



Wessex Rapid Investigation Service Frequently asked questions (FAQs) for GPs

What is the Rapid Investigation Service and when can I refer my patients to it?

The Wessex RIS is a non-site-specific cancer referral pathway. It is for patients in whom there is concern about cancer, but who do not fit other site-specific two-week wait referral criteria. It was set up in 2020 and is available to all patients in Wessex. The RIS is working in partnership with the acute trusts in Wessex to provide timely access to appropriate investigations to exclude cancer in patients with concerning non-specific symptoms. The most common first-line investigation is a CT scan of the chest, abdomen and pelvis. These investigations will take place in a trust local to the patient.

Why do we need a Rapid Investigation Service?

The National Rapid Diagnostic Centre (RDC) project specified that all Cancer Alliances should establish a Rapid Diagnostic Centre(s) by 2020. Wessex Cancer Alliance developed a specification for a single Wessex-wide Rapid Investigation Service (RIS) providing faster investigation for patients presenting with non-specific symptoms that may indicate cancer.

What is the referral process?

The RIS referral process is via E-referrals. The completed referral proforma should contain the results of all of the mandatory filter tests, and a detailed reason for referral. The RIS is a remote service, so it is essential that all patients are seen face-to-face and examined prior to referral. It is also important to give as much detail as possible in cases of frailty, learning difficulties, mobility issues etc.

Filter tests as detailed below in the referral form, must be completed and reviewed prior to the referral, as they may indicate an alternative and more appropriate onward referral route. Where filter tests are outstanding, the RIS will return the referral. The filter tests have been agreed upon by the Wessex RIS Clinical Reference Group based on nationally mandated RDC filter tests and previous work through Task and Finish Groups.

What are the referral criteria and the mandatory filter tests?

The referral criteria and filter tests are detailed on the referral form below.

Referrals which fulfil other site specific **NG12** two-week wait criteria should be referred to the appropriate team rather than to the RIS.

In order to ensure that the RIS is the appropriate referral pathway, we request that the following tests be completed, with the results seen by the referring GP prior to referral.

FIT test (within 3 months).

Urinalysis.

Blood tests (within 2 months): FBC, Renal function, LFTs, TFTs, ESR and CRP, Bone profile, Ca125 (women) PSA (men), fasting glucose or HBA1c (if newly elevated please request faecal elastase).

Chest x-ray (within 3 months) is desirable but not mandatory.

Please also consider myeloma screen, coeliac screen, faecal elastase if clinically indicated.

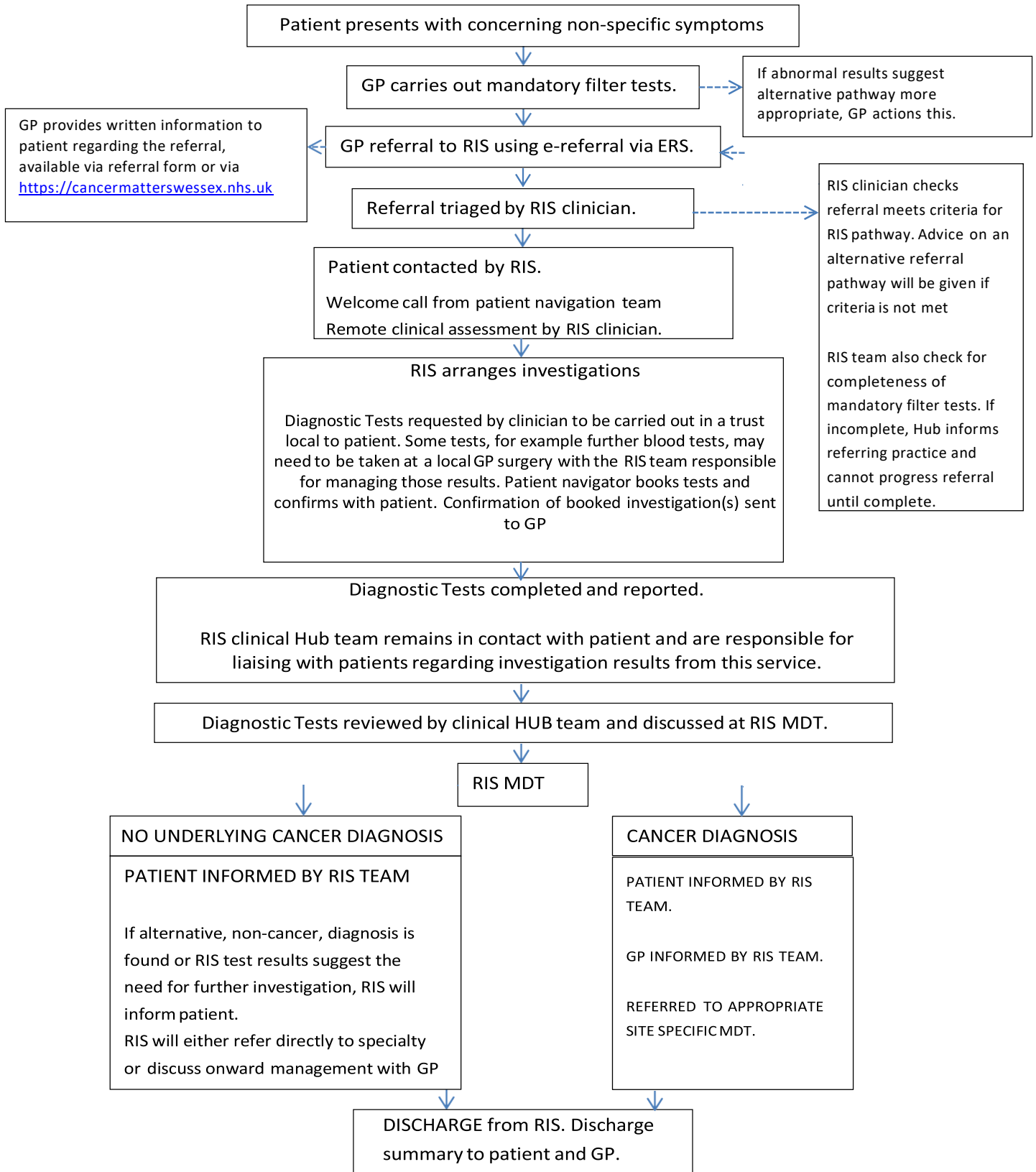
Who is on the RIS Hub team and where is it hosted?

The RIS Hub team is currently made up of two consultants, a lead nurse, two specialist nurses, two GPs, a patient navigator, a support navigator and an operations manager. The Hub is currently hosted by University Hospital Southampton. The RIS is a fully virtual service at this time, so all communication with the patient and assessment is carried out remotely. We recognize that a small number of patients may struggle to access the service due to its virtual nature and there are fields on the referral form to indicate where this may be the case.

The RIS service is actively working with Wessex Voices and invites feedback from patients accessing the service as well as reaching out to seldom heard groups to ensure development of the service meets the needs of the population in the Wessex region.



GP Referral Process to RIS



Referral to Rapid Investigation Service (RIS)

Please send via eRS

Please note this is a separate referral route to the existing Cancer of Unknown Primary 2WW pathway

For any enquiries please contact the Rapid Investigation Team at the below:

Email: wessexrds.admin@nhs.net Tel: 0300 123 1385

Date of decision to refer		Date referral received by RIS	
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	Surname:	Forename:	Title:
	Gender:	DoB:	NHS Number:
	Ethnicity:	Transport required	Yes No
	Patient Address:		
	Primary contact no:	Secondary contact no:	Email:
	Preferred method of contact with RIS: Phone call/video call		
	Accessibility and information:		
	Translation needs:		
	Usual GP:		
	Practice details:		
	Dedicated line to the practice (Bypass):		
	Main number:	Email address:	
	Referring Clinician:	Referrer address:	
	Referrer Contact:		

The aim of the rapid investigation service is to swiftly investigate patients with non-specific symptoms in an effort to pick up cancers at an earlier stage. Historically these patients often had a convoluted and delayed pathway to diagnosis.

This pathway is open to all patients aged 18 years or older who meet the referral criteria listed below who are not suitable for pre-existing 2 week wait pathways

I can confirm:

There is no other urgent referral pathway for this clinical scenario (link to 2 ww referral)	Yes/No
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Patient is well enough to attend as an outpatient and does not need admission	Yes/No
Patient does not have a non-cancer diagnosis suitable for another specialist pathway All the mandatory filter tests have been done and all the results included on this form	Yes/No Yes/No
If any of the above answers are no, the patient is not suitable for this pathway	
Patient has cognitive impairment which may affect the mental capacity for consent If yes please phone RIS	Yes/No

WHO Performance Status (tick appropriate box) it is essential that this is completed	
0	Fully active
1	Restricted in physically strenuous but ambulatory and able to carry out light work
2	Ambulatory and capable of self-care, unable to carry out work activities, up and about 50% of waking hours
3	Capable of only limited self-care, confined to bed/chair 50% of waking hours
4	No self-care confined to bed/chair 100%

Referral Criteria	
New significant unexplained and unintentional weight loss	
Measured weight loss.	Patient reported
New unexplained constitutional symptoms:	
Loss of appetite.	Severe unexplained fatigue
Nausea.	New bloating
New unexplained abdominal pain for 4 weeks or more	
New unexplained or progressive pain e.g. bone pain	
Persistent new raised platelet count, aged 40 and above:	Platelet count:
Referrer gut feeling of cancer diagnosis (reasons to be clearly described below)	

Details of the concerns: (to be completed for all patients)

Narrative:**Examination:**

Chest (mandatory)	Abdomen (mandatory)
Lymph nodes (mandatory)	Pelvis (if appropriate)
Breast (if appropriate) Rectal examination (if appropriate)	Musculoskeletal (if appropriate)

Has this patient been referred to the rapid investigation service before? Yes/No

If so, date last seen.

Reasons for re-referral

I confirm I have explained that this pathway is to detect a possible cancer

Yes/No

I have provided the patient with the information leaflet (insert link)

Yes/No

I have checked the contact details with the patient

Yes/No

The patient is aware to expect contact from the Rapid Investigation Service in the next few days and is available to attend investigations in the next 2 weeks	Yes/No
The preferred method of contact is:	
Phone:	Email:

Mandatory filter test results from within the past 2 months (3 months for CXR & FIT) Please note results are required prior to referral to ensure the most suitable pathway can be used	
<p>List of mandatory tests with automatic extraction of results:</p> <p>Urinalysis FBC/ESR CRP U&Es LFTs TFTs Fasting Glucose or HbA1c Bone PSA (Men) CA125 (Women) FIT Test (using FIT test sample kit) If fasting glucose or HbA1c is newly raised please request faecal elastase</p> <p>CXR (desirable not mandatory)</p>	
Automatic extraction and incorporation of recent X-ray results:	
Other recent blood results (automatic extraction)	

Patient summary automatic extraction
Significant past medical history:

Medications:

Allergies:

Smoking status:

Alcohol consumption: