

Date: 30 November 2012

Dear Doctor

Referral Guidance for Suspected Cancer and the Process for Amending the Prioritisation of GP Suspected Cancer Referrals

I wish to advise you of two important developments in how suspect cancer referrals from primary care will be dealt with:

- Firstly, a new process for the management of 'red flag' suspect cancer referrals has been developed for use by Trusts across Northern Ireland from 3 December 2012
- Secondly, the NICE Referral Criteria for Suspect Cancer will now be applicable in Northern Ireland (replacing the 2007 NICA Regional Suspect Cancer Referral Guidance).

In regards to the management of suspect cancer 'red flag' referrals regional guidance has been agreed and is attached at Appendix A. The HSCB and Public Health Agency developed the guidance in

response to feedback from GPs and Primary Care Partnership (PCP) Leads alerting the Board to variation in practice in the processing of red flag referrals across the region and a reported lack of formal communication to GPs when referrals are downgraded. The guidance was developed in conjunction with Trusts and Primary Care and following discussion with PCPs and NIGPC.

While it has not at this juncture been possible to accommodate all the suggestions for inclusion received from primary care practitioners, the Board will progress further work with Trusts and Primary Care to specify the communication arrangements in regard to the implementation of the suspected cancer referral guidance. In taking this forward, opportunities to maximise the use of information technology will be fully explored. The Board intends this work to be completed by the end of January 2013.

The guidance permits those undertaking the clinical triaging within Trusts, which will be consultants or staff grades, to amend the priority of the referrals on the strict proviso that they only amend the priority where:

- (i) insufficient information is contained within the referral
or
- (ii) the information supplied does not confirm that the patient meets the NICE Referral Guidance for Suspect Cancer

Referrals which have had their prioritisation amended will be moved to the urgent or routine pathway as appropriate based on clinical

information contained within the referral letter. It has been agreed that the referring GP will be notified of any amended prioritisation within five working days.

In the event that you receive a letter advising that a referral has been downgraded but have additional information, for example results of investigations or blood tests which were not available at the time of original referral, you will need to provide an update to the original referral or, if preferred, submit a new red flag referral. It would assist in the process where this is identified as a previously downgraded referral.

The Referral Guidance for Suspect Cancer is enclosed and we would encourage you to refer to this guidance when making a red flag referral for any patient requiring investigation for suspected cancer. A laminated copy will be issued separately. This material has been sourced from NICE referral guidelines (2005). Please note the previous 2007 NICaN laminated Guidelines should now be disposed of. Each of the five Trusts will be working locally with the LCGs and GPs to provide education and training events in the upcoming months.

Copies of the guidance are available from the following websites:

http://primarycare.hscni.net/pdf/Northern_Ireland_Referral_Guidance_for_Suspected_Cancer_Dec12.pdf

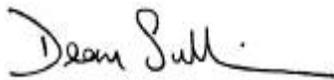
<http://www.cancerni.net/networkservices/networkproductsandresources/referralguidanceforsuspectedcancer>

<http://publications.nice.org.uk/referral-guidelines-for-suspected-cancer-cg27>

This guidance will be effective from 3 December 2012. The implementation of the guidance within Trusts will be closely monitored by HSCB.

Please contact Beth Malloy, Assistant Director, Scheduled Care Service Improvement, HSCB, on beth.malloy@hscni.net if you require further clarification in relation to the implementation of the guidance.

Yours sincerely

A handwritten signature in black ink that reads "Dean Sullivan". The signature is written in a cursive style with a long horizontal stroke at the end.

Dean Sullivan
Director of Commissioning

Cc

Dr M O'Brien
Beth Malloy

APPENDIX A

Guidance for Amending the Status of a Red Flag Referral

1. No red flag referral will be downgraded where it demonstrates that it meets NICE referral guidance for suspected cancers.
2. Reprioritisation will be at the discretion of the triaging team (Consultant or Senior Grade Doctor), but will be for those cases, where on careful reading of the patient's medical history and symptoms detailed in the referral, the indication is that the patient is not appropriate for the red flag pathway (or insufficient detail is provided in the referral to show compliance with the guidance).
3. Triaging of referrals will take place on the basis of the information provided in the referral form either on hard copy or electronically.
4. Triaging will take place in a timely manner, within 72 hours of receipt of referral or the referral should continue with the GP Prioritisation
5. Trusts will be responsible for recording the individual clinician completing the triage
6. Clear written communication will be issued to the GP/referrer in respect to any downgrading within 5 working days of receipt of referral. This will include contact details for the Trust Team should the GP be concerned or wish to provide additional information.
7. If the referral is downgraded the proforma or letter back to the referrer will include as a minimum:
 - The patient has been downgraded
 - The letter will be clearly headed – 'RED FLAG' SUSPECTED CANCER DOWNGRADE
 - The pathway on which the patient is now being seen, either urgent or routine
 - Contact details in the Trust should the GP be concerned, and have additional information not already provided
 - A link to the NICE referral criteria
8. If the referrer continues to be concerned about the patient then he/she should provide additional information in the form of a referral letter to the Trust Appointments Office. This could be the original referral with the additional information included. It would assist in the triage process if the GP/referrer identified that the patient has previously been downgraded.
9. The GP could issue the referral electronically to ensure receipt by the Trust.
10. The Trust will continue to appoint the patient according to the proposed reprioritisation (routine or urgent). It is expected that in line with the partial booking appointments process, the patient will be notified 6 weeks prior to their appointment date.
11. In order to avoid any confusion in relation to the process, and the potential duplication of correspondence to the patient, it is expected the appointments process will act as the formal notification to the patient.