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Dear colleagues,

Advice on maintaining cancer treatment during the COVID-19 response

Thank you for all you are doing to respond to the COVID-19 emergency and, in particular, to continue to care for and support our cancer patients during these unprecedented times.

As you know, we are clear that the NHS must ensure that cancer diagnosis, treatment and care continues during the response to the COVID-19 emergency. This means:

- **Essential and urgent cancer treatments must continue. Cancer specialists should discuss with their patients whether it is riskier for them to undergo or to delay treatment at this time.**
- Where referrals or treatment plans depart from normal practice, safety-netting must be in place so that patients can be followed up.
- Urgent consideration should be given to consolidating cancer surgery in a COVID-free hub, with centralised triage to prioritise patients based on clinical need.

We have secured the use of almost all independent hospitals across England and their capacity should be used for cancer diagnosis and treatment.

In short, given the COVID situation is likely to persist for some time, rather than deferring cancer care, continuing to provide it through ringfenced facilities and reconfigured care pathways is generally more appropriate.

In London, the spread of the virus has been ahead of many other parts of the country, and local systems have been planning how best to maintain cancer services during the response period. The purpose of this note is, based on the London experience, to provide advice to local systems on how they should continue to manage cancer referrals and cancer surgery during the COVID-19 pandemic.

2WW referrals and cancer diagnostics

All patients should be considered on the basis of clinical need, and the level of risk, both patient- and service-related.

National advice has already been issued on the management of 2WW referrals for cancer. Local systems should continue to manage referrals in line with NG12 and this additional advice wherever possible.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/cancer-allianceinformation-on-managing-cancer-referrals-19-march-2020.pdf

In primary care, where a patient meets the criteria for urgent referral under NG12 but, in view of current circumstances, the GP in discussion with the patient decides not to make a suspected cancer referral because this might be more clinically risky for the patient, the general practice should ensure the patient is appropriately safety netted, monitored and can be followed up if symptoms worsen or do not resolve.

Where a patient is referred as a suspected cancer referral and assessed virtually/by telephone, and a decision is taken not to undertake diagnostics currently due to risk to the patient, the secondary care provider should keep this patient on their patient tracking list (PTL) to ensure they can be appropriately followed up. Patients should be fully involved in reaching this decision and given advice on how to report worsening or new symptoms.

If a patient is referred as a suspected cancer referral and is not available or declines a diagnostic or other appointment due to self-isolation or shielding guidance, they should remain on the secondary care provider PTL to enable their appropriate and proactive follow-up.

Where a diagnosis of cancer is confirmed, and to minimise the patient's overall risk they are not listed for treatment immediately, then the patient should remain on the trust PTL and a decision to treat recorded if the patient has agreed to treatment. Again, patients should be involved in reaching this decision and given advice on how to report worsening or new symptoms.

It is essential that we retain records of those people who need urgent investigation for possible cancer, so that they can be followed up and diagnosed or have cancer ruled out at the earliest opportunity.

Cancer surgery hubs

Regional offices, Cancer Alliances, local systems and providers are already making plans for the continuity of cancer services during the COVID-19 response. Each local system will have its own challenges, and many will be

different from those in London. However, based on the experience in London (which in turn has drawn on the experience of Italy), we are recommending to regional offices and local systems that, as you develop and implement your own local plans for cancer, you consider incorporating the following features:

1. **A central triage point within a local cancer system**

   All cancer patients should be considered by their MDT.

   Any patients recommended for cancer surgery should be referred to a central, clinically-led triage point. This may be placed at a regional or local cancer system (Cancer Alliance) footprint level, depending on local circumstances.

   The triage system will: prioritise patients for surgery on the basis of clinical need, and the level of risk, both patient- and service-related; and match patients with appropriate surgical specialisms and capacity across the cancer system.

2. **Consolidation of cancer surgery on 'clean' sites**

   Where local circumstances permit, cancer surgery should be consolidated on a 'clean', COVID-19-free site within the local system. This could include independent sector provision where this has been secured.

   This will require arrangements for COVID-19 testing for all potential admissions 48 hours before surgery.

   For any cancer patient found to be COVID-19 positive, clinicians will need to decide locally when that patient will be considered fit for surgery, and be considered alongside other urgent surgery within a hospital treating COVID-19 patients.

3. **Clinical guide for the management of non-coronavirus patients requiring acute treatment: Cancer**

   Advice has been published to support clinicians in treatment decision-making and prioritisation, and to inform conversations about treatment with patients:

   https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-acutetreatment-cancer-23-march-2020.pdf

   We will share with Cancer Alliances details of the structures put in place in London to assist with your local planning.

Cancer Alliances and national support

In many local systems, Cancer Alliances will be well placed to lead or support work to organise the configuration of local cancer services and manage patient flows, particularly for those patients for whom the clinical risk of delay is high. Regional teams will Cancer Alliances to help them deliver these arrangements.

All current advice on handling cancer patients is available on the NHS England and NHS Improvement website:

- https://www.england.nhs.uk/coronavirus/wpcontent/uploads/sites/52/2020/03/specialty-guide-acute-treatment-cancer-23march-2020.pdf
- https://www.england.nhs.uk/coronavirus/wpcontent/uploads/sites/52/2020/03/cancer-alliance-information-on-managingcancer-referrals-19-march-2020.pdf

The national cancer team and national specialised commissioning team will work with regional offices and Cancer Alliances to monitor preparations across the country, and will offer more intensive support where requested in areas where plans are not as advanced. This may be of particular relevance in the context of rarer cancers where there are relatively small number of providers.

If you have any questions or you feel the national cancer team can provide any particular support, please don't hesitate to contact us at: england.cancerpolicy@nhs.net.

Kind regards,

Dame Cally Palmer
National Cancer Director

Professor Peter Johnson
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