explored what the service users valued from the service and what they found difficult and identified their initial change ideas.
- The second presented the result of integrating initial change ideas from the service users and staff groups to a new draft service pathway. This was discussed and where compromises were needed, decisions were made that felt acceptable to the service users.
- The final session discussed the final pathway.

Some of the main ideas from the focus group:

- The do not attend (DNA) policy should be implemented very strictly.
- Patients should be empowered to re-access the service when necessary rather than kept on indefinitely with periodic reviews.
- Service users preferred to have one therapist throughout the course of their intervention, however, would compromise to see an initial therapist more quickly, to receive advice and feel their concerns had been heard and then a different therapist consistently through their treatment.
- When accessing the service from the intermediate care team (ICT) they felt that an initial assessment appointment was not necessary.

## What we learned and what's next

Engaging our service users and their carers made sure that the changes made achieved the desired results, by prioritising what was important to them.

Where their wishes could not be met the iterative consultation process enabled an understanding of what compromises they would make to ensure the best solution was identified.

Having the voice of our service users so present within the project empowered the project leads to make changes that we otherwise would not have made, for fear of upsetting our patients, for example, more firmly implementing the DNA policy.

As a result of COVID-19 we have not yet been able to present the results of the pathway redesign to the service user group. Now that restrictions are lifting, we intend to do this and also to ask them to become involved in our future QI projects as their input was invaluable.

The service users stated:

"It was great to be able to give something back to the service"

"It was [thumbs up gesture] being listened to"