

Request for Submission of an Evaluation Proposal:

**Telephone/ Online Cancer Consultations  
in the Peninsula Cancer Alliance  
during the Coronavirus Pandemic 2020**

**Executive sponsors:**

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**Context**

During the Coronavirus Pandemic of 2020, measures taken to protect public health within medical settings has led to the widespread use of telephone and online platforms to carry out medical consultations and assessments. Cancer services, unless defined with NHS guidelines covering essential and urgent cancer treatments<sup>1</sup>, are no different. Diagnostic procedures, outpatient appointments with surgeons and oncologists and Cancer Nurse Specialists have largely been replaced by online video call assessments and telephone calls, unless they can be offered safely in 'clean' (from Coronavirus) environments in a timely manner.

The aforementioned mass shift in clinical practice to remote as opposed to hospital-based face-to-face contact with patients has happened at a time when the NHS as a whole is being encouraged to deliver more personalised care and follow risk stratified pathways in the form of Personalised Supported Follow-Up (PSFU).

Two of the most influential documents of the many issued by the NHS/E on the two subjects are:

1. Personalised Care and Support Planning Handbook, Person Centred Care/Coalition for Collaborative Care/ Medical Directorate, March 2016
2. The NHS Long Term Plan, January 2019



Breast cancer services and skin cancer services have demonstrated that the approach of risk stratifying patients, offering more tailored individual follow-up pathways, is an effective way of meeting the demands of year-one-year growth in demand on cancer services whilst monitoring existing cancer patients. In prostate cancer services, a better understanding of treatment outcomes has led to remote surveillance being offered as a way of follow-up and also as an option to patients over medical interventions such as surgery and radiotherapy.

During the Coronavirus Pandemic, Cancer Alliances have been asked to report their progress in relation to adopting PSFU by the Living With & Beyond Cancer National Programme Team. The Peninsula Cancer Alliance supported the implementation of personalised care and PSFU across all cancer pathways before the pandemic and will do so after the pandemic.

The Peninsula Cancer Alliance believes that a number of factors mean that the remote methods of communication used by cancer clinicians routinely during the Coronavirus Pandemic will be more commonly used after the pandemic than before. These are:

- the national and local visions for care to be more personalised and risk stratified
- the need for more efficient and time saving ways of communicating with ever increasing numbers of cancer patients who are living longer after their cancer diagnosis
- the 'lived experience' of so many cancer clinicians now having used telephone and online video platforms to communicate with patients during the Coronavirus Pandemic

### **Brief Literature Review**

In order to establish whether a formal evaluation of telephone and online consultations taking place in cancer services in the Peninsula Cancer Alliance during the Coronavirus Pandemic is required, the Peninsula Cancer Alliance has consulted the following references:

<b>Title</b>	<b>Author</b>	<b>Publication</b>	<b>Date</b>
Comparing the content and quality of video, telephone, and face-to-face consultations: a non-randomised, quasi-experimental exploratory study in UK primary care	V Hammersley, E Donaghy, R Parker, H McNeilly, H Atherton, A Bikker, J Campbell & B McKinstry	British Journal of General Practice	April 2019

Evaluation of telephone first approach to demand management in English General Practice: observational study	J Newbould, G Abel, S Ball, J Corbett, M Elliott, J Exley, A Martin, C Saunders, E Wilson, E Winpenny, M Yang & M Roland	British Medical Journal	Sept 2017
Ambulatory Oncology Nurses Making the Right Call: Assessment and Education in Telephone Triage Practices	K Gleason, E Brennan-O'Neill, J Goldschmitt, J Horigan & L Moriarty	Clinical Journal of Oncology Nursing	June 2013
Helping People Help themselves: A review of the evidence considering whether it is worth to support self-management	D de Silva	The Health Foundation	May 2011
Telephone Triage in Today's Oncology Practice	E Towle	Journal of Oncology Practice	Mar 2009
The Telephone Consultation Process: Part II	J Roberts	Nursing in Practice	Aug 2007
Telephone consultation and risk management	J Roberts	Nursing in Practice	June 2007
Information in Practice: Telephone consultations	J Car & A Sheikh	British Medical Journal	May 2003

### Gaps in Knowledge

From these references, the Peninsula Cancer Alliances has identified the following *perceived* gaps in knowledge that it now seeks to help fill within a local context:

- A lot of the research seems to focus on telephone assessment in primary care and oncology nursing. Very little evidence is available that evaluates online video call and telephone assessment when it is delivered by cancer clinicians. All that is clear from the literature is that the clinicians involved need to possess highly developed communication skills.

- Even less evidence exists as to how patients feel about clinical assessment and communication with cancer clinicians over the telephone or through an online video call.
- Most clinicians believe from their training that a cancer diagnosis should be delivered face-to-face. Whether a face-to-face delivering of 'bad news' in a hospital environment can be equally matched by an online video call or telephone call is not confirmed by research.
- In order to risk manage oncology nursing telephone assessment, very often a triage software is used. How we minimise risk routinely across many individual remote conversations with cancer clinicians would seem not to be a straightforward process. One solution might be to develop a set format for discussion or ask the patient to complete an online pre-consultation questionnaire. Are these desirable? We think so, but do not know from the literature studied.

### **Call for submission of evaluation proposal and costings**

If your organisation is interested in carrying out an evaluation either as a one entity or as part of a collaboration with other institutions that can help the Peninsula Cancer Alliance answer these questions, in particular, from the perspective of the patient, please contact:

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### **Further important information**

The Peninsula Cancer Alliance anticipates that the evaluation will involve contact with the following groups:

- Peninsula Cancer Alliance cancer patients from Devon, Cornwall and the Isles of Scilly
- Cancer clinicians, including nursing teams across the same geographic area
- At least, the Lead cancer clinicians and Lead Cancer Nurses in each of the provider trusts
- Patient Engagement practitioners in some or all of the provider trusts and both CCGs
- The region's Clinical Advisory Groups (previously named: Site-specific groups) which are maintained by the Cancer Alliance
- The Peninsula Cancer Alliance Board and its members

The Cancer Alliance would also anticipate the following activities to be undertaken as part of the evaluation:

- A Literature Review
- Interviews with stakeholders
- Development of a strong understanding of the clinical governance and confidentiality issues that would relate to such an evaluation project
- Patient survey or remote questioning (when permission from the patient has been granted)
- Consideration of the questions that form part of the National Cancer Patient Experience Survey being included within the patient survey/questioning
- Survey of cancer clinicians who have contacted patients using online video call and telephone
- Production of Findings
- Development of recommendations as to how to establish best practice in online video call and telephone clinical assessment within the region

The Cancer Alliance looks forward to engaging with research institutions and or charities who share our interest in this area, at this time.

Thank you.