

**‘Cancer patients’ consultations during the COVID 19 pandemic’
Survey Findings
Somerset, Wiltshire, Avon and Gloucestershire (SWAG) Cancer
Alliance**

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1. Abstract

Introduction

The COVID-19 pandemic has led to major changes to the way the NHS works. For many patients this resulted in a move from face-to-face appointments where appropriate to remote consultations utilising approaches such as the telephone or online.

The SWAG Cancer Alliance conducted a survey to gain the views from patients of their experience of consultations with their cancer doctor or cancer nurse specialist during the COVID-19 pandemic.

Methods

This survey was undertaken within acute cancer services in several NHS Trusts across the SWAG Cancer Alliance.

The survey was conducted via an online questionnaire. Patients completed the questionnaire anonymously. Data was collected between August and November 2020. Data was collected on an Excel spreadsheet.

Results

29 patients completed the survey. 11 patients responded that they had their consultations by phone, 11 had face-to-face consultation and 2 had video consultations with their cancer doctor or cancer nurse specialist. 13 patients had not met their cancer doctor or cancer nurse specialist prior to the COVID 19 pandemic whilst 11 had. Overall, the majority of patients rated the effectiveness of their consultation as effective or extremely effective. It should be noted that some patients had face to face and telephone consultations.

When asked if they were given a choice as to the type of consultation/appointment 15 patients responded they were not offered a choice but did not mind whilst 5 reported they were. 3 patients responded that they were not offered a choice but would have liked to have had a choice.

12 patients reported that they had support from a friend or family member during their consultation whilst 10 reported they did not

In relation to receiving understandable information in advance about how their telephone or video consultation would take place, 16 patients reported that they had whilst 2 patients reported they did not.

12 patients reported that they were contacted by a cancer support worker and all reported that they found this useful.

Patients commented on, the methods of communication used and how effective they felt these were, the information provided to prepare for their consultation, the type of support they received from a family member or friend, and their overall views about their consultation during the COVID 19 pandemic.

Conclusion

This survey provided a snapshot of the views of a group of cancer patients in relation to their consultations with their cancer doctor or cancer nurse specialist over the months of August to November 2020 during the COVID 19 pandemic.

Whilst the findings overall indicate that patients rated their consultation effective or extremely effective the patients' comments provide some areas for further discussion.

This survey does not identify if patients were happy for future consultations to be carried out by telephone or video. It may be beneficial to undertake a further survey to include this question across a larger sample of patients in light of the ongoing impact of COVID-19.

2. Acknowledgements

We would like to thank the following, Katy Horton-Fawkes who led and coordinated this survey whilst in her role as the SWAG Cancer Alliance Patient & Public Engagement Lead. All those who supported the developments of the survey questionnaire including the patient representatives who provided comments on the initial draft questions. We would also like to thank all staff working in cancer services who assisted in the roll out of the survey and a special thanks to those patients who gave their time to participate in the survey.

This report has been prepared by Ed Murphy SWAG Cancer Alliance Project Manager, NHS South, Central and West Commissioning Support Unit.

3. Introduction

In March 2020 the COVID-19 virus led to major changes to the way the NHS works as it looked to reduce contact with the virus by reducing footfall across NHS services and the introduction of remote working where appropriate. In addition, the introduction of social distancing and processes to support protecting vulnerable people from the virus such as shielding meant there would be considerable changes in how the public accessed healthcare services.

For many patients this resulted in a move from face-to-face appointments where appropriate to remote consultations utilising approaches such as the telephone or online. The BMJ highlighted that COVID-19 'has massively accelerated the slow trend towards virtual care' (1). In March 2020, NHS England and NHS Improvement published its 'Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic' (2) This guidance outlined practical information on how to deliver remote consultations to support the coronavirus response and defined it as 'an appointment that takes place between a patient and a clinician over the telephone or using video, as opposed to face to face'.

A recent literature review into remote cancer appointments by the Peninsula Cancer Alliance highlighted that whilst cancer service providers have adapted and continue to do so to ensure safe delivery of care the aim remains to work toward achieving the ambitions of the NHS Long Term Plan (3).

The review makes several recommendations including identifying patient's ability in using a remote approach for their consultation and providing training and support for those patients who require it (3). Whatever approach is taken it is important that there is clear advice and information for the patient on what the appointment will look like to ensure both the patient and clinician maximise the benefits of the interaction (1).

The SWAG Cancer Alliance Macmillan Patient & Public Lead conducted this patient survey with the aim of gaining the views from patients of their experience of consultations during the COVID-19 pandemic.

The survey was undertaken across acute cancer services in several NHS Trusts across the SWAG Cancer Alliance between August and November 2020. Patients completed the survey anonymously.

4. Methodology

The self-reported method was used for the purpose of collecting data for the survey. The instrument used consisted of an online questionnaire.

The advantages of using questionnaires includes:

1. Costs, tend to be cheaper than other methods and require less time to administer.
2. Anonymity, especially when embarrassing questions are asked.
3. Free from bias, in the absence of the researcher.

The disadvantages of using questionnaires include:

1. Poor Response
2. Not completed or filled in correctly
3. Clarity, respondents may not be able to seek clarification or the researcher cannot ask for clarification on some answers. (4)

The sample population were patients attending NHS Trust cancer services across the SWAG cancer alliance during treatment or follow up consultations.

Patient were invited to participate in the survey and complete the online questionnaire anonymously.

Design of Questionnaire

For the purpose of this report questions were grouped into three categories.

1. Questions designed to elicit demographic data including year of birth, ethnic origin, sexuality, preferred language, if they considered themselves to have a disability and individuals treatment stage.
2. Questions designed to elicit the type of consultation the patient had, their views in relation to how effective it was and the communication used.
3. Questions designed to elicit what support the patient had and if the information and communication they received was sufficient.

Content validity

Patient representatives provided comments on the initial draft questions

5.Findings

Response rate:

The total number of patients who responded to the survey was 29 (n=29).

Questions & responses

Demographic data:

The following questions (table 1) were designed to understand the characteristics of patients who responded according to the decade of their birth, sexuality, ethnic group, preferred language and if they consider themselves to have a disability.

Table 1 Questions	Total number of responses	Responses	
When were you born	23 (n=23)	1930's	1
		1940's	5
		1950's	9
		1960's	4
		1970's	3
		1990's	1
Which of the following options best describes your sexuality?	23 (n=23)	22 patients responded Heterosexual/Straight	
		1 patient responded Bisexual	
What is your ethnic group?	23 (n=23)	All responded White British/English/Welsh/Scottish/Norther Irish	
Is English your preferred language of communication?	23 (n=23)	All responded Yes	
A Do you consider yourself to have a disability?	23 (n=23)	3 patients responded Yes	
		20 patients responded No	

Table 2 summarises patients treatment stage.

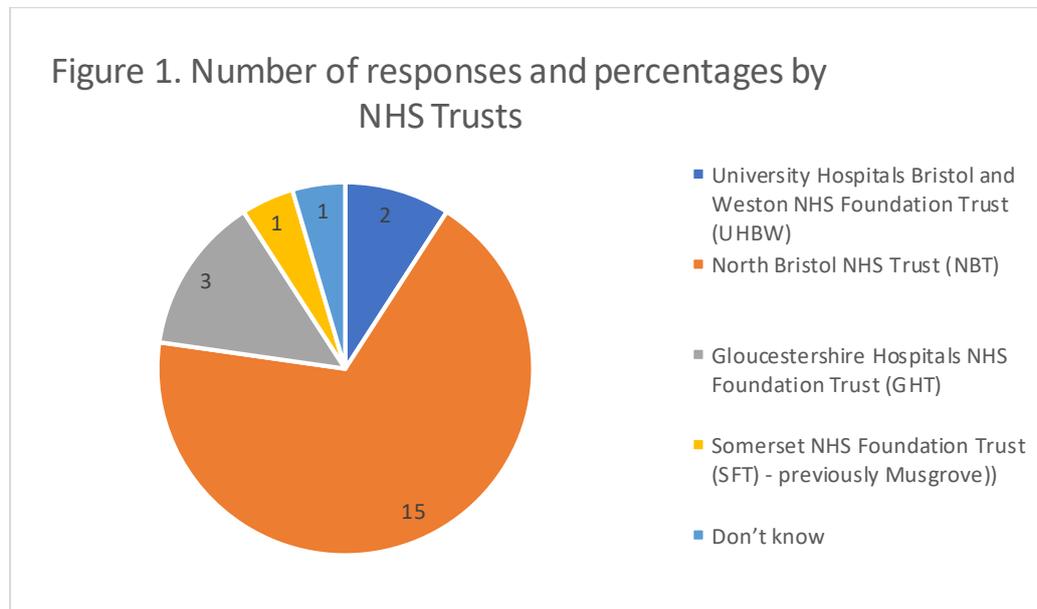
A total of 24 (n=24) patients responded to this question: A total of 11 patients were undergoing treatment with 6 patients recently diagnosed but not started treatment and a total of 6 patients being routinely followed-up but not having treatment.

Table 2: Question -Are you? Patient chose a response from a drop-down menu.	Number of responses
Receiving chemotherapy or radiotherapy, or recently had a cancer operation.	4
Being routinely followed up by your cancer doctor and receiving on-going treatment e.g., hormones, targeted therapy, immunotherapy.	7
Recently diagnosed with cancer, not yet started treatment.	6
Being routinely followed up by your cancer doctor with appointments, but no treatment.	1
Being routinely followed up by your cancer doctor/ cancer nurse specialist with appointments, but no treatment.	5

The following questions were designed to elicit the type of consultation the patient had, their views in relation to how effective it was and the communication used.

Question: Which Trust(s) do you receive treatment from?

A total of 22 (n= 22) patients responded.



Question: During which month(s) did your appointment take place? (patient were asked to select all that applied)

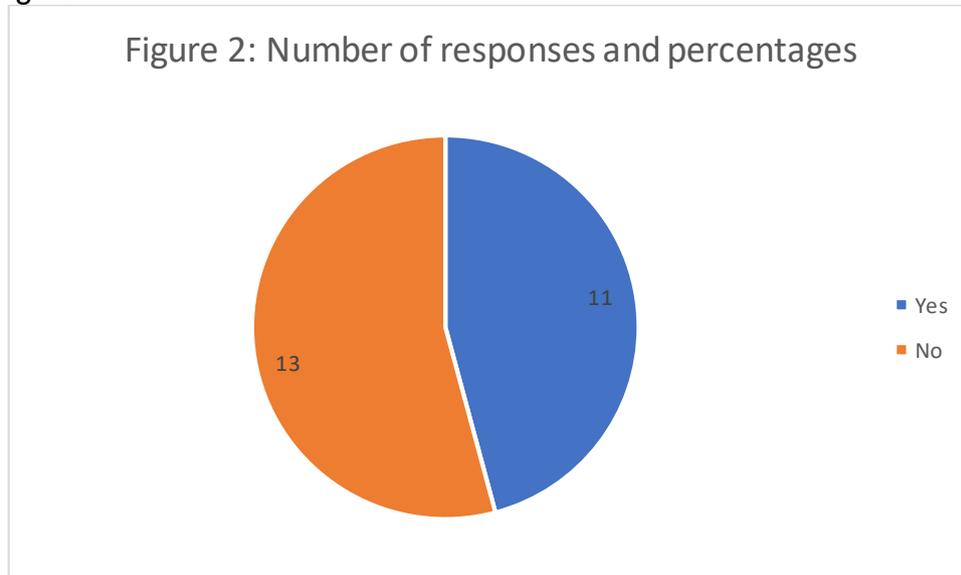
A total of 24 (n=24) patients responded. Table 3 identified the months patients had their appointments.

Table 3 Appointment month/s 2020	
Appointment months/s	Total number of responses
March to September	2
March/April/June/July/August/September	1
March/April/June/July	1
March/July/August/September	1
April	1
May	1
May/July	1
May/August	1
June/July/August	1
July	1
July/August	2
July/August/September	2
July/September	1
August	3
September	5

Question: Have you previously met your cancer doctor/cancer nurse specialist (either in person or on the telephone), prior to the COVID 19 pandemic?

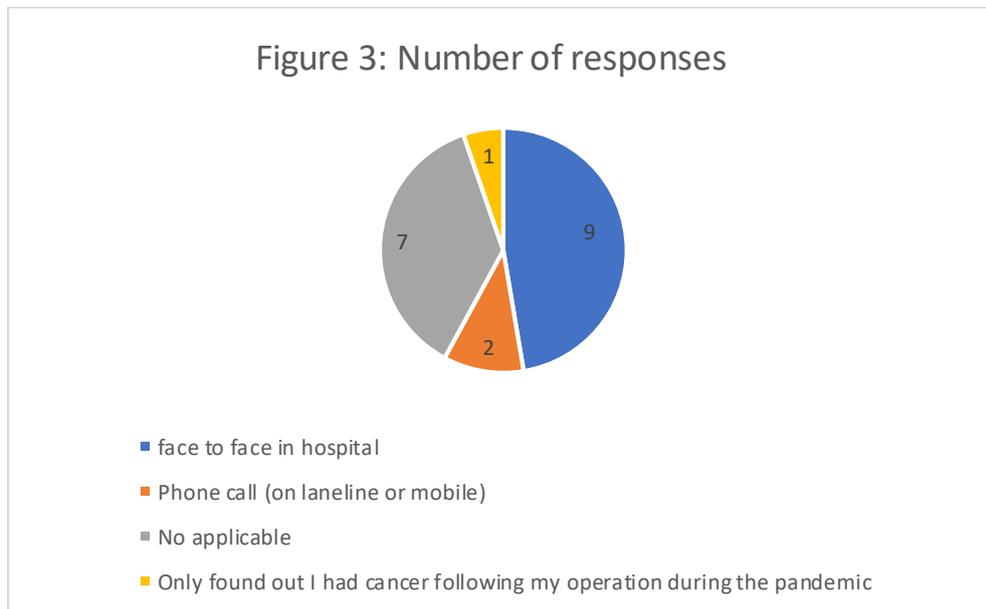
A total of 24 (n=24) patients responded with 13 patients identifying that they had not met their cancer doctor or cancer specialist nurse in person or spoke to them on the telephone prior to the pandemic. 11 patients identified that they had met their cancer doctor or cancer nurse specialist prior to the pandemic.

Figure 2



Question: If applicable, prior to the COVID-19 pandemic, how did you meet your cancer doctor/cancer nurse specialist?

A total number of 19 (n=19) patient responded. 9 patients identified that they had met their cancer doctor/cancer nurse specialist face to face whilst 2 patients had a phone call and 7 patients identified that it was not applicable to them. 1 patient commented that they only found out they had cancer following their operation during the pandemic.



Question: During the COVID 19 pandemic, what types of consultation have you had with your cancer doctor/cancer nurse specialist?

A total of 24 (n=24) patients responded. 11 patients had their consultation by phone, 11 by face-to-face consultation and 2 by video consultation.

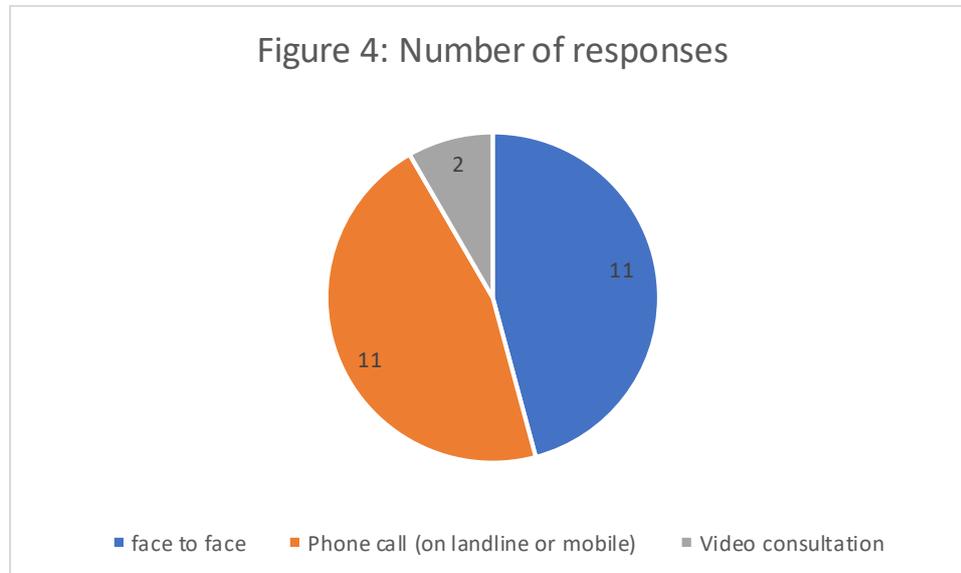


Table 4: Questions & responses

Questions	Total responses	Score (1 - Not good at all. 5 - Extremely effective)
If you have had face to face consultations, please rate how effective this form of consultation was?	14 (n=14)	12 scored at 5
		2 scored at 4
If you have had telephone consultations, please rate how effective this form of consultation was.?	18 (n=18)	7 scored at 5
		8 scored at 4
		3 scored at 3
If you have had video consultations, please rate how effective this form of consultation was?	1 (n=1)	1 scored at 5
If you have had any other type of consultations, please rate how effective these were.?	1 (n=1)	1 scored at '5' (note this respondent identified that their consultation was by 'Phone call (on landline or mobile)' in an earlier response)

Question: Do you have any comments about the method(s) of communication used during your consultation and how effective these were?

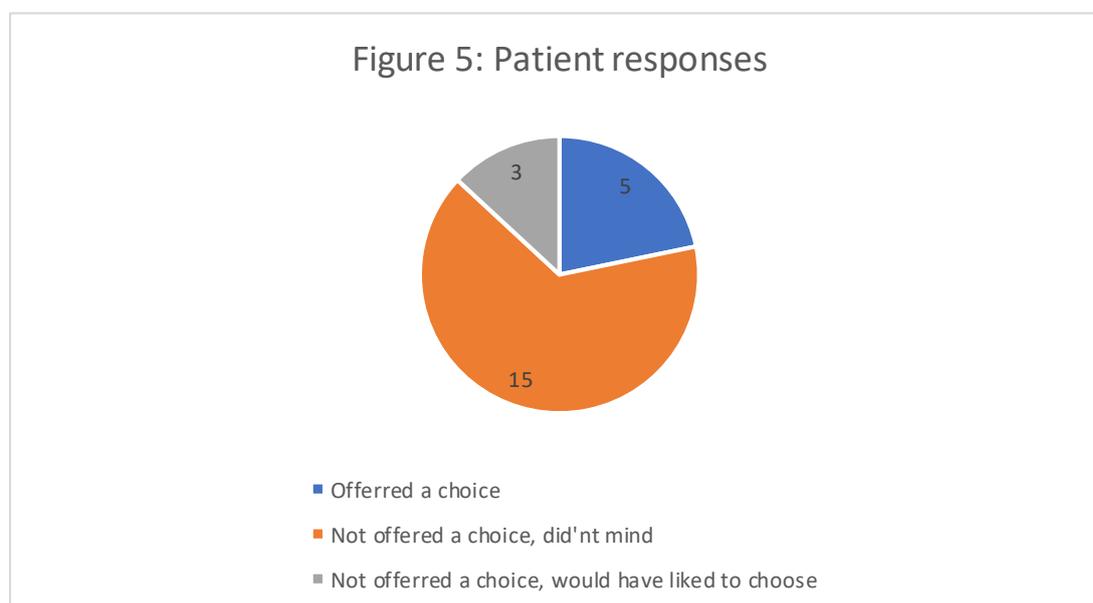
A total of 17 (n=17) patients responded, see table 5.

Table 5: Responses		Type of consultation During COVID-19
1	I had emailed my nurse specialist about a new lump I had found and within 48 hours I had been examined by my surgeon at the Southmead breast clinic, and had a mammogram, ultrasound, and core biopsy. There is NO substitute for a face-to-face interaction with a specialist clinician when you have been through cancer diagnosis and treatment. In my instance, a remote interaction would have been entirely futile.	Face to face
2	Would have preferred video (eg Zoom or similar) to telephone. But the phone call was still good	Phone
3	The phone calls worked very well. They were informative & helpful to me.	Phone
4	The face to face with my Doctor was most effective and reassuring.	Face to face
5	It was speedy effective and useful.	Video
6	I was pleasantly surprised that the telephone conversations were easier than I expected because I was worried that I wouldn't be able to hear/understand what the consultants were saying. But they were very patient and repeated as necessary. Luckily, I was able to record the conversation which is a really good idea! But I do like to see people's faces and expressions when talking.	Phone/Face to face
7	No comment	Phone
8	VERY PROFESSIONAL	Face to Face/Phone
9	The doctors involved keep changing...continuity would improve communications both ways	Phone/Face to Face
10	In some ways they are great but in others I'm not sure if my consultant is listening to what I'm saying!	Phone
11	Generic letter caused me a lot of worry. My cancer was gone, but letter made it seem like I needed further treatment.	Face to face
12	Normally I don't mind phone calls but would appreciate occasionally being seen as I am worried things are going to be missed by not being seen in person	Phone
13	Face to face was preferred and easiest method - all other forms would have been very hard to do and would have reduced understanding.	Face to face

14	No problems encountered, staff very helpful and efficient.	Face to face/Phone
15	The telephone worked very well on this occasion. The doctor was very kind and understanding.	Phone
16	Very sympathetic and informative	Face to face/Phone
17	I wear hearing aids, when I have phone consultation s my wife listens in and sometimes butts in, if the caller doesn't have English as a first language, it can be hard to understand, did he say twice a week or every two weeks	Phone

Question: Were you given a choice about the types of appointment offered?

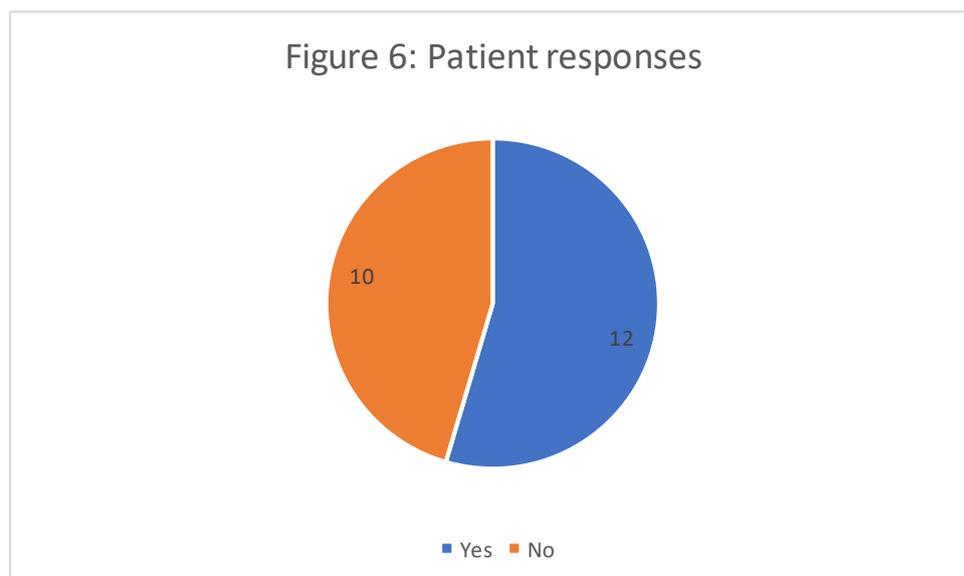
A total of 23 (n=23) patients responded: 5 patients said they were not offered a choice of how they want to have their consultation but did not mind. 15 said they were offered a choice and 3 said they were not offered a choice but would have liked to have had the choice.



The following questions were designed to elicit what support the patient had and if the information and communication they received was sufficient.

Question: Did you have someone to support you during your consultation(s), such as a friend or family member?

A total of 22 (n=22) patients responded: 12 patients identified they had someone to support them during their consultation while 10 identified that they did not.



Question If you were supported by a friend or family member, please tell us more about what kind of support you received (e.g., emotional, technical, language etc).

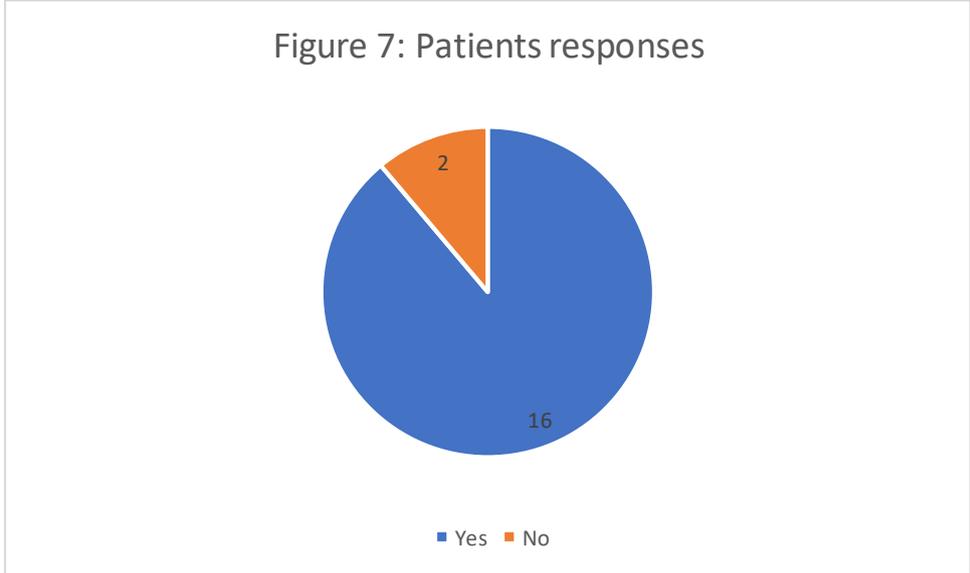
A total of 10 (n=10) patients responded: See table 6 for patients' responses.

Table 6: Responses	
1	Very good support from family & friends
2	My wife helps me remember what was said
3	Emotional & advisory
4	My wife was with me for the f2f consultation
5	Put phone on speaker so my wife could listen and make any comments
6	Emotional
7	My wife needed to hear the news first-hand where possible.
8	Emotional support.
9	Emotional
10	My partner came and was able to offer emotional and technical support during the consultations and she was critical to this.

Partners MUST be allowed in for these sorts of consultations as otherwise the patient suffers emotional and technical overload.

Question: If you had consultations by telephone or video, did you have understandable information in advance about how this consultation would take place?

Responses: A total of 18 (n=18) patients responded: 16 patients responded that they did have understandable information in advance whilst 2 identified that they did not.



Question: If you have any comments about the information given to you in order for these consultations to take place, please enter them here:

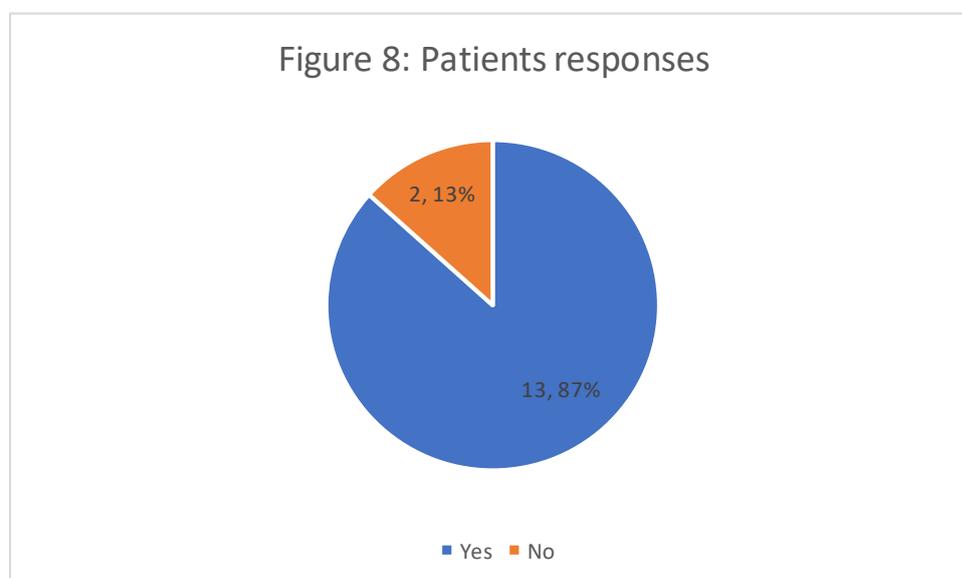
A total of 7 (n=7) patients responded: See table 7 for patient responses.

Table 7: Responses		Type of consultation during COVID-19
1	It wasn't comprehensive. They said they would call me but not on which telephone number	Phone
2	Very clear information	Phone
3	Was excellent in every way	Video
4	I think it would help to recommend to patients that they record the conversations if possible. It's not easy to listen and take notes at the same time.	Face to face/Phone

5	It was very clear what I needed to do and a letter was backed up by a text message.	Phone
6	Things were clear, but I was told I would only need to be seen if I required further treatment. My news was good as cancer had been removed, but I had six days of worrying as generic letter said about taking someone with you and having to wait because of difficult conversations. My treatment throughout has been fantastic, even with the delay, but it did cause me to lose sleep and worry.	Face to face
7	Excellent communication, very informative.	Face to face/Phone

Question: Were you given a time for your remote (telephone / video) consultations?

A total of 15 (n=15) patients responded: 13 patients responded that they were given a time for their remote consultation whilst 2 responded they were not.



Question: Were your remote (telephone/video) appointments during the COVID-19 pandemic on time? (from a menu patient were asked to select all that applied).

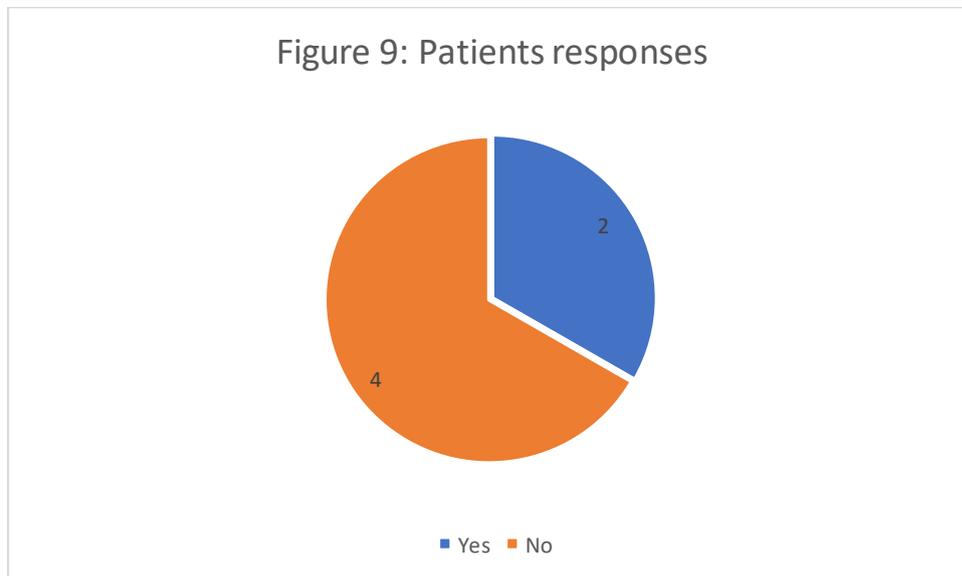
A total of 21 (n=21) patients responded: See table 8 for patient responses.

Table 8: Responses	
Yes	14
No Late	1
No early, no late	1
No Early	2

Yes, No early	1
Don't know	2

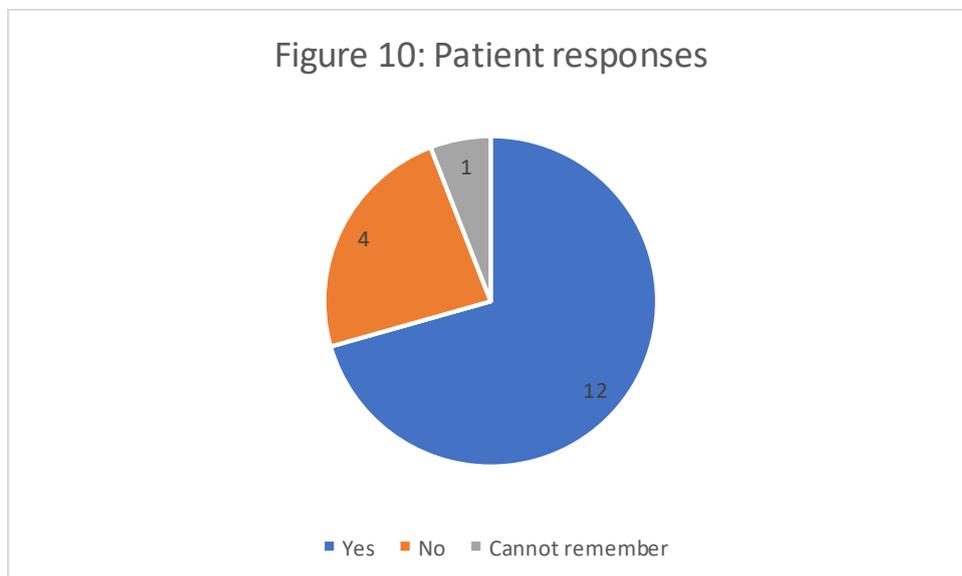
Question: If your appointment did not take place when expected, did you receive effective communication regarding this in advance?

A total of 6 (n=6) patients responded: 4 patients responded that they did not whilst 2 responded that they did.



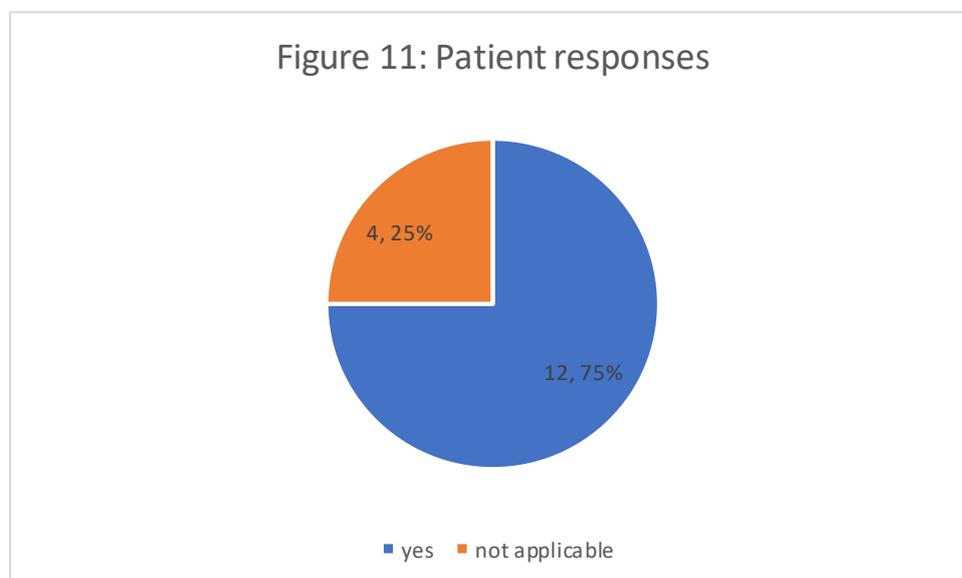
Question: Were you contacted by a cancer support worker during the COVID-19 pandemic?

A total of 17(n=17) patients responded: 12 patients responded that they were contact by a cancer support worker, 4 responded that they were not and 1 responded 'cannot remember'.



Question: If you were contacted by a cancer support worker, did you find this useful?

A total of 16 (n=16) patients responded: 12 patients responded that they found been contacted by a cancer support worker useful and 4 responded 'not applicable' to this question.



Question: Comments by respondents about their consultation during the COVID-19 pandemic.

A total of 13 (n=13) patients responded. Please see table 9 for patients responses.

Table 9: Responses		Type of consultation during COVID - 19
1	I was hugely impressed and hugely grateful for the wonderful care I received from the breast clinic during lockdown. Yet again their professionalism and efficiency made me feel secure and entirely confident about dealing with whatever might come in the future.	Face to face
2	Very quick consultation considers what's happening with COVID-19	Phone
3	I cannot fault in any way the support that I have received from the North Bristol NHS trust	Video

4	Mostly everything worked well and if no one was available at the time of the call someone always called back. Also, there was good communication between the different hospitals i.e. Urology Southmead and BHOC	Face to Face/Phone
5	GOOD COMMUNICATION	Face to face/Phone
6	For a new cancer diagnosis case, I found the process somewhat bewildering. I have not seen the same nurse/medic twice, always a different one. It goes on as my operation next week is again apparently by a different team/surgeon. The appointments systems seems to have major problems as my initial meeting was cancelled in a letter on the morning of the meeting. It was an error. The consultation took place. It did not set me up very well for the whole process. There have been other times when I have not been 'on the system; at the hospital entrance but the Gate knows of me, or at least some of it.	Phone/face to face
7	I've been slightly concerned about what would happen if I did have an issue. I know the breast care centre would have it all in hand but it's worrying when you don't know how they are running.	Phone
8	All staff were fantastic. I felt safe and well cared for. The only comment is around the generic letter causing unnecessary worry.	Face to face
9	Very caring and professional support couldn't do enough for me	Face to face/Phone
10	The Macmillan nurses at CGH were simply superb - they chased my GP and consultant and allowed these 2 to communicate with each other to resolve issues in arranging tests and for treatment. You cannot praise them highly enough!	Face to face
11	Very helpful, not rushed at all.	Face to face/Phone
12	everyone has been very kind and understanding	Phone
13	Support worker was supposed to ring but never did. Rang them but no answer. Left messages but no reply.	Face to face/Phone

6. Discussion & Recommendations

The purpose of this survey was to gain the views from patients of their experience of consultations with their cancer doctor or cancer nurse specialist during the COVID-19 pandemic

This survey provides a snapshot of the views of a group of cancer patients in relation to their consultations over the months of August to November 2020 during the COVID 19 pandemic.

A total of 29 patients completed the survey and all patients identified themselves as 'White British' with English been their preferred language of communication. 20 patients did not consider themselves to have a disability while 3 did. Patients who responded were born between the 1930's and 1990's with 22 patients identifying themselves as heterosexual / straight and 1 as bisexual.

11 patients identified that they were undergoing treatment with 6 patients recently diagnosed but not started treatment and 6 patients being routinely followed-up but not having treatment.

13 patients identified that they had not met their cancer doctor or cancer nurse specialist in person or spoke to them on the telephone prior to the pandemic. 11 patients identified that they had met their cancer doctor or cancer nurse specialist prior to the pandemic. Of those patients who had, 9 patients had face to face consultations whilst 2 patients had a phone call. This survey did not ask patients if meeting or speaking to their cancer doctor or nurse before the pandemic was helpful or beneficial. A study of patients experiences and preferences of telehealth consultations in general practice during the pandemic, found telehealth consultations were easier where there was a pre-existing clinical relationship but not impossible without one. (12)

The majority of patients rated their consultations as effective or extremely effective for face to face, telephone and video. Some patient's comments relating to face-to-face consultation included 'was most effective', 'reassuring', 'preferred' and 'easiest'. One patient commented that 'there is 'no substitute for face-to-face interaction' and for them 'a remote interaction would have been entirely futile'. This supports the finding of other studies that highlighted new referrals favour face to face consultations to support building rapport and also where an examination is required (8, 9). One patient commented that they 'would appreciate occasionally being seen as I am worried things are going to get missed by not being seen in person'. The RCGP acknowledge that face to face consultations allow for greater assessment of non-verbal cues and the ability to examine the patient following current restrictions (10).

For those patients who had both face to face and phone consultation comments included 'I was pleasantly surprised that the telephone conversations were easier than I expected', 'very sympathetic and informative', 'staff very helpful and efficient'.

One patient commented that 'continuity would improve communication both ways' The Health Foundation identified that more work needs to be done to answer the question of how relational continuity can be built when face to face appointments are not an option and highlight that some helpful learning may come from its Continuity of Care in General Practice programme. (11).

For those patients who had telephone consultations comments included 'the phone call worked well', 'doctor very kind and understanding'. These comments support the findings from a study which looked at the move from face-to face to telephone consultations during the COVID-19 pandemic that found 93% of patient were happy with telephone consultations (8) this is further supported by other recent studies (5. 6).

Other comments included, 'I wear hearing aids, if the caller does not have English as a first language, they can be hard to understand', 'in some ways' (the phone) 'are great but in others I'm not sure if my consultant is listening to what I'm saying'. This highlights the importance of checking with the patient at the start of and during their consultation that they can hear and understand what is been said along with acknowledging what they are saying.

One patient who had a video consultation comments that it was 'speedy effective and useful'. A member of the BMJ's patient Advisory Panel highlight that in many cases a consultation by video was preferable to a telephone consultation. They go on to say that it supports the 'patient to show areas of concern to their doctors, and for doctors to assist patients in self-examination'. (1)

When asked if they were given a choice about the types of appointment 5 patients said they were not offered a choice of how they wanted to have their consultation but did not mind. 15 said they were offered a choice and 3 said they were not offered a choice but would have liked to have had the choice. A recent report from the Centre for Ageing Better relating to remote engagement identified that checking preferences rather than making assumptions, especially around digital engagement will produce more meaningful and ongoing engagement (7)

12 patients identified they had someone to support them (a friend or family member) during their consultation while 10 identified that they did not. Overall patients commented that the type of support was 'emotional'. A recommendation from the Peninsula Cancer Alliance report highlights that 'it is vital to also consider the families and carers of cancer patients when it comes to virtual appointments and support'.

13 patients responded that they were given a time for their remote consultation whilst 2 responded they were not. 14 patients responded that their remote (telephone/video) appointments during the COVID-19 pandemic was on time whilst a

further 4 patients identified it was either 'early' or 'late'. In relation to receiving effective communication in advance as to why their consultation did not take place when expected 4 patients responded that they did not whilst 2 responded that they did. Regarding receiving understandable information in advance about how their consultation would take place 16 patients responded that they did have understandable information whilst 2 identified that they did not. It is important that the patient received clear advice and information relating to their appointment/s regardless of the medium used. (1, 2, 3, 10).

12 patients found that being contacted by a support worker was useful. Macmillan Cancer Support highlights that the role of the support worker 'can enhance the patient experience, and can be a first point of contact for people, helping them to navigate the system and coordinating their care plan with other relevant parties' (13).

The Royal College of General Practitioners highlighted that 'remote consultation may enhance access along with other benefits for the patient such as reducing travel, avoiding waiting rooms, greater flexibility for the patient to be seen in their own environment. Whilst this survey did not explore this area the overall findings indicate that patients rated their consultation effective or extremely effective

This survey findings identified several recommendations below. In relation to remote consultations, it is important to remember that such an approach is not new. Indeed, the BMJ has highlighted that 'many of the strategies used to manage cancer care during the pandemic, such as remote consultations, are not new, and it is unfortunate that it took a pandemic to accelerate their adoption'. It is critical that these innovations are not scaled down without examining their effects on patient outcomes (which may be both positive and negative) and equity of access' (14)

Recommendations

- Gain an understanding from patients across SWAG if they would be happy for remote consultations to continue where appropriate once all the current COVID-19 pandemic restrictions are lifted to support redesigning services.
- Review patient's feedback to inform ongoing review/development of information and guidance to support patients make the most from their remote consultation.
- Consider the provision of training and support for patients and clinicians on a regular basis and as technology evolves.
- Consider the patient's ability to be able to pay their bills relating to the device/s they use to facilitate their remote consultation.
- Consider patients privacy – have they access to a quiet, safe, private place to have their remote consultation?
- Consider the area of digital inequity, access, understanding and provision of safe choices for patient and clinicians.
- If future surveys are to be undertaken in SWAG consider including remote consultations between patients and Allied Health Professionals.
- If future surveys are to be undertaken in SWAG processes to engage patients from BAME groups to participate need to be identified.

- If future surveys are to be undertaken in SWAG it should include identifying what the patient felt the benefits of having a consultation remotely was e.g., reduced travel, reduced waiting (10).
- Gain the views of clinicians and healthcare staff in relation to their views, benefits and use of remote consultation with patients.
- Follow the 'Key Actions' outlined in the Peninsula Cancer Alliance 'Rapid Literature Review into Remote Cancer Appointments' (3), NHS Guideline (2) and the Health Foundation's three key quality considerations for remote consultations (11).

7. Limitations

Any conclusions drawn from this study must be done so within the limitations of the methodology and constraints presented. This study aimed to capture views at a specific time and therefore it will have limitations in relation to making generalisations regarding the views of cancer patients in relation to their consultations.

The sample population for this survey were patients attending NHS Trusts cancer services across the SWAG cancer alliance during treatment or follow up consultations. There was no target number of patients for this survey and therefore it is difficult to identify the reasons why more patients did not respond to the survey.

Whilst the survey asked patients to identify their sexual orientation it may have been beneficial to understand what sex a patient is in future surveys to support identifying if there are different specific needs for each sex.

A question asking patients if they would be happy having virtual consultation going forward (beyond COVID-19) may have been helpful in relation to informing future planning of services.

It is noted that all the responses were from British 'White' patients. It is not evident if the survey was promoted to patient from BAME or other groups.

8. References

1. BMJ, Making remote consultations work for patients during covid-19: experience from the 'other side' of the virtual clinic, May 2020.
2. NHSE&I, Clinical guide for the management of remote consultations and remote working in secondary care during the coronavirus pandemic, version 1, March 2020.
3. Peninsula Cancer Network/SCW, Virtual Solutions for Managing Cancer Care in a Pandemic Era: Lessons from COVID-19, A Rapid Evidence Review, September 2020.
4. Polit, D. Hungler, B., Essentials of Nursing Research, 3rd edition, Lippincott Company, Philadelphia, 1993.
5. Dalby, M. Hill, A. Nabhani-Gebara, S., Cancer patient experience of telephone clinics implemented in light of COVID-19, Journal of Oncology Pharmacy Practice, January 2021.
6. Cliffe, S. Stevenson, K., Patient experience of virtual consultations during COVID 19: A musculoskeletal service evaluation, Musculoskeletal care, December 2020.
7. Centre for Ageing Better, Remote engagement, Removing barriers to inclusion in the context of COVID-19, January 2021.
8. Patel, S. Douglas-Moore, J. A reflection on an adapted approach from face to face to telephone consultations in our Urology Outpatient Department during the COVID-19 pandemic – a pathway for change to future practice? May 2020, BJU International, Vol 126, Issue3, p.339-341.
9. Efyhymiadis, A., Hart, J.M.E, Guy, A. M, Harry, R, Mahesan, T., Chedid, W.A., Uribe-Lewis, S., Perry, M.J.A., COVID-19, Are telephone consultations the future of the NHS/ The outcomes and experiences of an NHS urological services in moving to telemedicine, Royal College of Physicians, 2020.
10. ROYAL College of General Practitioners, Remote versus face to face: which to use and when? November 2020.
11. [Three key quality considerations for remote consultations | The Health Foundation](#)
12. Imlach, F., McKinlay, E., Middleton, L., Kennedy, J., Pledger, M., Russell, L., Churchward, M., Cumming, J., McBride-Henry, K., Telehealth consultations in general practice during a pandemic lockdown: survey and interviews on patient experience and preferences, BMC Family Practice, 2020, 21: 269.
13. Macmillan Cancer Support, Support Worker, Impact briefs, [Support worker - impact brief \(macmillan.org.uk\)](#)
14. Neal, R.D., Nekhlyudov, L., Wheatstone, P., Koczwara, B., Cancer care during and after the pandemic, BMJ, 2 July 2020.