

NEL Cancer Alliance Primary Care Update

28 January 2021

1 Keeping cancer services running across north east London and use of the Independent Sector (for info)

1.1 Key messages to patients

National message: “Cancer services remain an absolute priority for the NHS. The rapid rise in COVID-19 incidence and hospitalisation are creating pressures across NHS services, but staff are working to ensure that cancer diagnosis and treatment can continue safely.

If your treatment is less urgent, it may be rescheduled, but it will go ahead as soon as it is possible and safe to do so. If you have hospital appointments scheduled, please do help us to help you by continuing to attend these. If you have symptoms that you are worried may be cancer, please contact your GP immediately – you will get the tests you need, and if necessary, you will be treated. The NHS is here for you.”

Local messages:

- Cancer services are running across north east London.
- It's really important to keep your appointment when requested. This may be remote via telephone or face-to-face, which the 2WW office will inform the patient of accordingly.
- Although your first appointment might take place at your local trust, future appointments might be at a different site that you haven't been to before. The quality of care will be the same and measures are in place to keep you safe.
- Most of our sites require 14 days self-isolating to minimise risk and help keep patients safe.

Paul Thomas is working on getting some information about transport for patients, to go out in future comms (and to be run past providers prior to sending out).

1.2 Capacity for treatment

There continues to be more positive news on capacity for cancer treatment across north east London. The team is working to secure sites and fantastic progress has been made. We are able to keep cancer services running in all areas.

We now have independent sector capacity to support cancer diagnostics and surgery for north east London. In summary:

- London Independent (located near the Royal London Hospital) is our cancer surgery hub. This will be the location for the following: colorectal, spinal and gynae. Teams are all working together collaboratively.
- Other outer London independent sector capacity, including Holly house, Spire London East, Spire Hartswood, the Treatment centre and inhealth will deliver cancer diagnostics, and non-complex cancer surgical treatments
- Complex work will take place at The London clinic: complex gynae, HPB, interventional radiology, complex colorectal.
- At King Edward VII, we will be able to undertake complex breast surgery.
- At Wellington, there will also be complex breast surgery as well as nuclear medicine.
- NHS 'green' capacity is in place at St Barts for Lung cancer surgery, and Homerton have maintained day surgery capacity.

1.3 Diagnostics

Providers continue to prioritise cancer diagnostics, including endoscopy and biopsies.

We have increased capacity within the Independent Sector to minimise delays in diagnosing / ruling out cancer.

Outer London independent sector sites are being used to maintain cancer diagnostic work as well as benign P2 work. Patients may be asked to attend these independent sector sites for diagnostics.

1.4 Barts update

As of 23rd December, only the following endoscopy procedures will be carried out:

- Lower GI with FIT score > 100
- Upper GI with Edinburgh score > 3.5
- EMR for high-grade dysplasia
- Inpatient endoscopy
- EUS for likely malignant disease
- Emergency ERCP

Barts Health also continues to support the national Bowel cancer screening pathway.

The radiology service is now open to all requests but capacity for patients is reduced due to infection prevention and control requirements although the **Cancer diagnostic pathway remains largely unaffected**. To help us manage this we would be grateful if you could prioritise patients carefully, and be aware that routine requests may take longer to be completed. Ultrasound requests will continue to be triaged and if they are rejected you will be contacted to explain the reasons for this.

Walk in x-ray services are open on all sites except Mile End and St Bartholomew's. Please refer acute injuries to Urgent Care Centres where possible and please do not refer any acute injuries to Shrewsbury Road.

Clinical prioritisation continues and at times of high pressure it may become necessary to defer routine scans to ensure capacity is optimised for urgent cases. Where an appointment is deferred, an alternative slot will be offered at the earliest available opportunity.

Please could you advise your patients of the following;

- 1) Patients will be triage screened on arrival at the Trust and the screening process can take up to 15 minutes to get into the hospital.
- 2) We will be practising safe distancing within imaging and if the departments get too busy patients may be asked to leave the department and return at an agreed later time.
- 3) Imaging will take longer than previously as rooms are subject to additional cleaning.
- 4) Given the increased risk of transmission, it may not be possible to accommodate partners when attending ante natal ultrasound scans
- 5) It may become necessary to defer appointments at times of high pressure. An alternative appointment will be offered at the earliest available opportunity

1.5 Homerton Update

The latest information on cancer services is here:
<https://gps.cityandhackneyccg.nhs.uk/topic/cancer>

Homerton: Radiology Update - January 2021

Referral Guidance

- Please only send urgent patients for X-Ray-especially if they belong to a vulnerable group
- Please consider local pathways before referring for USS and MRI
- For MSK imaging-patients should be referred to locomotor in the first instance-they can request imaging and are based in the community-reducing the COVID risk
- DEXA has been temporarily suspended-patients already referred will have their appointments rebooked

- Imaging for suspected cancer continues as normal-please provide full clinical details to help with vetting
- Duty radiology available on bleep 341 before 5pm on weekdays
- Out of Hours input available via HUH Switchboard- if urgent
- Click here for radiology pathways and other guidance
<https://gps.cityandhackneyccg.nhs.uk/topic/radiology>

Homerton: Endoscopy

Direct access endoscopy services, as well as other routine endoscopy procedures, have been paused, so these services won't be visible on eRS at present. Please ensure good safety netting in the meantime to enable patients to be contacted and referred if appropriate when services re-open. Please use A&G if you have queries in the meantime, or refer 2ww if meeting criteria.

1.6 BHRUT update

- Capacity in place for 2ww outpatient appointments – virtual or face to face as appropriate.
- Gynae one-stop green pathway in place (although patients are sometimes unwilling to have a swab and isolate so this is being reviewed). It would be good though if we could ask GPs to encourage patients to be compliant
- Endoscopy is taking place for all 2ww referrals
- Radiology (CT and MRI) is in place for all 2ww referrals, although CT is busy
- Chemo and Radiotherapy are unaffected.
- Covid vaccines are to be offered to all Cancer patients post their “breaking bad news” clinic
- Although not accepting walk in X-Rays, they have a very efficient means of calling in patients when a referral is emailed by the GP.

2 Vaccines

Macmillan have some very useful information and FAQs on the vaccine for cancer patients on their [vaccine web page](#).

The link to the East London Health and Care Partnership FAQs on the vaccine is here: <https://www.eastlondonhcp.nhs.uk/ourplans/covid-19-vaccine-faqs.htm>

Please note the following:

- cancer patients are due in wave 4 of the vaccine rollout and will be notified when it is their turn.

- we are awaiting the updated definition of 'extremely vulnerable' and will share this once it has been issued
- We will be sending out a separate update next week with more information on the vaccine, including key messages for chemo patients.

3 Shielding

All clinically extremely vulnerable (CEV) people should now have been advised by a letter from the Government to follow shielding guidance and of the support office available to them. Emails and texts have also been sent to many people on the list where contact information is available.

The Shielded Patient List remains a live list, with people newly considered as CEV being continually added (e.g. people with a new diagnosis that changes their risk status).

Certain areas of the country are now moving into vaccinations for priority groups 3 (75yrs+) and 4 (70yrs+ and CEV people) where there is capacity to vaccinate beyond groups 1 and 2. Approximately half of the 2.3m CEV people are under 70yrs.

Please see below for a summary of other key updates:

- Vaccination delivery is via GP practices, PCNs, in hospital hubs and community pharmacies. There are also 15 mass vaccination centres nationwide.
- All delivery models should be safe for CEV people and patient preference for these vaccinations should be maintained. The NHSE High Risk team anticipate that the majority of CEV people will prefer e.g. GP/PCN route.
- CEV people living within 45mins of a mass vaccination centre will be contacted from now via letter from the national booking system. They have the option to wait for a local centre invitation if they prefer. Others living outside this radius will be contacted via their local service.
- CEV people should continue to access the healthcare they need, which includes leaving the house to get vaccinated.
- CEV people are advised by the government to continue following shielding measures after they have had both of their vaccination jabs. Government lines are currently being produced to support this position.
- The Government are committed to vaccinate everyone in priority groups 1-4 by 15 Feb.

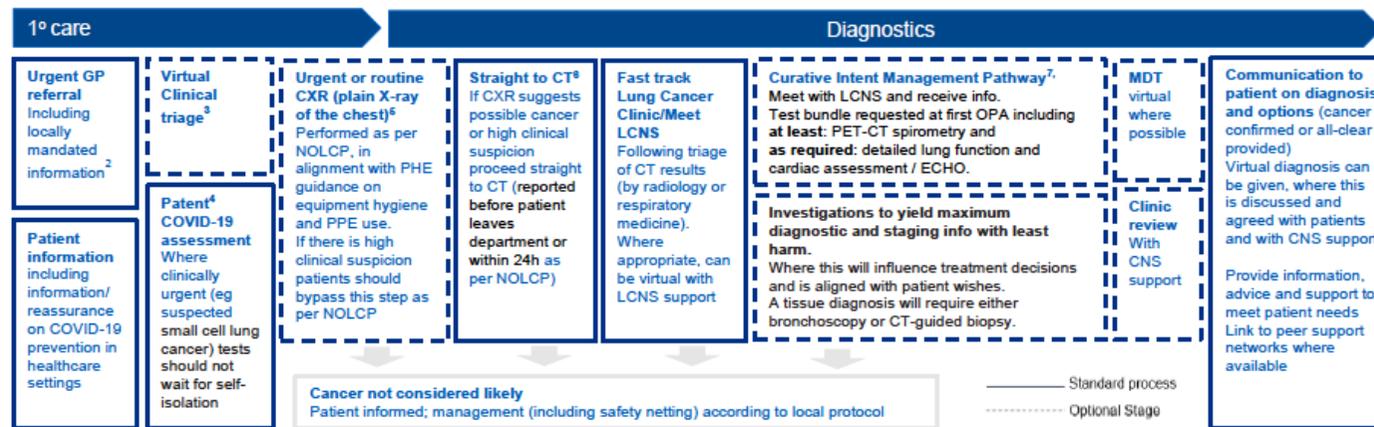
More information is on the [Gov website](#).

4 Urgent cancer diagnostic services during COVID-19

Attached is the recently published NHS document: 'Urgent cancer diagnostic services during COVID-19'. It contains an update on adapting urgent cancer diagnostic pathways in the context of COVID-19. It includes flow diagrams for a number of pathways, including lung cancer as below.

Suspected lung cancer

Clinicians should refer to and follow the [National Optimal Lung Cancer Pathway \(NOLCP\)](#). The following adaptations have been suggested due to the fall in referrals experienced during the pandemic and the need for actions to prevent the spread of COVID-19. They should be read in combination with the NOLCP, NG12 and [NG122 guidelines](#). As symptoms for lung cancer overlap with COVID-19 (cough, fatigue, shortness of breath), care should be taken to maintain COVID-19-secure sites.¹



Footnotes

1. Symptoms for lung cancer may overlap with those for COVID-19 (further advice on differentiation of COVID-19 and lung cancer symptoms can be found [here](#)). Extra measures may be considered to help ensure sites remain COVID-19-secure; for example local services may consider dedicated facilities for lung cancer patients or dedicated capacity.
2. Referral information to allow effective virtual triage will be locally determined with commissioners but should include investigation results, comorbidities, PS score, performance status, medications and COVID-19 symptoms/shielding status.
3. Telephone or video consultation can be used to determine suitability for straight-to-test CT. Preparation for any tests, including any COVID-19 assessments, can be communicated to patients. Patients should be advised on how their hospital experience may be different during COVID-19 and how they can minimise the risk of transmission.
4. Where clinically urgent (eg suspected small cell lung cancer) diagnostics should not wait for COVID-19 PCR results or self-isolation. Where a COVID-19-negative diagnosis can be confirmed, diagnostic tests can be performed in COVID-19-secure sites.
5. Local systems may wish to consider use of mobile units or CXR in primary care to reduce hospital admissions.
6. CT should be hot reported wherever possible. Where possible and clinically appropriate, tests should be spread across as few sites and appointments.
7. Ensure all investigations that are necessary to plan treatment are completed with a minimum of visits to the hospital. Avoid investigations that have no influence on management, especially where no treatment is likely.

5 FIT Tests (WEL update)

We have recently been informed that currently 25% of all Cancer patients currently on the patient list for LGI do not have a FiT test result undertaken as part of the referral.

Without a FiT test, Barts Trust are unable to effectively triage patients for the limited Colonoscopy tests currently available and therefore unable to prioritise these patients. This results in a **significant delay in the patients' pathway** and generates unnecessary work liaising with the referring GP.

Can we remind practices of the importance of undertaking a FiT test as part of the Pan-London 2WW approach following the impact of C-19, so that those with the **highest likelihood of having cancer (FiT <100) are seen first and to minimise any delay to your patients pathway**

- A FiT test coupled with a FBC and U&Es (in past 3 months) will ensure we minimise the delays for your patient. We recognise blood tests are not on the referral form but aid in triage and in ensuring the safest bowel prep regime is used for each patient prior to scope.
- If you require additional FiT test tubes for Barts referrals please do email bartshealth.fittuberequets@nhs.net

6 Screening services: important update for GPs

6.1 National messages

- Cancer screening should continue and be prioritised alongside the flu and Covid Vaccine campaigns.
- Invitations are being issued as normal.
- Diagnostics (colposcopy, colonoscopy) should continue as long as possible. Trusts have been asked not to redeploy lab, colposcopy and colonoscopy staff.
- Providers have been told they should contact NHSE with any capacity or delivery issues in the first instance as they are the lead commissioners.
- NHSE/PHE have reported that some practices have not been taking cervical samples

6.2 Bowel Screening

Following suspension of BowelScope screening in March 2020, NHSE have confirmed that this will be terminated with immediate effect. Any patients who were invited to attend a BowelScope appointment, but were not screened, will be sent a FIT kit in early April. If you haven't already, you will receive a notification informing you that your patient's appointment has been cancelled and that they will receive a FIT kit instead.

The Bowel Screening Hub plans to send kits to this group of patients over the course of a week and will then begin roll out of the age extension. This will be phased in over four years, starting with the rising 56s being invited in year 1.

More information is here:

<https://twitter.com/CancerNel/status/1353684361829351424>

6.3 Cervical screening guide for primary care

The attached resource has been developed to help share good practice with GPs and other primary care practice staff. The guide provides information on some of the barriers to participation in the cervical screening programme and the details of tried and tested interventions that could be used in practice, to encourage participation (through informed choice).

6.4 Webinar: Early Diagnosis and Cervical Screening for Non Clinical Staff,

A short webinar produced by Cancer Research UK on Early Diagnosis and Cervical Screening for Non Clinical Staff is available to view here:

<https://youtu.be/qOjcVMZHOoA>

6.5 YouScreen HPV self-sampling study begins

The YouScreen HPV self-sampling study, led by King's College London in partnership with the North Central London and North East London Cancer Alliances and other organisations, began on 13 January. More info is available on our [YouScreen web page](#).

7 Patient resources

We are working on a directory of all patient-facing material and will share this with you once completed. In the meantime, here are links to some useful resources:

- Click [here](#) for a list of charity support lines for people living with cancer.
- Click [here](#) to access information about screening for patients with learning disabilities
- Click [here](#) for Macmillan Cancer Support – information for anyone affected by cancer
- Animated breast screening video - helps overcome fears of attending screening appointments and explains the importance of attending. <https://youtu.be/CkMOOA0RTI4>
- Cancer won't wait for Covid - explains how important it is to get symptoms checked straight away. <https://youtu.be/HxozV0ruXol>
- Keeping cancer services safe - explains all the measures in place to protect patients from Covid whilst attending cancer services. <https://youtu.be/ZBayrSewju4>
- We are in the process of getting these translated into different languages and will share these with you once they are ready.

8 More information on the NEL Cancer Alliance

Web: <https://www.eastlondonhcp.nhs.uk/aboutus/north-east-london-cancer-alliance.htm>

Twitter: @CancerNel

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