

CANCER SURGERY PRIORITY SETTING DURING COVID 19 OUTBREAK

NHS England is planning the escalating requirements for critical care during the Covid 19 epidemic. All Specialist Clinical Reference Groups have been asked to determine the level of care currently used across different areas of complex surgery. The Specialist Cancer Surgery CRG covers complex urology, complex gynaecology, sarcoma, lung, head and neck, upper GI (OG & HPB) and brain. All routinely require level 1 care and some level 2/3 for elective procedures. It is planned to release broad principles for priority setting for cancer surgery along with similar advice for medical and clinical oncology later this week. This is being co-ordinated by the National Cancer Director for NHS England.

You will see that this list does not include colorectal and breast cancer as these are not included in specialist commissioning. The Association of Breast Surgeons have published their guidance over the weekend (attached for your information).

The CRG members for each tumour site have identified the common elective and urgent procedures which need level 2 & 3 care and have also considered in principle what options there may be for delaying treatment and if there are alternative therapeutic options.

It has however become clear that there is a need for more specific guidance to help colleagues determine the priority for patients whose cancer is normally surgically treated. In the broad principles guidance the top priority is emergency presentations (obstruction, bleeding, local and regional sepsis) and permanent health damaging conditions (cord compression). The second priority is those cases where surgery is required based on symptoms and tumour biology and stage.

Members of the CRG have already started to draw up priority listings, including Urology, Sarcoma, Head and Neck and Upper GI. In order for this type of advice to be reflective of the breadth of opinion it would make sense to ensure this is supported by the relevant Specialty Association and with RCS England and RCS Edinburgh support.

As you will appreciate time is not on our side and we believe work on such guidance documents needs to be done over the next couple of days. The Cancer Surgery CRG is meeting on Wednesday morning and it would be very helpful to have some information about progress.

We fully appreciate that cancer surgery is one component of the surgical workload and it will be necessary to provide this in the context of the emergency workload and other areas of specialist surgery including vascular and cardiac. However, we hope you will agree to undertake this work in order to set national advice for cancer surgery. Attached is the membership of the CRG in case you are not already aware.

NHS ENGLAND SPECIALIST CANCER SURGERY CLINICAL REFERENCE GROUP

Chair: Bill Allum (Oesophago-gastric)

Members:

Vijay Sangar (Urology)

Nimesh Patel (Head & Neck)

Michael Jenkinson (Brain)

Craig Gerrand (Sarcoma)

Ian Hunt (Lung)

Hassan Malik (HPB)

Richard Clayton (Gynaecology)