

Regrading of Urgent - Suspicion of Cancer (USoC) referrals

The USoC Covid19 Pathway agreed by the clinical advisory group earlier in the pandemic included reprioritisation of USoC referrals that did not meet USoC referral guidance. This was to ensure referrals for patients with concerning symptoms, but not necessarily cancer symptoms, were not sent "back to referrer". Instead, these were "regraded" to appropriate clinical pathways.

An audit of this pathway highlighted that the volume of "back to referrer" outcomes has significantly reduced. Previously, 70% of "back to referrer" outcomes required re-referral by GP. This pathway has reduced this to 0.8%. This includes examples where referrals have been "upgraded" to hot clinics or admission arranged.

Common reasons for "back to referrer" or "regrading" outcomes included non-melanotic skin cancers (these do not require USoC referral) and ENT issues including "feeling of something in throat" and "intermittent" rather than persistent hoarseness. Gynaecology issues including ovarian cysts and dysfunctional uterine bleeding with no other concerning features are also common. Finally, referral to wrong speciality or location is also a frequent issue. Scottish Cancer Referrals guidelines can be found at www.cancerreferral.scot.nhs.uk

However, the audit found that there was a lack of consistency of referrers being informed when regrading had occurred. To address this, the attached letter will be produced automatically when a referral is "regraded". The letter has been approved by both Referral Management Group and Acute Sector.

If a referrer feels that regrading has been inappropriate, or has additional information that would support USoC status, we would encourage further USOC referral or discussion with consultant.

If you have any concerns regarding any cancer related issues please contact me at my new e-mail address douglas.rigg@nhs.scot

Many thanks

Dr Douglas Rigg

Clinical Lead West of Scotland Primary Care Cancer Network

Lead GP for Cancer - Greater Glasgow & Clyde

*** REQUIRES URGENT CLINICAL REVIEW ***



Date Letter Generated: <DATE LETTER GENERATED>
Contact Telephone Number: <RMC TEL NO>

Dear <Referrer Name>,

Please note, in accordance with the USoC Covid19 referral pathway, that the priority of the following referral has been changed following triage of the referral on <DATE VETTED>:

Original Referral Details

Patient CHI: <CHI>
Date of Referral: <DATE OF REFERRAL>
Urgency: <GP/GDP URGENCY & PRIORITY REASON>
Specialty: <SPECIALTY>
Sub-specialty: <SUB-SPECIALTY> (where appropriate)
Hospital: <HOSPITAL>

Reprioritisation Details

New Urgency: <VETTED URGENCY>
Reason for Reprioritisation:
a. <TICKBOX> Please refer to Scottish Referral Guidelines for Suspected Cancer
b. <TICKBOX> Other
Further information: <FREE TEXT INDICATING REASON>

Please note that the referral above will now be processed within the timescales of the new urgency detailed in the reprioritisation section above. This reprioritisation has not been communicated directly with the patient.

Should the patient's symptoms change, or if you have additional information or concerns to support urgent suspected cancer status of referral, please do not hesitate to re-refer the patient accordingly.

Yours faithfully,
<NAME OF VETTING CLINICIAN>