Dysphagia (adults)

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Outline of today’s session

1. Update of national and local work (20 mins)

2. Table discussion (25 mins)
   1. Interprofessional Dysphagia Framework Levels 3 and 4
   2. Advanced Clinical Practice and Consultant roles

1. Feedback (10 mins)
Update of national work developing a system-wide approach

• Joint symposiums – resulted from a patient safety alert 2015
• Establishment of task and finish groups
  – Raising awareness
  – Workforce
  – Guidance and resources
  – Evidence and data collection
Where are we now? Member engagement

• National event June 2018 to support regional and local events to improve dysphagia management and outcomes
• Focused on adult services
• Covering the four work streams
• Aims and objectives:
  – To identify the role of the SLT profession to support system change and improve patient outcomes
  – To support SLTs to engage key stakeholders in system change
Where are we now? Partnership with others

• Evidence and data collection
  – NCEPOD

• Raising Awareness
  – Swallowing Awareness Day 2019

• Workforce
  – Interprofessional Dysphagia Framework

• Guidance and resources
  – IDDSI Implementation
  – Management of dysphagia in Care Homes
  – Patient Safety Alert (NHS I, BDA and RCSLT)
Inter-professional Dysphagia Framework
(IDF)

• **What is it?**
  – The IDF is an assessable competency framework, applicable to different settings across the UK

• **Who is it for?**
  – Registered healthcare professionals
  – Non-registered staff working in healthcare
Inter-professional Dysphagia Framework (IDF)

• Why are we updating it?
  – Healthcare system has changed since publication (2006)

• Who is involved?
  – RCSLT, government bodies, expert SLTs

• Who is funding this?
  – HEE and PHA NI

• What else are we doing?
  – Exploring ways of creating a repository of resources
Inter-professional Dysphagia Framework (IDF)

• What’s new?
  – Updated language/terminology to reflect current use
  – Changed the names of the levels to list them numerically
  – Changed structure of skills and knowledge underpinning each Level of Dysphagia Competence
  – Changed structure of introductory text
  – Addition of Level 3 to bridge the gap between Level 2 and Level 4 (previously ‘Assistant Dysphagia Practitioner’ and ‘Foundation Dysphagia Practitioner’)

• Consultation closed 26 May, 180 responses
Inter-professional Dysphagia Framework (IDF)

Level 3

• The aim of this Level is to upskill the wider non-registered dysphagia workforce to be able to
  – contribute to the implementation of dysphagia management plans prepared by others
  – prepare oral intake for individuals commensurate with the IDDSI Framework

• By implementing Level 3, patients will receive better direct care
Inter-professional Dysphagia Framework (IDF)

Level 4

- The aim of this Level is to upskill the wider registered dysphagia workforce to be able to
  - undertake protocol-guided assessment of swallowing
  - offer modified food and prescribe modified fluids in line with IDDSI Framework
- By implementing Level 4, the pressure on SLT services in e.g. care homes may reduce
- See also RCSLT’s Guidance on the Management of Dysphagia in Care Homes (2018)
Current RCSLT projects

• **Dysphagia clinical webpages**
  – Update of current guidance available online
  – Consultation July/August

• **FEES position paper**
  – Update of position paper (incl. competencies)
  – Consultation August

• **End of life care clinical webpages**
  – Brand new guidance on end of life care
  – Consultation 10 – 24 June
Update of local work

• Regional Dysphagia Day
• ACP/Consultant roles
  – local work in SY&B
  – regional course
• IDF – local implementation in Sheffield
Regional Dysphagia Day: 17/10/18

- Representation from tertiary, secondary, primary care, mental health and the universities

Shared information across services – topics:
- Undergrad dysphagia competencies
- Research and best practice
- ACPs
- Care Home documentation
- IDDSI
- 7 day working
ACP/Consultant roles in Dysphagia

- What would these look like?
- ACP Masters Level
- Consultant Doctoral Level
- Local vs regional
- SLT consultants could go across the region?
- Perhaps outreach role
- Idea of the consultant being ‘place-based clinical care provision but collaboration across places and employers’.
ACP/Consultant roles

• Current Advanced level training commissioned by Y&H HEE

• Sheffield Advanced Dysphagia Course
  – Currently 5 days theory - national and local speakers
  – 5 sessions clinical practice
  – Case study demonstrating Advanced Practice
IDF local implementation

- Systematic implementation was complex
- Required a number of differing approaches to address the levels of the framework
- Key to success was a shared vision
- Understanding of dysphagia as a patient safety issue and
- The need to drive change to increase staff knowledge and practical competencies across all professional groups and health care workers caring for patients with dysphagia
- Required a collaborative approach between a number of stakeholders from within and outside the organisation itself.
IDF local implementation
Awareness level

• Health Academy includes dysphagia Awareness in a Nutrition Session for existing and new support staff employed within the hospital

• Dysphagia awareness is part of the Healthcare Apprenticeships

• New clinical support workers complete the Awareness level training within Prepare to Care
IDF local implementation
Assistant level

• Assistant level included in preceptorship training for all nurses joining the organisation
• E-learning + Practical skills session within the Central Induction Week delivered jointly with Clinical Educators (2018/19 222 preceptors 100% achieved ADP level)
• ADP training has also been given to some ward assistants
• ‘Dysphagia Links’ in Care Homes (2018/19 73 staff in 31 homes, 22 nursing and 9 residential at ADP level)
IDF local implementation
Foundation level

• SLT service provides 2 training days per year
• 1 day theory. Practical competencies demonstrated on 3 patients
• 206 staff now trained across STH
• 2018-19 537 dysphagia screens were carried out
• 53% were commenced on thin fluids and their normal diet textures without the need for a SLT assessment.
• 21% of patients were placed on thin fluids and IDDSI modified diet textures
• 26% of patients were placed Nil by mouth and referred to SLT for a high priority assessment.
Table discussion

Group to consider the following questions:

**Inter-professional Dysphagia Framework Levels 3 and 4**
- How can your services support implementation of these levels?

**Advanced Clinical Practice and Consultant roles**
- What does this mean for dysphagia practice?
- Does current regional course meet needs?
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