NHS
Peninsula Cancer Alliance

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Supporting Early Diagnosis of Cancer (Community Pharmacy) Pilot

Information for Community Pharmacies

April 2026

Pilot overview

The NHS Long Term Plan set out the following ambitions
- That, by 2028, the proportion of cancers diagnosed at stage 1 and 2 should rise from 55% to 75%.
- In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients.

Working Hypothesis:
'Community pharmacies can support the early diagnosis of cancer through direct referrals for suspected cancer symptoms'
Objectives of the pilot are:
- To test the feasibility and acceptability of direct referral routes into secondary care via the Electronic Referral Service (e-RS).
- To undertake quantitative and qualitative evaluation including patient experience and the experience of community pharmacy, primary and secondary care teams.

Community Pharmacy is well placed to support the earlier diagnosis of cancer

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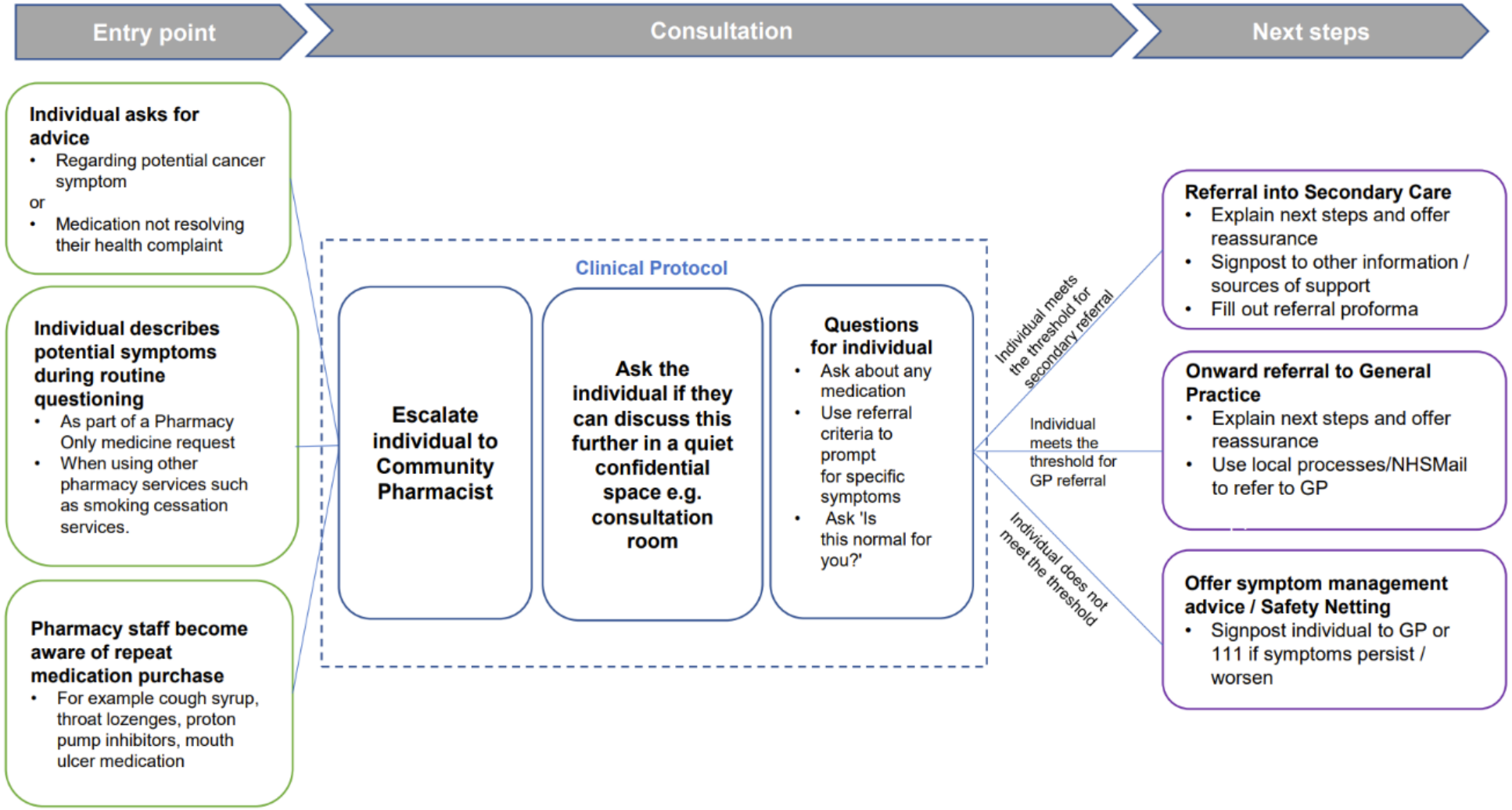
- There are approx. 11,500 pharmacies in England, embedded in communities close to people's homes.
- There are over 1 million visits to a community pharmacy a day.
- The most frequent users of community pharmacy are those with a higher risk of cancer - older people with comorbidities.
- People from deprived backgrounds are significantly more likely to develop cancer and be diagnosed at a later stage.
- There are more pharmacies in deprived communities and evidence suggests more vulnerable cohorts may be more likely to access a pharmacy as their first port of call for health advice; an opportunity to mitigate health inequalities in cancer care.
- Pharmacy staff are highly trained health professionals, well placed to spot concerning symptoms in the populations they serve

Pathway for Community Pharmacy Suspected Cancer Referral Pilot Scheme



Clinical Protocol

Protocol Structure

- People over the age of 16
- Symptoms or medicine taking behaviour that presents a red flag for cancer
- Referral criteria, split into referral to secondary care and GP respectively:
    - Lung
    - Gynaelogical
    - Skin
    - Head and neck
    - Upper GI (optional)
    - Lover GI (optional – only for patients NOT registered with a GP)
    - Kidney and bladder (optional)
    - Breast
    - Haematological
- People who do not meet the referral threshold to secondary care
- Safety netting

Clinical Protocol – thresholds for referral to secondary care

Lung	Any adults (40 years and over) with unexplained coughing up blood
Lung	Adult (40 years and over) **smokers and former smokers** (including shisha users) with **2 or more** of the following unexplained symptoms: ○ persistent cough ○ shortness of breath ○ chest pain ○ finger clubbing
Head & Neck	Adults with any of the following: ○ Mouth ulcers lasting 3 weeks or more, or that do not heal ○ A lump in the lip or mouth lasting 3 weeks or more
Kidney & Bladder	Adults 45yrs and over with: ○ Self-reported visible haematuria (blood in urine) without any signs of urinary tract infection such as pain when urinating or a temperature.
Lower GI	Adults **not registered with a GP**, over 60 years, with blood in stools and any of the following unexplained symptoms or findings: ○ abdominal pain ○ change in bowel habit ○ weight loss Pharmacist to follow agreed local processes where patient is required to complete a FIT kit prior to beginning LGI pathway

Clinical Protocol – thresholds for referral to secondary care (Continued)

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Skin

Adults with 1-3 new suspicious pigmented skin lesion(s) and a weighted checklist score of 3 or more using the table below.

Major features of the lesion(s) (scoring **2 points each**):	**Points**
• change in size	
• irregular shape	
• irregular colour	
Minor features of the lesion(s) (scoring 1 point each):	**Points**
• largest diameter 7 mm or more	
• oozing	
• change in sensation.	
• inflammation	
Total = / **10** (3 or more needed for referral)	

Clinical Protocol – thresholds for referral to primary care

Lung	Adult (40 years and over) **non-smokers** with **any** of the following: ○ persistent or recurrent chest infection ○ persistent cough ○ shortness of breath ○ chest pain ○ weight loss ○ appetite loss ○ finger clubbing
Upper GI	Adults 55yrs and over with dysphagia (trouble swallowing)
Upper GI	Adults 40yrs and over with jaundice
Upper GI	Adults 55 years and over with both the following symptoms: ○ Persistent reflux / indigestion ○ Upper abdominal pain
Lower GI	Adults with two or more of the following symptoms ○ blood in stool ○ abdominal pain ○ change in bowel habit ○ weight loss
Lower GI	Adults under the age of 60, who are registered with a GP, with two or more of the following symptoms ○ Blood in stool ○ Abdominal pain ○ Change in bowel habits ○ Weight loss

Clinical Protocol – thresholds for referral to primary care (Continued)

Gynaeclogical	Women 55 yrs and over, with post-menopausal bleeding (unexplained vaginal bleeding) with more than 12 months after menstruation has stopped because of the menopause. Excluding women on systemic HRT or who have had a hysterectomy.
Gynaeclogical	Women 55 yrs and over, with post-menopausal bleeding (unexplained vaginal bleeding) with more than 12 months after menstruation has stopped, who are on systemic HRT.
Gynaeclogical	Women over the age of 50 with 2 or more of the following symptoms: • Persistent abdominal distension (or 'bloating') – happening several times a month • Feeling full (early satiety) and/or loss of appetite • Pelvic or abdominal pain • Increased urinary urgency and/or frequency
Gynaeclogical	Women 50yrs and over who have experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS)
Skin	Adults with new suspicious pigmented skin lesion mole with a weighted 7-point checklist score of 3 more (preferred secondary care route, however sometimes appropriate for second opinion via GP first)
Head & neck	Adults with any of the following (onward investigation at GP or Dentist): • Bleeding or numbness in the mouth • Red or white patches in the mouth

Clinical Protocol – thresholds for referral to primary care (Continued)

Head & Neck	Adults over the age of 45 with unexplained hoarse voice, lasting 3 weeks or more
Breast	Adults 30yrs and over with a self-reported, unexplained breast lump
Breast	Adults 50yrs and over with any of the following symptoms in one nipple only: • discharge • retraction
Breast	Adults 70yrs with any self-reported breast change
Kidney & Bladder	Adults under 45yrs with self-reported visible haematuria (blood in urine)
Haematological	People with any of the following: • Unexplained bruising • Unexplained bleeding • Unexplained petechiae (clustered small purple, red, or brown spots on the skin) • Persistent back or bone pain
Haematological	Adults with a lump in the neck, groin or armpit – lasting 6 weeks or more

Medicine Taking Behaviour

Medicine taking behaviour can be a prompt for discussing cancer signs and symptoms with people. The table below gives examples of medicine taking behaviour that could trigger a discussion with a person about symptoms.

Category	Medicine taking behaviour that might suggest cancer
Lung	Regular/increasing repeat purchase/use of cough medicine
Upper GI	Regular/increasing repeat purchases/use of: - Antacid preparations for reflux/indigestion - Proton pump inhibitors - Histamine 2 receptor antagonists
Lower GI	Regular/increasing repeat purchases/use of: - Harmorrhoid medicine without diagnosis - Medicines indicative of a change of bowel habit such as loperamide
Gynaecological	Regular/increasing repeat purchases/use of: - Medicines to manage IBS symptoms - Medicines or products to manage post-menopausal bleeding
Head & Neck	Regular/increasing repeat purchases/use of: - Throat lozenges/medicine - Mouth ulcer medication
Skin	Regular/increasing repeat purchases/use of medication to treat skin complaints, with no skin condition present
Non-specific symptoms	Regular/increasing repeat purchases/use of analgesic medications for persistent pain