IASLT | The Irish Association of Speech + Language Therapists

51 Bracken Road
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by email
16th January 2025

Dear Prof. Ryan,

Re: National Adult Palliative Care Policy

The Irish Association of Speech and Language Therapists (IASLT) acknowledges the work and commitment from all stakeholders in the development of the National Adult Palliative Care Policy (NAPCP, 2024). IASLT recognises the significant advancements in palliative care service provision in Ireland since the inaugural palliative care policy in 2001. The NAPCP builds on the HSE Model of Care for Palliative Care (HSE, 2018) which identified speech and language therapy (SLT) as a core member of the specialist palliative care (SPC) team, and builds on the work of the Palliative Care Competency Document (HSE, 2014) which clearly outlined the requisite competencies for all healthcare professionals, including speech and language therapists, working at all levels of palliative care, regardless of the setting.

The NAPCP (2024 p 20) states clearly that its aim is to 'echo the commitment of Sláintecare' (HSE 2023) in supporting persons with SPC needs to receive the 'right care, in the right time and place, provided by the right people'. It also identifies a focus on ensuring equal access to palliative care services for people with life limiting illnesses regardless of where they live. In acknowledgement of the role of SLT in managing persons with communication and/or swallowing impairments in SPC, the NAPCP outlines the SLT workforce requirements per 10 beds in SPC in-patient units. Given the increasing prevalence of persons presenting to SPC services with communication and/or swallowing impairments this recommendation is welcomed by IASLT.

Despite this however, the policy explicitly states that workforce requirements for SLTs on specialist community palliative care teams (CPCTs) are 'not applicable'. This recommendation conflicts with each of the four strategic objectives outlined in the policy, and is diametrically opposed to the vision of Sláintecare. The policy emphasises that 'in the journey towards universal palliative care it is essential that no person is left behind" (2024 p 30). However, in essence, by omitting the role of SLTs in CPCTs the NAPCP has prevented access to SPC SLTs, and therefore discriminated against persons with communication and/or swallowing impairments. This includes individuals who either choose to live and die at home (74%, NAPCP 2024), or who, for a myriad of reasons including regional inequities, are unable to access in-

patient specialist palliative care. It does not allow for the co-development of individualised care plans, imperative in the provision of person-centred care, for those with communication and/or swallowing impairments, and their families, either during a critical period of palliative rehabilitation, or as care moves towards the end of life.

The exclusion of SLTs on CPCTs precludes quality, ease, equity, safe and integrated transitions of care, and prevents timely access to SLT SPC services, for persons including children, with communication and/or swallowing impairments. The IASLT position statement: The role of SLT in Specialist Palliative Care (2024) is attached for further information regarding IASLT position on SLT in specialist palliative care.

We look forward to engaging with your further on this matter,

Sincerely,

Aine Lawlor, MIASLT
IASLT Chairperson
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