

## Cancer and COVID-19 Response Resources: Trust communications with patients and staff

April 2020

The following document contains cancer and COVID-19 letter and script templates to support Trust written and verbal communications with patients and healthcare professionals regarding cancer and COVID-19.

**Please note that this repository of documents is advisory only and intended as a useful resource for trusts to review and tailor locally during the coronavirus outbreak.**

### Section A: Letter Templates

- [Trust Letter Template 1: Suspend investigations following clinical triage \(prior to first appointment\)](#)
- [Trust Letter Template 2: Arranging first telephone consultation with cancer team](#)
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### Section B. Guidance for patients and staff

- Patient information leaflet on changes to cancer treatment during the coronavirus pandemic
- Script to help staff during telephone conversations with patients re. changes to treatment
- Guide for inpatient health care professionals on giving advice for patients on prioritisation of chemotherapy (SACT) during the coronavirus pandemic

### Translations regarding coronavirus

For the latest NHS information regarding coronavirus in 35 other languages, please access the following [link](#).

Bringing together hospital trusts, GPs, health service commissioners, local authorities and patients in north central London to transform cancer care.

## Section A: Letter Templates

- **Trust Letter Template 1: Suspend investigations following clinical triage (prior to first patient telephone call/appointment)**

Dear XXXXXX

We have received a referral from your GP requesting an urgent appointment to rule out any serious conditions including **(insert cancer type)** cancer. Due to the current coronavirus (COVID-19) outbreak, it is very important that we reduce the number of people attending the hospital for your safety and the safety of other patients and staff.

Our **(insert cancer type)** cancer specialists have reviewed the information your GP provided, and made the decision that it is safe to delay your first appointment at this stage. Be assured that we will add you to our patient tracking list and we will offer you an appointment in the future.

In the interim, if you feel your symptoms or condition worsen, then it is very important that you contact your GP surgery to discuss.

We will be in touch as soon as we are able to issue your appointment.

Yours sincerely

On behalf of (insert Trust details)

COPY TO GP

- **Trust Letter Template 2: Arranging first telephone consultation with cancer team**

Dear XXXXXX

We have received a referral from your GP requesting an urgent appointment to rule out any serious conditions including **(insert cancer type)** cancer. Due to the current coronavirus (COVID-19) outbreak, it is very important that we reduce the number of people attending the hospital for your safety and the safety of other patients and staff.

Our **(insert cancer type)** cancer specialists have reviewed the information your GP provided and have recommended that one of the **[doctors/CNS – delete as appropriate]** has a telephone consultation with you to discuss the symptoms you have been experiencing and the most appropriate next steps for you. The telephone consultation has been scheduled for **[add date/time]** with **(insert name/title)**.

Please contact us on **[add phone number]** if you are not able to take a call at this time and we will rearrange to day or time that is more convenient for you.

In the interim, if you feel your symptoms or condition worsen, then it is very important that you contact your GP surgery to discuss.

We will be in touch as soon as we are able to issue your appointment.

Yours sincerely

On behalf of (insert Trust details)

COPY TO GP

- **Trust Letter Template 3: Suspend investigations following telephone triage with patient**

Dear XXXXXX

Following the urgent referral from your GP, you were recently assessed via a telephone call by one of our clinicians from the **(insert cancer type)** 'X' team, **(insert name/title)**.

Our **(insert cancer type)** cancer specialists have reviewed the information from the GP referral and the telephone call with you. They believe it is reasonable and safe to delay your first test/investigation, due to the serious risks and restraints created by Coronavirus (COVID-19) at this time. However, be assured that we will add you to our patient tracker system. We are continuously reviewing and assessing the Covid-19 situation and will be in contact with you as soon as we can, to issue your next appointment.

It is very important that you make contact with your GP surgery if your condition/symptoms worsen whilst you are waiting for your test/investigation.

Yours sincerely

On behalf of (insert Trust details)

COPY TO GP

- **Trust Letter template 4: Suspend follow-ups**

Dear XXXXXX

As you know, you have been coming to hospital clinics for regular reviews following your treatment for **(insert cancer type)** cancer. The current Coronavirus (Covid-19) outbreak is a national emergency and it is our priority to protect you and all of our patients and staff from the risk of further spread. Therefore, our cancer specialists have undertaken a full review of your case to ensure that we do not invite you for any unnecessary hospital visits.

In your case, your follow up appointments can be safely postponed until a later date. We have therefore cancelled your appointment scheduled for **(insert date and time)**. Our team will keep track of your case on an ongoing basis and we will be in touch with you as soon as we are able to offer you a new follow up appointment.

In the interim, if you feel your symptoms or condition has deteriorated, then it is very important that you contact your Cancer Nurse Specialist or GP surgery.

For support and general information regarding cancer and COVID-19, please contact the Macmillan Cancer Support Helpline on 0808 808 00 00. It is open Monday – Friday between 9am-5pm. Or visit the Macmillan website:

<https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>

Yours sincerely

On behalf of (insert Trust details)

COPY TO GP

- **Trust Letter template 5: Changes to treatment**

Dear XXXXXX,

As you know, you have been coming to hospital clinics for treatment for **(insert cancer type)** cancer. Due to the coronavirus COVID-19 outbreak, we have had to change when and how cancer treatment is carried out. It is vital that we do not put you at risk of contracting the virus, while also making sure you get the right cancer treatment at the right time. Therefore we have undertaken a full review of your case to ensure that we do not invite you for any unnecessary hospital visits, taking into account the urgency of your cancer treatment.

**[Clinician to summarise treatment plan and any detail changes to upcoming treatments/appointments]**

In the interim, if you feel your symptoms or condition has deteriorated, then it is very important that you contact your Cancer Nurse Specialist or GP surgery.

For support and general information regarding cancer and COVID-19, please contact the Macmillan Cancer Support Helpline on 0808 808 00 00. It is open Monday – Friday between 9am-5pm. Or visit the Macmillan website:

<https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>

Yours sincerely

On behalf of (insert Trust details)

COPY TO GP

- **Trust Letter template 6: Delay to treatment**

Dear XXXXXX

As you know, you have been coming to hospital clinics for treatment for **(insert cancer type)** cancer. Due to the coronavirus COVID-19 outbreak, we have had to change when and how cancer treatment is carried out. Coronavirus can have serious effects on anyone who has a long-term health condition or a weakened immune system, including some people with cancer. It is vital that we do not put you at risk contracting the virus, while also making sure you get the right cancer treatment at the right time. Therefore we have undertaken a review of your case to make sure that we do not invite you for any unnecessary hospital visits, taking into account the urgency of your cancer treatment.

Your cancer team have made the decision to temporarily delay your treatment because

**[Add rationale for delay to treatment: Options as follow:**

- Your anti-cancer (drug/treatment) may place you at increased risk of picking up coronavirus infection or becoming very unwell from this viral infection.

**OR**

- delays to your treatment are very unlikely to affect cancer progression

**OR**

- Alternative treatments are available **(USE LETTER 4 – changes to treatment))**

Please be reassured that we have carefully considered how this delay may affect you and your safety is our priority. The next steps in treating you are

**[Clinician to summarise treatment plan and any detail re upcoming treatments/appointments]**

It is very important that you make contact with your GP surgery or Cancer Nurse Specialist if you experience any new or worrying symptoms.

For support and general information regarding cancer and COVID-19, please contact the Macmillan Cancer Support Helpline on 0808 808 00 00. It is open Monday – Friday between 9am-5pm. Or visit the Macmillan website:

<https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>

Yours sincerely

On behalf of (insert Trust details)

COPY TO GP

- **Trust Letter template 7: Safe discharge**

Dear XXXXXX

We received an urgent referral from your GP asking us to rule out a serious condition including the possibility of **(insert cancer type)** cancer. Following your recent **(telephone consultation/tests/investigations- delete as appropriate)**, we have assessed your case and it is safe to discharge you from further follow up at the hospital.

**OR**

We are confident that your investigations show no evidence of **(insert cancer type)** cancer.

It is very important that you make contact with your GP if you experience any new or worrying symptoms.

Yours sincerely

On behalf of **(insert Trust details)**

COPY TO GP



- **Trust Letter template 8: Safe Discharge from Follow-up**

Dear XXXXXX

As you know, you have been coming to hospital clinics for regular reviews following your treatment for **(insert cancer type)** cancer.

It is our priority to protect you, our other patients and staff from the risk of COVID-19 spread, and we have therefore undertaken a full review of your case to ensure that we do not invite you for any unnecessary hospital visits.

In your case, we are happy that you no longer require routine hospital follow up to monitor your condition. We have therefore cancelled any future planned appointments with the (insert cancer type) team. It is very important that you make contact with your GP if you experience any new or worrying symptoms.

For support and general information regarding cancer and COVID-19, please contact the Macmillan Cancer Support Helpline on 0808 808 00 00. It is open Monday – Friday between 9am-5pm. Or visit the Macmillan website:

<https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>

Yours sincerely

On behalf of (insert Trust details)

COPY TO GP

## Section B: Guidance for patients and Healthcare Professionals

- **Patient Information Leaflet on Changes to Cancer Treatment During the Coronavirus Pandemic**

We are aware that many of our patients with cancer or their family members/carers may be feeling anxious during the coronavirus (COVID-19) outbreak. This information sheet provides information about how the coronavirus may affect you and your cancer treatment. We want to reassure you that your cancer care team is working hard to continually assess any changes that might be necessary for you.

We want to acknowledge that some changes will be extremely difficult. We are in an unprecedented situation and very difficult decisions are having to be made as the NHS responds to the current demands placed on services. We do not take these decisions lightly and understand how worrying this may be for you.


It is vital that we do not put you at risk of becoming seriously ill with the coronavirus while also making sure you get the right cancer treatment at the right time. This may mean delaying the start of your treatment rather than exposing you to the virus, so you can self-isolate as the government have recommended. Or it may mean we temporarily make changes to your treatment to reduce the effect on your immune system. Your team will discuss your options to make sure you understand your situation, as well as weigh up all factors to ensure your safety.

You may feel that your support systems have changed as you are no longer meeting the doctors and nurses that you see regularly. As with all decisions, your safety and reducing your risk of exposure to coronavirus is at the heart of this. If you are finding this difficult, we encourage you to reach out to the many fantastic cancer charities who have a wide range of support available and can help you make sense of this new world we find ourselves in.

For further support and general information regarding cancer and COVID-19, please contact the Macmillan Cancer Support Helpline on 0808 808 00 00. It is open Monday – Friday between 9am-5pm. Or visit the Macmillan website:

<https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>

Please be assured that we will continue to be your advocates and will do our very best to support you and your families during this most difficult of times.

Guidance	Document
<b>24.03.20 Cancer Charity guidance for people living with Cancer pandemic</b>	 Cancer_charity_supp rt_line_QAs__UPDATE

- **Script to help staff during telephone conversations with patients re. changes to treatment**

We are aware that you may be feeling extremely anxious during this difficult time. You may be concerned about whether COVID-19 will affect your treatment plan and what these changes might mean for you. We want to reassure you that your cancer care team is working hard to continually assess any changes that might be necessary for you.

We acknowledge that some changes will be extremely difficult. We are in an unprecedented situation and very tough decisions are having to be made as the NHS struggles with current demand. We do not take these decisions lightly and your safety is the ultimate consideration.

**Messaging for those shielding:**

You may have an underlying health conditions and have already been contacted to advise on 'shielding' (self-isolating for 12 weeks). There remain some cancer patients, however, who should continue attending the hospital or clinic to receive on-going care particularly their chemotherapy or anti-cancer drug treatment. Unless you hear from your Oncology/Haematology team, you should assume your cancer treatment will continue.

It is vital that we do not put you at risk of becoming seriously ill with COVID-19, while also making sure you get the right cancer treatment at the right time. This may mean:

- We delay the start of your treatment rather than exposing you to the virus, so you can self-isolate as the government have recommended;

**Or:**

- We temporarily choose different treatments to reduce the effect on your immune system. It may also be necessary to delay trial treatments until the danger of COVID-19 has passed.

You and your family are welcome to have a discussion with your Cancer Doctor about whether the risks of beginning or continuing your cancer treatment could out-weigh the benefits, given that having treatments such as chemotherapy, places people at more at risk of becoming seriously unwell if they contract the coronavirus infection. NHS England have given cancer treatment centres like ours, some guidance on how to categorise treatments such as chemotherapy and radiotherapy using risks and benefits. These different categories will be used as a basis for these discussions. Our outpatient appointments are now by telephone or even face-to-face via technology and your clinical team may need to have some of these difficult discussions during these appointments.

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Our hospital, like most others, operates a policy of trying to determine the wishes of patients should they become very unwell (**Insert method e.g. 'ReSPECT' form**). In these times it will be wise to discuss these important matters, including resuscitation decisions. We hope we can do this sensitively and with compassion. We know that these discussions and decisions will be very difficult and upsetting and we will support you through this with the help of our specialist nurses, palliative care teams and other expert staff.

We want to assure you that, in this pandemic, we will try and make the correct decisions to keep you safe and reduce the impact on the health service even though these might be very difficult for patients and for the teams discussing them.

**Signposting to more information:**

Further advice and support can we found at: <https://www.macmillan.org.uk/coronavirus/cancer-and-coronavirus>

- **The following Guide is for Inpatient Health Care Professionals on Giving Advice for Patients on Prioritisation of Chemotherapy (SACT) during the Coronavirus outbreak.**

We know this is a very stressful and worrying time for our patients receiving anti-cancer drugs (chemotherapy/SACT) and their families and carers. This information sheet explains the changes that have been implemented to the delivery of cancer care in response to the coronavirus (COVID-19).

The Trust has moved most of our outpatient appointments to telephone appointments or video telecommunication platforms to enable face-to-face consultations. To make sure that our patients remain as safe as possible during the current situation, the oncology and haematology teams here at **(insert trust)** will weigh up the benefits of commencing or continuing anti-cancer drugs against the risk of becoming very ill, or even dying, of coronavirus infection. This is because many of our anti-cancer drugs make our patients more at risk of contracting the coronavirus infection and also make them more prone to becoming seriously unwell or dying from this viral infection. In addition, many anti-cancer treatments rely on patients attending the hospital very regularly, which, in itself, has risks associated with it for patients on therapy.

With this in mind, NHS England has given cancer treatment centres some guidance on how to categorise chemotherapy using risks and benefits. These different categories will be used as a basis to discuss treatment with patients and decide whether to continue or suspend (either temporarily or permanently) anti-cancer treatments. We know that some of these discussions and decisions will be very difficult and upsetting and we will need to support patients and carers through this with the help of our specialist nurses, palliative care teams and other expert staff.

The chemotherapy categories we have received from NHS England are as follows –

**Category 1 - Curative treatment with a high (more than 50%) chance of success.** This means that the treatment is likely to result in curing the cancer. We would continue these treatments but may possibly change some of the timings or drug doses to reflect the current situation.

**Category 2 – Curative treatments with a medium (between 15 and 50%) chance of success.** Here the treatment has a moderate chance of working to cure the cancer. Once again, we would want to continue these treatments but may make some adjustments to make them safer to give in the current situation.

**Category 3- Non-curative treatment with a high (more than 50%) chance of more than 1 year extension to life.** In this situation, the chemotherapy is likely to extend the individual's life by more than a year. We would likely continue most of these treatments but there will be a discussion with the oncology/Haematology team about the risks of continuing this (dependant on the individual drugs and how they are given). These treatments might also be adjusted or even temporarily suspended and reviewed every few weeks.

**Category 4 - Curative therapy with a low (0% to 15%) chance of success or non-curative therapy with a medium (15% to 50%) chance of extending a person's life to more than a year.** It is likely we would suspend, perhaps even permanently, these treatments unless we can adjust them to make them safer to give. This will be discussed sensitively with the patient and family.

**Category 5 - Non-curative treatment with a high (more than 50%) chance of reducing symptoms or temporarily reducing the size of the cancer but with less than 1 year expected extension to life.** Unless we can adjust these treatments to make them safer, we will likely explain to our patients that it would not be advisable to proceed or continue with this type of treatment.

**Category 6 - Non-curative treatment with a medium (15% to 50%) chance of symptom control or temporary reduction in the size or growth of the cancer with less than 1 year expected extension to life.** In the current situation we would probably not continue or start treatment as the risks would likely be larger than the benefit the person would receive from receiving it. Once again, these decisions would be discussed with individuals and their families. We will review each patient via telephone clinic every **[add frequency]**.

In addition to the categories above there are other drug treatments, called adjuvant therapy, which we might normally use alongside surgery (or radiotherapy) to reduce the chance of the cancer coming back. These treatments will be discussed with patients on an individual basis but where there is a small reduction in risk from the anti-cancer drugs we will probably not wish to commence or continue these treatments.

Other groups of anti-cancer drugs (such as new targeted therapies or immunotherapy) may not put patients at higher risk of contracting the coronavirus but could result in serious side-effects which need management in hospital. In this case we would need to discuss extending the gaps between therapies to reduce the chance of these side-effects happening at the moment.

**[This next paragraph will depend on individual trusts and local policy].**

**(Insert trust)** operates a policy of trying to determine the wishes of patients should they become very unwell **(insert policy used)**. At this time of increased risk, our cancer doctors aim to determine the wishes of patients should they become very unwell via **(Insert method e.g. 'ReSPECT' form)**. In these times it will be wise to discuss these important matters, including resuscitation decisions.

We want to assure everyone that, in this pandemic, we will try and make the correct decisions to keep our patients safe and reduce the impact on the health service, even though these might be very difficult for patients and for the teams discussing them.

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#### **References:**

**Lancashire and South Cumbria Cancer Alliance (March 2020)** "Management of Adult Patients with Suspected or Diagnosed Cancer during the COVID-19 pandemic (exc. National Screening)" Accessed via the NHS Collaboration platform on 31.03.20. (Link: <https://future.nhs.uk/canc/view?objectId=66759653> )

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