



# Pan London Suspected Cancer Referral Forms Changes

The following information relates to the changes that have been made to the Pan London Suspected Cancer Referral Forms after receiving feedback from various stakeholders in primary and secondary care. The referral criteria is still in line with NICE NG12 guidelines and the Pan London deviations approved in February 2016.

## 1. Generic Changes

1.1 Wording changed relating to e-referrals (e-RS) following NHS England's quality standard that all first consultant led appointments must be booked via e-RS (where applicable) by October 2018. The wording now reads:

**E-referral is the preferred booking method for suspected cancer referrals.  
If this is not available please email the referral.  
Fax is no longer supported due to patient safety and confidentiality risks.  
All referrals should be made within 24 hours.**

1.2 Wording changed for Straight to Test Box (STT) and WHO performance score in order to minimise delays in treatment, ensuring that secondary care have all necessary information to triage patients.

## 2. Tumour Specific Changes

### 2.1 Brain

Clinical criteria from the Brain and CNS educational guide now sits directly on the referral form.

### 2.2 Breast

Wording has been amended to improve clarity between urgent and non-urgent patients sent into secondary care. The top of each referral form has two boxes for the referrer to confirm whether the referral is for an urgent or non-urgent breast referral.

The clinical criteria section of the referral form has also been amended to improve clarity. The **"I do not suspect breast cancer as this is a non-urgent referral but expect the patient to be seen within 2 weeks"** has been moved and now sits directly under the clinical criteria box.

### **2.3 Children**

The narrative within the reason for suspected cancer referral and clinical criteria has been amended, reiterating the importance of parents/carers knowledge of the patient. The wording of the soft tissue lump has had minor changes made to it. There is an additional free text box for the GP to complete after a discussion with the on call paediatrician.

### **2.4 Haematology**

Myeloma clinical criteria now have ages assigned to them

### **2.5 Head and Neck**

Unilateral tinnitus has been removed from the Ear/Nose and Throat clinical criteria as this is not a 2ww suspected cancer referral symptom.

### **2.6 Lower GI**

In order to future proof the referral form, QFIT has been added into the lower GI investigations section within the clinical criteria. The STT and WHO performance box have been changed as per generic changes in section 1.2.

### **2.7 Lung**

Statement in Straight to Test pathway section has been added to highlight the importance of recent (within 3 months) renal function in order to reduce delays before receiving a CT with contrast.

WHO performance box has been changed as per generic changes in section 1.2.

Spirometry box has been added for patients who have had recent lung function tests.

### **2.8 Ocular Surface/Orbital/Intraocular Cancer & Retinoblastoma**

Clinical criteria has changed completely, please refer to the referral form. For eye lid referrals, please use the Pan London Suspected Cancer Referral Skin Form.

### **2.9 Skin**

Reason for referral and photodermatology boxes have been added under reason for suspected referral.

### **2.10 Upper GI**

WHO performance box has been changed as per generic changes in section 1.2.

### **2.11 Urology**

Ages added to clinical criteria under Bladder and Renal cancers.