Using ROOT to identify inequalities

Our four RCSLT leadership placement students, **Capucine**, **Emma**, **Fraser** and **Garbhán**, met SLTs using the RCSLT Online Outcome Tool (ROOT)

The use of outcome measures is a Health and Care Professions Council (HCPC) requirement but collecting and analysing this information can be challenging in everyday clinical practice. This is where the RCSLT Online Outcome Tool (ROOT) comes in. Available for free to all RCSLT members, the service enables users to upload Therapy Outcomes Measures (TOMs) data and then produces easy-to-read charts and reports which can be used to inform clinical decision making, service improvement and conversations with commissioners and other funders. Users are also able to compare their individual service results with those of the entire database, allowing for benchmarking.

There are currently 85 organisations (ranging from sole traders to large NHS Trusts) actively using ROOT across the UK. A total of 90,000 episodes of care have been recorded in the database and RCSLT is able to draw from this data to provide insights for the profession as a whole.

Introducing health inequalities fields

Recently, four new health inequalities fields have been added to the ROOT, designed to enable analysis of potential inequalities in speech and language therapy services. The fields are:
- ethnicity (using locally determined categories)
- need for an interpreter
- language profile
- deprivation decile (based on postcode using the nation-specific index of multiple deprivation).

The new fields were launched after a pilot project across seven services between 2022 and 2024.

SLTs Hannah Hare and Shani Ackford were involved in the pilot scheme. Shani works in the Augmentative and Alternative Communication West of England Specialist Team (AAC WEST). AAC WEST have been using ROOT for seven years and Shani became involved as the new health inequalities fields were launched.

Hannah works for NHS Greater Glasgow and Clyde (GGC) in the adult acute and inpatient rehabilitation service. The team have been using ROOT for three years, and Hannah is one of the SLTs who lead on TOMs and ROOT, coordinating training and support for other members of the team.

Impact of collecting additional health inequalities data

Both Shani and Hannah told us that collecting additional data about the background of the people they work with has led to an increased awareness in their services of the factors that may impact equity in healthcare. Although there were initial concerns about how time consuming collecting additional data could be, once systems were set up, this has proved largely manageable within standard service data input processes.

REFERENCES
To see a full list of references visit: **rcslt.org/ references**

census data. However, there was a concern that they were not seeing anyone under the broad 'Asian' category, despite this representing 3% of the local population.

Shani reflected that there were possible explanations, such as small numbers in the data overall and the fact that people identifying as 'Chinese' are allocated to this overarching 'Asian' category in the census, but not in the NHS categories used by AAC West. However, the service also needed to consider the possibility that this could indicate perhaps fewer people from an Asian background accessing local SLT services or being referred on to their tertiary AAC service.

Shani has re-run the ROOT data after six months and, now she has more data, is reassured that this group is closer to the expected 3%. Shani is now looking at data every six months and sharing the results at team meetings. She has also presented findings to therapists from other services in the area.

Looking at unwarranted variation

Hannah has started to run reports on the ROOT checking for unwarranted variation (unexplained differences in outcomes that may be due to inequalities). Initial data did not indicate correlation between improvement in TOMs and the level of deprivation where a person lives. However, Hannah is cautious about drawing firm conclusions, because she is aware that there are established links between social deprivation and healthcare outcomes. She is meeting colleagues to look at this in more detail and is particularly interested to explore whether there is more variation for specific clinical conditions, and to consider how people who fail to attend are captured in the data.

Hannah highlighted the benefit of the ROOT as a live system, so she can access up-to-date reports and review trends as

the service adds more data and ensures this is as accurate as possible.

Next steps

For both services, the pilot has provided a starting point, allowing them to consider questions about inequalities in a new way and raise the profile amongst colleagues. They are now looking to improve the quality of their data and establish regular monitoring and analysis going forward.

Data alone can't explain what is happening or why, but as Shani says, "ROOT can provide data to back up what you feel as a clinician might be happening or reveal inequalities you hadn't expected." It cannot provide all the answers, but it may be a powerful part of our toolbox when striving to identify and reduce health inequalities.

Hannah and Shani's tips

Hannah told us: "My advice to teams looking to use ROOT is to ensure that it is part of new staff induction, alongside TOMs training, as this really helps embed use of the system. It is important to establish peer support and help SLTs appreciate the benefits of ROOT, if they are to spend time inputting data."

Shani told us: "My service has appreciated being able to use the upload function, as this streamlines the process by adding data from our existing recording system in bulk, rather than therapists manually inputting individual data points." ⓑ

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Time constraints have had more impact in terms of being able to carry out detailed analysis of the data so far, but both services have begun to learn from their data.

Considering unmet need

Shani explained that AAC WEST had not previously looked into local demographics, but with the ROOT data, they are beginning to consider whether their service is being accessed by all parts of the community.

The service used census data to find out the breakdown of ethnic groups across the six integrated care boards that they work in and then compared this with their ROOT data. When Shani looked at the data in November 2023, the make-up of the AAC West caseload was generally similar to the

> ## ❝ ROOT can reveal inequalities you hadn't expected

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