**Suspected Cancer Non Specific Symptoms (NSS); and Cancer of Unknown Primary (CUP)**

**GP Referral Guideline**

**Background**

Cancer patients presenting with non-specific but concerning symptoms are often diagnosed late, leading to poor outcomes. Those with severe symptoms often present to emergency departments. The Suspected Cancer Non-specific Symptoms (NSS) provides a better route to diagnosis for these patients. The model of care meets the standard of giving a diagnosis of cancer, or clear alternative management plan, within 28 days.

Following a successful pilot in Oxford and an established service at Wexham Park Hospital since November 2019, a Suspected Cancer Non-specific Symptoms (NSS) pathway has also now been launched at Frimley Park Hospital. The projects are funded by the Thames Valley and Surrey & Sussex Cancer Alliances for 2 years respectively.

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| **Benefits** | |
| **For Patients** | **For GPs:** |
| * Improved patients experience and outcomes * Reduced numerous A&E admissions and hospital appointments. * Faster and improved care for patients with non-specific but concerning symptoms. * A single point of access for support and advice during the process. | * Quicker access to CT scans and early diagnostic pathways for patients with suspected cancer, who present with non-specific but concerning symptoms. * Clinical review of scan and outcome sent to GP with recommendations. * Improved communication and access between primary and secondary services. * A more effective service to provide a timelier outcome. * Prevent numerous referrals to identify the cause. |
| **Who to Refer**  **Core referral criteria for non-specific but concerning symptoms include:**   * **New unexplained vague abdominal pain**: a new persistent symptom for four weeks or more (less if very significant concern), not previously investigated with no likely benign cause; * **New unexplained and unintentional weight loss**: either documented >5% in three months or with strong clinical suspicion, weight loss causing serious concern not explained after thorough history and routine investigation; * **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, unexpected, or progressive pain:** including bone pain, of four weeks or more; * **GP gut feeling/persistent patient or family cancer diagnosis**: reasons clearly described at referral.   PLEASE NOTE: avoid sending patients who have long-standing unchanging symptoms; non-serious short term problems that are likely to self-resolve or those that have already been investigated. | |
| **Exclusion criteria for non-specific symptoms**   * Pregnant * Patient has specific alarming symptoms warranting referral onto an existing site-specific Suspected cancer pathway (two week wait pathway in line with NG12) * Patient is too unwell or unable to go straight to investigation or needs acute admission * Patients is 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 has had a CT Chest Abdomen Pelvis in the last 12 months, patient will not be accepted | |
| **Primary Care Investigations**   * FBC, ESR/CRP, * B12/Ferritin/Serum Folate (if anaemic) * INR (if on warfarin) or Full coagulation screen if otherwise clinically indicated * U+Es with eGFR, , LFTs * TSH, HbA1c, bone profile * PSA (if clinically appropriate) * CA-125 (if clinically appropriate) * Protein Electrophoresis * HIV (optional if clinically appropriate) * Coeliac screen/TTG (optional if clinically appropriate) * Chest X-ray * Urine Dipstick * Symptomatic Faecal Immunochemical Testing (FIT) * Provision of the Performance Status   PLEASE NOTE if any of these tests are abnormal, then please refer the patient to the site specific 2WW Suspected Cancer Pathway: e.g., abnormal chest x-ray to Lung 2WW Suspected Cancer Pathway, iron def anaemia to Lower GI 2WW Suspected Cancer Pathway.  If patient has a history of cancer within the last 5 years, please also consider if this may be recurrence rather than a new primary cancer. Patients with suspected recurrence or under active surveillance should be referred back to the site-specific team. | |
| **How to Refer**  Patient referred to the service must have all primary care investigations completed before referring.  Complete the online NHS e-Referral system using the NSS proforma available on DXS, **ensuring you choose the correct clinic/hospital/service according to patient location (Frimley Park Hospital OR Wexham Park Hospital).**  Patients should be informed they have been referred to a cancer exclusion pathway and that we will contact patient to book a CT scan appointment. GPs are to ensure patient is given the **Fast Track Suspected Cancer Patient Information Leaflet** before they leave the surgery and discussed the possible diagnosis of cancer with the patient. Please include current medication and past medical history. | |
| **What happens after Referral?**  The referral will be triaged and if accepted, the patient will be contacted by telephone and offered a fast track CT Chest Abdomen Pelvis appointment.  Those not suitable for the NSS pathway will be redirected back to the GP and managed according to the **Trust** **Access/Redirection Policy.** The referrer will receive further explanation indicating if patient has or has not been accepted and the reason for this.  A weekly multidisciplinary meeting will be held to review all CT imaging results and determine an appropriate management plan with three possible outcomes:   * **Normal scan**: the patient will be discharged back to GP with advice or management plan; * **Cancer suspected**: the patient will be referred to the relevant specialist MDT team for further investigations; or * **A serious, non-cancer identified**: the patient will either be discharged back to GP with advice or referred onto the relevant specialty if secondary care input is required.   After a patient has been discharged from the NSS, an outcome letter will be written to the GP and a copy to patient.  GP Practices should ensure arrangements are in place to review work lists on a daily basis to receive all referral feedback. All comments will be provided through the NHS e-RS system. | |

Please contact the following teams for further guidance:

* **NSS FRIMLEY PARK HOSPITAL:** Email f[hft.nss@nhs.net](mailto:hft.nss@nhs.net%20) or call 0300 613 3535
* **NSS WEXHAM PARK HOSPITAL**: Email f[hft.nss@nhs.net](mailto:hft.nss@nhs.net%20) or call 0300 613 3535

**CUP/Acute Oncology Service: FRIMLEY PARK HOSPITAL**: Call 0300 6134752 or **WEXHAM PARK HOSPITAL**: Call 0300 615 3445

**NSS and CUP referrals at a glance**

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| **Eligibility Criteria** | **NSS** | **CUP** |
| New unexplained vague symptoms that do not fit an alternative designated pathway for urgent investigation or referral |  |  |
| Prerequisite tests including imaging do not suggest definitive diagnosis or alternative symptom-specific pathway |  |  |
| Prerequisite tests including imaging indicate metastatic cancer without clinical or radiological evidence |  |  |
| Patient understands they are being investigated for suspected cancer and are fit to go straight to test |  |  |
| Referrals triaged and eligible patients booked in for CT CAP. Incomplete referrals or missing investigations redirected back to GP. |  |  |

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| Contact: | Dr Laura Jones and Lara Roskelly |  | Review Date: | February 2026 |
| Contact title: | NSS Team |  | Date Updated: | February 2024 |
| Contact email: | [Fhft.nss@nhs.net](mailto:Fhft.nss@nhs.net) |  | New Review Date: |  |
| Date First Uploaded: | April 2021 |  |  |  |

Feedback Contact: [DXSfrimleyICS@nhs.net](mailto:DXSfrimleyICS@nhs.net)

(Note, patient information is not to be sent to this address)