

Clinical and scientific letters

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Are upper gastrointestinal cancer two week referrals an appropriate use of National Health Service resources?

The UK Department of Health NHS Cancer Plan set out targets to improve clinical care of patients with cancer in response to poor UK survival rates compared with other developed European countries.¹ One focus was the 'two week rule' (TWR) system for patients with suspected cancer. Primary care physicians who suspect a patient of having cancer are encouraged to refer the patient using a standardised proforma (specific to each speciality) with an obligation for the hospital to see the patient within two weeks. This TWR puts enormous pressure on trusts to accommodate these patients, and hospital managers will take extraordinary steps to meet this target. However there is a paucity of data on outcomes for upper gastrointestinal cancer referrals using the TWR.

We undertook a review of the final diagnosis of patients referred to Barnet Hospital, a district general hospital serving a population of 250,000, using the upper gastrointestinal (GI) North London Cancer Network (NLCN) two week proforma. All upper GI NLCN referral forms received at our institution from April 2006 to October 2007 were analysed for age, sex, presenting symptoms, final diagnosis and treatment.

In total 345 referrals were received with complete outcome data available in 91.6% cases (n=316; female = 55.7%; mean age = 66.9 years). Forty three cancers were diagnosed, of which 36 (11.4%) were upper GI cancers. The types of cancer were oesophageal (n=14), pancreatic (n=13), gastric (n=8)

and cholangiocarcinoma (n=1). The major presenting symptoms were: oesophageal cancer – dysphagia (85%), weight loss (50%) or both (43%); pancreatic cancer – weight loss (61.5%), abdominal pain (38.5%) or obstructive jaundice (38.5%); gastric cancer – weight loss (75%). However only 1.9% of patients had curative treatment (n=6), the remainder receiving palliation with stents, radiotherapy or supportive care.

Patients with suspected upper GI cancer are fast tracked into out patient clinics or endoscopy in an attempt to improve the quality of care and mortality rates in the UK. It is often difficult for GPs to differentiate those patients who could harbour a serious illness from the majority who are likely to have benign disease. Only one in 10 referrals using a proforma with stringent guidelines actually proved to be an upper GI cancer. This detection rate is similar to lower GI cancer yields in the literature.² Furthermore, curative surgery was only possible in less than 2% of all referrals. Given the pressures on specialty managers and clinicians to accommodate TWR, we would suggest that this represents a poor use of limited resources and cannot be considered a success story for the upper GI cancer referral guidelines.

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References

- 1 Department of Health. *The NHS cancer plan: a plan for investment, a plan for reform*. London: DH, 2000.
- 2 Thorne K, Hutchings HA, Elwyn G. The effects of the two-week rule on NHS colorectal cancer diagnostic services: a systematic literature review. *BMC Health Serv Res* 2006;6:43–7.

Outcome of referrals to a community palliative care service: where do patients die?

Introduction

The majority of people are thought to want to die at home, however more than 50% of the UK population die in hospital.^{1,2} Government initiatives in the UK strive to improve equitably the quality of care received by patients and encourage the individual to choose and receive the care necessary to experience death in their preferred place.^{3,4}

Specialist palliative care in the community is often delivered by voluntary sector organisations. Local commissioning arrangements consider quality markers that they recognise against funding provided to such services. In Wales, place of death is considered a quality marker by the commissioners of this palliative care service. This audit compares the actual place of death patients experienced against their preferences.

Method

A proforma was completed upon the death of every patient referred to the service in 2009. The information captured included the preferred and actual place of death, aspects surrounding their end-of-life care and the reasons for admission for those individuals who died as hospice inpatients or in secondary care.

Results

During 2009, 346 patients known to the hospice died, the median number of days patients were known to the service was 71 and the mean 154 days. The most common cancer diagnoses among those patients referred were lung, colon, pancreas and breast.

Fifty-eight per cent of patients specified that their preferred place of death was their current place of living (including home, residential or nursing home, and prison). Of patients who expressed this preference, 65% were able to achieve this. Eighteen per cent identified that they would prefer to be admitted as an inpatient to the hospice for