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**To: Cancer Alliance leadership teams**  
**cc: Regions**

6 April 2020

Dear colleagues,

### **Advice to local systems on maintenance of cancer treatment during COVID-19 response**

Thank you to you and your teams for everything you are already doing to respond to the COVID-19 pandemic. This letter sets out additional information for Cancer Alliances.

You will have received the [letter](#) that has gone to the wider system about the maintenance of cancer treatment during the response to COVID-19. It is crucial that:

- **Essential and urgent cancer treatments must continue. Cancer specialists should discuss with their patients whether it is more risky 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.

### **Supporting continued referral, tracking, diagnosis and treatment of cancer patients**

We know that many of you will already be playing a system leadership role in responding to COVID-19, including helping to put in place approaches to support continued referral, tracking, diagnosis and treatment of cancer patients. Including:



- using PTL and ERS referral data to track significant increases or decreases in referrals
- working collectively across your local system to solve problems and maintain service resilience
- supporting the use of independent sector capacity in co-ordination with system partners
- co-ordinating efforts to reassure patients, and to help them navigate temporary care pathways.

Please do share any examples of work you have done locally which might support colleagues across the country, by uploading information directly to the [Cancer Alliance Workspace](#).

### **Prioritisation of Cancer Alliance improvement and transformation activities**

We are aware that you will already be prioritising activities in your existing work programmes that will support the COVID-19 response, and that many of you have suspended some of your planned transformation activities. We are undertaking a similar prioritisation exercise nationally (see the Annex to this letter for the latest position on a number of nationally led activities).

While this is a matter for local decision-making, we know that many of you are already thinking about how some of the following may be accelerated or adapted to support the response:

- personalised (stratified) follow-up
- MDTM streamlining
- strategies to improve operational performance (where these will help to make better use of capacity)
- rapid diagnostic centres (where elements of these will help with the response).

As a national team, there are some strands of work that we will continue, which – once the work of the NHS Cancer Programme resumes fully – will help us to ‘hit the ground running’. We will not, however, be making any new requests of the system during this time.

### **Planning, reporting and finance**

It is suggested that Alliances defer publication of local five-year system plans and we can confirm that Cancer Alliances will not need to finalise 2020/21 plans in line with the template and timescales previously communicated.

Funding should not be seen as a barrier to taking the necessary steps to respond to COVID-19. There are two strands of funding that Cancer Alliances should be aware of:

**1. Funding for the continuation of Alliance-led improvement and transformation activities**

- You should be assured that the core team and service development funding will continue to flow as required, including for rapid diagnostic centres, as part of revised commissioner funding and provider reimbursement arrangements.
- For the purposes of future reconciliation of funding, we are asking all Cancer Alliances to maintain a high-level tracker of the existing transformation and improvement activities that you are continuing. We will provide a template which will be available on the workspace [here](#).

**2. Funding for new, additional activities specifically to support the COVID-19 response**

- You should work with your providers and commissioners to ensure they are recording any funding incurred in respect of new, additional activities to support the COVID-19 response, since it is through that route that the funding will be reimbursed ([see page 9](#)).

**Support and next steps**

We are currently refocusing the national team's work to ensure that we can support you and the wider system in the best possible way. This includes:

- cascading new, relevant information distributed via the single point of contact (SPOC) arrangements to Cancer Alliances directly, and uploading the [links to the workspace](#)
- responding to your queries and questions
- hosting twice weekly webinars for Alliance managing directors, which will be an opportunity to share messages and insights between Alliance, regional and national teams

- maintaining a [dedicated area on the workspace](#) for regions and Cancer Alliances to share useful documents and resources.

In response to requests from Alliances, Cancer Alliance LWBC leads will shortly be invited to a rapid-response videoconference to discuss potential action, next steps and how the national team could support the acceleration of activities on personalised (stratified) follow-up.

Please do let us the [tracker to let us](#) know whether there are other areas where you would particularly value national support or advice– can you let us have an indication of the support you might need by 8 April so that we can plan appropriately. If you have any immediate requests for support with areas where you are looking to accelerate delivery to help the COVID-19 response, please contact Anna ([a.baranski@nhs.net](mailto:a.baranski@nhs.net)).

Please continue to send any queries and questions that require a response to the team. To help us to respond, please send them to [england.cancerpolicy@nhs.net](mailto:england.cancerpolicy@nhs.net) including **COVID-19 QUERY** in the subject line.

Take care and stay safe.



Dame Cally Palmer  
National Cancer Director  
NHS England and NHS Improvement



Professor Peter Johnson  
National Clinical Director for Cancer  
NHS England and NHS Improvement



David Fitzgerald  
NHS Cancer Programme Director  
NHS England and NHS Improvement

# Annex: updates on nationally led activities

**NB: this is not an exhaustive list**

## Targeted lung health checks

- Funding will continue to be available to targeted lung health checks projects to ensure they are able to meet any contractual obligations, even where they are unable to see patients. From April 2020, funding will also be available to support the seven existing projects we will be bringing into the national programme as we develop tailored plans and timescales for training staff and onboarding each project.
- We will work with the relevant Cancer Alliances to agree contingency plans and to support you to meet any financial or contractual obligations you may incur during this time. Please contact [charis.stacey@nhs.net](mailto:charis.stacey@nhs.net) with details of any support you might need as more information becomes available.

## Faster diagnosis standard

- The 28-day faster diagnosis standard (FDS) was due to come into effect from Wednesday 1 April.
- Due to the current pressures on providers to co-ordinate their response to COVID-19, any further implementation of the FDS beyond the current data collection and submission has been put on hold.
- This means that providers will not be held to account for delivering 75% of diagnoses or ruling out of cancer within 28 days, nor will FDS data be published, initially for Q1 2020/21 or any of the months April, May and June. We will issue further advice when a decision is taken to resume implementation. **In the meantime, data should continue to be submitted as normal.**

## Primary care networks

- NHS England and NHS Improvement published a [letter to primary care](#) on 19 March responding to COVID-19.
- We are expecting the primary care network DES to be published soon. This will have further information, including for supporting early cancer diagnosis service requirements.

## **MDTM streamlining**

- National standards of care (SoC) co-ordination is paused. However, the latest draft versions of the four SoCs are still available to Cancer Alliances on the [workspace](#) to support local implementation.

## **Rapid diagnostic centres**

- We are pausing the submission of management information from February onwards.

## **NHS Cancer 2020 event**

- We have decided to postpone the NHS Cancer 2020 event due to take place on 28 April 2020 at Kings Place in London.
- It is important to be clear that this is just a postponement and we will restage the event, likely now in early 2021.