

Briefing re: referral form guidance from Y&H GP leads group

Background

The new NICE guidance for suspected cancer was published on 22 June 2015. The full guidance can be accessed at the following link, and you can navigate this by cancer site to symptom(s): <http://nice.org.uk/guidance/ng12>

In July 2015 the Y&H Cancer SCN's GP Cancer leads group produced a high level briefing on the new guidance, with some more specific points for the attention of providers and commissioners, and GPs. You can find this briefing and further information about this work on the [Y&H Cancer SCN website](#).

Following this work, the GP Cancer leads group also felt it would be useful if they looked at defining referral criteria for different cancer sites, although being mindful that anything produced would require further local development and dissemination to reflect local pathways, IT systems and administrative processes.

The purpose of this work is to encourage best practice referral pathways in line with the most up to date guidance, and to avoid duplication of effort in localities where possible. ***The next steps will be for GP Cancer leads to work in their localities with commissioning and provider colleagues on further updating processes for suspected cancer referrals in line with the new NICE guidance.***

The forms produced can be found on the [Y&H Cancer SCN website](#), and should be read alongside the following guidance notes:

- Each site specific document contains the same advice on questions and information that should be covered with patients prior to any referral for suspected cancer. The importance of these points should not be underestimated in terms of conferring the importance of the 2WW appointment to the patient.
- The referral criteria have been presented as those defined by the new guidance as requiring a 2WW referral and we have avoided providing further information unless the new guidance has changed advice on further investigations/diagnostics.
- Some key issues will need to be addressed locally, as well as considering how each referral form may need to be developed and adapted:
 - The need for greater access to diagnostics for primary care
 - Reintroduction of FOB testing for primary care
 - The desire to provide more detailed information for GPs when a 2WW referral is not indicated, but further investigations are suggested
- There are some cancer sites for which the group has chosen not to release a form:
 - For **non-site specific symptoms** it was thought that there are very few pathways set up specifically to deal with this group of patients. However, the information about non-site-specific-symptoms is included [in the NICE guidelines](#) and is currently being developed through the [ACE programmes](#) nationally.

GPs should be aware of the NICE guidelines for non-site-specific-symptoms, particularly in relation to weight loss, thrombocytosis and deep vein thrombosis.

- **Haematology:** the new guidelines did not contain any significant changes in terms of referral criteria; advice and input from Haematology colleagues on guidance or a template to improve appropriateness for GP 2WW referrals would be appreciated

If you have any questions about this work, or you would like to be input on haematology advice, please contact Louise Merriman, Cancer SCN GP Lead louise.merriman@nhs.net or Sarah Bradley, SCN Programme Manager sarah.bradley5@nhs.net