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To:
All trusts

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

30 November 2020

Dear colleagues,

Advice on maintaining cancer recovery

Thank you for all you are continuing to do to recover and protect cancer services for patients. From March to September this year, over one million people in England were referred urgently with suspected cancer, 90% of whom were seen within two weeks, and over 290,000 cancer treatments were carried out. This is testament to your leadership and teamwork.

Cancer remains a priority for the NHS and to support the delivery of Phase 3 plans, we are:

- making available additional funding over and above annual Cancer Alliance funding, including £4 million to lock in innovations developed during the pandemic
- sharing weekly and monthly data packs and analysis to enable targeting of local action
- running a national public awareness campaign encouraging the public to contact their GP if they are worried about a symptom that could be cancer.

To ensure that the recovery of cancer services continues through a 'second wave' of COVID-19, we are asking that you:

- **Maintain COVID-protected environments for cancer**, by:
 - **Ensuring clear escalation plans are in place**, with any redeployment of staff involved in cancer treatment and care considered only as a very last resort. Cancer Alliances should alert regions through the NIRB structures if any

decisions are made at a trust or local system level which affect whole groups of cancer patients.

- **Stepping back up cancer hubs for cancer surgery and, where possible, using hub arrangements to protect capacity for endoscopy.** Hubs should consolidate cancer surgery in a COVID-protected site and have centralised triage in place to prioritise patients based on clinical need (see Appendix 1).
- **Testing non-symptomatic staff** who are directly involved in the treatment and care of patients in cancer services on a twice weekly basis using lateral flow tests.
- **Regularly testing non-symptomatic patients attending chemotherapy and radiotherapy appointments**, as advised by their clinical team, ensuring access to rapid testing at point of care for any patient who has not already been tested or who has been unable to follow advice to isolate.
- **Maximising independent sector (IS) use locally to ensure capacity for cancer surgery.** Under the new IS framework, this may mean utilising IS capacity for non-cancer services so that NHS capacity is protected for cancer.
- **Maintain patient-centred focus**, by:
 - Ensuring there is no reduction or cessation of any cancer screening programmes, and that backlogs are cleared as a matter of urgency.
 - reopening any clinical trials in cancer that are still paused due to COVID-19
 - assigning an individual pathway navigator to each patient to guide them through referral, diagnosis and treatment, as set out in the [Adapt and Adopt blueprint for cancer](#)
 - ensuring appropriate 'safety netting' of patients where it has been necessary to postpone their treatment, and agreeing and clearly communicating any changes to patients. Record appropriate safety netting in the free text element of the weekly Patient Tracking List (PTL) submission.
- **Continue to deliver on the Long Term Plan commitments for cancer**, by:
 - continuing or resuming the delivery of Targeted Lung Health Check projects.
 - implementing at least one [Rapid Diagnostic Centre](#) (RDC) pathway for a challenged two-week wait pathway, and one for patients with non-specific symptoms.

- Extending Personalised Stratified Follow Up (PSFU) programmes beyond breast, prostate and colorectal to support patients following their treatment and to increase clinical capacity by releasing outpatient slots.

The recovery of cancer services is supported by the new Cancer Recovery Taskforce, bringing together patients, charities and Royal Colleges. The Taskforce will shortly publish the national recovery plan for cancer, setting out the detail of how our priorities will be met and reflecting the work that you have all presented in your local system plans.

As ever, thank you for your continued commitment and hard work.

Yours sincerely



Dame Cally Palmer
National Cancer Director



Professor Peter Johnson
National Clinical Director for Cancer

Appendix 1: Cancer hubs

As set out in March this year, hubs should incorporate the following features:

1. A central triage point within a local cancer system

All cancer patients should be considered by their MDT.

Any patients recommended for cancer surgery should be referred to a central, clinically-led triage point. This may be placed at a regional or local cancer system (Cancer Alliance) footprint level, depending on local circumstances.

The triage system will: prioritise patients for surgery on the basis of clinical need, and the level of risk, both patient- and service-related; and match patients with appropriate surgical specialisms and capacity across the cancer system.

2. Consolidation of cancer surgery on COVID-free sites

Where local circumstances permit, cancer surgery should be consolidated on a COVID-free site within the local system. This could include independent sector provision where this has been secured.

This will require arrangements for COVID-19 testing for all potential admissions 48 hours before surgery.

For any cancer patients found to be COVID-19 positive, clinicians will need to decide locally when that patient will be considered fit for surgery, and be considered alongside other urgent surgery within a hospital treating COVID-19 patients.

3. Specialty guide for the management of non-coronavirus patients requiring acute treatment: Cancer

Advice has been published to support clinicians in treatment decision-making and prioritisation, and to inform conversations about treatment with patients:

[Management of non-coronavirus patients requiring acute treatment: Cancer](#)

Appendix 2: Guidance documents

- NICE guidelines:
 - [COVID-19 rapid guideline: delivery of systemic anticancer treatments](#) (Updated 27 April)
 - [COVID-19 rapid guideline: delivery of radiotherapy](#) (28 March)
 - [COVID-19 rapid guideline: arranging planned care in hospitals and diagnostic services](#) (27 July).
- The following guides originally produced by NHS England and NHS Improvement have now moved to the NICE website at:
<https://www.nice.org.uk/covid-19/specialty-guides#cancer>
 - Guidance for [triaging patients with lower GI symptoms](#) - using FIT to help determine which patients are at greatest risk of bowel cancer and should be referred for further testing, alleviating pressure on endoscopy services.
 - [Management of non-coronavirus patients requiring acute treatment: Cancer](#). This guidance can still be used as necessary to support local decision making.
- [Clinical guide to surgical prioritisation during the coronavirus pandemic](#) (guidance from the Royal College of Surgeons).
- Updated Government [advice for people who are clinically extremely vulnerable](#), including specific advice around locally tiered incident levels.