

There's No Place Like Home - The contribution of Speech and Language Therapy (SLT) to Hospital at Home (H@H)

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Introduction

NHS services are working alongside the impact of an ageing population. Frailty, and its consequences, is becoming more prevalent. More people are now being treated for acute illness in their own homes through services such as H@H. This has led to an increased need for Allied Health Professionals such as SLT, to provide rapid response options for this population to assist in multidisciplinary management and to help prevent the need for admission to hospital.

Role of SLT

SLT provides comprehensive assessment and management of swallowing (dysphagia) and communication issues. These issues are often experienced by the frail, elderly population and can be both the cause and result of acute illness and other stressors. If not identified quickly and managed effectively, then swallow issues can lead to rapid decline and poorer outcomes. Issues with communication can lead to reduced ability to take part in discussions around current and future care.

How are SLT services adapting for H@H patients?

SLT services across the country are offering rapid response and intensive input to H@H patients to assist in providing alternatives to admission and to support earlier hospital discharge.

The data below has been collected from four SLT services across UK and Northern Ireland:

1. Lothian Home First and Frailty SLT Team sits within Adult Community SLT and provides urgent care to H@H patients across Lothian.
2. Forth Valley H@H has SLT integrated into team.
3. Aberdeen City HSCP SLT Frailty Team works with H@H to provide the equivalent of an inpatient SLT service.
4. Belfast Acute Care at Home Service has SLT integrated into team.

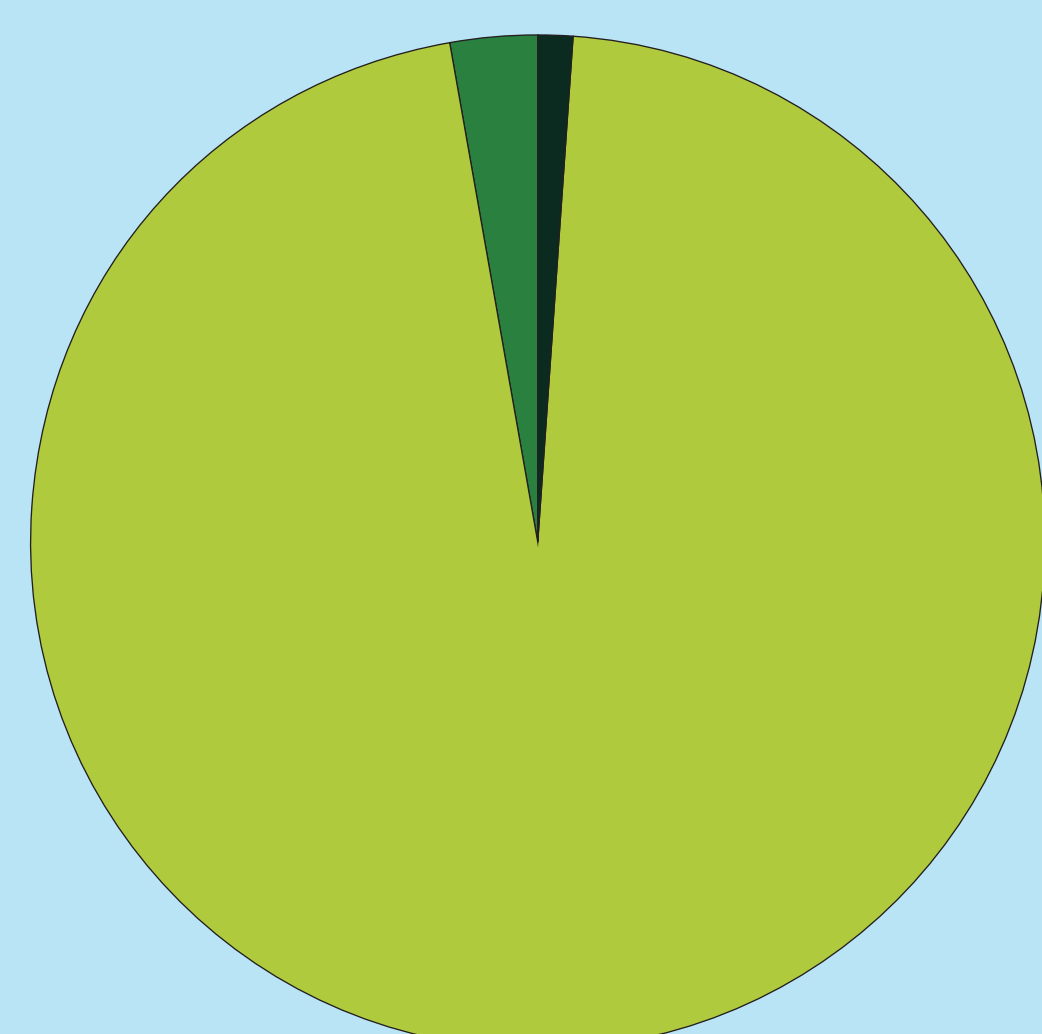
All of these SLT teams provide rapid response (within 2 working days of referral) and intensive input on short term basis. All SLT teams provide service Monday to Friday.

2022 (Jan-Dec) - 378 total SLT referrals

2023 (Jan-Dec) - 390 total SLT referrals

This shows a rise in referrals from 2022-2023 despite a two month closure of SLT services in two teams due to funding and staff sickness issues.

Breakdown of reason for referral -



Swallowing - 738 over two years for four SLT services.

Both Swallowing and Communication - 21 over two years for four SLT services.

Communication only - 9 over two years for four SLT services (although SLT teams identified and managed many more within their episodes of care).

External evaluation of Lothian Home First and Frailty Team in 2022 showed the team achieved reduced need for admission and that response time to this group of patients was reduced from median of eight days to two days. It was demonstrated that the team achieved cost savings for NHS Lothian through reduced need for hospital admission.

Comments

You have no idea just how helpful you have been
(Patient)

Thankyou for your help, I just hadn't thought of these things and he is managing to eat much more now
(Wife)

What a great service, it is great to be seen straight away. I was really worried.
(Husband)

I can't believe what a difference your advice about position for eating made. I haven't seen Mum so comfortable and calm in weeks
(Daughter)

They always reply quickly and assess patients really rapidly. It means that H@H patients have been able to have similar (or often faster) access to SLT as they would have had in hospital. It feels like the team are very receptive to referrals.
(H@H doctor)

We are very grateful for the rapid response service. You will get busier because we are expanding our capacity
(H@H doctor)

Conclusion: Main benefits of SLT within or linked to H@H

- Faster response than SLT community services can provide
- Reduced need for hospital admission for patients with swallowing/communication issues
- Improved MDT management and team communication
- Opportunity for joint visits to support patients / families / colleagues and for learning within multidisciplinary teams
- Cost savings of seeing patient group at home as compared to hospital admission.

References

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