

NON-SPECIFIC SYMPTOMS

INTRODUCTION OF A NEW PATHWAY FOR PRIMARY CARE COLLEAGUES

Led by

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WHAT IS AN NSS PATHWAY?

Non-Specific Symptom pathways are intended to cover the cohort of patients who do not fit clearly into a single 'urgent cancer' referral pathway.

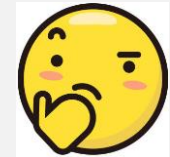
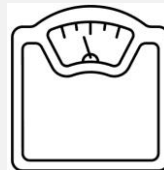
Previously patients may have:

- Seen their GP several times before referral
- Been more likely to attend in an emergency setting
- Presented with cancer at an advanced stage
- Been referred onto multiple urgent pathways

Where there is still ongoing concern, and no clear primary malignancy, patients should be referred via the NSS Pathway.

Symptoms include:

- Unexplained weight loss
- Loss of appetite
- Tiredness
- Nausea/feeling sick
- Suspicious but non-specific abdominal symptoms
- Recurrent abdominal pain



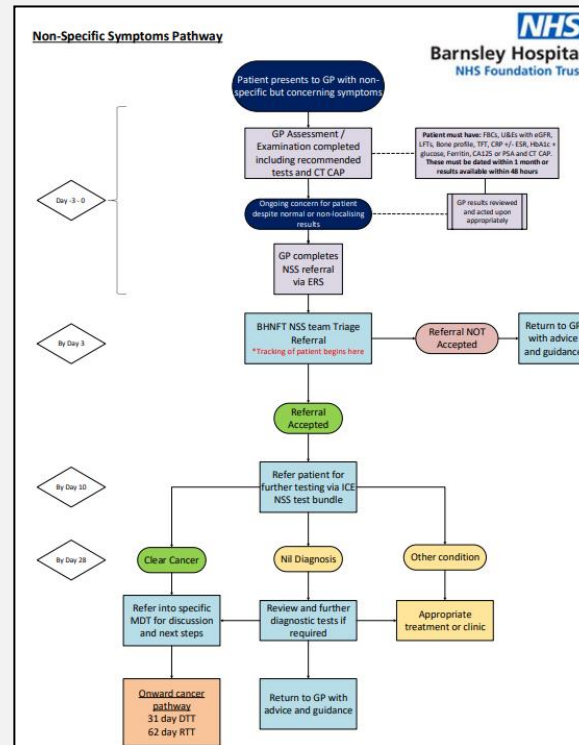
BARNSLEY HOSPITAL NEW DEVELOPMENTS

We have been working over the last few months to develop and implement a new non-specific symptoms pathway for patients within the Barnsley Locality.

Work has included:

- Developing a new pathway including flow chart
- Developing a proforma in line with national and regional guidance
- Patient information leaflet
- GP Supporting information

All information will be sent to local GP Practices to use as part of the NSS pathway.



NON-SPECIFIC SYMPTOMS
(formerly "Vague Symptoms")
Fast track Referral – Urgent Suspended Cancer
Please refer via a Referral Service

This referral proforma is intended for patients aged 16 and over with 'Non-specific but concerning symptoms' and clinical signs that could present cancer or serious disease, but that do not already have a designated pathway for urgent investigation or referral. Please refer to NICE guideline on recognition and referral of suspected cancer for further information. Please do not use this pathway until diagnostic tests have been completed on the NSS Pathway (primarily Vague Symptoms Pathway). This form must be completed and sent via eRS.

Section One: Patient details

Patient Name: _____ NHS No: _____
Address: _____
DOB: _____
GP: _____
Referral Triage No: _____
Referral Triage No: _____
Main Symptom: _____
Language: _____
Transport needed? ☐ Yes ☐ No ☐

Section Two: Registered GP details

Practice Name: _____
Registered GP: _____
Address: _____
Phone: _____
Email: _____
Practice Code: _____

Section Three: Patient engagement

The patient has been informed that the reason for referral is to rule out or rule in Cancer. ☐
The patient confirmed that they are available to attend an appointment within the next two weeks. (If no, please refer when the patient is available). ☐
Supporting information (EUS leaflet) provided. ☐
The patient has been informed of the likely next pathway steps and the time in which they should be contacted. ☐
Please confirm the patient has been informed they may need to attend hospital for further investigation to undergo further staging investigations and possibly biopsy prior to rule patient appointment (mandatory prior to referral). ☐
Does the patient want a relative present at the appointment? ☐ Yes ☐ No
Patient or Carer Consents? Support Needs at the point of referral: ☐ Yes ☐ No
Other information in next 14 days: _____

Section Four: Clinical Information

REASON FOR REFERRAL: This referral service is appropriate for patients with symptoms HIGHLY SUGGESTIVE of cancer and have concerning vague symptoms that do not fit any existing urgent suspected cancer pathway.

Essential There is no EUS pathway suitable for this clinical scenario. ☐
Essential (Tick all that apply prior primary care assessment) ☐
Unexplained weight loss (documented >2% weight unintentional weight loss in three months or with strong clinical suspicion) ☐
Non-specific pain and abdominal symptoms for more than 3 weeks and less than 6 months. ☐
Unexplained appetite loss for 4 weeks or more. ☐
Bleeding symptoms for 4 weeks or more. ☐
Anorexia: continued loss of appetite on recent bloods. ☐
Deep Vein Thrombosis with signs and symptoms suggestive of malignancy. ☐
Fatigue for 4 weeks or more in combination with above symptoms. ☐
GP Clinical suspicion of cancer or serious disease. ☐
Essential Clinical History and Physical Examination ☐
Please give enough history to help inform our clinical stage: _____
Further details: _____
Duration of symptoms: _____
Number of consultations with these symptoms: _____
Number of A&E visits with these symptoms: _____
If this service was not available, what would you expect? _____
Has the patient had any of the following? If so, please describe in accordance with the specific guidance in NICE 2022. ☐
Signature: _____

Patient information leaflet

Non-Specific Symptoms (Vague Symptoms) Pathway

A rapid diagnostic pathway for patients with non-specific symptoms of concern.

Introduction

Your GP has invited you to be investigated on a Non-specific (NSS) pathway. NSS is part of a national programme to find the quickest and most efficient way to reach a diagnosis in patients who have symptoms that do not point to a specific area to investigate.

This leaflet is designed to tell you more about the purpose of the NSS pathway. It tells you what will happen over the next 2 weeks after your GP refers you.

Please take time to read the following information carefully. Should you require any further information, please speak to your GP.

Contact details for the Hospital team are displayed on the back of this leaflet.

Why you've been referred?

Your GP has found you have one or more non-specific symptoms. These symptoms are called "non-specific" as they do not point to a specific area to investigate.

Symptoms can include:

NON-SPECIFIC SYMPTOMS

(formerly "Vague Symptoms")
Supporting Information

Barnsley Hospital

NHS Foundation Trust

This leaflet has been put together as supporting information for Primary Care colleagues for the Non-specific symptoms' referral process.

Recommended Baseline Investigations

The following tests should be arranged in primary care before referral, where clinically appropriate. Primary care should complete this minimum test bundle prior to NSS referral, unless clinically inappropriate or already available.

The patient must have been assessed and examined prior to referral. All results should have been reviewed by the GP and referral can only be submitted if there is no clear diagnosis.

Please attach results to avoid duplication and delays.

Essential pre-referral tests

- FBC
- U&Es with eGFR
- LFTs
- Bone Profile
- TFTs
- CRP and/or ESR
- HbA1c & Glucose
- Ferritin
- CA125 (Female)
- PSA (Male)

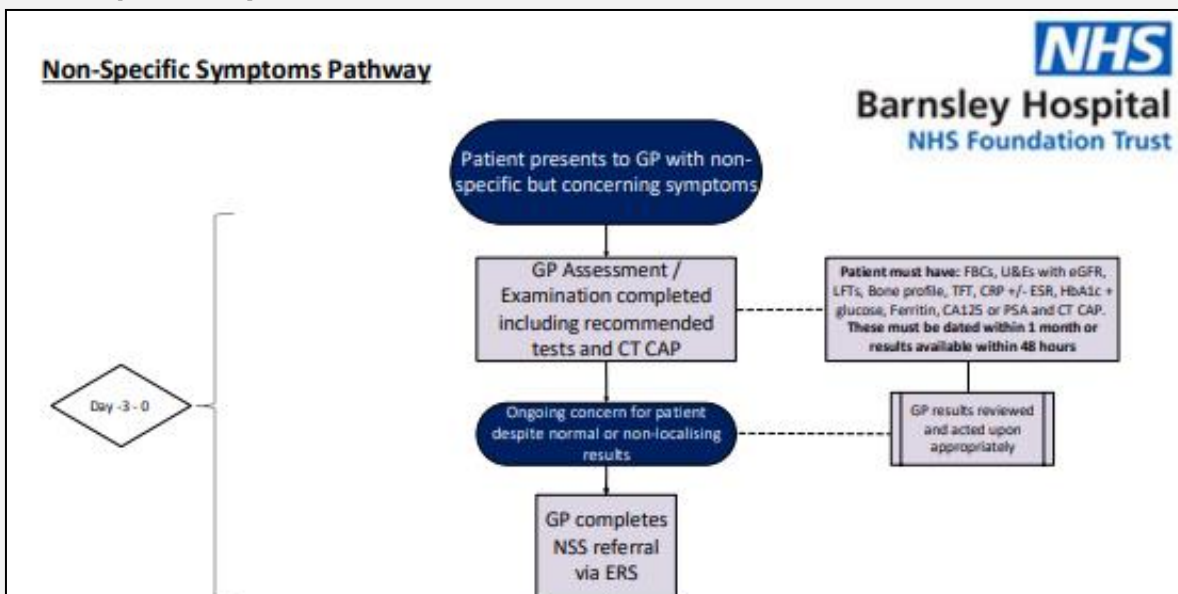
CT Chest, Abdomen & Pelvis (CT CAP) – should be requested if the patient has had:

- Significant unexplained weight loss
- Constitutional red flags with no clear primary
- Abnormal CXR or USS needing staging
- Suspicion of intra-abdominal malignancy and/or metastasis

PATHWAY DEEP DIVE



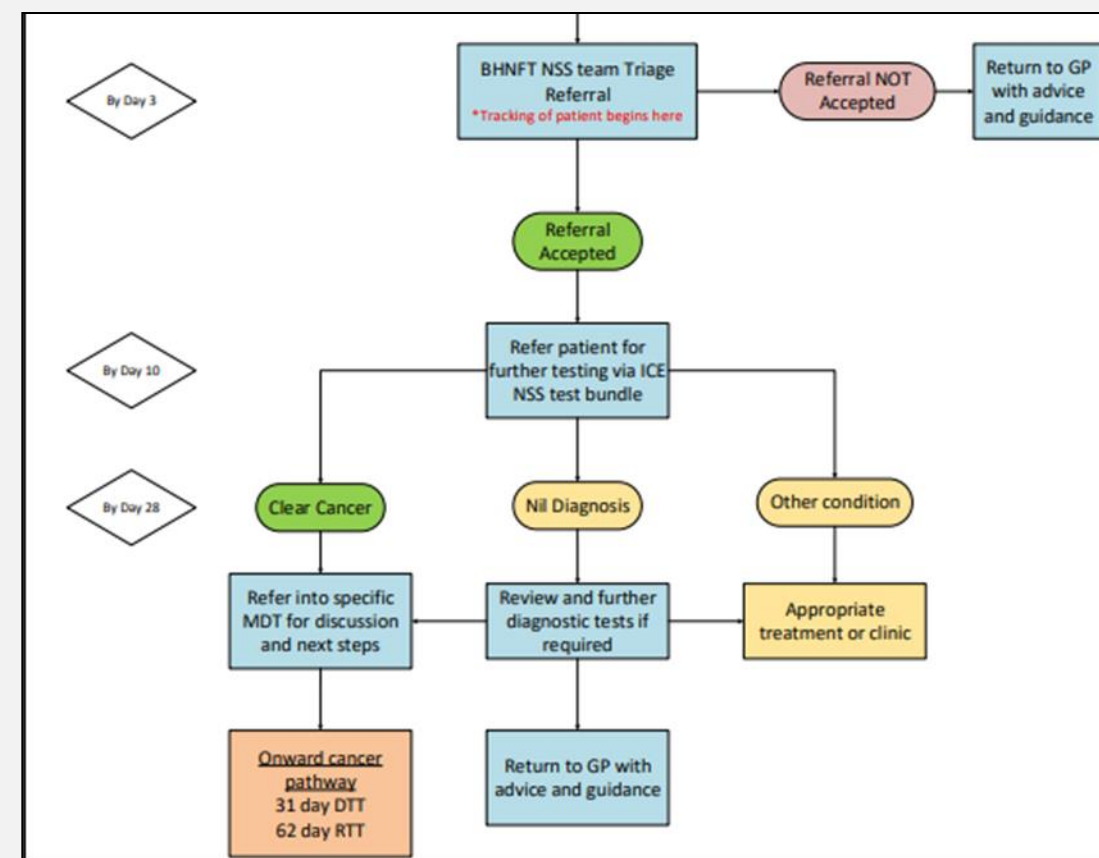
The primary care bit:



All pathways will be managed in line with 28 day faster diagnosis standard, alongside 31 day and 62 day national cancer waiting time targets.

The NSS team will aim to diagnose and refer the patient to the relevant tumour site within 28 days of referral receipt.

The rest of the pathway:



REFERRALS – WHAT TO INCLUDE

Patient must have:

- Full Blood Count
- Urea & Electrolytes with eGFR
- Liver Function Test
- Bone profile
- Thyroid Function Test
- C-Reactive Protein +/- ESR
- HbA1c + glucose
- Ferritin
- CA125 (female)
- PSA (male)
- CT Chest, Abdomen, Pelvis

These must be dated within 1 month or
results available within 48 hours

Please note: failure to provide the above information may result in a rejected referral.
Only patients who have been investigated with the above will be accepted.

WHAT'S EXCLUDED IN THE PATHWAY?

The following symptoms are excluded from the non-specific symptoms pathway – this is due to them being directly related to a specific tumour site.

In the case of these symptoms being seen within the patient, please refer to the specific tumour site group.

Exclusion Criteria	
Has the patient had any of the following? If so, please manage in accordance with the specific guidelines in NICE NG12	
Haematuria	<input type="checkbox"/>
Post-menopausal bleeding	<input type="checkbox"/>
Abnormal vaginal bleeding	<input type="checkbox"/>
Haemoptysis	<input type="checkbox"/>
Cough	<input type="checkbox"/>
Melaena	<input type="checkbox"/>
Rectal Bleeding	<input type="checkbox"/>
Hematemesis	<input type="checkbox"/>
Dysphagia	<input type="checkbox"/>

CASE STUDIES

Two patients referred to Cancer of Unknown primary with weight loss alone and no imaging attached to their record.

In both of these cases, patients should have been referred to the NSS pathway

So – what is the difference?

The CUP (Cancer of Unknown Primary) pathway is designed for patients with a malignancy of undefined primary origin.

The NSS (Non-Specific Symptoms) pathway, on the other hand, is aimed at patients with vague symptoms that could indicate cancer or other serious health conditions..

NG12 GUIDELINES

Updated in March 2025 to include recommendations for non-specific symptoms relating to unexplained weight loss

Symptoms of concern in adults

1.13.2 For people with [unexplained](#) weight loss, which is a symptom of several cancers including colorectal, gastro-oesophageal, lung, prostate, pancreatic and urological cancer:

- carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is most likely **and**
- offer [urgent](#) investigation or a [suspected cancer pathway referral](#). [2015]

1.13.3 For people with unexplained appetite loss, which is a symptom of several cancers including lung, oesophageal, stomach, colorectal, pancreatic, bladder and renal cancer

- carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is most likely **and**
- offer [urgent](#) investigation or a [suspected cancer pathway referral](#). [2015]

1.13.4 For people with deep vein thrombosis, which is associated with several cancers including urogenital, breast, colorectal and lung cancer:

- carry out an assessment for additional symptoms, signs or findings that may help to clarify which cancer is most likely **and**
- consider [urgent](#) investigation or a [suspected cancer pathway referral](#). [2015]

THIS FORMAL PATHWAY WILL GO LIVE
ON 1ST DECEMBER 2025

Are there any questions?

OTHER PATHWAY UPDATES

Straight to Test pathways continue to be problematic for our Triage Team.

- We have provided a further information pack for this service. Should you have any questions please contact:
- Rebecca Cook – Lead Cancer Manager – Rebecca.cook10@nhs.net
- Sara Andrews – Trust Lead Cancer Nurse – Saraallemby@nhs.net