

### **Guidance and resources**

### Dr Alison Stroud

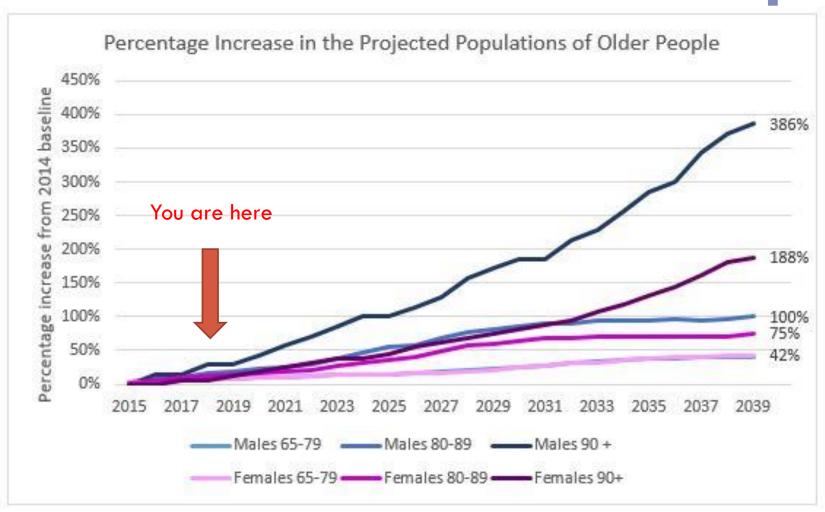
Head of Speech and Language Therapy, Aneurin Bevan University Health Board, and Head of Wales Office, RCSLT

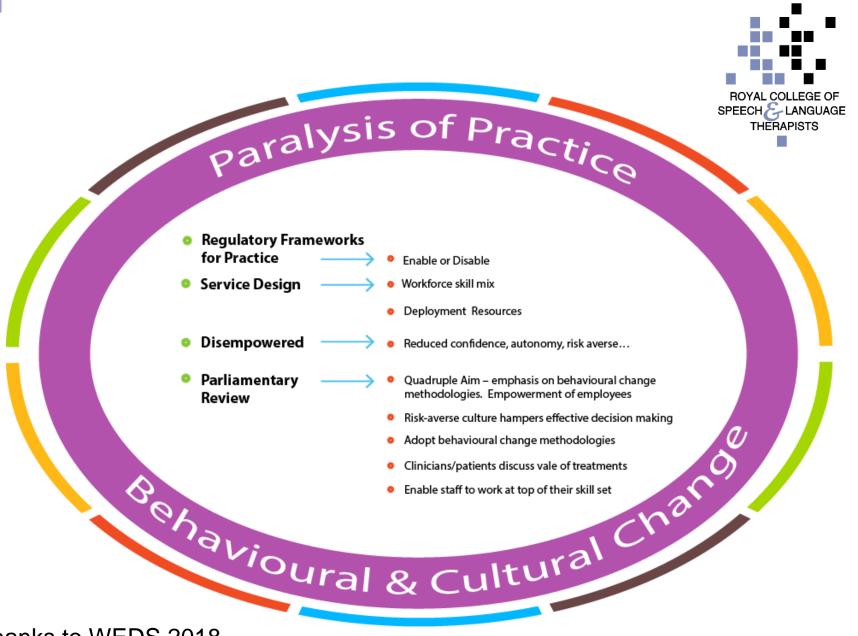
### Dr Justin Roe

Clinical Service Lead - Speech and Language Therapy (Airway/ Ear, Nose and Throat Service), Imperial College Healthcare NHS Trust, and Honorary Lecturer - Division of Surgery, Department of Surgery and Cancer, Faculty of Medicine, Imperial College London









## RIGHT PLACE/PEOPLE/ TIME ???





Specialist critical care hospital



General Hospitals



Local Hub with specialist and enhanced services



Primary care MDT team



Mobile Services



**Telemedicine** 



Home as the hub







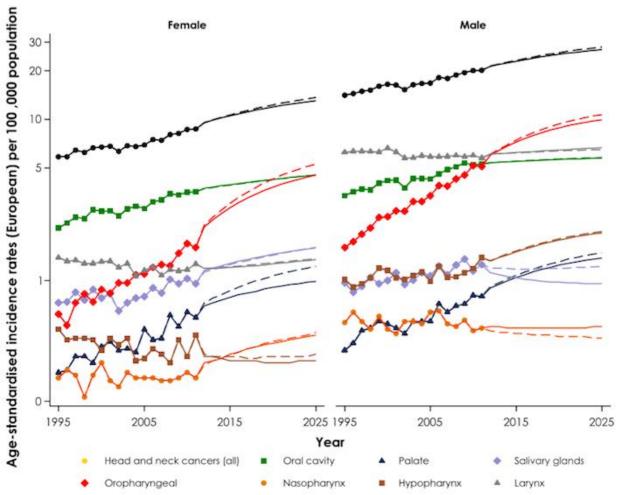
## Cost of dysphagia in older people



- Associated with age ≥65 years
- 40-60% of institutionalised older people
- Predictor of aspiration pneumonia
- Associated with inpatient mortality
- Predictor for increased length of stay
- Personal, institutional and social cost
- People with dysphagia:
  - More likely to develop aspiration pneumonia
  - More likely to die

# Over 50% of HNC diagnosed in over 65s





#### TRACHEOSTOMY CARE

INTENSIVE CARE SOCIETY STANDARDS © 2014

Standards for the care of adult patients with a temporary Tracheostomy; STANDARDS AND GUIDELINES

Introduction to the United Kingdom National Multidisciplinary Guidelines for Head and Neck Cancer

V PALERI<sup>1</sup>, N ROLAND<sup>2</sup>



Royal College of Speech & Language Therapists

Clinical Guidelines

DYSPHAGIA

## Swallowing difficulties: management in adults with learning disability

By Working Party-Wright et al. | 1 February 2014



Royal College of Speech and Language Therapy

Guidance on the Management of Dysphagia in Care Homes

Guidance on Cancer Services

## Improving Outcomes in Head and Neck Cancers

The Manual

## Treatment and care towards the end of life:

good practice in decision making

General Medical Council

Working with doctors Working for patients





### Service delivery issues

Parameter	SPEECH SPEECH	COLLEGE OF LANGUAGE RAPISTS
Routine evaluation pre-treatment	50% (21/42)	
Implement prophylactic swallowing exercises	71.4% (30/42)	
Active on-treatment involvement	69% (29/42)	
Use of standardised measures	24.4% (10/31)	

- Resource concerns
- Prophylactic vs. reactive rehabilitation approach

Roe, Carding et al (2012) Oral Oncol 48(4): 343-48

Similar variation in the US and Australia/ NZ

Krisciunas et al (2012) <u>Dysphagia</u> 27(4):538-49 Maclean et al (2013) <u>DRS abstract</u>

## Using guidance to enhance local practice

- Local cancer system
  - □ Inconsistent measures
  - Varying intervention
  - □ Few opportunities to reflect
- Process
- Outcome
- Benefits

## Workshop discussion

- What is my service/what am I currently doing?
- What more could we/I do (now and in the future)?
- What support do we/I need?
- How will we/I know that what we/I do makes a change for the better / demonstrates improvement?