Date: 27th March 2020

Wessex Cancer Alliance
NHS England
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Dear Colleague,

In the unprecedented circumstances in which we find ourselves, I write to provide what we hope will be helpful headline guidance for all those working with cancer patients.

It is clear that the speed with which the COVID pandemic is evolving is necessitating some very agile thinking by many agencies, and this brings with it the added challenge of seeing the wood for the trees in keeping abreast of the communications onslaught.

We have no wish to add unnecessarily to this but, following a series of multi-agency enquiries, feel we should clarify the following.

Cancer waiting times

Wessex Cancer Alliance will continue to monitor these across Wessex with the help of our data team and will seek to draw attention, where needed, to support service delivery wherever required.

We will **not**, however, be undertaking any performance management function in relation to these for the duration of the pandemic as it is our strong belief that Trusts will continue to work towards these wherever possible, and are best placed to be responsive to need.

We also acknowledge the reality that some difficult decisions may need to be taken soon in terms of resource prioritisation. The Alliance will stand ready to contribute to this in whatever manner its constituent members wish us to.

Two week wait suspected cancer referrals

Existing NICE guidance for GPs (NG12) remains in place at the present time, although this time of crisis may precipitate change.

We will ensure rapid communication to primary care colleagues via Wessex LMC if NG12 criteria are changed.

Our cancer site specific group meetings have been suspended, but we retain ready access to their invaluable clinical advice where required.

Referral tracking

Referrals to secondary/tertiary care should be processed and tracked in the usual way to ensure patients are not 'lost'.

Trusts will need to ensure systems are in place and adjusted for this purpose, including the use of a COVID code and narrative to indicate this occurrence if pathway delays are necessitated, for example by self-isolation or triage.

Referred patients who are self-isolating, should not be sent back to primary care for re-referral, unless they have been triaged as 'inappropriate referrals'. The latter will of course require 'advice and guidance' to the referrer on an individual basis. Such patients will need to be directed to seek help if symptom deterioration occurs whilst self-isolating.

Private sector capacity

NHS providers are currently urgently exploring how private sector hospitals may be deployed in support of the impact of the COVID pandemic. The Alliance will track these arrangements in order to ensure that there is an understanding of where any capacity flexibility exists.

NHS cancer screening programmes

Wessex Cancer Alliance takes the view that the current breast, bowel and cervical cancer screening programmes are at imminent risk and will not be performance managing these programmes for the duration of the pandemic.

MDT virtual working

All NHS mail registered users now have free access to Microsoft Teams, a virtual meeting platform with significant utility in this area.

Wessex Cancer Alliance strongly encourages MDTs to explore, with immediate effect, the benefit of MS Teams in streamlining MDT meetings which remain a key component of good quality cancer care.

We understand our Dorset colleagues also access the Lifesize conferencing platform and this would also be capable of handling the virtual MDTs if preferred.

Patient stratified follow up

Most clinical consultations are now being undertaken remotely from patients, for example using the Attend Anywhere video-consultation platform developed by NHS Scotland.

Whilst the unprecedented demand on this platform is proving challenging, it is a very effective tool in engaging with patients remotely.

Wessex Cancer Alliance will shortly be publishing a guide and 'top tips' for clinical teams looking to increase the safe use of remote consultation.

At this time, it is particularly important for patients to be able to source up-to-the-minute health and well-being support, and third sector partners such as Macmillan are currently working hard on delivering this.

Alliance support and core team

Wessex Cancer Alliance has taken the decision to pause all normal programmes of work and focus only on those projects which will have a direct impact on the response to the Covid-19 pandemic. The programmes that remain a priority are;

- working to develop and complete a digital platform to allow the set up for RDS so it is ready to go live when that can be safely supported;
- supporting the Stratified Patient Follow Up programme

Members of the Alliance team have been released from their usual roles, to support staff in our local hospitals to assist with the management of cancer pathways. We are working to make sure that support is precisely where it needs to be.

If you would like to speak to the Alliance about how we can support you through this period and have not already heard from us, please do not hesitate to get in touch.

Core team members for Wessex Cancer Alliance, who have been asked to manage the specific programmes that won't be stopping, can all be contacted via Teresa Warr or our communications lead, Jemma Jones via england.wessexcanceralliance@nhs.net. The Dorset Cancer Partnership will also remain available via: dcp@dorsetccg.nhs.uk

Thank you all for everything you are doing, as always.

Matthew Hayes
Medical Director
Wessex Cancer Alliance

Copied to:

LMC (via Nigel Watson)
SSG chairs for Wessex (via Jennifer Dollery and Jacky Hunneyball)
Trust COOs, lead cancer clinicians and cancer managers
Dorset Cancer Partnership
HIOW STP (via Richard Samuel and Sarah Grintzevitch)
Dorset ICS (via Keith Williams)

There are waiting time targets for the diagnosis and treatment of cancer in the different UK nations. Having to wait. To get a diagnosis of cancer can sometimes take a while. Sometimes it might feel that you are waiting too long. Usually, everyone will have to wait to have tests or to get results. Sometimes you might have to wait for appointments. Only then can you start treatment. This can be frustrating and difficult to cope with. You may begin to worry that the cancer will spread during this time. "The waiting times are far too long and the longest wait was between seeing my GP and seeing the urologist. That took 37 days before I saw the urologist which is more than half the 62 day waiting time.Â "Having one person waiting too long for treatment for cancer is one too many - having thousands of people wait too long is a national scandal. "The reality is the SNP has left our NHS doctors and nurses over-worked, under-staffed and under-resourced. NHS performance against some of the cancer waiting times targets has nosedived over the past year at the same time as concerns have grown about shortages of cancer doctors and specialist cancer nurses. The number of those not seeing a specialist within 14 days has risen by 60% since last year. two-month cancer treatment waiting time data. The national Cancer Waiting Times (CWT) system allows NHS providers to record data derived from patient care activity. This data can be used to monitor cancer waiting times targets or plan service improvements. As a patient moves through the stages of their treatment pathway data on referrals, treatments and diagnosis are derived from care records locally (decisions on how to collect these data from local systems are made locally). The key cancer target has been missed by a record margin in England, figures show. Patients who are given an urgent referral by their GP are meant to start treatment within 62 days. But in July, 78.2% were seen in that timeframe, the worst performance since records began in October 2009.Â Nearly 504,000 were waiting more than the 18-week target time. The total on the waiting list for routine surgery at 4.12 million was the highest since August 2007. View comments. Related Topics.