

Speech and Language Therapy Management of Adults with Head and Neck Cancer Clinical Guideline V1.0

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Summary

Head and neck cancer and its treatments can have detrimental effects to the function and structure of the oral cavity, pharynx or larynx. The current international treatments for this disease include one or a combination of radiotherapy, chemotherapy and surgery, and can produce physical, functional and psychosocial problems. The serious functional disabilities may result in voice, speech and swallowing difficulties. In addition, there can also be profound levels of distress and anxiety for a patient and their family. The county of Cornwall covers a population of approximately 540,000 with approximately 150 new patients referred to the Head and Neck Oncology Multi-Disciplinary Team (MDT) every year. The Highly Specialist Adult Speech and Language Therapists (Specialist SLT's) are a core member of the Head and Neck MDT based at Royal Cornwall Hospital NHS Trust (RCHT). The role of the Specialist SLT is to work as part of the MDT to provide assessment, treatment, information and advice, psychological support and contribute to the individual's quality of life to all patients referred with this diagnosis.

1. Introduction

This guideline addresses the Specialist Speech and Language Therapist's (SLT) management practice for those patients with head and neck cancer. This includes the specific role of the Highly Specialist Adult SLT's within the Multidisciplinary Team (MDT) and the role of the Specialist SLT under instruction or guidance from the Highly Specialist SLT's as appropriate. This policy also offers guidance for the Community and Specialist Palliative SLT when patient referral for Community Rehabilitation or palliative support is appropriate.

This version supersedes any previous versions of this document.

2. Aim/purpose of this guideline

The purpose of this guideline is to assist the Adult Speech and Language Therapy Team in diagnosing, treating and managing this diagnostic group.

3. The Guidance

This guideline applies to speech, voice, communication and swallowing disorders caused by head and neck cancer and its subsequent treatment. This policy has been informed by several guidelines and sources of support and should be read in conjunction with the following:

3.1. Scope

This policy applies to Adult SLTs employed at The Royal Cornwall Hospitals Trust (known as RCHT) and Cornwall Partnership NHS Foundation Trust (known as CFT).

3.2. Definitions / Glossary

- **Dysphagia:** Swallowing difficulties.
- **Aspiration:** Entry of food, drink or secretions into the larynx.
- **Laryngectomy:** Surgical removal of the larynx.
- **Surgical Voice Restoration:** Prosthetic speech valve placed in a surgically created fistula in the oesophagus to restore airflow from the lungs to the oral tract, with which to create a laryngeal voice after a Laryngectomy.
- **Dysarthria:** Difficulty speaking caused by problems with the muscles used in speech.
- **Augmentative and alternative communication (AAC):** Communication methods used to support, supplement or replace speech.

- **Dysphonia:** Voice difficulties (e.g. hoarse/strained/weak) following head and neck diagnosis and/or treatment.

3.3. Role of the Highly Specialist Adult Speech and Language Therapist

3.3.1. The role of the Highly Specialist SLT is to provide a specialist assessment, diagnosis and treatment to adults who present with head and neck cancer in Cornwall. The Highly Specialist SLT has responsibility for supporting the patient in all the stages of the cancer pathway. It may be appropriate in the following settings:

- At diagnosis.
- Preoperatively to counsel the expectations and effects of treatments.
- Post operatively to assess the effects of surgery and make appropriate recommendations.
- Pre, during and post chemotherapy and radiotherapy treatments.
- Individually for therapy at hospital or in their own home.
- At follow up head and neck clinics.
- At late effects/rehabilitation clinics.
- Where appropriate during palliative and terminal stages care.

3.3.2. The Highly Specialist SLT does this by:

- Liaising closely with the Oral and Facial Surgeons and Ear Nose and Throat (ENT) Surgeons and their teams on site (RCHT) - ward or clinic and the MDT at University Hospital Plymouth.
- Regularly attending the weekly joint Southwest Head and Neck Cancer MDT meeting with staff from RCHT and Plymouth Hospitals NHS Trust (PHT) to discuss diagnosis, treatment and management of all patients referred to this area.
- Attending the weekly joint head and neck Clinic with medical and surgical colleagues.
- Working closely with the Head and Neck Clinical Nurse Specialist (Head and Neck CNS) and the Oncology Dietitian to run joint weekly On Treatment (Oncology) Review Clinics.
- Working closely with the Head and Neck Clinical Nurse Specialist (Head and Neck CNS) and the Oncology Dietitian to run joint weekly Pre and Post radiotherapy and surgical clinics Review Clinics.
- Leading the Surgical Voice Restoration Service in the RCHT and arranging appointments and timely valve changes for the care of laryngectomy patients.
- Attending and jointly leading the VFS clinic with the consultant radiographer to include pre and/or post treatment swallow assessments. Guide laryngectomy SVR management including swallow/voice assessments and insufflations tests.

- Working with other teams such as therapeutic radiographers, lymphoedema specialist, Cancer Support services, specialist physiotherapy, medical teams, liaison and consultation with other teams on outlier wards in RCH and the Cornwall Partnership Foundation Trust.
- Offering advice to General Practitioners and Community Nursing teams where appropriate to support patient care.
- Developing links with the voluntary sector.

3.4. Role of the Specialist Speech and Language Therapist

- 3.4.1. The role of the Specialist SLT is to work independently and provide specialist assessment, diagnosis and treatment to adults who present with head and neck cancer in Cornwall. The Specialist SLT has responsibility for supporting the patient in all the stages of the cancer pathway in the settings mentioned above.
- 3.4.2. It is the Specialist's responsibility to seek support or advice from the Highly Specialist SLT's regarding management of more complex patients where necessary.

3.5. Role of the Community Speech and Language Therapist

- 3.5.1. There is currently limited provision for community SLTs to see head and neck oncology patients. All head and neck patients presenting with or anticipated to have swallow, speech or voice issues are reviewed by the specialised head and neck team based at RCHT. Thyroid head and neck patients do not sit under the head and neck MDT and therefore are not routinely seen by the Head and Neck SLT although there are exceptions (see Referral Section).
- 3.5.2. In some instances, it may be appropriate for the patient's care to be referred the Highly Specialist Macmillan Palliative Care SLT. For example, patients who are admitted to the hospice or those who are no longer attending hospital appointments.
- 3.5.3. Palliative patients with ongoing highly complex head and neck related needs including laryngectomy will continue to be reviewed by the Head and Neck SLT. In these instances, the Head and Neck SLT can carry out home visits.
- 3.5.4. For patients with a history of head and neck cancer presenting with new speech/ voice/ swallow symptoms secondary to another diagnosis (neurological/ frailty) it is the role of the community based SLT to see the patient independently for therapy if required regarding the patients' previous head and neck treatment.

- 3.5.5. It is recognised that the head and neck cancer patient's presentation is often quite different from neurological dysphagia. The Community Therapist is encouraged to seek advice, education, sources of information and support groups from the Head and Neck SLT Team as appropriate relating to their level of clinical experience and/or patient presentation.
- 3.5.6. When a patient has been referred directly to the Community Therapist from an 'Out of County' cancer treatment centre, the Community Therapist is requested to inform the Head and Neck SLT Team via the Head and Neck SLT referral email. The patient may require further cancer follow up reviews with the head and neck oncology team and the Highly Specialist SLT would be a point of contact to arrange this referral.

3.6. The role of other inpatient SLT's

- 3.6.1. Members of the acute or stroke SLT team may be responsible for identifying Head and Neck patients when they present on inpatient wards. This includes gathering initial information, providing on the spot dysphagia advice and onward signposting on to Head and Neck team.
- 3.6.2. Critical Care SLT's will identify any head and neck patients who present to Intensive Care Unit (ICU), including new tracheostomy and laryngectomies and will inform Head and Neck SLT Service. Head and Neck SLTs remain the lead clinicians whilst the patient is on ICU but work in close collaboration with the critical care SLT.

3.7. Role of the Line Managers

Line managers are responsible for:

- Ensuring that training needs of staff have been identified.
- Providing time for on-going specialist training and skill maintenance to occur.
- Identifying and ensuring time is provided for clinical supervision with another appropriate clinician.
- Providing on-going managerial support, including carrying out PDRs with the highly specialist SLT's; support regarding service funding and timely recruitment / cover into vacant posts as required.

3.8. Voluntary sector

The voluntary sector is a key partner in leading and managing support groups for patients throughout the pathway.

3.9. The Highly Specialist SLT

3.9.1. The Highly Specialist SLT will have received specialist training and will have had significant experience with patients with Head and Neck cancer to be a core member of the Head Neck Oncology MDT in line with NICE guidelines (2005). The Highly Specialist SLT is expected to have specialist knowledge of the effects of Head and Neck cancer treatments on the client's speech, voice and swallow.

3.9.2. The Highly Specialist SLT will:

- Provide clients, carers and the relevant professionals with information regarding speech, swallowing and voice expectations at each stage of the cancer pathway.
- Counsel patients and carers in the expected changes to speech, swallow and voice depending on the cancer treatment plan or the deterioration in patient's condition over time.
- Evaluate speech, swallowing and voice with either instrumental and/or non-instrumental methods.
- Collaborate with the patient, design and undertake therapy to enhance or improve swallow; speech and/or voice.
- Collaborate with the patient to design and deliver therapy to improve and/or optimise swallow function and/or reduce risk of aspiration as well as advising on compensatory swallow strategies to improve symptoms. This includes recommendation of alternative modes of nutrition if required.
- Work in conjunction with other professionals to recommend when it is safe to commence oral intake with or without supplementary feeding and encourage normal nutritional status to reduce complications of cancer and enhance quality of life.
- Monitor and document change in speech, swallowing and voice change over time. Assess and recommend the use of alternative forms of communication, e.g. electrolarynx; Voice Aid; writing, where appropriate.
- Provide and co-ordinate a service for laryngectomy patients who have Surgical Voice Restoration. This includes specialist videofluoroscopic assessments for swallow assessments; Taub test (where an external source of oxygen is used to inflate the patient's vibratory segment) and air insufflation test (where a patient self inflates the vibratory segment via a trans-nasal catheter).

- Educate and provide information to the Adult Speech and Language Therapy Team, Ward Staff, MDT and extended community teams such as Community Nursing Teams and GP surgeries.

3.10. Referral

- 3.10.1. Communication and dysphagia referrals can be made to the Head and Neck SLT Team by an open referral policy by any member of the MDT for Head and Neck patients or via the generic head and neck referral email by any other qualified health care professional. Patients can also self-refer.
- 3.10.2. Patients who have completed their 5-year surveillance reviews for head and neck cancer who are presenting with new swallow, speech or voice symptoms will need to be referred and seen by the appropriate surgeon (oral surgery or ENT) prior to Head and Neck SLT review.
- 3.10.3. Within the acute RCHT hospital setting, patients that present with Head and Neck cancer will mostly be seen by the Head and Neck SLT Team. Where joint working with other SLT colleagues takes place, i.e. in critical care, the Head and Neck SLT Team will act as lead clinicians.

3.11. Thyroid cancer patients:

Inpatient thyroid cancer patients presenting with complex swallow/voice difficulties or outpatients with acute ongoing symptom control needs related to their oncology treatment (e.g. chemotherapy/radiotherapy) can be referred to the Head and Neck SLT service. The referral will be triaged and accepted on a case-by-case basis. When these patients have completed their oncology treatment and require only SLT intervention they will be transferred back to the local community Adult SLT.

3.12. Response Times

- 3.12.1. In line with the local adult speech and language therapy referral standards, inpatients will be seen within two working days of receipt of the referral and outpatients within eight weeks. Referrals to Cornwall Foundation Trust will be triaged according to the standards operating within that organisation.
- 3.12.2. There is no service on weekends, bank holidays, out of hours or on-call. There is no designated SLT cover for leave. ENT on-call is a point of contact for emergency valve changes at these times.

3.13. Assessment

- 3.13.1. The aim of assessment is to investigate any existing speech, swallow or voice/laryngeal voice problems and determine pre- and post- treatment function levels. It also enables the Head and Neck SLT team to establish rapport with the client and gather information which can contribute to joint-team goal planning. This forms the basis for appropriate decision-making regarding intervention.
- 3.13.2. The client's impairment, disabilities and distress will change as healing, progression or recovery of the disease process occurs. To this end both formal and informal assessments are required.

3.14. Methods of Assessment for Head and Neck patients

- 3.14.1. Bedside assessment should only be carried out by Specialist Head and Neck SLTs. This may include medical history, social history, assessment of oromotor and laryngeal function, SVR including speaking valve, end stoma management, speech, tracheostomy, skin, pain, nutrition, swallow trials and MDT liaison.
- 3.14.2. Tracheostomy assessment and care (see the RCHT Assessment and Management of Dysphagia Clinical Guideline).
- 3.14.3. Videofluoroscopy (see the RCHT Assessment and Management of Dysphagia Clinical Guideline) - only carried out by appropriately trained ASLTs.
- 3.14.4. Air Insufflations/Swallow Investigations Test and Taub testing for Surgical Voice Restoration following laryngectomy must only to be carried out by the Specialist Head and Neck SLT with the appropriate completed competencies.
- 3.14.5. Fiberoptic Endoscopic Evaluation of Swallowing (FEES) should only be carried out by appropriately trained Adult SLTs (see the RCHT Assessment and Management of Dysphagia Clinical Guideline).

3.15. Pre-treatment Assessment

- 3.15.1. On initial meeting with the client/carer, the Head and Neck SLT Team will:

- Have a good understanding of the planned surgical procedure by attending the multi-disciplinary planning meeting and liaise with team members regarding intended surgery including method of reconstruction/type of closure.
- Ascertain the information given to the client/carer and assess their understanding of the intended procedure.
- Take a full case history, including relevant social history and medical history which may be obtained from the client's medical notes.
- Assess the client's communication and swallowing abilities.
- Assessment can include self-rating scales for speech and swallowing and quality of life measures.
- Informal assessment of the client's literacy skills.
- Provide an explanation of the normal processes of speech/swallowing and discuss potential difficulties post-treatment.
- Discuss aids to communication and their application, where appropriate.
- Provide written information regarding the potential functional effects of the treatment.
- Provide prophylactic exercises where indicated.

3.15.2. Post-treatment Assessment post-surgical or/and oncology treatments the Head and Neck SLT Team will:

- Review the details of the surgery in the client's medical notes and where necessary, seek clarification with a member of the surgical team. A discharge summary should be forwarded for patients treated by University Hospital Plymouth (UHP).
- Review therapy aims and goals.
- Contact or review the patient/carer within two working days of their return to the ward. Or within 8 weeks of discharge from UHP.
- Review methods of communication and advise accordingly.
- For those treated at the RCHT, assessment/therapy will commence once the surgical team has referred. Patients treated at UHP will be assessed and managed in accordance with their discharge summary.
- Be familiar with different types of tracheostomy tubes, the impact they may have on communication and the swallowing process and implications for therapy and advise the MDT where they should be used as appropriate.

3.16. Intervention

- #### 3.16.1. Management will be planned based on assessment findings. All forms of intervention will be discussed with the client and carer at the outset. Where the patient is unable to give consent, the Trust's best interests process should be followed. Consent or refusal should be documented in the Adult SLT (ASLT) and medical notes. The patient may choose to withdraw consent at any time during the

intervention.

The aims of Speech and Language Therapy intervention are to:

- Facilitate neuromuscular recovery wherever possible (i.e. post radiotherapy).
- Facilitate compensatory strategies where structural or functional recovery is not achievable.
- Teach patients and carers how to manage speech or voice or swallowing difficulties within the realistic confines of their disability.
- To teach maintenance and care of devices which are sometimes required to maximise speech/swallow potential e.g. Therabite; IOPI, Surgical Voice Restoration and / or AAC.
- Help the patient and their carers to cope with the consequences of a major life-changing treatment/surgery.

3.16.2. Intervention may be provided by any of the following ways:

- Information, advice and training to others. Direct treatment to improve facial, oral, pharyngeal and laryngeal function to enable the patient to safely swallow and/or improve swallow efficiency. This may include oral tools such as the IPOI and/or intensive swallow rehabilitation with targeted swallow exercises/ swallowing against resistance.
- Using and training others in compensatory techniques including postural adaptations, texture modifications, swallow techniques etc. (See RCHT Assessment and Management of Dysphagia Clinical Guideline).
- Working with others e.g. nursing staff for ongoing monitoring of intake, dietitian for nutritional recommendations, etc.

3.17. Clinics

3.17.1. Pre-treatment clinic

All patients undergoing oncological and/or surgical treatment which will affect their speech/voice and/or swallow are seen by the SLT team to assess baseline function; collect outcome measures and provide them with prophylactic swallow exercises where appropriate. This is done either jointly with the dietitians at the Sunrise Centre or in an ad hoc SLT led clinic (for patients not requiring prophylactic Radiologically Inserted Gastrostomy (RIG) insertion).

3.17.2. 'On Treatment Review Clinic' Intervention

When patients receive a course of radiotherapy and /or chemotherapy, the Head and Neck SLT team will support the patient through these treatments. The Head and Neck SLT Team will attend the weekly 'On Treatment Review Clinic' which is run jointly with the Head and

Neck CNS and Oncology Dietitian. The SLT will offer appropriate SLT intervention as previously noted and symptom management advice in liaison with the wider MDT to all Head and Neck patients.

3.17.3. 'Post-treatment review clinic'

The Head and Neck SLT aim to see all patients whose voice/swallow and/or speech has been affected by oncological treatment 2 weeks following completion of chemo/radiation. This is a weekly joint clinic run jointly by the Head and Neck SLT, Oncology Dietitian and Head and Neck CNS at the Sunrise Centre.

3.17.4. Problem solving SVR clinic.

Two-weekly SLT run clinic for laryngectomy patients presenting with SVR issues to include (but not exclusive of) leaking voice prosthesis; stoma issues; alaryngeal voice difficulties. The SLT will liaise with ENT colleagues for input where required, e.g. surgical management; concerns regarding recurrence; prescribing anti-fungal medication. Patients that require more urgent input will be seen outside of this set clinic in liaison with the ENT department and/or Emergency Department pending room capacity.

3.17.5. Late effects and rehabilitation clinic

This is a twice weekly run head and neck SLT clinic that aims to see those referred with late effects of treatment (surgical or radiological) and all those patients whose speech, swallow or voice have been affected by recent surgical or radiological intervention and require rehabilitation – this clinic takes place in the Therapies department.

3.17.6. Head and Neck Follow-Up Surveillance Clinic

This is an MDT Clinic, held in 3 locations – Oncology, ENT and Maxillofacial department. SLT will review patients alongside the appropriate Specialist team and provide any necessary advice and support. Specific patients may need to be seen in a parallel clinic if extended level of input is needed from the SLT

3.17.7. Videofluoroscopy Clinic

This is a combined clinic of general acute patients, Community referrals and Head and Neck Cancer patients and runs weekly. Head and neck cancer patients are referred directly to the clinic and are only seen by a Specialist Head and Neck SLT. It aims to see patients who present with dysphagia or Laryngectomy/SVR complications to assess, differentially diagnose and inform management. Self-insufflation or Taub may be performed on those patients that have had a Laryngectomy +/- speaking valve. Joint

review with ENT Consultant may be required for those undergoing Botox Infiltration.

3.18. Palliative Care Intervention

3.18.1. The Head and Neck SLT Team will:

- Always have a good understanding of the nature and progression of the cancer and potential impact on functional ability.
- Take care not to assume the client's/carer's understanding of the situation. They will allow time for the client/carer to explain their understanding and perceptions of the disorder and to support understanding accordingly.
- Monitor the changing needs of a patient's communication or swallowing difficulties in view of the progressive nature of the cancer. Their needs will change over time, and they will require on-going monitoring.

3.18.2. If the patient is on a community caseload at this time, advice can be sought from the Head and Neck SLT Team or Specialist Palliative Care Therapists.

3.18.3. If the Head and neck cancer patient has a palliative diagnosis and is no longer attending Head and Neck clinic they may be better managed by the Highly Specialist Oncology and Palliative Care SLT and a referral made to these services.

3.19. Liaison

Following initial assessment the Speech Therapist will:

- Discuss the findings and recommendations with the patient/client and if appropriate any relatives who are present.
- Discuss the findings and recommendations with the nurse/carer currently in charge of the care of the patient/client.
- Document the findings (see section on Documentation).
- Liaise with the Head and Neck MDT and other professional staff e.g. Dietitian, Community Nurse regarding the effect of the disorder on management.

3.20. Review

Reviews are undertaken to:

- Monitor readiness for intervention.
- Monitor any change in status.

- The frequency of review will depend on the medical or psychological condition of the patient and the ASLT's clinical judgement in line with their goals.

3.21. Documentation

- 3.21.1. For inpatients, the outcome of assessment and intervention will be written in the medical notes contemporaneously.
- 3.21.2. Details of all inpatient and outpatient contacts (including general communication; assessment and intervention) will be recorded on Somerset Cancer Register contemporaneously or as soon as possible after client contact in line with the Adult SLT recording keeping standards.
- 3.21.3. All letters and reports including videofluoroscopy reports; discharge reports and valve change letters will be uploaded and saved on Maxims and sent to the patient, GP and any members of the MDT who have identified actions.

3.22. Discharge

- 3.22.1. The Head and Neck SLT team, the MDT, the patient and the carer should be involved in the discharge decision planning process.
- 3.22.2. Patients will be discharged from the Head and Neck SLT team when they have achieved their clinical goals and/or when further SLT intervention is no longer indicated.
- 3.22.3. The procedure for re-referral and indications for re-referral are discussed with the patient.
- 3.22.4. Most Head and Neck cancer patients will continue to be reviewed by the Head and Neck Cancer Services for five years, in line with NICE guidance. The Head and Neck SLT Team will only see their open or new cases in this clinic.

3.23. Failure to Attend

If the patient does not comply with treatment or fails to attend appointments patients will be discharged. Written advice will be provided to the patient indicating risks involved and a record made in the ASLT Notes. A report will be sent to the referring agent outlining the reason for discharge.

3.24. Support Groups

- 3.24.1. Support groups within Cornwall will be supported on request.
- 3.24.2. Patient support groups are a very valid and important adjunct to the patient and family rehabilitation process. Support groups are recommended in addition to therapy, not an alternative. The Head and Neck SLT team working in conjunction with two Head and Neck Cancer Support Groups, providing professional support and facilitation.
- 3.24.3. 'Speakeasy Cornwall' is a peer support group aimed at patients who have had laryngectomy surgery and their carers and family. The club is part of a wider organisation the National Association of Laryngectomy Clubs (NALC), whose major role 'is to provide the sort of non-medical help and information that can only come from the experience of living with a laryngectomy'. The National Association of Laryngectomy Clubs has the following objectives: To promote the rehabilitation of laryngectomies. To unite all clubs within the British Isles whose objectives are to promote the welfare of laryngectomies. To encourage the formation of new clubs with similar objectives. To collect, co-ordinate and disseminate information relevant to the rehabilitation of the laryngectomy.
- 3.24.4. 'Swallows Cornwall' is a peer support group designed to bring together people who have speech, voice or swallowing difficulties since their treatments for Head and Neck cancer. It is a social group but where group members are encouraged to talk about their treatment experiences and gain knowledge and support from each other.
- 3.24.5. The Cove Cancer Support Centre (RCHT) offers a wide range of support for both the cancer service user and relatives throughout the cancer journey.
- 3.24.6. All patients are informed about the support groups by the Head and Neck SLT team or wider head and neck support team including the Head and Neck CNS and ENT consultants.
- 3.24.7. The Head and Neck SLT Team also signpost patients/carers to other support agencies which include the following:
- National Association Laryngectomy Clubs (NALC) guidelines www.nalc.uk.com/
 - Macmillan Cancer Relief www.macmillan.org.uk
 - Cancer BACUP www.cancerbacup.org.uk
 - Cancer link www.cancerlink.org

- Marie Curie Cancer Care www.mariecurie.org.uk
- The Swallows Head and Neck Cancer Support Group <https://theswallows.org.uk/>

4. Related legislation and national and local guidance

Links to key external standards:

- Royal College of Speech and Language Therapists Guidance: Head and Neck Cancer.
- [New eating, drinking and swallowing guidance published | RCSLT](#)
- Prosthetic Surgical Voice Restoration (SVR): The role of the speech and language therapist policy statement 2010. Royal College of Speech and Language Therapists.
- Fibreoptic Endoscopic Evaluation of Swallowing (FEES): the role of speech and language therapy. Royal College of Speech and Language Therapists policy statement (2015) Updated 2021.
- Fibreoptic Endoscopic evaluation of Swallowing (FEES): The role of speech and language therapy. London: Royal College of Speech and Language Therapists, Position paper. 2020.
- National Cancer Peer Review-National Cancer Action Team, 2010. Head and Neck Measures, Gateway No. 14324 - July 2010.
- Macmillan Allied Health Professionals Competence Framework (2017)
- RCSLT Tracheostomy Group Framework (2022).
- British Association of Otorhinolaryngologists Head and Neck Surgeons (BAO-HNs Doc 6. (Autumn 2002) Effective Head and Neck Cancer Management Third Consensus Document.
- NICE Guidance NG36 Cancer of the Upper Aerodigestive Tract: Assessment and Management in people aged 16 and over. (2016) Updated 2018.
- NICE Guidance - Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer: The Manual.
- Head and Neck Cancer Multidisciplinary Management Guidelines. (2011) ENT UK Head and Neck cancer pathways - Search Results - Evidence Search - Search Engine for Evidence in Health and Social Care.
- RCHT Oropharyngeal Dysphagia Assessment and Management in Adults Clinical Guideline.
- RCHT Videofluoroscopy (VFS) competencies framework.
- RCHT FEES competencies and protocol.
- RCHT air insufflation competencies (2022).
- RCHT Ionising Radiation Safety Policy.

5. Training requirements

None.

6. Implementation

The document will be circulated to all relevant Speech and Language Therapy staff and placed on the internet and intranet in RCHT and CFT.

7. Document monitoring arrangements

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Appropriate and timely SLT referrals New patients seen within guide waiting times.
Lead	Highly Specialist Head and Neck SLT.
Tool	Incident reporting of referral errors which result in delayed access to care. Commissioner's report.
Frequency	Quarterly.
Reporting arrangements	CFT Therapies CQaGG.
Acting on recommendations and lead(s)	Highly Specialist Head and Neck SLT. Professional Lead SLT.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within one month (or other identified time scale if relevant). A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

Will the monitoring arrangements result in a clinical audit: No

8. Environmental sustainability

The Trust is committed and obligated to reduce its environmental impacts. Healthier outcomes can be achieved for people, the planet and pounds by conducting our activities in a more environmentally sustainable manner.

Email cft.sustainability@nhs.net for more information and guidance.

9. Updating and review

This Clinical Guideline will be reviewed no less than every three years.

10. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the [Royal Cornwall Hospitals NHS Trust equality diversity and inclusion policy](#) and [Cornwall Partnership NHS Foundation Trust equality, diversity and inclusion statement](#).

The initial equality impact assessment screening form is at Appendix 1.

Appendix 1: Equality impact assessment form

Title of policy or document for assessment: Speech and Language Therapy Management of Adults with Head and Neck Cancer Clinical Guideline V6.0

Who is affected by the document?

Staff Patients Visitors Carers Other

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sex	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gender reassignment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Religion and belief	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Human rights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are there any other associated objectives of the document	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Name: Becky Osborne, Governance Lead.

Date: 6 January 2026.