

Conclusion This audit clearly highlights the fact that though it is a relatively new service in this hospital it is now well established and has gained wide acceptance. These patients have a very poor prognosis and Specialist Palliative Care involvement from the beginning was appropriate.

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UNKNOWN PRIMARY INVESTIGATION SERVICE EVALUATION

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Background In July 2010, NICE developed the guidelines for the diagnosis and management of Metastatic Malignant disease of Unknown Primary (MUO). At Chesterfield Royal Hospital (CRH) the Primary Investigation Service is lead by the Palliative Care team. It started in 2010 with the aim of investigating and supporting patients with MUO early and appropriately without unnecessary investigations or delays. Patients are referred as both in and out patients and discussed in an Unknown Primary MDT.

Aim The aim of this evaluation is to review service development progress.

Method Data were collected prospectively and compared over the last two financial years.

Results 87 patients were referred to the service in the last financial year, a 14% increase on the previous year. 7 patients were excluded as referrals were inappropriate. 55 patients were referred within 5 days of identification of MUO, 25 were referred after >5 days. Median time before inpatient referral was 4 days, for outpatients it was 8 days. 50% of patients had a performance status of 2 or greater at the time of referral.

Median time from referral to diagnosis was 10 days, (6 days for inpatients, 13 days for outpatients.) The median time from referral to definitive treatment decision was 15 days. Just over a third of patients had Oncological treatment, with 60% having chemotherapy and less than 40% radiotherapy as the initial mode of treatment.

Across both years the median survival from diagnosis was approximately four months, in the last year over a third died within a month.