Direct Access - MRI Head

NWL acute trusts will be providing GP direct access to MRI Head for people with symptoms **not** meeting the threshold for an urgent suspected cancer referral from 3rd November 2025

This guidance is **distinct** from NG12 but should be considered alongside it.

This is for patients where the level of clinical suspicion does not quite fulfil the NG-12 criteria for suspected intracranial malignancy. Where patients do fulfil NG-12 guidance they should continue to be referred along the standard urgent suspected cancer/2 week wait (2WW) pathway.

GPs should consider whether a brain MRI is warranted for new persistent or progressive headache **plus new or progressive**:

- cognitive decline/cognitive change
- changes in speech – word finding difficulty, using the wrong words, semantic verbal fluency test (SVFT) score <17 (inability to name at least 17 different animals in 1 minute)
- personality change
- objectively confirmed visual deficits, particularly visual field loss (can be assessed by a high-street optician)
- unilateral arm or leg weakness
- unilateral sensory change.

The threshold for brain imaging should be lower in patients with a previous cancer diagnosis, especially lung, breast, melanoma and renal.

New onset seizures and new onset focal neurological change should continue to be referred via acute pathways.

In young people (20s and 30s), history should include specifically seeking a history of seizures without collapse, for example, vacant episodes or transient sensory or motor change, self-limiting but increasing in frequency and severity. Consider CT if MRI contraindicated.

You should request this as an urgent suspected cancer/2WW investigation in ICE and provide concise clinical information.

You can expect this MRI to be performed within 7 days and reported within 3 days from the MRI.

Report actions remain the responsibility of the referring doctor, including onward referral under the urgent suspected cancer/2WW pathway for radiologically confirmed cancers. The reports will give clear advice regarding recommendations for onward referral.

For any clinical questions of information from the Trust you have referred to please contact the local Trust

- The Hillingdon Hospitals NHS Foundation Trust thh.radiologyadmin@nhs.net

- London North West University Healthcare NHS Trust lnwh.radiology2@nhs.net
- Chelsea and Westminster Hospital NHS Foundation Trust
    - Chelsea caw-tr.Radiology@nhs.net or caw-tr.radiologyreferrals@nhs.net
    - West Middlesex caw-tr.westmidadmin17@nhs.net
- Imperial College Healthcare NHS Trust radiologyadvice.imperial@nhs.net

We will monitor the impact of this change through the NWL Imaging network. If you have any general feedback on this new pathway please contact us in the imaging network

nhsnwl.nwlradiologynetwork@nhs.net

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