Establishing the collection of inequality data in GGC Speech & Language Therapy, using the RCSLT Online Outcome Tool

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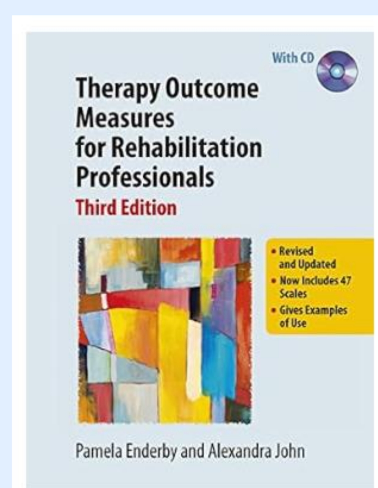
Introduction

In 2022, the Royal College of Speech & Language Therapists (RCSLT) approached Speech & Language Therapy (SLT) services across the UK that were using the RCSLT Online Outcome Tool (ROOT) to record Therapy Outcome Measures (TOMs) [1], to request participation in a pilot project. Their aim was to provide services with the means to explore potential health inequalities and unwarranted variation by introducing extra fields of data collection to ROOT.

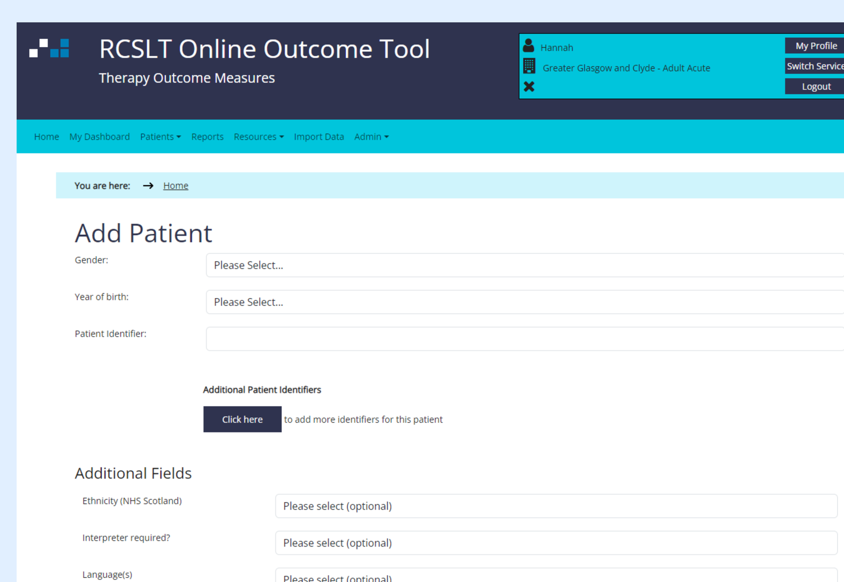
TOMs is a multidisciplinary tool used to measure change over the course of an intervention. Each patient is scored in the four domains of **impairment**, **activity**, **participation** and **well-being**, initially towards the start of an episode of care, and then finally at the end of the episode. TOMs has been rigorously tested for reliability and clinical validity.



ROOT is an online system, hosted by RCSLT, that allows SLTs to input large volumes of TOMs data for collation across a service. Reports that extract specific information can then be generated. GGC SLT had been using ROOT for approx. 18 months at the start of this pilot, and the anonymised data recorded included **age**, **sex**, **aetiology**, **diagnosis**, and **time** spent per patient.

Along with six other services across the UK, GGC SLT agreed to take part in the pilot. Several meetings to discuss the pilot followed, attended by representatives across the services. The extra fields of **ethnicity**, **home language, the requirement of an interpreter,** and **social deprivation** were agreed upon. GGC SLT began recording the extra data in Nov 2022.

On completion of the pilot, RCSLT produced a summary report in Nov 2023 [2]. Benefits and challenges of the pilot were detailed, and recommendations were made for the continued development of ROOT, and the use of the extra fields. GGC SLT decided to carry on collecting inequality data after the completion of the pilot, and we continue to collaborate with RCSLT.



Registration page for new patient on ROOT, showing additional field options. Sourced from https://rcslt-root.org/app/patient/add

Method

Since the introduction of ROOT to GGC SLT in 2020, SLT representatives from each sector have met regularly to discuss, plan and monitor the use of TOMs/ROOT across the service. Staff have always been encouraged to contact this team with any issues.

Preparation for the introduction of the new ROOT fields involved the following:-

- a presentation was given at an all staff meeting
- FAQ folder was updated on the SLT shared drive
- extra training was offered
- updates were given at local site meetings
- launch emails were sent to all staff

The objective was to promote the benefits and importance of full participation, and to encourage the accurate scoring and recording of data.

- All new staff are registered to use ROOT, and complete TOMs and ROOT training as soon as feasibly possible.
- Scoring TOMs and inputting the data on ROOT is part of every SLTs routine for assessing and discharging patients.
- Staff are encouraged to take part in regular, practice group scoring, to maintain good inter-rater reliability.
- For the extra fields, ethnicity and home language are obtained from the patient's admission record or Trakcare. Neither of these are assumed.
- The social deprivation score is based on postcode, using the Scottish Index of Multiple Deprivation (SIMD, 2020v2). It is important to note that this cannot determine a specific individual's level of deprivation.

Increasing my awareness of inequalities

I am keen to develop my knowledge and understanding of equality, diversity and inclusion, and to contribute towards the improvement of services.

- During 2022/23 I completed GGC's first BME (Black and Minority Ethnic) Leadership Programme, and provided feedback at an SLT all staff meeting, and to the AHP Senior Management team, including the AHP Director.
- In 2023 I attended GGC's first Workforce Equality, Diversity and Inclusion Conference.
- Earlier this year I was interviewed by two SLT students who then wrote an article about the inequalities pilot, which was published in the RCSLT Autumn Bulletin [3].
- I took a role in GGC's recent AHP recruitment video, released through social media this October, representing diversity in GGC's AHP workforce.

Results

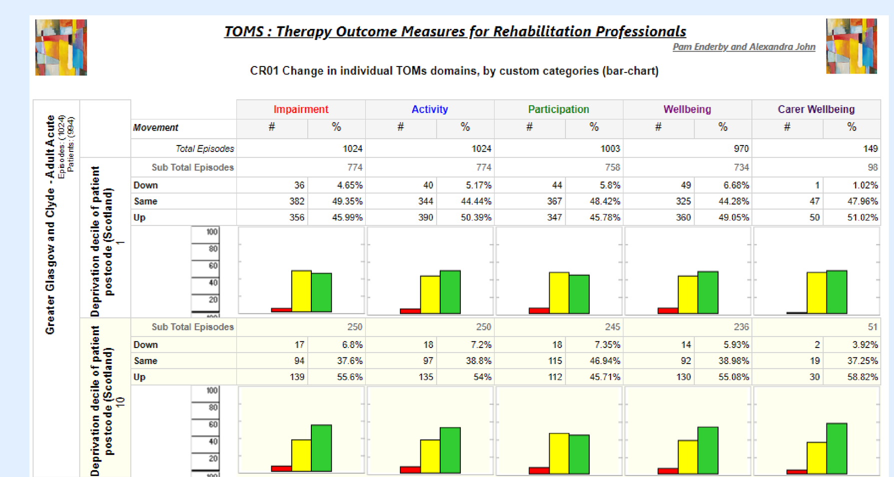
GGC SLT has now been gathering data using ROOT for three years, including the extra fields for two years. A large quantity of data was successfully recorded to contribute to the RCSLT pilot project, and this data continues to expand.

All clinical SLT staff (approx. 70 people) contribute independently with direct data input.

There have been obstacles, the main one being time. Staff are encouraged to prioritise inputting ROOT data, and participation is mandatory, but it is not monitored. Feedback suggests it can be difficult for staff to be constantly efficient with data input.

Reports to display data can be generated by any staff member that is registered to use ROOT.

Producing regular informative reports is essential, and will be a future focus for GGC SLT.



A ROOT bar chart comparing changes in individual TOM domains between patients in the most (decile 1) and the least (decile 10) deprived areas in GGC. Sourced from https://rcslt-root.org

Conclusion

We celebrate successfully using a system that is creating a wealth of continually growing data.

We are able to better monitor what's happening in the service 'live', and track changes over time.

As well as the data helping with service evaluation, it also contributes to the wider database, which RCSLT can explore.

We must continuously motivate and support staff in the use of ROOT. This is an ongoing process, essential to ensure the gathering of meaningful data.

The ongoing aim is to analyse results by generating tailored reports to:

- highlight any health inequalities or unwarranted variation
- contribute to the evidence base of SLT effectiveness
- potentially review what is working well and what is less effective
- help identify any patterns or trends that would require further investigation

References

[1] Enderby, P.M. and John, A. (2019) *Therapy Outcome Measure User Guide*. Croydon, J&R Press Limited.

[2] Lambert, S. and Moyse, K. *RCSLT Online Outcome Tool: monitoring inequalities and unwarranted variation summary report.*

[3] Holloway, C. Corp, E. Wakeling, F. and Cannon, G. RCSLT Bulletin, *Using ROOT to identify Inequalities* Issue 840, Autumn 2024