

HEAD AND NECK CANCER CLINICAL NURSE SPECIALIST

A new role in Morecambe Bay

Isabel Quinn, RN

A new service for patients with head and neck cancers has been established for University Hospitals of Morecambe Bay (UHMB) Trust with my recent appointment as the Head and Neck Cancer Clinical Nurse Specialist. Head and neck cancers are rarer forms of cancer and as per government guidelines patients have their treatments at the tertiary centre at the Royal Preston Hospital. Diagnosis and follow-up is undertaken locally within this trust but until my appointment there was no specialist nurse available here. I was appointed in the middle of July after spending most of my career in ENT nursing, both inpatient and outpatient settings. I have always had a special interest in nursing head and neck cancer patients and am pleased to be able to develop this new role within the trust.

I act as the key worker for patients diagnosed with head and neck cancers throughout their cancer journey. The primary aim is to offer a patient focused service providing the highest standard of individualised, seamless care.

I am based at the Royal Lancaster Infirmary, but visit Furness General Hospital weekly to see patients at the head and neck clinic or any who are inpatients. I also meet and liaise with ENT, maxillofacial and 'thyroid' clinicians on a regular basis. Each week I attend the multidisciplinary meeting and clinic held at Preston, where I see patients from Morecambe Bay who are undergoing treatment. This is helping to improve communication links between the multidisciplinary team, UHMB and the Primary Care teams.

Whilst at Preston, I visit any inpatients from Morecambe Bay and assist in discharge planning, liaising with local general practitioners, community nurses and other allied health professionals.

Support and guidance can be provided on other issues such as surgery, radiotherapy, finance, support agencies, local and national groups and palliative and hospice care. An open policy referral is in operation and referrals can be made at any point from diagnosis onwards by hospital or community medical and nursing staff, the patients themselves or relatives or carers.

Working closely with the dieticians and speech and language therapists it is hoped to establish local post-treatment clinics where problems such as pain management and swallowing issues can be addressed. It is also hoped that valve clinics will be established where patients who require management of voice-restoration valves could attend, preventing the need to go to Preston for this service.

It is hoped that my appointment will enable links to be effectively maintained between primary, secondary and tertiary care settings, thus ensuring the free flow of information between all those involved in caring for patients with head and neck cancer.

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