



**Direct Access for Upper GI Endoscopy**

This form is for GPs to request Upper GI endoscopy

when a patient meets the North West London ICB’s agreed clinical criteria.

Please send referrals via eRS to chosen provider below.

NHSmail addresses are only for use for referrals if eRS not available

**Chosen Provider/Location:** <Recipient Details>

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| **PROVIDER/LOCATION** | **TELEPHONE** | **NHSmail**  |
| [ ]  Hillingdon Hospital | 01895 279 214 |  |
| [ ]  Charing Cross Hospital | 020 3313 0920 |  |
| [ ]  Hammersmith Hospital | 020 3313 2036 |
| [ ]  St Mary’s Hospital | 020 3312 6010 |
| [ ]  Central Middlesex Hospital | 020 8963 8828 |  |
| [ ]  Ealing Hospital | 020 8967 5617 |  |
| [ ]  Northwick Park Hospital/St Mark’s Hospital | 020 8235 4130 |  |
| [ ]  Chelsea & Westminster Hospital | 020 3315 8453 |  |
| [ ]  West Middlesex Hospital | 020 8321 5752020 8321 5380  |  |

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| **Referral Details** |
| **Date of Referral** | <Todays date> |
| **Priority** | [ ]  Routine [ ]  Urgent - Details:       (Important: Urgent DOES NOT guarantee will be done within 28 days, so please still use Pan London Urgent Suspected Cancer (USC) form and indicate that you cannot access direct Endoscopy with required urgency)  |
| **1st Choice of Provider** | <Recipient Details> As selected above |
| **Has patient previously visited this hospital?** | [ ]  No [ ]  Yes - Hospital number: <Patient hospital number>       |
| **Appt dates to avoid** | i.e. any dates to avoid as patient may be away/unavailable:       |
| **Safeguarding Issues** | [ ]  No [ ]  Yes - Details:       |

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| **Patient** | **Referrer** |
| **Name** | <Patient name> | **Name** | <Sender Name>       |
| **NHS No** | <NHS number> | **GMC** | <Referrals Out>       |
| **DOB** | <Date of birth> | **Organisation** | <Organisation Details> |
| **Address** | <Patient Address> | **Address** | <Organisation Address> |
| **Home Telephone** | <Patient Contact Details> | **Organisation code (if applicable)** | <Organisation Details> |
| **Mobile / Alternative** | <Patient Contact Details> | **Telephone** | <Organisation Details> |
| **Email** | <Patient Contact Details> | **Bypass Tel** | Obtain from <https://servicefinder.nhs.uk/> |
| **Gender** | <Gender> | **Email (NHS)** | <Organisation Details> |
| **Ethnicity** | <Ethnicity> | **GP Details** | ONLY to complete if referrer above NOT GP - e.g. GP Practice Name & Address |

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| **Language** | **Interpreter required?** | [ ] No [ ] Yes -       | **Main Spoken Language** | <Main spoken language> |
| **Disabilities** | **Physical/Communication impairments, especially if requires assistance with arranging appointments?** | [ ] No [ ] Yes – Details:       |
| **Transport** | **Patient housebound?** | [ ] No [ ] Yes  |
| **Transport required?** | [ ] No [ ] Yes - Provider to arrange [ ] Yes - Referrer to arrange[ ] Wheelchair [ ] Stretcher       |
| **Carer Details** | **(include Parents if patient is a child)** <Relationships>       |

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| **SPECIAL NURSING & TRANSPORT REQUIREMENTS** |
| [ ]  None[ ]  Unable to Consent (Form 4)[ ]  Hoist[ ]  Large bed[ ]  Special Mattress (pressure sores)[ ]  Other – Details:       |

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| **IMPORTANT – Not suitable for the following Alarm Features (at ANY AGE)** |
| * Progressive Unintentional Weight Loss
* Persistent Vomiting
* Iron Deficiency Anaemia
* Dysphagia
* Epigastric Mass

**If the patient has ANY of these alarm feature then:****DO NOT complete this Direct Access form but complete Urgent Suspected Cancer (USC) referral form instead (and indicate that direct access endoscopy not yet available for this scenario)** |

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| **THRESHOLDS FOR ENDOSCOPY**Refer to the NICE & SIGN guidance on treating dyspepsia[**www.nice.org.uk/guidance/cg184**](http://www.nice.org.uk/guidance/cg184) **(Sept 2014) &** [**www.sign.ac.uk/pdf/qrg68.pdf**](http://www.sign.ac.uk/pdf/qrg68.pdf)Patients must meet at least one of the following criteria: |
| **PATIENTS WITH DYSPEPSIA – ANY AGE** | **PATIENTS WITHOUT DYSPEPSIA – ANY AGE** |
| [ ]  | Unexplained, persistent dyspepsia that is non-responsive to treatment with the absence of any other features | [ ]  | Patients with Liver disease to detect oesophageal varices |
| [ ]  | Unexplained worsening of dyspepsia with: | [ ]  | For confirmatory biopsy of coeliac disease |
|  | [ ]  Barretts’ Oesophagus |  |  |
|  | [ ]  Known dysplasia | [ ]  | Post treatment for cancer/Barrett’s oesophagus Surveillance |
|  | [ ]  Atrophic gastritis |
|  | [ ]  Intestinal metaplasia | [ ]  | Repeat endoscopy following gastric or oesophageal ulcer treatment |
|  | [ ]  Peptic Ulcer surgery >20 years ago |
|  | [ ]  Strong Family History  |  |  |
| [ ]  | Suspected GORD who are thinking about surgery | [ ]  | Oesophageal dilatation follow up |
| [ ]  | H. Pylori that has not responded to second-line eradication therapy | [ ]  | Screening in polyposis – familial adenomatous polyposis |

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| **INVESTIGATIONS PERFORMED** |
| [ ]  | H. Pylori test (stool antigen or breath test) - Result and Date: <Numerics>       |
| [ ]  | Haemoglobin level (g/dl) - Result and date: <Numerics>       |
| [ ]  | Ferritin level if anaemic - Result and date: <Numerics>       |
| [ ]  | Previous Gastroscopy - Result and date:       |

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| **Clinical Information/History** |

**Presenting Issue:**

<Event Details>

**BMI (latest):** <Latest BMI> **Weight (latest):** <Latest Weight> **Height (latest):** <Latest Height>

**BP (latest):** <Latest BP> **Smoking Status:** <Diagnoses> <Numerics>

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| **COMORBIDITIES & MEDICATION** |
| [ ]  None of those listed below[ ]  Medication: [ ] Warfarin [ ]  Clopidogrel [ ] Aspirin - Indication:      [ ]  Valvular heart disease[ ]  NYHA Heart Failure >II[ ]  Diabetes Mellitus (Insulin / Tablet / Diet)      [ ]  Severe respiratory disease[ ]  Cognitive impairment/Communication difficulties – Further Details       |

**Medical History -** include **only relevant** information and delete anything irrelevant:

**Problems**

<Problems>

**Summary**

<Summary>

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| **Medication & Allergies** |

**Acute Medication in the last 1 month**

<Medication>

**Repeat Medication**

<Repeat Templates>

**Allergies & Sensitivities**

<Allergies & Sensitivities>

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| **Pathology & Radiology Results** |

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| **Full Blood Count** |  |
| Haemoglobin concentration: | <Numerics> |
| Total White Blood Count:  | <Numerics> |
| Mean Cell Volume: | <Numerics> |
| Haematocrit: | <Numerics> |
| Platelet count: | <Numerics> |
| Lymphocyte count: | <Numerics> |
| Basophil count: | <Numerics> |
| Eosinophil count:  | <Numerics> |
| Monocyte count: | <Numerics> |
| Neutrophil count: | <Numerics> |
| Red Blood Cell Distribution Width: | <Numerics> |

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| **Electrolytes** |  |
| GFR calculated abbreviated MDRD: | <Numerics> |
| Serum Urea level: | <Numerics> |
| Serum Creatinine level: | <Numerics> |
| Serum Sodium level: | <Numerics> |
| Serum Potassium level:  | <Numerics> |
| Serum Chloride level: | <Numerics> |

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| **Urine Albumin Creatinine Ratio:** | <Numerics> |

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| **Liver Function Tests & Bone Profile**  |
| Serum alanine aminotransferase level (ALT):  | <Numerics> |
| Serum alkaline phosphatase level (ALP): | <Numerics> |
| Serum Bilirubin level:  | <Numerics> |
| Gamma-glutamyl transferase level (GGT): | <Numerics>  |
| Aspartate transaminase (AST): | <Numerics>  |
| Serum Albumin level:  | <Numerics> |
| Serum total protein level: | <Numerics> |
| Serum Globulin level: | <Numerics> |
| Serum Calcium level: | <Numerics> |
| Serum Adjusted Calcium concentration: | <Numerics> |
| Serum inorganic phosphate level: | <Numerics> |
| Calcium phosphate level: | <Numerics> |

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| **Thyroid Function Tests & Vitamin Levels** |
| Serum TSH level: | <Numerics> |
| Serum Free T4 level:  | <Numerics> |
| Serum T3 level: | <Numerics> |
| Serum Vitamin B12 level: | <Numerics> |
| Serum Folate level: | <Numerics> |
| Serum Ferritin level: | <Numerics> |
| Serum Vitamin D: | <Numerics> |

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| **Fasting Glucose & HBA1c** |  |
| Fasting blood glucose level: | <Numerics> |
| Haemoglobin A1c Level: | <Numerics> |
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| **Lipids** |  |
| Total Cholesterol/HDL ratio: | <Numerics> |
| Serum Cholesterol level: | <Numerics> |
| Serum HDL Cholesterol level: | <Numerics> |
| Serum Triglyceride level: | <Numerics> |
| Serum LDL Cholesterol level: | <Numerics> |
| Serum Lipid level: | <Numerics> |

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| **Inflammatory Markers & Rheumatology** |
| ESR: | <Numerics> |
| CRP:  | <Numerics> |

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| **FOR PROVIDER USE ONLY:** | [ ]  Meets criteria 🡪 Book endoscopy[ ]  Does not meet criteria -🡪 Reject and send back to GP with advice      [ ]  Does not meet criteria but info provided meets Urgent Suspected Cancer Criteria 🡪Convert to Urgent Cancer Referral USC (to avoid delay) and Feedback to GP |