Hackney & City
GP Engagement Event
Urgent Suspected Cancer pathway

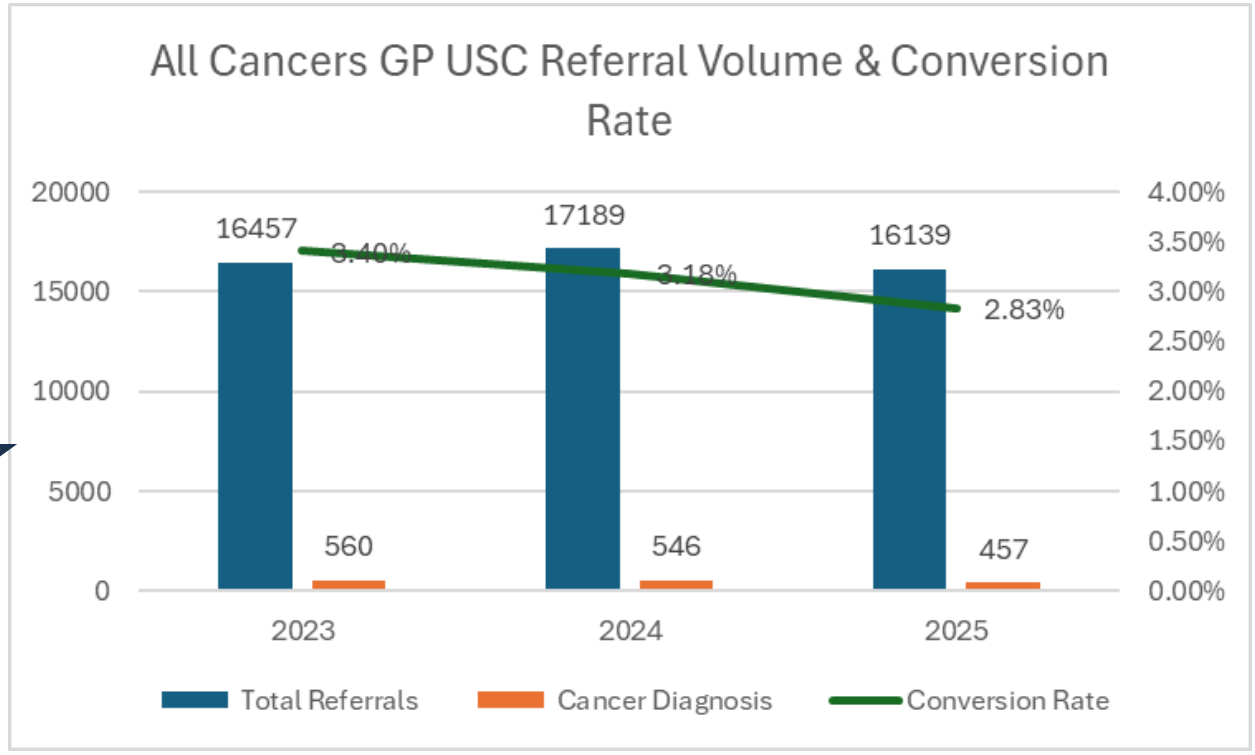
November 2025

Dr Reshma Shah, GP Clinical lead for Cancer, Latimer Health Centre
Liz Crisp, Cancer Referrals Improvement Project Manager

Aims for the session

- Explore challenges for the urgent suspected cancer (USC) pathway, especially around referral accuracy, conversion rates, DNAs,
- Present objectives of the QI project to address these challenges
- Introduce tools and resources to support conversations in primary care at point of referral and receive feedback from colleagues in primary care
- Clarify flow of the pathway, including advice & guidance, direct access scans, hear thoughts and feedback from primary care colleagues

NHS England's target number!

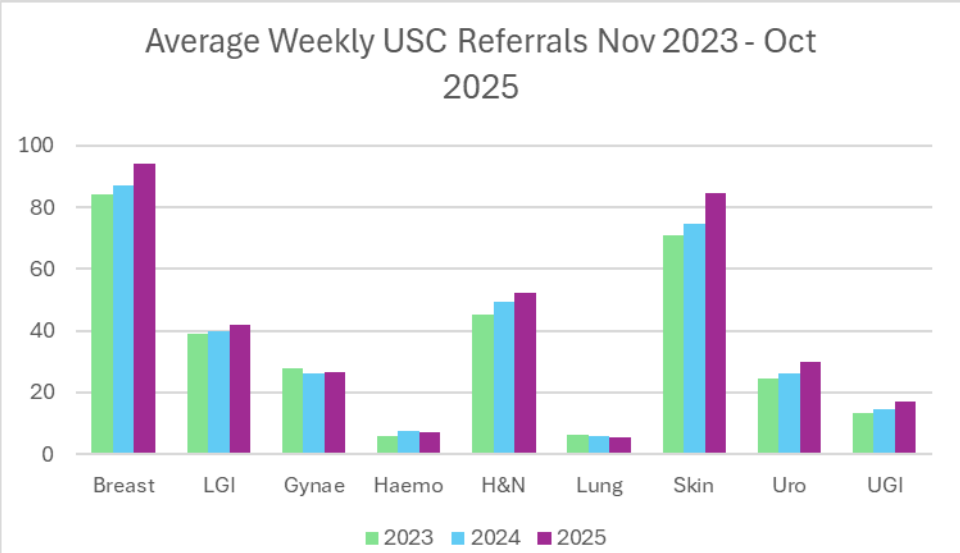


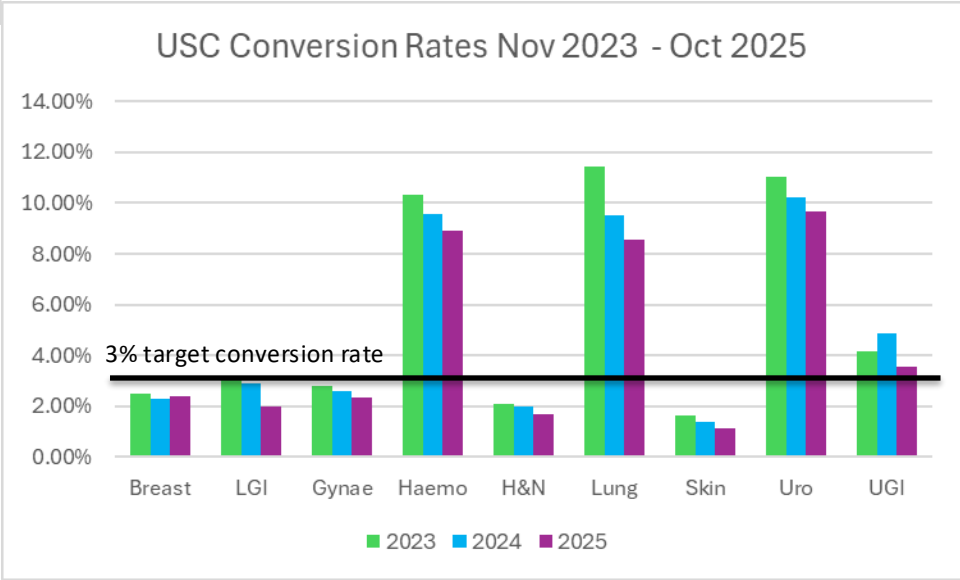
2025 figures up to 9/11/25, but weekly averages predict:

- Volume projected to increase by ~8.4% by end of 2025
- Conversion rate dropped 0.57% in last 2 years, so is not tracking at 3% in line with volume increase

	Total Referrals	Cancer Diagnosis	Conversion Rate	Weekly Av no. of referrals
2023	16457	560	3.40%	316
2024	17189	546	3.18%	331
2025	16139	457	2.83%	359

Referral Volume and Conversion Rate by Tumour Site





Generally, USC referrals have increased over the last three years across most tumour sites. Slight drop- lung and haematology (relatively smaller referral volumes)

Conversion rates are decreasing across all tumour sites.

Lung – high conversion due to imaging done before, similar with Urology and PSA testing

Skin – highest referral increase and lowest conversion rate (1.13%). Isla project seeking to improve this pathway

Intro to the QI Project

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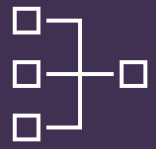
Scope: Urgent Suspected Cancer referral pathway for City & Hackney (mostly) GPs

Timeline: June 2025 to March 2026

3 Workstreams

Improving Patient Communications

Primary and secondary care relationships



Improving processes

Project Outcomes

- Improved patient engagement and reduced anxiety
- Accessible information presented in a variety of media
- Collaboration with diverse groups with lived experience
- Established relationships with General Practice to achieve better referral quality and pathway utilisation
- Efficient pathways and clear process

Missed Appointments “DNAs”

What GPs told us

- GPs can’t always book the appointment while patient is present
- **Letters arrive too late**
- **Phone calls from a private number are more likely to be missed**
- **Poor mobile phone connectivity**
- Digital exclusion
- Language barriers
- Vulnerabilities and complex needs
- Fear and Anxiety
- Pace and volume of USC pathway
- People can’t get through to booking lines
- Misunderstanding about the appointment
- Got seen elsewhere (A&E, Private sector)
- Patient is overseas
- Unclear if appointment is face-to-face or by phone
- Patient forgot

What our data told us

DNA Rates (Oct 2024 – Sep 2025) 1st USC Appointments **5.6% DNA** compared to **10.6%** for all 1st Outpatient Appointments

Wide demographic variation for 1st USC appointment -ranging from **3.8% for White Females** to **13.4% for Black Males**.

Black Males 2.3 x as likely to DNA a 1st USC appointment than **Black Females** and 2 **x as likely** compared **to Males of all other ethnicities.**

Literature review confirms worse health outcomes for black men

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About the Cancer Referrals Team

- A dedicated team just for Cancer Referrals
- Special phone line for cancer referrals (separate to the general outpatients' number) - **020 8510 5099**
- Around 75 new USC referrals received everyday
- Text messages are sent in advance of appointments (letters often arrive after the appointment)
- Since May 2025, Cancer Referral Officers attempt to call every patient being referred to a USC pathway to remind them about their appointment - – a huge impact on patients' attendance

Cancer Referrals Team  **020 8510 5099**

Example Outpatients Appointment Letter

We are pleased to tell you that an appointment has been booked for you as follows:

Appointment Type: Acute Gynae USC New (NoBT) Appointment HUH
Date & Time: Friday 14 November 2025 at 10:00
Venue: Gynaecology Outpatients

Please report to the Day Stay Unit reception for Gynaecology Outpatients appointments.

Please arrive 15 mins before your appointment time, as you may be required to have some tests prior to seeing the consultant. Please bring with you this appointment letter and any medication you are currently taking.

We try hard to minimise delays in clinic. Please allow up to 2 hours for your appointment. You may have an ultrasound scan performed during your visit.

Please note, we have both male and female Gynaecologists. If you only wish to see a female Gynaecologist, contact us on 020 8510 5099 so we can try to re-book your appointment with a female Gynaecologist. This may mean you have to wait longer for an appointment. Certain clinics are only run by male Gynaecologists. If so, we will not be able to give you an appointment with a female Gynaecologist.

The reason for this appointment is because your GP or another clinician feels your symptoms need checking for cancer. The appointment is part of the NHS's Urgent Suspected Cancer Pathway. This means we aim to tell you within 28 days if you have cancer or to have it ruled out. Most patients referred this way do NOT have cancer. But it is important that we check you quickly so you can get the best care, if needed.
You can read more about the Urgent Suspected Cancer Pathway on our website here:
https://www.homerton.nhs.uk/urgent-suspected-cancer-pathway

To help us help you, please attend all your appointments. We are open from 9am to 5pm, Monday to Friday.

If you are unable to keep this appointment please let us know as soon as possible by ringing the telephone number above and another appointment will be made for you. If you fail to contact us and then do not attend, we will discharge you back to the care of your GP.

If you change your address, phone number or GP, please contact us immediately so that we have your new details. All patient information is treated confidentially, for more information visit our website. Central Bookings is open from 8am until 8pm Monday to Friday.

Example Telephone Appointment Letter

We are pleased to tell you that an appointment has been booked for you as follows:

YOU DO NOT NEED TO ATTEND THE HOSPITAL

Appointment Type: Colorectal USC STT Triage Non Face-to-Face New Appointm
Date & Time: Friday 14 November 2025 at 12:00
Venue: Telephone Consultation

The phone numbers that we have for you are:
Home: [redacted] Mobile: [redacted]

We try to minimise delays but please allow up to an hour to receive your call for your appointment. It is also important that you refrain from using the telephone at your appointment time to keep the line free to receive the call from us.

Please ensure that you are able to receive incoming calls from anonymous numbers (you can check this through your telephone provider). Please try to ensure that background noise is kept to a minimum during the telephone consultation.

Your telephone appointment may be with a nurse or a doctor. You may need to have tests before your appointment. If so, someone will be in touch with the details. Please ensure you attend these tests before your appointment.

The reason for this appointment is because your GP or another clinician feels your symptoms need checking for cancer. The appointment is part of the NHS's Urgent Suspected Cancer Pathway. This means we aim to tell you within 28 days if you have cancer or to have it ruled out. **Most patients referred this way do NOT** have cancer. But it is important that we check you quickly so you can get the best care, if needed.
You can read more about the Urgent Suspected Cancer Pathway on our website here:
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If you are unable to keep this appointment please let us know as soon as possible by ringing the telephone number above and another appointment will be made for you. If you fail to contact us and then do not attend, we will discharge you back to the care of your GP.
If you change your address, phone number or GP, please contact us immediately so that we have your new details. All patient information is treated confidentially, for more information visit our

Patient comms Products

- ✓ New letters stating that cancer is being investigated and how to prepare
- ✓ Text messages – states Urgent Suspected Cancer Appointment, link to DrDoctor and Cancer Services webpage
- ✓ Outbound phone calls to every patient
- ✓ New webpage on USC appointments in development – PDF to be shared with general practices to give to their patients [Urgent Suspected Cancer Pathway | Homerton Healthcare NHS Foundation Trust]

In development

- ➢ Provide PDF copies of USC pathway webpage to GPs
- ➢ Easy read version of USC pathway in development
- ➢ Engagement strategies for Charedi Jewish community and people with learning disabilities and autism
- ➢ NELCA Animations on the FDS pathway
- ➢ DrDoctor text message service – upload useful information to the app
- ➢ **Supporting Conversations in primary care**

? **How to engage black men and other minority groups?**

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Primary and Secondary Care Relationships

- Survey results
- Bookable and non-bookable appointments
- USC Toolkit
- Directory of Service 'DoS'

Key findings from the GP Survey

July – August 2025, 38 questions, 36 people responded

Our big fours take-aways from the survey are:

1. **Communication** – keeping GPs informed about Cancer Referrals service and update on changes
2. **Appointment bookings -** frustrations about not being able to directly book appointments on e-RS when the patient is with the GP
3. **Process flow –** we need clearer guidance on next steps and responsibilities, especially after USC appointments, diagnosis, direct access scans and advice & guidance. **How can the hospital staff get in touch with GPs if they have a query**
4. **Improving patient information -** this is the most highly rated improvement we could make.

Certain things are impossible to move, so we have workarounds

Immovable issue	Our workaround	What the GP could do to help
Letters sent by second class post	• Text reminders • Telephone every patient • USC toolkit for GPs • Post arrangements under review	• Explain to patient what to expect (see USC toolkit) • State any access issues in the Pan-London form
Private number phone calls	• Explain this in our new letters and text messages and reminder calls to patients	• Let the patient know hospital calls are from a private number
Unbookable appointment slots due to vetting: *Gynae, Lower GI, Upper GI, Head & Neck*	• USC toolkit to support conversations in primary care • Clarify which appointments have vetting arrangements and reasons why	• Refer to toolkit give patient appointment details - we'll be in touch with date and time. • Tell the patient a nurse may call to get some initial details.

Why some appointments ‘defer to provider’

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RAS/Triage

- Gynae, Lower-GI, Upper-GI and Head & Neck are triaged by a specialist, then booked into a clinic.
- Ensures patients are directed to correct clinic, addresses previous issues with errant bookings, wasted slots and disappointed patients
- Provides additional support to patients with more complex need involved.
- Patient engagement and attendance has vastly improved, and clinic time is managed more efficiently.

Outside the Polling Ranges

- For USC appointments, a polling range is set for booking slots between 7 or 14 days.
- For dates beyond the polling range, the system will state ‘Defer to Provider’.
- Our Faster Diagnosis Standard clock starts at point of referral. If patient is unavailable over the next two weeks, please refer when they are available. This is NHSE guidance.

Capacity

If a service is over-subscribed or the team is understaffed, you may see the message ‘defer to provider’.

This should not happen for an urgent cancer appointment but occasionally things happen beyond our control.

GP USC Toolkit

- Equipping GPs to have informed conversations with their patients at point of referral
- Support GPs to direct patient to correct appointment and best use of the pathway
- Includes
  - Referral route for each tumour site
  - Essential and optional tests
  - What we need to know (e.g. contra-indications for MRI)
  - What to tell patients – e.g. timings of appointments, preparations, useful things to know, webpages and animations
  - Useful information (e.g. webpage links, clinical animations, leaflets)

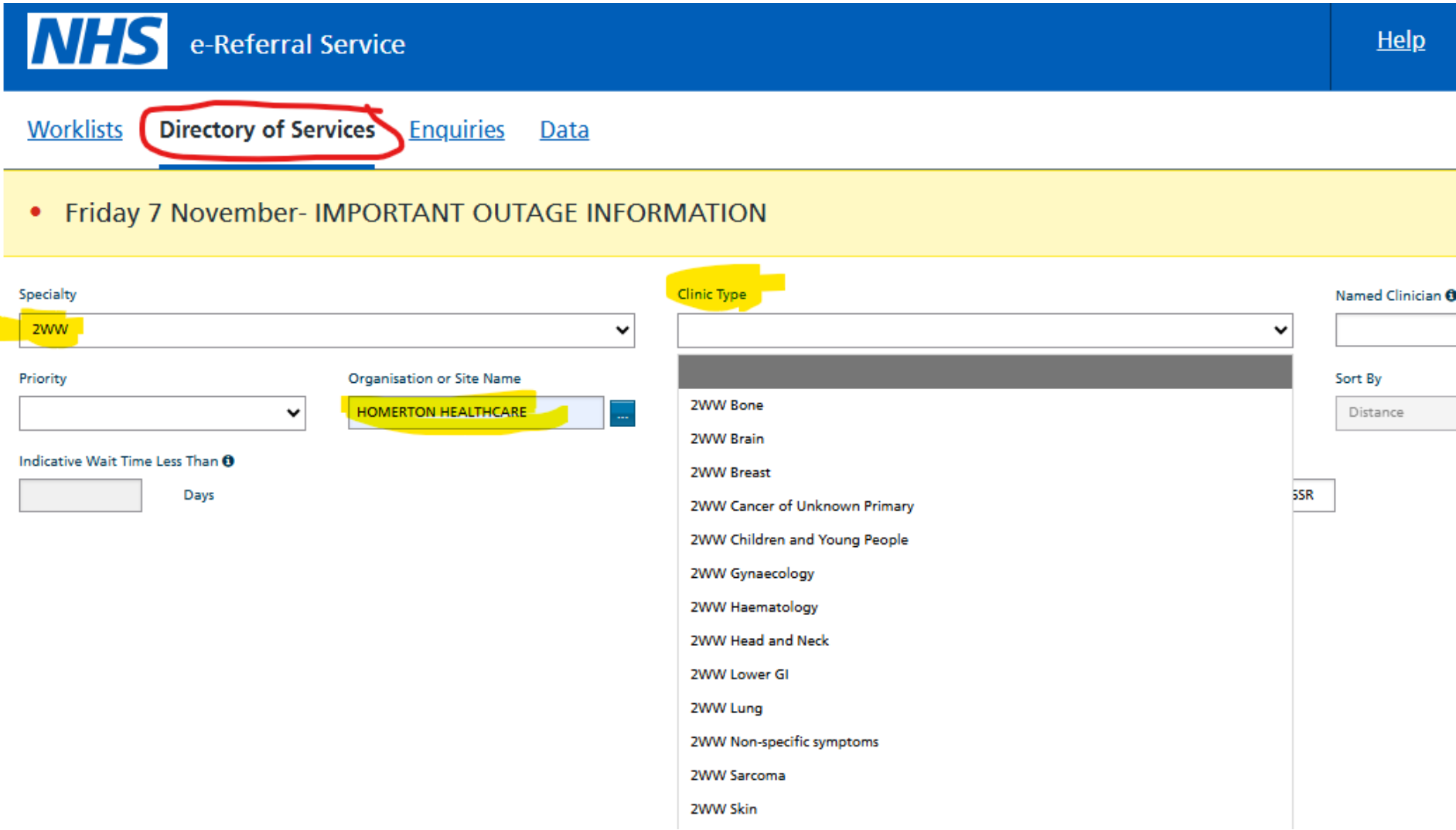
GP USC Toolkit Part 1

Tumour Grou	Referral Route	Possible procedures on typical pathway	Essential tests prior to referral	Optional tests (concurrent to referral) or other useful information
Colorectal	Referral Assessment Service - defer to provider for triage before booking appointment. First appointment by phone unless face-to-face appointment required, e.g. for rectal or anal mass, mental impairment or no capacity), then straight to test booked by service. 18+ years.	Colonoscopy Flexible sigmoidoscopy, CT pneumocolon, CT CAP.	FIT (if clincally appropriate) and FBC, U&E, Iron Studies within 6 months Test results must be available in time for the first appointment. Failure to do so may delay patients' treatment. If a patient is not able or refuses to have investigations, please state in referral form.	If clinically appropriate: H. Pilory Screening, stool MC&S, caeliac screening (these tests may rule out the need for USC referral)
Lung	GP to book before the patient leaves your surgery. Phone and outpatients appointments avaiable. In cases of SVC obstruction or stridor, consider emergency admission rather than urgent outpatient appointment. .	Pleural tap, lymph node aspiration, FNA of lump, lung function tests, blood tests, CT scan, USS	CT chest scan within last 6 months using the direct access chest pathway: https://gps.cityandhackneyccg.nhs.uk/pathways/direct-access-ct-chest If CT chest scan done at another centre, please specify so that we can obtain the images prior to the appointment. In cases of florid metastic disease, the referral may be made before the CXR or CT scan result is available but an immediate CXR request should be made.	Renal function blood test can be omitted U&E, Bone Profile, LFT

GP USC Toolkit Part 2

Tumour Grou	Things the hospital needs to know	What the hospital tells the patient in letters and text messages	Web page for the specialty	Link to other useful resources [include clinical animations]
Head & Neck - ENT	Contraindications for MRIs (e.g. pacemakers, aneurism clips etc), claustraphobia, pregnacy, allergy to contrast	Phone appointments: Your telephone appointment may be with a nurse or a doctor. Outpatient appointments: We try hard to minimise delays in clinic, but you should allow up to 2 hours for your appointment. You may be required to have some tests when you attend the clinic. You may be asked to have tests before your appointment. If so, someone will get in touch with the details. Please make sure you have these tests before your appointment if we ask you to do these.		FDS Clinical animation NELCA H&N USC training opn Cancer Academy
Urology - Bladder and Renal	Any pervious contrast allergies, contraindications for MRI (e.g anuerism clips, metal implants, valves etc) **Patient is available to attend appointments over following 6 weeks after initial referral. (if on holiday, please refer after return).**	Phone appointment: You will be called by either a Clinical Nurse Specialist or consultant. They will ask you questions about your symptoms. They may arrange for some tests to be done. If so, they will talk to you about these tests in the phone call. The reason for this appointment is because your GP or another clinician has seen urine in your blood (haematuria) and feels your symptoms need checking for cancer. Outpatient appointment: We try hard to minimise delays in clinic. Please allow up to 2 hours for your appointment. You may be asked to have a radiology scan before your appointment. If so, our radiology department will get in touch with the details. The reason for this appointment is because your GP or another clinician has seen urine in your blood (haematuria) and feels your symptoms need checking for cancer.	https://www.homerton.nhs.uk/cancer-services	[Add link to NELCA FDS Clinical animations video]

Directory of Service on eRS



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Improving Process

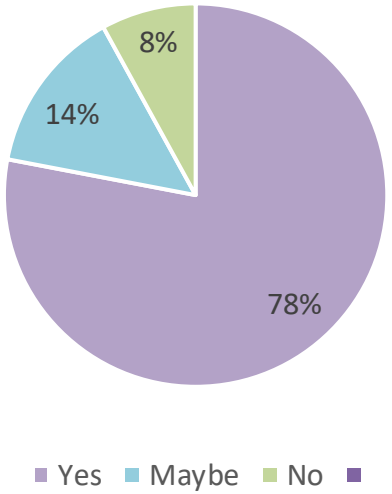
Using T-Quest

Process maps:

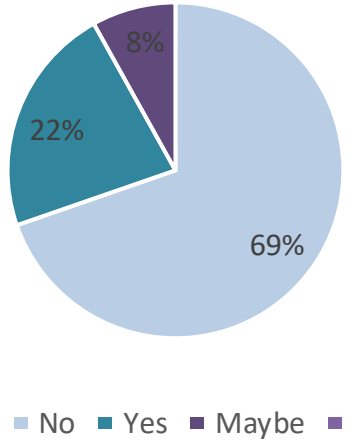
- USC Pathway for GPs
- Cancer suspected from routine direct access scan
- USC recommended after advice & guidance

Feedback on Direct Access

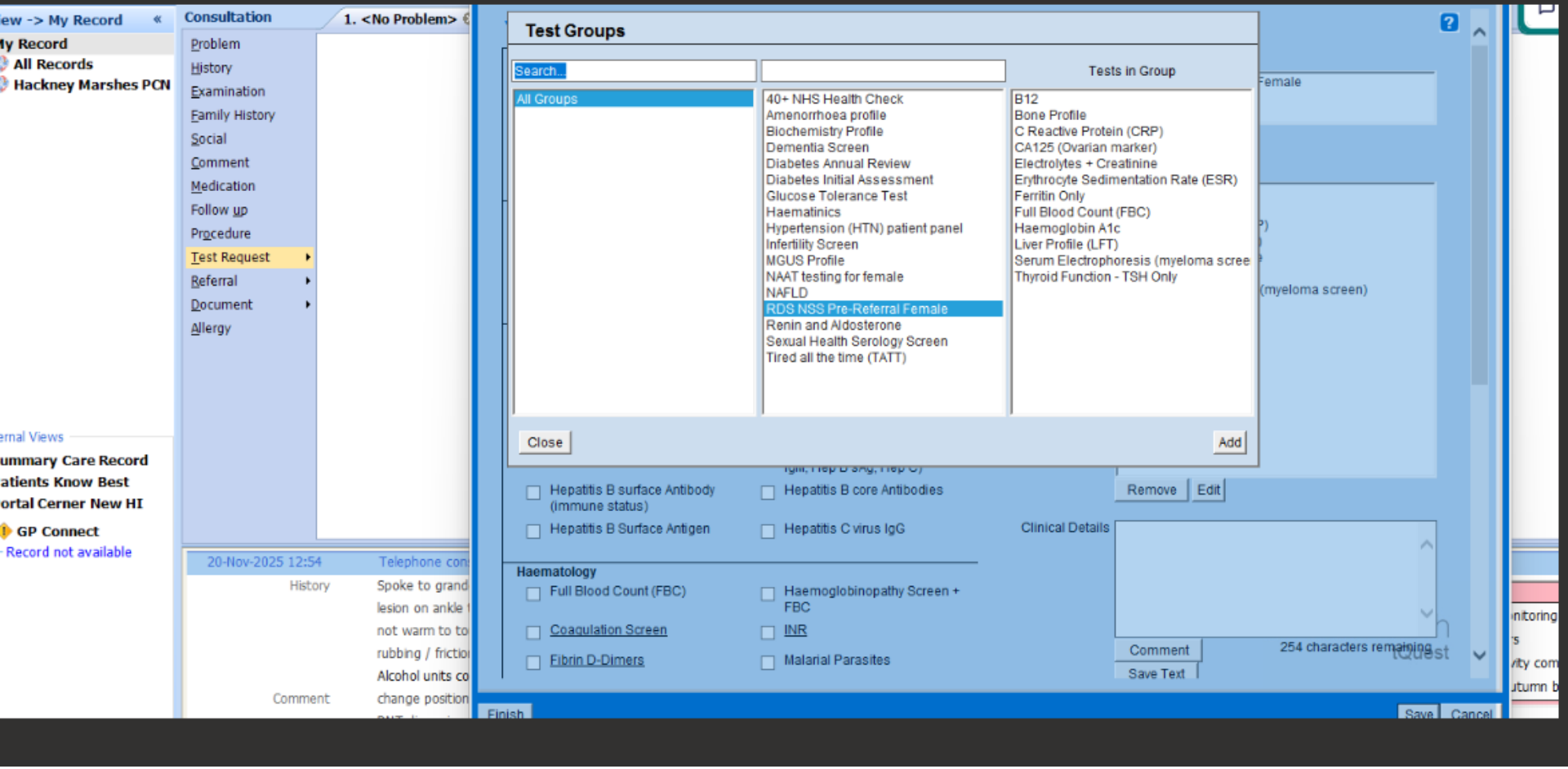
Are you aware of the direct access services available to City & Hackney patients?



Have you used the batch testing function on tQuest for vague symptoms/weight loss.



- Most people knew about direct access services, although much less so for batch testing function on tQuest for vague symptoms/weight loss
- Those that used it mostly spoke about a positive experience and said it could help speed up the process, although some variation of experience depending on the type of test being requested
- Not all GPs saw the value and felt this was the role of the specialist
- **Clarity is required over the next steps and who is responsible for these – an action for us to take away**


Test Groups
Search...
All Groups
40+ NHS Health Check
Amenorrhoea profile
Biochemistry Profile
Dementia Screen
Diabetes Annual Review
Diabetes Initial Assessment
Glucose Tolerance Test
Haematinics
Hypertension (HTN) patient panel
Infertility Screen
MGUS Profile
NAAT testing for female
NAFLD
RDS NSS Pre-Referral Female
Renin and Aldosterone
Sexual Health Serology Screen
Tired all the time (TATT)
Tests in Group
B12
Bone Profile
C Reactive Protein (CRP)
CA125 (Ovarian marker)
Electrolytes + Creatinine
Erythrocyte Sedimentation Rate (ESR)
Ferritin Only
Full Blood Count (FBC)
Haemoglobin A1c
Liver Profile (LFT)
Serum Electrophoresis (myeloma scree
Thyroid Function - TSH Only
Close
Add
Consultation
1. <No Problem>
Problem
History
Examination
Family History
Social
Comment
Medication
Follow up
Procedure
Test Request
Referral
Document
Allergy
Hepatitis B surface Antibody (immune status)
Hepatitis B core Antibodies
Hepatitis B Surface Antigen
Hepatitis C virus IgG
Haematology
Full Blood Count (FBC)
Haemoglobinopathy Screen + FBC
Coagulation Screen
INR
Fibrin D-Dimers
Malarial Parasites
Clinical Details
Remove
Edit
Comment
Save Text
254 characters remaining
Finish
Save
Cancel
Female
(myeloma screen)
20-Nov-2025 12:54
History
Comment
GP Connect
Record not available

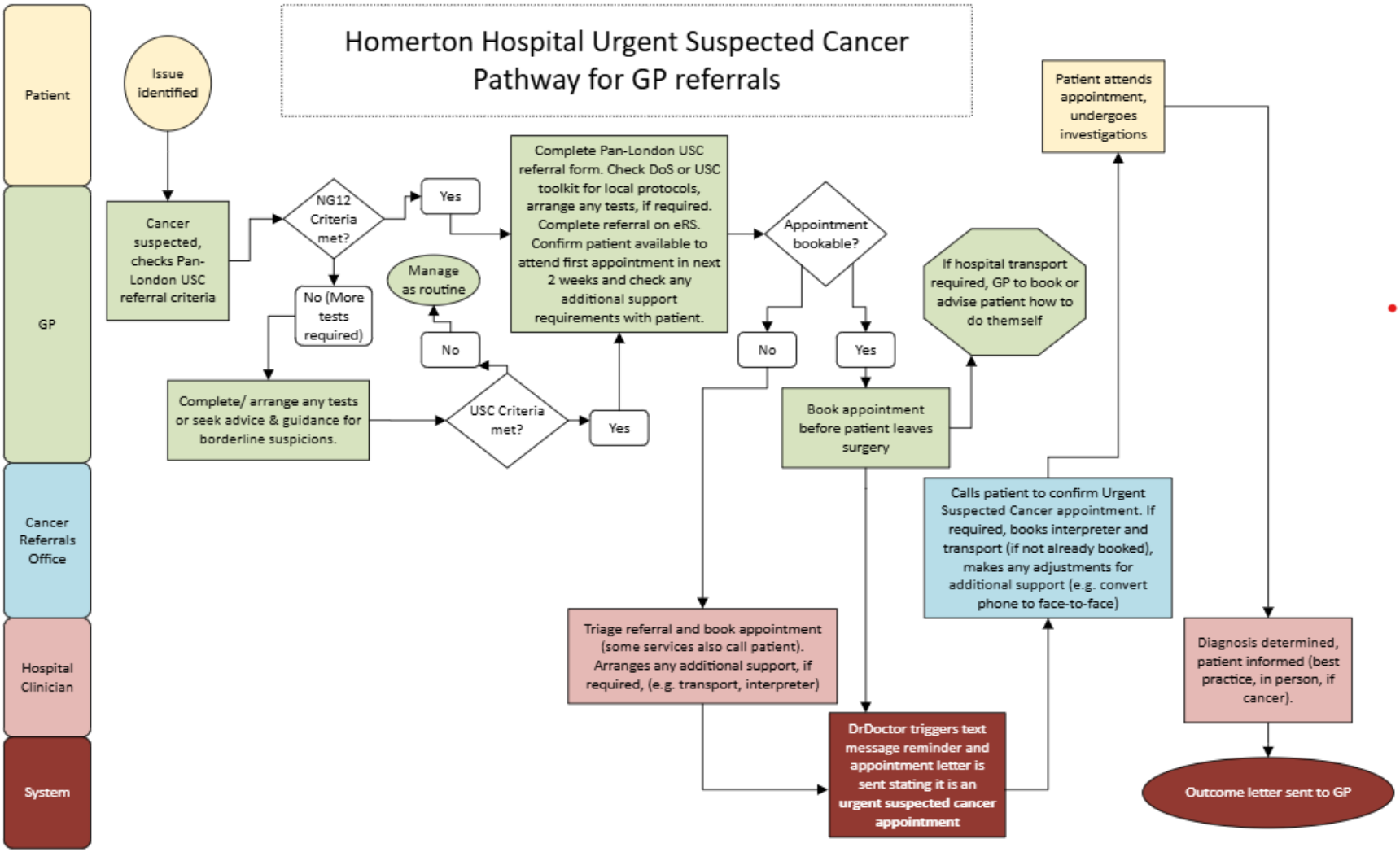
Process Maps

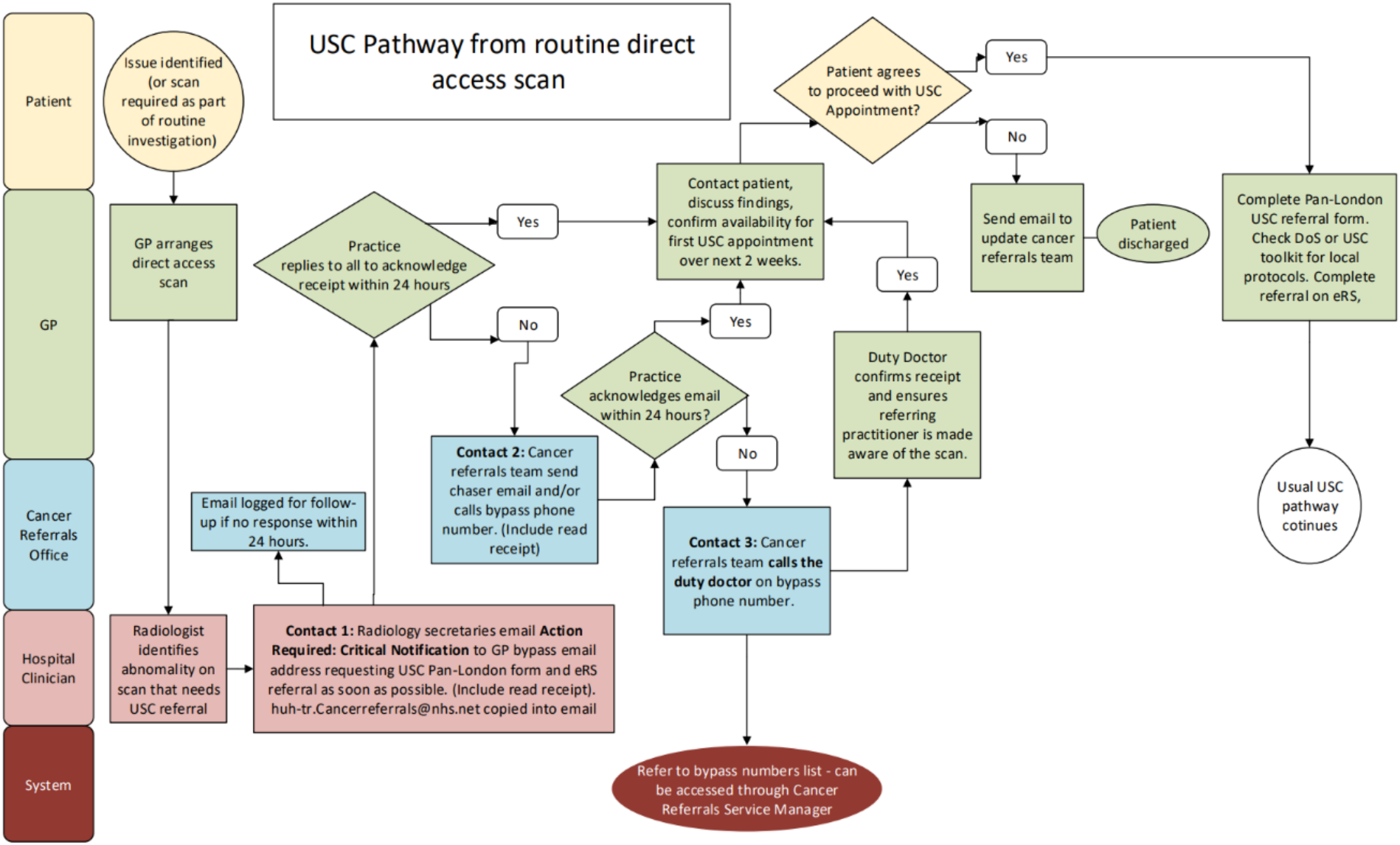
The next three slides show the process map versions that were shown on the video in November 2025.

Since then, the formatting has changed, although content is the same.

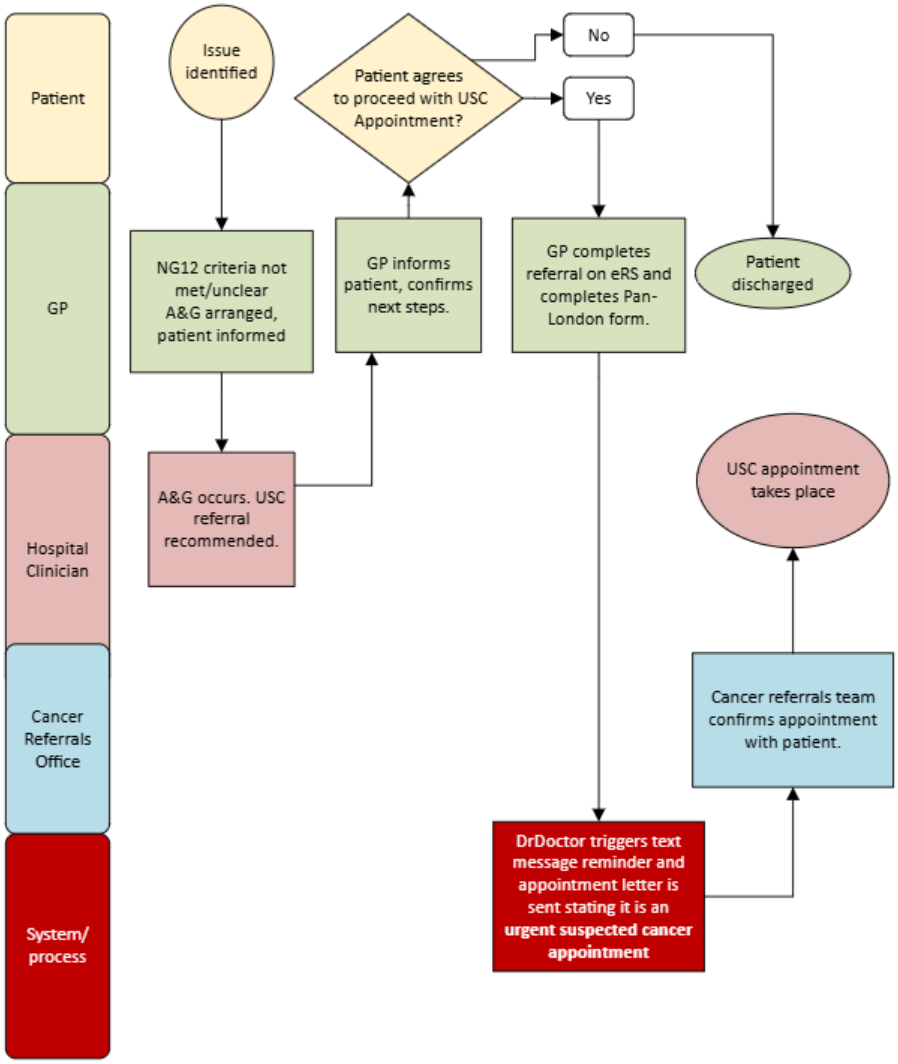
For latest versions of process maps, please see:

Process Maps USC Pathways.pdf


Homerton Hospital Urgent Suspected Cancer Pathway for GP referrals
Patient
GP
Cancer Referrals Office
Hospital Clinician
System
Issue identified
Cancer suspected, checks Pan-London USC referral criteria
NG12 Criteria met?
Yes
No (More tests required)
Manage as routine
No
Complete/ arrange any tests or seek advice & guidance for borderline suspicions.
USC Criteria met?
Yes
Complete Pan-London USC referral form. Check DoS or USC toolkit for local protocols, arrange any tests, if required. Complete referral on eRS. Confirm patient available to attend first appointment in next 2 weeks and check any additional support requirements with patient.
Appointment bookable?
No
Yes
If hospital transport required, GP to book or advise patient how to do themself
Book appointment before patient leaves surgery
Triage referral and book appointment (some services also call patient). Arranges any additional support, if required, (e.g. transport, interpreter)
Calls patient to confirm Urgent Suspected Cancer appointment. If required, books interpreter and transport (if not already booked), makes any adjustments for additional support (e.g. convert phone to face-to-face)
DrDoctor triggers text message reminder and appointment letter is sent stating it is an urgent suspected cancer appointment
Patient attends appointment, undergoes investigations
Diagnosis determined, patient informed (best practice, in person, if cancer).
Outcome letter sent to GP


USC Pathway from routine direct access scan
Patient
GP
Cancer Referrals Office
Hospital Clinician
System
Issue identified (or scan required as part of routine investigation)
GP arranges direct access scan
Radiologist identifies abnomality on scan that needs USC referral
Contact 1: Radiology secretaries email Action Required: Critical Notification to GP bypass email address requesting USC Pan-London form and eRS referral as soon as possible. (Include read receipt). huh-tr.Cancerreferrals@nhs.net copied into email
Email logged for follow-up if no response within 24 hours.
Practice replies to all to acknowledge receipt within 24 hours
Yes
No
Contact 2: Cancer referrals team send chaser email and/or calls bypass phone number. (Include read receipt)
Practice acknowledges email within 24 hours?
Yes
No
Contact 3: Cancer referrals team calls the duty doctor on bypass phone number.
Refer to bypass numbers list - can be accessed through Cancer Referrals Service Manager
Duty Doctor confirms receipt and ensures referring practitioner is made aware of the scan.
Yes
Contact patient, discuss findings, confirm availability for first USC appointment over next 2 weeks.
Patient agrees to proceed with USC Appointment?
Yes
No
Send email to update cancer referrals team
Patient discharged
Complete Pan-London USC referral form. Check DoS or USC toolkit for local protocols. Complete referral on eRS,
Usual USC pathway cotinues

USC Pathway following Advice & Guidance (A&G) (Excluding Telederm/ Dermatascope referrals)



Recap

- Clarifying process for USC referrals and suspected cancers from A&G and Routine Scans
- Introducing USC toolkit for GPs and other products
- Improving patient engagement, especially minority communities

Any suggestions, comments or queries, please contact Liz at Elizabeth.crisp1@nhs.net.