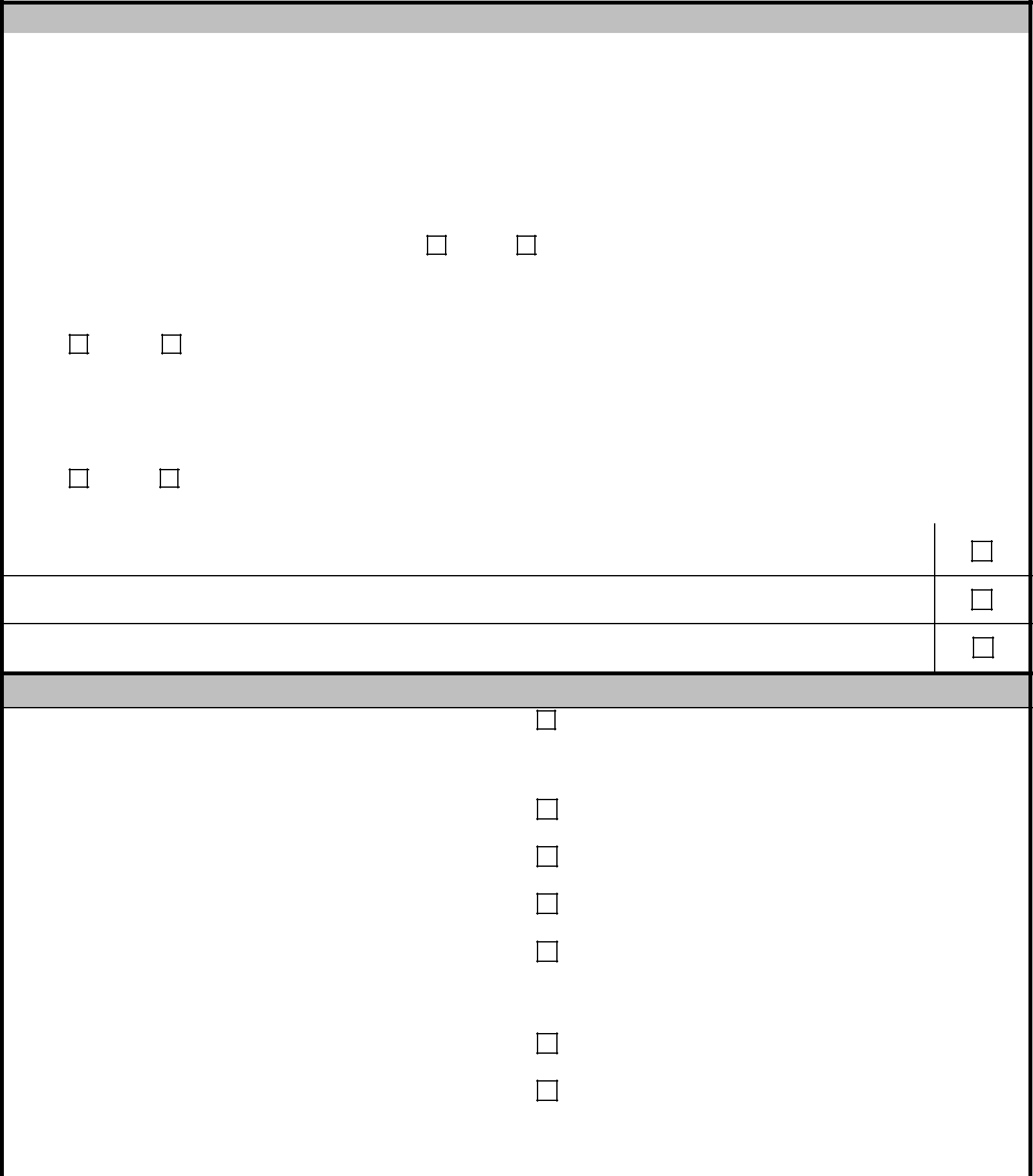
**Worcestershire Acute Hospitals NHS Trust**

**URGENT REFERRAL FOR SUSPECTED COLORECTAL CANCER**

If you wish to include accompanying letter, please do so

**\*INDICATES MANDATORY FIELDS**

These forms should only be used for suspected cancer in accordance with NICE Guidelines NG12, June 2015. Please do not use this form for patients who do not meet the criteria. Please use a routine letter



**PATIENT DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Surname:** |  |  | **Forename:** |  | **DOB:** |  |
|  |  |  |  | |  |  |
| **Address:** |  |  | **NHS Number:** | |  |  |
|  |  |  |  |  | **Referring GP:** |  |
|  |  |  |  |  | **Address:** |  |
|  |  |  |  | |  |  |
| **Tel No. (1):** |  |  | **Interpreter required:** | |  |  |
|  |  |  |  |  |  |  |
| **Tel No. (2):** |  |  | Yes | No |  |  |
|  |  |  |  |  |  |  |
| **BMI** |  | **Weight** | If yes, language: | |  |  |
|  |  |  |  |  |
| **\*Does the patient have a disability:** | | |  |  | **Contact Tel No:** |  |
|  |  |  |  |  |  |
| Yes | No | |  |  |  |  |
| If yes please state: | | |  |  | **GP signature:** |  |
|  | | |  |  |  |  |
| **\*Is the patient suitable for telephone triage:** | | |  |  |  |  |
| Yes | No | |  |  |  |  |
|  |  |  |  |  |  |  |

\*I have informed the patient this is a suspected cancer referral

\*I have emphasised to the patient the importance of being available over next 14 days for an urgent appointment

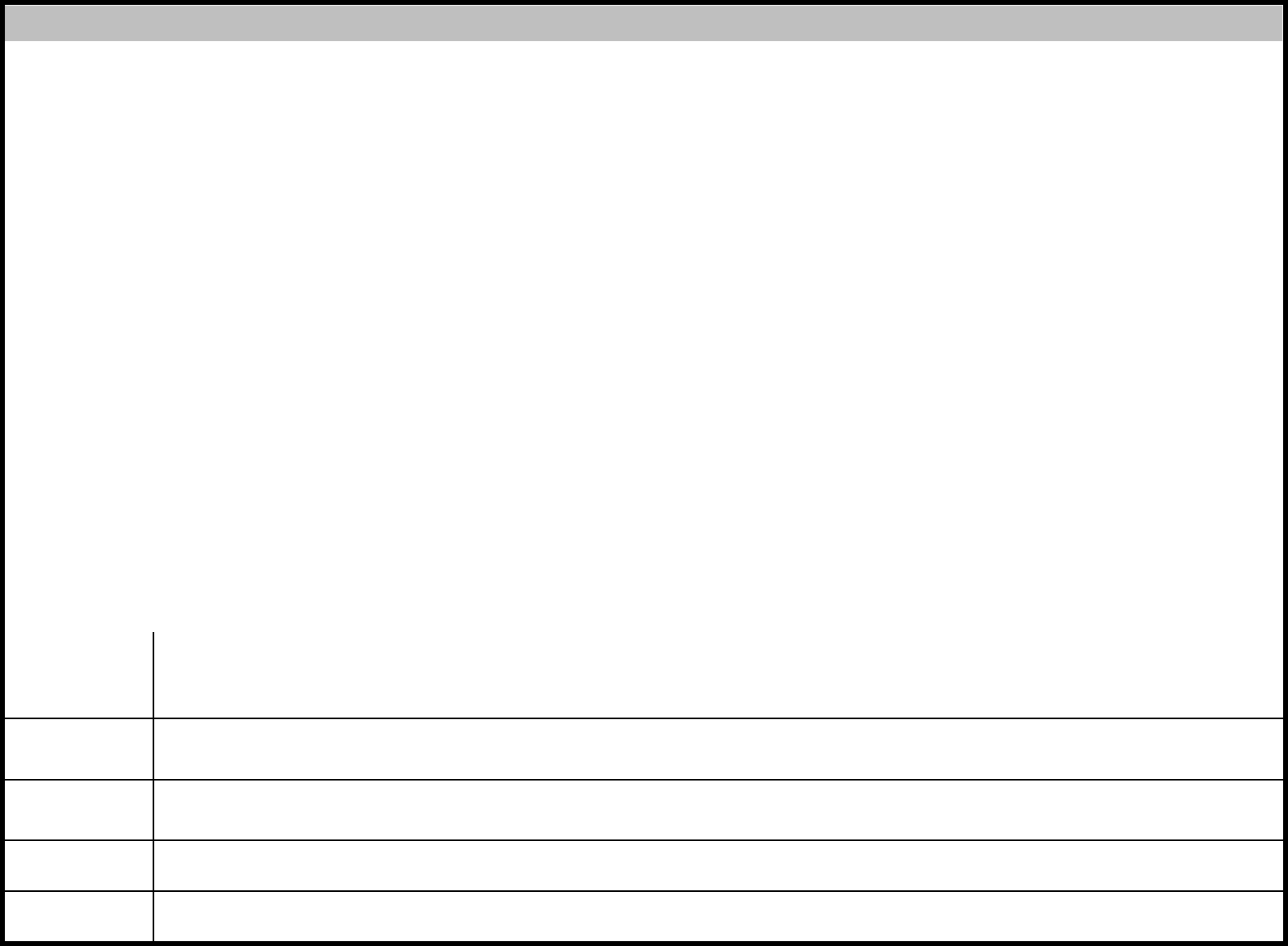
\*I have given the patient the 2-week wait patient information leaflet

**REASON FOR REFERRAL - WHERE SYMPTOMS HAVE BEEN PRESENT FOR 3 WEEKS OR LONGER:**

**Rectal mass *or* abdominal mass *or* anal mass/ulcer (any age)**

|  |  |
| --- | --- |
| Age > | 60 **AND** |
|  | Change in bowel habit |
|  | Iron deficiency anaemia |
| Age ≥ | 50 years **AND** unexplained rectal bleeding |
| Age ≥ | 40 years **AND** weight loss **AND** abdominal pain |
| Age < | 50 with rectal bleeding **AND** |

|  |  |  |
| --- | --- | --- |
|  | Abdominal pain |  |
|  | Weight loss |  |
|  | |  |
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**\*PLEASE COMPLETE FOR ALL REFERRALS FOR ANAEMIA (INCOMPLETE FORMS WILL BE RETURNED)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Hb:\_\_\_\_\_\_\_\_ g/L** | | **MCV: \_\_\_\_\_\_\_\_\_\_\_\_** | **Ferritin: \_\_\_\_\_\_\_\_\_\_\_** | |  | **Date of bloods: \_\_\_\_\_\_\_\_\_\_\_** | | | |
|  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  | Iron deficiency anaemia | | |  |  |  | Date of FIT: | | |
|  |  | Positive Faecal Immunochemical Test **AND**: | | | |  |  |  |  |  |  |
|  |  |  Abdominal pain or weight loss, ≥ 50 years | | | |  |  |  |  |  |  |
|  |  |  | Change in bowel habit *or* iron deficiency anaemia, < 60 years | | |  |  |  |  |  |  |
|  |  |  Anaemia *without* iron deficiency, ≥ 60 years | | | |  |  |  |  |  |  |
|  |  |  | | | |  |  |  |  |  |  |
|  |  | **\* PLEASE COMPLETE FOR ALL REFERRALS:** | | | |  |  |  |  |  |  |
|  |  | \*WHO Performance status (see scale below, please tick one) 0 | | | | 1 |  | 2 | 3 | 4 |  |
|  |  | \*eGFR / Creatinine (**completed within last 2-months**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Date of blood test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  | | | |  |  |  |  |  |  |
|  |  | **WHO Performance Status Scale:** | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **WHO Grade Explanation of activity** | | | |  |  |  |  |  |  |
|  | | |  | | | | | | |  |  |
| 0 | | | Fully active, able to carry on all pre-disease performance without restriction | | | | | | |  |  |



Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary

1

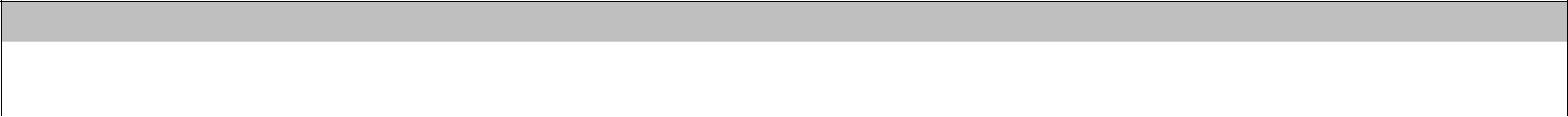
nature, e.g., light house work, office work

Ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than

2

50% of waking hours

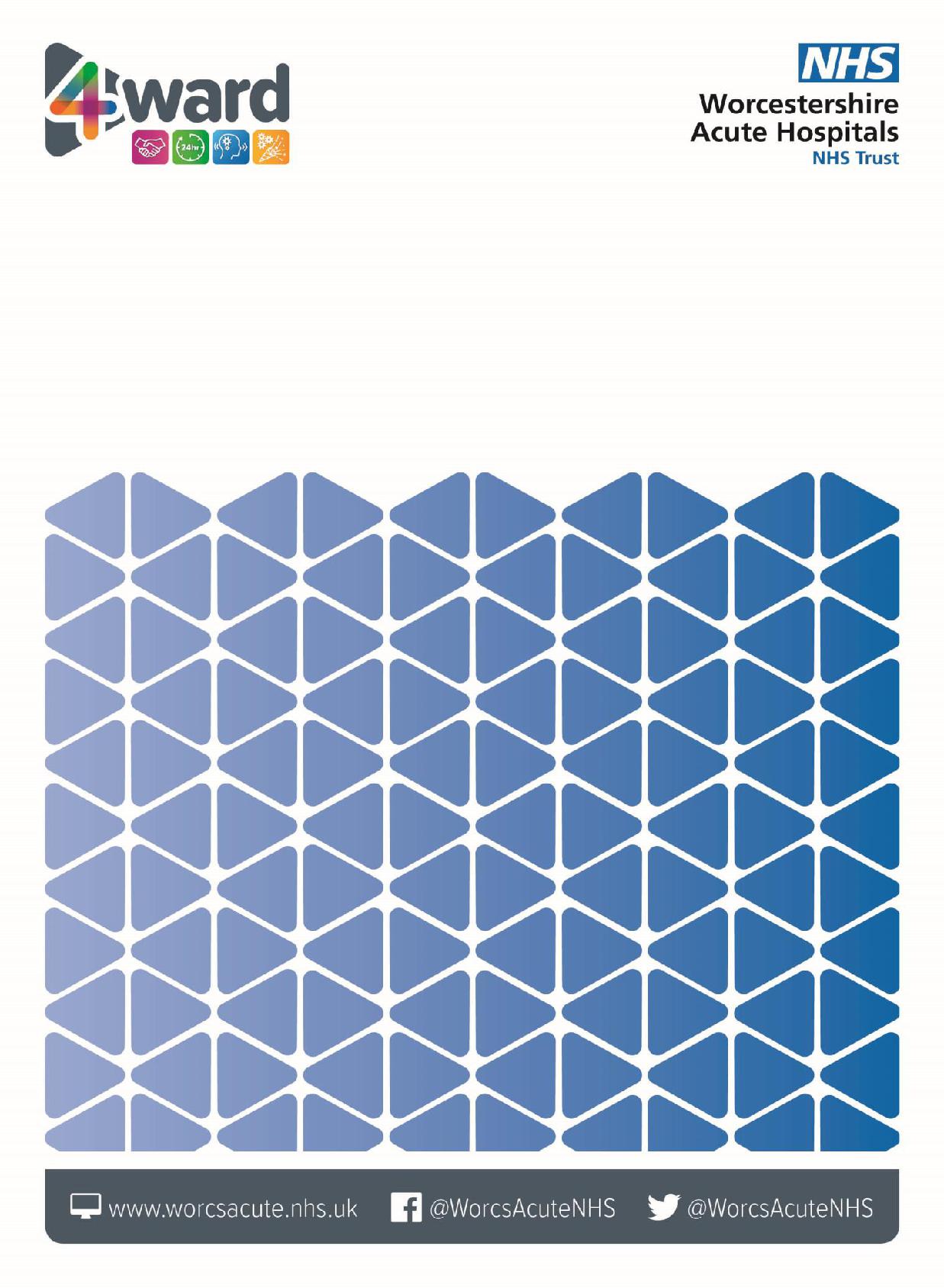
1. Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
2. Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair



**For 2ww office use only**

|  |  |  |
| --- | --- | --- |
| Date referral received | Triage date | Consultant |
|  |  |  |

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**PATIENT INFORMATION**

**The 2 Week Wait Bowel Cancer Telephone Assessment Pathway**

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**You have been given this leaflet because your GP has referred you for an urgent ‘two week wait’ bowel cancer assessment.**

We are required to complete your telephone assessment and for you to undergo your investigation **within** **14 days** of your GP referral.

Please ensure you advise your GP about any dates you are unavailable at the point of referral. Please prioritise any investigation appointments offered, as if you are unable to accept the first or second date offered we will treat your referral as routine, and this may result in a longer wait for investigations.

If you are unable to attend an appointment for any reason, please let us know so that we can offer this urgent appointment to another patient. If you fail to attend without letting us know, your investigations will be cancelled and your GP informed.

Please be aware this is a county wide service, our investigation appointment may be scheduled at any one of our three hospital sites. We appreciate your cooperation with this.

**What happens next…**

* **Step 1:**

Please check with your GP that a blood test has been taken within the last 2 months, and ensure you book an appointment ASAP if one is required. This can be done via your GP surgery, Clover Suite at Worcestershire Royal Hospital or Phlebotomy at the Alexandra Hospital or Kidderminster Treatment Centre. (See back of leaflet for information.)

* **Step 2:**

A member of our Two Week Wait team will contact you within 24 hours of receipt of your referral to arrange a convenient time for your telephone assessment.

* **Step 3:**

Following your telephone assessment, one of our clinical nurse specialists will arrange for you to have the appropriate investigation within 14 days of receipt of your referral in to the Trust.

The investigation may include one or more of the following tests:

* **Colonoscopy/Flexible sigmoidoscopy/ Gastroscopy –** an examination of the bowel/stomach usinga long flexible telescope.
* **CT Colonogram–** a scan designed to look at the large bowel in detail.
* **CT scan–** a scan of the abdominal/chest/pelvic area. An X-ray dye may be used and given through asmall needle in the back of the hand/arm.
* **Outpatient appointment with a consultant–** to discuss symptoms.

The type of investigation or appointment arranged will depend on the information provided by your GP and your telephone assessment.

If you have any questions please contact your GP or a member of the CNS team. Please see details overleaf.

**Colorectal 2 Week Wait Triage Queries**

Tel. 01905 733435

**Blood Testing:**

**Clover Suite, Worcestershire Royal Hospital**

Tel. 01905 760151

Mon-Fri 08:30am—4.30pm

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**Out Patient Department, Alexandra Hospital**

Mon-Fri 08:00am—1.00pm

2.00pm—5.00pm

**Phlebotomy, Kidderminster Treatment Centre**

Mon-Fri 08:30am - 12 noon

**Patient Experience**

Being admitted to hospital can be a worrying and unsettling time. If you have any concerns or questions you should speak to a member of staff in the ward or department who will do their best to reassure you. If you are not happy with their response, you can ask to speak to someone in charge.

**Patient Advice and Liaison Service (PALS)**

Our PALS staff will provide advice and can liaise with staff on your behalf if you feel you are unable to do so. They will also advise you what to do if your concerns have not been addressed. If you wish to discuss making a formal complaint PALS can provide information on how to do this. Telephone: 0300 123 1732. Monday to Thursday 8.30am to 4.30pm. Friday 8.30am to 4pm. An answerphone operates outside office hours. Or email us at: [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)

**Feedback**

Feedback helps us highlight good practice and where we need to improve. There are lots of ways you can give feedback including completing a Friends and Family Test card or undertaking a survey. For further information please speak to a member of staff, see our Patient Experience leaflet or visit [www.worcsacute.nhs.uk/contact-us](http://www.worcsacute.nhs.uk/contact-us)

**If you would like this leaflet in an alternative language or format, such as audio or braille, please ask a member of staff.**

**Polish**

Jeżeli są Państwo zainteresowani otrzymaniem niniejszej ulotki w innej wersji językowej lub formacie, prosimy zwrócić się w tej sprawie do członka naszego personelu.

**Bengali**

আপনি যনি এই নিফলিটটি অিয ভাষায় বা ফর্ম্যালটপপলে চাি পযর্মি, অনিও বা পেইি োহলি অিুগ্রহকলে সিসয বা কর্মীলিেলক ো জািাি।

**Urdu**

۔ںیگنامےس نکر فاٹسا مرک ےئارب وت ،ںیہ ےتہاچ ںیم لیرب ای ویڈآ ےسیج تئیہ ای نابز لدابتم یسک پآ وک ہچباتک سا رگا **Romanian**

Pentru a obține această broșură în altă limbă sau în alt format fie audio sau limbajul Braille, vă rugăm să apelați la un membru al personalului.

**Portuguese**

Caso deseje este folheto numa língua ou formato alternativos, tal como ficheiro áudio ou em Braille, por favor dirija-se a um dos nossos funcionários.

**Chinese(Mandarin)**

如果您想要本手册的替代语言或格式的版本，如音频或盲文，请向工作人员咨询

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