[**TOP TIPS**](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2024/10/Top-Tips-Suspected-Upper-GI-Cancer-Referrals.pdf)  
**Upper GI urgent referrals**

**Pan London URGENT Suspected UPPER GI Cancer Referral Form**

**Referral should be sent via e-RS with this form attached within 24 hours**

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| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| Referral date: «SYSTEM\_Date» | NHS number: «PATIENT\_Current\_NHS\_Number» |
| Patient’s hospital of choice: [     ] [click here to access the hospitals directory](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/cancer-earlier-diagnosis/urgent-cancer-referrals/hospital-directory/) | |

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| 1. **REASON FOR REFERRAL – ESSENTIAL**   *See* [Pan London Suspected Upper GI Cancer Referral Guide](https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2024/10/USC-Upper-GI-cancer-clinical-guide.pdf) |
| ***Please record below the history and findings on physical examination and why you feel the patient may have cancer:*** |
| 1. **SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL** |
| **Criteria for urgent referral suspected OESOPHAGUS/STOMACH CANCER:** |
| Gastrointestinal endoscopy suggestive of oesophageal or stomach cancer ***Please include report***  Dysphagia  Upper abdominal mass consistent with stomach cancer  **Age ≥50 with weight loss AND any one of the following (please record which):**  Reflux  Upper abdominal pain  Dyspepsia |
| **Criteria for urgent referral suspected PANCREAS, LIVER, GALLBLADDER CANCER:** |
| Abdominal CT/MRI/ultrasound scan suggestive of pancreatic, liver or gallbladder cancer  Age ≥ 40 with jaundice  Upper abdominal mass consistent with an enlarged liver  Upper abdominal mass consistent with an enlarged gall bladder  **Age ≥50 with weight loss AND any one of the following (please record which):**  Abdominal pain  Back pain  New onset / rapidly worsening diabetes  Diarrhoea  Vomiting  Nausea  Constipation  ***Consider arranging URGENT DIRECT ACCESS CT ABDOMEN / PANCREAS if patient meets criteria above.*** |
| **Criteria for urgent referral OTHER:** |
| Referral is due to clinical concerns that do not meet above criteria – **please provide full details in Section 1.**  ***If the patient does not meet any specific criteria above, please consider the following alternatives:***  *• Obtain Advice and Guidance from specialist • Refer for non-urgent upper GI endoscopy  • Refer to local* [*RDC/NSS Service*](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/cancer-earlier-diagnosis/urgent-cancer-referrals/rapid-diagnostic-centres/) *if you are unclear on potential tumour site (link for more information)* |

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| 1. **SUITABILITY FOR STRAIGHT TO TEST UPPER GI ENDOSCOPY/CT PATHWAY – ESSENTIAL**   *Please note some areas may book patients directly to Trans Nasal endoscopy (unsedated)* | |
| **Renal function (within 3 months)**  Yes  No  Patient is on **anticoagulant or antiplatelet agents (except aspirin)**  Yes  No  Patient has had **previous nasal surgery, deviated septum or nasal polyps**  Yes  No  Previous **gastrointestinal investigations (endoscopy/CT) in last 12 months**  Yes  No ***If Yes pls attach reports***  Patient is **suitable for telephone triage**  Yes  No ***If not suitable please include reasons in the box Sec 4 below*** | |
| 1. **INFORMATION FOR HOSPITAL ASSESSMENT – ESSENTIAL** | |
| **WHO Performance status** | |
| **0** Fully active  **1** Restricted physically but ambulatory and able to carry out light work  **2** Ambulatory more than 50% of waking hours; able to carry out self-care  **3** Limited self-care; confined to bed or chair more than 50% of waking hours  **4** Completely disabled; cannot carry out any self-care. The patient is totally confined to bed or chair | |
| **Other access needs-** *please detail per the selected options in the field below* | |
| Interpreter required If Yes, Language:  Transport required  Wheelchair access required | Cognitive impairment including dementia  Learning disability ([see London LD contacts](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/learning-disabilities/publications/))  Mental health issues that may impact on engagement  SMI |
| Details of learning disabilities, access needs and reasonable adjustments: | |

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| 1. **ADDITIONAL IMPORTANT CLINICAL INFORMATION** |
| Past history of cancer: |
| Relevant family history of cancer: |
| Safeguarding concerns: |
| Anticoagulant status and reason: |
| Other relevant information about patient’s circumstances: |
| Patient referred/previously investigated for similar symptoms at other hospital/service?  No  Yes, please give details: |

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| I have discussed the **possible diagnosis of cancer** with the patient [(Patient Information Resources)](https://www.england.nhs.uk/london/london-clinical-networks/our-networks/cancer-earlier-diagnosis/patient-information-resources/) |
| I confirm patient will be **available over the next 28 days to attend all appointments and tests required for assessment** |
| The patient has been advised the hospital caremay contact them **by telephone** or **invited** **directly for investigation** |
| Patient added to the practice **safety-netting system** and practice will review by DDMMYY *(manual entry)* |

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| 1. **REFERRER DETAILS** | |
| Usual GP name: «PATIENT\_Usual\_GP» | Referring clinician: «REFERRAL\_Clinician» |
| Practice code: | Practice address: «PRACTICE\_House» «PRACTICE\_Road», «PRACTICE\_Locality», «PRACTICE\_Town», «PRACTICE\_Postcode» |
| Practice name: «PRACTICE\_Name» | Email: |
| Main Tel: «PRACTICE\_Main\_Comm\_No» | Practice bypass numbers can be found using the [NHS Service Finder website](https://servicefinder.nhs.uk/) |

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| 1. **PATIENT DETAILS** | |
| Surname: «PATIENT\_Surname» | First name: «PATIENT\_Forename1» |
| NHS number: «PATIENT\_Current\_NHS\_Number» | Title: «PATIENT\_Title» |
| Gender on NHS record: «PATIENT\_Sex» | Gender Identity:       ***(manual entry)*** |
| Ethnicity: | |
| DOB: «PATIENT\_Date\_of\_Birth» | Age: «PATIENT\_Age» |
| Patient address: «PATIENT\_House» «PATIENT\_Road», «PATIENT\_Locality», «PATIENT\_Town», «PATIENT\_Postcode» | |
| Daytime contact Tel: **Work:** «PATIENT\_Main\_Comm\_No» **Home**: «PATIENT\_Alt\_Comm\_No» **Mobile:** «PATIENT\_Mobile\_No» | |
| Email: | |
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| **Carer/ key worker details:** | |
| Name: | Contact Tel: |
| Relationship to patient: |  |

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| 1. **CONSULTATIONS, PAST MEDICAL HISTORY, MEDICATIONS AND INVESTIGATIONS** |
| ***Please note: You will need to add pending test results, requests and relevant excluded medical history (e.g. trans history, sexual health, private patients) manually in the text boxes below.*** |
| Consultations:  «CURRENT\_CONSULTATION» |
| Medical history:  «MEDICAL\_HISTORY» |
| Medication:  «REPEATS» |
| Allergies:  «DRUG\_ALLERGY» |
| Endoscopy history (3 years): Date:        Location: |
| Imaging studies (in the past 12 months): Date:        Location: |
| Test results pending (type of investigation) :       Trust / Organisation:       Date: |
| All Values and Investigations (in the past 6 months): |
| BMI (latest):  «PATIENT\_BMI» | |
| Weight (last three):  «PATIENT\_Weight» | |
| Blood Pressure (latest):  «PATIENT\_BP» | |
| Safeguarding history: |
| Learning disability: |
| Use of wheelchair: |
| Accessible Information Needs (AIS): |

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| *The content of these forms will be reviewed as part of regular cancer auditing.*  *Contact* [England.TCSTLondon@nhs.net](mailto:England.TCSTLondon@nhs.net) *to report any issues with this form.*  *DO NOT send referral forms with patient identifiable information to this email address.* |