Shifting the wait: meeting the demands for paediatric speech pathology services

Alexandra Little¹,², Mattias Grasselli²
¹University of Newcastle Department of Rural Health, ²Hunter New England Local Health District

As consumer demand for paediatric speech pathology continues to outstrip capacity, it is critical that traditional service delivery adapts to keep pace to maximise the spread of clinical resources, avoid waiting list blow-outs and continue to meet the needs of the community. Capacity to do this at Tamworth Community Health Service has been compromised due to difficulties in recruitment and retention of junior and senior staff in the speech pathology department. Challenging times called for creative thinking, so based on its success elsewhere, a model governing overall service delivery was implemented (and evaluated) with the goal of delivering positive, sustainable caseload management change. Now branded as ESSENCe, the model operates around family-centred practice, with block periods of assessment bookings, followed immediately by intensive therapy and then ongoing follow-up initiated by caregivers. Careful adaptation of the model was undertaken to align it with requirements of the health service and the needs of the local community, and the model was subsequently utilised with all new outpatient referrals entering the system over a twelve-month period. The experience of implementing such a radical service model and the subsequent data outcomes will be discussed in this paper.

One year on, and with the entire department set to transfer over to the new service method, the model has proven an efficient way of managing the demands of a busy, complex caseload. Processes are also in place to ensure the effectiveness of the model is carefully evaluated. After 12 months, a 16-month backlog of referrals has been cleared and wait times for initial assessment and therapy have been considerably reduced, even though referral numbers remain the same.

In turning the service around, the journey has not been without its challenges, encountering the expected and the unpredictable in the trialling of ESSENCe. Comprehensive planning and strong management support have been critical to the success of the trial, as well as clear and regular communication with key stakeholders.

The capacity to sustain this change in the long term is possible, but only time will tell and the proof will be in clinical and service outcomes. Models like this are new to the delivery of allied health services and still considered controversial by many. However, operating within models that can flex with service demand and yield to fluctuating staff capacity is undoubtedly the recipe for a bright future for clinicians and consumers in an ever-changing health environment.