

New 2ww Urgent Referral Form for Suspected Cancer.

Guidance: for GPs, Secretarial teams and Practice managers

Summary

The New NICE guidance was published in June 2015.

<https://www.nice.org.uk/guidance/ng12>

There are changes to the guidance that have implications for primary care. There is increased emphasis on early investigation with the responsibility held in primary care.

The new Guidance has lowered the threshold for investigation/ referral from 5% to 3% PPV (positive predictive value) of individual or combination symptoms. Some symptoms / combinations have a much higher PPV. Some have a lower PPV but have been included because the test/ examination are cheap/ non-invasive/ readily available.

This prompted a review of the criteria and forms used to refer patients with suspected cancer. (2ww forms). Regionally agreed 2WW referral forms for each tumour group have been available since October 2016.

Following a review in 2017, the forms have been updated and published again as Northern Cancer Alliance forms with some updates and improvements.

The Clinical Network has worked with the Site Specific Groups, now Expert Advisory Groups, for each cancer specialty and agreed single referral form for each specialty to be used region wide.

This should:

- Reduce variation in access to services for patients
- Improve patient safety
- Reduce work for GPs trying to find the correct form especially if GPs are in an area referring to multiple sites.

The forms are designed to be used as integrated documents in EMIS web and System One. The advantages are:

- The form can be mail merged with essential information from the patient notes.
- This means the GP only has to complete the essential clinical details and accessibility information
- It can be saved directly into the patient notes.
- It can be attached electronically to the e referral without printing and faxing.
- It reduces potential for loss of documents and is a permanent record of the referral.
- Reduced work for secretarial teams by reducing printing and rescanning and faxing forms
- Reduced duplication of information provided to secondary care

Disadvantages

- The practice must keep a list of secure email addresses and fax numbers for each local trust in case of failure of the e referral system. This is available on the SCN website with the other implementation information.

Development process

Each form has been discussed at the Network Site Specific Group for that specialty with input from consultants and specialist nurses and cancer managers from all the trusts in the Northern England and Cumbria area.

The form was circulated again to the group after initial changes with a two week deadline for comments. Any further amendments were completed and the form was sent to the Gateshead referral form development team for formatting for EMIS web. The forms will be discussed and signed off by the Cancer in the Community Group. Functionality will be tested in general practice by the Gateshead team.

The forms were also sent to NECS for formatting in System One and again tested in General Practice.

General Guidance

The forms and a copy of this guidance are held on the NCA (Northern Cancer Alliance) web site <http://www.northerncanceralliance.nhs.uk/pathway/early-diagnosis/supporting-primary-care/two-week-wait-referral-forms/>

There is a link to the forms on the GP Team Net Cancer page.

There is no reference to specific hospital trusts on the referral forms because these are generic forms to be used across the region.

About the forms:

1. Heading

The forms are called Urgent Referral for Suspected Cancer

Each sheet has Name DOB (age) and NHS number at the top and date of referral.

2. GP Checking box

Has a reminder to attach the form to the e-referral within 24 hours.

Reminder to send the form (AND the separate Header form EMIS practices only) by email or fax if e referral not available.

Patient has been informed that this is an urgent referral for suspected cancer

There are ongoing concerns from hospital teams that patients are not told the referral is for suspected cancer or exclusion of cancer.

The patient is available and willing to attend hospital for urgent tests/ appointment within the next 14 days.

If the patient is not able / willing to go in the next 14 days then the GP retains responsibility for the referral until they are able to go (think about how to

safety net this in your practice). Currently some practices will retain the referral until the patient is available.

If a patient is available and then does not attend or changes their appointment, the safety netting is retained by secondary care.

The patient has been given the fast track leaflet

This is a requirement. Many patients are still not given this. The trust specific forms and EASY READ versions of each are available on:

<http://www.northerncanceralliance.nhs.uk/pathway/early-diagnosis/supporting-primary-care/two-week-wait-referral-forms/>

NCA web site. Please consider how this information is shared with patients with disability or additional communication needs.

3. NICE GUIDANCE

There is a link to NICE guidance for Suspected Cancer NG 12 in the Checking box

Some forms have the NICE guidance on as a prompt for clinicians. It does not include the advice for action in primary care before referral but clinicians can use the link as mentioned above.

The NICE guidance NG12 is the minimum criteria on the forms but some also include additional criteria for urgent referral as advised by the site specific groups. i.e. Head and Neck.

4. Reason for Referral

This is the most important information and can make a big difference to the effectiveness of the referral and the safety of your patient. Consultants consistently raised concerns about the quality of the clinical information on the referral form.

REMEMBER This is a professional to professional communication regarding a possible serious diagnosis for your patient.

Please consider the information in the problem list in your clinical system.

Please tidy up the information to remove extraneous information

5. Blood tests/ investigations

Some specific results will be mail merged. **IF the results required are not visible in the merge boxes, the blood must be taken on the date of referral. Some forms are triaged within 24 hours.** This information is essential to the safe referral of the patient and directly affects decisions to send straight to test.

6. Additional patient information

Patient contacts

Remember data protection – how do you check contact details are up to date?

Carers

Some information will be mail merged but please add additional information about carers/ contact consent.

Accessibility

Please add information about Accessibility/ communication needs. There is a national requirement for coding coming out to practices and we have tried to accommodate this on the forms.

Learning disability Read code 918e 'On Learning Disability Register' will automatically mail merge. This code can be added in bulk to the notes of patients on your learning disability register if it is not already in use in your practice.

If you need to validate your Learning disability register, please consider using the information in this link:

(https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwjhmd-tvJXKAhXHnA4KHQYJAUYQFggdMAA&url=http%3A%2F%2Fwww.2gether.nhs.uk%2Ffiles%2F7.%2520Draft%2520QOF%252005%252006%2520%2520LD%2520register%2520protocol%252006073.doc&usq=AFQjCNG_6RVecxOesAXd5j8gc2jn0OSVEQ)

7. Referrer information

This will mail merge from the notes.

Remember fax will be phased out in the next few years and replaced by secure email. Check you have a secure practice email that is checked daily. More departments will want to send urgent patient information to practices by secure email.

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