NHS

Greater Manchester & Cheshire Cancer Network

Network Agreed Policy for Diagnosis and Assessment (measure 11-1A-202d)
Primary Care Referral Guidelines (measure 11-1C-116d)
Trust Agreed Single Initial Decision Point of Referral (measure 11-1C-105d)
Network Agreed Protocol for Prioritising Appointments and Referral Proforma (see appendix G also) (measure 11-1C-106d)
Agreed by the Colorectal Clinical Subgroup on 14th September 2011
Agreed by Chair of Primary Care CCG on 23rd June 2011
Date for Review: June 2012

Patients should be referred according to the NICE Referral Guidelines for Suspected lower gastro-intestinal Cancer, 2005 which are attached on page 2 of this document. Referrals should be made to the following agreed colorectal diagnostic services, not to named individual consultants. The contact points for these services are included for information. Referrals should be made using the network agreed referral proforma (see appendix 1).

Acute Trust	Named Hospital Diagnostic Service	Contact Points	Referring PCTs	Catchment Population*
Central Manchester & Manchester Children's Hospitals NHS Trust	Manchester Royal Infirmary	RBMS Tel: 0161 443 0631 Fax: 0161 443 0632 HSC 205 Sent Immediately to Cancer Services on: 0161 276 8756 Colorectal referrals passed directly to Endoscopy on 0161 276 5030	Manchester (Central Hub)	206,223
Pennine Acute NHS Trust	North Manchester General Hospital with Fairfield Hospital, Bury	North Manchester RBMS Tel: 0161 443 0631 Fax: 0161 443 0632 Bury RBMS Tel: 0161 762 3159 Fax: 0161 762 3078	Manchester (North Hub) Bury	167,307 192,185
	Royal Oldham Hospital with Rochdale Infirmary	Oldham Referral Information Centre Tel: 0161 627 7490 Fax: 0161 785 0421 Heywood & Middleton RBMS Tel: 0161 655 1333 Fax: 0161 655 1592	Oldham Heywood, Middleton & Rochdale	235,591 221,190
Bolton Hospitals NHS Trust	Royal Bolton Hospital	Referrals Office Tel: 01204 390 400 Fax: 01204 390 463	Bolton	288,425
The Christie NHS Foundation Trust	The Christie	Secretary Tel: 0161 918 7948 Fax: 0161 918 7078	Manchester (all)	534,603
Wrightington, Wigan & Leigh NHS Trust	Royal Albert Edward Infirmary	RBMS Tel: 01942 482 744 Fax: 01942 772 850	Ashton, Wigan & Leigh	310,710
Salford Hospitals NHS Foundation Trust	Salford Royal Hospital	RBMS Tel: 0161 212 4292 Fax: 0161 212 4291	Salford	238,407
Tameside Acute Hospital Trust	Tameside General Hospital	Central Referrals Office Tel: 0161 331 6334 Fax: 0161 331 6339	Tameside & Glossop	236,077
Stockport NHS Foundation Trust	Stepping Hill Hospital	Call Centre Tel: 0161 419 4010/5383/4617 Fax: 0161 419 5599	Stockport	296,517
University Hospitals South Manchester NHS Foundation Trust	Wythenshawe Hospital	Call Centre Tel: 0161 291 5121 Fax: 0161 291 5127	Manchester (South Hub)	161,073

Acute Trust	Named Hospital Diagnostic Service	Contact Points	Referring PCTs	Catchment Population*
Trafford Healthcare NHS Trust	Trafford General Hospital	Booking Service Tel: 0161 746 2763 Fax: 0161 746 2040	Trafford	230,003
East Cheshire NHS Trust	Macclesfield District General Hospital	Via Choose and Book	Central & Eastern Cheshire (Eastern Cheshire)	195,310
Mid Cheshire NHS Trust	Leighton Hospital	**Via Choose & Book or via electronic referral to** urgent.cancer@mcht.nhs.uk Or fax 01270 612 545	Central & Eastern Cheshire (Central Cheshire)	269,714

* Catchment population source: NHS Comparators as at 25 May 2011

Basis of prioritisation

The following outlines the priority that should be given to the different types of clinical presentation for investigation of large bowel problems. The clinical presentations are in accord with the National Referral Guidelines for Suspected Cancer as reflected in the Greater Manchester & Cheshire Cancer Network Urgent Suspected Cancer Referral Proforma. This proforma is attached at appendix 1.

Patients to be referred urgently:

- Aged 40+ reporting rectal bleeding with a change of bowel habit towards looser stools and / or increased stool frequency persisting 6 weeks or more.
- Aged 60+ with rectal bleeding persisting for 6 weeks or more without anal symptoms.
- Aged 60+, with a change in bowel habit to looser stools and/or more frequent stools persisting for 6 weeks or more.
- Of any age with a right lower abdominal mass consistent with involvement of the large bowel.
- Of any age with a palpable rectal mass (intraluminal and not pelvic).
- With unexplained iron deficiency anaemia and a haemoglobin of 11g/100mL or below (men) and a haemoglobin of 10g/100mL or below (non-menstruating women).

Referral of patients with symptoms of colorectal pathology but at low risk of cancer:

It is recommended in patients having a normal abdominal and rectal examination and haemoglobin estimation that the following symptoms be used to identify patients at very low risk of bowel cancer:

- Rectal bleeding with anal symptoms (itching, discomfort, soreness, lump, prolapse and pain).
- Transient changes in bowel habit, particularly to harder stools and/or decreased frequency of defaecation .
- Abdominal pain as a single symptom without other high-risk symptoms and signs, an iron deficiency anaemia, or intestinal obstruction.
- Weight loss in the absence of higher risk symptoms unless rapid and profound.
- Patients with these symptoms can be initially safely managed in primary care by careful "treat, watch-and-wait" strategies and reviewed after 3 months. However, if symptoms persist or recur when off all treatment and
- Remain low risk – refer routinely using Choose & Book or a letter.
- Remain in the low risk category but are worrying / severe – refer using Choose & Book or a letter, requesting an appointment as soon as possible.
- Change to higher risk – refer urgently to clinic using the Network 2ww proforma.

Referral of patients in known high risk groups who develop symptoms:

High risk patients who are undergoing screening and surveillance as described in the National Guidance (GUT 2002:51 Suppl V28) who develop symptoms should be referred urgently.

Appendix 1: Network agreed referral proforma for suspected colorectal cancer

Referring GP		**GP Code**	
Registered GP			
GP address and postcode			
GP Tel. No.			
GP Fax No.			
Date seen by GP		**Decision to refer date**	
Patients Surname		**Forename**	
Date of birth		**Age**	**Gender**: Male ¦ Female ¦
Address			
Postcode		***Tel No. (day)**	Mobile Tel.
***Tel. No. (evening)**		**NHS No.**	Hospital No.

***N.B. It is essential that you provide a current contract telephone number for the patient so that the Trust can contact the patient within 24 hours to arrange a convenient appointment.**

CULTURAL, MOBILITY IMPAIRMENT ISSUES

What is the patient's preferred language? ……
Does the patient require a translation or interpretation service? YES ¦ NO ¦
Please list any hearing or visual impairments requiring specialist help (sign language, Braille, loop induction systems)……
Is disabled access required? YES ¦ NO ¦ Is transport required? YES ¦ NO ¦
Ethnic origin…… Religion……..
Is the patient from overseas? YES ¦ NO ¦ Is the patient a temporary visitor? YES ¦ NO ¦

REFERRAL INFORMATION (referral guidelines are provided below/attached to proforma)

Refer URGENTLY patients only if they meet **at least one** of the following criteria:	Info. Required
6 weeks rectal bleeding and change in bowel habit (looser stools/increased frequency **> Aged 40+**	YES ¦ NO ¦
6 weeks rectal bleeding and change in bowel habit/anal symptoms **> Aged 60+**	YES ¦ NO ¦
6 weeks change in bowel habit without rectal bleeding (looser stools/increased frequency) **> Aged 60+**	YES ¦ NO ¦
Any age with a right sided lower abdominal mass consistent with involvement of the large bowel.	YES ¦ NO ¦
Any age with a rectal mass (intraluminal and NOT pelvic)	YES ¦ NO ¦
Unexplained iron deficiency anaemia (<11g males and <10g in post menopausal females	YES ¦ NO ¦
If not one of above, give reason for urgent referral:	YES ¦ NO ¦
	YES ¦ NO ¦

Clinical details: history/investigations/examinations	**FBC Results**
Digital Rectal examination performed?	YES ¦ NO ¦

Is the patient fit for bowel prep at home?	YES ¦ NO ¦
Is the patient fit for day case sigmoidoscopy?	YES ¦ NO ¦
Is the patient taking iron?	YES ¦ NO ¦
Anticoagulated?	YES ¦ NO ¦
Diabetic	YES ¦ NO ¦
Medication details	Comments:

Any additional information

Is the patient aware of the reason and urgency for referral and aware that they will be seen within 2 weeks? YES ¦ NO ¦
Has the patient been given the information leaflet on suspected cancer referrals YES ¦ NO ¦

Investigations

- Always carry out a digital rectal examination in patients with unexplained symptoms related to the lower gastrointestinal tract.

- Where symptoms are equivocal a full blood count may help in identifying the possibility of colorectal cancer by demonstrating iron deficiency anaemia, which should then determine if a referral should be made and its urgency.

- Where referring, a full blood count may assist specialist assessment in the outpatient clinic.

- When referring, no examination or investigations other than abdominal and rectal examination and full blood count are recommended as this may delay referral.