

## **Targeted Implementation of Joint Clinics in Resource-Stretched Services Improves Referral Rates**

M. O’Cathail<sup>1</sup>, R. Bentley<sup>2</sup>, V. Crosby<sup>2</sup>

1. Department of Oncology & Radiotherapy, Nottingham University Hospital NHS Trust, Nottingham, UK
2. Department of Palliative Medicine, Nottingham University Hospital NHS Trust, Nottingham, UK

Dear Sir,

We read with interest the recent article by Coleman et al<sup>1</sup>. We agree that collaborative working between palliative medicine clinicians and oncologists is vital and similar palliative care service provision issues in the National Health Service. Interestingly, a study in the USA found that referral rates were 41% higher and patients were referred a median of four months earlier when palliative care services were rebranded as ‘supportive care’, on the premise that the term ‘palliative care’ was perceived by oncology professionals as a barrier to early patient referral<sup>2</sup>. It would be interesting to explore if a similar bias exists in an Irish context.

It is important to note that some patient groups have a higher burden of hospitalisation and symptoms than others. For instance, patients with brain metastases from non-small cell lung cancer have more hospital admissions and have healthcare costs that are 22% higher per patient-month than patients with extracranial metastases only<sup>3</sup>.

One such method to improve referral rates highlighted by the authors would be to offer joint oncology and palliative medicine appointments at the point of diagnosis as part of an enhanced supportive care package. Amongst patients diagnosed with brain metastases in our centre, 58% have contact with palliative care at some point. This varies considerably with primary site- only 33% of patients with brain metastases related to melanoma have any palliative care input compared to 66% of those with lung cancer related metastases<sup>4</sup>. This difference is accounted for by the existence of a joint clinic model of care which offers concurrent palliative medicine appointments for all patients with stage 4 lung cancer at the point of diagnosis. Such a service has been in existence in our centre since 2016 and has led to a significant increase in early palliative care input for this patient cohort thus demonstrating that more interdisciplinary collaborative working can improve referral rates to palliative care services.

Given the current shortfall in palliative care physicians in Ireland, we suggest a similar, targeted strategy may allow greater use of available resources.

### **Declaration of Conflict of Interest:**

There are no conflicts of interest to declare

**Corresponding Author:**

Dr. Micheál O’Cathail  
Department of Oncology & Radiotherapy,  
City Hospital campus,  
Nottingham University Hospital NHS Trust,  
Nottingham,  
NG5 1PB,  
Email: [mocathail@gmail.com](mailto:mocathail@gmail.com)

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