**Suspected ENT Head & Neck Cancer Referral Form**

**(Use Oral & Maxillo-Facial Surgery H&N Suspected Cancer Referral Form for lesions of oral cavity and tongue – please note referral to incorrect service will cause delays in patient pathway)**

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| **GP or GDP Details** | **Patient Details** |
| Name:  |       | Name:  |       |
| Address: |       | Address:  |       |
| Email: |       | Email:  |       | ***Confirm patient consent to email*** |
| Tel No.: |       | Tel No. (home):  |       | ***Please verify these are current and working*** |
|  | Tel No. (work):  |       |
| Decision to Refer Date:  |       | Tel No. (mobile):  |       |
| Translator Required? | Yes [ ]  No [ ]  | NHS No.:  |       | DoB:  |       |
| Language? |       | Hospital No.:  |       | Gender:  |       |
| Performance Status (WHO)[ ]  0 - Able to carry out all normal activities without restriction[ ]  1 - Restricted in physically strenuous activity but able to walk and do light work[ ]  2 - Able to walk and capable of all self-care. Up and about more than 50% of waking hours[ ]  3 - Capable of only limited self-care, confined to bed or chair more than 50% of waking hours[ ]  4 - Completely disabled. Cannot carry out any self-care. Totally confined to bed or chair |
| Before referring you must confirm the patient is available over the next 2 weeks and will accept an appointment Otherwise, make referral when they are available within 2 weeks of referralMost will be sent a face-to-face appointment, but some may be more appropriate for telephone assessment which may occur unannounced - telephone calls from the hospital should be expected and not ignored |
| **Please tick if you have seen this patient in your surgery prior to making this cancer referral** [ ]  |

# ALL PATIENTS MUST HAVE eGFR and THYROID FUNCTION TESTS DONE BEFORE INVESTIGATING SO IF THIS CAN BE DONE AT TIME OF REFERRAL THIS WILL EXPEDITE INVESTIGASTIONS FOR THE PATIENT.

# Referral to this service is taken as confirmation that you are aware of the following before completing referral details on next page:

# Many suspected cancer referrals to ENT have low risk symptoms that do not meet NICE criteria

# Inappropriate use of suspected cancer ENT referrals delays the pathway for patients most in need, and causes unnecessary anxiety for patients with low-risk symptoms

# Please use this form to refer patients for urgent assessment where neck/throat symptoms do not meet suspected cancer criteria - patients will be seen within 4 weeks – if cancer is suspected or detected at that point, cases will be appropriately prioritised

# Ear and nose referrals do not fulfil suspected cancer criteria – please use ENT Advice & Guidance to discuss and agree prioritisation of referral with rhinology and otology subspecialty teams

# To manage patient expectation, be aware that referrals not meeting suspected cancer criteria will be vetted to advise whether an alternate referral pathway may be more appropriate

# In recent years, ENT suspected cancer referrals have increased by over 100% per year, without significant increase in cancers detected – this is unsustainable and a threat to service provision

**REFERRAL CRITERIA**

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| **Urgent throat symptoms assessment – We will aim to see within 4 weeks** **(Please note: having a combination of these low risk symptoms does not increase the risk)** Sensation of something in throat (globus sensation) [ ] Intermittent sore/painful throat [ ] Throat discomfort [ ]  (Odd throat sensations that are not painful - e.g. dry throat, scratchy feeling, gritty feeling, feeling of something in the throat, tightness, constriction, etc.)Tonsil asymmetry [ ]  (please send a photo if possible)Longstanding (1yr+) intermittent non-progressive hoarseness [ ] A patient booklet is available on the RMS website: [Throat symptoms patient information leaflet (cornwall.nhs.uk)](https://doclibrary-kccg.cornwall.nhs.uk/DocumentsLibrary/KernowCCG/WebDocuments/Internet/Communications/PatientInformationLeaflets/ThroatSymptomsPatientInformationLeaflet.pdf) |

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| **Suspected cancer referral criteria - ENT & Thyroid Cancer – We will see within 2 weeks***Please tick* ***all*** *that apply*Previously un-investigated, unexplained **palpable** lump in neck (includes thyroid, parotid & submandibular gland) [ ]  Has the patient recently had an Ultrasound Yes [ ]  No [ ]  , if yes, was an FNA performed? Yes [ ]  No [ ]  Patients referred with palpable neck lumps that require further assessment, may:* Have an ultrasound +/- FNA performed at the initial clinic appointment
* If same day ultrasound is not possible, this will be arranged as soon as possible
* Some patients may be referred direct to test based on vetting

Unexplained persistent (> 4wks ) sore or painful throat (especially with otalgia) [ ]  *(NOT for globus or throat discomfort – see box above)*Persistent (>3wks) unexplained hoarseness and age ≥45 years [ ]  |

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| **Clinical History:**       |
| **Clinical Examination:**       |

**Please attach additional clinical details to include:**

|  |  |
| --- | --- |
| Significant medical history |       |
| Co-morbidities |       |
| Current medication |       |
| Any other relevant information inc allergies |       |

**Attachments:** Letter [ ]  Medication List [ ]  Other [ ]

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| **Additional Information:*** All Isle of Scilly patients may be given a telephone assessment prior to any attendances for diagnostics.
* Macmillan rapid referral guidelines: <http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/PCCL/Rapidreferralguidelines.pdf>
* Suspected cancer: recognition and referral June 2015 NICE guidance: <http://www.nice.org.uk/guidance/ng12>
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