NHS
Kent and Medway
Cancer Alliance

Non-Specific Symptoms (NSS) Suspected Cancer e-Referral Form

PATIENT DETAILS				
Surname:			First Name:	
D.O.B:			Gender:	
Age:			NHS No:	
Address: Post code:				
Home Tel:			Mobile:	
Other Tel:			Other Tel Name:	
Interpreter required?	Yes ☐	No ☐	First Language:	

GP DETAILS	
Name:	
Code:	
Address:	
Post code:	
Tel No:	
E-mail:	

Clinical Information. ***This pathway is for patients where there is a suspicion of malignancy. Please give us as much information as you can about why you are suspecting cancer in this patient. This prevents delays and helps hugely in focussing our investigations.***

For Elderly, Frail Patients please consider if a frailty pathway is more appropriate: (e.g. Rockwood score 4/5 or greater)
Please also let us know if a patient with cognitive impairment has a Lasting Power of Attorney and the details of this person …… **It would also be very helpful to have Next of Kin Details:** ……

Is the patient suitable for an NSS referral? Please use the following flow-chart to help you decide….

Is the patient currently receiving anti-cancer treatment?

No ↓

Yes → Please refer to managing oncologist

Is the patient already under investigation for a suspected malignancy (i.e. as a 2 week wait referral)?

No ↓

Yes → Please await outcome / results of investigations

Does the patient have a history of malignancy that is currently under surveillance by a specialist?

No ↓

Yes → Please refer to managing specialist

Does the patient have a clear, site-specific symptom (e.g. a breast lump)

No ↓

Yes → Please make a 2WW / urgent suspected cancer referral to the relevant specialty

Please indicate which of the NSS referral criteria (below) has been met to make a referral…..

PATIENT ENGAGEMENT AND AVAILABILITY		
I confirm the following: I have discussed the possibility that the diagnosis may be cancer; I have provided the patient with an urgent suspected cancer (2 week wait) referral leaflet and advised the patient they will need to attend an appointment within the next two weeks		
GP Name:		Date of decision to refer (dd/mm/yy):
GP Email:		If you are willing to give us an email address to contact, you if we have further questions about this patient that would be so helpful.

PRE-REFERRAL TESTS				
NOTE: Please ensure that ALL relevant NSS tests listed below are undertaken and reviewed prior to referral, to avoid delays & misdirection of care. For ease of requesting all tests, please use the NSS bundle available on ICE or DART OCM				
FBC, haematinics (including ferritin), LFTs, U&E with e-GFR,TFTs, Bone profile, Coeliac screen, HBA1C, CRP	Yes ☐		Results attached	Yes ☐
Q-FIT (Quantitative Faecal Immunochemical Test	Yes ☐		Results attached	Yes ☐
Clotting (for lymphadenopathy)	Yes ☐		Results attached	Yes ☐
Myeloma screen	Yes ☐		Results attached	Yes ☐
PSA (if applicable)	Yes ☐		Results attached	Yes ☐
CA- 125 (if applicable)	Yes ☐		Results attached	Yes ☐
HIV or TB (if applicable)	Yes ☐		Results attached	Yes ☐

REFERRAL CRITERIA

Refer adults using a suspected cancer referral (for an appointment within 2 weeks) for non-site-specific (NSS) symptoms if:

☐The patient has new unexplained and unintentional weight loss (either documented >5% in 3 months OR with strong clinical suspicion) **or**

☐The patient has new unexplained constitutional symptoms of four weeks or more (less if very significant concern). Symptoms include loss of appetite, fatigue, nausea, malaise, bloating **or**

☐The patient has new unexplained vague abdominal pain of four weeks or more (with a negative qFIT) **or**

☐The patient has new unexplained, unexpected or progressive pain, including bone pain of four weeks or more, not obviously attributable to a benign cause **or**

☐The GP "gut feeling" of cancer diagnosis- please fully describe the reasons in the 'clinical information' box below **or**

☐The patient has new or worsening anaemia of unknown cause **or**

☐The patient has a platelet count of >400 – (male) on at least 2 occasions **or**

☐The patient has a platelet count of >450 – (female) on at least 2 occasions **or**

☐ The patient aged 40 or over has a first unprovoked DVT/PE but no site-specific signs and symptoms of cancer warranting an urgent (2 week wait) suspected cancer referral (as indicated by NICE guidance, NG12) based on Primary Care assessment **or**

For Trust reference only: Patients meeting the above referral criteria are to be triaged to the Non-specific symptoms (NSS) pathway]

☐The patient has abnormal radiology suggesting cancer; not needing admission and not suitable for an existing site-specific urgent (2 week wait) suspected cancer referral

[For Trust reference only: Patients meeting the above referral criterion are to be triaged to the Malignancy of Unknown Origin (MUO) pathway]

☐The patient is aged 18+ with unexplained lymphadenopathy **below** the clavicle (please consider a 2 week wait breast referral for patients with **solitary** axillary lymphadenopathy, as indicated by NICE guidance, NG12)

[For Trust reference only: Patients meeting the above referral criterion are to be triaged to the Rapid Lymphadenopathy Service (RLS) pathway]

PATIENT'S WHO PERFORMANCE STATUS		
☐	0	Able to carry on all normal activity without restriction
☐	1	Restricted in physically strenuous activity but able to walk and do light work
☐	2	Ambulatory and capable of all self-care but unable to carry out any work activities; up and about more than 50% waking hours
☐	3	Symptomatic and in a chair or in a bed for greater than 50% of the day but not bedridden
☐	4	Completely disabled; cannot carry out any self-care; totally confined to bed or chair
☐ Yes ☐ No	5	Is a hoist required to examine the patient?

Weight History

Current Weight:

Previous Weights:

ADDITIONAL GP GUIDANCE	
NOTE: If significantly compromised by other co-morbidities or with limited life expectancy consider a discussion with the patient and carer regarding whether investigation is necessary	
PATIENT CLINICAL INFORMATION FROM MERGED GP ELECTRONIC RECORDS	
Allergies:	
Active Problems:	
Investigations:	
Significant history:	
Current medication:	
Repeat medication:	