Meeting	**Peninsula Cancer Alliance Board 28th October 2020**
Title	**Literature Review into Remote Cancer Appointments**
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Agenda Item	**Item 8**
Summary This paper provides a summary of the literature review conducted into remote cancer appointments and patient findings.	
Recommendation **The Board are asked to note the update.**	

Rapid Literature Review into Remote Cancer Appointments

A SUMMARY

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1. Introduction

Since March 2020, the NHS has been responding to a pandemic like no other in its 72-year history. It has been working at full capacity treating patients with the new COVID-19 virus, whilst still managing those with non-COVID illnesses, and ensuring they keep transmission of COVID-19 to staff and patients to a minimum. NHS cancer services have therefore adopted novel ways of working using virtual consultations whenever possible, by keeping face-to-face consultations to a minimum to protect staff and patients. The response from cancer services providers has adapted during the pandemic to create new norms to enable safe delivery of care whilst following the new clinical guidance. The aim remains to achieve the ambitions of the NHS Long Term Plan.

For cancer appointments that did not require physical examination, testing or treatment delivery, NHS cancer services quickly changed face-to-face meetings to either confidential telephone or online (virtual) video consultations. These are often referred to as 'remote appointments'. This shift in care delivery methods has not been limited to cancer services. It has also occurred in many other areas of healthcare as healthcare services strived to reduce COVID-19 transmission. Some face-to-face cancer appointments resumed as the virus transmission rates reduced in the summer months, but a large number of cancer appointments are still taking place remotely.

The Peninsula Cancer Alliance commissioned NHS South Central and West Commissioning Support Unit to undertake a Rapid Literature Review. This was in anticipation of the need to make the offer of remote appointments with cancer clinicians considerably more common practice than prior to the COVID-19 pandemic. This need stems from:

- Efforts to address back logs created by the NHS COVID-19 response (Phase 3 Recovery).
- The need for cancer pathways to be more tailored and stratified to create much needed capacity in the system. This is to meet the pre-pandemic demand and a year-on-year growth in cancer services.
- Uncertainty regarding future restrictions as a result of the pandemic.

The Rapid Literature Review was asked to cover:

- The impact the pandemic has had on cancer services and patients
- How remote consultation methods are used in cancer care across the whole patient pathway, and the effectiveness of these methods
- The experiences of patients and clinicians using them
- Issues relating to impact on health inequalities, ethics and governance, and organisational and workforce requirements

2. ‘Stand Out’ Findings

Although a high proportion of the literature examined was not cancer specific and not always robust, the Rapid Literature Review was able to identify a number of ‘Must Dos’ and ‘Could Dos’. These are as follows:

Must Dos

- Consider those who do not engage or find it hard to engage with digital technology. Patients who might fall into this category are people who:
  - have reduced literacy and / or learning disabilities
  - are hearing impaired or have problems with their sight / vision
  - are very elderly
  - do not speak English as their first language
  - are experiencing economic hardships
  - live in remote / rural areas where internet access can be unreliable or is not available
- Consider language barriers and support from translation services
- Offer flexibility and personalised care
- Not assume ‘one size fits all’. There should be no blanket approach.
- Consider adequate training for clinicians and patients
- Consider a permanent sustainable reorganisation of administrative and clinical functions to support the introduction of remote appointments into patient pathways
- Embed and make standard practice processes for maintaining data security and confidentiality
- Follow latest guidance from NHSEI and professional bodies with respect to remote appointments (See Table 1)
- Keep abreast of new findings from research in this area (Table 1)

Could Dos

- Evaluate the use of virtual technologies on clinicians and patients at a much more granular level than seen within the Rapid Literature Review e.g. tumour site and patient group levels. The recommendations are often based on studies from one specific site or part of the pathway.
- Collaborate across multiple disciplines that provide care to patients with cancer to ensure a whole pathway approach is adopted.

3. Summary of Additional Findings

3.1 Remote appointments in general

- There is predominantly large support for use of virtual appointments.
- Virtual communication can facilitate shared decision-making and foster patient-centred health outcomes.
- However, they present a challenge when there is a need for difficult conversations such as in the case of life-threatening health conditions, where the digital solution needs to facilitate sensitive and empathetic interactions.
- Current patient documentation does not always have the capability of identifying patients who may not be able to access systems for remote consultation.

3.2 New referral management

- Users may require technical support (patients and professionals).

3.3 Breaking bad news

- Use a video call rather than telephone, if possible.
- Prepare in advance and keep the structure similar to a face-to-face appointment.
- Use a private environment for both parties when making the call.
- Be aware of the patient being in an unexpected location (e.g. when out shopping) and who the patient may be with (e.g. children, friends). Try to ensure that these calls are pre-planned to give the patient chance to have support with them and to be in a suitable location.
- Consider a follow-up call later in the day.

3.4 Symptom management by telephone

- Virtual communication can be used to support better mental health outcomes. It can be used for therapy (e.g. Cognitive Behavioural Therapy) and training (e.g. pain-coping skills).

3.5 Follow-up and monitoring of cancer patients undergoing systemic treatment

- There is a need to ensure software compatibility when using video calls.
- It is suggested that the systematic collection of symptom information using patient-reported outcome (PRO) standardised questionnaires is helpful to improve symptom control. Several online, web-based systems were found to exist that have been shown to prompt clinicians to:
  - intensify symptom management
  - improve symptom control

  - enhance patient-clinician communication, patient satisfaction, and well-being.
- Most patients in relevant studies seemed willing and able to self-report via the web, even close to the end of life.

3.6 Follow-up of people living with cancer/cancer survivors

- Virtual communication can be used to better prepare cancer survivors for the post-treatment period.
- There can be better staff collaboration and organisation of care (e.g. seeing the same person) when using virtual means of communication.
- Virtual communication helped patients to have timely access to health care professionals in order to deal with their concerns (the "normality" of talking by telephone made communication easier).
- There is a need to consider the patient's missed contact with other patients and the reassurance that a physical examination can give. There is a risk of consultations feeling rushed and impersonal.
- Every appointment needs to be patient-centred which is crucial to ensure there are no unmet needs.

3.7 Psycho-social/psych-educational interventions of people living with cancer

- There is support for the use of video consultations for psychotherapy and psychosocial interventions (e.g. websites in reducing issues such as fear of cancer recurrence). However, there is the need to:
  - Consider individual factors when tailoring interventions to ensure engagement promotes benefit rather than burden.
  - There is evidence that virtual approaches can be successfully used to implement specific lifestyle activities and monitor patients' results.

3.8 For cancer patients receiving palliative care

- It is uncertain if virtual can completely replace face-to-face support but there is support for its use with this patient group.
- It is important to consider both clinician and patient perspectives when deciding to use virtual communication.
- It can be beneficial in situations where the location of various MDT members is an issue.
- There is a need to be aware of patients feeling overwhelmed by the presence of several professionals on a call.
- Training for professionals on how / when to use technology for this group is essential.
- The use of a 24/7 video call line run by nurses was well received by patients.
- Adding weekly telecommunications to usual palliative care has been reported as leading to worse reported symptom scores (for advanced cancer), possibly due to excess attention on symptoms.
- There is support for 'PainCheck' for electronic pain monitoring.

3.9 Cancer patients' families and carers

- It is vital to also consider the families and carers of cancer patients when it comes to virtual appointments and support.

3.10 Spiritual health of cancer patients

- In certain cases, telephone-based chaplaincy interventions are acceptable to patients e.g. through outpatient oncology clinics.

4. Thematic Findings

The Rapid Literature Review identified and made use of a magnitude of guidance and advice from NHSEI, as well as other NHS organisations and professional bodies. These are too numerous to feature in a summary report. Table 1 classifies and describes the findings and signposts the reader to the relevant sections of the Rapid Literature Review document. As the documentation is continually evolving, it is important to always follow the latest guidance from NHSEI and professional bodies, as well as keep abreast of new findings and research.

Table 1

Topic	Detail	Section with review
Diagrams	Covid-19: remote consultations A quick guide to assessing patients by video or voice call	3.2.2 (Figure 3)
	Telemedicine guide for patients	3.2.5 (Figure 5)
	Considerations for Approaching Serious Discussions Remotely With Example Phrases	3.5 (Table 2)
Guides	NHSEI (secondary care, primary care and Cancer Alliances)	3.2.1
	NICE	3.2.2
	Expert opinion: general guidelines for conducting video consultations	3.2.5 (Figure 4)
Training	Selection of online resources and training for clinicians on remote consultations	Appendix 2
Key Recommendations	Professional organisations and oncology societies	3.2.3
	Evaluation of virtual approaches to cancer care delivered by cancer clinicians during the pandemic	3.3.
	Patient and clinician experiences of virtual approaches to cancer care during the pandemic	3.4
	Breaking bad new virtually	3.5
	Health inequalities and inequities	3.6
	Organisational development and workforce requirements	3.8
Further Resources	The Health Foundation	3.2.4
	Expert opinion	3.2.5
	Appendix 1	Appendices
	References	References
Governance	Ethics, risk management, governance and confidentiality requirements	3.7

5. Final Recommendations

Many cancer teams had introduced telephone and video consultations into their pathways before this need to rapidly expand the use arose. It seems unlikely that cancer services will return to delivering the majority of appointments face-to-face in the short to medium term future at the very least. Following the rapid shift to delivering appointments to virtual delivery, it is recommended that cancer teams, in conjunction with the Cancer Alliance, take time to reflect on what has been achieved, how well it was delivered and how to prepare for the future.

Applying the findings of this Rapid Literature Review to each cancer site is recommended to ensure patients receive the highest quality service. They should consider the following questions:

- How effective has virtual consultation delivery been for their patients, carers and team members?
- Are there situations where virtual consultations are not recommended in their cancer site?
- What is required to achieve effective virtual consultations in their cancer site? Consider culture change for team members/ patients; administrative support and technology requirements
- What adjustments are required to deliver virtual appointments for all interventions across the cancer pathway (breaking bad news, discussing treatment options, health and wellbeing support etc.)?

It is recommended that the findings of this work are considered locally and shared with key stakeholders, in order to discuss their implementation. This should include the associated MDTs, relevant Site-Specific Groups / Clinical Advisory Groups, charities and patient groups. Involvement of patients in this process is highly recommended in order to co-create an approach to virtual consultations that meets the needs of patients and carers going forward. Approaches to patient engagement identified in the literature are summarised below:

- Patient satisfaction scoring
- Questionnaires / surveys
- Interviews (unstructured, semi-structured, in-depth, open-ended questions, 'thinking aloud')

Key Actions

The following actions are recommended to health care providers

1 Providers should review their patient record system to identify the ways that they record the suitability of remote consultation mechanisms for each patient. This is in line with their responsibilities under legislation dealing with reasonable adjustment for disability.

2 Remote consultations, where it is expected that there will be a possibility of breaking bad news, should wherever possible be via video link and at a pre-arranged time.

3 Training and support needs for patients should be identified and provided. There are already good examples of this in the Peninsula. One Trust has included questions on the patient's ability to manage remote consultation in their holistic needs assessment. Another Trust is providing advice to patients attending outpatient appointments on using their video consultation system. This is being facilitated by volunteers in the clinical area.

4 Trusts and their clinical teams should identify the future pathway steps where this form of consultation would become normal practice moving forward, and also where it is not recommended. This will also be discussed at all of the Cancer Alliance SSG meetings they will be asked to make recommendations.

Full documents available on: https://peninsulacanceralliance.nhs.uk/peninsula-cancer-alliance-literary-review