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

V5.0

February 2023

CFT Governance Information

Title:	**Speech and Language Therapy Management of Adults with Head and Neck Cancer Clinical Guideline V5.0**
Purpose:	The purpose of this guideline is to assist the Adult Speech and Language Therapy Team in diagnosing, treating and managing this diagnostic group.
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Document Definition:	Clinical Guidelines
Document Author:	Frances Children and Claire Higgins – Highly Specialist SLT, Clinical Leads Head & Neck
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	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) National Cancer Peer Review-National Cancer Action Team, 2010. Head and Neck Measures, Gateway No. 14324 - July 2010. National Cancer Action Team, 2009. Rehabilitation Care Pathway: Communication Difficulties. Disbanded Macmillan Allied Health Professionals Competence Framework (2017) RCSLT Tracheostomy Group Framework (2014) British Association of Otorhinolaryngologists Head and Neck Surgeons (BAO-HNs Doc 6. (Autumn 2002) Effective Head and Neck Cancer Management Third Consensus Document. http//dohns.org/DOHNS/Resources_files/BAOHNS %20Cancer%Management%20Guidelines.pdf NICE Guidance NG36 Cancer of the Upper Aerodigestive Tract: Assessment and Management in people aged sixteen and over. (2016) NICE guidelines Improving Supportive and Palliative Care for adults with cancer (2004) www.nice.org.uk 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
Associated Trust Policies and Documents:	RCHT Clinical Guideline for the Management of Dysphagia in Adults
Equality Impact Assessment:	The Equality Impact Assessment Form was completed on (date) In line with the Public Sector Equality Duty, every procedural document will be screened by the person responsible for its development, to consider whether there is an equality dimension or whether any adjustments are necessary to comply with the duty to promote equality and diversity. This should involve consultation with stakeholders appropriate to the aims of the individual document. The equality screening process and any wider impact assessment should be recorded within the document using the heading “Equality Impact Assessment”. (The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population

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	and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment Tool is designed to help you consider the needs and assess the impact of your document.)
Training Requirements:	No
Monitoring Arrangements:	**Element to be monitored -** Appropriate and timely SLT referrals and new patients seen within guide waiting times. **Frequency** – Quarterly **Reporting to** CFT Therapies CQaGG. **Change in practice -** 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. More information can be found at Section 3.
Implementation:	Implementation of the policy will be via Trust wide communication and supported by appropriate training for the relevant members of staff.

Version Control – Author to complete the table below with all changes made

Version	Date	Author	Changes
V1.0	2001	Caroline Finlayson, Specialist SLT	Initial Issue
V2.0	2007	Emma Mitchell, Highly Specialist SLT	Update of existing local policy
V3.0	Sept 14	Emma Mitchell, Highly Specialist SLT	Complete reformat in line with current Trust Policy Formatting
V4.0	01/08/19	Jennifer Lloyd, Professional Lead SLT Jane Mitchell, Highly Specialist SLT	• Update role of Highly Specialist SLT • Update to role of voluntary sector and STEPS. • Update of reference to external guidance and policies • Addition of Cove Clinic details • Minor changes in wording without change to content

Version	Date	Author	Changes
			Addition of Appendix – Derriford transfer report template
V5.0	01/12/2022	Frances Children, Specialist SLT Claire Higgins, Specialist SLT	• Update role of the Highly Specialist SLT's • Update of reference to new and updated local polices and guidelines • Update regarding online documentation in line with paperless notes now practised at RCHT • Addition of booked clinics including pre- and post-treatment clinics and SVR problem solving clinics • Update to referral criteria Minor changes in wording without change to content

This document Replaces:
Speech and Language Therapy Management of Adults with Head and Neck Cancer Policy v4.0

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 100 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. Aim/Purpose of this Guideline

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

1.2. It addresses the Specialist SLT's management practice for those patients with Head and Neck cancer. This includes the specific role of the Highly Specialist ASLT's within the 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.

1.3. This version supersedes any previous versions of this document.

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2. The Guidance

2.1. This guideline applies to the 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:

- Royal College of Speech and Language Therapists Guidance: Head and Neck Cancer.
- https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-guidance/
- https://www.rcslt.org/members/clinical-guidance/voice
- 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).

- National Cancer Peer Review-National Cancer Action Team, 2010. Head and Neck Measures, Gateway No. 14324 - July 2010.

- National Cancer Action Team, 2009. Rehabilitation Care Pathway: Communication Difficulties. Disbanded.

- Macmillan Allied Health Professionals Competence Framework (2017)

- RCSLT Tracheostomy Group Framework (2014).

- British Association of Otorhinolaryngologists Head and Neck Surgeons (BAO-HNs Doc 6. (Autumn 2002) Effective Head and Neck Cancer Management Third Consensus Document. http://dohns.org/DOHNS/Resources_files/BAOHNS%20Cancer%20Management%20Guidelines.pdf

- NICE Guidance NG36 Cancer of the Upper Aerodigestive Tract: Assessment and Management in people aged 16 and over. (2016).

- NICE guidelines Improving Supportive and Palliative Care for adults with cancer (2004) www.nice.org.uk

- 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.

- Local Speech and Language Therapy RCH Guidelines.

- Standards and Practice including Dysphagia Management and Assessment in Adults Clinical Guideline.

- RCH SLTs working with tracheostomy competencies Framework (2009) – pending.

- RCHT VFSA competencies framework – pending.

- RCHT FEES competencies and protocol – pending.

- RCHT air insufflation competencies (2022).

- RCHT Ionising Radiation Safety Policy.

2.2. Scope

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

2.3. 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.

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

2.4.1. 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.
- Where appropriate during palliative and terminal stages care.

2.4.2. The Highly Specialist SLT does this by:

- Liaising closely with the Oral and Facial Surgeons and ENT Surgeons and their teams on the ward or at clinic.

- 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.

- 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 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.

2.5. Role of the Specialist Speech and Language Therapist

2.5.1. The role of the Specialist Head and Neck SLT is to work independently with patients in the same cancer pathway settings as the Highly Specialist SLT's.

2.5.2. It is the Specialist's responsibility to seek support or advice from the Highly Specialist SLT's regarding management of a case where necessary.

2.6. Role of the Community Speech and Language Therapist

2.6.1. 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 Section 2.11 Referral).

2.6.2. In some instances, it may be appropriate for the patients 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.

2.6.3. 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.

2.6.4. 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.

2.6.5. It is recognised that the Head and Neck cancer patients' 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.

2.6.6. 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.

2.7. The role of other inpatient SLTs

2.7.1. 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 if needed.

2.7.2. Critical Care SLT's will be involved in the care of Head and Neck patients, including new tracheostomy insertions and laryngectomies immediately after insertion. Possible role in weekend support. Head and Neck SLTs remaining lead clinicians but work in close collaboration with the critical care SLT.

2.8. 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.

2.9. Voluntary sector

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

2.10. The Highly Specialist SLT

2.10.1. 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.

- 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.

2.11. Referral

2.11.1. 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.

2.11.2. 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.

2.11.3. 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.

2.11.4. Thryoid 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.

2.12. Response Times

2.12.1. 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.

2.12.2. There is no service on weekends, bank holidays, out of hours or on-call. There is no designated SLT cover for leave. The Head and Neck Clinical Nurse Specialist or ENT on-call is a point of contact for emergency valve changes at these times.

2.13. Assessment

2.13.1. The aim of assessment is to 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.

2.13.2. 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.

2.14. Methods of Assessment for Head and Neck patients

2.14.1. Bedside assessment can be carried out by all dysphagia trained HEAD AND NECK SLTs. To include medical case history, patient and/or carer history, assessment of oromotor and laryngeal function, swallow trials and MDT liaison.

2.14.2. Tracheostomy assessment and care (see the RCHT Assessment and Management of Dyphagia Clinical Guideline).

2.14.3. Videofluoroscopy (see the RCHT Assessment and Management of Dyphagia Clinical Guideline) - only carried out by appropriately trained ASLTs.

2.14.4. Air Insufflations/Swallow Investigations Test and Taub testing with regard to Surgical Voice Restoration following laryngectomy must only to be carried out by the Specialist Head and Neck Oncology SLT with the appropriate completed competencies.

2.14.5. Fibreoptic Endoscopic Evaluation of Swallowing (FEES) should only be carried out by appropriately trained ASLTs (see the RCHT Assessment and Management of Dyphagia Clinical Guideline).

2.14.6. Formal Dysarthria Tests can be carried out by all ASLTs.

2.15. Pre-treatment Assessment

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.

2.16. Post-treatment Assessment Immediately 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.
- Review therapy aims and goals.
- Consolidate contact with the client/carer within two working days of their return to the ward.
- Review methods of communication and advise accordingly.
- Observe client's ability to swallow secretions, handle drooling etc. but will not commence more active assessment/therapy until the surgical team have indicated that healing is adequate, and that the client can start on sips of water/oral intake.
- 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.

2.17. Intervention

2.17.1. 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.

2.17.2. 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; Surgical Voice Restoration and / or AAC.

- Help the patient and their carers to cope with the consequences of a major life-changing treatment/surgery.

2.17.3. 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.

2.18. 'Pre Treatment' clinic

2.18.1. 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 Cove Macmillian Centre or in an Ad-Hoc SLT led clinic (for patients not requiring prophylactic RIG insertion).

'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.

2.18.2. **'Post-treatment review clinic'**

The Head and Neck SLT aims 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.

2.18.3. **Problem solving SVR clinic**

Two-weekly SLT run clinic for laryngectomy patients presenting with SVR issues to include (but not exclusive of) leaking voice prothesis; stoma issues; 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 A&E department pending room capacity.

2.19. Palliative Care Intervention

2.19.1. 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.

2.19.2. 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.

2.19.3. 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 & Palliative Care SLT or Enhanced Supportive Care SLT and a referral made to these services.

2.20. 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 2.22 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.

2.21. Review

2.21.1. Reviews are undertaken to:

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

2.21.2. The frequency of review will depend on the:

- Medical or psychological condition of the patient
- ASLT's clinical judgement in line with their goals.

2.22. Documentation

2.22.1. For inpatients, the outcome of assessment and intervention will be written in the medical notes contemporaneously.

2.22.2. 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 (See Therapies local record keeping standard operating procedure / Adult SLT user guide for record keeping).

2.22.3. 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.

2.23. Discharge

2.23.1. The Head and Neck SLT team, the MDT, the patient and the carer should be involved in the discharge decision planning process.

2.23.2. 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.

2.23.3. The procedure for re-referral and indications for re-referral are discussed with the patient.

2.23.4. Most Head and Neck cancer patients will be continued to be reviewed at the Head and Neck Oncology Team for five years in line with NICE guidance. The Head and Neck SLT Team will not see SLT discharged patients at this clinic.

2.24. 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.

2.25. Support Groups

2.25.1. Support groups within Cornwall will support to:

- To review attainment of patient goals.
- To respond to unexpected deterioration in the patient's condition.
- To ensure correct usage if a communication aid is on long term loan.

2.25.2. 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.

2.25.3. '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.

2.25.4. 'The Recovery Club' 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.

2.25.5. 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 and where appropriate, invited to attend a peer support group.

2.25.6. 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.ik.com/

- Macmillan Cancer Relief www.macmillan.org.uk
- CancerBACUP www.cancerbacup.org.uk
- Cancerlink www.cancerlink.org
- Marie Curie Cancer Care www.mariecurie.org.uk
- The Swallows Head and Neck Cancer Support Group https://theswallows.org.uk/

3. Monitoring compliance and effectiveness

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 Commissioners 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.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. RCHT Governance Information

Information Category	Detailed Information
Document Title:	Speech and Language Therapy Management of Adults with Head and Neck Cancer Clinical Guideline V5.0
This document replaces (exact title of previous version):	Speech and Language Therapy Management of Adults with Head and Neck Cancer Policy v4.0
Date Issued/Approved:	13 January 2023
Date Valid From:	February 2023
Date Valid To:	February 2026
Directorate / Department responsible (author/owner):	Frances Children and Claire Higgins – Highly Specialist SLT, Clinical Leads Head & Neck
Contact details:	01872 258319
Brief summary of contents:	Description of roles of individuals involved in the SLT Management of Adults with Head and Neck Cancer, details of the SLT input which can be expected by patients with Head and Neck Cancer and reference to national guidance.
Suggested Keywords:	SLT SALT Speech and Language Therapy Head and Neck Cancer.
Target Audience:	RCHT: Yes CFT: Yes CIOS ICB: No
Executive Director responsible for Policy:	Deputy Chief Executive and Chief Nursing Officer
Approval route for consultation and ratification:	Therapies Senior management Team Meeting
General Manager confirming approval processes:	Julie Cockerton
Name of Governance Lead confirming approval by specialty and care group management meetings:	Becky Osborne

Links to key external standards:	Royal College of Speech and Language Therapists Guidance: • Head and Neck Cancer • https://www.rcslt.org/members/clinical-guidance/head-and-neck-cancer • Voice • https://www.rcslt.org/members/clinical-guidance/voice • Dysphagia • https://www.rcslt.org/members/clinical-guidance/dysphagia 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) National Cancer Peer Review-National Cancer Action Team, 2010. Head and Neck Measures, Gateway No. 14324 - July 2010. National Cancer Action Team, 2009. Rehabilitation Care Pathway: Communication Difficulties. Disbanded Macmillan Allied Health Professionals Competence Framework (2017) RCSLT Tracheostomy Group Framework (2014) British Association of Otorhinolaryngologists Head and Neck Surgeons (BAO-HNs Doc 6. (Autumn 2002) Effective Head and Neck Cancer Management Third Consensus Document. http//dohns.org/DOHNS/Resources_files/BAOHNS%20Cancer%Management%20Guidelines.pdf NICE Guidance NG36 Cancer of the Upper Aerodigestive Tract: Assessment and Management in people aged sixteen and over. (2016) NICE guidelines Improving Supportive and Palliative Care for adults with cancer (2004) www.nice.org.uk

Information Category	Detailed Information
	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
Related Documents:	RCHT Clinical Guideline for the Management of Dysphagia in Adults
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Speech Language

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by *(Name and Job Title)*
2001	V1.0	Initial Issue	Caroline Finlayson Specialist SLT
2007	V2.0	Update of existing local policy	Emma Mitchell Highly Specialist SLT
Sept 2014	V3.0	Complete reformat in line with current Trust Policy Formatting	Emma Mitchell Highly Specialist SLT
01/08/2019	V4.0	• Update role of Highly Specialist SLT • Update to role of voluntary sector and STEPS. • Update of reference to external guidance and policies • Addition of Cove Clinic details • Minor changes in wording without change to content • Addition of Appendix – Derriford transfer report template	Jennifer Lloyd, Professional Lead – SLT Jane Mitchell – Highly Specialist SLT

Date	Version Number	Summary of Changes	Changes Made by *(Name and Job Title)*
01/12/2022	V5.0	• Update role of the Highly Specialist SLT's • Update of reference to new and updated local polices and guidelines • Update regarding online documentation in line with paperless notes now practised at RCHT • Addition of booked clinics including pre- and post-treatment clinics and SVR problem solving clinics • Update to referral criteria • Minor changes in wording without change to content	Frances Children Specialist SLT Claire Higgins Specialist SLT

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Speech and Language Therapy Management of Adults with Head and Neck Cancer Clinical Guideline V5.0
Directorate and service area:	Clinical Support / Therapies / SLT
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Jennifer Lloyd, Professional Lead – SLT
Contact details:	07979 800514

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Provide guidance on the roles of individuals involved in the SLT management of Head and Neck Cancers. Provide guidance (with reference to national best practice) on the pathway which patients with Head and Neck Cancer requiring SLT input should follow.
2. Policy Objectives	Provide a reference for staff role and training requirements Provide best practice guidance on how to support this cohort of patients
3. Policy Intended Outcomes	A consistent, best practice service for all patients with a Head and Neck cancer requiring SLT input
4. How will you measure each outcome?	Waiting Times Patient feedback Peer review with Derriford

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients – consistency of approach Staff – clear guidance on practice
6a. Who did you consult with? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: Yes • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Local Head and Neck SLTs RCSLT – via national guidance available on website SLT Clinical Consultation June/July 2019 Therapies Clinical Governance Forum Aug 2019 CFT Therapies CQaGG Sept 2019 Clinical Support Care Group
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	

Protected Characteristic	(Yes or No)	Rationale
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Jennifer Lloyd, Professional Lead – SLT

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis

Appendix 3. CFT Equality Impact Assessment Form

Policy Overview	Details
Title of Policy / Document for assessment:	Speech and Language Therapy Management of Adults with Head and Neck Cancer Clinical Guideline V5.0
Document Library Section:	Speech and Language
Is this a new or existing document?	New / Existing
Date of assessment:	February 2023
What is the main purpose of the document?	Clinical guidelines
Who is affected by the Document?	• Staff: No • Patients: No • Visitors: Choose an item. • Carers: Choose an item. • Other: Choose an item. • All: Choose an item.
Who implements the document, and who is responsible?	Frances Children Specialist SLT Claire Higgins Specialist SLT

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

Are there concerns that the procedural document could have a differential impact on:	(Yes, No, Unsure)	What existing evidence (either presumed or otherwise) do you have for this?
• Age	No	
• Disability	No	
• Sex	No	
• Gender reassignment	No	
• Pregnancy and maternity	No	
• Race	No	

Are there concerns that the procedural document could have a differential impact on:	(Yes, No, Unsure)	What existing evidence (either presumed or otherwise) do you have for this?
• Religion and belief	No	
• Sexual orientation	No	
• Marriage and civil partnership	No	
• Groups at risk of stigma or social exclusion (e.g., offenders / homeless)	No	
• Human Rights	No	
• Are there any associated objectives of the document?	No	

Signature of person completing the Equality Impact Assessment:

Name: Frances Children Specialist SLT and Claire Higgins Specialist SLT

Date: February 2023