



WORKING WITH COLLEAGUES IN MULTI- PROVIDER CONTEXTS: GUIDELINES FOR SPEECH AND LANGUAGE THERAPISTS

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Formerly known as *Working in Harmony*.

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PURPOSE

1. This document sets out the general principles to facilitate cooperation between speech and language therapists (SLTs), wherever they are employed, to work as a team around the client to ensure a consistently professional standard of informed care for all clients, their families and carers.
2. It is recognised that SLTs provide services within the National Health Service (NHS) and in a number of other non-NHS settings. In this case, SLTs should avoid any actual or perceived conflict of interest. SLTs should ensure they advertise and offer their services in ways which are not open to criticism. They should therefore refrain from offering their own services as an independent SLT to clients they are currently seeing, have currently on their waiting list or recently encountered in their NHS work, nor act as an agent for others.

EXTERNAL DRIVERS

3. It is in the best interests of the client for SLTs to communicate with one another from the outset of care and demonstrate mutual professional respect. Clients must have trust and confidence in the professionalism of all SLTs. It is the responsibility of all SLTs to support the client, their families and carers by:
 - Promoting confidence in client-centred team working.
 - Facilitating a seamless therapeutic process.
 - Promoting mutual trust between the client and all professionals involved in care.
 - Anticipating and resolving potential conflicting professional issues in a timely manner.

These central themes of cooperation and care planned together around the client are endorsed by the *Royal College of Speech and Language Therapists* (RCSLT) and the *Association of Speech and Language Therapists in Independent Practice* (ASLTIP). These guidelines have also been discussed with a range of stakeholders including a parent's forum and SEND Tribunal.

4. The Health and Care Professions Council (HCPC previously known as HPC) *Standards of Conduct Performance and Ethics* state that:

'You must take all reasonable steps to make sure that you can communicate properly and effectively with clients and other practitioners. You must communicate appropriately, cooperate and share your knowledge and expertise with other practitioners for the benefit of service users' (HPC 2007: 14).

5. Expert witness guidance from the Ministry of Justice states:

'Good communication and regular liaison between all parties is an essential part of an effective case. It is in the child's interests, and beneficial to all those involved, for experts to communicate from the outset in an open and transparent process. Therefore witnesses should recognise the importance of the over-riding objective, taking reasonable steps to ensure all those involved in the case can communicate

properly and effectively with each other as early as possible and cooperate to share knowledge and expertise with colleagues for the child's benefit.' (Aitkin 2010:2)

6. The RCSLT guidance Communicating Quality 3 (CQ3) includes a series of service standards. The following relate to this document:
 - Service Standard 46 – The service involves clients in the evaluation and development of services.
 - Service Standard 53 – The service has links with voluntary organisations vocational/employment agencies, and local support groups to complement the work of the service.
 - Service Standard 54 – There are clear written care pathways for each speech and language therapy care group that reflect and anticipate the needs of clients, many of whom have enduring, complex and multiple health and social needs.
 - Service Standard 55 – Where specialist services are not available within the immediate service or local district there is a pathway and clear procedures for individuals to access these without the region.

7. The RCSLT and ASLTIP recommend that service providers have a clear policy for staff around working in both NHS and non-NHS sectors. Such a policy should be written in consultation with HR professionals and may include:
 - Identifying and resolving conflicts of interest.
 - Acting in the best interests of clients.
 - Identifying expected outcomes for clients.
 - Processes for re-referral and re-access.
 - Criteria for discharge.

It may be helpful to consider the following as part of a care package:

- SEN statement
www.gov.uk/children-with-special-educational-needs
- S139a Moving on plan (Transition Plan)
www.education.gov.uk/aboutdfe/statutory/g00203393/lda
- Coordinated Support Plan in Scotland
www.scotland.gov.uk/Publications/2011/04/04090720/8

CONSENT TO SHARE INFORMATION

8. The client needs to be able to make informed choices. If a client declines to information sharing and care planning when under the care of two (or more) SLTs the consequences should be made clear to the client and/or carer. These consequences include the risk of poor outcomes for the client due to possible replication and lack of coordinated care. Where a failure to share information would place the client at risk, safeguarding principles and procedures must be applied.

Individuals have a right to a confidential second opinion. Occasionally a client may not consent to one service provider sharing information with a second service provider. SLTs have a responsibility to alert the client to the risks of failing to share

information. This discussion should be documented in the client's records and SLTs are advised to seek support from their organisation/their clinical governance lead.

9. The need to safeguard children and vulnerable adults overrides the client's rights to withhold consent for sharing information. Practitioners should discuss this with the safeguarding lead in their organisation as soon as they have concerns and make any appropriate referrals.

SERVICE-USER RIGHTS AND BEST INTERESTS

10. The Department of Health has issued guidance on NHS patients who wish to pay for additional private care.

In England, key points include:

- NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care.
- Any additional private care must be delivered separately from NHS care.
- The NHS must never charge for NHS care (except where there is specific legislation in place to allow charges) and the NHS should never subsidise private care.
- The NHS should continue to provide free of charge all care that the patient would have been entitled to had he or she not chosen to have additional private care.
- NHS Trusts and Foundation Trusts should have clear policies in place, in line with these principles, to ensure effective implementation of this guidance in their organisations. This includes protocols for working with other NHS or private providers where the NHS Trust or Foundation Trust has chosen not to provide additional private care.

(Department of Health, 2009:5)

In Scotland, the following key requirements should apply:

- The primary purpose of any NHS organisation is to provide NHS care.
- NHS and private care should be delivered separately and there should be clear separation in legal status, liability and accountability between NHS and private care provision.
- In all cases the discrete elements of NHS and private care must be understood by all parties.
- The NHS should never subsidise private care with public money, which would breach core NHS principles.
- Any arrangements to combine NHS and private care must be lawful.
- Any arrangements to combine NHS and private care must not compromise the legal, professional or ethical standards required of NHS clinicians.
- On the basis that the private and NHS elements of care can be fully delineated they should be capable of being delivered independently at a different time and place from each other. This could include the facilities of a private healthcare provider, or part of an NHS organisation which has been designated for private care, including amenity beds.
- The NHS must not offer a two-tier service: the NHS provides treatment free at the point of access. Unless legislation allows, the NHS cannot charge patients for NHS care.

(Burns, 2009: Annex A)

In Northern Ireland, the following key principles should apply:

- Department of Health, Social Services and Public Safety (HPSS) consultants and HPSS employing organisations should work on a partnership basis to prevent any conflict of interest between private practice and HPSS work. It is also important that HPSS consultants and HPSS organisations minimise the risk of any perceived conflicts of interest; although no consultant should suffer any penalty (under the code) simply because of a perception.
- The provision of services for private patients should not prejudice the interest of HPSS patients or disrupt HPSS services.
- With the exception of the need to provide emergency care, agreed HPSS commitments should take precedence over private work.
- HPSS facilities, staff and services may only be used for private practice with the prior agreement of the HPSS employer.
(Department of Health, Social Services and Public Safety, 2011)

No Wales specific guidance has been published in this area.

11. This means in the context of speech and language therapy that a client can access:

- Assessment
- Therapy, where appropriate, following the appropriate care pathway
- May only be discharged from the NHS SLT service if they meet the discharge criteria for that speech and language therapy service

A client can continue to see another provider if they wish, after discharge from an NHS SLT. All speech and language therapy providers should consider the clinical and ethical issues related to the case management (CQ3 Chapter 1 Decision Making with the individual) and consider whether the client meets the criteria for the care pathway. If not the client should be signposted to other sources of support. It is important that all SLTs establish the therapeutic history of the client and emphasise to the client the importance of sharing clinical information.

12. All clients are entitled to seek speech and language therapy from one or more services if they choose. Clients are not entitled to seek a service from more than one NHS provider, except for different conditions.

13. Where more than one service is involved with the same client, it is essential that all SLTs collaborate in the user's best interests. It may be appropriate for one SLT to take the lead role. A specialist or senior therapist may take the lead role especially if the other therapist is a less experienced colleague. All SLTs involved should be informed of, and invited to, case conferences. Case management should be complementary and ensure best care. This may require contact by telephone or safe haven fax. As of October 2012, only NHS.net accounts, Wales.nhs.uk, dhsspsni.gov.uk and other government email systems are approved for email communication and SLTs must have secure email addresses. SLTs are advised to avoid email communication containing personal identifiable data unless they are confident that such information is securely encrypted. Please see www.connectingforhealth.nhs.uk/systemsandservices/nhsmail/about/safe (England)

or www.knowledge.scot.nhs.uk/media/CLT/ResourceUploads/23460/information-governance-standards-v2.1%20PDF%20082010.pdf (Scotland) for more information.

14. If the client seeks a confidential second opinion and does not wish another therapist to be informed this should be acknowledged and recorded in the client's notes. The SLT should also inform the client that:

- They can seek a second opinion within the NHS
- Assessment results will be invalid and will be inaccurate if repeated within a certain timeframe and information sharing is important to avoid this scenario
- Any safeguarding issues would override the client's wishes

ADVERTISING, PROMOTING AND RECOMMENDING SPEECH AND LANGUAGE THERAPY SERVICES

15. Should SLTs intend to offer private therapy or tender for services, the *Standards of Conduct, Performance and Ethics* issued by the Health and Care Professions Council must be adhered to:

'You must make sure that any advertising that you do is accurate. Any advertising you do in relation to your professional activities must be accurate. Advertisements must not be misleading, unfair or exaggerated. In particular, you should not claim your personal skills, equipment or facilities are better than anyone else's, unless you can prove this is true.'

If you are involved in advertising or promoting any product or service, you must make sure that you use your knowledge, skills and experience in an accurate and responsible way. You must not make or support unjustifiable statements relating to particular products. Any potential financial reward should not play a part in the advice or recommendations of products and services you give.'

(Health and Care Professions Council 2008: 14)

The use of the RCSLT member and ASLTIP member logos are subject to strict conditions. Please refer to the policy documents for guidance on their use in any advertising including business cards, web sites, CVs etc.

Read the RCSLT use of logo policy at: www.rcslt.org/members/logos.

Please contact ASLTIP for use of logo policy.

16. NHS SLTs should not recommend specific independent SLTs or services to clients, their families/carers or other commissioners. Those seeking to employ or commission independent SLTs or services should be advised to check that any person using the protected title of 'speech and language therapist' or 'speech therapist' is registered with the HCPC at www.hcpcheck.org.

NHS SLTs can also suggest that the client check with the ASLTIP at www.helpwithtalking.com or an independent SLT in their local area.

RECOGNISING AND RESOLVING DIFFERENCES BETWEEN SLTS

17. SLTs should seek agreement or complementary approaches with a shared client. It is best practice to agree a plan centred around the client's needs. A written care plan should be devised together detailing the areas of responsibility for assessment and intervention (where indicated). This care plan should be discussed and shared with the client and/or carer(s) as appropriate and form part of the clinical record of both services.

18. Non-NHS SLTs should explain to parents about how services are commissioned/funded, particularly if there are resource constraints and if certain services are not commissioned.

If a client is not satisfied with the NHS service, they should first discuss their concerns with the manager, and if necessary they should then be referred to the local Patient Advice and Liaison Service (PALS).

If the client is not satisfied with an independent SLT service, they should first contact ASLTIP www.helpwithtalking.com/about/executive.

19. All SLTs must acknowledge that intervention with a client may be subject to constraints (for example ability to pay; availability of personnel or availability of therapy skills). Any constraints must be acknowledged and respected by all SLTs and communicated with the client. Please refer to the RCSLT position paper on the Duty of Care www.rcslt.org/members/duty_of_care/duty_of_care_information.

PROFESSIONAL COMPETENCE AND RESPONSIBILITIES

20. All SLTs have a responsibility to provide student SLT training and supervision and support for newly-qualified SLTs. These responsibilities should be fulfilled regardless of the setting or employment of the therapist. Newly-qualified therapists should actively seek supervision. Please refer to the RCSLT Supervision Guidelines www.rcslt.org/members/duty_of_care/supervision_guidelines_for_speech_and_language_therapists.

All therapists must ensure they have continuing access to clinical supervision and support, appropriate to their case load. SLTs working alone should actively seek such supervision.

All SLTs must ensure that their clinical competencies are sufficient to meet the client's needs and access professional support if necessary. SLTs must maintain their CPD and access support in the form of SIGs, RCSLT advisers, peer support groups, etc.

GOVERNANCE, HEALTH AND SAFETY AND POLICIES

21. All SLTs have a responsibility to familiarise themselves with the policies and procedures which apply in all settings that they work in, e.g. a mainstream school; an acute ward; a residential home.

22. These policies and procedures may include:

- Infection control
- Manual handling
- Safeguarding – children and vulnerable adults
- Fire
- Health and safety
- Access to patient health records
- Data Protection Act
- NHS Complaints policy/Transparent Complaints procedures
- Special Educational Needs (SEND) process.

This is not an exhaustive list.

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