

# Health Service Circular



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*sets out a specific action on the part of the recipient with a deadline where appropriate*

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## CANCER REFERRAL GUIDELINES

### *Referral Guidelines for Suspected Cancer*

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**For action by:** Health Authorities (England) - Chief Executive  
NHS Trusts - Chief Executives  
Lead Cancer Clinicians NHS Trusts  
Lead Cancer Nurses NHS Trusts  
Chief Executives Primary Care Groups  
GPs

**For information to:** Community Health Councils, Chief Officers

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It is also available on the Department of Health web site at  
<http://www.doh.gov.uk/coinh.htm>

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# CANCER REFERRAL GUIDELINES

## *Referral Guidelines for Suspected Cancer*

### **Summary**

The attached cancer referral guidelines are issued to help Health Authorities, Primary Care Groups/Trusts, GPs and NHS Trusts agree local referral criteria and referral procedures to enable those patients who might have cancer and who require an urgent specialist appointment to be seen within two weeks of their GP requesting an appointment.

### **Action**

- ❖ GPs should use the referral guidelines to help them identify and refer urgently those patients who may have cancer and require a specialist appointment within two weeks
- ❖ Health Authorities should ensure that the referral guidelines are widely disseminated across the local health economy, and local referral criteria and patient referral procedures based on the guidelines are agreed between NHS Trusts and PCGs/PCTs
- ❖ NHS Trusts should monitor and feed back to Health Authorities, PCGs/PCTs and individual GPs:
  - the number of patients referred urgently for each tumour group;
  - the proportion of urgent referrals found to have cancer;
  - the number of non-urgent referrals subsequently found to have cancer
- ❖ Using this information NHS Trusts with PCGs/PCTs should also develop clinical audit arrangements to feed back information to referring GPs on the appropriateness of their referrals.

## Background

1. The attached cancer referral guidelines have been developed by a national steering group chaired by the National Cancer Director, Professor Mike Richards. Twelve tumour specific working parties, each chaired by an expert for that tumour, made recommendations on those patients who would need to be referred urgently and seen within two weeks. The recommendations will also help the GP to identify those patients who require a routine referral to hospital, and help to reassure patients who are unlikely to have cancer, and who can be appropriately observed in a primary care setting. The guidelines have been consulted upon in draft and have been amended in light of the comments received.
2. Delivery of the two week cancer outpatient waiting time standard is identified as a priority in the National Priorities Guidance 2000/01 to 2002/3. Since April 1999, arrangements have been in place for women referred urgently with suspected breast cancer to be seen within 2 weeks and the NHS continues to make significant progress in providing this standard of care.
3. From April 2000, the two week standard will be rolled out for all suspected cancers referred urgently for specialist investigation:

April 2000	Childrens's cancers, Lung cancer and Leukaemia
July 2000	Cancers of the Upper and Lower Gastro-Intestinal Tract (eg colorectal, stomach , oesophagus)
October 2000	Gynaecological cancers, Cancers of the Skin (melanoma and squamous cell carcinoma) , Brain and Central Nervous System
December 2000	Urological cancers, Cancers of the Head and Neck, Sarcomas and Haematological cancers (excluding leukaemia).
4. Although cancer is a common problem with over 220,000 new cases diagnosed annually in England and Wales, an individual GP is unlikely to see more than 8 or 9 new cases in a year. That is why
  - **The referral guidelines need to be supported nationally and locally to encourage their use. Robust referral criteria and pathways need to be in place locally to enable urgent cases to be identified quickly and referred appropriately.**

Health Authorities will have the responsibility of working with NHS Trusts and PCGs/PCTs to ensure that a communication and education programme is in place to enable the guidelines to be fully disseminated within the local health economy and referral criteria and local referral pathways agreed.

- **NHS Trusts will need to have arrangements in place to ensure that urgent referrals are dealt with without delay to enable an appointment to be offered to the patient within 2 weeks. Monitoring and clinical audit arrangements are vital to ensure the quality of the service, and to feed back information on the appropriateness and timeliness of referrals to GPs via PCG/PCTs.**

Hospital clinicians will need to audit the appropriateness of the referral against the agreed referral criteria, and to feed back information to PCGs/PCTs and referring GPs. NHS Trusts will also need to monitor the number of patients referred as urgent, the proportion of urgent referrals who are subsequently found to have cancer, and the numbers of routine referrals who are found to have cancer. Careful monitoring of the guidelines in practice will enable them to be revised in the future.

## **Distribution**

5. A copy of the cancer referral guidelines can also be found on the NHSWeb at <http://nww.doh.nhsweb.nhs.uk/cancer> and the internet at <http://www.doh.gov.uk/cancer>. Suggested referral pro forma can be found on <http://www.doh.gov.uk/cancer/proforma>.

*This Circular has been issued by:*

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