10 TOP TIPS

10 "Think Triggers" for early referral in suspected cancer

Author /Creator:
Dr David Linden – Macmillan GP Adviser

1 When did you last refresh your knowledge of the referral guidelines for suspected cancer?

2 Remember that clinical suspicion is paramount and can sometimes override what the guidelines indicate.

3 Common things are common and most presentations are fairly predictable. But unusual presentations do happen – what was the last one you had to refer?

4 Do you/does your practice undertake significant event analyses for patients in whom there has been a delay in referral/diagnosis? Remember a significant event analysis can be used for your appraisal and for QoF.

5 Do you analyse your urgent/2-week-rule referral rate and what the outcomes have been for patients referred through this route? If you do, does it affect your referral behaviour? How do you compare with other practices in your area?

6 Have you stopped to think what it is that sometimes makes you reluctant to refer? How can you get round that?

7 Are you aware of *all* the 'at risk' groups? Everyone knows that smokers are at increased risk of lung cancer but are you aware of the increased risk of malignancy that accompanies some medical conditions?

8 Do you/does your practice do anything to encourage those in 'at risk' groups to recognise what could be a serious symptom and to come along at an early stage to discuss i.e. patient information leaflets?

9 If you have a niggling concern about a patient but don't feel you need to refer, do you get advice from your colleagues in the practice? Do you use your local consultants for advice (e.g. a phone call or email) about whether to refer?

10 If 'open access' or 'direct to test' investigations are available in your area, how often to you make use of them? Do you follow up on patients who have 'normal' or 'negative' tests?

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