



Appendix

Head & Neck/Thyroid Clinic – Sussex Cancer Network

Rapid Access Referral Pro forma Non-EMIS 2009 version (2 week wait)

Patient Details

Name:
Address:

Postcode:

DOB: Sex: M F

Home telephone:
Mobile/Work No:
Hospital No:
NHS no:

GP/Dentist Details

Name:
Address:

Postcode:

Surgery Telephone:
Surgery Fax:
Transport req'd? type:
Interpreter req'd? Lang:

Urgent Referral Criteria						
Suspected Site	Mouth <input type="checkbox"/> (including lip)	Throat <input type="checkbox"/>	Neck Lump <input type="checkbox"/> (including LNs)	Salivary <input type="checkbox"/> Glands	Thyroid <input type="checkbox"/>	Other <input type="checkbox"/>
Possible Head & Neck Cancer						
<input type="checkbox"/> Unexplained lump in neck of recent onset or an existing lump changing in size in last 3-6 weeks						
<input type="checkbox"/> Unexplained persistent swelling in Parotid/Submandibular salivary gland						
<input type="checkbox"/> Unexplained persistent sore/painful throat with or without Dysphagia						
<input type="checkbox"/> Unilateral unexplained head/neck pain > 4 weeks, with otalgia but normal otoscopy						
<input type="checkbox"/> Unexplained ulceration or mass of oral mucosa persisting > 3 weeks						
<input type="checkbox"/> Unexplained red and white patches (including suspected lichen planus) of the oral mucosa that are painful or swollen or bleeding.						
<input type="checkbox"/> Hoarseness for >6 weeks (but also get urgent CXR after 3 weeks – especially if patient is a smoker aged >50 or a heavy drinker – if positive finding refer via Respiratory 2 ww form)						
Refer urgently to dentist patients with unexplained tooth mobility persisting for more than 3 weeks						
Possible Thyroid Cancer						
In Patients with symptoms of tracheal compression including stridor ADMIT IMMEDIATELY						
<input type="checkbox"/> Solitary Thyroid Nodule getting larger			<input type="checkbox"/> Thyroid Swelling & Unexplained Hoarseness			
<input type="checkbox"/> Thyroid swelling and Hx neck irradiation			<input type="checkbox"/> Thyroid Swelling & Cervical Lymphadenopathy			
<input type="checkbox"/> Thyroid swelling & FHX endocrine tumour			<input type="checkbox"/> Thyroid swelling prepuberty or aged >65 yrs			

Other Useful Clinical Information	Other Admin Information
PMHx/Rx/Allergies should be attached or detailed	What has the patient been told about this referral?
Referral Date: 18/03/2010	GP/Dentists Signature:

<input type="checkbox"/> Conquest Hospital, Hastings	Fax: 01323 438157	Tel: 01424 757060
<input type="checkbox"/> Eastbourne District General Hospital	Fax: 01323 438156	Tel: 01323 414941
<input type="checkbox"/> Princess Royal Hosp. Haywards Heath	Fax: 01444 453498	Tel: 01444 441881
<input type="checkbox"/> Queen Victoria Hospital, East Grinstead	Fax: 01342 414125	Tel: 01342 414000
<input type="checkbox"/> Royal Sussex County Hosp., Brighton	Fax: 01273 664529	Tel: 01273 696955
<input type="checkbox"/> Worthing & Southlands Hospitals	Fax: 01903 285098	Tel: 01903 205111
E-mail: cancer.appointments@nhs.net		
To make a referral FAX form to the relevant hospital clinic - Please <input type="checkbox"/> box for chosen clinic		

Hospital Admin. Usage only	Referral within guidelines? <input type="checkbox"/>	Consultant Comments:	
	Referral outside guidelines <input type="checkbox"/>		
	Date Received:	Date Faxback:	Date 1 st apt.

November 2009 •

Appendix 1: Proforma of two week wait referral form

(Consent commencing Malignancy form) (yes/no)				
Referral number	Date of first consultation	Date of diagnosis	Date of treatment	Evidence of received dysplasia/ referral
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Cont'd				

Appendix 2: Data collection form.

East Sussex Healthcare 
NHS Trust

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 01323 417400
Website: www.esht.nhs.uk

Mr Justin Chin,
54, Furze Hill Court,
Furze Hill,
Hove,
Sussex.
BN3 1PG

21st December 2015

Dear Mr Chin

I am writing to inform you that you have R&D approval to proceed with the study as named below. This letter acknowledges that you have all the necessary internal and external approvals.

Study Title: The compliance and effectiveness of the two week wait rule for urgent suspected oral cancers in East Sussex Healthcare NHS Trust

R&D Ref No.	TN15-67
REC Ref:	n/a
CSP No /UKCRN ID	n/a

The final list of documents reviewed and approved are:

Document	Version	Date
Dissertation Research Protocol		
Data Collection form (Appendix A)		
Sponsor Research & ethics application review		8/6/15
Sponsor Ethics Review Checklist		
ESHT Letter of Access		30/11/15
Confirmation of support from academic supervisor		15/12/15
Notification of Clinical Supervisor – Mr Moody		30/11/15

Appendix 3: Evidence of ethical approval.

Conditions of Approval

Research must commence within 12 months of the issue date of this letter. Any delay beyond this may require a new review of the study resources.

Publication of the findings, other than for completion of the dissertation or to inform practice within the Trust, must have the identification of the Trust removed.

Amendments

Study amendment details dated after the issue of this approval letter should be emailed to the R&D Office for formal approval.

ICH-GCP Monitoring

The Trust has a duty to ensure that all research is conducted in accordance with the Research Governance Framework and to ICH-GCP standards. In order to ensure compliance the Trust undertakes random monitoring. If your study is selected you will be given 4 weeks notice to prepare all documentation for inspection.

I wish you luck with your study and would be grateful if you could inform me when the study is complete, or due to be closed on this site.

Yours sincerely



Liz Still
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