



Welsh Parliament Health, Social Care and Sport Committee consultation on the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Executive summary

Thank you for the opportunity to give written and oral evidence as part of the committee's ongoing scrutiny of the impact of COVID-19 on health and social care in Wales. A year on from the outbreak of the pandemic, we now have a clearer picture on the impact of the virus on the swallowing and communication needs of patients.

This short paper provides further information on presentations and current access to speech and language therapy for people affected by post-COVID-19 syndrome across Wales. This paper is in addition to the written evidence we presented to the committee in July 2020 on broader rehabilitation needs.

The key points we wish to highlight are:

- Emerging data suggests that COVID-19 can lead to swallowing difficulties, voice and communication changes.
- Speech and language services are beginning to see high demand for voice therapy from the working aged population due to consistent use of video conferencing which contributes to a persistent increase in vocal volume.
- As experts in supporting people with swallowing and communication needs, Speech and Language Therapists have an important role to play in supporting patients post-COVID and should be viewed as key members of multi-disciplinary teams.
- We have significant concerns that the backlog from the initial lockdown, in addition to increasing numbers affected by post-COVID syndrome, will add to pressures on already stretched speech and language therapy services unless they are adequately resourced.

About the Royal College of Speech and Language Therapists (RCSLT)

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has over 18,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.
2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.

3. Speech and Language Therapists (SLTs) are experts in supporting children, young people and adults with speech, language and communication needs (SLCN) and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.
4. Across Wales, SLTs have worked tirelessly to ensure that people with COVID-19 receive as much support as possible. They are promoting people's physical and mental well-being, using their specialist skills to provide interventions and rehabilitation, both within and beyond intensive care units, to support communication, swallowing and respiratory management.

The communication, swallowing and respiratory rehabilitation needs of people recovering from COVID-19

5. While the communication, swallowing and respiratory rehabilitation needs of people recovering from COVID-19 are emerging, early data suggests that for some there will be a prolonged impact on their quality of life. People affected more severely by the virus and those who required intensive care treatment may suffer from a range of associated problems lasting for months and even years. The consequences of life saving interventions such as sedatives, mechanical ventilation, oxygen therapies and tracheostomy may lead to a myriad of problems:
 - voice disorders;
 - swallowing muscle weakness with a need for restricted diets or artificial feeding via a tube;
 - chronic respiratory compromise impacting on the coordination of swallowing and breathing which carries an increased risk of chest infection and further lung complications;
 - cognitive communication disorders potentially limiting return to work and daily life;
 - psychological trauma and post traumatic stress disorder; and
 - chronic upper airway narrowing or stenosis requiring multidisciplinary team management to meet these complex needs
- neurologic symptoms manifesting in a notable proportion of patients with COVID-19. Emerging clinical data suggest approximately 25-30% of COVID-19 survivors are presenting with new neurological impairments (RCSLT, 2020).
6. These emerging findings are supported by recent studies. The COVID symptom study, using results from the Zoe app, has recently published data which reports that vocal hoarseness constitutes 19% of initial symptoms of COVID-19 (COVID symptom study, 2020). A European epidemiological study found that the 26.8 % of COVID-19 cases in their study had dysphonia (voice difficulties) (Lechien et al, 2020). The RCSLT are also currently also undertaking a UK wide survey to gather some key information about the mid to long-term speech and language therapy needs of individuals who have had COVID-19 and the demand on speech and language therapy services. We hope to be able to publish the survey results later in the Spring.
7. In addition to data on individuals with SLT needs after the onset of COVID-19, we are also receiving intelligence from services on the detrimental impact of the move to remote working and widescale usage of video conferencing applications on people's voices. Speech and language services are beginning to see high demand for voice therapy from the working aged population due to consistent use of video conferencing which contributes to a persistent increase in vocal volume.
8. We also as a profession continue to monitor the incidence of COVID-19 amongst children and young people. Until the emergence of the new UK variant, there was increasingly robust evidence to indicate that children were approximately 50% less likely to catch COVID-19, given the same exposure, as

adults (Munro and Roland, 2020). Children under 10 appear to have lower rates of infection than those over 10 (Munro and Roland, 2020). Up to 50% of cases in children may be asymptomatic (Han et al, 2020). Children accounted for 1.7% of hospital admissions and 0.07% of deaths in a recent, large US study (Sisk et al, 2020). The role that children play in transmission remains unclear. However, given that those with asymptomatic disease appear to play a smaller role in community transmission, large scale outbreaks in schools among children have been rare, along with few children identified as primary cases in contact tracing studies; evidence suggests that to date children have not acted as “super-spreaders” (Munro and Roland, 2020). Case rates among children have recently increased. It appears that the new UK variant is more effective at infecting children, but does not cause more severe disease (Mahase, 2020). However, computer modelling indicates generalised increased transmissibility, rather than a specific increased susceptibility in children is driving infection (Davies et al, 2020).

Current Speech and Language Therapy Provision for post-COVID-19 syndrome

9. As experts in supporting people with swallowing and communication needs, SLTs thus have an important role to play in supporting post-COVID-19 patients and should be viewed as key members of multi-disciplinary teams. We have obtained data from our members working within local health boards to better understand speech and language therapy provision for those affected by post-COVID-19 syndrome. It is welcome that Speech and Language Therapists are part of post-COVID-19 syndrome clinics/hubs in two local health board areas – Cwm Taf Morgannwg University Health Board and Cardiff and Vale University Health Board and that services in these areas are able to receive GP referrals in addition to supporting those who have been discharged from secondary care. The focus of the teams within these areas is on self-management and recovery. SLTs are utilising telephone and virtual technologies in addition to face to face where required and are actively signposting to the Keeping Me Well website which includes self-management advice.
10. SLTs working in these services report that they are supporting patients with a range of issues including; dry mouth which is impacting on swallowing function, voice problems such as hoarseness and communication changes such as word-finding difficulties. They have also highlighted high levels of anxiety, depression and in some cases post traumatic stress disorder amongst patients due to memories of their experience and illness etcetera. The following quotes give a sense of the issues faced.

Service user quotes from Post-COVID-19 syndrome service, February 2021

‘I can’t think of the words I want to say, this is so frustrating and I was also so quick with my words before’

‘My thinking is slower and so I can’t follow what people are saying to me, I find this stops me starting conversations’

‘I’m forgetting names and can’t concentrate’

‘Communicating is such a big part of my job and it’s just not the same as it was’

‘My voice is weak, I don’t sound like me anymore’

‘I get so tired, even just doing little things around the house. This impacts on everything, how I think and how I talk.’

11. The SLTs have raised differences in those who have accessed the post-COVID-19 services via different routes noting that the patients who have entered services via a GP referral route are often more complex with multiple symptoms. SLTs are finding that it is taking longer to determine the needs of those presenting and for interventions to take effect for those who contracted COVID-19 early on in the pandemic. When there are multiple areas of difficulty, the impact is likely to be multiplied resulting in a greater risk to the wellbeing of the patient and of chronic fatigue syndrome. Early intervention is key with clinicians noting that those patients who are able to be seen earlier are requiring less time and are more able to take on self-management strategies and advice. However, as referrals continue to increase, this will be a challenge for small teams to deliver.
12. Given growing evidence on the impact of COVID-19 on swallowing and communication and intelligence we are receiving from services about increased referrals across all acute services with the impact of COVID-19 exacerbating pre-existing conditions, we are concerned that to the best of our knowledge no additional monies have been awarded to speech and language therapy teams in the remaining local health boards areas.
13. At the RCSLT, we have recently carried out a major survey into the impact of the first UK-wide lockdown on people's access to speech and language therapy which found that because of the pandemic many people did not have their communication and swallowing needs identified and did not receive the speech and language therapy they require. A high percentage of survey respondents said that their communication and swallowing was either the same or became worse during COVID-19. Many respondents reported a negative impact on their mental health. The survey also asked people about the future and whether they were worried about access to speech and language therapy and the impact a lack of access would have. Again, a high percentage said they were worried, and cited the impact on their mental health as one of their main concerns. We will be publishing a Wales version of the report in the coming weeks.
14. We have significant concerns that backlog from the lockdown in addition to increasing numbers affected by post-COVID-19 syndrome will only add to pressures on already stretched speech and language therapy services unless they are adequately resourced. If these potential extra resources are not made available and rehabilitation not prioritised, there may be negative consequences for the physical and mental health of people with communication and/or swallowing needs and their families which in turn may result in greater costs to the public purse.

Further information

15. We hope this paper will be helpful in supporting the committee discussions around the importance of SLT rehabilitation support. We would be happy to provide further information following our oral evidence session.

Yours sincerely,

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