South Yorkshire and Bassetlaw Integrated Care System
CANCER ALLIANCE
Working with Derbyshire

South Yorkshire and Bassetlaw Integrated Care System

SYB ICS Cancer Alliance (Working with Derbyshire)

Management of cancer referrals during COVID-19 - System wide recommendations

24th March 2020

On the 19th March 2020, the National team issued guidance related to the management of cancer referrals during the COVID-19 incident. The following outlines the national guidance (in blue) and the SYB ICS Cancer Alliance system recommendations for providers.

1. **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.**

Admin Triage - In some pathways and organisations, initial Triage may be undertaken by administrative personnel, to identify those patient cohorts who would normally be protocol directed to a first appointment (consultation) rather than STT. Where this level of Triage indicates a consultation appointment as the first pathway step, the referral should be passed urgently to an 'appropriate **specialist** clinician' for further Triage and decision re onward pathway route (see Guidance point 3). (*Specialist could be a site specific medic or Clinical Nurse Specialist).

STT - Telephone triage should be conducted by an appropriate qualified member of staff and undertaken within 0-3 days of referral received (in line with national rapid pathways). This pathway model and triage process should be expanded beyond the Lower and Upper GI RAPID pathways (which are already in place) - where a pathway lends itself to a diagnostic test being the first pathway step; and where clear clinical cohorts can be protocolled to STT. **Clinical teams should be encouraged to adopt this approach where appropriate.**

Following this model of Triage – the first diagnostic (STT) or first appointment (consultation) (if this is the triaged route) is classed as 'Date First Seen' and would stop the 2ww clock.

2. **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.**

This element of the guidance should be implemented with immediate effect. (*Specialist could be a site specific medic or Clinical Nurse Specialist).

3. **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.**

An 'appropriately trained **specialist'** should review the 2ww referral and direct the patient's management via one of the following routes:

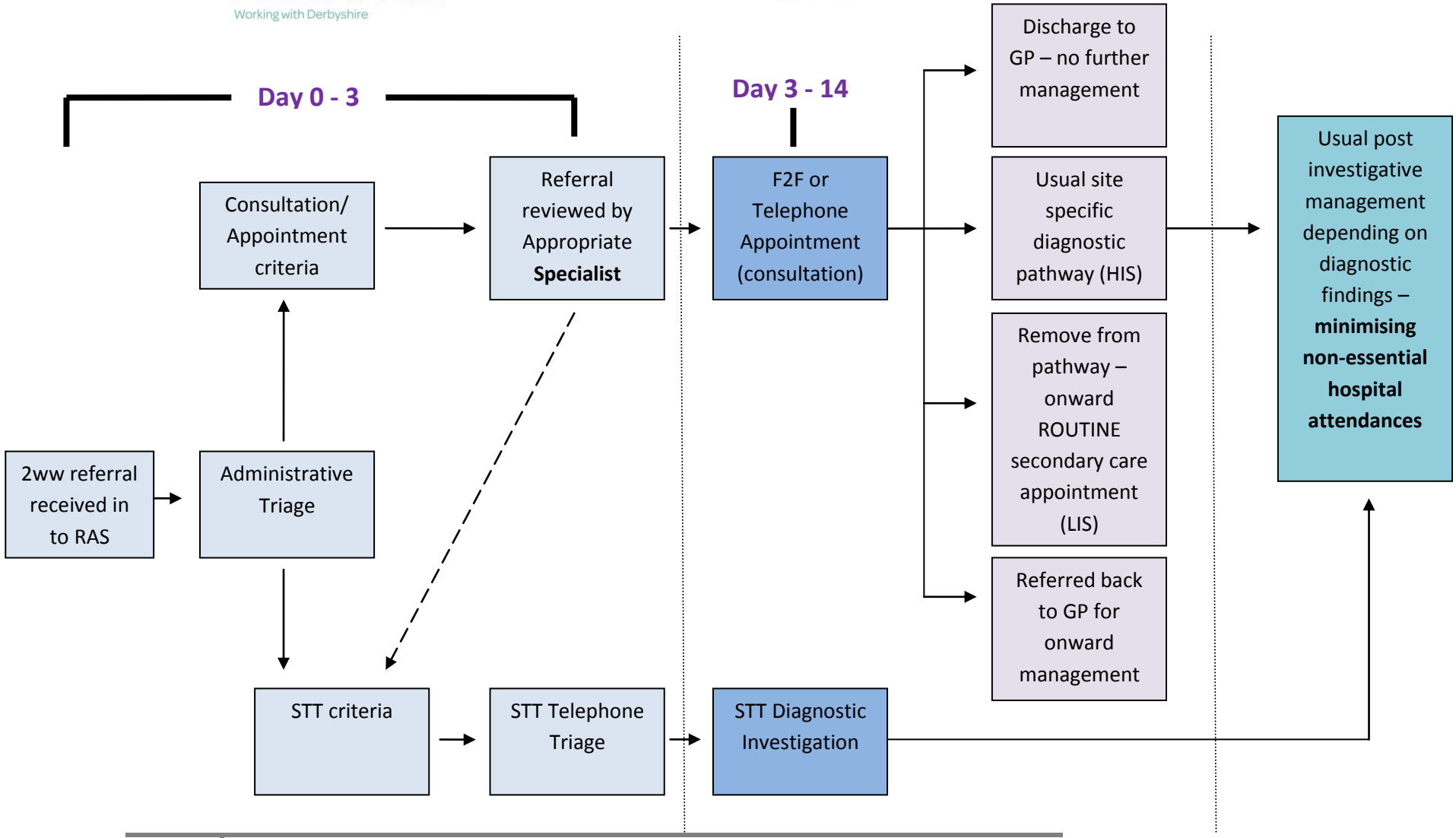
- Suitable for STT approach (patient contacted by appropriate qualified member of staff, to assess for suitability of test and inform of plan)
- Consultation – patient undergoes telephone or F2F consultation with 'appropriately trained **specialist'** which could then lead to one of the following outcomes:
  - Discharge back to GP – no further management required. Usual communication to referring GP.
  - Proceed with 'suspicion of cancer' pathway in secondary care as per normal site specific diagnostic pathway (HIS - high index of suspicion).
  - Referred back to GP for onward management – backed up by communication to GP, explaining plan and giving advice and guidance as to onward primary care management. The mechanism of this communication to GP can be locality dependent and utilise existing established routes. A copy of the communication should be provided to the patient, as well as a contact number for the hospital in case of any issues.
  - LIS - Low Index of Suspicion – patient is made an onward routine appointment in secondary care; but backed up with a communication to the GP and patient explaining the management decision; and providing patients with a contact number for the relevant *site specific team* in secondary care should their symptoms worsen (**patient removed from cancer pathway**).

- **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

Depending on above – clear safety netting would need to be in place as follows:

- ✓ Patients referred back to GP for onward management – must have clear mechanism that identifies these patients to the GP Practice (e.g. standard template and phrasing) and all patients provided with a contact number at the hospital should they not hear anything from their GP.
- ✓ Routine onward appointments – clear mechanism of communication to GP identifying these patients; and all patients provided with a contact number *within the specialist site specific team* should their symptoms worsen whilst waiting for the appointment.
- ✓ All patients (unless discharged to GP care) should be retained and clearly annotated on the Trust's PTL (Cancer; or 18 week – routine pathways).
- ✓ All Trusts should implement clear tracking procedures that accurately capture the pathway, in order to retain robust oversight of patients managed outside 'standard' pathway processes e.g. tracking comment: "2ww referral. Specialist Triage. Telephone appointment (consultation). Routine management. Removed from pathway".


Day 0 - 3
Day 3 - 14
2ww referral received in to RAS
Administrative Triage
Consultation/ Appointment criteria
Referral reviewed by Appropriate **Specialist**
F2F or Telephone Appointment (consultation)
Discharge to GP – no further management
Usual site specific diagnostic pathway (HIS)
Remove from pathway – onward ROUTINE secondary care appointment (LIS)
Referred back to GP for onward management
Usual post investigative management depending on diagnostic findings – **minimising non-essential hospital attendances**
STT criteria
STT Telephone Triage
STT Diagnostic Investigation