Celebrating the impact of SLTs in people’s lives

HUB Forum Webinar
Alison Ferris

Welcome
HUB Forum Northern Ireland Members

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Kate Crossan Western Trust

Rep for SLT assistants
Wendy McConnell Southern Trust

Link Representative
Ciara Rafferty South Eastern Trust

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Board of Trustees
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Alison Ferris South Eastern Trust

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Rep for Retired SLTs
Jane McConn

Rep for Adults
Member of PPPC
Bronagh McAuley Northern Trust

Rep for HEI/Research
Dr Lynda Kennedy Ulster University

Newly Qualified SLT
Tina Melon Northern Trust

UU Student Reps
Caoimhe McCormick Claire Hawthorn Clara Oliveira Jacob Sheerin

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Jenny Keane - CAHPO

(Chief Allied Health Profession Officer)
Department of Health
Ruth Sedgewick    Head of NI Office

Introduction and Managing Wellbeing for SLTs
SLT & emotional wellbeing

30th Nov 2021

Ruth Sedgewick, Head of NI Office RCSLT
Emotional wellbeing & SLT
Emotional and mental wellbeing tips

**In work -**
- Set boundaries and stick to them
- Regular supervision
- Ask for peer supervision also
- Use your annual leave!
- Take your lunch break

**At home -**
- Try not to take work home
- Make time for your hobbies
- Try some mindfulness exercises or yoga
- Ask for help!
https://www.rcslt.org/learning/covid-19/health-wellbeing/#section-1
Ruth Sedgewick

Head of NI Office RCSLT

e-mail: ruth.sedgewick@rcslt.org

Tel: 02890 446386

Mobile:
Marion Molloy

Prison health

The Tuck Shop Project
Tuck List Project
Hydebank Wood College
Marian Molloy
SLT Healthcare in Prison
Background

- Started post in June 2019
- High percentage of students have literacy difficulties
- During assessments, accessing the tuck list came up again and again
- Inclusive communication/Easy Read high on agenda of SLT in healthcare in Prison
Why make the tuck list easy read?

- Inclusive communication
- 5 Good Communication Standards
- Increase Independence/Agency/Choice
- Improved health and well being
- Reduce opportunities for manipulation
- Reduce errors in orders and therefore...
- Reduce aggressive/challenging outbursts
- Opportunity for Co-production
Why continued........

<table>
<thead>
<tr>
<th>Items</th>
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<table>
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<td>Oats So Simple Golden Syrup</td>
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<td>Pasta &amp; Sauce - Chicken &amp; Mush</td>
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<td>0.84</td>
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<td>Pasta &amp; Sauce - Tomato &amp; Herb</td>
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<td>Pasta Twists - Heritage</td>
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<td>Rice Express, Thai Sweet Chili</td>
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<td>Stik-In-Sauce Bacon &amp; Tomato</td>
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<td>Stik-In-Sauce Sweet Pepper</td>
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<td>Sweetchrom</td>
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<td>Tomato Ketchup (Heinz)</td>
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<td>1.29</td>
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<tr>
<td>Tuska In Love - Princes</td>
<td>944</td>
<td>1.00</td>
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<td>Tuska In Love - John Weed</td>
<td>150</td>
<td>0.77</td>
</tr>
<tr>
<td>Twinnings Mixed Berry</td>
<td>841</td>
<td>2.28</td>
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<tr>
<td>Wetecta Tea</td>
<td>5009</td>
<td>1.09</td>
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## Difficulty Rating Scale:
**25% of Men and 25% of Women - Total 40**

<table>
<thead>
<tr>
<th>4- Easy</th>
<th>3-Kind of Easy</th>
<th>2-Difficult</th>
<th>1- Very Difficult</th>
<th>0-Impossible</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can read the tuck list easily and fill in the order form</td>
<td>I can read the tuck list but it takes me a long time</td>
<td>I can read the tuck list but I sometimes need help to find the items I want and to fill in the form</td>
<td>I cannot read the tuck list but I can copy the code on to the order form if someone helps me</td>
<td>I cannot read the tuck list or fill in the order form. I need someone to do it for me</td>
</tr>
</tbody>
</table>

03/02/2022
Marian Molloy SLT Healthcare in Prison
### Difficulty Rating Scale: Results

25% of Men and 25% of Women

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>4- Easy</td>
<td>27.5%</td>
</tr>
<tr>
<td>3- Kind of Easy</td>
<td>22.5%</td>
</tr>
<tr>
<td>2- Difficult</td>
<td>27.5%</td>
</tr>
<tr>
<td>1- Very Difficult</td>
<td>7.5%</td>
</tr>
<tr>
<td>0- Impossible</td>
<td>15%</td>
</tr>
</tbody>
</table>
I find it difficult to read and find it very boring.

I just keep the receipt and order the same again - I got the wrong stuff once.

Have ordered things and something else comes - could be better.

I’m dyslexic - disappointed when it comes and haven’t got what I ordered.

Make the writing a bit bigger - space it out more.

I just order the same stuff - cause that’s what I like and I can’t be bothered going back to it. I’ve had to help people with it.

Have put the wrong code down - pictures would be better - see what you’re getting - didn’t know there was pickled onion space raiders!

Pictures would make it easier.

If things were laid out better & grouped together it would be easier.
<table>
<thead>
<tr>
<th>Product</th>
<th>Code</th>
<th>Price</th>
<th>Sugar</th>
<th>Fat</th>
<th>Salt</th>
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<tr>
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<td>876</td>
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<td>Ravioli</td>
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<td>Sardines</td>
<td>157</td>
<td>£1.01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soup &quot;Big&quot; Chicken and Veg</td>
<td>199</td>
<td>£1.12</td>
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<tr>
<td>Soup &quot;Batchelors&quot; Chicken</td>
<td>164</td>
<td>£0.82</td>
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</tr>
<tr>
<td>Soup &quot;Heinz&quot; Tomato</td>
<td>167</td>
<td>£1.08</td>
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<td>-------------------------------------------</td>
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<tr>
<td>Staff recognising when someone needs assistance &amp; requesting a copy for individuals</td>
<td>Missing copies</td>
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<td>Prison staff asking advice on making other documents easy read</td>
<td>Staff not making it available</td>
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<tr>
<td>Increased awareness of SLCN/LD/Literacy difficulties</td>
<td>High turn over of people on remand</td>
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<tr>
<td>Joint working NIPS/Health and residents</td>
<td>Stigma</td>
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<td></td>
<td>Changes to stock and prices</td>
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</tbody>
</table>
Going Forward

- Ensure hard copies available on each landing
- Match the pictures to the actual stock
- Tuck Mate- staff and students
- Potential for linking to ICT qualification- updating list, monitoring usage etc.
- Link with regional NIPS project to have prison tuck online
- Review usage of Easy Read version- Landing staff and students – redo rating scale
- Link with tuck to map changes to ordering- healthier foods, a wider range of foods
- Provide Inclusive Communication/Easy Read Training to staff
Marion Molloy

Speech and Language Therapist Reg MRCSLT
Lead Speech and Language Therapist- Healthcare in Prison
Hydebank Wood college, 110 Hospital Rd, Belfast, BT8 8NA
Base  028 90494353 / 028 90253839
Email: marian.molloy@setrust.hscni.net
Ruth Millar and Marialava Alves

Dungannon & Coalisland

SureStart team

Speaking Tetun at Home Campaign
Speaking Tetun at Home Campaign
Background

- East Timor (Timor Leste) is an island in Indonesia.


- 20% of the population is unemployed, and 52.9% live on less than $1.25 a day.
Local Context

• Community started to arrive in N. Ireland at the start of millennium with many of first migrants setting in Dungannon area.

• Over 40% of the total number of newcomer pupils are enrolled in Education Authority southern region.

• St Patricks PS Dungannon has the highest % of EAL pupils in N Ireland.

• Relatively High levels of illiteracy among East Timorese Population.

• Multiple dialects of Tetun spoken.
• Local Nursery school teacher reporting that children from the East Timorese community starting NS with little or no home language. Going on to become fluent English speakers.

• Trend also replicated within Developmental Programmes for 2 – 3 Year Old settings. Sure Start staff observed parents speaking to children in English rather than their own language.

• We concluded that children from East Timorese Community at risk of loss of their native language within a generation
Implications for parents and children not maintaining home language and dialects

• Risk of losing home language & link with home culture.

• Evidence shows that bilingualism in a child, young person or adult has linguistic, social and possible cognitive advantages.

• Bilingualism promotes the ability to develop and maintain relationships with family and community.

• Secure sense of self identity – can contribute to the individuals wellbeing.
The Solution
(so far ....)

• The launch of the Speak Tetun Campaign – 2019

• Sure Start Speech & Language Therapist / East Timorese Family Support Worker.

• Workshop for all Sure Start staff around the importance of Bilingualism.

• Twilight workshop for professional colleagues (Health Visitors, Social Workers, Nursery Teachers)
The Solution
(so far ....)

- Creation of a Speak Tetun Group (Haburas Tetun). Encourage speaking Tetun at all groups.

- Advice leaflet in Tetun for parents.

- Baseline questionnaires sent to all our East Timorese families.

- Video produced. IMG_2317(1).MOV
Presente diak nebe mak Inan/Aman bele fo ba Ita nia oan mak Koalia Ita nian Lian/Dialetos ba labarik sira iha uma.

Ho Koalia Ita nian Lian Rasih ba Ita nian oan sira iha uma, Ita (inan/aman) fo abilidade(hemampuan) diak ba sira hodi konsentra(focus) didiak no mos fo abilidade atu halo multi-servico no bele halo decisaun ho diak

Labarik sira sei aprende Lian Ingles wainhira sira ba escola

Ser bilingual ne’e VONTAGEN diak tebes ba labarik sira

Orgulho ba Ita nian LIAN no Ita nia KULTURA – Koalia Lian TETUN/DIALECTUS ba Ita nian oan sira.
Sure Start Groups

- Ante natal groups – Ante natal clinic
- Tempo Ho Kangeroo.
- Brincadera.
- Tetun Rhyme time.
- The Video.
Questionnaire key findings

• Feedback from 130 children – 71 % born in N l.

• Asked questions about older siblings as well as children of Sure Start age.

• Very important to speak English but not as important to speak their native dialect/language.

• A significant number of parents didn’t think it possible to learn both languages.
Next steps

• Continue sharing message promoting Bilingualism with parents, Sure Start staff and professional colleagues through video, training & promotional material.

• Establish peer groups of East Timorese parents to inform other parents about retaining native language.

• Recruit and retain staff who speak Tetun.

• Due to the lack of books in Tetun produce our own story book for families.

• Advocate for more resources in Tetun (e.g. Talk To Your Baby— National Literacy Trust).
Ruth Millar and Marialva Alves

Ruth Millar – Project Speech and Language Therapist
Marialava Alves – Bilingual Family Support Worker
Dungannon & Coalisland SureStart

Tel: 028 8772 9695
Email: ruth.Doherty@southerntrust.hscni.net
Email: marialava.alves@southerntrst.hscni.net
5 Good Communication Standards

Joanne Matthews
5 Good Communication Standards Project

SET Audit award winners 2020

Joanne Matthews
Background to Project

Trends within ALD services indicated that

- referrals were mainly for dysphagia
- Reduced number of communication referrals
- Communication not seen as a priority
- Lack of awareness of 5 Good Communication Standards in Day centres/supported living
Aims of the Project

- To raise awareness of and implement the RCSLT 5 Good Communication Standards
- To train and equip staff in communication and the RCSLT 5 Good communication standards
Getting started

- Partnership between ALD Speech and Language Therapists and Day Centre staff
- One room was selected for input in 2 day centres across parts of South Eastern Trust :-
  - Mountview ARC, Downpatrick
  - Lisburn ARC, Lisburn
What did we do?

- Pre and post intervention audit completed using the RCSLT 5 Good Communication Standards to help achieve inclusive communication Audit Tool.

<table>
<thead>
<tr>
<th>Red</th>
<th>No, Not started working on this, not meeting the standard evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber</td>
<td>Partially working toward meeting the standard</td>
</tr>
<tr>
<td>Green</td>
<td>Yes, fully meeting the standard</td>
</tr>
</tbody>
</table>

- Pre and post intervention questionnaires reflecting staff confidence and satisfaction.
- Communication assessments and quick reference profiles “How Best to Support My Communication” were completed.
- Individual and group therapy was provided.
- Communication training for staff delivered.
- Therapy Outcome measures (TOMS) were administered pre and post interventions.
Training others

- Training in 5GCS delivered to the Regional Quality Improvement Authority (RQIA) as a benchmark for future inspections.
How well did we do?

Red = not meeting standard
Orange/yellow = partially meeting standard
Green = fully meeting standard
Communication referrals

80%

Increase in communication referrals specifically related to 5GCS
Staff training

LARC
50% of staff trained

MVW
100% of staff trained
Was anyone better off?

Staff Confidence Levels

- LARC
- MVW

Pre training vs Post training

South Eastern Health and Social Care Trust
Service user and staff well-being

53% Increase in patient and staff well-being post intervention
Benefits of training

Staff found the SLT training beneficial and rated it 4.9/5.
Adult Learning Disability Speech and Language Therapy (SLT)
5 Good Communication Standards Project

How much did we do? Aug 2017 - Sept 2018
3 x 9 week blocks of communication groups for service users across both centres

9
- Goal was to train 9 staff in designated rooms

10
- Hours training provided for 67 staff

How well did we do it?
A total of 24 communication assessments and reports completed and service users received a communication profile

Percentage of staff trained in 5GCS and Communication

Is anyone better off?
Staff Confidence Levels

53% Increase in patient staff well-being post intervention

Staff found the SLT training beneficial and rated it 4.9/5
Key Challenges

- Staff shortages
- Unable to maintain key staff in room
- High proportion of bank staff
- Availability of Day care Workers
- Unable to train staff on the ground
- Time to upscale and spread due to lengthy waiting lists and staff shortages/changes.
Ideas for change

- Need for consistent staff
- Inclusive communication to be included in mandatory work force development
- RQIA now ask for evidence of the 5 Good Communication Standards as part of their Inspections.
- Plan to upscale and spread
- Future PPI project
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Alex McNeill and Erin Stewart

Tele-health

Results of audit
Evaluating the use of tele-health within Belfast Health and Social Care Trust Children’s Community Speech and Language Therapy Service as a Response to the Covid-19 Pandemic

FLORENCE KING, ERIN STEWART & ALEXANDRA MCNEILL
BELFAST HEALTH AND SOCIAL CARE TRUST, CHILDREN’S COMMUNITY SLT
Aim 1

Evaluate the outcomes of tele-health within Children’s Community SLT Services in line with Key Performance Indicators (KPIs): (A) clinical outcomes and (B) attendance

Clinical outcomes - Case file review in March 2021 to review outcomes of any previous clinic based or tele-health SLT input and level of change achieved. 170 children received tele-health input for phonology targets. Target sounds were achieved to the following levels:

- 77% to phrase level independently
- 8% to phrase level with support
- 8% to word level
- 2% blended with a vowel
- 4% at phoneme level
- 1% auditory discrimination only

Attendance – Attendance rates for clinic based intervention in 2019-2020 were compared with those for tele-health intervention in 2020-2021.

- 5% improvement in attendance during tele-health delivery
Comparison of level of change achieved in clinic based and tele-health phonology intervention

- **Clinic Based**
  - Auditory discrimination only/Phoneme level inconsistent: 3%
  - Phoneme achieved: 5%
  - Phoneme blended with a vowel: 2%
  - World level achieved: 6%
  - Phrase level achieved with support or models: 8%
  - Significant change - phrase level independently or starting to generalise: 76%

- **Tele-health**
  - Auditory discrimination only/Phoneme level inconsistent: 1%
  - Phoneme achieved: 4%
  - Phoneme blended with a vowel: 2%
  - World level achieved: 8%
  - Phrase level achieved with support or models: 8%
  - Significant change - phrase level independently or starting to generalise: 77%
Aim 2
Outline the main barriers which may affect outcomes in SLT and compare the impact of these on clinic based and tele-health interventions

Barriers Identified

- Attention and listening difficulties
- Attendance issues or limited commitment to therapy
- Target sound not being stimulable
- A diagnosis which affects ability to generalise target sounds (for example, learning difficulties or ASD)
Aim 3
Evaluate the views of parents/carers, service users and clinicians on the use of tele-health to deliver SLT

- We have been able to provide a service and support to families during unprecedented times.
- It was great not having to travel to the health centre.
- Effective therapy which my daughter has really benefitted from.
- Dependent on good quality internet connection.
- It could be more challenging to hold the attention of some children.
Conclusions

- The use of tele-health has allowed our service to continue throughout the pandemic with no compromise on clinical outcomes.
- Since starting to use tele-health as a method of service delivery, clinicians have developed confidence in the area.
- Clinicians should carefully consider appropriateness for tele-health on a case-by-case basis.
- Limitations of tele-health should be considered.
- Tele-health has been a viable method of service delivery throughout the pandemic and should be considered further in the future.
Alex McNeill and Erin Stewart

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Amy Rooney

Speech and Language Therapy & Covid 19

Celebrating SLT and Nightingale at Whiteabbey Hospital
Whiteabbey Nightingale Hospital

- Established November 2020
- Regional unit, 14 day admission
- Nursing and AHP led, 7 day service
- Well funded for SLT; Band 7, Band 6, Band 4 SLT
- Increased frequency of SLT inpatient reviews; seen daily as much as possible
Patient Journey

• Mr O

• Admitted to BCH November 2020
  – Intubated Nov 2020
  – Trache inserted Nov 2020
  – Decannulated Jan 2021 & d/c to ward from ICU
  – Severe oro-pharyngeal dysphagia Jan 2021

• Transferred to Whiteabbey Nightingale Feb 2021
Patient Journey

- Transferred to Whiteabbey Nightingale Feb 2021
  - Intensive SLT input (9/12 days seen, 14 SLT contacts total)
  - Mild dysphonia – vocal hygiene advice, breathing exercises, overall improvement in volume and strength
  - Resolved dysphagia, oral stage impacted only by dentition
  - Final recs = Level 7 easy to chew and Level 0 thin
Patient Journey

• ICU follow up clinic presentation, seen April 2021
  – Swallow – no swallow issues or trouble getting food down, remains on same SLT recs, generally reduced appetite, no weight loss
Outcome measures

• 49% of Covid patients received SLT input for communication and/or swallowing
• 51% treatment complete at end of 14 days
• Therapy outcome measures (TOMS) introduced
• TOMS helped to see change pre and post therapy
Mr O’s outcomes

- Impairment: Admission - 3, Discharge - 4.5
- Activity: Admission - 3, Discharge - 4.5
- Participation: Admission - 3, Discharge - 4.5
- Well-being: Admission - 2, Discharge - 5
Outcomes for COVID and General Rehab

Average improvement on discharge

- Impairment
- Activity
- Social
- Wellbeing

COVID vs. General

#teamNORTH
Nightingale moving forward

- Currently general rehab and fractures
- Funding extended until March 2022
- Currently part time band 7 SLT, band 6 SLT and SLTa
- At the time of the power point there were 24 patients on the ward
Amy Rooney

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David Curtin

Impact of SLT Pre-habilitation programme for cancer patients
Head & Neck Radiotherapy Prehabilitation Initiative

A Multi-disciplinary Macmillan Team Partnership
North West Cancer Centre, Derry~Londonderry

30/11/2021
Who & Where We Are:

Malcolm Wilkinson (Radiotherapy Radiographer)
Ciara McSherry (Macmillan Dietitian)
David Curtin (Macmillan Speech and Language Therapist)
Angela McKeever (Macmillan Head and Neck CNS)
Head and Neck Radiotherapy Prehabilitation (Prehab)

• ‘Prehabilitation enables people to prepare for treatment; promoting healthy behaviours and needs based prescribing’ (Macmillan, 2019)

• I’m excited to take you on a journey to show you how we designed and implemented a head and neck (H&N) prehabilitation model of care, the first of its kind in Northern Ireland

• Working in partnership with patients and colleagues we improved patient experience before, during and after treatment
‘It felt like jumping from a plane *without* a parachute’

Jim and others (n=21) wanted to give us some feedback on how they felt before starting treatment

‘Scary’

‘Didn’t feel prepared’

‘No idea why…’

‘Anxious’

‘I would have liked help…’

‘Felt Guilty’

‘wanted help...didn’t know where to start’

Ask yourself...

‘Have *you* ever done something new that you were not prepared for?’
Our Collective Aim & Shared Vision

Patient Engagement

Personal Empowerment

Improved Experience

Ground Rules/Leadership

Responsive to Patient Needs

Quality Improvement Methods
The Key Pillars of Prehabilitation

Personalised Prehabilitation Care Plans

Effective use of resources

Personal empowerment & enhances quality of life

Promotes physical and psychological resilience & behaviour change

‘Ownership of their cancer story; personal control, reduced anxiety & vulnerability’

Structured Interventions
Kathy’s Story:
aged 52, a teacher and mum of three, has tongue cancer

‘Let’s do this together!’

‘I feel ready for the marathon now...’

Malcolm
Radiographer

Angela
CNS

Kathy

David
SLT

Ciara
Dietitian
Kathy’s Personalised Prehabilitation Care Plan

Specialist

1. Already losing weight: swallow assessed, risk of aspiration/choking: SLT/Dietetic regime implemented
2. Radiotherapy (RT) machine anxiety: visit arranged to RT suite following video, referral to counselling; avoided medication

Targeted

1. Mouth and swallowing exercises demonstrated and daily routine advised

Universal Interventions

1. Side effects leaflet provided, advised to self-monitor for worsening or ‘unusual’ symptoms, emphasis to report issues early, don’t ignore!
Prehab Extended Outcomes: ‘A Rippling Effect!’
(Total no. prehab patients= 10)

Self-Reporting of deterioration (30%) led to early and prompt assessment & management = Admission Avoidance

Eager and empowered to self-manage acute symptoms at home (2/2 patients), reducing inpatient length of stay

2/4 (50%) of patients agreed to attend smoking cessation service as a consequence of prehab and stopped smoking before radiotherapy: far reaching positive effects to patient & society/public health

0/10 patients called the out of hours helpline during or after treatment (average 60%)

40% of patients were referred on to psychological therapies, 0% of prehab group required anxiety medication prescriptions during treatment (avg. 35%)

Clinician prioritisation: prehab reduced the number of sessions patients needed during treatment (average 2 sessions less)- time and resource saving!

Two patients referred on for Physio and Occupational therapy before treatment

Clear benefits to health system:
- Patient personalised care plans (on par with national guidance)
- Empowered patients, self-management, quality of life
- Less clinician contact needed
- Early support
- Admission avoidance
- Shorter length of stay
- Reduce reliance on medication

Two patients referred on for Physio and Occupational therapy before treatment
‘I started my mouth and swallowing exercises straight away, I then had some more questions about these before the treatment began and having someone to contact was really reassuring’

‘I understood what everyone’s role with me would be and the leaflet broke down the side effects week by week, so there were no surprises or shocks’

‘I’ve stopped smoking after 40 years, never thought I could do it- thank you!’

‘I think if I hadn’t spoken to the counsellor after the CNS referred me, I would have pulled out of the treatment altogether!’

‘My swallowing problem was assessed fast, and the SLT/Dietetic advice helped me to eat better and stop worrying’

‘My wife and I stuck the leaflet on the fridge and looked at it when I was experiencing a new side effect, seeing it was a normal reaction to radiotherapy stopped us from panicking and calling the out of hours helpline’

‘The radiotherapy video showed me what was going to happen and so it took the fear away, it also helped me to explain it to my wife afterwards’
Prehab Milestones & Clinician Reflections

‘Prehab was like a revelation- I really felt like I was walking a mile in the patients’ shoes’

‘Reading the feedback was humbling, emotional; hearing the difference we made to quality of life’

‘I was delighted to see the outcomes so quickly and also the wider, positive impact on the health system too’

‘Early screening expedited management- I was really surprised how many were already having problems’

‘Early psychological support- we’ve built new relationships with the counselling team’

‘Leadership development, meeting deadlines, facing and overcoming challenges (difficult conversations, I.T., room, clinician availability/flexibility)’

‘Challenging negative patient beliefs; managing expectations, difficult conversations (team debriefing after session helpful)’

‘Using ‘Model for Improvement’ to guide and measure change: I felt challenged, but in a good way’

‘Balancing Measures! It was really valuable to collect information about what we were deprioritising to do the prehab session: helped us demonstrate the unmet staffing/resource need’

‘Creation of the leaflet and radiotherapy video made me feel really proud, it felt so new and ground-breaking. Seeing its positive impact was the icing on the cake’
Where do we go from here?
Like Kathy, we’re ready for the Marathon!

Spreading the word:
- NI Cancer Network Group
- Prehab Bid: Cancer Recovery Plan NI, 2021-2023
- Goal to showcase our prehab model UK wide

Trust Quality Improvement Showcase Event: **CEO feedback**

Participate in **Service Transformation**, Commissioning & Workforce Planning

Contribute to **strategy and prehab policy design** locally and nationally
‘Cancer Strategy for Northern Ireland 2021-2031’

**Presentation** at RCSLT event: ‘Celebrating the impact of SLTs in people’s lives’ webinar

‘Holding the Gains!’

Working to integrate prehab into existing service delivery (‘Invest to Save/ we add value!’): Innovative ways to deliver prehab (COVID-19): Video!

Streamlining weekly **H&N MDT meeting** to include Prehab discussion

Role models: H&N Surgical Prehab pilot locally, inspiring other H&N projects throughout Northern Ireland

Advocacy, teaching and support for new prehab projects at the NWCC

Quality Assurance, Formal research and publication of findings

Abstract & Poster Presentation: Irish H&N Cancer Conference 2021
David Curtin
Macmillan Speech and Language Therapist
Clinical Lead Oncology
North West Cancer Centre, Altnagelvin Hospital
(028) 71611169 or Ext: 216 292
Mob: 07774837486
Shannon Johnson, Lisa Kelly and Alison Ferris

SEN – interview SLTs starting a new post during Covid
Paula Hasson

Supporting complex babies to develop oral feeding skills - parent experience
SLT makes a difference to children’s lives

Helping support a medically complex child to develop oral feeding skills.

Paula Hasson - Clinical Lead SLT NHSCT
Background

• Referred to local SLT by SLT in RBHSC on 16.10.2020
• Complex congenital heart disease: VSD’s repaired on 01.10.2021 in Crumlin
• Fully NG tube fed - difficulty establishing volume for oral feeding
• History of Reflux and regular vomiting episodes
• Slow to gain weight
• Concerns re: swallow safety, oral-pharyngeal incoordination
• Difficulties establishing oral feeding and query aversion to oral feeding.
What do we know?

• “Infants and children who require tube feeds because of complex needs are at a risk of developing oral hypersensitivities due to prolonged tube feeding.”
  (Hawden at al 2000)

• “Consequently these children are highly likely to develop significant difficulties in learning to tolerate eating orally. This may have an impact on the child’s social and emotional development.”
What did we do?

- Linked with SLT in RBHSC
- Follow up phone call and F2F appointment with child and her Mother
- Advised on;
  - Positive oral experiences with finger massage, using child’s own fingers, toys and teether;
  - Continue NNS during tube feeding and water sips.
  - Messy play activities to be completed daily.
  - Developing oral tastes (spoon and bottle) and monitoring swallow safety for clinical signs of aspiration.
What was the outcome?

- Child’s Mother worked through the advice and personalised it to suit her child.
- Mother was consistent implementing all advice and worked in close collaboration with MDT including Paediatricians and Dieticians in RBHSC and locally.
- By May 2021 A’s NG tube was removed and she was fully orally fed on a mixture of Bottle feeds morning and night with 3 spoon feeds per day and developing her tolerance for textures
- Her weight had improved and is now static and tracking the 9th percentile / length 25th percentile.
Factors for success

✓ Early introduction of oral de-sensitization and NNS whilst tube feeding by SLT in RBHSC.
✓ Good liaison and hand over between SLT in RBHSC and local SLT.
✓ Resolution of the original problem - cardiac surgery and GOR had reduced.
✓ Monitoring of swallow safety and signs of aspiration as feeding progressed. Swallow was safe.
✓ Working with MDT/Dietician to adjust feeds when oral feeding progressed to help create hunger.
✓ Child readiness and acceptance.
✓ EXCELLENT motivation, perseverance and consistency from Mother and family circle implementing and personalising advice given.
One Parents top 5 tips to another:

- **Tip 1:**

  Do messy play and
  Do it every day!
• **Tip 2:**

Change Tube feeding times to after mealtimes
• Tip 3:

Involve your child in family mealtimes
Tip 4:

Do not force it – if your child ever refuses, do not push it.
• **Tip 5**

Let your child lead
You never really understand a person until you consider things from his point of view until you climb into his skin and walk around in it

- Atticus Finch - To Kill a Mockingbird
Paula Hasson

Clinical Lead Speech and Language Therapist

Children with Disabilities Team

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Hilary McFaul

Reflection
Celebrating the impact of SLTs in people’s lives

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