Non Site-Specific Pathway (NSSP) Referral Form

**Please send all referrals via e-RS**

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| **To make a referral complete ALL areas of this form.**  |
| **Patient Details** | **GP Details** |
| Forename:<Patient Name> | Surname:<Patient Name> | Referring GP:<Sender Name> |
| Address: <Patient Address>Postcode: <Patient Address> | Address: <Patient Address>Postcode: <Patient Address> |
| Tel No (Home): <Patient Contact Details> | Direct dial telephone number: <Sender Details> |
| Tel No (Mobile):<Patient Contact Details> | GP Mobile Number:       |
| Tel No (Work): <Patient Contact Details> | Email: <Organisation Details> |
| Hospital No:       | **Patient background** |
| NHS No: <NHS number> | Hearing impairment: [ ]  Y [ ]  N |
| Gender: <Gender> | Learning difficulties? [ ]  Y [ ]  N      |
| Ethnicity: <Ethnicity> |
| DOB: <Date of Birth> | Age: <Patient Age> | Known safeguarding concerns? [ ]  Y [ ]  N  |
| Patient agrees to contact by Psychology service | Interpreter required: [ ]  Y [ ]  N  |
|  [ ]  Y |  | [ ]  N |  | Language: <Main spoken language> |
| **Weight Loss**  | Amount:       | Duration:       | Current Weight: <Numerics> |
| **Is the patient aware they are being referred to rule out cancer diagnosis?****If ‘No’ Please specify why?**  | **[ ]  YES** | **[ ]  NO** | **If ‘No’ Please indicate why?**      |
| **Information given to the patient about this referral?** | **[ ]  Verbal**  | **[ ]  Leaflet**  | **[ ]  Other** |
| * **Referral Criteria: Please ensure** **that patient is aware they are being referred to NSSP clinic to rule out cancer diagnosis and must be available in the next 2 weeks, and the patient can be contacted by phone.**
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| * New unexplained and unintentional weight loss (either documented >5% in three months or with strong clinical suspicion)
* New unexplained constitutional symptoms of four weeks or more (less if very significant concern). Symptoms include loss of appetite, fatigue, nausea, malaise, bloating
* New unexplained vague abdominal pain of four weeks or more (less if very significant concern)
* New unexplained, unexpected or progressive pain, including bone pain, back pain of four weeks or more
* New onset or unexplained worsening of breathlessness (please take steps to rule out undiagnosed heart failure, IHD, thrombo-embolic disease, COPD and infection – but note that previously diagnosed IHD/heart failure/COPD do not preclude referral)
* New Unexplained lumps and bumps
* Abnormal radiology suggesting cancer; not needing admission and not suitable for existing urgent cancer referral or cancer of unknown primary pathway
* Persistently abnormal laboratory tests (tested on at least two occasions) which are not readily explicable including:

 Significantly elevated alkaline phosphatase (more than twice the upper limit of normal) Raised CRP (or ESR/ plasma viscosity), Increased calcium. * Significant GP concern regarding a possible cancer diagnosis, where there is no clear urgent referral pathway for example, unexplained DVT, paraneoplastic syndromes, etc and reasons to be clearly described at referral.
* GP ‘gut feeling’ of cancer diagnosis (please explain why)

**Please do not refer to NSSP for the followings:*** Patient has specific alarm symptoms warranting referral onto a single site-specific pathway (in line with NG12)
* Patient is too unwell or unable to attend as an outpatient or needs acute admission
* Patient is more likely to have a non-cancer diagnosis suitable for another specialist pathway
* Patient is currently being investigated for the same problem by another specialist team
* If the patient does not understand or is unlikely to benefit from the further investigation due to cognitive impairment
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| **Why are you referring this patient?**  |
|      <Event Details> |

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| **Examination** |
|       |
|  **Chest X-ray must be completed prior to referral – give details below**  |
| Date of Chest X-ray:       | Where performed:       |
| **Investigations: (Helpful if performed but not necessary to await results). Please tick** |
| FBC | [ ]  | U&Es, LFT | [ ]  |
| ESR | [ ]  | CRP | [ ]  |
| Bone Profile  | [ ]  | PSA | [ ]  |
| Serum protein  | [ ]  | CA125  | [ ]  |
| HbA1c | [ ]  | CEA | [ ]  |
| Clotting Screen  | [ ]  | Haematinics (if anaemic ) | [ ]  |
| Any other blood tests (specify) | [ ]  | TFTs | [ ]  |
| Urine | [ ]  | Electrophoresis | [ ]  |
| FIT | [ ]  | Any Other Radiology Test | [ ]  |
| **Past clinical history**  |
| Please include any previous cancer diagnosis if any     <Problems><Summary> |
| **Social History** |
|      Please include smoking history<Diagnoses>, <Numerics> |
| **Current medication and allergies: (Attach printout)** |
| Acutes: <Medication>Repeats: <Repeat templates>Allergies: <Allergies & Sensitivities> |
| Attachments: | Letter: | [ ]  | Medication List: | [ ]  | Other:      | [ ]  |

**Blood Results** (Last 2m):

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| **FBC** | <Numerics> | Hb <Numerics>, WCC <Numerics>, Plts <Numerics>, MCV <Numerics>, Neut <Numerics> |
| **UE** | <Numerics> | Na <Numerics>, K <Numerics>, Urea <Numerics>, Creat <Numerics>, eGFR <Numerics> |
| **LFT** | <Numerics> | ALT <Numerics>, Alk Phos <Numerics>, Bili <Numerics>, Alb <Numerics>, GGT <Numerics>, Serum globulin <Numerics>, Total Protein <Numerics> |
| **CRP** | <Numerics> | <Numerics> | **ESR** | <Numerics> |
| **TFTs** | <Numerics> | TSH <Numerics>, Free T4 <Numerics> | **INR** | <Numerics> |
| **Bone** | <Numerics> | Ca <Numerics>, Ca cor <Numerics>, Ca adj <Numerics>, Phos <Numerics> |
| **Iron** | <Numerics> | Ferritin <Numerics>, Iron Saturation <Numerics>, TIBC <Numerics>  |
| **Vitamins** | <Numerics> | B12 <Numerics>, Folate <Numerics> |
| **Lipids** | <Numerics> | Chol <Numerics>, LDL <Numerics>, HDL <Numerics>,Chol:HDL ratio <Numerics>, Tri <Numerics> |
| **Random Glucose** | <Numerics> | **Fasting Chol.** | <Numerics> |
| **Fasting Glucose** | <Numerics> | **HbA1c** | <Numerics> |
| **CA 125** | <Numerics> |
| **PSA** | <Numerics> |
| **FIT Result**  | <Numerics> |

**Radiology:** (In last 6 months)

<Arden's Ltd - Investigations: Radiology last 6m (view)>

**Non-Site Specific Pathway Specialist Nurse**

If you have any concerns, please telephone the Non-Site Specific Pathway Specialist Nurse to discuss your patient:

Telephone: 01438288485 or 07826944317

Email: enh-tr.nssp-md@nhs.net