Dear colleagues,

We are writing to update you on the planned roll out of new suspected cancer rapid access referral (2 Week Wait) forms. As you may be aware following the publication of the NICE Guidelines (NG12) ‘Suspected cancer: recognition and referral’ in 2015, the CCGs, Cancer Alliance and East Kent Hospitals (EKHUFT) have been working collaboratively to implement the guidelines. The forms should be used alongside the NG12 NICE suspected cancer guidance.

The aim of the NICE suspected cancer guidance and the new referral forms is to try to identify patients with cancer at an early stage. NICE guidance is based on studies done in UK populations in primary care where symptoms were matched with cancer diagnosis. There is good evidence to show earlier diagnosis of cancer leads to better outcomes. Equally, early testing and a negative outcome are reassuring for patients.

Who is this for?
This information is to be shared amongst primary care clinical and non-clinical staff. We recognise that increasingly we have a diverse primary health care clinical workforce who are using these e-referral forms (including GPs, Nurses). We also recognise that different practices have different systems in place to coordinate referrals so it is important the relevant administration staff are informed.

What changes will you notice?

**Suspected cancer (2 week wait) referral forms**
The new suspected cancer hospital referral forms look similar to the current versions, however some of the criteria have changed to reflect the new NICE guidance. Some of the forms have not changed, which simply reflects that our current forms conform or indeed go further than NG12 NICE guidance. We have renamed them Suspected Cancer e-Referral Forms to emphasise the move away from paper to electronic. As a result, all of these forms should be sent electronically via e-Referrals system (e-Referral Service –see page 2). Please have a look at the East Kent suspected cancer referral summary guidance.

[new] Suspected cancer rapid referral pathways for diagnostics from primary care
Rapid access to diagnostic testing from primary care is felt to be the cornerstone to earlier cancer diagnosis. In line with NG12 NICE guidance and in keeping with other cancer alliance areas in England, we have been working hard with local providers to achieve this. The principle is to allow primary care health professionals rapid access to diagnostic tests, which will enable a decision as to whether the patient requires further rapid access hospital referral or not.

**East Kent GP Urgent Direct Access Ultrasound Referral Form**
The form has certain criteria listed by site of suspected cancer, if a patient fulfils these criteria the form enables a rapid ultrasound to be requested. An Urgent Ultrasound request ensures that within 2 weeks of receipt the results are made available to the requesting GP practices. Additionally if a Suspected Cancer e-Referral (2WW) referral is then required a scan done in this way ensures that EKHUFT can import the images directly into their internal Imaging system. This would mean that the patient will not require a second hospital scan which can cause delay (this does not routinely apply to all non-urgent community ultrasound providers).
We recognise that there are currently a number of well-functioning community ultrasound providers working in East Kent but not all were able to meet the additional requirements for this specialist Urgent Direct Access service. The service providers for your CCG are indicated on page 2 of this form.

If the ultrasound scan report indicates a suspicion of cancer then it is the requesting GPs responsibility to make the Suspected Cancer e- Referral (2WW) to the relevant pathway without delay.

**East Kent Urgent Direct access CT/MRI**

GPs in East Kent have had open access to X-ray, CT and MRI brain imaging, however for specific criteria as set out by NICE GPs can now ask for an urgent CT or MRI (see East Kent Urgent Direct access CT/MRI form). This request will enable a more urgent priority to be assigned to the scan request and reporting.

These referrals should be emailed to East Kent Hospitals:

CT  ekhuft.qeqm-radiologyadmin@nhs.net
MRI  ekh-tr.kch-radiology@nhs.net

**Safety netting advice**

Please remember that a scan or X-ray requested in primary care is the responsibility of the requesting clinician, so it is important practices have processes in place to check attendance at the scan, receipt of results and feedback to patients. For further help on safety netting processes please request a practice visit from your local MacMillan GP or review CRUK guidance


**How to make a referral?**

For Suspected Cancer e-Referral (2WW) appointments, please use eRS to select triage or book appointment. The current email address (ekhtr.2wwFaxReferrals@nhs.net) will cease to be active as of 1st October 2018.

**eRS - e-Referral Service (previously referred to as ‘Choose and Book’)**

From August to October 2018 eRS is being phased in across east Kent, with 1st October being the deadline whereby all other routes for new referrals will no longer be accepted. This will include suspected cancer (2 week wait referrals), however, this process does not have to be completed by the GP; it could be completed by another member of the practice team. If you need help or support with e-RS or would like to book eRS training please contact the CSU IT Service Desk on 03000 42 42 42.

**Other changes you may notice**

- To make submitting the forms a simple process the new forms are formatted to allow integration into EMIS/VISION and have been designed so the selected box criteria can be selected with an ‘x’
- The breast diagram has been removed as diagrams are difficult to use on word; please describe the location instead
- **You will no longer need to sign the forms by hand** – you need to enter your name
on the box in the form without a signature.

- For patients with a suspected sarcoma, please refer via eRS to either the Royal Marsden Hospital, the Royal National Orthopaedic Hospital or University College Hospital London. Please note that the current referral form can continue to be emailed to these providers, however the above providers will soon no longer accept referrals emailed to them.

- Paediatrics and Young People please discuss with on call paediatric team as previously advised. This can be followed by a suspected cancer form sent via e-RS or urgent referral to on-call Paediatric Team

- Cancer of Unknown Primary (CUP). This is where often as an unexpected finding on a CT/ MRI scan there is an unexpected finding of cancer and its origin is not clear. Currently in East Kent here is not a specific pathway for these findings, but it is recommended you make a referral to Upper GI form using the ‘Referral is due to clinical concerns that do not meet current East Kent Cancer referral criteria’ please attach a letter and scan findings. Please discuss with on-call medics if further advice required.

- Please organise up to date blood test (FBC,U&E,LFT) when referring to Upper GI, Colorectal, Gynaecology and Lung Suspected Cancer e-Referral (2WW) clinics.

- As we recognise that patients do not always fit into rapid access we have added at the end of all Suspected Cancer e-Referral access forms the following statement:

  □ Referral is due to clinical concerns that do not meet current East Kent Cancer referral criteria. The GP MUST give full clinical details with attached letter

If this criteria is used then clearly a full letter with clinical details must be used, we will be auditing referrals using this criteria and feeding back directly should the need arise.

For rapid access suspected cancer (2WW) clinics please, please don’t forget to inform the patient they have been referred on a suspected cancer pathway. As a referring clinician we feel it is important we communicate with the patient using the words cancer or suspected cancer at the point of referral. This is to ensure patients understand the importance of attending the appointments. It is worth noting that EKHUFT (non-clinical) administration staff contact patients by phone to book the appointments and use the word cancer pathways during these conversations. To help this we have updated the patient information leaflet for suspected (urgent) cancer referrals which will be available on your IT systems alongside your referral forms below.

All new forms will be available to download on EMIS and Vision by 2nd July 2018, which is when the new process and forms will go live. The forms will also be made available on the Referral Support Tools for Ashford, Canterbury and Coastal and South Kent Coast CCGs, as well as on the Cancer Collaborative website http://www.kmcc.nhs.uk/kent-and-medway-cancer-collaborative-kmcc/

If you have any queries either about the new forms or the process, please contact one of the East Kent CCG Cancer Team on ekgp.cancersupport@nhs.net who will respond to your queries. DO NOT USE THIS FOR URGENT CLINICAL ADVICE.

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