

Avoiding delays in investigating bowel cancer through complete and accurate referrals

- advice for GPs on two-week wait referrals

GPs are being urged to ensure that two-week wait referrals for suspected bowel cancer are accurate and as detailed as possible. Incomplete or inaccurate referral requests can lead to delays in investigations and treatment.



GP Surgery

Bowel Cancer UK data shows that 20% of patients who are diagnosed with bowel cancer have seen their GP on three or more occasions with the same set of symptoms – many

of which are vague and make it hard for a GP to 'think cancer'. Consequently there are patients who aren't being referred early enough.

National Institute for Health and Care Excellence (NICE) - last updated in 2015 - gives clear instructions for GPs about who to refer and who not to refer to hospital. However, investigations can still be delayed due to inappropriate referrals, patients not being referred to the right pathway,

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GPs not being able to refer directly for many investigations, or GPs initially missing signs that could indicate bowel cancer.

Dr Ed Seward, consultant gastroenterologist at UCLH said: "It can be very difficult when a patient is referred if they don't meet the two-week wait criteria, because the tests we do carry a certain

amount of risk and there is a capacity issue. The two-week wait pathways are incredibly busy. If we're putting patients on those pathways who don't meet the criteria, who have an extremely low risk of cancer, then that probably means someone else might miss out."

Also, if hospital staff are given incomplete or inaccurate information this too causes problems. "If we're not given all the information or we're given the wrong information then we may end up giving the wrong investigation and that consumes resources as well as delaying the period before we can make a definitive diagnosis," Ed said.

Dr Imogen Staveley, a GP in Kentish Town and primary care cancer lead in Camden, said it's not always possible for GPs to be 100% sure which patient to send on which pathway – the two-week wait pathway, an urgent pathway that's not a cancer pathway, or a non-urgent pathway.

As much information should be included in the referral request as possible, such as test results, reason for referral, GP's hypothesis and tentative diagnosis, GP's assessment of the need for urgency.

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“Bowel cancer is eminently treatable as long as we catch it early enough. It's really important that GPs make those referrals. If they have a symptomatic patient who fulfils the NICE criteria, please, please refer them.”

Imogen added “It's also important that GPs don't send incomplete or inaccurate forms. When the patient comes to the hospital, the doctor only has that form to work on, so it's vital that there is as much information and as complete information as possible.”

The UCLH Cancer Collaborative is currently carrying out a survey of two-week wait referrals across a number of Clinical Commissioning Groups (CCGs) in north central and east London, and west Essex. The aim is to inform GPs about the appropriateness of the referral they have made. Preliminary results of 40 upper and lower gastro-intestinal referrals to the two-week wait pathway at the North Middlesex Hospital include:

- 10 were inappropriate and would have been more appropriately handled as non-urgent
- Tests could have been completed and treatments tried prior to referral
- A number of forms did not give full clinical information, including patient history

The survey also revealed a number of positive examples including:

- GPs who had made appropriate referrals submitting complete and accurate requests
- GPs who had arranged imaging tests and made a referral based on the imaging findings
- GPs participating in the survey have found the feedback very useful to date and the UCLH Cancer Collaborative is now expanding the survey to all CCGs across the sector

Dr Staveley said that it is helpful when GPs include information about a patient's needs, such as whether a carer needs to be in attendance so that receiving hospitals offer the best possible patient experience. It is also helpful to explain that the two-week pathway is to rule out cancer, so they're made aware of the importance of the appointment.

Dr Ed Seward said: “We would encourage GPs to continue to refer patients with concerning symptoms to hospitals because bowel cancer is eminently treatable as long as we catch it early enough. It's really important to make those referrals. If GPs have a symptomatic patient who fulfils the NICE criteria, please, please refer them.”

Two-week wait key points

- Demand for endoscopy is huge
- Referral request information must be accurate
- Appropriate tests should be considered prior to making a referral
- As much information should be included in the referral request as possible, such as test results, reason for referral, GP's hypothesis and tentative diagnosis, GP's assessment of the need for urgency
- Information that might help administrative staff when making appointments should also be included
- GPs should encourage patients to participate in bowel screening where they are eligible to increase early detection
- Patients should be aware of the significance of their first appointment in the two-week wait pathway and ideally given a patient information leaflet which can be printed off from the 2ww form.