

# ALLIED HEALTH PROFESSIONALS AND REHABILITATION

This section is about rehabilitation and the roles of Allied Health Professionals (AHPs). It explains what AHPs can do to help with your rehabilitation and supportive care needs.

Cancer treatment and side effects can influence what you do and how you feel. Rehabilitation for cancer, sometimes called 'rehab' is a type of healthcare which aims to make best use of your physical abilities, promote independence and help you adapt to your changing condition. For example you may need help with walking, getting dressed, communicating or ensuring a good diet; this kind of treatment is provided by a range of specialist staff called Allied Health Professionals.

Your rehabilitation and care needs will be checked at key points in your treatment; this is called an assessment. The AHPs will also help you and your carers address any psychological aspects of your condition.

The following pages will explain the roles of the AHPs and how they can help you.

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## The Role of the Dietician in Cancer Care

The Registered Dietitian contributes to your care:

- By **assessing** nutritional requirements and **advising** you on appropriate nutritional support/dietary modification. This advice might include fortifying or adapting the foods and drinks you regularly take. The Dietitian may also talk to you about prepared nutritional supplements and tube or intravenous feeding
- By **liaising** with all other health care professionals who are involved in your care in the hospital, hospice or in the community
- By **monitoring** your progress and changing needs for nutritional support
- By **arranging** nutrition support in the community
- By **advising** and **supporting** you, your family/carer and healthcare professionals about nutritional issues and **providing** information and support in hospital or at home
- By **promoting** good practice through research, implementation of national guidance and audit
- By **supporting** you in making informed choices regarding healthy lifestyles, alternative and complementary therapies

If you have concerns about your diet please ask a health professional to refer you to a Dietitian. Alternatively call:

Gloucestershire Cancer Centre Dietitian - 08454 223460

Hereford County Hospital Dietetic Department - 01432 355444 ext 003

Worcester Royal Hospital Dietetic Department - 01905 760136

Useful websites include:

[www.nutritionincancer.co.uk](http://www.nutritionincancer.co.uk)      [www.macmillan.org.uk](http://www.macmillan.org.uk)

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## **The Role of the Occupational Therapist in Cancer Care**

An Occupational Therapist (OT) promotes health by enabling you to perform daily tasks which are important and meaningful to your health.

- An OT will work with you and, if you wish, your family and/or carers. This is to help you be as independent as possible in daily activities. Having choices and information about how to maintain your quality of life may help with any decisions you need to make and help you retain control over your life
- Some people with cancer experience a range of symptoms that affect their ability to manage tasks. The OT will find out how you are affected by your symptoms and suggest ways that any problems might be reduced, or if possible, resolved. The OT may ask you to consider how you complete affected activities and perhaps suggest alternative methods. If problems are caused by extreme tiredness, it might be useful to look at how these activities are fitted into your daily routine. The purpose is to see if any difficulties can be reduced
- Sometimes, simple changes to the home such as the provision of grab rails or increasing the height of the toilet or armchair might be suggested. On other occasions, a personalised rehabilitation programme or the provision of more specialised equipment might be the best solution. The OT will work with you to identify your needs and agree a way forward. This will take into account your emotional and social wellbeing as well as how you are able to manage physically. With the OT, you will work out realistic goals that can be changed as necessary, dependent on your needs

### **Contact details**

Please ask a health professional to refer you to an Occupational Therapist

## The Role of the Physiotherapist in Cancer Care

Physiotherapists help cancer patients to continue with normal daily activities and achieve maximum independence and quality of life for as long as possible.

**Physiotherapists** focus on:

- **Assessment** of walking, balance and coordination, identifying problems together with you and your carer to come up with practical solutions, for example supplying walking aids such as sticks, crutches and frames. They also advise on safe methods of moving around at home and outdoors
- **Rehabilitation** including providing personalised exercise programmes to enable you to maximise flexibility and strength in order to help reduce the effects of cancer and its treatment. They will also help you to find a balance between tiredness and exercise
- **Advising** on ways to help you manage breathlessness problems, for example breathing exercises and positions that make breathing easier
- **Discussing** with other health-care professionals who are involved in your care in the hospital, hospice or community to help ensure that the care provided is well planned
- **Support** to you and your carers, for example in pain management and support in coping with the practical difficulties of managing at home

### Contact details

Please ask a health professional to refer you to your local Physiotherapist.

## **The Role of the Clinical or Counselling Psychologist in Cancer Care**

Clinical and Counselling Psychologists in cancer care specialise in helping people and their families cope with the impact of serious and life threatening illness.

You may benefit from seeing a Clinical or Counselling Psychologist for the following reasons:

- To help understand and make more sense of the situation
- To look at the impact of the illness on yourself and those around you
- To look at using your existing strengths in coping with difficulties and/or treatment
- To develop new approaches to coping
- To work together to look at things from a different point of view
- To look at how to communicate effectively with those around you
- To find ways of feeling more in control
- To develop new ways of dealing with distressing thoughts and feelings
- To tackle problems that have come to light as a result of an illness

Clinical and Counselling Psychologists are trained in a variety of techniques that may help you manage your situation; they will see individuals, couples, and families. They will liaise with other members of your health care team and will work closely with you to address the issues that are important to you.

The Psychology service is available to all cancer and palliative care patients and close family members.

Contact Details:

### **Cheltenham General Hospital**

Diana Crossley (Cancer and Palliative Care) 08454 223443

Nicky Dobbin (Haematology) 08454 228117

### **Gloucestershire Royal Hospital**

Samantha Lindley (Cancer and Palliative Care) 08454 225179

Susan Savory (Cancer and Palliative Care) 08454 225179

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## The Role of the Therapeutic Radiographer in Cancer Care

A therapeutic radiographer is qualified specifically to work with you as a cancer patient. An integral part of their job is to build a relationship with you, offering support during a traumatic time.

- They are able to carry out, supervise and co-ordinate a full range of radiotherapy procedures
- They interpret, monitor and evaluate the Radiotherapy prescription to provide high quality accurate radiotherapy treatment
- The therapy radiographer manages your radiotherapy care and provides high quality psychosocial support for you and your carers, in a fast paced working environment
- They use a wide range of communication and counselling skills to provide information and reassurance to you and your carer/relatives in circumstances where you/they may be worried, distressed or confused
- They predict and accurately identify common and complex treatment related side effects, offering reassurance and evidence-based advice, referring on to relevant health care professionals when necessary, and dispensing medication
- They take a leading role alongside other health care professionals as part of multi-disciplinary teams in providing the continuity of care that meets individual patients' needs.

Therapeutic radiographers are trained in all the many aspects of radiotherapy including:

- **Simulation** - using specialist x-ray fluoroscopy machines to target the area to be treated whilst minimising the amount of exposure to surrounding healthy tissue
- **Scanner Simulation** - producing scans to be used for the planning of a course of radiotherapy

- **Computer planning** - producing a 3D plan of the dose distribution across the area to be treated
- **External beam treatment** - using ionising radiation, such as high-energy x-rays, the radiographer delivers accurate doses of radiation to the tumour
- **Mould Room** - radiographers in the Mould Room produce immobilisation devices for those receiving radiotherapy to the head or neck
- **Brachytherapy** - the use of small radioactive sources placed on or in certain tumours to treat, using a high dose, while avoiding normal tissues
- **On treatment review** - radiographers regularly assess patients while they are undergoing radiotherapy, prescribing drugs to counteract side effects where necessary or refer them on to other healthcare professionals if needed
- **Nuclear medicine** - Nuclear Medicine Radiographers use sealed and unsealed radioisotopes to diagnose and treat primary and secondary cancers. They also manufacture Radiopharmaceuticals used in Radiology for diagnostic gamma camera studies

### **Contact details**

The department is open on weekdays – please try to call between 10am and 3pm – Tel: 08454 224147.

## **The Role of the Speech and Language Therapist in Cancer Care**

Our role involves:

- Assessing, diagnosing and treating people who have communication and/or swallowing difficulties related to their treatment for head and neck cancer. Assessment and treatment of difficulties can take place on the ward, in an out-patient clinic or at home, depending on your needs. Treatment is carried out over a period of time and we can recommend exercises and treatments to enable you to communicate and/or swallow better. This may include communication devices
- Working closely with other members of the team involved in patient care, particularly the Clinical Nurse Specialist (CNS) to ensure all aspects of need are covered

### Referrals

- If the concerns relate to swallowing difficulties, a written referral from a doctor is required either in your medical records or by letter in the case of an out-patient
- Anyone can refer to us for help with communication difficulties. You as a patient, a member of the team or a member of your family/carer/friend can refer either by letter, telephone or in person
- If you are unsure about the referral process or treatment options, please ring one of the following numbers and ask to speak to a Speech and Language Therapist who will discuss your query with you:

Speech and Language Therapy Dept  
Gloucestershire Royal Hospital  
Great Western Rd  
Gloucester  
GL1 3NN  
Tel: 08454 228105

Speech and Language Therapy Dept  
Cheltenham General Hospital  
Sandford Rd  
Cheltenham  
GL53 7AN  
Tel: 08454 224120

Speech and Language Therapy Dept  
Aconbury West  
Worcestershire Royal Hospital  
Charles Hastings Way  
Worcester WR5 1DD  
Tel: 01905 760475

Speech and Language Therapy Dept  
County Hospital  
Herefordshire PCT  
Vaughn Building  
Ruckhall Lane  
Belmont  
Hereford  
HR2 9RP  
Tel: 01432 344344

Royal College of Speech and Language Therapists

The Royal College of Speech and Language Therapists is the professional body for speech and language therapists and support workers, promoting excellence in practice and influencing health, education and social care policies.

[www.rcslt.org](http://www.rcslt.org)

Changing Faces

Changing Faces is a national charity based in the UK that supports and represents people who have disfigurements of the face or body from any cause.

[www.changingfaces.org.uk](http://www.changingfaces.org.uk)

GUIDE

The health, social care and disability information service for Gloucestershire

[www.guide-information.org.uk](http://www.guide-information.org.uk)

Carers Gloucestershire

Carers Gloucestershire offers the information and support carers need to make life easier for them and the person they care for

[www.gloscarers.org.uk](http://www.gloscarers.org.uk)

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# COMPLEMENTARY THERAPIES

A steady and significant number of patients are adding complementary therapy treatments into their care - not to replace, but to complement conventional treatment

The National Centre for Complementary and Alternative Medicine, run by the National Institutes of Health (NIH), currently estimates that more than 60 percent of patients are using complementary therapies as a means to stay as healthy as possible during treatment regimes.

Therapies such as massage can be deeply relaxing and can really help reduce stress and anxieties, before, during and post treatment.

## **What is a Complementary Therapy?**

There are several definitions and terms you may have heard - Complementary medicine, complementary therapy and the term CAM – complementary and alternative medicine.

**Complementary therapy** describes treatments used alongside or integrated with, orthodox medical treatment, while alternative therapies indicates those which are used instead of, or independently of orthodox medical treatment. Complementary therapies can play a part in relieving some of the distressing symptoms associated with illnesses.

The term **Complementary therapy** when used in this folder refers only to therapies used alongside or integrated with orthodox medicine (to promote a sense of well-being and improve quality of life)

Below we have listed some of the therapies you and/or your carer may be offered which include:

- Massage
- Indian Head Massage
- Aromatherapy
- Reflexology

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- Reiki
- The 'M' technique
- Shiatsu
- Cranio-sacral therapy
- Hypnotherapy
- Bowen Technique
- Acupuncture

If you require further information on the individual therapy you are considering please refer to the comprehensive booklet produced by Cancerbackup and Macmillan Cancer Support on "Cancer and complementary therapies". [www.be.macmillan.org.uk](http://www.be.macmillan.org.uk)  
Telephone: 0800 500 800.

### **How may Complementary therapy help?**

These therapies may:

- Reduce stress, tension, sleeplessness, anxiety, depression and make you feel more relaxed
- Help to reduce some of the side effects of your treatment
- Give you a sense of control over what is happening to you
- Help to reduce your symptoms, such as pain, feeling sick, breathlessness, tiredness
- Help improve your quality of life

### **What happens in a treatment?**

Therapies are provided by fully trained therapists with recognised qualifications and experience. It is a confidential service, with the therapists adhering to their ethical code of practice.

The therapist will take a detailed personal history and will agree therapies most suitable for you. It is very important that you understand the therapy and what it is intended to achieve. It is usual for therapists to offer a series of treatments in most cases. Some hospitals and hospices offer therapies free of charge or you may be asked to make a small contribution so it is advisable to check when you make your appointment.

There may be some therapies that may not be suitable for you or that you cannot have if you are having a particular treatment, therefore it is important that you tell your specialist if you are having a

Complementary Therapy – and tell the therapist about your conventional treatments.

### **How do I make an appointment?**

If you have a healthcare professional involved in your care they may make the referral for you. If you wish to access complementary therapies privately, ensure that the therapist is fully trained, insured and has relevant experience. Please refer to page 5 in the comprehensive booklet produced by Cancerbackup and Macmillan Cancer Support on “Cancer and complementary therapies”. [www.be.macmillan.org.uk](http://www.be.macmillan.org.uk) Telephone: 0800 500 800.

### **Evidence**

Although the scientific evidence base for Complementary Therapies is still small this does not mean that they are ineffective. Limited resources have been committed to research but a lot of supportive anecdotal evidence continues to be reported.

### **Information**

To ensure suitably qualified therapists are delivering complementary therapies the Complementary and Natural Healthcare Council (CNHC) have set up a national voluntary regulator for complementary healthcare practitioners.

The key function is to enhance public protection, by setting standards for registration. It is anticipated that obtaining the CNHC "quality mark" will swiftly be recognised as the hallmark of quality for the sector.

The general public and those who wish to commission the services of complementary healthcare practitioners will be able to select local practitioners with confidence, by looking for the CNHC quality mark. For further details please go to [www.cnhc.org.uk](http://www.cnhc.org.uk) alternatively, please refer to “Cancer and complementary therapies”. [www.be.macmillan.org.uk](http://www.be.macmillan.org.uk) for lists of useful organisations.



# COUNSELLING

## **Types of counselling**

There are many models (or types) of counselling, so even if you have tried it before and did not find it useful, trying a different model might suit you more. The counsellor in oncology is an 'Integrative counsellor' which means that certain models of counselling are mixed in order to meet the special needs of cancer patients. It is also possible to teach clients breathing and relaxation techniques to help with controlling anxieties that are sometimes present as patients experience diagnosis and treatment. Counselling may involve between one to six sessions each of a maximum of an hour. More sessions can be arranged in some cases or longer time spent if deciding to attend as a couple. You may choose to see the counsellor alone, or with a partner or carer.

## **How can counselling help?**

There are many different reactions to and ways of coping with a diagnosis of cancer.

Counselling may help when:

- You may be experiencing increased anxious thoughts and feelings
- You may find there are increased difficulties with relationships
- Your treatment may have implications for your future plans and hopes, such as possible affects on fertility
- You just need someone outside close family to talk to about how you are feeling

Whether still in treatment or post treatment, counselling offers support through any difficult time.

If you would like to try counselling, to be able to talk about anything that is concerning you then at present counselling sessions are available on a Tuesday in the Oncology department.

**What is counselling?**

Counselling provides the opportunity to talk confidentially and privately about your concerns, worries and emotions with an impartial qualified professional. You may be a patient attending for radiotherapy or chemotherapy or the carer or relative of a patient. Although detailed medical issues are not discussed, counselling can often be useful when assessing the impact diagnosis and or treatment has, especially if there are many questions and difficult emotions you feel unable to cope with alone. Counselling may be something to consider as it may give you the time and space to explore these difficult thoughts and feelings.

**What is a counsellor?**

A counsellor is someone who has specific training and qualifications in counselling. The training involves learning certain skills which are used to help you see your way through your problems and difficulties. A counsellor attends regular supervision to maintain standards and follows a strict code of practice. Counselling sessions usually take place within the Oncology department with a member of staff who not only has many years experience of working in radiotherapy, but also is a qualified counsellor. Counselling is provided for patients, partners or carers of patients who are attending the Oncology Centre. Counselling that takes place within the department is free of charge.

**To make an appointment:**

Please either ring 08454 224147, hand your contact details to the receptionist at the radiotherapy treatment floor, or ask any member of oncology staff to contact the counsellor and give them your name and telephone number. You will be contacted with an appointment. Even if you are not attending the department on a Tuesday, it may still be possible to see you. At present we cannot guarantee hospital transport would be provided for appointments.

**Network Directories and Guidelines**

The 3 Counties Cancer Network has a Psychosocial directory which can be found on the website [www.cancernetworkvoice.nhs.uk](http://www.cancernetworkvoice.nhs.uk). There is also a "Breaking Bad News" document available.

# LYMPHOEDEMA SERVICES

Some cancer treatments can leave a patient at risk of developing lymphoedema. Lymphoedema is a swelling, usually in an arm or leg, caused by inadequate lymphatic drainage. It is not life-threatening but does require treatment to attempt to control swelling and/or prevent infection.

Please ask your doctor, nurse or Key Worker if you are at risk or if you have any concerns about lymphoedema – they will be able to advise you and refer you on to a local lymphoedema service, if appropriate.

## Local lymphoedema services:

### Gloucestershire:

Anita Hopkins	Lymphoedema Clinic Wheatstone 2 North Upton Lane Barnwood Gloucester GL4 3TA  There is also a lymphoedema clinic held at Great Oaks Hospice in the Forest of Dean. Please telephone the number below for enquiries and bookings.
Telephone	01452 617569

**Herefordshire:**

Jackie Jones and Janet Osbaldastan hold clinics in the Charles Renton Unit at Hereford County Hospital every 2 weeks. Telephone 01432 378996. They also hold clinics in Gaol Street as below.

Contact details for the lymphoedema team in Herefordshire are as follows:

Jackeline Jones Janet Osbaldastan	Gaol Street Clinic Gaol Street Hereford HR1 2HU
Telephone	01432 378996

**Worcestershire**

Breast Care Nurses Helen Thomas and Linda Cooke both see breast patients with simple lymphoedema in Worcestershire. For more complex problems, they refer patients on to the lymphoedema services in Pershore as below. Helen and Linda can be contacted on 01905 760261. Contact details for the lymphoedema team in Worcestershire are below:-

Jenny Griffiths Eileen Vermeulen Ann Clapham Judith Dendy	Lymphoedema Clinic NHS Worcestershire Pershore Hospital Queen Elizabeth Drive Station Road Pershore Worcs WR10 1PS
Telephone	01386 502030

The service is provided from Monday – Friday, 8.30 am – 4.30 pm. Satellite clinics are held in St Richard's Hospice, Worcester, Kemp Hospice in Kidderminster and the Primrose Hospice in Bromsgrove.

# MULTI DISCIPLINARY TEAM

Every cancer patient should have their case discussed by a panel of experts – the multi-disciplinary team (MDT). This was recognised as best practice in the 1990s and was a recommendation of the NHS Cancer Plan in 2000. The panel of experts will typically include clinicians, clinical nurse specialists, a pathologist, a radiologist, an oncologist and a MDT coordinator who organises the meetings and records the outcomes. The panel might also include palliative care, Allied Health Professionals (e.g. a dietitian, a speech and language therapist or an occupational therapist), social workers or other relevant health professionals.

The MDT will meet regularly (usually weekly) to discuss cases – usually once a cancer has been diagnosed but before a treatment plan has been agreed. The team will review the diagnostic information and will formulate a treatment plan taking into account the results of tests, the patient's individual needs and any other relevant information. The plan will then be discussed with the patient at their next appointment and the treatment agreed with the patient. The MDT meeting is also used as an opportunity to monitor a patient's progress along their pathway to ensure that care is delivered in a timely fashion, in accordance with Government waiting times targets.

Complex cases for certain cancers may be discussed at a Network MDT meeting, where the panel of experts is drawn from around the Network and might include clinicians from other specialist centres, eg Birmingham or Bristol.

Patients are entitled to ask for a copy of the MDT discussion sheet.

# PATIENT AND CARER INVOLVEMENT

Cancer affects a lot of people - patients, carers, former patients and carers, family and friends.

At 3 Counties Cancer Network we constantly work to improve services for cancer patients and those around them and to do that it is very important that we work *with* our service users, including all of those mentioned above. Our professionals and users work together in developing services using the unique viewpoint and expertise of users so that those services are right for everyone.

Our groups meet quarterly, mainly in the early evening at various venues, in Cheltenham, Hereford, Worcester, West Glos (Forest) and Powys (the last two are daytime groups).

We are working across the network to improve patient information, gain better access to psychological support for patients and carers, ensure that all cancer patients have the support of a key worker, and work on other issues as they arise, such as out-of-hours services.

Recently we have ensured that conditions in the Oncology Centre at Cheltenham have improved, brought a Maggie's Centre to the Network, worked with professionals to ensure that all newly diagnosed patients are given this patient folder, several of our patients have contributed to a DVD on nutrition - which was an idea brought to fruition by one of our patients, produced a leaflet for people around the time of diagnosis, and worked to define the role of key worker.

We have close links with local hospices and local cancer support groups, as well as with the professionals who manage the network and those who carry out treatment and with the Network Board.

If you would like to know more about the groups, or about 3 Counties Cancer Network User Involvement please contact Mel Burgoyne, the 3 Counties Cancer Network User Involvement Facilitator on 08454 221558 or e-mail [cancer.users@glos.nhs.uk](mailto:cancer.users@glos.nhs.uk)

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# RESEARCH NETWORK CLINICAL TRIALS TEAM

Clinical Trials are research studies involving patients. They are carried out to try and find new and better treatments. Patients take part in trials in all areas of cancer. For example, a clinical trial might be used to:

- Try out new forms of treatment such as surgery, radiotherapy or chemotherapy
- Control symptoms such as pain and sickness
- Test the effectiveness of psychological therapy
  
- The treatment being tested may be aimed at:
  - Improving the number of people cured
  - Improving survival
  - Relieving symptoms of cancer
  - Relieving side effects of treatment
  - Improving the quality of life or sense of well being for people with cancer

Carrying out clinical trials is the only sure way to find out if a new approach to cancer care is better than the standard cancer treatments that are currently available.

At the present time about 1 in 9 cancer patients take part in clinical trials. Trials are more commonly used with some cancers than with others.

Our team of Clinical Trials Coordinators together with your Consultant will discuss available trials with you. Taking part in a clinical trial is entirely voluntary. If you decide to participate, information may be collected directly from you by your Consultant or the Clinical Trials Coordinators, either from your notes, or from questionnaires that you complete independently. The information collected will be passed on to the Co-ordinating Trials Centres for analysis.

For information on available trials within the Network please ask your Consultant at your next clinic visit or you can contact the 3 Counties Cancer Research Network Clinical Trials Teams:-

Cheltenham	08454 223445
Gloucester	08454 226886
Hereford	01432 355444 Ext 5279
Worcester	01905 733194

Alternatively log onto the 3 Counties Cancer Network Patient, Carers and Health Professionals Website [www.cancernetworkvoice.nhs.uk](http://www.cancernetworkvoice.nhs.uk) and click on Research Information from the main menu, or log onto [www.the3ccancernet.org.uk](http://www.the3ccancernet.org.uk) and click on Research and Development.

Your local information centre will have general leaflets about taking part in clinical trials.

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# THE ROLE OF THE SOCIAL WORKER IN HOSPITAL AND COMMUNITY SETTINGS

Social workers are usually employed by the Local Authority and can work both in the community or hospital. They can visit and talk with you to look at your care needs and whether there are any services that could assist you or someone who is caring for you.

Social workers can assess whether a package of care may be appropriate if you are having difficulty managing your own personal care. They can give advice and information about other services provided by the local authority which may be helpful ie meals on wheels, lifeline, blue badge, day care. They can also assist if you would like to discuss longer term planning for residential care/nursing home care if that was required.

They may also have information to give about other schemes such as the Age Concern Hospital Aftercare Service and others which can be useful to patients and their families.

If you are in hospital either in Gloucestershire, Herefordshire or Worcestershire there are social workers working within the hospitals. Please ask your nurse to make a referral for a social worker to come and see you if you think you may have difficulty managing when you are discharged home.

The larger hospitals have a social work team and these are based at:

Cheltenham General Hospital - tel 08454 223052  
Worcestershire Royal Hospital - tel 01905 760700  
Herefordshire County Hospital – tel 01432 364072

The smaller community hospitals in each county also generally have a social worker covering these sites. Please ask the nurses to make a referral for a social worker to come to see you.

If you are currently at home and would like a social work assessment then you should contact:-



# LIVING WITH CANCER

## SUPPORTIVE AND PALLIATIVE CARE

Supportive care helps the patient and their family to cope with cancer and its treatment from pre-diagnosis, through the process of diagnosis and treatment, to cure, continuing illness or death and into bereavement. Palliative care is the active holistic treatment of patients with advanced, progressive disease.

The Palliative Care Team aims to help patients with cancer and their families to maximise the benefits of treatment, to live as well as possible with the effects of the disease and to achieve the best quality of life. Psychological support is also available via your Clinical Nurse Specialist. More advanced psychological support may be available locally, for example, via the Palliative Care Team.

You and your family can get help at any time from diagnosis onwards, through your Clinical Nurse Specialist or Key Worker.

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