



## Short-sighted approaches store up problems for the future

DR SEAN PERT

# The long view

**Dr Sean Pert** writes on the challenge of balancing case load demands

**T**hroughout my career as an SLT, I've been haunted by the six-week block. A form of arbitrary rationing to manage waiting lists, this approach has been difficult to assign to the dustbin of history. Despite overwhelming evidence of the harm it causes to clients, their families and our profession, it is often resurrected as a remedy for long waiting lists.


In recent times, research into treatment intensity or dosage has progressed. We now know that it is not simply 'more therapy is better', but that the distribution of intervention sessions and the number of attempts at therapy targets within a particular session are also important to achieving good outcomes. And while it is clear that more research is needed to identify the best treatment intensity for each clinical presentation and care pathway, no researcher has suggested that extremely low interventions are effective.

The pandemic has led to a huge increase in waiting lists. Predictably, inappropriate management methods, such as discharging all clients or limiting episodes of assessment and intervention to just three appointments, have been implemented in some areas. These short-sighted approaches store up costly problems for the future. Children and young people who do not receive timely input are likely to experience literacy and educational failure, with many becoming vulnerable to youth offending and

long-term unemployment.


How can individual SLTs and services respond, especially when the NHS is under severe strain financially and staff are exhausted? Many team leads feel powerless in the face of huge numbers and demands from managers and commissioners to 'do more with less'. Can we deliver evidence-based practice and address waiting lists?


Recent research has confirmed that an evidence-based approach is possible within the constraints of real service delivery. The RCSLT, as your professional body, engages with and contributes to discussions around service delivery, challenging short-sighted rationing, such as the six-week block. This includes the development of clinical guidelines and position statements, working to influence commissioners and the government to ensure policy decisions improve outcomes and address health inequalities, and providing listening events and an online network for NHS team leads and managers.

If you lead a team, then I urge you to contact the RCSLT and engage with the process of making evidence-based treatment intensity a core pillar of your team's practice. In this way we can address waiting lists and ensure children and young people access adequate support to achieve their potential in life. 

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