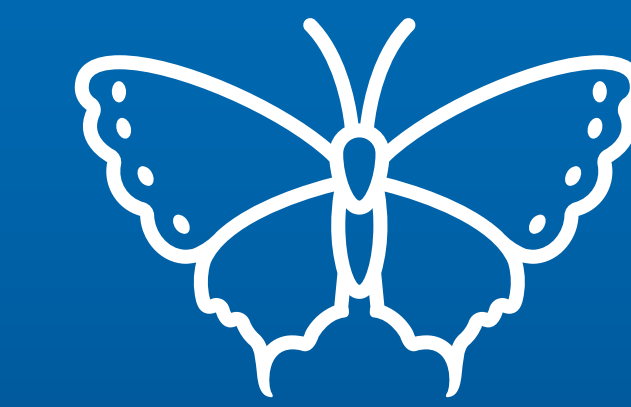


Setting Up A New (Thyroid Cancer) Clinical Nurse Specialist Team



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Introduction

UHB has the largest volume of thyroid cancer patients in the United Kingdom. Patients have always been supported by the Head & Neck CNS team, however the management and after care of patients with thyroid cancer is very different to that of other solid organ malignancies, requiring a different approach and mind-set.

BTA (British Thyroid Association) recommend nurse-led follow-up is ideally suited to be undertaken by a Thyroid CNS. There would be no capacity to do this in the Head & Neck CNS team.

BTA also recommend there should be a dedicated Thyroid Cancer CNS for every patient.

Funding was achieved for a seconded dedicated Thyroid CNS team.

What's not been happening

- 1) Guaranteed support at diagnosis
- 2) Oncology clinic support
- 3) Inpatient support

Due to the high number of Head and Neck cancer patients, patients with confirmed or suspected thyroid cancer were often unable to be seen by a CNS on the day of diagnosis, not meeting the BTA national guidelines. Clinics would often overlap or coincide with higher priority malignancy's which resulted in a CNS not always being present at appointments and on the ward.

Challenges Faced

Securing funding for permanent positions

Implemented so far

CNS presence at diagnosis and all stages of treatment pathway

CNS attendance at quarterly Midlands Thyroid Genetic Oncology Clinic. Waiting time from referral has reduced from 18 months to- 3-6 months as a direct result of CNS involvement

Expedited calcitonin (marker used in medullary thyroid cancer) result time from 3-4 months to 12 working days with direct communication between the Thyroid CNS team and the reporting lab in London.

Set up of an MDT working group to discuss/resolve/improve thyroid cancer pathways

Dedicated Thyroid CNS Phone service, Email address and Instagram page – response to patients within 24 hours (Mon-Fri)

Daily informatics reports set up meaning the CNS team are alerted once pathology has been published facilitating timely treatment pathway

Re-designed thyroidectomy and radio iodine (RAI) patient information leaflet

Teenage and young adult thyroid cancer support group

Improved facilities in RAI rooms during patients' isolation period during treatment with support from the UHB charity

In development

Thyroid cancer standard operating procedure for the management of thyroid nodules (Improving overall care of patients and enabling start of nurse led clinics)

Expansion of the team to cover all thyroid at UHB – Band 4 and Band 6

Emergency post thyroid surgery haematoma box available bedside for all post op Thyroidectomy patients as per BAETS (British Association of Endocrinologist and Thyroid Surgeons) guidelines

Audits- Thyroid MDT weekly meeting, thyroid surgery incidental malignancy rate, lost to follow up

Thyroid cancer patient database

Thyroid pathway specific patient feedback form with the support of the patient experience team

Expanding social media presence

Key points

MDT involvement/support is key

Audits are vital! - The Lost to Follow Up audit identified **47** of the 254 patients on long term follow up had been lost to follow up.

Network with other CNS teams, seeing what others are doing spark ideas for improving your service.

Understanding your patient demographic and creating multiple means of communication allows for easier engagement with the service

DON'T BE AFRAID TO BE THE CHANGE!!

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