

RSS Non-Urgent Upper Endoscopy Referral Form



Please create and process referral request via Gateway

Reference/Priority

Referral Date:	Priority:	NHS Number:
<input type="text" value="Referral Date"/>	<input type="text" value="Referral Urgency"/>	<input type="text" value="NHS Number"/>

Patient Details

Title:	Forename(s):	Surname:
<input type="text" value="Title"/>	<input type="text" value="Given Name"/>	<input type="text" value="Surname"/>
Date of Birth:	Gender:	Ethnicity:
<input type="text" value="Date of Birth"/>	<input type="text" value="Gender"/>	<input type="text" value="Ethnic Origin"/>

Contact Details

Address Line 1:	Address Line 2	Address Line 3:
<input type="text" value="Home Address House Name/Flat Number"/>	<input type="text" value="Home Address Number and Street"/>	<input type="text" value="Home Address Village"/>
Town:	County:	Postcode:
<input type="text" value="Home Address Town"/>	<input type="text" value="Home Address County"/>	<input type="text" value="Home Address Postcode"/>
Phone:	Mobile:	Text Message Consent:
<input type="text" value="Patient Home Telephone"/>	<input type="text" value="Patient Mobile Telephone"/>	<input type="text" value="No"/>
Email:		
<input type="text" value="Patient E-mail Address"/>		

Referrer/Practice Details

Referring Name:	Referrer Code:	Practice Code:
<input type="text" value="Referring User"/>	<input type="text" value="Free Text Prompt"/>	<input type="text" value="Organisation National Practice Code"/>

Clinic Details

Specialty:	Clinic Type:	Named Clinician:
<input type="text" value="Diagnostic Endoscopy"/>	<input type="text" value="Gastroscopy"/>	<input type="text"/>

Patient Choice Preferences

Provider 1:	Provider 2:
<input type="text" value="Referral Target Service Name"/>	<input type="text"/>

Preferences

Vulnerable Patient:	Vulnerable Reason:	Confidential/Silent Referral:
<input type="text" value="No"/>	<input type="text"/>	<input type="text" value="No"/>
Preferred Contact Time:	Interpreter Required:	Preferred Language:
<input type="text"/>	<input type="text" value="No"/>	<input type="text" value="Main Language"/>

Referral Details

Non-clinical information for the booking team:

Referral Reason/Letter Text:

Referral Criteria

This form is **not** to be used for patients with dyspepsia and Red Flag symptoms.

For these patients use the 2WW referral form for:

- Patients of any age with dysphagia
OR
- Patients aged 55 years and older
 - WITH (unintentional and unexplained) WEIGHT LOSS
 - AND ANY of the following
 - Upper abdominal pain
 - Reflux
 - Dyspepsia
- An upper abdominal mass

This form **is** for these groups of patients:

- Treatment-resistant dyspepsia (refractory or recurrent symptoms despite optimal medical management and lifestyle changes)
- [NICE recommend clinicians consider, non-urgent upper gastrointestinal endoscopy, \(to assess for upper GI cancer in people aged 55 or over\)](#) with:
 - Upper abdominal pain with low haemoglobin levels
 - Raised platelet count with any of the following: Nausea, Vomiting, Weight loss, Reflux, Dyspepsia, Upper abdominal pain
 - Nausea or vomiting with any of the following: Weight loss, Reflux, Dyspepsia, Upper abdominal pain
- Patients with a history of unexplained worsening of dyspepsia **AND a history of**
 - Barrett's oesophagus
 - Previous biopsies with dysplasia
 - Pernicious anaemia
 - Peptic ulcer surgery
 - Family history of Upper GI cancer
- New patients to the area with known Barrett's that require surveillance endoscopies

Please refer to local guidance on the Management of Dyspepsia in Primary Care before requesting an endoscopy. This helps demonstrate your referral is in line with NICE guidance and is clinically justified.

Referrals are not triaged by gastroenterologists Open Access Endoscopy is a nurse led service that aims to see patients with six weeks of referral. Patients will be followed up at the discretion of the endoscopist depending on findings. Referring clinicians have a shared responsibility for ensuring they receive and act on biopsy results which may not be available for several weeks after the endoscopy.

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Why do you think your patient should have a gastroscopy? (these are based on NICE criteria)

<input type="checkbox"/>	Treatment-resistant dyspepsia (refractory or recurrent symptoms despite optimal medical management and lifestyle changes)
<input type="checkbox"/>	Upper abdominal pain with low haemoglobin levels
<input type="checkbox"/>	Raised platelet count with any of the following: <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting
<input type="checkbox"/>	Raised platelet count or Nausea or vomiting with any of the following (see red box above and consider 2WW form if 55 years or over) <input type="checkbox"/> Weight Loss <input type="checkbox"/> Reflux <input type="checkbox"/> Dyspepsia <input type="checkbox"/> Upper abdominal pain
<input type="checkbox"/>	Patients with a history of unexplained worsening of dyspepsia AND a history of <input type="checkbox"/> Barrett's oesophagus <input type="checkbox"/> previous biopsies with dysplasia <input type="checkbox"/> pernicious anaemia <input type="checkbox"/> peptic ulcer surgery <input type="checkbox"/> family history of Upper GI cancer
<input type="checkbox"/>	New patient to the area with known Barrett's that requires surveillance endoscopies (please attach previous endoscopy reports available) For these patients only ignore rest of the form

<p>When did your patient first present with symptoms?</p> <p>Because lifestyle changes are important in treating dyspepsia and because they take time, an endoscopy should not normally be requested < 2 months after presentation unless patients have recurrent symptoms after one month's full dose PPI treatment and do not have any lifestyle changes to implement.</p>	<input type="checkbox"/> > 2 months <input type="checkbox"/> ≤ 2 months, and they have no lifestyle changes to implement
I confirm my patient has had one month of full dose PPI treatment (demonstrates following NICE guidance)	<input type="checkbox"/> Yes Select from drop-down list the treatment given
Were they on any medication that has been stopped that might have been contributing to their symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please detail:
Are they on any medication that cannot be readily stopped that might be contributing to their symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please detail:
Has your patient had H. pylori stool antigen <u>testing either before PPI treatment or at least 2 weeks after PPIs have been stopped?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No (detail below)
What was the H. pylori test result?	<input type="checkbox"/> Positive <input type="checkbox"/> Negative (skip next question)
Has your patient had triple therapy in the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To help identify local patterns of H. pylori resistance please detail which treatment they had	

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Detail which treatment they had and at what dose? Approximate date this was taken?

1st Antibiotic: Select from drop-down list

Other: please detail:

2nd Antibiotic: Select from drop-down list

Other: please detail:

PPI: Select from drop-down list

Other: please detail:

What is your patient's BMI?

Single Code Entry: Body mass index

Is your patient a current smoker?

Single Code Entry: Tobacco consumption

How many units of alcohol does your patient drink per week?

Single Code Entry: Alcohol consumption

Gastroscopy is not a pleasant investigation. It costs around £400 and it carries some [risks](#). Please confirm that you have given your patient ALL the NICE recommended advice below. Audit of these answers will help the NHS understand to what extent GPs feel their lifestyle choices are leading to gastroscopies

- Losing weight, where BMI > 25, may improve their symptoms
- Minimising their alcohol intake may improve their symptoms
- Stopping smoking may improve their symptoms
- Diet advice
 - Avoiding trigger foods such as coffee, chocolate, tomatoes, fatty or spicy foods
 - Eating smaller meals and
 - Eating evening meals 3-4 hours before going to bed, can help improve their symptoms
- Addressing causes of stress, anxiety and depression which may worsen symptoms.

Yes, I have given them all of this advice (where it applies) AND I feel my patient

☐ has few or no lifestyle changes my patient can implement to minimise their symptoms

☐ is engaging with lifestyle changes to minimise their symptoms

☐ could benefit from more support to engage with lifestyle changes to minimise their symptoms

Please confirm your patient is aware of the need to stop acid suppression therapy (PPIs or H2 antagonists) for at least two weeks before the procedure date, and self-treat with antacid and/or alginate therapy if needed.

☒ Confirmed (please untick if not true)

Has your patient had previous gastric surgery?
If yes, please detail:

☒ No previous gastric surgery (please untick if not true)

This section must be completed Please tell us if they have ANY OF THE FOLLOWING: Diabetes, Cardiac or Respiratory disease, Cognitive impairment, Frailty, Anticoagulation or other relevant history:

Requests will be returned if this section is not completed or detail of significant medical problems are not provided here. Managing such patients takes additional staffing that delays lists if not planned for. If your patient has any of these then consider obtaining the advice of gastroenterologists before requesting an open access endoscopy.

Please confirm that your patient does NOT have any of the above problems that could affect their ability to safely tolerate a gastroscopy. ☒ Confirmed, they do not.

Please ensure your patient is aware of the need to stop acid suppression therapy (PPIs or H2 antagonists) for at least two weeks before the procedure date, and self-treat with antacid and/or alginate therapy if needed.

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Please confirm the following tests have been checked (since symptoms developed)

	Tested?	Result	Details
Hb	<input type="checkbox"/> Yes Mandatory	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal, consider 2WW	Single Code Entry: Haemoglobin estimation
Platelets	<input type="checkbox"/> Yes Mandatory	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal consider 2WW	Single Code Entry: Platelet count

If your patient had any other investigations to rule out differential diagnoses, please tick any they've had recently and in the free text box below detail any relevant findings

☐ Upper GI Ultrasound

☐ ECG

Results of above where done:

A report and brief advice will be provided, and follow-up arranged if clinically indicated

Patient may be asked to enter a research trial – tick box if this may be inappropriate ☐

(The patient will be asked to give informed consent)

Active Problems

Problems

Allergies

Medication

Medication