**URGENT SUSPECTED CANCER NON-SPECIFIC SYMPTOM REFERRAL FORM:**

*Disclaimer: Please note this is currently phase 1 and is only open to GPs within* ***East Grinstead PCN***

*Please do not refer into the NSS pathway unless you are practising at the following GP Practices (see list below) in the meantime, please refer asper your usual site specific cancer referral pathways*

       Crawley Down Health Centre

      Judges Close Surgery

       Moatfield Surgery

       Park View Health Partnership

       Ship Street Surgery

**Date of Decision to Refer:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please view the Urgent Suspected Cancer Non-Specific Symptoms Referral Guide on the QVH website before completing this form. | | | | | | | |
| This referral proforma is intended for patients where there is a concern for cancer but they do 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  Patients with tumour specific symptoms should be referred to the relevant urgent suspected cancer pathway. | | | | | | | |
| **Patient details** | | | | | | | |
| Surname: | | | First name: | | | Title: | |
| Sex assigned at birth: | | | DOB: | | | NHS number: | |
| Ethnicity: | | | Interpreter required: | | | Language: | |
| Address: | | | | | | Postcode: | |
| Tel. home:  Preferred contact | | | | Tel. mobile:  Preferred contact | | | |
| Is transport likely to be required? Y N | | | | | | | |
| **GP practice details** | | | | | | | |
| Usual GP Name: | | | | | | | |
| Address: | | Practice name: | | | Practice code: | | |
| Tel. main line: | | | | | Tel. direct line: | | |
| Referring clinician: | | | | Practice Email: | | | |
| **Reason for referral (clinical information is essential):** | | | | | | | |
|  | | | | | | | |
| **Clinical referral criteria (one or more of)** | | | | | | | |
| 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, with no obvious infection/ likelihood of  a rheumatological condition)  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 (e.g., unexplained DVT, paraneoplastic syndromes, etc) | | | | | | | |
| Performance criteria | | | | | | | |
| Performance status 0-2 (ambulatory and capable of all self-care and up and about more than 50% of waking hours  Able to independently transfer for a scan and suitable to be seen in a community diagnostic hub | | | | | | | |
| Rockwood frailty score <5 (Patients with moderate-severe frailty should be referred to local frailty team) | | | | | | | |
| **Patient engagement and availability** | | | | | | | |
| I confirm the following: | | | | | | | |
| The possibility that the diagnosis may be cancer has been discussed with the patient | | | | | | | |
| The patient has been offered a NSS [suspected cancer referral leaflet](https://surreyandsussexcanceralliance.nhs.uk/application/files/5816/5539/7238/PIN220524-1840_Patient_information_for_urgent_suspected_cancer_referrals_A4_HiRes.pdf) | | | | | | | |
| The patient has been informed that they could be contacted at any time within the next 28 days but likely within the next few days. Please ensure the patient will be in the country and is willing to attendance for investigations during this time. | | | | | | | |
| **Investigations required to support referral** | | | | | | | |
| **NOTE: Please ensure that all relevant NSS tests listed below are undertaken prior to referral, to avoid delays to the patient pathway.** | | | | | | | |
| Chest X-Ray  (if respiratory symptoms present and will not delay referral) | Date and result of test | | | Where performed: | | |  |
| Symptomatic FIT Test (abdominal symptoms or anaemia) | Date and result of test: | | |  | | | If **positive**, please refer urgently to the Lower GI cancer pathway |
| Urine dipstick  (mandatory) | Date and result of test: | | |  | | |  |
| **Blood Test (within 3 months) Please attach results and Date of Test** | | | | | | | |
| **Mandatory** | | | | Optional | | | |
| **FBC**  **ESR or CRP**  **U&E with eGFR**  **Liver function tests**  **Bone Profile**  **PSA or CA125** | | | | Haematinics  Myeloma screen  LDH  Glucose/HBA1c  Thyroid function tests  Clotting  HBV/HCV/HIV status | | | |
| **Additional Clinical Information/referral letter**  **If this case has been discussed with the secondary care clinical team, please specify with whom, when and advice given:** | | | | | | | |
|  | | | | | | | |
| **Clinical performance status guide** | | | | | | | |
| **WHO Performance Status** | | | | | | | |
| WHO performance status and if patient is 65 years or over or frail a Clinical Frailty (Rockwood) scale is requested. Please involve your patient in this assessment. | | | | | | | |
| 0. Able to carry out normal activity without restriction  1. Restricted in strenuous activity but ambulatory and able to carry out light work  2. Ambulatory and capable of all self-care but unable to carry out any work activities; up  and about more than 50% of waking hours  3. Symptomatic and in a chair or in bed for greater that 50% of the day but not  bedridden  4. Completely disabled; cannot carry out any self-care; totally confined to bed or chair | | | | | | | |
| **Rockwood Clinical Frailty Score** | | | | | | | |
| **1. VERY FIT** – People who are robust, active, energetic and motivated. These people commonly exercise and are among the fittest people for their age. | | | | | | | |
| **2. WELL** – People who have had no active disease symptoms but are less fit than category 1. Often they exercise or are very active occasionally, e.g. seasonally. | | | | | | | |
| **3. MANAGING WELL** – People whose medical problems are well controlled but are not regularly active beyond routine walking. | | | | | | | |
| **4. VULNERABLE** – While not dependant on others for daily help, often symptoms limit activities. A common complaint is being “slowed” up, and/or being tired during the day. | | | | | | | |
| **5. MILDLY FRAIL** – These people often have more evident slowing and need help in high order IADLs, finances, transportation, heavy housework, medications). Typically; mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework. | | | | | | | |
| **6. MODERATELY FRAIL** – People need help with all outside activities and with keeping house. Inside they often have problems with stairs and need help with bathing and might need minimal assistance (cuing, standby) with dressing. | | | | | | | |
| **7. SEVERELY FRAIL** – Completely dependent for personal care, from whatever cause (physical or cognitive) even so, they seem stable and not at risk of dying (within 6 months) | | | | | | | |
| **8. VERY SEVERELY FRAIL** – Completely dependent approaching end of life, typically they could not recover even from a minor illness. | | | | | | | |
| **9. TERMINALLY ILL** – Approaching the end of life, this category applies to people with a life expectance < 6 months who are not otherwise evidently frail. | | | | | | | |

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

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