

The Emerging Role of Speech and Language Therapy (SLT) in Prehabilitation



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Background: SLT service launched in **June 2024**, operating at **0.6 WTE** across CTM UHB.

This summary provides an analysis of **referral patterns, tumour site distribution, patient needs, and service activity** over the initial year in post.

Referral Overview

114 SLT referrals from **326 Prehabilitation patients (35%)**, demonstrating that over **one-third** of patients had risk factors during their Prehabilitation assessment that warranted SLT input.



SLT Referral Process

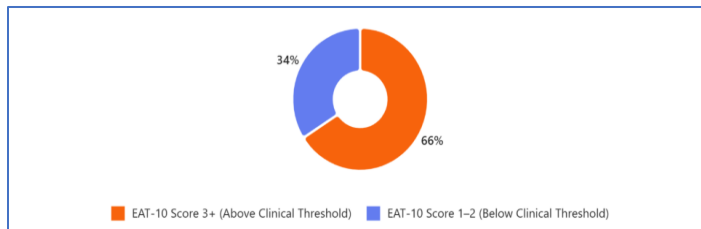
- MDT Screening Completed**
Patients first complete multidisciplinary team (MDT) screening tools and attend their initial Prehabilitation assessment.
- SLT Retrospective Review**
SLT reviews patient responses and MDT feedback **after** the assessment.
- Tailored Support**
This approach ensures SLT input is **personalised**, aligning with both clinical indicators & patient-reported priorities

Prehab Speech and Language Therapy (SLT) Screening Tools:

The **Eating Assessment Tool-10 (EAT-10)**: a validated, self-administered questionnaire designed to identify and quantify swallowing difficulties.
Communication and Voice Questionnaire: Informal questions designed to capture self-reported concerns related to speech, voice, and communication.

Referral Pathways

- Pathway A (Low Risk)**: EAT-10 score 1–2 → self-management & signposting
- Pathway B (High Risk)**: EAT-10 score ≥3 → SLT assessment & tailored input
- Communication Pathway**: Initial phone assessment + follow-up as needed

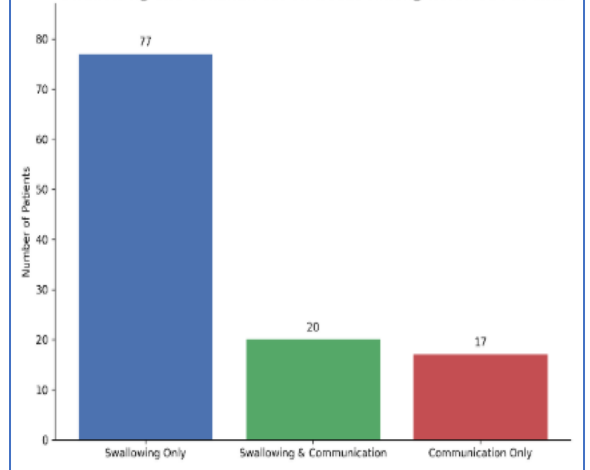


Referral Breakdown by Tumour Site

Tumour site	Referrals
Colorectal	45
UGI	23
Lung	28
HPB	16
Gynae	2

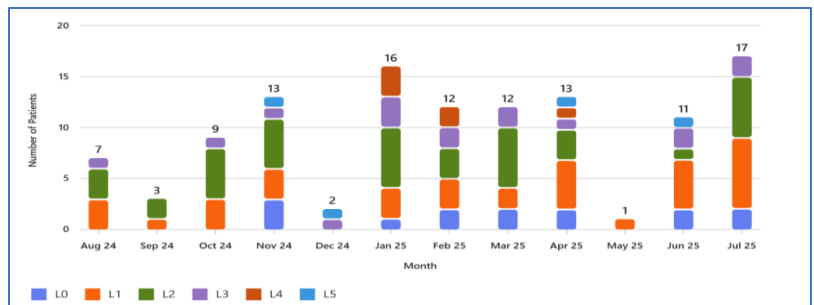
- Swallowing difficulties** remain the **leading reason** for SLT referrals — over **two-thirds** of all cases.
- However, **32% of patients** also present with **communication concerns**, either **alone** or **alongside swallowing issues**.
- This highlights the **ongoing need for a dual-focus approach**: supporting both swallowing and communication needs.

Swallowing and Communication Needs Among Referred Patients



SLT delivery framework: Detailing levels of contacts and complexity.

- Level 0:** Declined/ inappropriate/ no tx options
- Level 1:** Written advice only
- Level 2:** Telephone ax ± advice and discharge
- Level 3:** Telephone ax + indirect f/up
- Level 4:** Telephone assessment + direct f/up
- Level 5:** Multiple contacts (3+), direct or indirect



SLT Prehabilitation Summary

Referral Trends

- Referral rates **vary across the year**
- Over **one-third** of Prehabilitation patients require SLT input

Patient Profile

- Most referrals are for **colorectal, lung, and upper GI** cancers
- Swallowing difficulties** are highly prevalent
- Majority exceed the EAT-10 threshold**, indicating strong SLT need

Service Delivery

- Primarily delivered via **telephone**
- Limited face-to-face** contact

The Prehabilitation SLT service represents a pioneering model within Wales, and potentially beyond, by uniquely embedding Speech and Language Therapists (SLTs) within the multidisciplinary team (MDT). This integration enables SLTs to contribute proactively to patient care from the point of diagnosis, extending their role beyond the traditional remit of head and neck cancer prehabilitation/pre treatment.

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