

19 March 2020

## To cancer alliance

It is important that during the response to the COVID-19 pandemic, appropriate clinical priority is given in the diagnosis and treatment of cancer, and we understand that service provision may need to flex as part of infection control. The guidance below should be interpreted as modifying [existing Cancer Waiting Times guidance](#) with immediate effect (19 March 2020) until further notice:

- On receipt of a 2ww referral, providers should ensure that as far as possible telephone triage is available to stream patients directly to a test where appropriate and minimise interactions and appointments with health services.
- A telephone appointment with an appropriate specialist clinician as detailed in Cancer Waiting Times guidance will be accepted as ‘first appointment’ for the purposes of recording Cancer Waiting Times data until further notice.
- The policy remains that providers receiving referrals may **not** downgrade urgent cancer referrals without the consent of the referring primary care professional. Where capacity is particularly constrained providers should ensure processes are in place to prioritise particularly urgent referrals, including greater communication between primary and secondary care to downgrade or avoid referrals where possible.
- Where referrals are downgraded or avoided outside the usual policies and NICE guidance, providers should seek to ensure appropriate safety-netting so that if patients deteriorate or their risk of a cancer diagnosis increases, they can be appropriately referred for further investigation.

All providers receiving cancer referrals should continue to stay alert to any further changes in this advice following updates from Government and NHS England and NHS Improvement.