What Primary Care need to know – A Secondary Care Perspective

Improving Early Diagnosis of Cancer

Name of Consultant: Mr Said Mohamed
Name of ANP: Lisa Dryden
Specialist Area: Colorectal Surgery
Contact: 07970574397
Email: said.mohamed1@nhs.net

*************************************************************************

Signs & Symptoms (Red Flags, Vague symptoms, recurring symptoms)

- Follow the new Pan London forms paying particular attention to the following:
- Rectal bleeding mixed with motions
- Tenesmus
- Change in bowel habit
- “wet farts”
- Abdominal or anal mass
- Iron deficiency anaemia in otherwise well patient
- Feeling of fullness in the abdomen

2WW referral forms & key information needed

- Reason for referral – use free text for additional information
- Cognitive / mental state
- Performance state
- Language issues
- Any previous investigations for same symptoms
- Bloods inc FBC, U&E. If Iron deficient, please complete Iron studies including Ferritin.
- FIT Test if CIBH or Rectal bleeding.

GP Safety Netting Processes (conversations with patients, DNAs)

- Inform patient of referral onto a suspected cancer pathway
- Patient to be available at short notice for investigations for the next 28 days
- Referred via ERs with information attached for telephone triage
- Appointments for triage are booked in GP Practice and patient is aware of the appointment time before leaving.

Investigations & Diagnosis

- Bloods
- Colonoscopy
- CT Colonography (CTC)
- Flexible sigmoidoscopy
- Gastroscopy (OGD)
- CT scan of chest/abdomen/pelvis
- EUA + Biopsy
- Face to face OPA with Specialist Nurse or Colorectal consulting team.
Investigations – Virtual Clinics

- Further Investigations following result outcomes
- Onward Referrals for urgent findings.
- Onward referrals to a different tumour pathway/site
- Discharge back to GP with normal results
- Discharge back to GP with minor findings that require onward referral

Communication between Trust & Primary Care (Advice & Guidance, treatment summaries, HNA’s, LWBC, CCR)

- Ch-tr.2wggitelephonetriage@nhs.net
- Telephone: 0208 401 3000 ext 4884 / 4881 / 4882 / 4312
- Advice and Guidance
- Telephone assessment triage nurses
- Colorectal cancer nurse specialists – ANP Jo ext 5723 AJ ext 4869
- Ch-tr.Colorectalcancernursing@nhs.net
- Stoma nurses  ext 3641
- Direct contact of the consultants:
  - Said.mohamed1@nhs.net
  - Muti.abulafi@nhs.net
  - Robert.swift@nhs.net
  - Arun.shanmuganandan@nhs.net
What Primary Care need to know – A Secondary Care Perspective

Improving Early Diagnosis of Cancer

Name of Consultant: Vivek Nama  Advance Nurse Practitioner: Soroya Thethi

Specialist Area: Gynaecological Oncology

Contact/EXT Number: 02084013998  Email: Vivek.Nama@nhs.net

**********************************************************************************

**Signs & Symptoms** *(Red Flags, Vague symptoms, recurring symptoms)*

- Perimenopausal irregular bleeding
- Bloating and distension, new onset after the age of 55
- Vulval itching in postmenopausal women
- Recurrent PMB

**2WW referral forms & key information needed**

- Medically fit for treatment
- Performance Status
- If interpreter needed

**Safety Netting Processes** *(conversations with patients, DNAs)*

- Availability of patients for the next 28 days once referral is made
- Informing patients regarding the cancer pathway
- All USC patients are tracked through the cancer office

**Investigations & Diagnosis**

- Bloods (Tumour markers – CA125)
- TVS scan
- Pipelle biopsy (In clinic for PMB)
- Hysteroscopy (Outpatient / Inpatient)
- Vulval biopsy
- MRI scan
- CT scan
- Ascitic drainage / biopsy (For suspected ovarian malignancy)

**Communication between Trust & Primary Care** *(Advice & Guidance, treatment summaries, HNA’s, LWBC, CCR)*

- Advice and guidance for patients who are on HRT
- Advice and guidance for patients in nursing home and are not fit for treatment
- Treatment summaries are detailed and providing emotional support and other symptom support
- Macmillan Support Officer – Monday-Friday 8-4 pm
- Referrals faxed to cancer centre within 24 hours of diagnosis
- GP correspondence in relation to diagnosis sent within 24 hours
- Patient is informed of Macmillan Information Centre for support
• Information on HWBE’s
• Macmillan information pack containing contact numbers and information on diagnosis and support available given to patient on diagnosis
• Macmillan Counselling service referral offered

Any other comments / updates

• Treatment Summaries - attached


What Primary Care need to know – A Secondary Care Perspective

Improving Early Diagnosis of Cancer

Name of Consultant: Dr Yogini Raste

Name of ANP: Caroline Wynne-Jones

Specialist Area: Respiratory Medicine/Lung cancer

Contact/EXT Number: 0208 401 3876

Email: yoginiraste@nhs.net

******************************************************************************

Signs & Symptoms (Red Flags, Vague symptoms, recurring symptoms)

- Persistent cough despite antibiotics, or without any infective symptoms
- Unexplained breathlessness
- Chest wall pain
- Unexplained weight loss/loss of appetite
- Unexplained fatigue and deterioration in abilities
- Haemoptysis

2WW referral forms & key information needed

- Duration of symptoms
- If haemoptysis, please expand on nature (i.e. just one-minor streak/speck vs recurrent or more significant bleeding); if on anticoagulation; previous episodes/investigations
- Up to date CXR within last 6 weeks, as well significant previous chest imaging results
- SMOKING HISTORY, occupational history, Hx of asbestos exposure, infection history, travel history
- Any previous cancer history
- Performance status/ability to attend OP, consent to treatment/language issues
- Bloods incl FBC, U&E

Safety Netting Processes (conversations with patients, DNAs)

- Inform patient of referral onto a suspected cancer pathway
- Patient to be available at short notice for investigations for the next 28 days
- Referred via ERs with information attached for telephone triage
- Appointments for triage are booked in GP Practice and patient is aware of the appointment time before leaving.

Investigations & Diagnosis

- Blood tests
- CXR
- CT chest scan
- CT PET scan
- Bronchoscopy/EBUS
- CT or US guided biopsy
- Lymph node biopsy/mediastinoscopy
• Face to face OPA with Respiratory Consultant or Specialist Nurse /Advanced Nurse Practitioner

**Communication between Trust & Primary Care** *(Advice & Guidance, treatment summaries, HNA’s, LWBC, CCR)*

- 2WW referral pathway
- Advice and guidance
- **CH-TR.croydonchestclinic@nhs.net** – generic chest clinic inbox for advice/information (checked by consultants/CNS/ANP)
  
  **ch-tr.cardiologyrespiratory@nhs.net** – generic chest clinic email (admin staff)

**Any other comments / updates**

- If patient has reduced mental capacity, contacts for next of kin, power of attorney or legal guardians must be made available to the team and be aware of the referral
What Primary Care need to know – A Secondary Care Perspective

Improving Early Diagnosis of Cancer

Name of Consultant: Mr Will Sarakbi
Name of ANP: Jane Thomson

- Specialist Area: Breast
  EXT Number: 3405

BCN CONTACTS: Tel 0208 401 3652
E-mail: CH-TR.BCN@nhs.net

******************************************************************************

Signs & Symptoms (Red Flags, Vague symptoms, recurring symptoms)

- New breast Lump
- Skin changes over the breast/nipple
- Nipple discharge
- Enlarged axillary nodes

2WW referral forms & key information needed

- ERS direct booking for all one stop clinic (Even if no slots on ERS please send referral and we will fit them in).
- Indicate if require interpreter or other support service. Inform patient they may get short notice appointment and usually seen within 7 days and maximum by 14 days after referral
- Family history
- Oestrogen therapy
- Current medication
- Please avoid long print outs of previous history/medications

Safety Netting Processes (conversations with patients, DNAs)

- All referrals are tracked through cancer office.
- Patients should be advised to contact GP surgery if not received hospital appointment within 2 weeks of referral
- Patients discharged after 2xDNAs (including for imaging)
- 75% booked within 7 days of referral.
- Open access follow up (OAFU) for cancer patients in place so direct route for patients

Investigations & Diagnosis

- One stop clinic (90% of Mammograms and USS performed on the day)
- Core biopsy is the gold standard for diagnosis so FNA are rarely performed (nationally)
- Diagnosis usually established with a week of referral.
- One of the best performing trusts in London for cancer targets for both diagnosis and treatment.

Communication between Trust & Primary Care (Advice & Guidance, treatment summaries, HNA’s, LWBC, CCR)

- Treatment summaries and urgent communications sent within 24hrs
- Reminders re: DEXA scans for patients on endocrine treatment
- Funding approval (IFR) now electronic and done by us.
Any other comments / updates

- Issues Re: second opinions and patients choice when diagnosis is established.
- Lymphoedema service
- Prosthesis service
- BCC- Your Breast clinic appointment booklet can be ordered by GP surgeries direct or direct patients to BCC website