

SCOTTISH CANCER REFERRAL GUIDELINES – CLINICAL REFRESH

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BACKGROUND

The Scottish Referral Guidelines for Suspected Cancer support primary care clinicians in identifying patients who are most likely to have cancer and therefore require urgent assessment by a specialist. Equally, the Guidelines help in identifying patients who are unlikely to have cancer, embedding safety netting as a diagnostic support tool.

The Guidelines, initially published in 2007, have undergone several refreshes, the most recent throughout 2018, as a result of new and emerging evidence initially identified by the Scottish Primary Care Cancer Group (SPCCG).

50%

Around 50% more patients are coming through on an Urgent Suspicion of Cancer (USC) pathway in Scotland compared to ten years ago, so it's essential to ensure the right patient is on the right pathway at the right time.¹

¹ Prior to 2010, USC referrals did not include cervical cancer referrals or referrals from screening programmes

METHOD

Funded by the Scottish Government's Detect Cancer Early Programme, led by Dr Peter Hutchison, and supported by Macmillan Cancer Support Scotland and Healthcare Improvement Scotland (HIS), the Review focused on eight pathways:

- Lung
- Upper Gastrointestinal
- Lower Gastrointestinal
- Children, Teenagers and Young Adults
- Breast
- Head and Neck
- Brain
- Urology

Pathways not included in the clinical refresh include Gynaecology, Haematology, Dermatology, and Malignant Cord Compression although epidemiological data was updated throughout the Guidelines.

A steering group was established to oversee the process and a detailed literature review undertaken by Healthcare Improvement Scotland (HIS) early on.

Multi-disciplinary workshops were then held, providing an opportunity for clinical specialists across NHSScotland to feed into the process and shape the revised Guidelines. Nine workshops were held across Scotland with further discussion undertaken virtually, to ensure consensus was reached.

The proposed revised Guidelines were then sent across NHSScotland in August 2018 inviting individuals to take part in the peer review process including those from primary care, secondary care, third sector, patient groups RCGP and many more.

Over 100 responses were received during the peer review process with comments ranging from GPs and Consultant Surgeons to Medical Directors, Community Link Workers and Consultant Radiologists. The majority were positive and supportive. Suggestions for revision were considered by the steering group and where appropriate reflected in the final Guidelines.

Some suggestions were not relevant for the 'refresh' nature of the process and will therefore be considered at the next comprehensive review of the Guidelines.

A dissemination group was established to oversee the implementation of the revised Guidelines and ensure its changes are clearly communicated to potential referrers and referral receivers. This includes representatives from Cancer Research UK, Community Pharmacy Scotland, Macmillan Cancer Support Scotland, HIS, SPCCG, Scottish Government and a Macmillan Cancer Nurse Consultant.

RESULTS

The updated Guidelines reflect changes within primary care, recognising not only the role GPs, advanced nurse practitioners, practice nurses, pharmacists, dentists and optometrists play in spotting symptoms, but also the importance of putting individuals at the centre of decision-making.

Around twenty changes have been made to the 2014 Scottish Referral Guidelines for Suspected Cancer, including:

Pathway	Referral Guideline change
General	Reference is made to Cancer Research UK's patient information leaflet - 'Your Urgent Referral Explained' - which the Referral Guidelines dissemination group supported the development of. The principles of Realistic Medicine is also reinforced throughout.
Lung	Thrombocytosis was added as a risk marker with guidance to chest x-ray (CXR), if no clues to other cancers.
Breast	Age range now >30 years for lumps [was 35].
Lower Gastrointestinal	Abdominal pain with weight loss was added as a reason for urgent referral.
Upper Gastrointestinal	Instead of abdominal pain being the required symptom, it is now stated that a combination of unexplained weight loss, particularly >55 years plus other alarm features (one of which is abdominal pain) is required for urgent referral.
Urological	Age range now 45 years and over for unexplained visible haematuria [no age range before].
Head & Neck	Unexplained unilateral ear pain was removed as a reason for urgent referral while the role of dentists is emphasised.
Brain and CNS	Headache with definite papilledema was changed from urgent referral to emergency referral, while the role of optometrists in assessing vision and possible papilledema was emphasised (optometrists should have access to urgent suspicion of cancer referral pathway).
Children, Teenagers and Young Adults	The guidance about children with repeat presentations (three or more times) of any symptoms which do not appear to be resolving or following an expected pattern was changed from 'always refer' to 'consider referring'. Meanwhile, unexplained petechiae or purpura requires emergency referral (was urgent).

CONCLUSION

Refreshing these Guidelines has been a collaborative effort and resulted in a highly engaging process across NHSScotland.

A condensed version of the Guidelines (Quick Reference Guide) will be sent to GP practices, Minor Injury Units (MIU) and A&E departments across Scotland from February 2019 onwards. This will be accompanied by Cancer Research UK's 'Your Urgent Referral Explained' leaflet and A3 visual map of the Guidelines.

Work will then continue to ensure the Guidelines are adopted and key changes communicated to both potential referrers, and referral receivers involved with vetting.

Due to the extensive resources required for the Guidelines and supporting materials to be physically sent, work will continue to further develop the Scottish Referral Guidelines app, to improve its functionality. The hope would be to move towards a fully electronic Guideline in the future which enables real time changes to be made as and when new evidence emerges.

To view the full Guidelines, summary of key changes, or to read the peer review summary analysis report, visit:

www.cancerreferral.scot.nhs.uk

For more information, please get in touch via:

Scottishcancerguidelines2018@gov.scot

"The updated Guidelines will help to improve safety netting within the system to help ensure people do not experience unnecessary delays in receiving their diagnosis, which means individuals are likely to have a more positive experience of the healthcare system. The updated Guidelines also emphasise the importance of good communication and access to information as early as possible. These are areas we know people with cancer tell us they would like to see improved." Lorraine Sloan, Strategic Partnership Manager – North of Scotland, Macmillan Cancer Support

"These Guidelines should help ensure consistency across the whole country for appropriate access to investigations and specialist opinion in those that need it most." Dr Hugh Brown, Chair, Scottish Primary Care Cancer

