<table>
<thead>
<tr>
<th>Type of Document</th>
<th>Standard Operating Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Communication of Diagnosis of Thyroid Cancer to GP</td>
</tr>
<tr>
<td>Author (s)</td>
<td>Lead clinician Thyroid MDT</td>
</tr>
<tr>
<td>Date of current version</td>
<td>September 2011</td>
</tr>
<tr>
<td>Review date due</td>
<td>September 2012</td>
</tr>
</tbody>
</table>
Communication of Cancer Diagnosis to GP

1 Background to Procedure

1.1 It is a requirement of the Manual for Cancer Services 2004 that each MDT should have an agreed procedure whereby after a patient is given a diagnosis of cancer, the patient’s GP is informed of the diagnosis by the end of the next working day.

2 Scope of Procedure

2.1 The purpose is to outline how the members of the thyroid multidisciplinary team will achieve the communication of a diagnosis of cancer to the patient’s GP within 24 hours of the patient receiving the diagnosis.

3 Statement of Procedure

3.1 It is the procedure in this trust, with the consent of the patient, that after the patient has received a diagnosis of cancer, the patient’s GP is informed of the diagnosis by the end of the next working day.

3.2 This can be achieved by

- Faxing a letter
- Faxing a proforma
- E-mailing a letter if the facilities are available to receive them

Whichever method is chosen, the communication must be sent out by the end of the following working day. The attached proforma is the preferred method of communication with the GP. This will be made available in areas where communication of the diagnosis to the patient is likely, for example in the outpatient clinics and on the inpatient wards.
3.3 Only ‘safe-haven’ fax numbers may be used. The definition of a ‘safe-haven’ is a fax that is not on view to the general public and is only frequented by practice staff, for example a fax machine situated in the practice manager’s office. The confidential fax cover sheet must be used at all times. Once the fax has been sent the paper copy must be retained for filing in the patient’s case notes.

3.4 The responsibility for ensuring that this is carried out lies with the clinician who communicates the diagnosis to the patient.

3.5 The timeliness of this notification of diagnosis to GP’s will be audited annually by the MDT using a randomly selected sample of case notes. In order that this is possible, staff must document in the case notes the date on which the proforma was faxed to the GP or file a copy of the proforma in the case notes. GP staff must complete the date and time the fax was received in the appropriate place on the proforma or in the patient case notes.

3.6 The patient details or copy of the proforma will in all cases be passed on to the Clinical nurse specialist for his/her records and subsequent follow-up if applicable. This should be faxed for her attention to 0203 465 6148

I consent, on behalf of my specialty MDT, that a patient’s GP shall be informed of a diagnosis of cancer as outlined in the above procedure.

Signed.......................................................... Date..........................................

[To be signed by the lead clinician of the MDT]
COPY OF PROFORMA, OR PATIENT DETAILS TO BE FAXED TO THE CLINICAL NURSE SPECIALIST AT FAXT NUMBER: 0203 465 6148

Please ensure that you complete the date & time this fax was received on the next sheet.

PRIVATE & CONFIDENTIAL NOTICE

The information contained in this facsimile is intended for the recipients only. It may contain privileged and confidential information and if you are not the intended recipient, you must not copy, distribute or take any action in relation to it. If you have received this facsimile in error, we would be very grateful if you could notify us immediately. Thank you for your assistance.
Significant Diagnosis Notification

This fax is sent for information only.

Date & time fax sent:~~~~~~~~~~~~~

To:
Re: [Patient Name]:
Date of Birth:
Address:

The above named patient has been given a diagnosis of:

.............................................................................................................
.............................................................................................................

Any additional information:

Key Worker:
Your patient has been informed of his/her key worker. The contact person is:

.............................................................................................................

Signed: ............................ Date:..............................

IMPORTANT- For GP Practice completion (for audit purposes)

Date & time this fax was received:
Date:................................................................. Time:.................................................................