



Do the issues directly relate to a new or previous **stroke**?

Y

**Sirona Community Stroke Service** (includes SLT) [remedy pathway](#)

N

Do the issues relate to **learning disability**?

Y

**Sirona Community Learning Disabilities Team** (includes SLT) [remedy pathway](#)

N

Do the issues relate to an **ENT condition, head and neck cancer, or laryngectomy**?

Y

**University Hospitals Bristol and Weston NHS Foundation Trust SLT Team:** To discuss/refer, call 0117 3421088 or email [SLTSTMH@uhbw.nhs.uk](mailto:SLTSTMH@uhbw.nhs.uk)

N

Do the issues relate to a **condition for which the patient is receiving treatment at Bristol Haematology & Oncology Centre**?

Y

**University Hospitals Bristol and Weston NHS Foundation Trust SLT Team:** To discuss/refer, call 0117 3421088 or email [SLTSTMH@uhbw.nhs.uk](mailto:SLTSTMH@uhbw.nhs.uk)

N

Is the referral for a **stammer/stutter**?

Y

**North Bristol NHS Trust SLT Team:** Referral can be made on 0117 414 5130 or via e-mail [SLTContact@nbt.nhs.uk](mailto:SLTContact@nbt.nhs.uk)

N

Does the patient live in a **care home** AND the issue relate to **swallowing**?

Y

**Sirona Community SLT services or North Bristol Trust NHS SLT:** Visit [Speech and Language care home resources - Sirona care & health](#) for referral process information

N

Is the patient registered with a [Bristol or South Glos GP Practice seen by NBT SLT service](#)?

Y

Do they have **multi-disciplinary needs** (i.e. they are being referred to, or are already known to, the Sirona physio or OT team)?

N

**North Bristol NHS Trust SLT team:** Refer using the Joint SLT referral form and email to [SLTContact@nbt.nhs.uk](mailto:SLTContact@nbt.nhs.uk). Tel 0117 414 5130 for further information

N

Is the patient registered with a [Bristol GP Practice seen by UHBW SLT service](#)?

Y

Do they have **multi-disciplinary needs** (i.e. they are being referred to, or are already known to, the Sirona physio or OT team)?

Y

**Sirona Community SLT services:** Refer using the Joint SLT referral form and email to [Sirona.neuro@nhs.net](mailto:Sirona.neuro@nhs.net). Tel 0300 125 5550 for further information

Y

N

Do they require a **home visit** (i.e. are they are unable to attend an outpatient clinic)?

N

**University Hospitals Bristol and Weston NHS Foundation Trust SLT team:** Refer using the Joint SLT referral form and email to [SLTBRI@uhbw.nhs.uk](mailto:SLTBRI@uhbw.nhs.uk). Tel 0117 342 1564 for further information

N

Is the patient registered with a **North Somerset GP**?

Y

Do they require a **home visit** (i.e. are they are unable to attend an outpatient clinic)?

Y

**Sirona Community SLT services:** Refer using the Joint SLT referral form and email to [Sirona.neuro@nhs.net](mailto:Sirona.neuro@nhs.net). Tel 0300 125 5550 for further information

N

**University Hospital Bristol and Weston NHS Foundation Trust SLT team:** Refer using the Joint SLT referral form and email to [SLTWGH@uhbw.nhs.uk](mailto:SLTWGH@uhbw.nhs.uk). Tel 01934 647145 for further information