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Letter to the Editor

Head and neck/maxillofacial nurse-led clinical activity during COVID-19 Pandemic — experience of one unit

Sir,

COVID-19 infection has changed the practice in the primary and secondary healthcare services worldwide.[1,2] Virtual clinics in the form of telephone or video consultation have become the new normal. Microsoft Teams is now used to conduct professional meetings and interdepartmental teaching.

Nonetheless, there are certain steps in the patient journey which cannot be done on the virtual basis, and require face-to-face consultation. The most important of this is wound care and this essential activity generally falls into nurse-led clinics.

Prior to the COVID-19 outbreak, there was reasonable support for suture removal, dressing changes and wound care in the primary care settings. During the pandemic, the workload in the nurse-led clinic has substantially increased due to the temporary closure of the primary settings. Furthermore, during the pandemic most of the NHS resources were channelled towards treating patients with COVID-19 infections and expanding intensive care units. The resources available to the nurse-led clinics, particularly the head and neck, have been put on the back burners. This has resulted in physical and psychological stress to the dedicated group of nurses.

We carried out an audit of activity within the nurse-led clinics in head and neck/maxillofacial specialty and compared the results between 3 months prior to the pandemic and 3 months during the pandemic (Fig. 1).

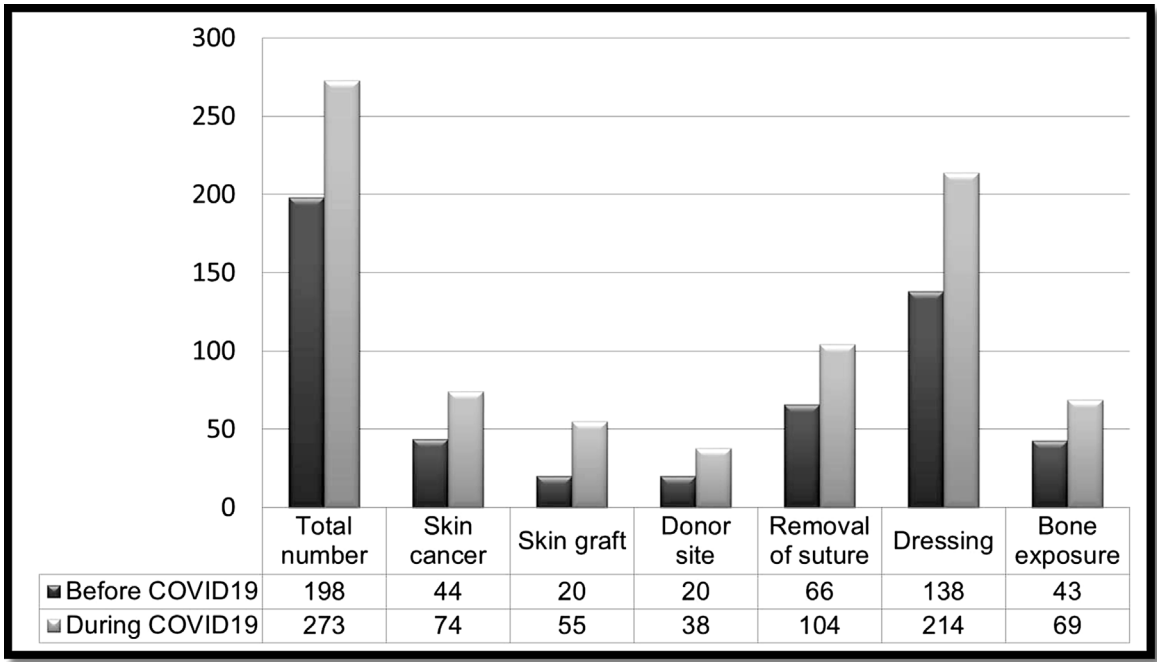

Fig. 1. Number of patients treated in head and neck/maxillofacial nurse-led clinic for 3 months before and 3 months during COVID-19 pandemic.

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The results clearly indicate that during the pandemic there has been an increase in demand in this service. Due to the increased demand, there has been delay in patients obtaining regular and emergency wound care. The numbers are high and complications have increased. The increase in the complication rate is most likely multifactorial and can be affected by the general comorbidity of the patients, delay in receiving care in timely manner, COVID-19 infections, and challenges related to Personal Protection Equipment (PPE).

Nurse-led dressing clinic is an important step in the patient journey when they are undergoing head and neck procedures. This specialised service was not easily available in the primary setting prior to COVID and has become depleted during the pandemic. This audit proves the need for development of this nurse-led service in the primary setting with funding and necessary training. Hospital-based tissue viability nurses input is minuscule and their expertise towards head and neck service is also questionable.

Overall, there is a clear requirement for extra funding and increased resources. It is essential that this small subgroup of nurses get the recognition they deserve, as they are an essential part of patients' head and neck pathway.

Conflict of interest

We have no conflicts of interest.

Ethics statement/confirmation of patients' permission

Not required.

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