

NHS NORTH WEST LONDON ICS - MESSAGE TO ALL NWL GP PRACTICES

17th November 2025

This cancer GP bulletin contains updates for GPs and their practice staff on the following:

1. Important updates to the Sarcoma Referral Pathway - **All clinical staff**
2. Encouraging appropriate utilisation and ensuring high quality referrals - non site specific (NSS) cancer pathway - **All clinical staff**
3. Lower Gastrointestinal (GI) pathway - **All clinical staff**
 - Ensuring completeness of USC referral to support timely assessment
 - Faecal Immunochemical Testing (FIT) Q2 25/26 position
 - Reminder on FIT less than 10 pathway
4. Pancreatic Cancer Awareness Month: Pancreatic Cancer Primary Care Toolkit - **All clinical staff**
5. Beyond the Strategy - Prevention and Screening and Early Diagnosis - 17th December 2:30 - 3:30PM - **All staff**

IMPORTANT UPDATES TO THE SARCOMA REFERRAL PATHWAY

FOR INFORMATION - ALL CLINICAL STAFF

The Sarcoma referral pathway is now being delivered through a **hub and spoke model** across London and surrounding regions.

Depending on the clinical findings on initial imaging in primary care patients should be referred to either a hub or diagnostic spoke service.

Guidance is provided: <https://www.transformationpartners.nhs.uk/usc-sarcoma-clinical-guide/>

Spoke Services i.e. Local Diagnostic Centres - when further diagnostics are required

Patients should be referred to the most convenient spoke, informed by patient choice. These include:

Soft Tissue Sarcoma:

- West London: Chelsea & Westminster, West Middlesex, Croydon Health Services

Bone Sarcoma:

- London: Wood Green CDC: [CT & MRI Imaging: Wood Green CDC - NCL ICB General Practice Website](#)

Hub Services i.e. Tertiary Centres- for confirmed or highly suspicious soft tissue sarcoma

Refer directly to a hub if imaging shows:

- Confirmed or highly suspicious soft tissue sarcoma
- Recurrence of a previous sarcoma

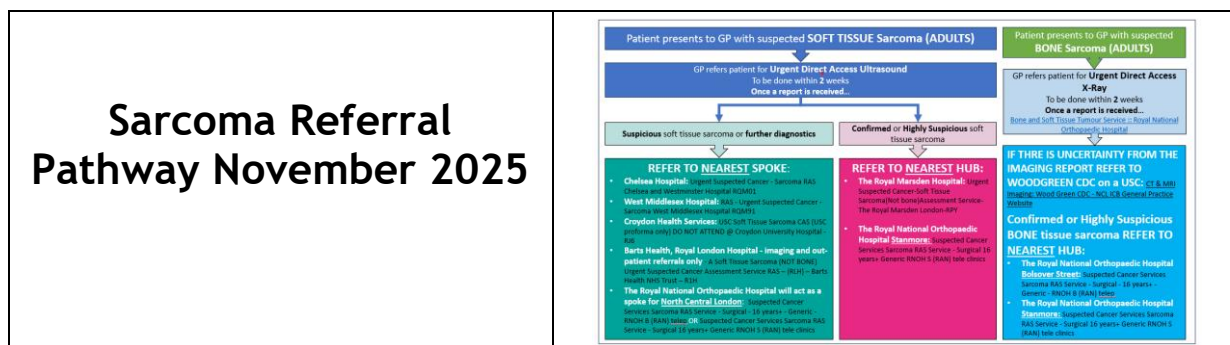
Soft Tissue Sarcoma:

- Royal Marsden Hospital (RMH)
- London Sarcoma Service (The Royal National Orthopaedic Hospital University College London Hospitals)

Bone Sarcoma:

- The Royal National Orthopaedic Hospital

RM Partners have developed an infographic summarising the pathway visually. This can be printed or shared with your teams.



ENCOURAGING APPROPRIATE UTILISATION AND ENSURING HIGH QUALITY REFERRALS - NON SITE SPECIFIC (NSS) CANCER PATHWAY

FOR INFORMATION - **ALL CLINICAL STAFF**

RM Partners are keen to encourage appropriate utilisation and to ensure high-quality referrals are made to the non site specific (NSS) cancer pathway (or Rapid Diagnostic Centres - RDCs).

Patients over 18 years may be referred to the NSS pathway if they meet one or more of the following criteria:

- GPs 'gut feeling' of a new cancer diagnosis where the criteria does not meet alternative tumour specific referral criteria
- New concerning non-specific abdominal symptoms for 4 weeks or more
- New unexplained and unintentional weight loss > 5% in 3 months
- New unexplained or progressive pain of 4 weeks or more
- Radiological suspicion of malignancy

When referring patients on this pathway, where possible please include the following information:

- Detailed history of the symptoms or signs of concern
- Previous investigations including OGDs, colonoscopy, CTs

- Any relevant clinic letters if seen in a different trust
- Any treatment already tried
- Performance status and consideration / discussion of fitness for investigations and treatment if a cancer is found
- For those with weight loss, a weight history and please do refer to records on Cerner to see if this aligns and include details of any medications which might cause weight loss - e.g SGLT-2 inhibitors

It is essential screening / filter tests (see below) are done and reviewed prior to referral . These results may guide whether another tumour-specific pathway is more appropriate (e.g. raised PSA or a positive FIT).

Screening / filter tests

- FBC, U&Es, LFTs, TFTs, Hba1c, bone profile, CRP, ESR
- Men - PSA, women - Ca 125
- If anaemic - B12, folate, ferritin, iron studies
- Quantitative faecal immunochemical test - FIT
- Chest X ray
- Additional tests - coeliac screen if anaemic, GGT, serum protein electrophoresis, serum free light chains, HIV, Hep C , clotting, glucose, LDH

LOWER GASTROINTESTINAL (GI) PATHWAY

FOR INFORMATION - **ALL PRACTICE STAFF**

Ensuring completeness of USC referrals to support timely assessment

All practices are reminded of the need to ensure that referrals are accompanied by the relevant investigations and results (as per the Pan London USC referral form below) to support **timely and prompt** assessment and diagnosis.

3. INVESTIGATIONS AND ACTIONS TO BE COMPLETED PRIOR TO REFERRAL – **ESSENTIAL**

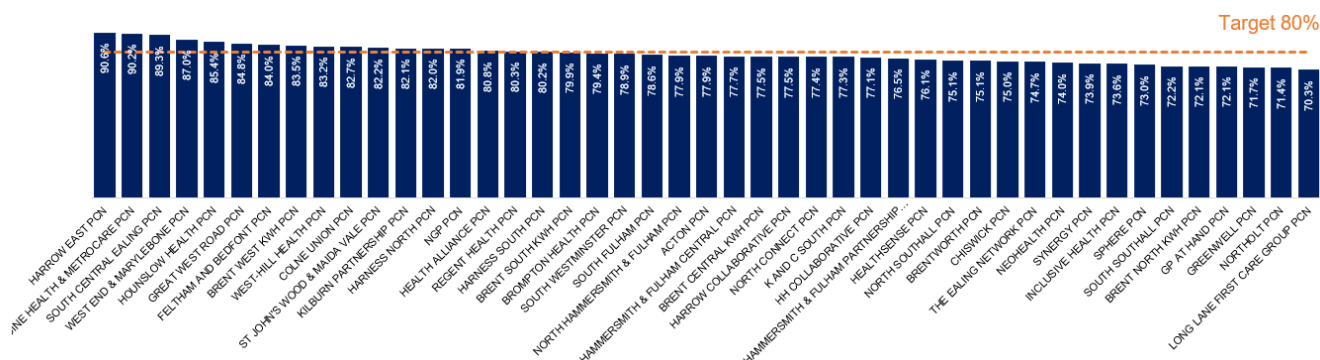
- ☐ Confirm FIT test has been done and result is attached to this referral
- ☐ If FIT <10 or not done, confirm **full description of reason for referral** has been completed above
- ☐ Full blood count and iron studies within previous 3 months attached to this referral
- ☐ U&E / eGFR attached to this referral (results within previous 3 months required for straight to test CT scan)
- ☐ Previous endoscopy or imaging studies within past 2 years attached to this referral

Offer urgent FIT test in people with any one or a combination of the following unexplained symptoms:

- Abdominal pain • Change in bowel habit • Iron deficiency and non-iron deficiency anaemia • Weight loss
- Abdominal mass • Rectal bleeding (ask patient to take sample from a stool when bleeding is not seen)

Faecal Immunochemical Testing (FIT) Q2 25/26 position

As at the end of October 2025, FIT compliance for NWL is **79%** with individual PCN positions as below:



- The attached document provides practices and PCNs with:
 - o Guidance for practices on the efficacy of using FIT to support lower GI referral for Urgent Suspected Cancer (USC)
 - o Best practice for maximising patient completion of FIT kits (Accuryx)
 - o FIT educational resources for primary care and resources available to support patients (including videos and leaflets in different languages.)

Reminder on FIT less than 10 pathway

NHS England aims to reduce the number of patients referred on the LGI USC pathway with no FIT or FIT test results below 10 µg Hb/g - where a FIT result <10 µg Hb/g indicates very low risk of colorectal cancer (<0.1%) - and recommend safety-netting patients with FIT <10 in primary care.

RM Partners have developed the '*Urgent Suspected Cancer: Combined Gastrointestinal Triage Algorithm*' including a new FIT<10 pathway, with input from clinical experts across north west and south west London, to support effective, standardised nurse-led triage using the FIT result and other symptoms to appropriately risk-stratify patients, ensuring they receive suitable diagnostic investigations.

The guidance for primary care provides more detail for primary care on the new pathway which is as follows:

- **FIT ≥10** → Refer via lower GI USC pathway
- **FIT <10 + persistent symptoms** → Reassess in primary care or seek specialist advice (via Advice and Guidance) if other symptoms of cancer consider non-specific site USC referral.
- **FIT <10 + resolved symptoms** → Provide advice and safety netting.

For any further queries/support re FIT, please contact your placed based clinical lead:

Central London, West London and Hammersmith and Fulham: Dr Helen Burn



(Helen.Burn4@nhs.net)

Ealing & Hounslow: Dr Geetali Shama (Geetali.sharma@nhs.net)

Brent: Dr Bina Modi (bina.modi@nhs.net);

Harrow: Dr Bina Modi and Dr Bushra Khawaja (bina.modi@nhs.net, bkhawaja@nhs.net)

Hillingdon: Dr Bushra Khawaja (bkhawaja@nhs.net)

<p>NWL FIT Compliance as at October 2025</p>	
<p>NEW Gastrointestinal (GI) Urgent Suspected Cancer (USC) Stratified Pathway Implementation - Guidance for Primary Care</p>	


**PANCREATIC CANCER AWARENESS MONTH
PANCREATIC CANCER PRIMARY CARE TOOLKIT**

FOR INFORMATION - ALL CLINICAL STAFF

November 2025 is Pancreatic Cancer Awareness Month, with World Pancreatic Cancer Day on **Thursday 20th November 2025**.

RM Partners have developed a primary care toolkit to support clinicians which includes the following:

1. Incidence and mortality
2. Signs and symptoms
3. Risk factors and causes
4. 'Top Tips' to support referral
5. Support available to patients with a diagnosis
6. Education opportunities available from Pancreatic Cancer UK
7. Further information

<p>Pancreatic Cancer awareness primary care toolkit</p>	
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**BEYOND THE STRATEGY - PREVENTION AND SCREENING AND EARLY DIAGNOSIS -
17TH DECEMBER 2:30 - 3:30PM**

FOR INFORMATION - ALL PRACTICE STAFF

Earlier this year, we launched our new [RM Partners Cancer Alliance Strategy 2025 - 2030](#) which describes our ambitions to improve cancer outcomes in partnership with ICBs, Primary Care and Provider organisations across NWL and SWL.

Central to the strategy is their goal is to save more lives from cancer, by enhancing prevention, early diagnosis and access to timely & personalised treatment, supported by our overarching commitment to eliminating variation & reducing inequality.

Key colleagues were invited to attend a series of interactive briefings as part of their strategy launch in March, which were focused around our 4 strategic work programmes:

- Reduction in preventable cancers particularly tobacco-related and vaccine-preventable cancer;
- Reduction in early stage diagnosis inequity, and improve Early Cancer Diagnosis;
- Ensuring rapid access to treatment for all our population;
- Improving survival and care outcomes.

Primary care colleagues are invited to an online meeting (Teams) to hear about how we have been progressing in implementing our strategy this year and our plans for delivery during 2026/27 for our Prevention and Screening and Early Diagnosis workstreams.

[Wednesday 17th December 2025 ~ 2:30 - 3:30pm](#)