Dear Colleagues

**Roll out of pilot for GP Direct Access CT Chest, Abdo & Pelvis (North West Glasgow HSCP)**

**Start date: Monday 6th September 2021**

Following discussions at our GP Forum earlier this year and GP Sub executive committee before that, we are now ready to pilot direct access to CT scanning. This is for patients over 40 where there is a significant suspicion of cancer but with no obvious localising symptoms. The main group of patients will be significant weight loss with no obvious cause. Please find attached the pathway ICE change document and full background. This has been adapted from the original proposals from the Scottish Clinical Imaging Network.

We would highlight the following points:

**Referral Criteria**

1. Clinical assessment of patient by General Practitioner leading to very strong suspicion of suspected underlying malignancy with, for example, unexplained significant weight loss of > 10% body weight.

2. If there is any indication of localising signs, symptoms or laboratory tests to suggest malignancy in a specific system, direct referral to secondary care should be made using the appropriate established USoC referral pathway without ordering a CT scan. This ensures appropriate tracking and waiting times targets are activated.

3. Prior to requesting a CT scan of chest/abdomen/pelvis the GP must ensure the following has been completed.
   - Appropriate history & examination including psychosocial assessment
   - Relevant blood testing (including FBC to exclude anaemia and blood cancers and eGFR if not done within the last 3 months to allow for a contrast scan)
   - CXR
   - Consideration of principles of realistic medicine

4. CXR should show no evidence of primary intrapulmonary malignancy. Abnormal CXR should use respiratory referral pathways.

5. Patient is 40+ years of age. For patients under 40 use of existing referral pathways and/or discussion with consultant colleagues initially. Ordercomms will ask you to confirm that the patient is over 40 before allowing referral to be submitted.

6. Exclude pregnancy. If patients are known to be pregnant CT CAP is not an appropriate investigation. If significant concern discuss with obstetrician. If possibility of pregnancy cannot be excluded discuss with radiologist prior to referral.

**Ordering**

You will need the following information to complete the request:

- eGFR
- Pregnancy excluded (including LMP or reason pregnancy is not possible e.g. hysterectomy)
- Safety questions: history of asthma, diabetes on metformin and/or contrast allergy?
- Weight (if over 118kg), interpreter requirement, assistance needed and preferred site.

You will also be asked to confirm your suspicion of cancer with no obvious localising features and whether alternative diagnoses have been considered.
This is a pilot in the NW HSCP area for 3 months. Please feedback any issues that arise as a result of this pilot. This will enable us to adapt before rolling out across the health board area.

The attached pathway and documents will be available on the NHS GG&C cancer referral guidance webpage.

Yours sincerely,

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