**Speech and Language Therapy (SLT) Adult Outpatient Services – Referral Criteria**

**Inclusion criteria – who will the team see?**

* We offer assessment, diagnosis and treatment for adults (over 18) with a range of acquired communication, cognitive and swallowing difficulties.
* Patients must be registered with a GP.
* Referrals are accepted via email ([qvh.salt@nhs.net](mailto:qvh.salt@nhs.net)) or letter from GPs, Consultants, AHPs, Nursing staff. Patients are also able to self-refer for communication or swallowing assessment.
* Voice referrals must be accompanied by a recent ENT assessment (within the last 6 months).
* Referrals for swallowing and communication difficulties associated with head and neck cancer or tracheostomy are accepted, and will be forwarded onto our Specialist Head and Neck SLT team at the Queen Victoria Hospital.
* The majority of patients are local to East Grinstead and the surrounding villages, but we will accept referrals from *any* GP or Consultant.

**Exclusion Criteria – who won’t we see?**

* We are unable to offer early intervention for stroke. All patients with a new diagnosis of stroke should be referred to the Community Neuro Rehabilitation Team in the first instance (CNRT North, Rose Wing, Horsham Hospital, Hurst Road, Horsham RH12 2DR). **We are able to offer longer-term rehabilitation options.** Please call us to discuss if further information is required.
* People with (end stage) dementia/cancer where the client is presenting with any of the following and there are no other indicators of a swallowing problem: patient is refusing or declining food or fluids; spitting out food or fluids; mouth holding food or fluids. ACTION: This presentation is the result of the medical condition and is generally considered untreatable. However, SLT may be able to provide advice/strategies over the phone. Please call the SLT Department to discuss.
* Patients that the GP considers to be in the last few days of life and/or patients that are too drowsy to manage sufficient oral intake or tolerate a SLT Assessment. ACTION: SLT may be able to provide advice/strategies over the phone. Please call the SLT Department to discuss.
* Patients that have difficulties chewing food due to poor dentition, but no other swallowing difficulty. ACTION: Consider if a dental review is needed.
* Patients that have difficulties swallowing tablets, but in the absence of any other swallowing difficulty. ACTION: Consider discussion with GP/Pharmacy to see if liquid medication is appropriate or if medication can be crushed/taken with a spoonful of yoghurt.
* Patients with weight loss, but in the absence of a swallowing problem. ACTION: GP review recommended.
* Patients with vomiting or gastro-oesophageal problems only. ACTION: Consider review with GP and/or gastroenterology or ENT.
* Patients who have previously been known to any SLT Department, who are stable and managing on the recommendations and there is no clinical change, and there is no rehabilitation potential. ACTION: SLT may be able to provide advice regarding relevant support groups/organisations for people with long-term communication or swallowing problems, if this has not already been provided. Please contact us for further information.
* Patients who have the capacity to make choices about their own health and have declined SLT input. ACTION: It is important that you respect the decision, but it is also recommended that you formally document this.
* Patient is feeding at risk and this has been documented and there have been no changes since documentation. ACTION: refer to risk feeding documentation.
* Requests for retrospective assessment, e.g. a patient for whom SLT recommended puree foods and care staff offer soft foods instead and then call SLT to see if this is ok. By giving the client an upgraded diet you are accepting responsibility for that decision and the risk that the patient may aspirate/choke. Where patients are felt to have progressed, referral to SLT should be made PRIOR to any alteration to their diet or fluids. ACTION: Call SLT to discuss: the decision to treat after an upgrade will be made on a case-by-case basis.
* Patients that have a speech or swallow problem as a result of a Learning disability. ACTION: Refer to CLDT North, County Hall North, North Street, Horsham, West Sussex RH12 1XH.
* Paediatric patients. ACTION: Refer to Sussex Community NHS Trust, Speech & Language Therapy Service, Horsham Hospital, Hurst Road, Horsham RH12 2DR
* Patients with Bells Palsy. ACTION: Consider referral to facial palsy team at QVH.
* We will also unable to see patients who need advice about dyslexia, patients with a stammer/stutter with no neurological cause, or patients that have a communication problem due to deafness.