

# Oncologists and patients believe more training is needed in telehealth and carers and nurses need inclusion

## REFLECTIONS: REMote Follow-up - Lessons and Experiences during Covid-19 Time in ONcology Services - service evaluation

Richard Simcock<sup>1</sup>, Valerie Jenkins<sup>2</sup>, Rachel Starkings<sup>2</sup>, Leroy Okonta<sup>3</sup>, Susan Catt<sup>2</sup>

1 – University Hospitals Sussex NHS Foundation Trust, 2 - SHORE-C, University of Sussex 3 – Royal Marsden NHS Foundation Trust

### AIMS

- Service delivery is the top JLA priority for people living with and beyond cancer (PLWC)
- Consultations have been done virtually (VCs), by video or phone, as a result of COVID-19
- We explored the impact of this shift in a single tertiary cancer centre in a qualitative study

### METHODS

- Semi-structured interviews with patients (PTs) and Clinical Oncologists (COs)
- Explored type of consultation, use of technology, training, benefits, challenges and opinions on VCs
- 10 Consultants and 12 Patients took part
- 10 different tumour types
- Both video and telephone consultations
- VCs used for delivering results, follow up and treatment planning

### DISCUSSION

- PTs and COs felt VCs will remain a part of future service
- Need further training for COs and clearer guidance for PTs
- Type of consultation and individual preferences important to consider – individual preferences and situations must continue to be considered when choosing consultation type
- Nurses, family members and friends should be actively included in VCs

### RESULTS

- COs were concerned they may miss physical symptoms and non-verbal cues
- Confidentiality was maintained
- PTs felt able to ask questions
- VCs were convenient, needing less travel, parking and waiting
- Could be tiring and impersonal
- Nurses often absent from VCs
- PTs unhappy meeting new CO via VC
- CO faced challenges breaking bad news, assessing PT physical and emotional wellbeing
- Blended approach may be beneficial
- Method dictated by type of consultation and PT/CO preference
- Video call training needed for COs
- Privacy and Confidentiality were well preserved

### 10 CONSULTANTS



6 women and 4 men took part

8 COs had VCs by telephone, 2 by video

Age range: 41-50(5); 51-60(4); 61-70(1)

Length of CO experience: 0-5yrs(3); 6-10yrs(2); 11-20yrs(3); >20yrs(2)

### 12 PATIENTS



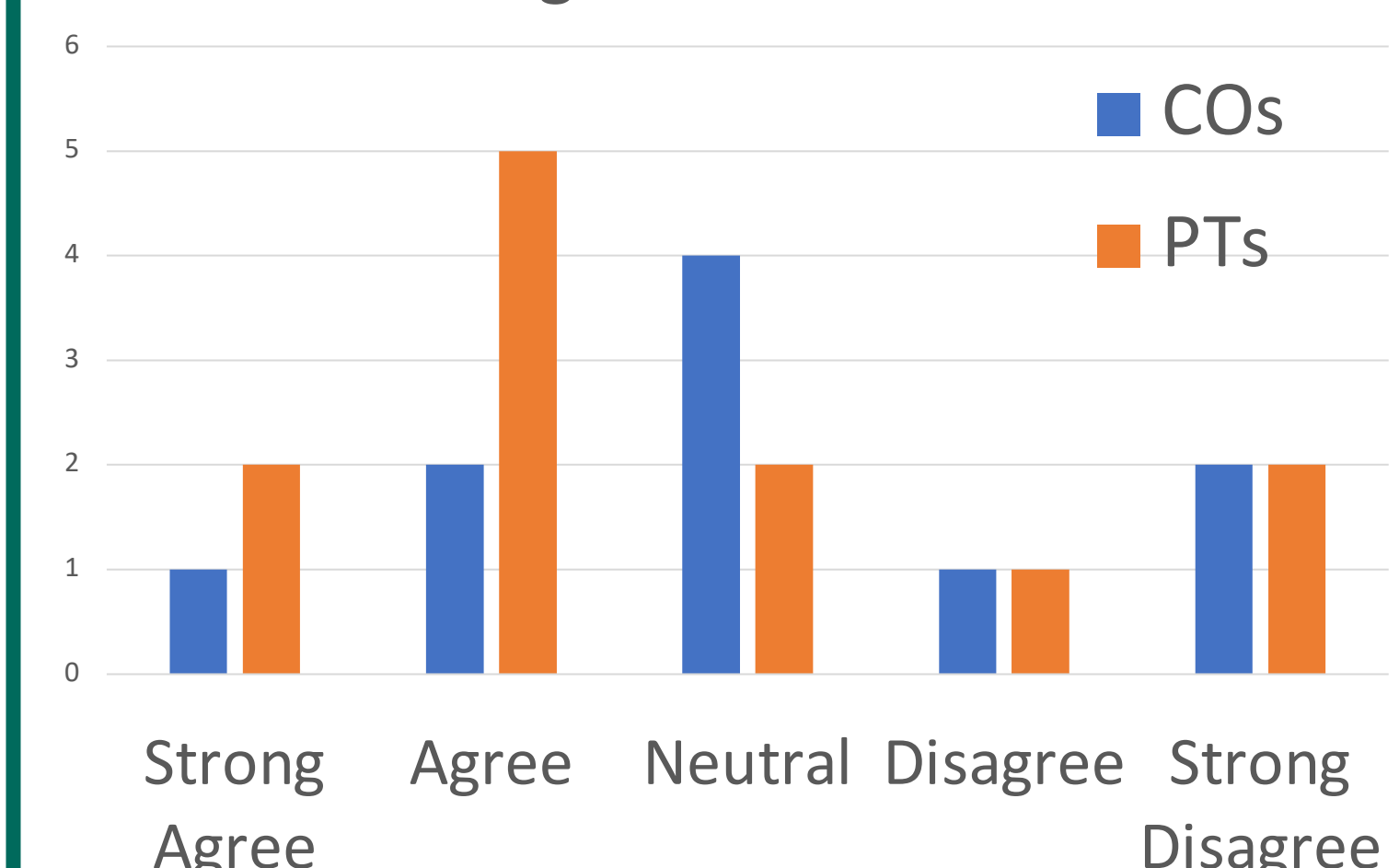
7 women and 5 men took part

8 PTs had VCs by telephone, 4 by video

Age range: 41-50yrs(2); 51-60yrs(1); 61-70yrs(4); 71-80yrs(5)

Cancer types: Breast(3); Prostate(2); Ovarian(4); Thyroid(1); Head & Neck(1); Skin(1)

“VC is as good as Face to Face”



“Were questions/concerns addressed”

