

12 February 2004

GUT

UK's two week urgent referral standard for suspected bowel cancer hampered by system delays

[The Department of Health's "two week standard" for bowel cancer: is it working? 2004; 53: 387-91]

The two week maximum wait to see a specialist for UK patients with suspected bowel cancer does not seem to be working well, if the results of one hospital's audit are anything to go by, suggests research in Gut.

Although patients referred to the two week clinics were seen more quickly than patients referred elsewhere, they were not treated any more quickly, nor was their disease caught earlier, the audit showed. And family doctors are still not sure about some of the "high risk" criteria for referral.

The UK government introduced the standard in July 2000, in a bid to use resources more effectively and push suspected cancer cases to the top of the queue with the aim of catching the disease at an earlier stage.

The authors audited the referrals of all patients with bowel cancer, those given two week referrals, and those referred to other bowel disease clinics at one district general hospital over a period of one year. The hospital in question serves a population of 550,000 patients.

During the study period, 249 bowel cancers were diagnosed, only one in four (26%) of which was an urgent two week referral. Of the remainder, 16% were diagnosed during the course of routine outpatient bowel disease clinics; one in four were diagnosed at other clinics; and just over a third (35%) were emergency admissions.

Thirteen patients a week were given a two week referral to a specialist, most of whom (85%) were seen within that time. The diagnosis rate was high, with almost one in 10 patients (65 out of 695) diagnosed with bowel cancer, compared with around one in 50 (40 out of 1815) in the routine clinics. This suggests that the referral criteria are not the problem.

But most (85%) of the patients referred to the routine clinics actually met the criteria for urgent two week referral. Yet only half of those subsequently diagnosed with bowel cancer had been so referred.

Furthermore, referral to a two week clinic had little impact on the length of time patients had to wait for treatment, nor was their disease caught at an earlier stage. This was because the time lags before referral by the family doctor and after the outpatient appointment, which are the major causes of delay in bowel cancer treatment, remained the same.

The government should not be deterred from stumping up more money to ensure that all patients with bowel symptoms can be seen promptly, say the authors. But the two week urgent referral is being let down by delays elsewhere in the system. "Ultimately the value of the two week standard is small in the context of a process of care that is slow both before referral and after being seen in outpatients," they comment.