

## Speech and Language Therapy Functional Assessment of Voice using Flexible Nasendoscopy

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<b>This is the most current document and is to be used until a revised version is available</b>	
<b>Target Organisation(s):</b>	Worcestershire Acute Hospitals NHS Trust
<b>Target Departments:</b>	Clinical
<b>Target staff categories:</b>	All

### Policy Overview:

SLT nationally have developed a role in therapy led clinics to assess the functional aspects of a patient's voice disorder. The SLT scoping clinic at Worcester Royal Hospital and Alexandra Hospital would run in parallel with a Consultant Ear Nose and Throat (ENT) clinic in order that appropriate medical input can be accessed if required to ensure patient safety.

### Key amendments to this Document:

Date	Amendment	By:
	New policy	
March 2016	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
August 2017	Document extended for 6 months as per TMC paper approved 22 <sup>nd</sup> July 2015	TMC
December 2017	Document extended for 3 months as per TLG recommendation	TLG
Jan 2019	Document reviewed and revised to cover voice assessment only	

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## 1. Introduction

**Aims:** SLT have developed extended roles in the use of Flexible Nasendoscopy (FNE) in order to functionally assess voice disorders both in terms of passing the FNE and interpreting the images obtained. The intervention will also evaluate the effectiveness of rehabilitative techniques and provide bio-feedback to the patient. In turn this will guide the treatment plan leading to improved outcomes for the patient.

## 2. Scope of this document

Eligible patients will be inpatients and outpatients, over 16, who are under the care of ENT and Maxillofacial Consultants employed by Worcester Acute Hospitals Trust (WAHT). This will not include patients who are under the care of consultants in other specialties. Patients must have been fully assessed and diagnosed previously by an ENT consultant, be under follow up for their condition and have had the FNE examination carried out previously by a member of the medical team.

## 3. Definitions

Dysphonia= disorder of voice  
FNE= flexible nasendoscope  
Functional assessment = focus being on functional performance of upper GI tract and laryngeal structures rather than obtaining a medical diagnosis.

## Responsibility and Duties

The clinic will be led by SLT. Ideally two members of staff will be present during the assessment: one who will carry out the flexible nasendoscopic examination and one who will conduct the session with the patient and interpret the images obtained during the session.

A photograph and /or digital recording will be made of each examination and these will be reviewed by an ENT consultant within 5 working days of the investigation if medical opinion is indicated. Patients will be examined in ENT clinic with support staff available.

The patient will remain under the care of their referring consultant.

A report will be generated following each clinic attendance.

Admission to the clinic will at the discretion of SLT unless contraindicated. Contraindications are:

- Presence of active H&N cancer
- Unable to tolerate the procedure without administration of local anaesthetic
- Undergoing active treatment ie undergoing radiotherapy treatment or during first 6 weeks following completion of radiotherapy for H&N cancer
- Bleeding disorders/history of epistaxis

#### 4. Protocol

- Skills/Competencies: to be competent to pass the nasendoscope and carry out the examination, the SLT will attend in-house training provided by ENT consultant and/or external training in use of FNE, and be supervised for the examination of 10 patients using FNE. The competencies for interpretation of images obtained will be acquired as prescribed in SLT professional guidelines;
- Referral process: additional written referral is not required as long as patient meets criteria for referral as outlined above and has previously been referred to SLT;
- Patient Information: written information is presented prior to examination in the form of a leaflet;
- Consent: inferred following receipt of patient information;
- Reporting/documentation: findings will be recorded in the medical notes or in Ez notes for out-patients. A report will be written to the patient's consultant and copied to their GP
- Incident reporting: via Datix;
- Review: to be completed annually to include patient safety and key benefits and outcomes;
- Health & Safety: it is the responsibility of the assessing clinician to ensure that medical backup, suction and resuscitation equipment are readily available as per the Royal College of Speech and Language Therapists (RCSLT) FEES Policy 2008

#### 5. Implementation

- Consultation with ENT/ Maxillofacial team
- Presentation to Quality meeting in H&N Directorate
- Submitted to Clinical Governance lead in ENT Directorate and Trust
- Adoption as policy
- Complete training
- Deliver service

#### 6. Monitoring and compliance

SLT will produce data for each patient which can be reported annually via the H&N Directorate Quality meetings, to include: patient demographics, diagnosis, need for ENT input, change of management, adverse incidents and clinical outcomes.

#### 7. Policy Review

SLT with support from Clinical Governance lead (ENT) will review every 2 years.

## 8. References

**References:**

**Code:**

Royal College of Speech and Language therapists: speech and language therapy Endoscopy for voice disordered patients (position paper 2007)	
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## 9. Background

### 9.1 Consultation

Comments will be sought from H&N team through Directorate Clinical Governance meetings prior to submitting to ENT Clinical Governance lead for approval.

### 9.2 Approval process

Once approved within ENT, the policy will be submitted through Trust Clinical Governance committee for their approval.

### 9.3 Equality requirements

There are no predicted impacts on equality of service.

### 9.4 Financial risk assessment

There is no financial outlay predicted in order to implement this policy.

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>		
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>		
7.	<b>Can we reduce the impact by taking different action?</b>		

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	This service development may lead to cost savings due to improved patient outcomes and skill mix ( SLT extended roles v ENT consultant)

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

## **Appendix one –**

Fibreoptic Endoscopic Evaluation of Voice and/or Swallowing Patient Information Sheet

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44828&serviceType=Attachment>

## **Appendix two –**

Royal College of speech and language Therapist- Endoscopy for voice disordered patients: Position paper 2-007

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44827&serviceType=Attachment>

## **Appendix three –**

Fees Assessment Report

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44833&serviceType=Attachment>

## **Appendix four –**

Speech and Language Therapy Functional Assessment of Voice and Swallowing using Flexible Nasendoscopy

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44836&serviceType=Attachment>

## **Appendix five –**

Flexible Nasendoscope Training

<http://www.worcsacute.nhs.uk/EasysiteWeb/getresource.axd?AssetID=44838&serviceType=Attachment>