The royal colleges have made several recommendations, all endorsed by the government, to improve performance. Many concern how cancer teams prepare and inform patients about the risks associated with emergencies; others concern how EDs plan and co-ordinate care. According to the report, staff should:

- Establish during initial triage whether patients have cancer.
- Ensure they have good communication links, including out-of-hours telephone support, and transfer arrangements with acute oncology teams.
- Remember that attendance by patients with cancer could be due to unrelated conditions, such as asthma, and that they should be treated in the same way as other patients.

The report also includes a decision aid for staff assessing patients with cancer after emergency admission or attendance (see panel, left).

Research shows that one in four people with cancer, rising to nearly one in three people aged over 70, is diagnosed with the condition only after ED attendance.

In light of these figures, ED staff need to maintain good relationships with oncology staff to help identify new cases. As the royal colleges' report notes, if ED staff miss opportunities to identify cancer, the chances of survival for the individuals involved are much reduced.

Macmillan Cancer Support chief medical officer Jane Maher thinks the report is a wake-up call. ‘As professionals, we underestimate the importance of preparing people, particularly those near the end of life, for sudden deterioration and we do not always realise how frightening it can be for people who are ill and do not know who to contact.’

Nick Trigg is a freelance journalist

Ministers claim study findings support introduction of NHS 111

Referring to the SchARR report, NHS 111 medical director Matthew Cooke says: ‘There is strong support for the service across the NHS. This report will help us shape 111 services as more sites launch them.

‘It is important that people use NHS 111 to find out what help is available. Crucially, patients who access urgent and emergency care services via 111 get to the services they need.’

Warning

The RCN, however, warns against using the report to support the abolition of the nurse-led NHS Direct helpline.

‘The government is abolishing this vital service purely on a cost-cutting basis,’ says general secretary Peter Carter. ‘This is a foolish and ill-conceived decision.’

According to the SchARR report, Dr Carter notes, the number of ambulance-service incidents for NHS 111-triaged calls had increased at the pilot sites.

‘This adds further costs to the NHS and proves what a false economy it is to dismantle NHS Direct. This will only place increasing pressure on ambulances, A&E wards and GP surgeries,’ he explains.

Lead Sheffield researcher Janette Turner says: ‘The evaluation has shown that the service is performing well, but it cannot be assumed that increased use of the service will produce expected benefits.’

Ms Turner says that the integration of NHS 111 with other services should be considered, along with its capability to cope with increased and different demands if it replaces NHS Direct.

According to the DH, most NHS 111 services will be running by March 2013, and many will be provided by staff who are working, or have worked, for NHS Direct.

The report can be viewed at http://tinyurl.com/cz51rqg

The NHS 111 minimum data set is available at http://tinyurl.com/cpdcvam