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Ratified by Pathway Board	July 2024	Created	Circa 2020
Consulted	Upper GI CNS team across GM	Reviewed	July 2025
Contact point for amendments	alexandra.riley6@nhs.net Andrea.webber@nhs.net	Review date	June 2026



CANCER

END OF TREATMENT SUMMARY (EOTS)

Patient Name		Hospital Name	
Patient Address		Hospital Address	
Date of Birth	00/00/0000	Hospital Number	01234567
NHS Number	999 999 9999	Date Completed	XX.XX.XXXX
Diagnosis (for more detail, see section 1)			

Dear [Patient], this End of Treatment Summary (EOTS) has been created to help support you now and in the future. It includes information about your cancer diagnosis, treatments to date, key contacts, plus health and wellbeing advice. It also contains useful information about possible late effects of treatments and signs of recurrence. We will share a copy with your GP for their records.

Please go to page 3 to find the summary of your diagnosis and treatment

Information for your GP

Actions and onwards care for this patient (be aware, your patient may still be under hospital care) :

- Please code this letter following the instructions below
- The offer of a Cancer Care Review (CCR) is encouraged
- *Bone Health Screening/DEXA scan every 3 years*
- *Xxxxxxx etc*

Coding information – Please share this document with the patient's GP

1. DOCMAN: Name as 'Cancer End of Treatment Summary' under 'document type'
2. EMIS/SystemOne: Enter Snomed code 1324891000000103 'Cancer End of Treatment Summary Plan' as problem heading to enable ease of locating this document



Actions for you (the patient)

- **Keep this document safe** and take it to all your appointments
- Going forward, if you are worried or feel unwell in a way you think may be related to cancer, you should contact your cancer key worker. Contact numbers are included below. If you are unsure who to contact, please see below
- If you don't understand something in this document, or you have additional questions, you can ask your cancer key worker to explain it
- Ask your GP for a Medical Exception Certificate (or a FP92A form) for free prescriptions
- You might get other letters about your treatment (from your surgical or chemotherapy teams, for example). Keep them together with this one

Why we have made you this document



You have finished your cancer treatment. This document explains what treatment you had, who to contact if you need help in the future, and possible late effects of treatments and signs of recurrence. This information also goes to your GP. There is an easy-read diagram at the end of this document.

What this document tells you



- Tells you what treatments you had
- Gives you phone numbers of people you can call if you have questions
- Shows signs of cancer recurrence to look out for, and when to contact your medical team
- Lists symptoms that mean you need to go to A&E straight away
- Gives you tips to help you stay healthy
- Tells you about places that can give you more help and support

What should you use this document for?



Take this with you:

- If you go to A&E
- When you visit your GP
- If you see any other doctors
- If you need to book travel insurance
- If you need a fit note

More help and support is available:



Scan the QR code or visit:

<https://gmcancer.org.uk/programmes-of-work/personalised-care/personalised-care-landing-page/>

Your key workers at the hospital.

Available: Monday - Friday



Name:

Contact Number:

Name:

Contact Number:



Section 1: Diagnosis and Treatment to Date:

Diagnosis:	<i>Please give full details</i>	Date of Diagnosis:	
Staging:	Please read Macmillan's 'Understanding Oesophageal /stomach cancer' for clarification		
Current management plan:	Best supportive care		
Summary of Treatment and relevant dates: <i>Please be specific and give full details, avoiding jargon.</i>			
Cancer and future progress - summary of your recent consultation:			

Symptoms that will require investigation

If you begin to experience any of the symptoms listed below, please contact your **Clinical Nurse Specialist Team** as soon as possible so that these can be investigated and managed appropriately:

- **Difficulty swallowing** with or without vomiting of blood.

These symptoms require Acute Medical Assessment

- **Shortness of breath and increased lethargy caused by acute anaemia**
- **Signs of deep vein thrombosis (DVT)** - sudden onset of pain or swelling of one or both lower limbs (calves)
- **Signs of pulmonary embolism (PE)** - acute shortness of breath with or without chest pain and hemoptysis (coughing blood)
- **Signs of spinal cord compression** - acute onset of back pain with weakness or change in sensation of the lower limbs or loss of control of bladder or bowel

Secondary Care Ongoing Management Plan:

Secondary Care Ongoing Management Plan: (tests, appointments etc)

- **No further scheduled *medical* appointments will be made**



- **Macmillan Upper GI Clinical Nurse Specialist led clinics are offered via the telephone, video conferencing or face to face in the hospital setting if required.** Appropriate communication with GP following each attendance will be maintained. Further investigations/procedures may be facilitated in relation to your assessment

Personalised Care for Cancer:

Access to Health and Wellbeing Information and Support is a continuous element of your care following treatment. Your Support Plan can be reviewed at any point if you feel your needs have changed. Please contact your **Cancer Care Coordinator/Support Worker/Navigator** for information on support available or if you have any questions or concerns.

Referral/advice given on services available

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Allied Healthcare Professional | <input type="checkbox"/> Benefits Advice Service | <input type="checkbox"/> Macmillan Cancer Information & Support Centre | <input type="checkbox"/> Complementary Therapist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> District Nurse | <input type="checkbox"/> Community Specialist Palliative Care Team | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Therapist | <input type="checkbox"/> Hospice at home | |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Speech & Language Therapist | <input type="checkbox"/> Hospice | |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Psychologist | <input type="checkbox"/> Day hospice | |

What's important to me? [Delete if not appropriate]

If conversations have taken place around DNR/preferred place of death/care/specific requests, please document in this box.

If this discussion has been addressed through a personalised care plan/HNA please attach to this document and **delete this box**.

If this conversation has not taken place as the patient is not ready to discuss this at present, please **delete this box** and note action in additional notes for GP.



Other useful numbers

Please delete numbers you do not feel are relevant to your patients

Please read Macmillan's 'Understanding Oesophageal cancer booklet' which provides a comprehensive guide to your condition

Macmillan Cancer Support Line	0808 808 0000 www.macmillan.org.uk
Macmillan Information and Support Centre –The Hope Building and The Christie at Salford	0161 206 1455
Macmillan Information and Support Centre – Royal Oldham Hospital	0161 656 1026
Macmillan Information and Support Centre – Tameside Hospital	0161 922 5644
Macmillan Information and Support Centre – Royal Bolton Hospital	01204 390625
Macmillan Information and Support Centre – Manchester Royal Infirmary	0161 276 6868
Macmillan Information and Support Centre – North Manchester General	0161 604 5244
Macmillan Information and Support Centre – Wythenshawe Hospital	0161 291 4876
Macmillan Information and Support Centre – Royal Albert Edward Infirmary	0194 282 2760
Cancer Research UK Support Line	0808 800 4040
Maggie's Manchester The Robert Parfett Building The Christie Hospital	0161 641 4848 www.maggies.org/our-centres/maggies-manchester
Maggie's Oldham The Royal Oldham Hospital	0161 989 0550 www.maggies.org/our-centres/maggies-oldham
Other <i>e.g local support groups etc</i>	[INSERT CONTACT DETAILS]
Other [INSERT DETAILS]	[INSERT CONTACT DETAILS]

Treatment Summary Completed by:	
Copy sent to GP:	<input type="checkbox"/>
Copy sent to Consultant:	<input type="checkbox"/>
Copy sent to other Health Care Professional(s):	[INSERT DETAILS]



How an End of Treatment Summary Works (for you, the patient)



