

SSPED Implementation Guide

The purpose of this guide is to enable other NHS Trusts to utilise and embed the SSPED effectively within their own organisations. Adaptations to the original SSPED, the training and the audit plan will be required to ensure that it is fit for purpose in different settings, but this guide offers advice on key considerations to ensure that the SSPED is embedded deeply and sustainably.

Stakeholders

It is important that all key stakeholders are involved with the SSPED implementation from the outset. This ensures that clinical colleagues and managers can take ownership and remain in control of the new initiative by working collaboratively and fostering positive relationships between teams which leads to sustainable change. Some key stakeholders to consider are listed in the table below.

Stakeholder	Involvement
ED senior leadership team (Ward Manager, Matron, General Manager, Consultants etc.)	<ul style="list-style-type: none"> □ Offering guidance about how to engage with clinical colleagues and the practicalities of introducing a new initiative into the department □ Acting as senior champions for the SSPED and encouraging clinical staff to embrace a change in the way they work
Practice Development Nurse (PDN)	<ul style="list-style-type: none"> □ Able to advise on how to provide training to clinical staff and ensure that the SSPED is well embedded in routine care □ Acting as a champion for the SSPED and providing frequent reminders to ED clinicians
Parkinson's Specialist Nurses/Neurology team	<ul style="list-style-type: none"> □ It is important that clinical specialists within the organisation are in agreement with the content of the SSPED, especially the actions that clinicians are instructed to take
Doctors, Nurses and other patient-facing colleagues	<ul style="list-style-type: none"> □ All clinicians must have the opportunity to give feedback on the SSPED and ask questions so that any concerns can be addressed prior to implementation
SLT team (acute and community)	<ul style="list-style-type: none"> □ The SSPED instructs clinicians to make onward referrals to the community SLT team in certain situations, so the team should be made aware of SSPED implementation and given the opportunity to raise concerns and give feedback □ The SSPED will generate referrals to the acute SLT team so it is essential that they are prepared for this and can prompt ED clinicians to use the SSPED appropriately. It should be noted that the SSPED aims to generate referrals earlier in a patient's

	admission, rather than leading to a significant increase in the number of referrals received
Service users	<ul style="list-style-type: none"> <input type="checkbox"/> Service users should be offered the opportunity to give their opinions, ideas and feedback about the SSPED before it is introduced, and they should be kept informed of the progress and impact <input type="checkbox"/> Consider using patient satisfaction surveys to measure the impact and collect feedback

Adapting the SSPED

The original SSPED template is freely available to all NHS Trusts and can be adapted to meet the needs of different organisations. Some adaptations to consider are listed below:

- Contact details for SLT and Neurology teams
- Trust-specific guidance on prescribing medications and self-administration
- Terminology should be familiar to staff within the organisation
- An extra box at the start of the flow chart may be required to direct clinicians to an alternative screening tool if one is already in place for other patient groups e.g. acute stroke

Please ensure that Buckinghamshire Healthcare NHS Trust and the Parkinson's Excellence Network are acknowledged on all versions of the SSPED.

Measuring Impact

To be able to understand the impact of the SSPED and address any barriers to successful implementation, it is important to take baseline and outcome measures. SSPED utilisation should also be monitored to give insight into how it is being used by clinicians. Some metrics to consider tracking are listed below (patients eligible for the SSPED only):

- % of patients receiving the SSPED in ED
- Time to SLT referral
- Number of missed doses of medication
- Length of stay

Qualitative data should be collected via staff and patient surveys and examples of these can be found in appendix 6 and 8 of the main report.

When the SSPED is well embedded, an annual audit can be completed (appendix 14).

Training

The SSPED is designed so that there is little to no training requirement for staff of band 4 and above to be able to use it effectively. However, it is recommended that clinical staff are offered training on the management of PD and dysphagia, and the SSPED is included as part of the training package. Please refer to the annual training plan in appendix 15 which is used in BHT and can be used as a template for other Trusts.

Implementation Support

If you require support with implementing the SSPED in your Trust, please contact the acute Speech and Language Therapy Team at BHT on 07966 138445 or Hannah.hornby@nhs.net.