Ref: **Patient’s NHS number**

Acute trust name

Team/Directorate

Address 1

Address 2

Address 3

Postcode

Telephone

Email address

Date



**Patient’s name**

Address 1

Address 2

Address 3

Address 4

Postcode

**Private and confidential**

Dear [**Patient’s name]**

Thank you for speaking with me on DATE/TIME. I am very sorry that your treatment has been delayed by the COVID-19 pandemic.

During our call, we discussed the risks and benefits of surgery and assessed alternative treatment options. We agreed, based on our conversation and the information we have at this time, ***[that you will remain on the waiting list for your surgery and will be contacted by the booking team when we are in a position to offer you a date for your surgery / to postpone your surgery/that not going ahead with surgery is the best option for you.]*** If any of your symptoms change in the meantime, you want to ask further questions, or you change your mind please contact us on the above telephone number.

We also discussed your symptoms and some steps you could take to help manage them. These include:

[*add recommendations*]

*[If postponing…..]*

One of my team will contact you in [x] months to discuss your condition and next steps. If your symptoms get worse before then, or if you have any questions, please do not hesitate to contact [contact number].

*[If not going ahead…..]*

If you change your mind about treatment or your condition changes, please telephone [xxxxx] or email [xxxxx]. If you have any questions or wish to discuss anything with us then please do not hesitate to get in contact.

*[If going ahead and additional risk factors….]*

We discussed the factors that increase the risks associated with surgery. With this letter is a list of services that can help you prepare for surgery.

*[All who are having surgery…..]*

We will contact you shortly before you come into hospital to check you are well enough to have your surgery. We will discuss the risks and benefits of your treatment again and answer any questions you may have. We will also ask you to sign a consent form. Please be aware that you can change your mind at any time.

[*Delete/ edit according to local COVID-19 policy*]

Before you come into hospital, you will need to self-isolate for [x] days. You will also need to test negative for COVID-19. When we contact you, we will discuss isolation, tell you when and where you need to go for your COVID-19 test, talk about your admission to hospital, and discuss any help you might need to take the test.

If you have any questions, please do not hesitate to get in touch at [xxxx].

[All letters]

Your doctor will be sent a copy of this letter.