

Suspected Cancer Referral Policy

Document Details		
Title	Suspected Cancer Referral Policy (Previously known as 2WW)	
Main points	Guidelines for referrals relating to possible cancer diagnosis	
Who is the document aimed at?	GPs and administrators that deal with referrals	
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1	Dec 2021	Updated broken links
2	July 2023	Amended name of policy – in line with change of referral forms etc. & updated broken link
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Introduction

Suspected Cancer Referrals (previously known as 2WW) are used for any suspected cancer in order to ensure that the symptoms of cancer are investigated within 2 weeks of presentation by the acute hospital trust.

Suspected Cancer referral systems vary by local area, and also by hospital trust. All Hope Citadel Healthcare Practices operate within the Greater Manchester footprint and at present with the hospital reconfiguration these referral pathways are changing rapidly. Practice staff are asked to be mindful of these changes and to ensure that communications regarding these pathway changes are disseminated and implemented.

The most recent cancer guidelines are now based on symptoms. The desk easel cancer toolkit can be accessed by GPs and ANPs. It is produced by the RCGP in collaboration with Cancer Research UK and MacMillian.

The full desk easel can be accessed here:

http://www.cancerresearchuk.org/sites/default/files/nice_desk_easel_final_interactive_version.pdf

The front page looks like this:

NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL – SYMPTOM DESK EASEL

This resource summarises NICE's 2015 referral guidelines for suspected cancer (NG12).
The information in this summary is correct to the best of our knowledge but does not replace clinical judgement.
The full guidelines can be found here: <https://www.nice.org.uk/guidance/ng12>
If you have any feedback or want more information please contact earlydiagnosis@cancer.org.uk or visit our webpage <http://bit.ly/1QIV6U0>
Please note, pathways may differ due to local variation in commissioned services.

- Abdominal symptoms
- Bleeding symptoms
- Gynaecological / urological symptoms
- Lumps and lymphadenopathy
- Neurological / skeletal / pain symptoms
- Respiratory symptoms
- Skin / surface symptoms
- Investigation findings
- Non-specific symptoms
- Children and young people
- Safety netting summary

KEY

A:	Raised	DVT:	Deep vein thrombosis	N/V:	Nausea/vomiting
2ww:	2 week wait	ESR/PV:	Erythrocyte sedimentation rate or plasma viscosity	OGD:	Upper GI endoscopy
40+:	40 and over etc	FBC:	Full blood count	PSA:	Prostate specific antigen
BCC:	Basal cell carcinoma	FOBt:	Test for occult blood in faeces	SCC:	Squamous cell carcinoma
BJP:	Bence-Jones protein urine test	GOR:	Gastro-oesophageal reflux	SOB:	Shortness of breath
CXR:	Chest X-ray	IDA:	Iron-deficiency anaemia	USS:	Ultrasound scan
DRE:	Digital rectal examination	LUTS:	Lower urinary tract symptoms	WBC:	White blood cell

June 2016

RCGP Royal College of General Practitioners | CANCER RESEARCH UK

Referrals

Generally, Suspected Cancer referrals are embedded as templates in the EMIS programme. Please note that all information must be completed for the referral to be successful in the system. If a clinician is still waiting for test results for the patient, they must not delay the Suspected Cancer referral, but rather send the results on to the booking department once they are available.

Suspected Cancer referral templates should be completed by the referring clinician and not the administration team. This is to ensure all relevant clinical information is completed on the form before sending. Clinicians should then notify the administration team of the referral as an urgent notification, this should be done as a task through EMIS Web marked urgent so this is picked up as soon as possible.

Acknowledgment that the Suspected Cancer referral has been received needs to be gained and all Suspected Cancer referrals should be tracked at practice level by administration staff. All Suspected Cancer referrals should be processed electronically and must be both completed and sent to the booking system on the same day as the patient attends the practice.

Administration staff must audit weekly 2ww referrals and ensure that appointments at the hospital are allocated and patients are aware of when these are. If appointments are not issued, practice administration teams are to chase the departments directly. Any delay is to be tracked in the Raising Awareness process. Occasions when referrals are rejected by booking systems are to be recorded in the Raising Awareness process and root cause analysis undertaken regarding the rejection. Vulnerable patients are to be supported through focused care if clinicians feel there is a high chance of non-attendance.

All GM areas now have access to Cancer of Unknown Primary clinics and clinicians are encouraged to use this pathway if needed. The pathway encourages clinicians to undertake basic blood testing and chest x-rays alongside full and thorough examination. Clinicians are expected to complete these requirements.

Improving outcomes for cancer is a priority of NHS England and GM Health and Social Care partnerships and this policy sits within a wider piece of work. Improving cancer care and outcomes is a topic that is returned to at the annual doctors teaching day where all clinicians are expected to present an interesting cancer case to their peer group where peer lead reflection will take place. New and delayed diagnosis of cancer are to be discussed at practice meetings and delayed diagnosis is to be raised as a significant event.

Other resources

RCGP Primary Care Cancer Website

[Primary care cancer toolkit: Introduction \(rcgp.org.uk\)](https://www.rcgp.org.uk/primary-care-cancer-toolkit-introduction)

Macmillan GP support professional resources

<https://www.macmillan.org.uk/about-us/health-professionals/resources/resources-for-gps.html#300562>

10 top tips ovarian cancer

<https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/ten-tips-primary-care-early-diagnosis-of-ovarian-cancer>

10 top tips haematuria

<https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/ten-tips-primary-care-haematuria>

10 top tip pancreatic cancer

<https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/ten-tips-primary-care-early-diagnosis-of-pancreatic-cancer>

Rapid referral guidelines

<https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/rapid-referral-guidelines>