



Changes to referral forms following COVID-19 and during recovery

The following changes were agreed at the London Clinical Advisory Group

Changes to all forms:

1. All forms are now compatible with both Read codes and SNOMED codes
2. Test results from past 6 months are now automatically populated (previous range was 3 months).
3. Indication of the patient's risk of severe COVID-19 has been removed as a required field [this was added temporarily during the first wave of the COVID-19 pandemic]. Referrers can still record this if necessary, via the 'additional clinical information' box.
4. Telephone icons removed from all forms 

Haematology

- The new Haematology urgent suspected cancer referral form includes an option to refer via the 2WW e-RS process for **urgent haemato-oncology advice** (within 48 working hours). Feedback from specialists across London is that many 2WW haematology referrals may require further blood tests pre-clinical triage, a routine appointment, or simple reassurance, rather than an urgent face to face appointment. The urgent advice option allows these patients to be identified and managed better. Any patients referred for advice who the haematologist think needs an urgent appointment will have this arranged by the hospital team via the usual 2WW processes. **It is vitally important that GPs include a personal contact number ideally a personal mobile on which the haematologist can contact them directly within the agreed timescale, as necessary.**

GPs may still choose to use existing local advice and guidance systems for obtaining advice but the 2WW referral option guarantees:

- A response within 48 working hours (as currently not all advice systems deliver this).
- Advice from a haemato-oncologist rather than a general haematologist.
- A specialist with knowledge of local hospital services and booking processes.

Please only use the 2WW form to obtain advice on cases where there is a significant concern about possible haematological cancer.

- "Platelets <20 and actively bleeding" added to list of symptoms which should trigger immediate emergency referral (i.e. not a 2WW).
- Symptoms which should trigger offer of an urgent blood test within 48 hours included on form. Namely, unexplained bruising; age >40 with >6 weeks of bone pain; age >40 with unexplained fracture; age >40 with back pain AND 'red flag' symptoms.
- Updated Leukaemia, Myeloma, and Lymphoma signs and symptoms.
- Addition of option to request urgent advice from haemato-oncology (within 48 hours).

Lower GI

For patients with bowel symptoms who are both low and high risk, the GP should arrange a FIT before considering referral to secondary care, apart from patients who have anal or rectal mass, or anal ulceration. Refer all patients with FIT \geq 10 via 2WW referral. Refer patients with FIT<10 according to clinical judgment and local policy, this may be via urgent or routine colorectal or gastroenterology referral, or to local RDC.

Urology

Changes were made to the Urology referral criteria for prostate cancer for a short period, but these have now reverted to pre-Covid referral criteria.

Lung



2ww referrals should be made on the basis of an abnormal chest x-ray (in line with NG12) or, in patients who are 40 and over with haemoptysis, directly without waiting for a chest x-ray. However, a request for a chest x-ray should be made at the point of referral in these cases.

Historically, London agreed to allow 2ww referrals to be sent into secondary care without a chest x ray (but with high clinical concerns of cancer) due to a BJGP 2006 study that showed that 23% of lung cancer patients had a chest x-ray which was reported as normal 1 year prior to diagnosis. However, London has now agreed to revert to NG12 guidance.

Breast

The referral form was changed to separate the symptomatic breast (who need to be seen within 2 weeks – but cancer not suspected), and the suspected breast cancer referral criteria using a tick box. The form also specifies that assessments (telephone appointment) will take place before the patient is seen and educational information for women experiencing breast pain has been added to the form.

Upper GI

Changes have been made to the Pan London Suspected Upper GI Cancer Referral Form in response to the National Upper GI Timed Pathway Guidance released in April 2019 and feedback received from primary and secondary care clinicians.

The following statement on haematemesis has been added to the Educational Guide Information:

PATIENTS WITH ACUTE OR SIGNIFICANT HAEMATEMESIS SHOULD BE REFERRED FOR AN IMMEDIATE ASSESSMENT FOR STABILISATION/RESUSCITATION IF REQUIRED. CONSIDER REFERRAL FOR AN IMMEDIATE ASSESSMENT IN PATIENTS WITH JAUNDICE.

The Haematemesis statement has been removed from the Reason for Suspected Cancer Referral Box because it is duplicated within the [Upper GI educational guide](#) linked to the referral form.

Symptom criteria have now been included under each tumour site, removing the original urgent direct access diagnostics test boxes under each tumour site.

In line with the National Timed Pathway, the straight to test (STT) box, anticoagulant status and reason for this has been added to the referral form under the STT box.

Previous gastroscopy results (within 12 months) has been added under clinically specific automatic tabulated data.

All the updated referral forms and patient information can be found via the HLP webpage:

<https://www.healthylondon.org/suspected-cancer-referrals/>