

Cancer 2 week waits referrals

Following on from the communication sent out last week regarding the 2ww referral and triage process please see below with an update and more detail relating to triage decisions:

On receipt of a 2ww referral, patients will be contacted either by phone or letter.

As far as possible referrals will be triaged into high, intermediate or low risk of cancer based upon all available evidence.

High risk: Progress cancer pathway:

Under COVID-19 pressures and national guidance the availability of STT investigations is reducing. If it is possible patients will proceed to STT investigation. This should not replace situations where face-to-face assessment remains the gold-standard although consideration should be given as to where cases may be managed via telephone clinic. Referrals will be held and managed by LTHT.

Low risk: Reassure and discharge back to primary care:

Where evidence to support a likely cancer diagnosis is soft/poor and a viable alternate diagnosis can be made following triage, the patient is discharged to primary care. The patient will be asked to present themselves back to the GP if there is clinical progression of symptoms, with a view to re-referral into LTHT. This will need supported patient and primary care advice/documentation.

Uncertain risk: LTHT-supervised period of remote observation:

Where a cancer diagnosis is in doubt from the evidence, but a viable alternate explanation cannot be put forward, the patient enters a period of LTHT MDT-led observation/safety-netting. A scheduled nurse-led symptomatic review will be undertaken within 12 weeks. Patient advice will be provided for any interim deterioration/change. This review would enable step-up (cancer pathway progression), or discharge (to primary care).

Blood Tests:

If at all possible please refer patient with the ACE battery of blood tests (particularly for UGI and LGI referrals) to help assist with remote clinical decision making. The referral will still be progress regardless of the outcome of the blood tests.

The battery of blood tests is available on ICE.

Radiology services at LTHT

Please [see guidance from LTHT regarding the cancellation of all routine](#) diagnostics and assistance required from primary care to further support LTHT with the prioritisation and management of these patients. The letter provides further clarification regarding the decision to return patients to primary care for clinical triage and revalidation.

In addition we are pleased to confirm that access to urgent chest x-ray will be available from Thursday 9th April, for patients aged ≥ 40 with ≥ 2 of the following unexplained symptoms *or* if they have ever smoked and have ≥ 1 or more of the following unexplained symptoms:

- Persistent cough >3 weeks
- Shortness of breath with clinical signs suggestion pleural effusion
- Persistent or progressive chest pain

- Significant weight loss and loss of appetite especially with cough

Requests should be made, by [following the SOP](#)

Audiology services at LTHT

All non-urgent referrals are being returned to GP's (those referrals received following the 23rd March 2020). As a GP if you have a patient who has had a sudden onset then please adhere to the NICE guidance on hearing loss <https://cks.nice.org.uk/hearing-loss-in-adults#lscenario>. LTHT will see patients who are referred urgently as set out below:

- Currently Audiology service at Leeds teaching hospital has suspended all its face to face appointments for the next 12 weeks with a view to reassess the situation. This includes new adult diagnostic appointments for hearing assessments and fittings, vestibular diagnostics, tinnitus, and annual reviews for paediatric hearing aid patients and all face to face repair clinics.
- LTHT are offering a remote postal service for all patients' - children and adults. Patients who have an urgent need and cannot wait for a postal service can ask someone to drop off their hearing aids at the Hearing and Balance reception area and we will endeavour to resolve the issue at the time or within a few hours. LTHT are offering telephone reviews for any patient who has distressing tinnitus.
- LTHT are only offering face to face appointments for patients referred by oncology, ENT or the wards with an urgent need for assessment, post meningitic patients, contraindications and bilateral referrals from the new born hearing screen and patients who have an urgent need for ear moulds.
- All routine referrals that we received prior to the 23rd March are being processed and the patients will be seen when we have resumed face to face appoints.
- Supporting information for patients [is here](#) (adults) and [here](#) (children)