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PAN LONDON SUSPECTED LOWER GI CANCER REFERRAL FORM

Press the <Ctrl> key while you click here to view the Pan London Suspected Cancer Referral Support Guide

REFERRAL DATE:

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.

Press the <Ctrl> key while you click here to view the list of hospitals you can refer to

Copy the hospital details from the webpage and paste them onto the line below.

PATIENT DETAILS

SURNAME: FIRST NAME: TITLE:

GENDER: DOB: AGE: NHS NO:

ETHNICITY: LANGUAGE:

☐ INTERPRETER REQUIRED ☐ TRANSPORT REQUIRED

PATIENT ADDRESS: POSTCODE:

DAYTIME CONTACT:

HOME: MOBILE: WORK:

EMAIL:

CARER/KEY WORKER DETAILS

NAME: CONTACT: RELATIONSHIP TO PATIENT:

COGNITIVE, SENSORY OR MOBILITY IMPAIRMENT

☐ COGNITIVE ☐ SENSORY ☐ MOBILITY ☐ DISABLED ACCESS REQUIRED

PLEASE INCLUDE RELEVANT DETAILS:

SAFEGUARDING

☐ SAFEGUARDING CONCERNS

PLEASE INCLUDE RELEVANT DETAILS:

GP DETAILS

USUAL GP NAME:

PRACTICE NAME: PRACTICE CODE:

PRACTICE ADDRESS:

BYPASS:

MAIN: FAX: EMAIL:

REFERRING CLINICIAN:

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PRIOR TO REFERRAL: NICE DG30 CRITERIA FOR LOW ($\leq 3\%$) RISK BUT NOT NO RISK PATIENTS

Offer a FIT test (Faecal Immunochemical Test) before referring to assess for colorectal cancer in adults WITHOUT RECTAL BLEEDING who meet the following criteria:

- ≥ 50 years with unexplained abdominal pain or weight loss
- < 60 years with changes in their bowel habit or iron deficiency anaemia
- ≥ 60 years and have anaemia even in the absence of iron deficiency

NOTE: If FIT testing is not available AND there are additional CLINICAL CONCERNS, refer patient as an urgent suspected cancer referral and give full clinical details in 'Additional clinical information'.

<p>REASON FOR SUSPECTED CANCER REFERRAL</p> <p>Press the <Ctrl> key while you click here to view Pan London Suspected Lower GI Cancer Referral Guide</p> <p> <input type="checkbox"/> Abnormal lower GI investigations (colonoscopy/flexible sigmoidoscopy) suggestive of cancer (please give full clinical details in the 'additional clinical information' box below) <input type="checkbox"/> Positive FIT (Faecal Immunochemical Test) suggestive of cancer (please attach pathology findings to referral form) </p>
<p>NICE NG12 CRITERIA FOR MODERATE (3-5%) & HIGH (≥5%) RISK SYMPTOMS</p> <p> <input type="checkbox"/> Any age with unexplained rectal or abdominal mass <input type="checkbox"/> Any age with unexplained anal mass or unexplained anal ulceration <input type="checkbox"/> ≥40 years and over with unexplained weight loss <u>and</u> abdominal pain <input type="checkbox"/> <50 years with rectal bleeding <u>and</u> any of the following unexplained symptoms: <ul style="list-style-type: none"> <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Change in bowel habit <input type="checkbox"/> Weight loss <input type="checkbox"/> Iron deficiency anaemia (attach results) </p> <p> <input type="checkbox"/> ≥50 years with unexplained rectal bleeding <input type="checkbox"/> ≥60 years with iron deficiency anaemia <input type="checkbox"/> ≥60 years with changes in their bowel habit </p>
<p> <input type="checkbox"/> Referral is due to CLINICAL CONCERNS that do not meet NICE/Pan-London referral criteria (the GP MUST give full clinical details in the 'additional clinical information' box at time of referral). </p> <p>Where clinical suspicion of cancer is low, please also consider alternative options for referral which have been agreed locally (e.g. urgent referral, direct access investigations, early diagnosis pathways)</p>
<p>MANDATORY BOX FOR ALL PATIENTS - WHO PERFORMANCE SCORE</p> <p>Enter score to establish if patient is suitable for straight to test CT scan, endoscopy or ultrasound prior to first outpatient appointment</p> <p> <input type="checkbox"/> 0 Fully active, able to carry on all pre-disease performance without restriction. <input type="checkbox"/> 1 Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g. light housework, office work. <input type="checkbox"/> 2 Ambulatory and capable of all self-care but unable to carry out any work activities. The patient is up and about more than 50% of waking hours. </p>

Pan London Suspected Lower GI Cancer Referral Form

Page 3 of 5

(Version: Pan London changes MSW v6.3; 11/01/2019)

Error: Reference source not found Error: Reference source not found DOB:Error: Reference source not found NHS no:Error: Reference source not found

- ☐ **3 Capable of only limited self-care; confined to bed or chair more than 50% of waking hours.**
- ☐ **4 Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair.**

SUITABILITY FOR TELEPHONE TRIAGE/STRAIGHT TO TEST ENDOSCOPY PATHWAY.

PLEASE COMPLETE THIS SECTION FOR ALL PATIENTS.

The following information establishes if the patient is suitable for telephone triage and the 'straight to test' endoscopy pathway. All patients must have up to date renal function (within 3 months) as they may be sent for straight to test CT colonography prior to first outpatient appointment.

- ☐ Patient has dementia
- ☐ Patient has learning disability
- ☐ Patient has physical impairment that prevents patient being ambulant from a wheelchair
- ☐ Patient has a suspected ANAL PATHOLOGY
- ☐ Patient is on anticoagulant or antiplatelet agents (except aspirin)
- ☐ Patient is unsuitable for telephone triage
- ☐ Digital rectal examination has been performed (please include findings both positive and negative in 'additional clinical information' box below)
- ☐ Patient has had other gastrointestinal investigations in the last 12 months (abdominal imaging or gastrointestinal endoscopy). Please ensure relevant details are included in the 'imaging studies/endoscopy studies' boxes below including name of specialist and hospital where the investigations were performed
- ☐ Patient is unsuitable for telephone triage. If so please give reasons:

Additional clinical information:

Personal/relevant patient information:

Past history of cancer:

Relevant family history of cancer:

- ☐ I have discussed the possible diagnosis of cancer with the patient
- ☐ The patient has been advised and confirmed they will be available for an appointment within the next two weeks
- ☐ I have counselled the patient regarding the referral process and offered the pan-London information leaflet. Offering written patient information increases patient experience and reduces non-attendance. These are available in 11 different languages.
Press the <Ctrl> key while you click here to view the leaflet

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☐ **This patient has been added to the practice suspected cancer safety-netting system**

Press the <Ctrl> key while you click here to view Pan London Practice-based Suspected Cancer Safety Netting System

INVESTIGATIONS

Please ensure this referral includes ALL the relevant investigations including blood tests and imaging. If there are any pending test results that you have organised at the time of this referral please provide information including TYPE OF INVESTIGATION requested (bloods, imaging) and TRUST performing the tests in the box below.

ENDOSCOPY STUDIES (in past year) Please include date: and location:

IMAGING STUDIES (in past year) Please include date: and location:

QUANTITATIVE FAECAL IMMUNOCHEMICAL TEST (all recorded values)

RENAL FUNCTION (most recent recorded in past 3 months)

FULL BLOOD COUNT (most recent recorded in past 3 months)

IRON STUDIES (most recent recorded in past 3 months)

MEDICAL HISTORY

ALLERGIES

MEDICATION