# Urgent Suspected Cancer Non-Specific Symptoms (NSS) GP Referral Guideline

 **Background**

Cancer patients presenting with non-specific but concerning symptoms are often diagnosed late, leading to poor outcomes. The Urgent Suspected Cancer Non-specific Symptoms (NSS) service provides a better route to diagnosis for these patients. The NSS pathway is suitable for patients where there is a concern for cancer but the patient does not fulfil the criteria for referral to a site-specific pathway, or they fulfil the criteria for more than 1 site specific pathway so it is unclear where to send the referral. The model of care meets the standard of confirming or ruling out a cancer diagnosis within 28 days

As part of the NHS long term plan an Urgent Suspected Cancer Non-specific Symptoms (NSS) service has been launched at Queen Victoria Hospital (QVH) and will be rolled out to East Surrey and the whole of Sussex. The NSS project is funded by Surrey & Sussex Cancer Alliances for 2 years respectively.

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| **Benefits** |
| **For Patients** | **For GPs:** |
| * Improved patients experience and outcomes
* Reduced A&E admissions and hospital appointments.
* Faster and improved care for patients with non-specific but concerning symptoms.
* A single point of access for support and advice during the process.
 | * Quicker access to CT scans and early diagnostic pathways for patients with suspected cancer, who present with non-specific but concerning symptoms.
* Clinical review of scan and outcome sent to GP with recommendations.
* Improved communication and access between primary and secondary services.
* A more effective service to provide a timelier outcome.
* Prevent numerous referrals to identify the cause.
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| **Who to Refer** |
| **Core referral criteria for non-specific but concerning symptoms include:*** **Unintentional weight loss** (> 5% of total body weight)
* **Non-specific abdominal symptoms** (>4 weeks duration and not suitable for site-specific referral)
* **Unexplained worsening pain** (especially back pain)
* **General malaise/fatigue** (with no clear cause)
* **Unexplained worsening of breathlessness** (please take steps to rule out undiagnosed heart failure, IHD, thrombo-embolic disease, COPD and infection)
* **Persistently abnormal laboratory tests which are not readily explicable including:**

Significantly elevated alkaline phosphatase (>2 ULN) Raised CRP or ESR/plasma viscosity Raised calcium  Thrombocytosis  Anaemia with negative FIT Test * **Radiological findings suspicious for malignancy without an obvious primary site** e.g. concerning bone lesions or abnormal lymph nodes
* **Significant clinician concern for a possible cancer diagnosis (**where there is no clear urgent referral pathway for example, unexplained DVT, paraneoplastic syndromes, etc.)

PLEASE NOTE: avoid sending patients who have long-standing unchanging symptoms, non-serious short term problems that are likely to self-resolve, or those that have already been investigated. |

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| **Exclusion criteria for non-specific symptoms** |
| * Patient has specific alarm symptoms warranting referral onto a single site-specific urgent suspected cancer pathway (in line with NG12)
* Patient is too unwell or unable to attend as an outpatient or needs acute admission
* Patient is more likely to have a non-cancer diagnosis suitable for referral to another specialist team
* Patient is currently being investigated for the same problem by another cancer or specialist team.
* Performance status 3 and above
* Rockwood frailty score >5
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| **Primary Care Filter Function Investigations**  |
| **Mandatory (blood test within the last 3 months)*** **Full Blood Count**
* **ESR or CRP**
* **U&E with eGFR**
* **Liver function tests**
* **Bone Profile**
* **PSA or CA125**
* **Chest X-ray** (if respiratory symptoms are present and will not delay referral)
* **Urine Dipstick**
* **FIT test** (abdominal symptoms or anaemia)
 | Optional* Haematinics
* Myeloma screen
* LDH
* Glucose/HBA1c
* Thyroid function tests
* Clotting
* HBV/HCV/HIV status
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| **PLEASE NOTE if any of these tests are abnormal, then please refer the patient to the site specific Urgent Suspected Cancer Pathway: e.g., abnormal chest x-ray to Lung Urgent Suspected Cancer Pathway, raised PSA to Urology Urgent Suspected Cancer Pathway.** **If the patient has a history of cancer within the last 5 years, please also consider if this may be recurrence rather than a new primary cancer. Patients with suspected recurrence or under active surveillance should be referred back to the site-specific team.** |
|  **How to Refer** |
| Patient referred to the service should, ideally, have all primary care investigations completed before referring. Complete the online NHS e-Referral using the NSS proforma available on eRS, ensuring you choose the correct clinic/hospital/service according to patient location. Patients should be informed they have been referred to a cancer exclusion pathway and that the clinic will contact them to book either a virtual clinic consultation or send for further investigations. GPs are to ensure the patient is given the Urgent Suspected Cancer Non-Specific Symptom Patient Information Leaflet before referral to the NSS service and they have discussed the possible diagnosis of cancer with the patient.  |
| **What happens after Referral?** |
| The referral will be triaged and, if accepted, the patient will be contacted by telephone for assessment and, if suitable, referred for further investigations at one of our Community Diagnostic Centres (CDCs).Once the investigations have taken place and depending on the results, the NSS team will determine a management plan with the possible outcomes outlined below:**No radiological evidence of cancer and no further investigations required:*** Normal scan: The patient will be discharged back to GP with further advice and discharged from the NSS pathway. If symptoms persist and there is still a clinical concern for cancer, the GP can contact the NSS team advice line for further guidance.

**Non-cancer related further investigation required:*** A serious, non-cancer finding identified: The patient will either be discharged back to GP with advice or referred onto the relevant specialty if secondary care input is required.
* Urgent/critical actionable radiology findings: e.g. pneumothorax, large aneurysm (at risk of rupture), PE etc. should be managed directly as per local protocol by the CDC performing and reporting on imaging and not sent back to the GP to action.
* Unwell admission pathway: If admission is required, action should be taken following the QVH admission algorithm. Urgent admissions will be managed by the NSS team.

**Cancer suspected:*** Cancer suspected: The patient will be transferred directly to the relevant specialist MDT team for further investigations using the cancer waiting times agreed policy for transfer and not sent back to the GP to action. Once accepted by the Urgent Suspected Cancer team, they are responsible for the clinical care, management and tracking of that patient. They are also responsible for any further diagnostic tests that are needed (e.g. endoscopy, radiology, histology, or molecular diagnostic testing).

After a patient has been discharged from the NSS, an outcome letter will be written to the patient and a copy sent to the GP. |
| **GP Practices should ensure arrangements are in place to review work lists on a daily basis to receive all referral feedback.**  |

For questions about the NSS process or patient eligibility please contact:

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