

Audit Central MDT Referrals October 2012

HPB Referral Guidelines

Referral Checklist. Please can you ensure the following is included in the referral letter.

For all referrals

Typed referral 40%

Include in patient details 72%

Patient address **and telephone number** 64%

GP details 62%

NHS number 91 %

Include in referring unit details

Name of consultant in charge of care 89%

Cancer unit of origin 94%

Nurse specialist involved 11%

Presumed diagnosis 91%

Provide name and telephone / bleep number for main contact person.

List co-existing diseases 53%

CT scans old and new to be down loaded onto Freeman PACS system. Please fax through scan reports with referral letter. 53%

Up to date set of bloods and tumour markers (CA19-9 / CEA / AFP) levels and date taken. 32%

For pancreatobiliary referrals

Describe current symptoms 70%

Jaundice Date of onset / most recent bilirubin (date taken) 13%

Weight loss Amount / time scale 9%

Abdominal pain - current analgesia 28%

Previous history of pancreatitis 13%

Family history of pancreatic cancer 0%

List investigations and treatments

ERCP date / complications / type of stent in situ 11%

PTC date / complications / type of stent in situ 0%

For liver metastasis / tumour referrals

Describe previous surgery 4%

Surgical procedure / surgeon / date / hospital / stoma 4%

Please indicate

If patient is on 62 day cancer pathway with referral and breach date.

Please enclose/fax an 18 week pathway form for all patients.

GP referral date -

Date first seen -

HPB Office contact numbers

Telephone 0191 2231452

FAX 0191 2231441

Tumour staging of primary colorectal cancer - provide copy of pathology report 2%

Post operative complications

Describe Chemotherapy/Radiotherapy treatment given and dates.