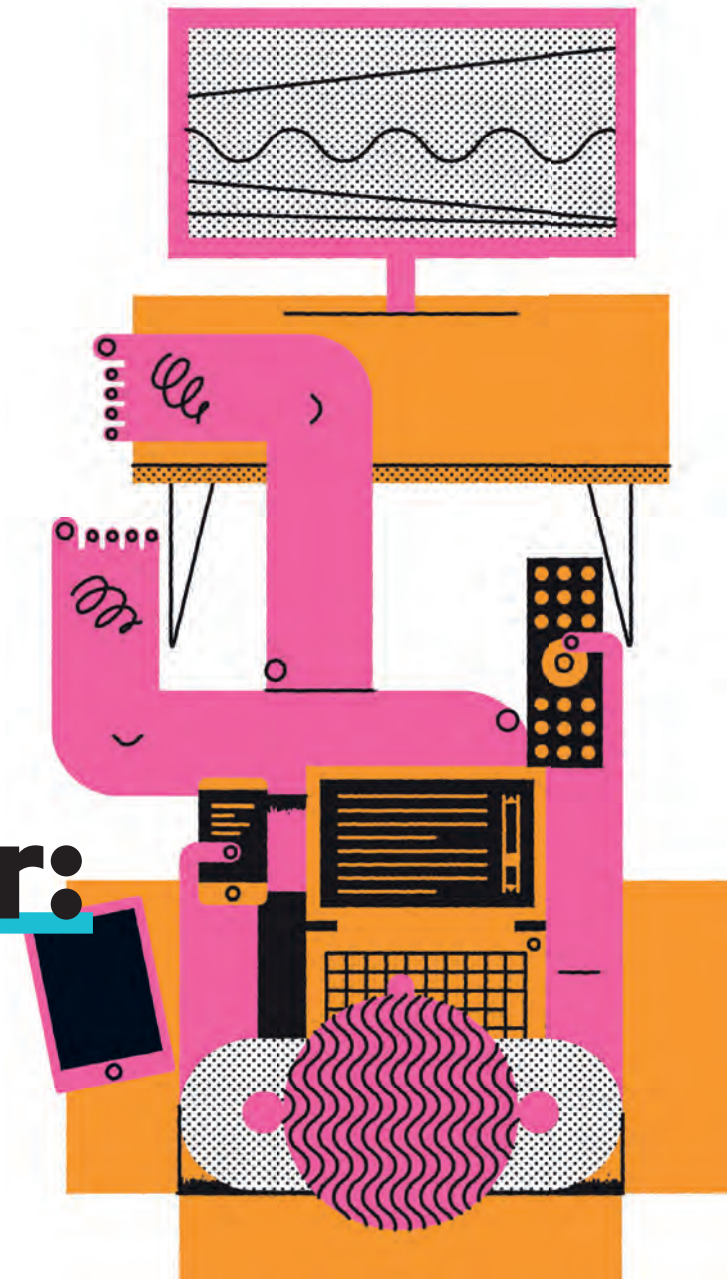
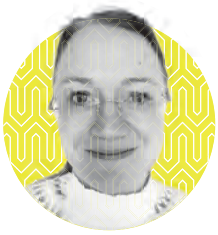


# Head and neck cancer: growing services

**Ceri Robertson** *and* **Rhiannon Haag** *ask how we can learn from each other when we are trying to improve and develop our service for head and neck cancer patients*



CERI ROBERTSON



RHIANNON HAAG

The National Cancer Experience Survey (2022) highlighted that only 51% of patients felt they received enough support at home from community services, a figure unchanged from the previous year. Individuals living further from their cancer centre are less likely to continue with follow-up and report significant psychosocial burden associated with travelling (Pallin et al., 2024). The challenges of meeting the many unmet needs of cancer survivors have led to a system-wide call to redesign models of care (Jefford et al., 2022). As rehabilitation professionals with a central role in supporting people with head and neck cancer, SLTs are in a unique position to progress personalised, local care for this population.

The RCSLT head and neck guidance reflects the ambition of developing services to meet service user needs. Finding out what others are doing in the field can inspire change, and can provide reassurance about novel approaches that have been tried and tested elsewhere.

## New service templates

To help you share your experiences we created a new resource which collects real examples of service developments and innovations in this field. These templates outline the background, approach, challenges, outcomes and impact of the development or innovation. The resource aims to inspire and facilitate future SLT service developments and to celebrate and learn from success.

## How you can use the templates

The templates give clear summaries of the approach taken to setting up a new service or development within a service. They provide methods of evaluation, and top tips for other SLTs wanting to develop similar models of practice.

## Some of our latest templates

The templates are available now for you to read and try out ideas. Some of the topics already shared include:

- Community and multi-aetiology head and neck fibreoptic endoscopic evaluation of swallowing (FEES) services.
- Improving access to FEES (including for those with mobility challenges) and reducing patient travel time.
- Provision of biofeedback and targeted dysphagia rehabilitation, improved patient experience and engagement with swallowing rehabilitation.
- Two examples of community surgical voice restoration services including access to rehabilitation, long-term support and voice prosthesis changes in people's homes.
- Collaborative multidisciplinary home visits for laryngectomy rehabilitation, swallowing assessments and palliative or end of life input for communication and swallowing.

JOHN DEVOLLE / IKON IMAGES

> **Learning through the experiences of others may help to develop head and neck SLT services nationally**

## Understanding the challenges

Our template authors are SLTs working to tackle challenges such as training requirements, skill maintenance and service pressures. The templates outline their approach to setting up a new service or development, while managing challenges such as clinical commitments and capacity, and availability of equipment or other team members. Some of the resourceful and creative responses to these challenges included taking patient-centred, flexible approaches to optimise swallowing and communication rehabilitation. Other solutions included improving patient choice of service delivery location and designing safer discharge processes. Their goals included avoiding potential hospital readmissions and increased collaborative working across the multidisciplinary team and community services.

## Thinking about your own service development?

Top tips from the templates include ensuring data collection throughout implementation of the development and beyond within a cycle of continuous improvement. There are also outcome measurement case studies available on the RCSLT website, and head and neck-specific outcome measures listed in the RCSLT head and neck guidance.

When evaluating your service and considering service developments, you may want to use the health inequalities self-audit tool on the RCSLT website to prompt evaluation and reflection about the barriers to healthcare that may affect your local population.

## Making an impact

Service users tell us about the difference a well-thought-through service makes to their health and wellbeing. A family member of one service user told us:

"Having an appointment at home… after such a long time in hospital, really meant my Mum got the care she needed at the right time in the right place. Being at home meant her appointment was about promoting independence which was her no. 1 issue at that time… it helped seeing her in her own environment too. The flexibility was, and is, still so appreciated for us both, as patient and family member".

## Share your experience and ideas

Do you have a head and neck cancer service development to celebrate? Would you like to inspire others by sharing how you overcame challenges to bring about change or innovation? Add your examples of embedding evidence-based practice, service developments and improvements to our resource by filling in a template.

Learning through the experiences of others and sharing resources may help to develop head and neck SLT services nationally. We will continue to improve outcomes for head and neck patients, offer more personalised care, and provide opportunities for cross-skilling with SLT colleagues.

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### Find out more

Visit the RCSLT guidance on head and neck cancer **rcslt.info/head-and-neck** Look for the new templates in the resources section.