

Speech and Language Therapy Management of Adult Patients Presenting with Head and Neck Cancer Policy

V4.0

October 2019

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1. Introduction

1.1. 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.

1.2. 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 Therapist (Specialist SLT) is 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.

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

1.4. **Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation**

The Trust has a duty under the DPA18 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed and documented. We can't rely on Opt out, it must be Opt in.

DPA18 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the DPA18 please see the 'information use framework policy', or contact the Information Governance Team rch-tr.infogov@nhs.net

2. Purpose of this Policy/Procedure

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

2.2. 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 within the MDT and the role of the Specialist SLT under instruction or guidance from the Highly Specialist SLT as appropriate. This policy also offers guidance for the Community SLT when patient referral for Community Rehabilitation is appropriate.

2.3. This policy 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 a number of guidelines and sources of support and thus should be read in conjunction with these:

- 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%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 referral to specialist services in the Management of Oro-pharyngeal Dysphagia in Adults Policy 2019
- RCH SLTs working with tracheostomy competencies Framework (2009)
- RCHT VFSA competencies framework (2011)
- RCHT FEES competencies and protocol (2012)
- RCHT Ionising Radiation Safety Policy

3. Scope

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

4. 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 hole in the throat to restore airflow from the lungs to the oral tract, with which to create speech 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.

5. Ownership and Responsibilities

5.1. Speech and Language Therapy sits within Clinical Support Services Care group, however works closely alongside ENT / MaxilloFacialOral Surgery and Oncology departments with the Royal Cornwall Hospital.

5.2. Role of the Highly Specialist Adult Speech and Language Therapist:

5.2.1. 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
- Pre operatively 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.

5.2.2. 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 South West 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 (H&N 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.
- Working with other teams such as medical teams and liaises and advises 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

5.3. Role of the Specialist Speech and Language Therapist

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

5.4. Role of the Community Speech and Language Therapist

5.4.1. Depending on where the patient chooses to have their SLT intervention, and the nature of intervention, it may be appropriate for the patients care to be referred to a Community SLT or the Highly Specialist Macmillan Palliative Care SLT.

5.4.2. It is the role of the community based Speech and Language Therapist to see the patient independently for therapy, with support and advice from the Highly Specialist SLT / Head and Neck SLT Team if required. If the patient prefers to receive speech, swallowing or voice therapy at their local hospital rather than travelling to RCH to see a member of the H&N SLT Team, this may be arranged with the Community SLT at:

- Discharge from inpatient care from RCH
- Post radiotherapy and /or chemotherapy treatments
- Transfer to an in-patient setting at Community Hospital
- The point at which cancer treatments are completed, as occasionally patients may require long term outpatient therapy

5.4.3. The patients' previous treatment and future treatment plan will be discussed between the Community and Head and Neck SLT Team, plus the expected side effects on the patient's voice, speech and/or swallow. 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 H&N SLT Team as appropriate relating to their level of clinical experience and/or patient presentation.

5.4.4. 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 H&N SLT Team. 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. The patient will remain the responsibility of the Community therapist unless further support is sought using the Adult Speech and Language Therapy Specialist Levels of Intervention (Cadow P, Wellhouse NHS Symptom Control Support team (1995). Levels of Intervention by HPCT).

5.5. *Role of the Speech and Language Therapy Support Worker*

- The role of the Speech and Language Therapy Support Worker is to provide input to the patients as allocated by the H&N Team, following programs, instruction and/ under guidance.

5.6. *The role of other inpatient SLT roles*

5.6.1. AEITT SLT (Front Door)

- This SLT may be responsible for identifying H&N patients when they present at A&E, gathering initial information, providing on the spot dysphagia advice and onward signposting on to H&N team if needed.

5.6.2. Critical Care SLT

- This SLT will be involved in the care of H&N patients, including new tracheostomy insertions and laryngectomies immediately after insertion. Possible role in weekend support. H&N SLTs remaining lead clinicians but work in close collaboration with the critical care SLT.

5.7. *Administrative staff*

- The administrative team may have responsibilities in preparing clinics and setting up patient groups

5.8. *Role of the Line Managers*

- Line managers are responsible for: Ensuring that training needs of staff have been identified and providing time for on-going specialist training and skill maintenance to occur. Identifying and ensuring time is provided for clinical supervision with appropriate others. Providing on-going managerial support, including timely recruitment / cover into vacant posts as required.

5.9. *Voluntary sector*

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

5.10. *Role of STEPS team*

- There are emerging links between STEPS and SLT team, including supporting individuals to progress from non-oral feeding to modified diet; preparing of meals and support with feeding as required.

6. Standards and Practice

6.1. 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 (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.

6.2. *The Highly Specialist SLT will:*

6.2.1. Provide clients, carers and the relevant professionals with information regarding speech, swallowing and voice expectations at each stage of the cancer pathway.

6.2.2. Counsel patients and carers in the expected changes to speech, swallow and voice depending on the cancer treatment plan or the deterioration in patients condition over time.

6.2.3. Evaluate speech, swallowing and voice with either instrumental and/or non-instrumental methods.

6.2.4. Collaborate with the patient, design and undertake therapy to enhance or improve speech or voice.

6.2.5. Collaborate with the patient, design and undertake therapy to facilitate safer swallow techniques and reduce risk of aspiration. This includes recommendation of alternative modes of nutrition if required.

6.2.6. 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.

6.2.7. Monitor and document change in speech, swallowing and voice change over time. Assess and recommend the use of alternative forms of communication including electric larynx and AAC.

6.2.8. Provide and co-ordinate a service for laryngectomy patients who have Surgical Voice Restoration, including 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).

6.2.9. 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.

6.3. *Referral*

6.3.1. Communication and dysphagia referrals can be made to the H&N SLT Team by an open referral policy by any member of the MDT for head and neck

patients or via written documentation in the medical notes by any other qualified health care professional. Patients can also self-refer.

6.3.2. Within the acute RCHT hospital setting, patients that present with head and neck cancer will mostly be seen by the H&N SLT Team. Where joint working with other SLT colleagues takes place (ie. in critical care), the H&N SLT Team will act as lead clinicians.

6.3.3. Within the Community setting patients can be referred to the local Community Adult SLT in agreement with the patient using transfer report template (See Appendices).

6.3.4. Community H&N patients that require a videofluoroscopy will be referred to the Highly Specialist SLT to complete this assessment. (Refer to section 6.4.2 in the RCHT policy on Management of Oro-pharyngeal Dysphagia in Adults Policy 2019 for full details of the referral process).

6.4. Response Times

6.4.1. 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.

6.4.2. There is no service on weekends, bank holidays, out of hours or on-call. There is no designated SLT cover for leave. The H&N Clinical Nurse Specialist is a point of contact at these times.

6.5. Assessment

6.5.1. The aim of assessment is to determine pre- and post- treatment function levels. It also enables the H&N 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.

6.5.2. 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.

6.5.3. Methods of Assessment for H&N patients

6.5.3.1. Bedside assessment can be carried out by all dysphagia trained H&N SLTs. To include medical case history, patient and/or carer history, assessment of oromotor and laryngeal function (this may include use of cervical auscultation), trial swallows, MDT liaison.

6.5.3.2. Tracheostomy assessment and care. (Please refer section 6.4.2 in the RCHT policy on Management of Oro-pharyngeal Dysphagia in Adults Policy 2019).

6.5.3.3. Videofluoroscopy (see section 6.4.2 in the RCHT policy on the Management of Oro-pharyngeal Dysphagia in Adults Policy 2019) only carried out by appropriately trained ASLTs.

6.5.3.4. 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

6.5.3.5. Fiberoptic Endoscopic Evaluation of Swallowing (FEES) should only carried out by appropriately trained ASLTs (see RCHT FEES Position Paper 2015 and section 6.4.2 in the RCHT policy on the Management of Oro-pharyngeal Dysphagia in Adults Policy 2019).

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

6.5.4. Pre-treatment Assessment

On initial meeting with the client/carer, the H&N SLT Team will:

6.5.4.1. 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.

6.5.4.2. Ascertain the information given to the client/carer and assess their understanding of the intended procedure.

6.5.4.3. Take a full case history, including relevant social history and medical history which may be obtained from the client's medical notes.

6.5.4.4. Assess the client's communication and swallowing abilities.

6.5.4.5. Assessment can include self-rating scales for speech and swallowing and quality of life measures.

6.5.4.6. Informal assessment of the client's literacy skills

6.5.4.7. Provide an explanation of the normal processes of speech/swallowing and discuss potential difficulties post-treatment.

6.5.4.8. Discuss aids to communication and their application, where appropriate.

6.5.4.9. Provide written information regarding the potential functional effects of the treatment.

6.5.5. Immediate Post-treatment Assessment Immediately post-surgical or/and oncology treatments the H&N SLT Team will:

6.5.5.1. Review the details of the surgery in the client's medical notes and where necessary, seek clarification with a member of the surgical team.

6.5.5.2. Review therapy aims and goals.

6.5.5.3. Consolidate contact with the client/carer within two working days of their return to the ward.

6.5.5.4. Review methods of communication and advise accordingly.

6.5.5.5. 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.

6.5.5.6. 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.

6.6. Intervention

6.6.1. Management will be planned on the basis of 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 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.

6.6.2. 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/voice/swallowing difficulties within the realistic confines of their disability.
- To teach maintenance and care of devices which are sometimes required to maximise speech potential e.g. Surgical Voice Restoration and / or AAC.
- Help the Patient and their carers to cope with the consequences of a major life-changing situation.

6.6.3. 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. This may include oral stimulation tools such as Kapitex Ora-light Tongue Therapy Tools.
- Using and training others in compensatory techniques including postural adaptations, texture modifications, swallow techniques etc. (See RCHT Management of Oro-pharyngeal Dysphagia in Adults Policy 2019 Section 6.5.1 for further details)
- Working with others e.g. nursing staff for ongoing monitoring of intake, dietitian for nutritional recommendations, etc

6.6.4. 'On Treatment Review Clinic' Intervention

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

6.6.5. Cove Macmillan Centre

A weekly joint clinic is run by H&N SLT and the Oncology Dietitians for patients who have completed radiotherapy. Patients are referred to this clinic based on identified clinical need.

6.6.6. Palliative Care Intervention

The H&N SLT Team will:

- Have a good understanding of the nature and progression of the cancer and potential impact on functional ability at all times.
- Take care not to assume the client's/carer's understands 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/swallowing difficulties in view of the progressive nature of the cancer. Their needs will change over time and they will require on-going monitoring.

6.6.6.1. If the patient is on a Community caseload at this time advice can be sought from the H&N SLT Team or Specialist Palliative Care Therapists.

6.6.6.2. If the H&N Cancer patient has a palliative diagnosis and is no longer attending H&N clinic they may be better managed by the Highly Specialist Oncology & Palliative Care SLT and a referral made to this service.

6.7. 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 documentation section below).
- Liaise with the H&N MDT and other professional staff e.g. Dietitian, Community Nurse regarding the effect of the disorder on management.

6.8. Review

6.8.1. Reviews are undertaken in order to:

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

6.8.2. The frequency of review will depend on the:

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

6.9. Documentation

For inpatients, the outcome of assessment and intervention will be written in the medical notes contemporaneously. For patients undergoing oncology treatment assessment and intervention will also be documented on the Aria Radiotherapy system. Details of assessment and intervention for all patients will be recorded in the ASLT notes contemporaneously or as soon as possible after client contact in line with the Adult SLT recording keeping standards (See Therapies local record keeping SOP/ Adult SLT user guide for record keeping). Written advice should be provided to the nurse/carer/patient (where appropriate). In hospital settings this may be written in the medical notes and/or nursing notes and/or Single Assessment Process according to the local policy. Reports for outpatients will be saved on Maxims and sent to patient, GP and any members of the MDT who are unable to access to Maxims or who have identified actions.

6.10. Discharge

6.10.1. The H&N SLT team, the MDT, the patient and the carer should be involved in the discharge decision planning process.

6.10.2. Patients will be discharged from the H&N SLT team when they have achieved their clinical goals and/or when further SLT intervention is no longer indicated.

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

6.10.4. When a Community SLT discharges a head and neck cancer patients from SLT they must inform the H&N SLT Team. 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 H&N SLT Team will not see SLT discharged patients at this clinic.

6.11. Failure to Attend

6.11.1. 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.

6.11.2. If the Community SLT closes the patients' episode of care due to failure to attend then they should inform the Specialist ASLT who will ascertain if the patient needs to be monitored in head and neck clinic.

6.12. **Support Groups**

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.

6.12.1. Patient support groups are a very valid and important adjunct to the patient and families rehabilitation process. Support groups are recommended in addition to therapy, not an alternative. The H&N SLT team working in conjunction with two Head and Neck Cancer Support Groups, providing professional support and facilitation.

6.12.2. '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 Laryngectomee Clubs has the following objectives: To promote the rehabilitation of laryngectomees. To unite all clubs within the British Isles whose objectives are to promote the welfare of laryngectomees. To encourage the formation of new clubs with similar objectives. To collect, co-ordinate and disseminate information relevant to the rehabilitation of the laryngectomee.

6.12.3. '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.

6.12.4. All patients are informed about the support groups by the H&N SLT team and where appropriate invited to attend a peer support group.

6.12.5. The H&N 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
- CancerBACUP www.cancerbacup.org.uk
- Cancerlink www.cancerlink.org
- Marie Curie Cancer Care www.mariecurie.org.uk

7. **Dissemination and Implementation**

7.1. This document will be made available on the Royal Cornwall Hospital Trust intranet. It will also be ratified and disseminated through the Therapies CQAG, Head and Neck Business Meeting and Clinical Governance Forum.

7.2. Following ratification it will be shared with the ENT, Oncology and Maxillo Facial Consultants and be made available on the RCHT document library. It will

be also be disseminated via local SLT networks and the Peninsula Head and Neck SLT network.

8. Monitoring compliance and effectiveness

Element to be monitored	Appropriate and timely SLT referrals New patients seen within guide waiting times
Lead	Highly Specialist H&N SLT Therapies Clinical Admin Lead
Tool	Incident reporting of referral errors which result in delayed access to care Commissioners report
Frequency	Quarterly
Reporting arrangements	Therapies CQAG.
Acting on recommendations and Lead(s)	Highly Specialist H&N SLT Professional Lead SLT
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 1 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.

9. Updating and Review

This policy will be reviewed every three years or sooner if required.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion & Human Rights Policy'](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Document Title	Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer Policy V4.0		
Date Issued/Approved:	01 August 2019		
Date Valid From:	October 2019		
Date Valid To:	October 2022		
Directorate / Department responsible (author/owner):	Jane Mitchell – Highly Specialist SLT, Clinical Lead Head & Neck Jennifer Lloyd – Professional Lead SLT		
Contact details:	01872 252470		
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 H&N Cancer and reference to national guidance.		
Suggested Keywords:	SLT SALT Speech and Language Therapy Head and Neck Cancer.		
Target Audience	RCHT	CFT	KCCG
	✓	✓	
Executive Director responsible for Policy:	Kim O’Keefe, Director of Nursing, Midwifery & AHPs		
Date revised:	July 2019		
This document replaces (exact title of previous version):	Policy for the Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer V3.0		
Approval route (names of committees)/consultation:	Head and Neck Business Meeting SLT Clinical Consultation June/July 2019 Therapies Clinical Governance Forum Aug 2019 Therapies CQAG		
Care Group General Manager confirming approval processes	Robin Jones Clinical Support Care Group		
Name and Post Title of additional signatories	Not Required		
Name and Signature of Care Group/Directorate Governance Lead confirming approval by specialty and care group management meetings	{Original Copy Signed}		
	Name: Kevin Wright, Clinical Support Care Group		

Signature of Executive Director giving approval	{Original Copy Signed}		
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet	✓	Intranet Only
Document Library Folder/Sub Folder	Clinical Policies / Speech and Language		
Links to key external standards	<p><i>Royal College of Speech and Language Therapists Guidance:</i></p> <ul style="list-style-type: none"> • <i>Head and Neck Cancer</i> • https://www.rcslt.org/members/clinical-guidance/head-and-neck-cancer • <i>Voice</i> • https://www.rcslt.org/members/clinical-guidance/voice • <i>Dysphagia</i> • https://www.rcslt.org/members/clinical-guidance/dysphagia <p>Prosthetic Surgical Voice Restoration (SVR): The role of the speech and language therapist <i>policy statement</i> 2010. Royal College of Speech and Language Therapists</p> <p>Fibreoptic Endoscopic Evaluation of Swallowing (FEES): the role of speech and language therapy. Royal College of Speech and Language Therapists <i>policy statement</i> (2015)</p> <p>National Cancer Peer Review-National Cancer Action Team, 2010. <i>Head and Neck Measures</i>, Gateway No. 14324 - July 2010.</p> <p>National Cancer Action Team, 2009. Rehabilitation Care Pathway: Communication Difficulties. Disbanded</p> <p>Macmillan Allied Health Professionals Competence Framework (2017)</p> <p>RCSLT Tracheostomy Group Framework (2014)</p> <p>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</p>		

	<p>NICE Guidance NG36 Cancer of the Upper Aerodigestive Tract: Assessment and Management in people aged 16 and over. (2016)</p> <p>NICE guidelines Improving Supportive and Palliative Care for adults with cancer (2004) www.nice.org.uk</p> <p>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</p>
Related Documents:	Management of Oro-pharyngeal Dysphagia in Adults RCHT policy V6.0 July 2019
Training Need Identified?	No

Version Control Table

Date	Version No	Summary of Changes	Changes Made by (Name and Job Title)
2001	V1.0	Initial Issue	Caroline Finlayson Specialist Speech and Language Therapist
2007	V2.0	Update of existing local policy	Emma Mitchell Highly Specialist Speech and Language Therapist
Sept 2014	V3.0	Complete reformat in line with current Trust Policy Formatting	Emma Mitchell Highly Specialist Speech and Language Therapist
01/08/2019	V4.0	<ul style="list-style-type: none"> • 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

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. Initial Equality Impact Assessment Form

Name of the strategy / policy / proposal / service function to be assessed					
Speech and Language Therapy Management of Adult Patients presenting with Head and Neck Cancer Policy V4.0					
Directorate and service area: Speech and Language Therapy			New or existing document: Existing		
Name of individual completing assessment: Jennifer Lloyd			Telephone: 07979 800514		
1. <i>Policy Aim*</i> <i>Who is the strategy / policy / proposal / service function aimed at?</i>	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. <i>Policy Objectives*</i>	Provide a reference for staff role and training requirements Provide best practice guidance on how to support this cohort of patients				
3. <i>Policy – intended Outcomes*</i>	A consistent, best practice service for all patients with a Head and Neck cancer requiring SLT input				
4. <i>*How will you measure the outcome?</i>	Waiting Times Patient feedback Peer review with Derriford				
5. <i>Who is intended to benefit from the policy?</i>	Patients – consistency of approach Staff – clear guidance on practice				
6a Who did you consult with	Workforce	Patients	Local groups	External organisations	Other
	X			X	
b). Please identify the groups who have been consulted about this procedure.	Please record specific names of groups Local H&N SLTs RCSLT – via national guidance available on website SLT Clinical Consultation June/July 2019 Therapies Clinical Governance Forum Aug 2019 Therapies CQAG Sept 2019 Clinical Support Care Group				
What was the outcome of the consultation?	Some amendments have been made to the policy to reflect latest guidance.				

7. The Impact

Please complete the following table. **If you are unsure/don't know if there is a negative impact you need to repeat the consultation step.**

Are there concerns that the policy **could** have differential impact on:

Equality Strands:	Yes	No	Unsure	Rationale for Assessment / Existing Evidence			
Age		X		The only criteria for entry to this service is a diagnosis of Head and Neck Cancer and an identified SLT need			
Sex (male, female, trans-gender / gender reassignment)		X		As above			
Race / Ethnic communities /groups		X		As above			
Disability - Learning disability, physical impairment, sensory impairment, mental health conditions and some long term health conditions.		X		As above			
Religion / other beliefs		X		As above			
Marriage and Civil partnership		X		As above			
Pregnancy and maternity		X		As above			
Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian		X		As above			
<p>You will need to continue to a full Equality Impact Assessment if the following have been highlighted:</p> <ul style="list-style-type: none"> You have ticked "Yes" in any column above and No consultation or evidence of there being consultation- this <u>excludes</u> any <i>policies</i> which have been identified as not requiring consultation. or Major this relates to service redesign or development 							
8. Please indicate if a full equality analysis is recommended.				Yes		No	X
9. If you are not recommending a Full Impact assessment please explain why.							
Any patient with a Head and Neck Cancer requiring SLT will be covered and receive equal treatment under this policy, regardless of any other personal factor.							
Date of completion and submission	01/08/2019		Members approving screening assessment		Policy Review Group (PRG)		
					APPROVED		

This EIA will not be uploaded to the Trust website without the approval of the Policy Review Group.

A summary of the results will be published on the Trust's web site.