East Midlands Cancer Alliance

East Midlands Cancer Alliance

Fosse House
6 Smith Way
Grove Park
Enderby
Leicestershire
LE19 1SX
Email address: england.emca@nhs.net

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SENT BY EMAIL

Sent on behalf of: East Midlands Cancer Alliance and Medical Director NHS England and Improvement (Midlands)

Dear Cancer Leads, Cancer Executives, Alliance Board members, Chief Operating Officers, Cancer Managers, Cancer Commissioning Managers and Primary Care colleagues

As the NHS adjusts to deal with the covid-19 pandemic, the role of the East Midlands Cancer Alliance (EMCA) is defined as a networking role to support clinicians and operational teams, as well as circulating national guidance and developing regional guidance and updates during this rapidly changing time. Our role is to support the preservation of cancer services as best as possible during this pandemic and to ensure an agreed consistent way of working so that patients receive the best and most appropriate care in accordance with guidance. We understand that all services will be affected, and we hope that by collaborate working we will share the load across the system.

Despite reduced capacity and the rapidly changing picture across the region there are still opportunities to work together to:

- support the development of clinical guidance within individual specialties based on the framework from the national team. We will continue to work with our speciality clinical experts from primary and secondary care to minimise variation in management across the region;
- develop systems to identify and share cancer capacity across the region;
- continue to support ways of working within MDT's and stratified follow up to utilise all resources to the best of our ability;
- support demand management by triaging referrals, managing communications and recording data using a uniform approach;
- support primary care around:
    - decision making with patients about referrals;
    - managing patient expectations;
    - safety netting people who do not want urgent referral at this time;
    - supporting the ongoing monitoring of high-risk cancer patients.

- post pandemic planning to support the rapid recovery of cancer services.

It is understood that local implementation will also be affected by individual pressures. As an alliance it should be possible to co-ordinate support across services using the prioritisation guidelines should specific needs arise.

Currently there is a clear national directive to safely manage people through their existing pathways; recognising that treatment and diagnostic plans will be significantly affected. These will be influenced by the national guidance document issued on the 17 March 2020, as well as guidance developed by speciality professional groups that will be endorsed by the alliance.
West Midlands Cancer Alliance & East Midlands Cancer Alliance are working as a Midlands Cell, all materials on guidance will be on WMCA website for both alliance stakeholders to use:

http://wmcanceralliance.nhs.uk

https://www.england.nhs.uk/coronavirus/publication/specialty-guides-cancer/

National guidance on manging 2ww referrals was also issued on 19 March 2020. There is little change from the current 2ww process including no downgrading of patients without consent from the referrer.

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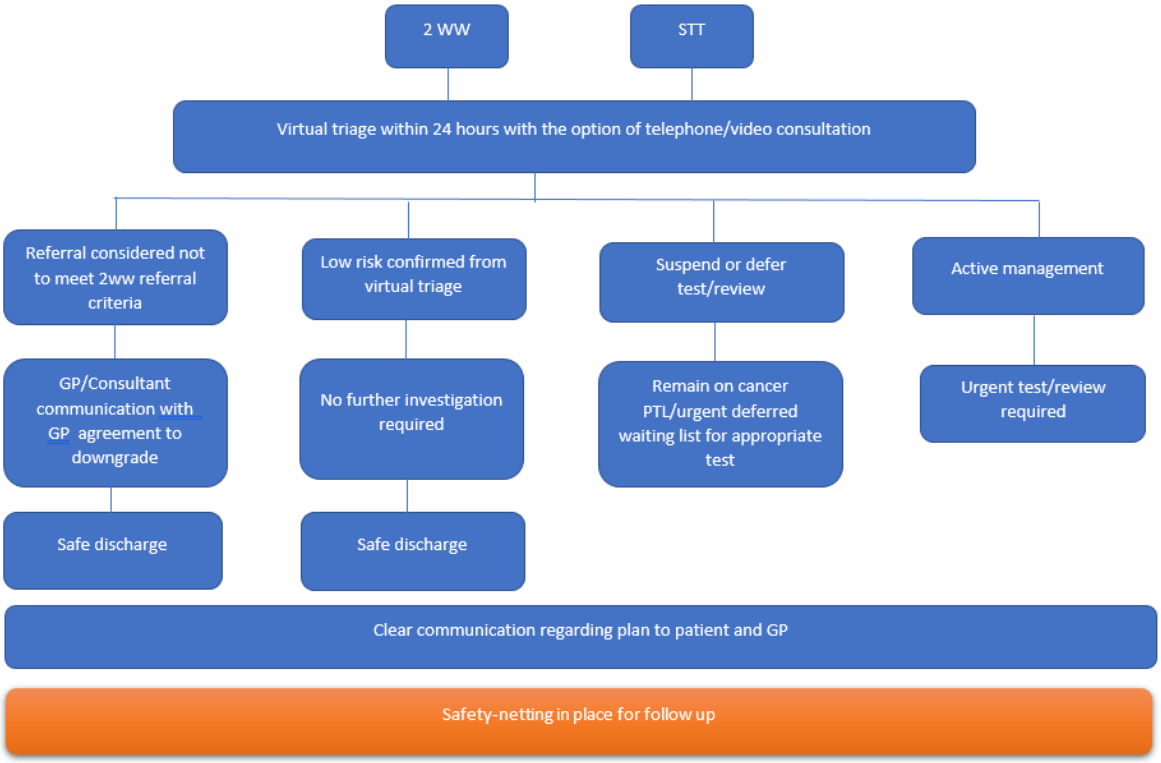
However, the alliance is aware of the significant challenges facing teams in working to this guidance. The following pathway gives guidance for managing referrals.



In the absence of more detailed guidance, the following advice for primary care and secondary care is recommended:

Primary care:

1. **Is a 2ww referral needed?**
   Please only refer people with a high clinical suspicion of cancer using clinical criteria and your experience and judgement using the guidance below:

   Is the patient likely to benefit from investigation and treatment?
   Does covid-19 clinical risk exceed suspected cancer risk?

   The following shared decision-making and the realistic medicine questions will support the decision-making process:

   - is this test or treatment really needed?
   - what are the possible risks and benefits of this investigation or referral?
   - what are the possible side effects?
   - are there simpler, safer alternatives?
   - what would happen if I did nothing?

1. **Safety netting**
   a. For people in self-isolation due to covid-19, arrange a safety net system follow up to ensure referral in 2 weeks or after

isolation period.

b. Arrange a safety net system of follow up to discuss investigation/potential referral in 4 weeks for people not referred for any of the reasons below:
   i. anyone who chooses not to go for 2ww referral at this time or
   ii. anyone who meets 2ww criteria, in whom there is not a strong clinical concern of cancer and who can be safely monitored and reviewed by primary care.

2. **Advice and guidance**
   Seek advice and guidance from the Midlands Cancer Alliance Advisory Group by emailing england.CV19cancermids@nhs.net and from clinical teams through your usual routes - watch for local updates from the EMCA and on the WMCA website: http://wmcanceralliance.nhs.uk

3. **Completeness of referrals**
   All referrals that are made to secondary care **MUST** have enough clinical narrative, background information and the appropriate blood tests to be able to be safely triaged and minimise unnecessary visits to hospitals. Access to blood tests for referrals for suspected cancer must be maintained in primary care and completed before the referral is sent.

4. **Manage patient expectations**
   Inform patients about their referral that the time scale for investigation and management of their symptoms may be different to usual. A EMCA standard patient communication letter is being developed and will circulated shortly.

Secondary care:

1. Continue to manage all current patients in line with national and alliance agreed clinical guidance.
2. All 2ww referrals should be clinically triaged within 24 hours of receipt with the options of telephone or video consultation being available to allow some patients to be safely discharged from the pathway without requiring further investigation.
3. Where a 2ww referral is not to be accepted onto the pathway the normal process for downgrading referrals needs to be followed where the original referrer downgrades the patient following communication with the consultant.
4. In order to minimise the number of people coming into healthcare settings, initial appointments may be via remote methods e.g. telephone consultation. This would count as the first appointment for 2ww cancer waiting times.

5. Safety netting processes need to be in place for follow up of 2ww referrals for patients in self-isolation and unable to attend at that time.

6. Safety netting processes need to be in place for anyone who chooses not to attend due to covid-19 reasons at that time.

7. Any new patients who decline their first appointment/investigation due to covid-19 related concerns should be offered a telephone appointment as their first attendance with a clinician to make sure they are making an informed decision about not attending and agree a plan for follow up. These patients should be kept in the tracking system unless they decline all future follow up or investigation.

8. It is really important to document all delays to cancer care and treatment as a result of covid-19. National breach and delay codes will shortly follow.

9. Continued recording of staging data is essential during this time.

10. All accepted 2ww referred patients must remain on the cancer PTL despite covid-19 delays.

11. PTL management- clinical leads should review PTL's and risk stratify into:
    - step down
    - safely discharge
    - cancer not suspected
    - suspend
    - actively manage

12. MDT working and stratified follow up– additional guidance is being developed will be shared separately.

13. Advice and guidance- seek advice and guidance from the Midlands Cancer Alliance Advisory Group by emailing england.CV19cancermids@nhs.net and from clinical teams through your usual routes. Watch for local updates from the WMCA and on the website: http://wmcanceralliance.nhs.uk

We are aware that information and demand in trusts is changing rapidly and it is our priority to support our patients, clinicians and teams through this difficult time.

It is important that you let us know best how to do this so please stay engaged with communications.

Sarah Hughes

East Midlands Cancer Alliance

Managing Director Midlands Cancer Alliances

East Midlands Cancer Alliance

David Baldwin

Clinical Director

East Midlands Cancer Alliance