Aim: 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

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

Reflections: REmote Follow-up - Lessons and Experiences during Covid-19 Time in ONcology Services - service evaluation
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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