

# Prioritising and protecting cancer services during the Omicron COVID-19 wave FAQs

**Date: 21 December 2021**

## Overview

On 12 December the Prime Minister announced a rapid expansion of the booster programme to seek to mitigate the swiftly-growing wave of Omicron-variant Covid-19 cases. The following day, the NHS confirmed in a letter from Amanda Pritchard (chief executive, NHS England) and Stephen Powis (chief executive, NHS Improvement) to the system that it is moving back into level 4 and incident response measures are being implemented. This document provides answers to frequently asked questions on the implications of these and other recent developments for cancer pathways and cancer patients.

## Key message to patients

- The NHS is taking the necessary action to ensure cancer diagnosis and treatment continues throughout any wave of coronavirus – GPs and hospitals have been told they must continue to prioritise and protect cancer services.
- If you have symptoms you're worried could be cancer, contact your GP without delay – they will want to see you.

## FAQs

### Impact of incident response and booster drive

**Q: What is the impact of the response to the Omicron variant on people worried they have symptoms that could be cancer?**

A: If you have symptoms that you're worried could be cancer, contact your GP practice without delay. They will want to see you – while fewer routine appointments may be available, as practices free up more time to deliver coronavirus vaccines, people with possible cancer symptoms count as urgent and you will still be seen and, if necessary, referred for urgent checks.

**Q: What is the impact on cancer services of the NHS initiating 'level 4' incident response measures?**

A: The Chief Executives of NHS England and NHS Improvement, Amanda Pritchard and Stephen Powis, wrote to NHS organisations on 14 December. In their letter, they made clear that cancer must remain a priority and services must be protected, asking that:

- people should continue to have rapid access to tests for suspected cancer
- all cancer screening should continue
- urgent cancer surgery is prioritised, and cancer surgery hubs are set up if needed
- cancer treatment is delivered in COVID-secure sites wherever possible
- local systems maximise the use they make of independent sector capacity

- effective communications with patients and safety netting are in place, and patients are involved in decisions around their care.

**Q: GPs are being told to deprioritise some other work to free up time to deliver more coronavirus vaccines. What does this mean for people who have symptoms that could be cancer?**

A: Anyone who has symptoms they're worried about that could be cancer should contact their GP without delay – people in this position are treated as urgent by GPs who will want to see you.

**Q: My GP practice won't offer me a face-to-face appointment, what do I do?**

A: There has been an increased use of phone and video appointments by GPs through the pandemic. If you're offered a phone or video appointment in the first instance, you should take it up and your GP will then either follow this up with a face-to-face appointment or may refer you for tests if they feel it's appropriate.

**Q: This comes on top of the NHS announcing earlier this month that it is partially suspending the Quality and Outcomes Framework for GPs until April. What impact will that have on rates of cancer diagnosis and care for cancer patients?**

A: This move is primarily about reducing paperwork for GP practices. It doesn't change the way they deal with any patient who has symptoms that could be cancer – they'll continue to be seen as urgent cases. If you have symptoms you're worried about that could be cancer, get in touch with your GP practice without delay – they will want to see you.

The Quality and Outcomes Framework – or 'QOF' - is an incentive programme for GP practices. It is a reporting mechanism for some of the work GPs have to do.

The routine care and monitoring which GP practices provide to people with cancer will continue. GP practices are still required to maintain a register of cancer patients, and we expect that they will continue to provide full support for patients with cancer.

This is only a partial and temporary suspension, and several elements of QOF reporting requirements remain in place, including for cervical screening.

**Q: Will treatments be changed or cancelled?**

A: The NHS has been asked to maintain diagnostic and treatment services for cancer and to prioritise cancer care. As at any time, in some individual cases there could be some changes to treatment plans, which clinicians would discuss with patients, but these will be very much the exception.

Patients should be reassured that the NHS continues to prioritise cancer services and has put in place all the necessary measures to ensure diagnostics and treatment, including surgery, can be delivered in COVID-safe environments. The use of over 40 Covid-friendly treatments has been extended again until the end of March 2022.

**Q: What guidance is available online to explain the measures in place to enable cancer services to safely continue through the pandemic?**

A: There is guidance published on the following:

- Cancer and COVID page: [Coronavirus » Cancer \(england.nhs.uk\)](https://www.cancerhelp.org.uk/coronavirus/cancer) (which includes links to NICE guidance)
- Radiotherapy guidance: <https://www.nice.org.uk/guidance/ng162/chapter/7-Prioritising-radiotherapy-treatments>
- Chemotherapy guidance: <https://www.nice.org.uk/guidance/ng161>
- Surgical prioritisation guidance: [Clinical guide to surgical prioritisation during the coronavirus pandemic — Royal College of Surgeons \(rcseng.ac.uk\)](https://www.rcseng.ac.uk/clinical-guide-to-surgical-prioritisation-during-the-coronavirus-pandemic)

**Third and fourth doses of Covid-19 vaccinations**

**Q: What's the position on third doses and boosters for severely immunosuppressed patients?**

A: People in this group are entitled to three 'primary' doses of coronavirus vaccines and a 'booster', which for them will be a fourth dose, 12 weeks after their third.

It doesn't matter whether these patients' third dose was described as a "third primary dose" or a "booster" when they had it – the practical outcome is the same. They are still eligible for a fourth dose (their "booster") 12 weeks after their third jab. While a small handful of patients are already eligible for their fourth coronavirus vaccination, the majority of this group will be due early in the New Year.

**Q: How can I get my third dose of the COVID-19 vaccine?**

A: If you are eligible for a third dose, your GP or hospital consultant should contact you to let you know. You may also have received a letter from the NHS advising that you may be eligible and to discuss this with your doctor. Your doctor will discuss with you how you can get your vaccine. You'll usually get vaccinated at your local hospital or a local NHS service, such as a GP surgery.

If you are aged 18 or over and have a letter from a GP or hospital consultant confirming your eligibility for a third dose, you can also book your vaccination appointment online through the National Booking System or attend a walk-in vaccination site if you bring the letter with you to your appointment.

If you are eligible and you do not have a referral letter from your GP or hospital consultant, you can still opt for a walk-in vaccination appointment, but you will need to present relevant medical documentation confirming your condition and have an assessment on site by a qualified healthcare professional. It's important to be aware that not every walk-in site is able to offer vaccination for people who are severely immunosuppressed, so please use our online walk-in site finder to make sure you choose the right site for you.

Examples of medical evidence that can be used to confirm your eligibility includes, but is not limited to:

- A hospital letter describing your condition at the time of your 1st and/or 2nd dose
- Evidence of prescribed medication at the time of your 1st/2nd dose – either in a hospital letter that describes the medication being prescribed, a prescription copy or a medication box with your name and the date on it.

**Q: How can I get my COVID-19 booster (fourth dose)??**

A: If you are aged 18 and over and have already received a third dose of the vaccine, you should get a booster three months after your third vaccination. If you are eligible for a booster, your GP or hospital consultant should contact you to let you know and invite you to book your appointment.

If it has been three months since your third dose and you haven't heard from your doctor yet, you should contact them to discuss your vaccination.

Alternatively, if you already have a letter from a GP or hospital consultant confirming your eligibility for a third dose, you will be able to get a booster at a walk-in vaccination site if you take the letter with you, subject to assessment on site by a qualified healthcare professional. It is important to be aware that not every walk-in site is able to offer boosters for people who are severely immunosuppressed, so please use our online walk-in site finder to make sure you choose the right site for you.

**Q: NHS systems record third doses as a booster – is that a problem and could it prevent a patient from getting their vaccine?**

A: A third primary vaccination dose for patients defined as severely immunosuppressed is recorded in the Point of Care system as a booster, with the booster (fourth dose) recorded as a second booster. The classification of a third dose does not preclude a patient from receiving a booster, nor will it impede access to any subsequent vaccinations they might require. Eligibility is based upon the patient being identified as severely immunosuppressed rather than on the number of vaccinations they have received. If a patient has been identified by a clinician as being eligible for a third primary dose or a booster dose, the Point of Care system will not be a barrier to vaccination.

**COVID-19 Community Treatments**

**Q: What new treatments are being offered to people at the highest risk of becoming seriously ill if they become infected with Covid-19?**

A: Since 16 December 2021, the NHS has been offering new treatments to people with coronavirus (COVID-19) who are at highest risk of going to hospital and becoming seriously ill. Around 1.3 million of these highest risk patients are due to be contacted from 20 December with information on how they may be considered to receive these treatments if they test positive for COVID-19 by PCR. A copy of the letter sent to 1.3 million patients is available here:

<https://www.england.nhs.uk/coronavirus/publication/letter-to-patients-important-information-about-new-treatments-for-coronavirus/>

Specialist doctors, including cancer doctors, have also been written to asking them to

assist in identifying eligible patients not captured in the initial 1.3 million. A copy of this letter is available here: <https://www.england.nhs.uk/coronavirus/community-treatments/>

**Q: Who can access these treatments? How can I access them?**

A: Further information on who can access these treatments and how they can be accessed is available at [www.nhs.uk/CoronavirusTreatments](http://www.nhs.uk/CoronavirusTreatments)

**Q: It doesn't look like I am in the highest risk patient groups. Is there another way I can access coronavirus treatments?**

A: If you are not in the highest risk group, you may be eligible to join the PANORAMIC study. The PANORAMIC study is open to individuals living anywhere in the UK who meet the following criteria:

- Have received a PCR positive test for COVID-19.
- Feel unwell with symptoms of COVID-19 that started in the last five days.
- Are aged 50+, or 18-49 years old with an underlying medical condition that can increase the risk of developing severe COVID-19.

Participants in the study will be randomly selected to either be in a group who receives a course of oral antiviral treatments, or a group that doesn't. Two different groups are needed so the study team can see any difference in the health of those who received the antiviral treatment compared to those who didn't. All participants will be able to access any other NHS care that they would normally expect to receive.

Further information on eligibility for the national study can be found on the PANORAMIC website: [www.panoramictrial.org](http://www.panoramictrial.org). If you receive a positive PCR test for COVID-19 and believe you may be eligible for the study, we encourage you to call the trial team on freephone number 08081 560017 to discuss your eligibility to enrol in the study.

**Q: What happens after an NHS clinician confirms I need treatment?**

A: If a neutralising monoclonal antibody treatment is right for you, it will usually be given to you through a drip in your arm (infusion). You'll usually get it at a local hospital or health centre. Treatment takes approximately 30 minutes with time afterwards to check you feel OK.

Your local NHS provider will give you instructions on where the treatment will be given to you, and how to get there and back home safely. The NHS may be able to arrange for your transport if you are unable to make your own COVID-safe travel arrangements.

If you are given an antiviral treatment, they normally come as capsules that you swallow and they can be taken at home. A hospital pharmacy will usually arrange for the medicine to be delivered to you or it can be collected by someone else such as a friend, relative or NHS volunteer responder.

**Q: Where is my local treatment centre? How do I travel there safely?**

A: Your local NHS provider will give you instructions on where the treatment will be given to you. Some people are eligible for non-emergency patient transport services (PTS). To find out if you're eligible for PTS and how to access it, you'll need to speak to the local

NHS staff who have organised your appointment at the treatment centre.

**Q: How do I know if I have a health condition that means I should get antiviral treatment or neutralising monoclonal antibodies?**

A: A summary of the health conditions is provided at [www.nhs.uk/CoronavirusTreatments](http://www.nhs.uk/CoronavirusTreatments), with more detail provided in Appendix 1 of the [policy](#).

Most people with one of these health conditions will receive a letter or email from the NHS by the end of December 2021 and receive a PCR testing kit (to be used if COVID symptoms are experienced) by 10 January 2022. This letter tells you about the treatments but does not guarantee treatment as doctors will need to assess you.

If you have a health condition which makes you eligible for one of these treatments and you test positive for COVID by PCR, you should be contacted by an NHS clinician to discuss the treatments which may be suitable for you.

**Q: What should I do if I think I might be eligible for treatment but have not been sent a PCR testing kit?**

A: If you think you may have one of the health conditions which makes you eligible and you have not received a PCR testing kit, you can request one by calling 119, selecting the option for Test & Trace, and telling them that you think you might be eligible.

You can also request a PCR test kit to keep at home by going online at <https://www.gov.uk/get-coronavirus-test>. For the question, 'Does the person who needs a test currently have any coronavirus symptoms?' you should answer: 'No'. When it asks 'Why are you asking for a test?', select 'I've been told to get a test by my local council, health protection team or healthcare professional', and then select 'A GP or other healthcare professional has asked me to get a test'.

**Q: What should I do if I think I might be eligible for treatment but have not received a letter from the NHS about these treatments?**

A: If you think you may have one of the health conditions which makes you eligible, but you haven't received a letter, you can contact your GP practice or consultant to discuss whether you are in the highest risk group. They will make an assessment of any conditions you may have, and will provide you with information on what to do, should you test positive for coronavirus.

**Q: What should I do if I think I'm eligible for treatments and have tested positive for COVID, but I have not been contacted by the NHS?**

A: If you think you may have one of the health conditions which makes you eligible, but you haven't received a letter, you can contact your consultant or GP practice if you test positive to discuss whether you might be in the highest risk group. If they feel you may be eligible, they will be able to make a referral for you so that you can be considered for treatment.

**Q: Why have I received a letter or email about COVID treatment?**

A: Health experts, including the UK chief medical officers, have looked at the health conditions which put people at the highest risk of coronavirus. The majority of patients in this highest risk group will be informed by a letter or email which tells them that they may be eligible to receive these treatments, should they test positive for COVID.

If you have received a letter from NHS England about coronavirus treatments, it means your medical records show that you have, or previously had, one or more of those health conditions, which means that these new treatments might be suitable for you if a PCR test confirms you have coronavirus.

You can find out how the NHS has used your information to identify and contact you about this treatment at [www.digital.nhs.uk/coronavirus/treatments/transparency-notice](http://www.digital.nhs.uk/coronavirus/treatments/transparency-notice).

**Q: I need this information in another language or alternative format**

A: Easy read and other language versions of the letter that went out to patients are available at <https://www.england.nhs.uk/coronavirus/treatments>.

Braille can also be posted to potentially eligible patients on request by emailing [england.contactus@nhs.net](mailto:england.contactus@nhs.net).

**Q: Where can I get further information?**

A: Further information for patients is available here:

[www.nhs.uk/CoronavirusTreatments](http://www.nhs.uk/CoronavirusTreatments)  
[Accessible communications materials developed by NHS England](#)