EXAMPLE

WESSEX LOWER GI FAST TRACK REFERRAL

This example demonstrates the level of information that supports effective triage and a straight-to-test pathway.

Wessex Cancer Alliance

NHS Wessex Cancer Alliance

Fast Track Urgent Suspected Cancer Referral: Lower Gastrointestinal System Version 9.2

Date of decision to refer: 12/05/2025	Date referral received at Trust: *hospital to fill in*

Patient Details

Surname: Bloggs	First Name: John	Title: Mr
DOB: 15/03/1957	NHS Number: 123 456 7890	
Sex assigned at birth: Male / Female Male		
Gender Identity (if different from that above): N/A		
Ethnicity: White – British		
Patient Address: 12 High Street, Dorchester, Dorset		Postcode: DT1 1AB
Contact numbers: Home: 01305 123456 Mobile: 07912 345678 Preferred phone number: Mobile Email: john.bloggs@email.com		

Practice Details

Name of registered GP: Dr Jane Smith	
Practice Name & J code: Shore Medical Centre (J83011)	
Direct line to the practice (Bypass number): 01305 876543	
Main Practice Number: 01305 123456	Generic email: shore.medical@nhs.net
Name of referring Clinician: Dr Jane Smith (GP)	

REFERRAL INFORMATION

A FIT result is required for most patients referred on this form.

Please review the referral criteria below and this decision flowchart for further details including management of patients with a FIT result <10.

For patient information about FIT testing please visit this link or send it to your patient (https://cancermatterswessex.nhs.uk/fit-test/) or print this leaflet for them. For clinician information about FIT testing please visit the Wessex Cancer Alliance page for Symptomatic FIT.

NB: A FIT test still needs to be requested even if there has been a **recent bowel screening FIT** test with a normal result, due to the thresholds being different for these two versions of the test.

REFERRAL CRITERIA (tick appropriate box/es)

☐	Patient has rectal mass OR unexplained anal mass OR unexplained anal ulcer – FIT helpful but should not delay referral. Please provide details in clinical history box below.
☑	FIT ≥ 10 in a symptomatic patient – please provide details in clinical history box below.
☐	FIT <10 but strong clinical concern of colorectal cancer (NB: please consider other cancers e.g. ovarian/prostate/upper GI or Rapid Investigation Service or advice and guidance). Please provide details in clinical history box below.
☐	Clinical concern about lower GI cancer but the patient has been unable to do a FIT test. Please provide details in clinical history box below, including further information as to why FIT unavailable, to assist with investigation planning. **NB. Do not delay referral for more than 2 weeks if you do not have the FIT result.**

TIP

- Start with why you are concerned.
- Tell the clinical story chronologically.
- Include progression of symptoms.
- Include important negatives.
- Include relevant risk factors and previous investigations.

SYMPTOMS AND REASON FOR REFERRAL (ESSENTIAL)

Clinical History: I am concerned because...

68-year-old gentleman presenting with a four-month history of progressive change in bowel habit. Stool frequency has increased from once daily to opening his bowels four to five times per day with loose stools (Bristol Stool Chart type 5–6). Associated with an unintentional 5 kg weight loss and increasing fatigue. No rectal bleeding, melaena, abdominal pain or upper GI symptoms. No recent foreign travel or infective symptoms. No previous inflammatory bowel disease. Previous bowel screening FIT negative in 2023. Ex-smoker (35 pack-years). I am concerned about colorectal cancer because of persistent progressive change in bowel habit, unintentional weight loss and a positive FIT result.

Physical examination findings, please include a digital rectal examination:

- ☐ Abdominal mass
- ☐ Iron Deficiency Anaemia
- ☐ < 50 years with rectal bleeding **AND** either abdominal pain **OR** weight loss
- ☑ Change in bowel habit
- ☐ ≥ 40 years with unexplained weight loss **AND** abdominal pain
- ☐ ≥ 50 years with rectal bleeding **OR** abdominal pain **OR** weight loss
- ☑ ≥ 60 years with anaemia (not just iron deficiency anaemia)
- ☐ None of the above but clinical concern (please specify in clinical history above)

TIP

Always document a DRE (or explain why it could not be performed). This allows many patients to proceed directly to investigation.

Patient name: John Bloggs Date of Birth: 15/03/1957 NHS number: 123 456 7890

- ☐ ≥ 40 years with unexplained weight loss **AND** abdominal pain
- ☐ ≥ 50 years with rectal bleeding **OR** abdominal pain **OR** weight loss
- ☑ ≥ 60 years with anaemia (not just iron deficiency anaemia)
- ☐ None of the above but clinical concern (please specify in clinical history above)

TIP

Select the box/es that best describe how your patient meets NG12 criteria.

INVESTIGATION RESULTS (ESSENTIAL)

FIT Result: 84 µg/ml

Bloods - required in determining investigation/treatment options
Please ensure the following recent blood results are available (U&Es must be within 3 months):

Hb: 138 g/L	Na: 139 mmol/L	K: 4.2 mmol/L	eGFR: 82 ml/min

Bloods have been requested if not done in last 3/12) ☑

TIP

Quote the actual FIT value and include recent blood results.

PATIENT INFORMATION

Please tick to confirm:

- ☑ Patient is aware that this is a Fast Track referral to exclude cancer
- ☑ Patient has been provided with a fast track cancer pathway information leaflet or sent an electronic link. Leaflet available in different languages at: https://cancermatterswessex.nhs.uk/fast-track-referrals/
- ☑ Patient is expecting to be contacted by secondary care within 2 weeks and knows who to contact if this doesn't happen.
- ☑ Patient is willing to undergo investigation

TIP

The conversations improve patient experience and may reduce DNAs.

ACCESSIBILITY

Please tick any of the following that apply to your patient:

		Admin use only
☐	Patient has cognitive impairment that may affect their mental capacity for consent. If yes, please confirm date best interests meeting completed: ____/____/_____	NP
☐	Patient has significant mobility impairment – please tick if hoist is required, please specify: ...	TT
☐	Patient has significant sensory impairment, please specify: ...	NP
☐	Patient will require an interpreter, please specify language: ...	NP
☐	Patient requires hospital transport, please specify type: ...	NP

TIP

Complete accessibility needs to support effective planning of investigations and appointments.

Rockwood Clinical Frailty Scale. Please tick most appropriate box:

Rockwood Clinical Frailty Scale (CFS)

CFS Score			CFS Score	
1	☐	Very Fit	6	☐ Moderately Frail
2	☑	Well	7	☐ Severely frail
3	☐	Managing Well	8	☐ Very Severely frail
4	☐	Vulnerable	9	☐ Terminally ill
5	☐	Mildly Frail		

When scoring frailty in people with dementia the degree of frailty corresponds to the degree of dementia i.e. Mild dementia = CFS 5, Moderate dementia = CFS 6, Severe dementia = CFS 7

For more information: https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2022/02/rockwood-frailty-scale_.pdf

TIP

Frailty assessment is now included on the Wessex referral forms.

CLINICAL INFORMATION

Significant Medical History	Hypertension, hypercholesterolaemia.
Anticoagulant/ Antiplatelet Medication	None.
Regular Medication	Amlodipine 10 mg OD Atorvastatin 20 mg ON
Allergies	No known drug allergies.
Other Information	No previous colonoscopy. No previous abdominal imaging.

TIP

Include key comorbidities, regular medications and anticoagulation. This enables safe and timely investigation and treatment planning.

A HIGH-QUALITY REFERRAL SUPPORTS EFFECTIVE TRIAGE, ENABLES STRAIGHT-TO-TEST PATHWAYS WHERE APPROPRIATE, REDUCES UNNECCESSARY DELAYS, AND IMPROVES THE PATIENT EXPERIENCE.