Non-Specific Symptoms Urgent Suspected Cancer Pathway

Multi-Disciplinary Team (MDT) Standards of Care

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Date: December 2025

EAG name	NSS Pathway Improvement Group	
Document Title	NSS Urgent Suspected Cancer Pathway – MDT Standards of Care	
Published date	January 2026	
Document Purpose	The West Midlands Cancer Alliance's (WMCA) aim is to define minimum Standards of Care (SOC) to ensure a consistent and universal approach to MDTs, to prevent compromise in patient care or pathway integrity	
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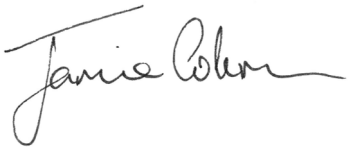
Review Date:	January 2028	
Approval Signatures:	Prof Jamie Coleman **Chair EAG** 	**Clinical Director, West Midlands Cancer Alliance** 

Approved by

This document must be approved by the following people:

Governance	Description	Who	Date
WMCA NSS EAG	Approved	EAG Members	December 2025
WMCA Clinical Cabinet	Approved	Clinical Cabinet	14th January 2026

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Version	Date	Summary of Changes
Draft V0.1	24th October 2025	Creation of the first draft of NSS MDT SOC document
Draft V0.2	14th November 2025	Amendments following JC review
Draft V0.3	5th December 2025	Amendments within NSS Pathway Improvement Group
Draft V0.4	11th December 2025	Amendments for Guidance used
Final V1	15th December 2025	Finalised document

Standards of Care (SoC) for the Non-Specific Symptoms (NSS) Multi-Disciplinary Team (MDT)

Introduction

Across the West Midlands, there is significant variation in MDT structures and utilisation, with some using remote clinical reviews for all patients and others escalating only complex or cancer suspected cases to formal MDTs. Integration with the Cancer of Unknown Primary (CUP) / Metastases of Unknown Origin (MUO) or site-specific MDTs is common but not universal.

The West Midlands Cancer Alliance's (WMCA) aim is to define minimum Standards of Care (SOC) to ensure a
consistent and universal approach to MDTs, to prevent compromise in patient care or pathway integrity. Flexibility is preserved to allow adaptation to local resources and workflows.

The protocol of managing patients will be decided using the National Guidelines (e.g. NHSE Faster Diagnosis Framework), the WMCA Best Practice Timed Pathway (BPTP) for Lower GI patients, including the FIT negative pathway, the recommendations from the UK Acute Oncology Society (UKAOS) Metastases of Unknown Origin (MUO) Emergency Presentation Report and the expertise of members of the WMCA NSS Pathway Improvement Group.

Furthermore, the streamlining of MDTs is expected to encourage and foster a learning environment for all clinicians involved in the process.

Remote Clinical Reviews:

Remote clinical reviews (RCRs) should be undertaken as a core clinical practice for:

- All patients with planned investigations should be reviewed by a responsible clinician.

- RCRs is appropriate for non-cancers and ruled out cases.
- Outcomes of RCRs must be documented and communicated promptly to support achievement of the Faster Diagnosis Standard (FDS).

Formal MDT for Suspected Cancer Patients:

- Cases with plausible cancer diagnoses must be discussed in a formal MDT
- This may be utilising existing MDTs e.g. CUP / MUO, colorectal and so on, to avoid duplication and clinician fatigue.
- Oncology input is essential for MUO cases managed within NSS pathways.

Site-Specific MDT Support:

- A collaborative working approach is to be adopted by the site-specific tumour site MDTs to support referrals from NSS pathways when a site-specific cancer has been diagnosed.
- Equivocal imaging i.e. bowel thickening, should be referred to appropriate MDTs for specialist input.

Documentation and Data Governance:

- All RCRs and MDT discussions must be documented for governance and data reporting purposes.
- Clinical systems, such as Somerset, should be used for tracking data collection.
- NSS Pathways should be provided resources such as trackers, coordinators and analysts to support the sustainability of the pathway.

Safety Netting and Follow-up:

- Clear ownership and clinical responsibility of patient care is vital, particularly for patients with a cancer or complex cases.
- Safety netting must be robust, with clear pathways for patients to raise concerns
- Only cases that are manageable by Primary Care should be discharged back to the GP Practice with advice.

Managing Incidental Findings:

NSS pathways frequently identify incidentalomas. Due to this:

- MDTs to have a mechanism to manage these findings without burdening cancer pathways
- Regional / National Guidance e.g. lung nodules, gallbladder polyps and so on should be followed.
- Interval imaging must be managed within Provider organisations and not deferred to Primary Care.