

“Vague Symptoms” ICE Bundle

For RLBUHT ICE users

Which patients?

Patients may present in Primary Care with serious/worrying non-specific signs and symptoms; or the gut feeling of the GP may be that there is an underlying cancer but their symptoms and signs do not fit tumour specific pathways.

This ICE bundle may be useful for clinicians when such a patient presents to aid clinical assessment. Results from these tests may suggest an appropriate tumour specific 2 ww referral pathway.

What does the ‘Vague Symptoms’ ICE bundle include?

Fbc	CRP	LFTs
TFTs	HBA1c	Renal profile/ GFR
Calcium/ bone profile	ESR	Myeloma screen (Bence Jones Proteins and protein electrophoresis)

You may wish to consider these additional tests in addition to the ICE bundle:

Chest X ray	If patient has not had a normal chest Xray in last 3mths and is able to attend
Dipstix	
Other bloods tests which are not included in the ICE bundle: These blood tests are not appropriate in all patients and may require counselling or consent	
PSA	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509191/Patient_info_sheet.pdf
Ca125	http://nww3.test.imerseyside.nhs.uk/clinical-pathways/documents/liverpool-view/Ovarian_plan_on_a_page_Liverpool_version_19_April_2017_CCG_logo_final_v1.doc
HIV	https://www.bma.org.uk/advice/employment/ethics/consent/consent-tool-kit/12-serious-communicable-diseases

Physical examination is essential - some patients who present with vague symptoms have visible/ palpable cancer when physical examination is carried out, even when the patient has not noticed any lumps or swelling.

Considerations:

Clinical assessment or test results fit 2ww tumour specific pathways

Use these referral pathways. A useful summary of 2WW tumour specific referral criteria can be found at https://www.macmillan.org.uk/documents/aboutus/health_professionals/pcc/rapidreferralguidelines.pdf

If clinical assessment and test results do not fit with a tumour specific 2ww referral pathway but the clinician still has a high index of suspicion of cancer:

This requires clinical judgement of urgency, the patient's general condition and current service response time but if the clinician considers that admission is not required they may wish to consider the services below:

CT abdo pelvis pilot – see criteria

Please note, imaging services aim to undertake scan to report within 2 weeks from referral, but they are not always able to meet this timescale because of wider service pressures

<http://nww.liverpoolccg.nhs.uk/media/2311/gp-direct-referral-to-ct-suspected-cancer-dec-18.pdf>

For RLBUHT, use ICE; for Aintree please use referral form on EMIS.

<http://nww.liverpoolccg.nhs.uk/media/2370/hand-written-suspected-cancer-ct-abdo-pelvis-urgent-ctjuly16.pdf>

Advice and guidance - This an option in many specialities via the ERS system (electronic referral system). Consider approaching the most likely cancer service via this route; *noting that services do not offer a same day response to queries*. **Safety netting is really important for this group of patients.**

https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting#Safety_netting2

Ambulatory Emergency Medical pathways - Access is via UCD 0300 323 0240

Vague symptoms MDT for people whose symptoms meet criteria at RLBUHT

<http://nww.liverpoolccg.nhs.uk/media/2369/vague-symptoms-service-overview-rlbuht.pdf>

Referral form is available on EMIS or here: <http://nww.liverpoolccg.nhs.uk/clinical/cancer/>

The clinicians in this service will assess the referral; the MDT may offer advice to primary care, facilitate further tests, suggest referral to an alternative pathway, or organise to see the patient in clinic.

Other local services are under development but not yet available

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