

Primary Care Guidance in Response to COVID-19



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This guideline has been developed by the SE Primary Care Reference Group:

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1 Purpose of document

The following guidance has been produced to support Primary Care services during the COVID-19 response period. It is intended to guide and support the suspected cancer referral process across the South East Region and to ensure that patients are managed on a case by case basis taking into consideration multiple risk/benefit factors as the pandemic evolves. This document should be viewed as a support for local decision making and should be used alongside National guidance and regionally agreed COVID-19 pathway management guides.

2 Suspected Cancer Referrals 2WW/TWR

Continue to refer suspected cancer as per the normal NG12 process but note that trusts have been given latitude in how they are handled. All secondary care providers are being asked to reduce footfall to their sites. The South East Cancer Cell is working with clinicians across the region to redesign pathways in response to COVID-19.

Key messages:

- Trusts are encouraged to introduce telephone triage as the first appointment.
- Some patients may have subsequent investigation deferred.
- Full history and pre-referral work up is essential.
- Straight to test may not be an option in the near future on clinical grounds.
- Patients must be made aware of the current NHS pressures and prioritisation and that they may not be seen for some time.

3 Referral responsibilities and management

3.1 Referral management and processing

It is the responsibility of all locality CCGs to ensure that the latest versions of the site specific TWR referral forms are available and uploaded on to their respective member GP systems; and old versions removed.

It is the referring GP Practice's responsibility to ensure all TWR referrals are made using the latest version of the cancer site specific referral form; and contain all relevant information to enable effective management.

It is the responsibility of the referring GP Practice to ensure that the TWR referral form is electronically attached to the e-RS RAS or appointment in a timely way (≤ 24 hours from referral). All patients being referred should have the rationale explained, and the patient should be clear about the importance of them engaging with the pathway.

It is the responsibility of the ICP to ensure that a robust communication function is in place e.g. Advice and Guidance. This may be required to communicate local changes within secondary care practice to primary care e.g. temporary pause to particular investigation due to secondary care capacity challenges as a result of COVID-19.

It is the responsibility of the referring GP Practice to ensure that the patient is aware of the nature of the TWR referral and understands the requirements regarding timeliness and immediate pathway steps:

- Patients should be informed that they may receive a telephone consultation rather than a face to face appointment with the hospital.
- Referrers should inform patients that should they develop any symptoms of COVID-19 including a fever and/or new persistent cough whilst awaiting hospital appointments or tests to contact the hospital and make a different appointment at a later date, after the required period of self-isolation.
- It is the responsibility of the referring GP/clinician to ensure all 'pre-referral' clinical work-up has been completed of relevance to that site specific cancer pathway and in particular that key blood tests and radiological investigations are completed where possible.
- Any patient within an existing pathway wishing to defer appointments, tests or treatment due to COVID-19 related reasons, should be retained by the provider and be visible on the PTL with clear tracking comments; providers must ensure appropriate mechanisms are in place to ensure these patients are not 'lost' in the system and their pathway progressed at a later date. This can be achieved by setting a future tracking date to ensure the patient is reviewed on a tracking work list.
- Patients will NOT be referred back to their GP if unavailable to attend an appointment within the current TWR window.
- Ideally, Trusts should establish site specific RAS on e-RS for all pathways, to enable essential triage processes to be undertaken. This may differ where the clinical complexity of a site specific pathway (diagnostic phase) always dictates a face to face first appointment (consultation); and therefore would not be altered by triage.

4 Safety-netting

- If a patient is unavailable due to COVID-19 isolation reasons (7 days or 14 days – personal symptoms or symptoms within family members), patient will defer accordingly and be picked up within the PTL safety netting process once isolation complete.

- For patients within the vulnerable category (12 weeks but asymptomatic), patients will be encouraged to engage with their pathway teams, and providers should operate care models to reduce hospital contact.

5 Supportive resources for patients with a cancer diagnosis during COVID-19:

<https://www.cancercaremap.org/>

<https://www.macmillan.org.uk/>

Local services to support cancer patient health and well-being may be available and details should be communicated through ICC teams, CCG's or Health and Wellbeing Boards.

