**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 referral  Most 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:**

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| 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> |