

## Major Conditions Strategy Submissions: cancer

### June 2023

#### **Question: How can we better support those with cancer?**

Allied health professionals, such as speech and language therapists, support people with cancer, from prehabilitation, to care planning, treatment, post treatment reablement and rehabilitation, self-management and return to work.

Earlier diagnostic opportunities within certain cancers, for example, head and neck cancer, laryngeal cancer) could be supported by faster access to skilled allied health professionals, especially speech and language therapists. Survival rate for head and neck cancers is improved with early recognition. With more Advanced Clinical Practice (ACP) or consultant speech and language therapists posts, this could support and reduce ENT waiting lists and reduce delay in diagnosis and access to treatment. This is evidenced from speech and language therapy-led-ENT clinics in the two-week wait cancer pathway, which has successful results.

Medical treatment for cancer starts weeks or months after referral. Access to cancer prehabilitation from a range of allied health professionals should be offered to meet diet, nutrition, communication, swallowing and mental health needs.

Speech and language therapy in the NHS is not a “nice to have”. People need to access and receive speech and language therapy appropriate to their condition that is not allocated via a post-code lottery.

Community speech and language therapy teams are having to meet the needs of increasing numbers of people living with the effects of cancer. This is a result of more people presenting with later stage head and neck cancer (Data-Can) requiring complex surgery and longer-term rehabilitation and increasing numbers of people living with the side effects of treatment which can persist for months and even years following treatment. These side effects including swallowing, speech and voice problems can affect return to work, education and engagement in family life.

Macmillan data ([www.macmillan.org.uk/ images/prehabilitation-evidence-and-insight-review\\_tcm9-335025.pdf](http://www.macmillan.org.uk/images/prehabilitation-evidence-and-insight-review_tcm9-335025.pdf)) shows increased demand for speech and language therapy for people living with long term effects of cancer treatment. The Major Conditions Strategy needs to include recommendations to support people to live well beyond treatment and live with the side effects for months or years.

We hope that the Major Conditions Strategy will commit to communication accessible information, to enable people to understand risks factors and to make informed healthy choices. If information and communication is inaccessible people cannot follow the advice because they do not understand what is being said and what they are meant to do. This includes advice across all areas of living well for example uptake and adherence to guidance on healthy eating, physical exercise as per the CMO guidelines, alcohol intake, blood pressure, cholesterol and smoking cessation. This variation needs to be addressed and tailored written communications provided.

We recommend that all staff need training to help them to better support the needs of people with communication difficulties. All staff groups would benefit from staff training on accessible and better communication. Through the training, staff would gain the skills and confidence to engage with people with communication difficulties much more effectively.

For more information, see the RCSLT's response to the 10 year cancer plan call for evidence:

<https://www.rcslt.org/news/rcslt-responds-to-10-year-cancer-plan-call-for-evidence/>