**Palliative Care Team**

This team incorporates Specialist Palliative Care and Cancer of Unknown Primary

**Lead Clinical Nurse Specialists**

* Sharon Thorpe-Roberts
* Sharon Hill
* Nancy Poulton
* Charli Liszka

**Clinical Nurse Specialists**

* Chelsie Smith

**Cancer of Unknown Primary (CUP)**

This is an in-patient and out-patient service that provides support from a CNS and consultant for patients who have been identified as having a cancer with an unknown primary. These professionals will ensure the appropriate investigations are carried out in a timely manner to help identify a patient’s primary cancer. The aim of finding the primary cancer is so we are able to offer the most effective treatment.

There are links to the CUP foundation and the Trust MUO policy on the main page.

**Specialist Palliative Care**

* The World Health Organization (WHO) defines palliative care as follows [[WHO, 2002](https://cks.nice.org.uk/topics/palliative-care-general-issues/references/)]:
  + 'Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.'
  + 'Palliative care:
    - Provides relief from pain and other distressing symptoms.
    - Affirms life and regards dying as a normal process.
    - Intends neither to hasten nor postpone death.
    - Integrates the psychological and spiritual aspects of patient care.
    - Offers a support system to help patients live as actively as possible until death.
    - Offers a support system to help the family cope during the patient's illness and in their own bereavement.
    - Uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated.
    - Will enhance quality of life, and may also positively influence the course of illness.
    - Is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.'
* The National Institute for Health and Care Excellence defines palliative care as [[NICE, 2004](https://cks.nice.org.uk/topics/palliative-care-general-issues/references/)]:
  + 'The active holistic care of patients with advanced, progressive illness. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount. The goal of palliative care is achievement of the best quality of life for patients and their families. Many aspects of palliative care are also applicable earlier in the course of the illness in conjunction with other treatments.'

**Local Team**

The team at Chesterfield Royal work 5 days a week providing a service to both in and out patients. Patients suitable are those with a palliative diagnosis and;

* complex symptom management
* patients with long term conditions and uncertain prognosis
* patients with complex social, psychological and spiritual needs

Referrals can be made for many issues such as;

* Symptoms that are difficult to control
* Psychosocial concerns
* Complex needs during treatment
* Non cancer patients with an uncertain prognosis
* Support for carers, families and staff dealing with difficult situations