Methods A retrospective notes review was undertaken for referrals received in the first 4 weeks of the pandemic after ‘lockdown’ in UK. Numbers were compared to 2019. Information was sought on reason for referral and resulting actions.

Results 92 referrals were received, an increase of 26% from 2019. 11 patients died before first assessment, 2 declined a visit because of self isolation and 1, no longer needed CPCT input. 40% referrals were from primary care, 33% from specialty nurses, 13% from palliative care hospital teams, 7% from oncology and 5 others from secondary care. 78% had cancer, 14% frailty, 5% dementia and the remainder end stage liver and heart disease. Referral information for the 79 patients reviewed cited pain in 24%, ‘support’ (not specified) -18%, advance care planning (ACP) mentioned specifically in 14%. Covid 19 affecting usual treatment or follow up plans leading to referral was mentioned in 27%. On first review, 65% needed some aspect of ACP, 43% had pain, 82% had other symptom needs, 15% -ADL needs, 20% - mood problems, 18% care or financial needs, 11% were in the last days of life.

Conclusions Although alternative health care delivery was imperative at the time to ensure hospital capacity, the impact on care delivered by CPCT cannot be underestimated. Referrals increased, 27% appearing to be as a direct result of altered services elsewhere. There is a need to work collaboratively across all settings as future surges of the pandemic progress.