**Guide for GPs - Rapid Diagnostic Centre**

**Non-specific symptoms RDC pathway to exclude cancer**

Some patients present in Primary Care with worrying non-specific symptoms which the GP or Primary care practioner, may consider cancer as a potential differential diagnosis. Identifying the best placed urgent referral route for these patients can be challenging.

Your GP practice is included in the Northern Care Alliance dedicated Rapid Diagnostic Centre (RDC) Non–specific symptoms pathway for patients presenting with non- specific /vague symptoms where cancer is a possibility**.**

The pathway has 2 mandatory steps:

1. **Primary Care based urgent investigations**

In addition to a full clinical assessment and examination, it is **important primary care arrange the tests** below and **review their results** **before**\*referring the patient. **These tests can be selected on T-quest or ICE as a group request and the reason for requesting should be indicated as Suspected Cancer.**

This is because non-specific symptoms by their very nature are not necessarily specific to cancer, and it is important to ensure that patients are referred only where their symptoms are truly “unexplained” and potentially suspicious of cancer.

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| --- | --- |
| FBC | Coeliac screening (to be included if patient has weight loss) |
| Renal function | Urinalysis |
| Liver function | Thyroid function |
| Ferritin | Glandular fever screen – ​consider in patients under 40  with weight loss and/ or lymphadenopathy​ |
| Plasma viscosity/CRP | HIV screen  |
| HbA1C | Myeloma screen (for > 30 only) |
| Calcium/Bone Profile | CA125 (female only) |
| FIT test (where available) | PSA (male only) |

**It will be difficult for us to assess your patient without these essential tests being completed and reviewed**\* in Primary Care first. Sending a referral without these mandatory tests is likely to result in unnecessary delay of the referral.

\*with the exception of Coeliac screening – this takes 7 days and referral should not be delayed whilst waiting for this result.

2. **Referral to the RDC**

Please review your patient’s results as soon as possible after the initial assessment. If the cause of the patient’s symptoms has not been identified following the above tests and the clinical concern remains, refer your patient to the RDC via the Non- specific symptoms suspected cancer referral form.

**Please state clearly the reason(s) why you think that your patient might have cancer in the free text box**.

Please include results of any other recent investigations such as ultrasound, CT/MRI, gastroscopy etc.

Outlined below are some example symptoms (which should be persistent and unexplained) to investigate through this route:

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| --- | --- |
| * New unexplained and unintentional weight loss (either documented >5% in three months or with strong clinical suspicion)
 | * Unexplained night sweats
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| * New unexplained constitutional symptoms of four weeks or more (less if very significant concern). Symptoms include loss of appetite, fatigue, nausea, malaise, bloating.
 | * Hepatomegaly
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| * New unexplained vague abdominal pain of four weeks or more (less if very significant concern)
 | * Splenomegaly
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| * New unexplained, unexpected or progressive pain, including bone pain, of four weeks or more
 | * Continued patient or family concern
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| * GP ‘gut feeling’ of cancer diagnosis – reasons to be clearly described at referral.
 | * Unprovoked DVT **with other** signs and symptoms suggesting underlying cancer
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| * Abnormal radiology suggesting cancer; not needing admission and not suitable for existing urgent cancer referral
 | * Inguinal lymphadenopathy (Axillary – refer to breast clinic; Cervical – refer to Neck Lump clinic using SCR form
 |
| * Anaemia
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|  |  |

Your patient will have their first appointment within a maximum of 14 days of referral, but we aim for this to be within 7 days of referral wherever possible. Your patient will undergo a virtual nurse led clinical triage, before a diagnostic pathway is decided on.

It is important that you **inform your patient that the purpose of their referral is to rapidly diagnose or rule out cancer,** and to prepare them for what might be discussed on the day. Further instructions will be provided to your patient by their assigned RDC key worker regarding specific investigations.

Should cancer be confirmed, your patient will be appropriately supported by a Clinical Nurse Specialist and referred on to the appropriate team and MDT for further investigations and management.

If cancer is excluded with sufficient certainty, your patient will be discharged back to your care **or** transferred to a relevant non-cancer pathway if a significant diagnosis has been made that requires further secondary care management. They will receive appropriate safety netting advice and be offered strategies to reduce their primary cancer risk. You will receive a letter detailing the investigation findings and any other information that might be relevant to their further management.

There will be a number of patients for whom cancer cannot be excluded in a single appointment. They will be referred for further investigations until a cancer diagnosis is either confirmed or ruled out.

**Exclusion criteria**

Specific symptoms can point towards a specific cancer. These should be investigated or referred in accordance with the NICE NG12 guideline and not considered for this pathway:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Shortness of breathCoughHaemoptysis | Rectal bleedingMelaenaAltered bowel habit | Post-menopausal bleeding Abnormal vaginal bleeding | Haematemesis  Dysphagia | Haematuria |

This is the first phase of an ambitious programme within the NCA to provide rapid diagnosis for a number of cancers. The RDC model is anticipated to grow and expand to other tumour groups, which will benefit ever increasing numbers of patients referred on Two Week Wait pathways.

If you have any queries regarding the pathway or would like to send your feedback, please contact us on

RDC@srft.nhs.uk