

Domiciliary/Community Laryngectomy Service

Background

Historically provided service from an acute hospital site. Outpatients closed due to Covid & difficulties reopening due to AGP issue. Patients worried about travelling, attending hospitals etc. Introduced domiciliary service for laryngectomy care including valve changes

Approach

Engaged with professional stakeholders (other SLT services, professional advisors, ENT colleagues and trust clinical leadership). Required additional equipment, staffing changes and risk assessments:

- Two laryngectomy specialist SLTs
- Emergency equipment, including defibrillator, suction machine, and bag valve mask
- Risk assessments for every appointment ensuring: a safe working environment
- Typically offer 6 appointments per day

Challenges

- Getting set up – protocols, permissions, funding for equipment etc.
- Access to ENT – largely managed through emails, photos, phone
- Workforce – cover during leave, training juniors

Outcome/Impact

- Waiting times reduced during pandemic.
- 96% patients preferred domiciliary appointments
- 45% of valve changes by patients
- 77% of clinician-led valve changes undertaken in patient's own home.
- 12% of valve changes required hospital
- No adverse events or increase in ENT opinions sought.
- Joint appointments with: DNs, OAMH, palliative care, dietitians, nursing homes.
- Tailoring care to patient's own setting
- Spotting issues not raised at hospital appointments.
- Approx. £94.80 cheaper per appointment than hospital outpatient appointments.
- Progressed to a full-scale coproduction project with our patients & network further

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***“ Being able to come into the home helped me know how to care for myself-
because if they could do it here, so could I! ”***

Top Tips

Reach out! We discovered part way through planning that the fabulous team in CHANT had already developed a protocol for domiciliary valve changes and they were kind enough to share this with us