

Urgent Suspicion of Cancer Referrals



Prompt and accurate referral into cancer pathways is crucial to ensure patients receive timely and efficient care. However, given that Primary Care professionals may only refer to these pathways infrequently, it is important to ensure that every referral is correctly processed.

Full-time General Practitioners (GPs) may make Urgent Suspicion of Cancer (USC) referrals approximately once a week, while part-time GPs and other roles within Primary Care may encounter even longer intervals between referrals.

This guide serves as a quick reference to support best practices in USC referrals, ultimately improving patient outcomes.



Use the Scottish Referral Guidelines for Suspected Cancer



Refer to the [Scottish Referral Guidelines for Suspected Cancer](#) when considering a USC referral. These guidelines are developed through evidence-based review and consultation with key clinical stakeholders.

They help support your decision making on who and where to refer with extra advice about investigations.



If you are uncertain about whether a USC referral is necessary, consider using an advice request via SCI Gateway.



Always use the “Urgent Suspicion of Cancer” tab in SCI Gateway or on Radiology requests when referring patients under this pathway.

The image below highlights the correct tab and priority on the SCI Gateway referral form.

It is also as important when requesting Radiology investigations to be clear your imaging request is ‘**urgent suspected cancer**’ as this will prioritise the request.

Main Presenting Complaint (maximum of 98 characters)

Provisional Diagnosis /

Presenting Complaint *



Please use this area to add any further information that is relevant to this referral

Additional free-text
Information



Please complete Priority Reason (maximum of 198 characters)

Priority *

Routine
Urgent
Urgent - suspected cancer



Priority Reason

Date of Onset



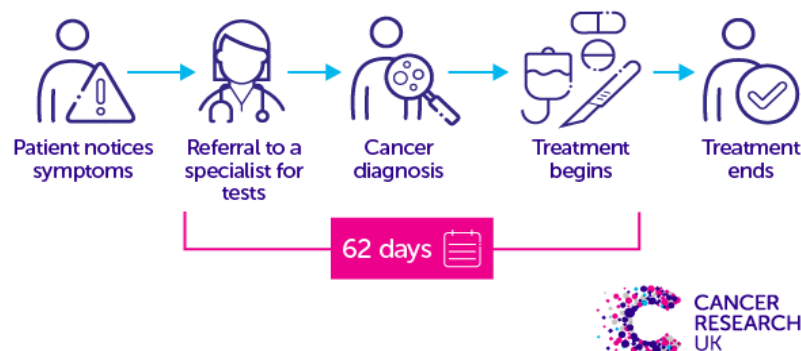
Ensure that all relevant staff members, including locums, trainees, administrative, and other referral support personnel are aware of this process.

While routine and urgent referrals may be reviewed and regraded in Secondary Care, only USC referrals are actively tracked by the Cancer Information Team and reported as part of Scottish Government Cancer Waiting Times Performance.

Dynamic Tracking and Escalation processes for patients on the 62-day pathway help identify and address any delays in their care. The collected data also allows for systemic issues in cancer pathways to be recognized and improved.

What is the 62-day standard?

Patients should begin treatment within 62 days of an urgent cancer referral





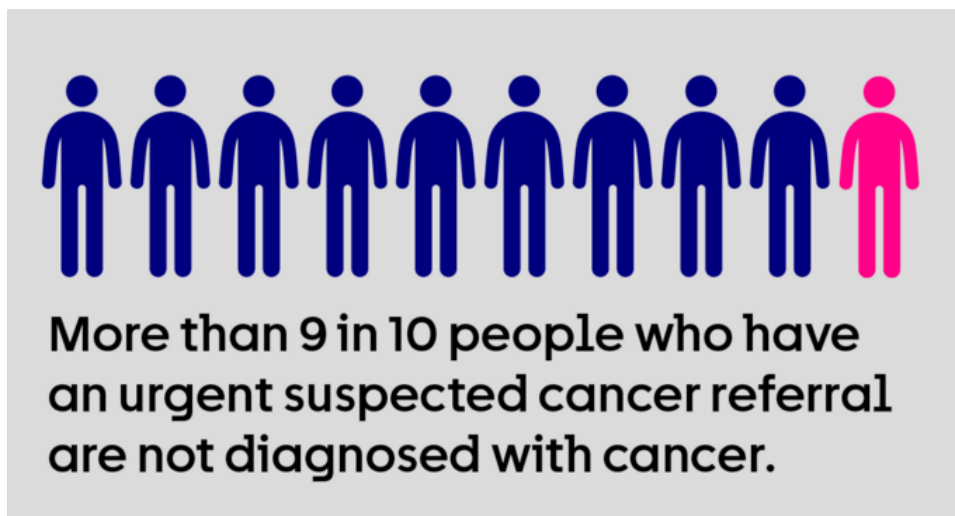
Use the word ‘cancer’ as a reason for investigation or referral.

It is good practice to explain to patients that they’re being referred on a USC pathway and using the word ‘**cancer**’ as a reason for investigation or referral unless there is serious concern about causing unwarranted distress.

Why Transparency Matters:

- Ensures patients understand the referral process and likely timescales for appointments / investigations.
- Helps them prepare emotionally and logistically.
- Encourages active participation in their healthcare.
- Reduces anxiety—approximately 9 out of 10 USC referrals do not result in a cancer diagnosis.

- ☐ Use the Cancer Research UK resource ‘[Your Suspected Cancer Referral Explained](#)’ to support your conversations.



Include in the referral whether the patient has been informed of their USC referral, and if not, why. This information supports secondary care vetting clinicians in the case of a regraded referral where they are asked to write to the patient to explain the reason for a regrade.



When referring patients, consider their wishes, overall health, frailty, and Realistic Medicine principles.

All healthcare professionals should be sensitive to the needs of patients, carers, and relatives when cancer is suspected.

The [Benefit, Risk, Alternative, Nothing \(BRAN\)](#) questions should be considered by all involved to help lead to shared decision making.



Access the Realistic Medicine [National toolkit for professionals](#)

Key Considerations:

- Not all patients will benefit from extensive investigations or treatments.
- Some cancer treatments may cause more harm than good, particularly in frail patients.
- Consider the impact on quality of life when making a referral.
- Include relevant details about a patient's frailty or significant health conditions in the referral to aid in appropriate decision-making.



If a patient has capacity-related concerns, it is essential to document this in the referral.

Please include information on:

- Any existing Guardianship Orders, Power of Attorney (POA), or Adults with Incapacity (AWI) documentation.
- Relevant capacity concerns coded in Vision (or equivalent), which may be automatically shared via SCI Gateway.

By following this guide, you can ensure that your USC referrals are accurate, efficient, and patient-centred – contributing to better outcomes for those on cancer pathways.

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If you have any questions or concerns regarding cancer pathway referrals, do not hesitate to get in touch via email tay.cancercare@nhs.scot. For general referral queries contact tay.referralguidance@nhs.scot.

Version Control

Version	Status (Draft / Issued)	Author	Summary of changes
0.1	DRAFT	S Peterson	
0.2	DRAFT	S Peterson	Updated to reflect new national guidelines
1.0	Issued	S Peterson	Published