

# Experiences of cancer appointments during the COVID- 19 pandemic

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## Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.



## Summary

This report shares the results of Healthwatch Norfolk's project about people's experiences of cancer appointments during the COVID-19 pandemic in Norfolk and Waveney. This project was carried out by Healthwatch Norfolk in partnership with Norfolk and Waveney Health and Care Partnership, NHS Norfolk and Waveney Clinical Commissioning Group, and Healthwatch Suffolk.

The project aimed to find out about experiences and views on in-person and virtual (phone, video, and e-mail/e-messaging) appointments. To find out about these experiences two surveys were created and shared. The surveys were open from March to June 2021:

1. An online survey for professionals and staff members who work with people affected by cancer.
2. A survey for patients in Norfolk and Waveney who have had appointments regarding cancer referral, diagnosis or treatment since March 2020. This survey was available online, over the phone, in paper form, and in Easy Read format.

We received completed responses from 23 professionals to the staff members survey. We received completed responses from 244 members of the public to the public survey.

Healthwatch Norfolk analysed survey responses and we found out:

- Most people were happy with the appointments they have had about their cancer since March 2020. Patients told us that they prefer in-person appointments to virtual appointments.
- Professionals told us that patients who did not have access to technology or struggled to use technology would find it difficult



to access virtual appointments. Those who may be digitally excluded included elderly patients, patients with hearing loss or other sensory difficulties, disabled patients, and patients who did not have access to or know how to use technology.

- Public and professionals told us that patient choice or preference of appointments was important.
- People told us that they thought in-person appointments were more personal and better for:
  - First meetings with the clinician and building relationships with patients.
  - Feeling more supported and that the clinician cared.
  - Diagnosis appointments or when patients need to be told bad news.
  - Physical examination.
  - Non-verbal communication such as body language or seeing how well someone looks.
- Virtual appointments were seen as good for:
  - Routine and follow-up appointments when the appointment is straight-forward.
  - Convenience, including saving patients' and professionals' time and not having to travel to appointments.
  - During the COVID-19 pandemic, particularly safer for those shielding.
  - Making clinicians easier to contact for questions.
- For both in-person and virtual appointments we heard:
  - Experiences with staff were important. Patients liked staff who were helpful and caring.
  - It was important to patients that questions were answered in appointments, and that they did not feel rushed.



## 1. Why we looked at this

### 1.1. Background and context

The Norfolk and Waveney five year plan for improving health and care set out a plan to make greater use of technology to modernise the services we receive and make them fit for purpose in an ever changing world. There is already an increasing use of apps, online support and technology to help people manage their own health, in particular people with long term conditions such as cancer.

Since the start of the COVID-19 pandemic, the way that health and social care appointments are conducted has changed and developed. In efforts to catch up with the backlog of cancelled appointments, maintain 'business as usual' and protect the safety of patients and staff alike many health care appointments became virtual.

A survey conducted by the Royal College of General Practitioners found that 66% of GP appointments were conducted remotely in July 2020, with 88% of practices saying they had the facilities to host video consultations - up from 5% prior to the pandemic<sup>1</sup>. These statistics are no different for those on a cancer referral or treatment pathway, who are likely to have been offered virtual appointments since March 2020.

We were asked by the Norfolk and Waveney Health and Care Partnership ("The Partnership") and NHS Norfolk and Waveney Clinical Commissioning Group ("The CCG") to look into the experiences of people on a cancer pathway in regard to accessing appointments since March 2020.

Healthwatch Suffolk were also involved in the project, particularly sharing and promotion of the surveys, due to Waveney being part of Suffolk. Their involvement was important to ensure that there was equal opportunity for both Norfolk and Waveney residents to take part.

### 1.2. Project aim and objectives

The overall aim of the project was to use feedback from people affected by cancer on their experiences of different types of appointments, including telephone and video consultations.

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<sup>1</sup> Royal College of General Practitioners, '*RCGP survey provides snapshot of how GP care is assessed in latest stages of the pandemic*'. Available at <https://www.rcgp.org.uk/about-us/news/2020/july/rcgp-survey-provides-snapshot-of-how-gp-care-is-accessed-in-latest-stages-of-pandemic.aspx> [Accessed 3rd June 2021].

The objectives of the project were to:

- Use accessible methods to collect patient experiences of in-person and virtual cancer appointments since March 2020;
- Collect feedback from staff working in cancer services regarding in-person and virtual appointments;
- Identify ways to reduce digital exclusion based on the experiences and feedback.

## 2. How we did this

### 2.1. Methodology

Feedback was gathered via two surveys - one for staff members who work with people affected by cancer, and one for Norfolk and Waveney residents who have had appointments regarding cancer referral, diagnosis or treatment since March 2020.

Survey questions were compiled with input from the CCG and Healthwatch Suffolk staff to ensure that all stakeholders were satisfied that the aim and objectives could be met (survey questions can be found in the appendix).

The surveys were hosted online via the platform SmartSurvey and were live from 8<sup>th</sup> March 2021 to 1<sup>st</sup> June 2021.

The staff survey was just available online. The patient survey was hosted online but also available in paper form and easy read. There was also the option to call Healthwatch Norfolk so that the survey could be completed over the telephone. This was to ensure that those who may be digitally excluded had the chance to take part. Further details of how the surveys were promoted can be found in section 2.2.

Both surveys had a mixture of quantitative and qualitative questions, to allow for participants to expand and provide context on their opinions and experiences. Quantitative questions were analysed using SmartSurvey's own analysis function, as well as Microsoft Excel. Qualitative questions were analysed using NVivo, a text analysis software programme, which enables us to consider each response individually and allocate themes.

Comments in this report are direct quotes from survey respondents. These have been left unchanged to ensure originality. Any major spelling or grammar errors are noted with “[sic.]”. Percentages in this report are rounded to the nearest whole number.

### 2.2. Survey dissemination

The staff survey was promoted via contacts and mailing lists held by Healthwatch Norfolk, Healthwatch Suffolk, and the CCG. It was also shared via social media, and in appropriate professional meetings such as Local Delivery Groups.

To ensure that the patient survey reached as many people as possible in both print and online form, we took the following steps:

- Shared the survey online via social media; reached 2,200 in Waveney, 9355 in Norfolk. (An additional 13,642 were reached via paid Facebook advertising.)
- Contacted the organisation who host Footfall GP surgery websites to have an article about the project on the 'news' section of Norfolk and Waveney GP surgery websites;
- Issued a press release for inclusion in local media;
- Contacted over 300 parish councils with wording about the survey that could be included in parish magazines and noticeboards;
- Contacted local cancer charities to ask them to make their members or service users aware of the project;
- Liaised with Queen Elizabeth Hospital in King's Lynn to have paper copies available in the cancer department;
- Contacted large employers including Aviva and Norfolk Constabulary;
- Healthwatch Suffolk sent the information to 136 individuals/clubs (with members) and Forums that put it out to their networks.

In all instances, the online, paper and easy read versions of the survey were promoted so that those wanting to take part could do so in the most accessible way for them. We also ensured that it was clear that patients could call Healthwatch Norfolk to complete the survey over the phone.

### 2.3. Limitations

We recognise that there are some limitations to the project and results:

- Although we promoted the project offline as well as online in the ways listed in section 2.2, most respondents, either the patients themselves or carers filling it out on their behalf, completed the survey online. This indicates that the majority of respondents were not totally digitally excluded. We did not have any paper or easy read surveys returned, and only two people completed the survey over the phone with us.
- There were only 23 responses to the staff survey which we recognise as a statistically low number. The results have still been analysed and included in this report to ensure that the opinions of those who took part are acknowledged, however these should not be taken as representative of the population of Norfolk and Waveney's staff working within cancer services.

### 3. What we found out: staff survey

#### 3.1. Who we received feedback from

Twenty-three people responded to the staff survey. We recognise that this is not a statistically viable proportion of those working in cancer services in Norfolk and Waveney. The results therefore provide an indication of staff views rather than being representative of the whole population.

The majority of respondents (12 people, 52%) told us they work in primary care. Six respondents (26%) work in secondary care, four (17%) in community health care, and one (4%) in a hospice.

Figure 1 below shows the numbers of responses when asked ‘what best describes your role?’, as can be seen, nurses made up the highest number of respondents.

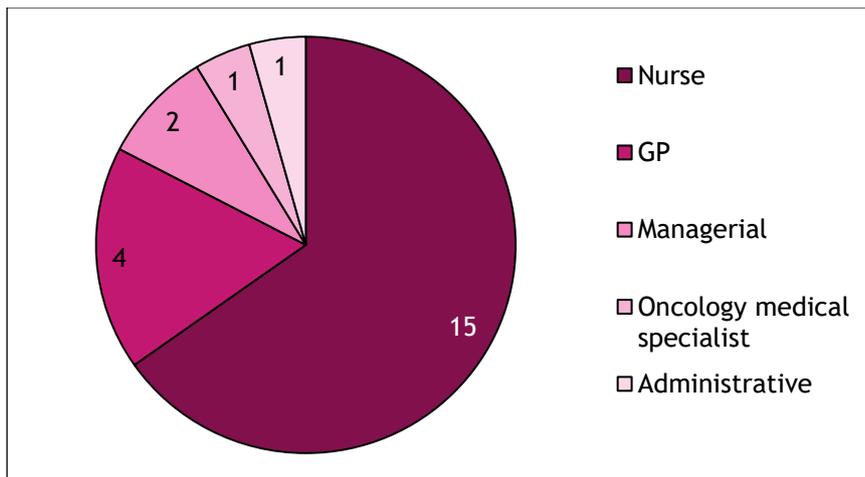


Figure 1. Responses of 23 professionals to ‘what best describes your role’.

Most professionals who responded to the survey told us that at least some of their patients on a cancer pathway have had at least one virtual appointment. Only three respondents (13%) told us that none of their patients had had a virtual appointment, these respondents were disqualified from the survey.

As Figure 2 below shows, most professionals either completely or mostly agreed that virtual appointments are easy to coordinate (14, 70%) and are an effective way to keep in touch with the patient (14, 70%). However, most (17, 85%) told us they completely or mostly disagreed that they are suitable for all types of appointments with cancer patients. Professionals were more split in opinion for whether they are an appropriate way to discuss the diagnosis or treatment pathway, however more told us they mostly or completely disagreed (9, 45%) than agreed (6, 30%).

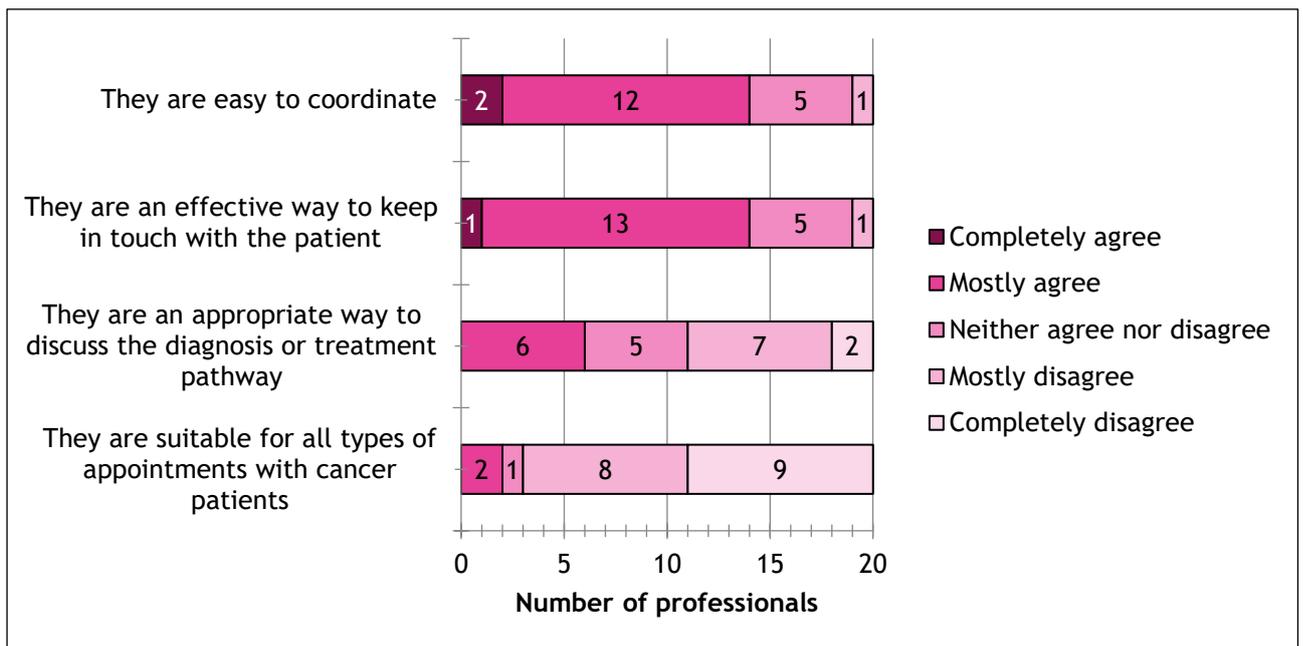


Figure 2. Responses of 20 professionals to the question ‘To what extent do you agree with the following statements about virtual appointments with cancer patients?’.

The majority of professionals (12 professionals, 60%) told us that equal numbers of patients have seemed happy and unhappy with virtual appointments as displayed in Figure 3.

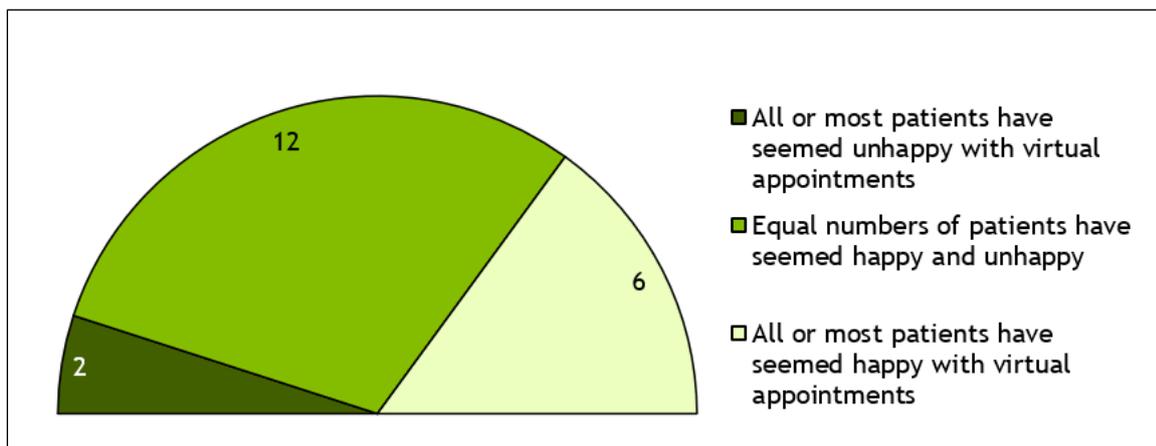


Figure 3. Responses of 20 professionals to the question ‘Which statement is most accurate regarding your patients who have had virtual appointments’.

Across open ended questions in the survey, professionals discussed the benefits and the limitations of virtual appointments. Themes in their responses are displayed in the following section.

A consistent overarching theme across professionals' responses was that the appropriateness of a virtual appointment was *"a very individual thing"* and that it *"often it depends on the context and reason for the appointment"*. Similarly, it was highlighted that *"patient choice is vital"*.

### 3.2. Benefits of virtual appointments

Discussions of the benefits of virtual appointments included how they could be more convenient, allow more people to be supported, and that they are most appropriate for routine appointments.

Comments in this report are direct quotes from survey respondents. These have been left unchanged to ensure originality. Any major spelling or grammar errors are noted with "[sic.]".

#### Convenience

Professionals told us that patients liked the virtual appointments as it *"saves them having to attend hospital"* and that they can *"wait in the comfort of their own home for the call"*. It has also *"been much quicker and has avoided unnecessary [sic.] trips to the hospital and exposure"*.

The below comments highlights how virtual options may reduce the number of patients who did not attend (DNA) their appointments:

It has saved patient's time and travel costs as some patients from King's Lynn and Great Yarmouth areas were travelling to Norwich for pre assessment appointments. There are less patients that DNA their appointments. (Nurse, Secondary)

In addition to this, virtual appointments may allow professionals to help more service users. As shared by a managerial community professional, they *"have learnt that virtually we can support a broader geographical area"*.

#### Routine appointments

Respondents told us that virtual appointments were most appropriate for *"regular check-in's"*, *"for some patients as a follow up"* and that *"virtual appointments work very well for routine appointments where no medical changes are of concern"*.

Virtual appointments were also seen to help make professionals easier to contact *"to answer patient queries"* and that patients can be *"reassured that if they need to speak with me they can call any time for support or guidance"*.

### 3.3. Limitations of virtual appointments

Discussions of the limitations of virtual appointments included that they are not always appropriate and that they make communication and relationships more difficult. We also heard concerns about digital exclusion which is presented in section 3.4.

#### Not always appropriate

Professionals discussed when virtual appointments would be appropriate or not. As previously in the report they were seen as appropriate for routine appointments and for regular contact with patients. However, professionals also shared that they did not think virtual appointments were appropriate for sharing bad news, new diagnoses, or when physical examination was needed. Examples of each of these are presented below.

#### Bad news

- *“Some cancer patient appointments are not suitable to be done virtually such a new diagnosis, if the patients health has declined and a new prognosis is given such as a palliative diagnosis. For some patients anxieties increase if not seen face to face so some patient input has be considered.”* (Managerial, Community)

#### New diagnosis

- *“They are not suitable for some elderly patients who have hearing problems, not suitable for discussing new diagnosis”* (Nurse, Secondary)

#### Physical examination

- *“I am a skin cancer nurse specialist I cannot access skin virtually”* (Nurse, Primary)

#### Communication and Relationships

Professionals also shared that they found virtual appointments more impersonal, and that it *“loses face to face contact and ability to strong build rapport with patients”*, that *“patients have stated they felt less supported by virtual appointments”* and that *“compassion and empathy are difficult via telephone”*.

In addition to this, it was reported that patients were *“less likely to report problems than face to face”*, and that virtual appointments *“can cause anxiety that something is missed”*.

### 3.4. Digital exclusion

Across their responses to questions, professionals discussed digital exclusion which impacted on patient’s ability to access virtual appointments. We also asked specific questions around digital exclusion, Table 1 displays professionals’ answers to reasons why patients have been unable to access virtual appointments, professionals could select more than one answer. The most common reasons selected by professionals were:

- They do not have devices at home to access virtual appointments
- Their internet connection or phone signal is not stable enough
- They have internet access and devices at home, but do not have the digital skills to access virtual appointments.

Table 1.

Reasons Why Patients have been Unable to Access Virtual Appointments

	Number of respondents	Percentage of respondents
They do not have devices at home to access virtual appointments	12	60%
Their internet connection or phone signal is not stable enough	12	60%
They have internet access and devices at home, but do not have the digital skills to access virtual appointments	12	60%
Their appointment/s must take place face-to-face	8	40%
They do not have a private space at home to have a virtual appointment	4	20%
The clinical setting (eg. GP surgery / hospital) does not have the ability to facilitate virtual appointments	3	15%
I haven't known patients unable to access virtual appointments	2	10%
Other*	4	20%

\*Note: other answers included accessibility difficulties such as needing a sign language interpreter or blindness and also because “*they dont [sic.] want to*”.

We asked professionals “how do you think not being able to access virtual appointments affects the care of patients on a cancer pathway?”. Only six respondents (30%) told us that it makes no difference to their care, three respondents explained their answer sharing that their patients could still be seen face to face as required: “*if a patient needs to attend face to face they can*”.

On the other hand, 13 professionals (65%) told us that not being able to access virtual appointments disadvantages patients. Explanations for this included:

If they can not access the same appointments as other [sic.] this is a disadvantage to them, such as the Deaf community who can not successfully utilize virtual appointments unless a sign interpreter is organised for the same video appointment. The same can be said for email communication as literacy levels do not often allow good communication with a Deaf person. I also worry that the non-verbal patients may get missed as they would only be able to access virtual appointments by using email and the written word can easily be misunderstood and I should imagine isolation has been difficult for these patients. (Managerial, Community)

Potentially increases anxiety and fear if in addition [sic.] unable to gain a F2F appt due to capacity. (Nurse, Primary)

Nine professionals (45%) told us that they had to help patients to access the virtual appointments. Help included “*arranged for a family member to help*”, “*install teams*”, and “*accessing links*”. One professional shared that they gave thorough support to patients which included a test run:

We sent a brief guide of how to sign up to use Zoom and how it works then met them online for a test run, to build confidence and ask any questions. We supported this via the phone if needed. (Managerial, Community)

Finally, we asked professionals if there were any types of patients which they felt were particularly digitally excluded. Overwhelmingly we heard that they felt the elderly were often digitally excluded. Other groups and types of patients which were mentioned by professionals included:

- D/deaf people
- People with Dementia
- Disabled people
- Lower income families
- People with Learning Disabilities
- People with no internet or poor internet
- People with no IT or smart phones or no knowledge on how to use them
- Non-English speaking patients
- People who have visual impairments

## 4. What we found out: patient survey

### 4.1. Who we received feedback from

We received completed survey responses from 244 people. We received responses from across Norfolk and Waveney as displayed in Figure 4 below.

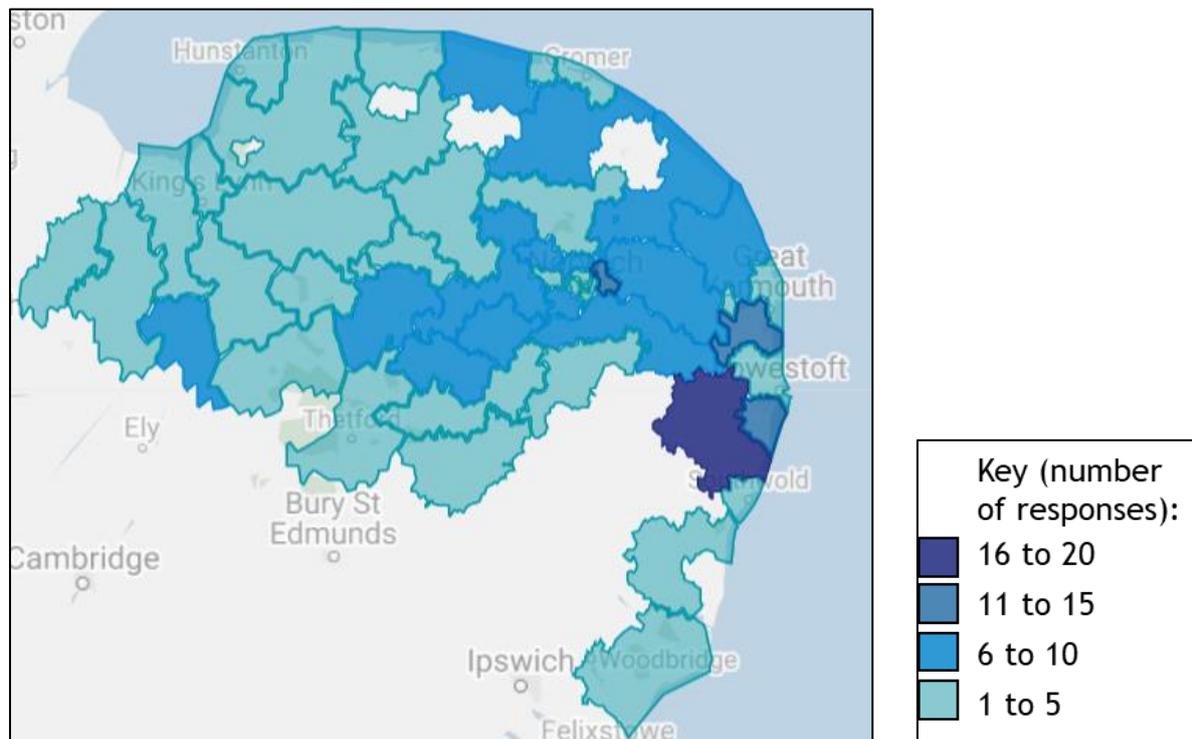


Figure 4. Where we received survey responses from in Norfolk and Waveney based on first half of postcode (e.g. NR18).

Most (91%, 223) respondents answered the survey on behalf of themselves with 9% (21) of respondents answering on behalf of someone they care for.

Twelve percent (30) of respondents told us that they have a physical disability, 3% (8) told us they had a sensory impairment, and 1% (2) shared that they had a learning disability. Only 1% (2) of patients told us that English was not their first language, they shared their first languages as Dutch and Polish.

The distribution of the age of respondents is displayed in Figure 5 below. The majority of people who answered the survey were over the age of 56 (75%, 182).

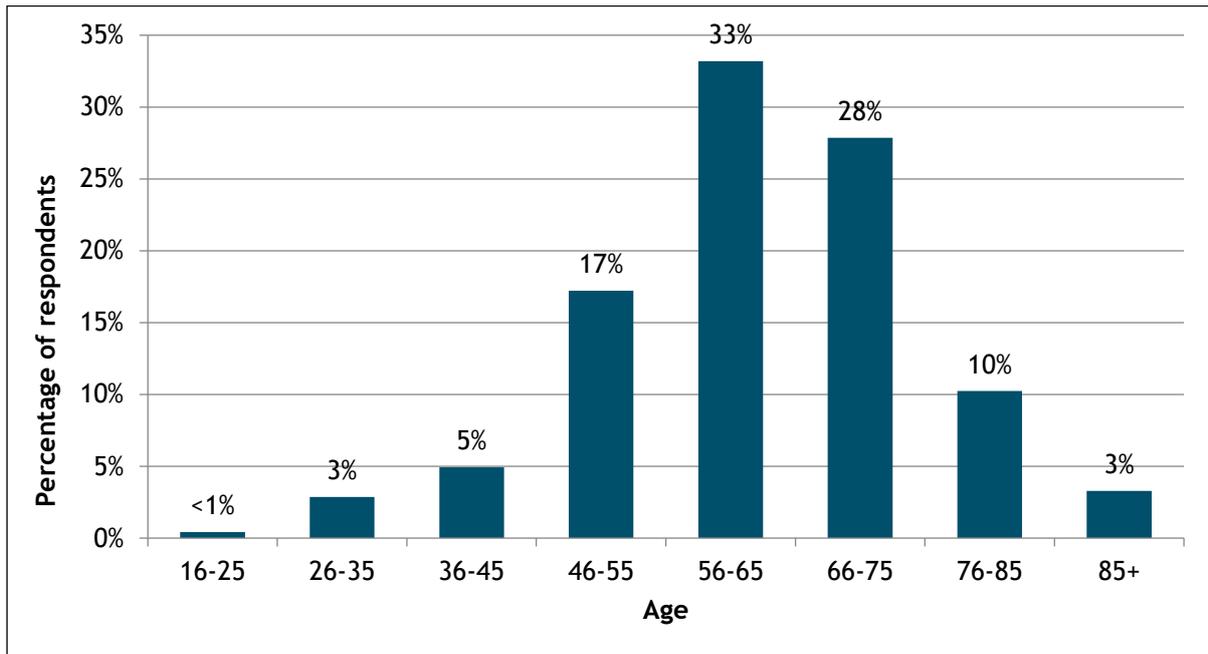


Figure 5. The age distribution of the 244 respondents.

As displayed in Figure 6, the most common stages of the cancer pathway that patients were on was those currently having treatment (38%, 93) or those who have finished their treatment or been discharged (34%, 84).

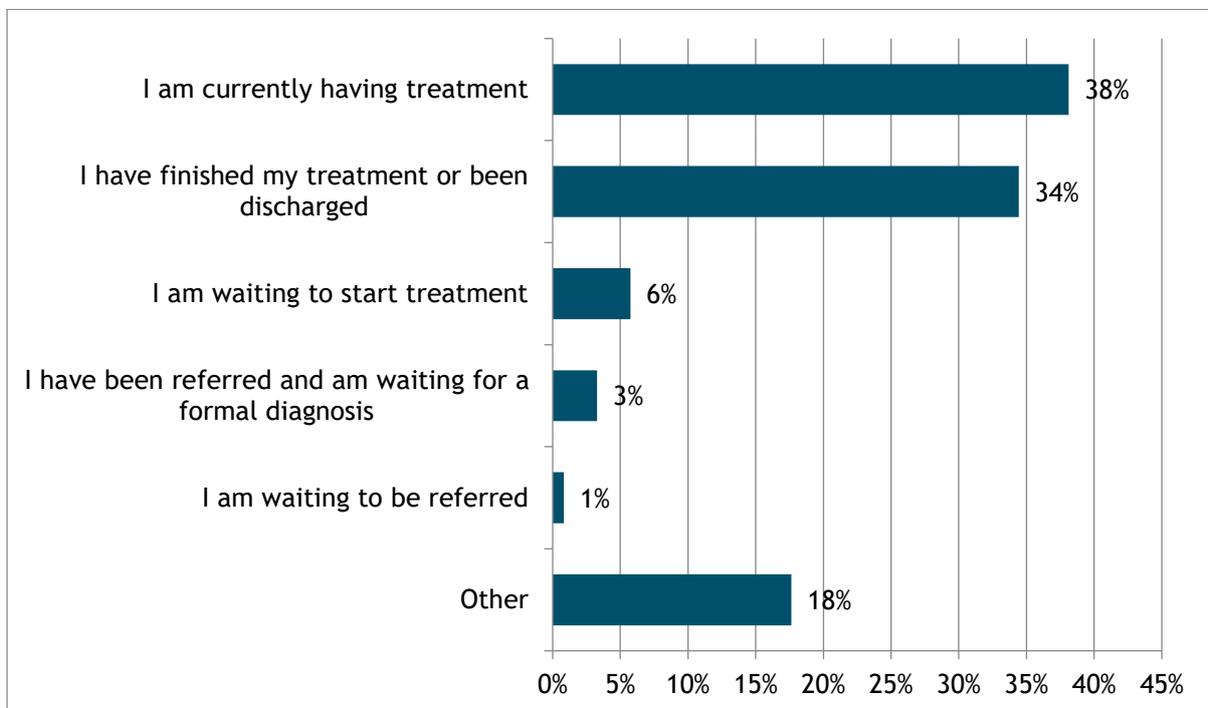


Figure 6. The percentage of responses of 244 people to the question 'Which statement best describes your experience so far'. 'Other' responses included patients who were being monitored such as annual checks, those under palliative care, patients waiting for surgery, patients who were assessed and found out not to have cancer, and patients who had died.

Most respondents (83%, 203 respondents) to our survey told us that they had at least one virtual appointment (phone call, email, or video consultation) about their cancer referral, diagnosis or treatment since March 2020.

One hundred and eighty-nine respondents told us that they have received an in-person cancer appointment since March 2020.

Only three respondents (2%) told us that they had been offered a virtual appointment but had declined it. These people were asked why they had declined the virtual appointment, reasons given by each of these respondents were:

- One respondent selected:
  - I did not want one
  - I did not feel confident enough with technology
  - I did not feel it was a safe option
  
- *“Did not feel a virtual appointment supported holistic needs.”*
  
- *“I needed to be examined by my surgeon so it was completely inappropriate to have the appt by video”.*

All three of these respondents told us that there was not anything that would have helped them to be able to have a virtual appointment.

## 4.2. Types of virtual appointments

The most common type of virtual appointment had by respondents was a phone call with 98% (197 respondents). Alongside this, 15% (31) told us they had received a video consultation, and 13% (26) an email or e-messaging appointment. Consequently, it is worth noting that most virtual appointment experiences and opinions shared in this report will be from phone appointments.

Table 2 displays who respondents' virtual appointments were with, respondents could select more than one answer. As the table shows most had virtual appointments with their hospital consultant with 78% (158) selecting this option. Therefore, it is likely that most experiences described in survey responses will be discussing their experience with their hospital consultants.

Table 2.

Who the Virtual Appointments were with.

Professional	Percentage of respondents	Number of respondents
Hospital consultant	78%	158
Nurse	39%	79
Radiographer	13%	27
Community Nurse	4%	8
Other*	25%	51
I don't know	1%	2

\*Note: Other responses were mainly GP, but they also included other professionals such as oncologists, physiotherapists, anaesthetists, radiographers, and dieticians.

### 4.3. Information and advice for virtual appointments

The majority of respondents (84%, 171) told us that they had received enough information for their virtual appointments.

Respondents were asked to explain what information they had received, most respondents here did not provide much detail on the information they were given. The most common way we heard that information was shared with them was through *“a letter explaining how it would work”* or they did not specify how they were told but *“was told that my appointment would be via the phone”*.

Since most virtual appointments had by the respondents were phone calls, many told us that the main information they were given was the *“time and date when the phone call would be made”*. Other information which was given to respondents included:

- The reason for the appointment or *“purpose of consultation”*.
- That the time they were given was approximate: *“possible lateness of call due to slippage”*.
- *“Which telephone number was listed on my records”*.
- *“Who the consultation would be with”*.
- To find somewhere quiet to take the call.

Due to most respondents having phone appointments it is difficult to identify what information was given for other types of virtual appointments. Some comments which could be identified included information on: *“how to access the appointment online”*, having a *“phone call from JPH IT prior to first appt to explain system and confirm my access to suitable laptop/phone”* or having *“a trial log in to practice”*.

One patient shared that they were supposed to have a video appointment but were not given information about this:

at first I was told it would be a videocall, but without any information as to how that would work or what I would need to do, then I called on the morning of the appt and was told it could be a phone call, but this was 6 hours later than planned at 9pm

Only 3% (7) of respondents told us that they did not have help when they would have liked help to access their virtual appointment.

Eighty-seven percent (187) of respondents told us that they did not have help, but they did not need any help. This indicates that the majority of patients who answered our survey were confident with accessing their type of virtual appointment.

Twenty respondents shared that they had received help to access their virtual appointment. From these the most common help was from the 'hospital or GP surgery staff' or 'my family or friends' with eight respondents (40%) reporting each of these. For three respondents (15%) help was received from their carer. Other responses included "*consultant secretary- the link did not work and I waited for one hour*" and "*Big C charity*".

#### **4.4. Technology used for virtual appointments**

Since most respondents told us that their virtual appointments were phone appointments, the most common type of technology used was a landline telephone with 62% (126) of respondents closely followed by mobile telephone with 56% (114) of respondents. Please note that respondents could select as many devices as apply, other devices used are displayed in *Figure 7*.

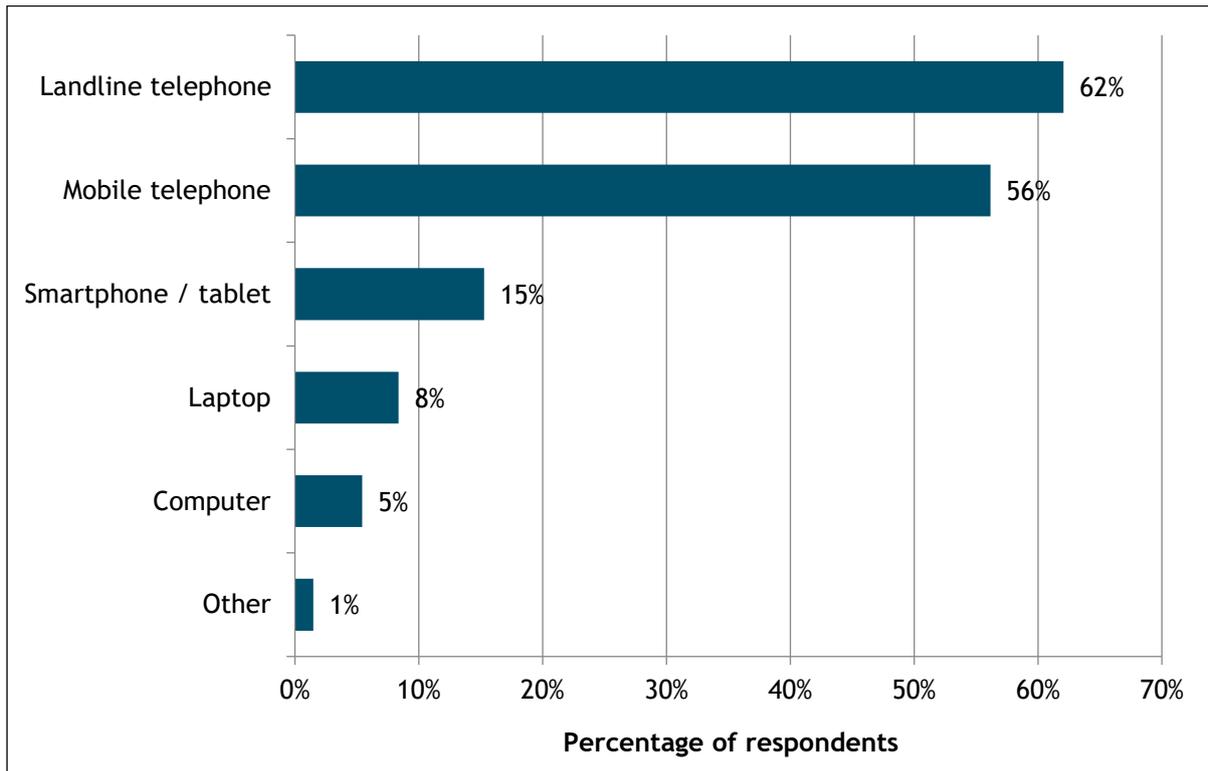


Figure 7. Responses of 203 people to the question ‘What have you used for your virtual appointment/s?’, respondents could tick as many as apply. ‘Other’ responses included letters and an iPad.

Only five respondents told us that they had to borrow equipment to access their appointments, the items borrowed or where they borrowed the item from were as follows:

- “I had to use my wife’s mobile as I can’t use one myself.”
- “friend”
- “No WiFi connection”
- “Wife’s smartphone”
- “Tablet”

#### 4.5. Views on virtual appointments

We asked respondents how they felt about virtual appointments before they had one. As Figure 8 displays, opinion was more positive than negative with only 16% (33) of respondents reporting that they felt mostly negative or very negative about them. This shows that respondents to our survey were more positive about virtual appointments than not.

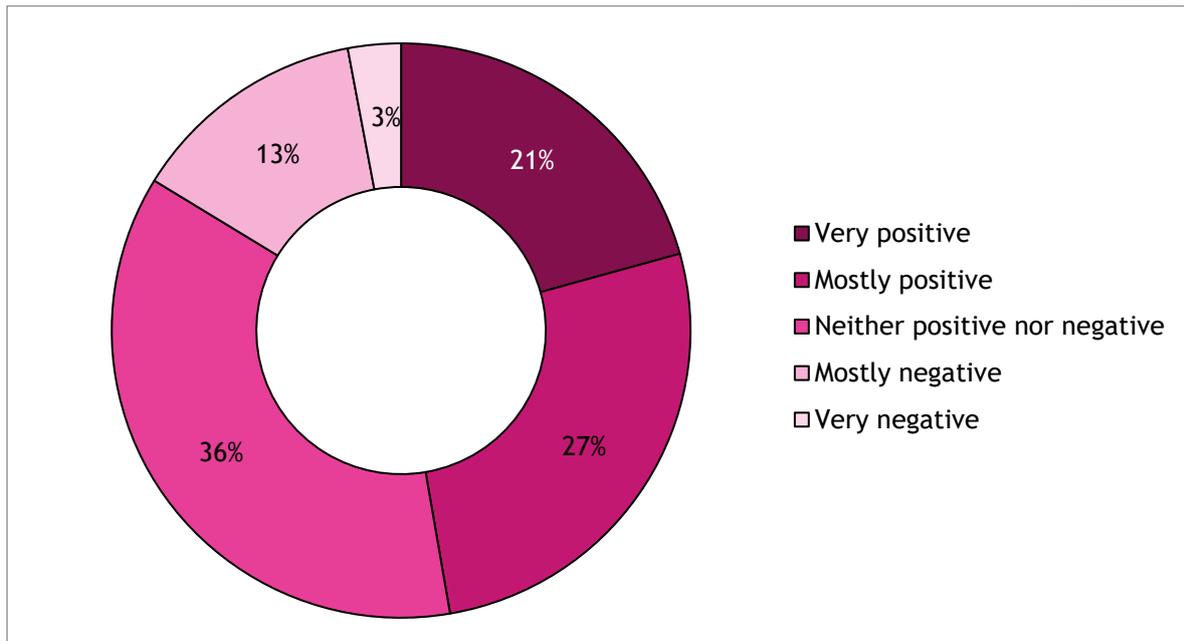


Figure 8. Responses of 203 people to the question ‘How did you feel about the idea of virtual appointments before your first one?’.

We then asked respondents if their opinion had changed after having a virtual appointment. As displayed in *Figure 9* most people (57%, 115 respondents) did not change their opinion regardless of their original opinion.

Only one respondent (2%) who reported feeling very positive about virtual appointments before their first one reported feeling more negative about them after having one. Similarly, no respondents who reported feeling very negative about virtual appointments changed their opinion to be more positive after having one. These results suggest that people may be less likely to change the sentiment of their opinion if they already feel strongly about virtual appointments.

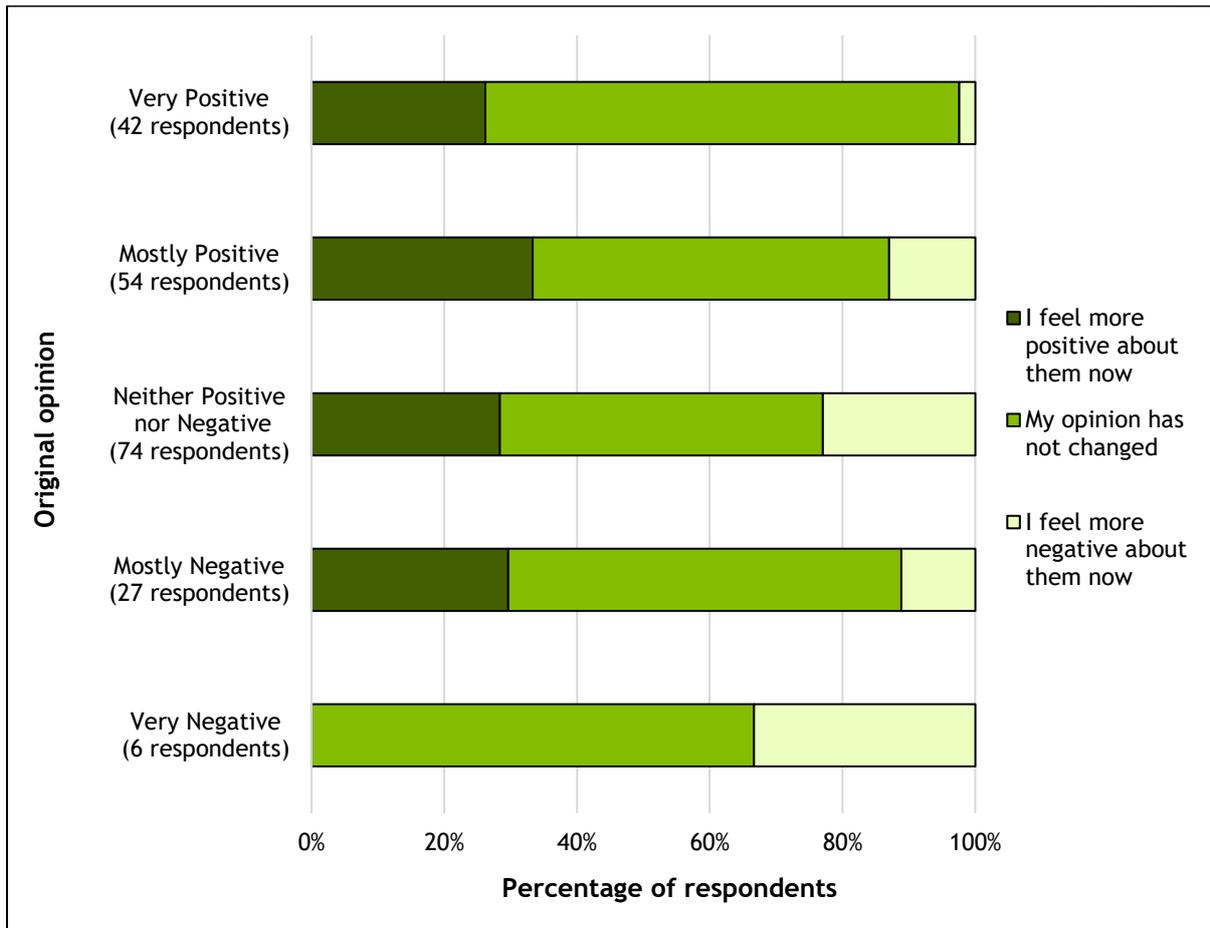


Figure 9. Responses of 203 people to the question ‘How has your opinion of virtual appointments changed since before your first one?’.

Finally, respondents were asked if they felt confident enough to attend another virtual appointment and 73% (149) agreed. However, as displayed in Figure 10 only 13% (27) of respondents who had a virtual appointment told us that they would rather have a virtual appointment than in-person.

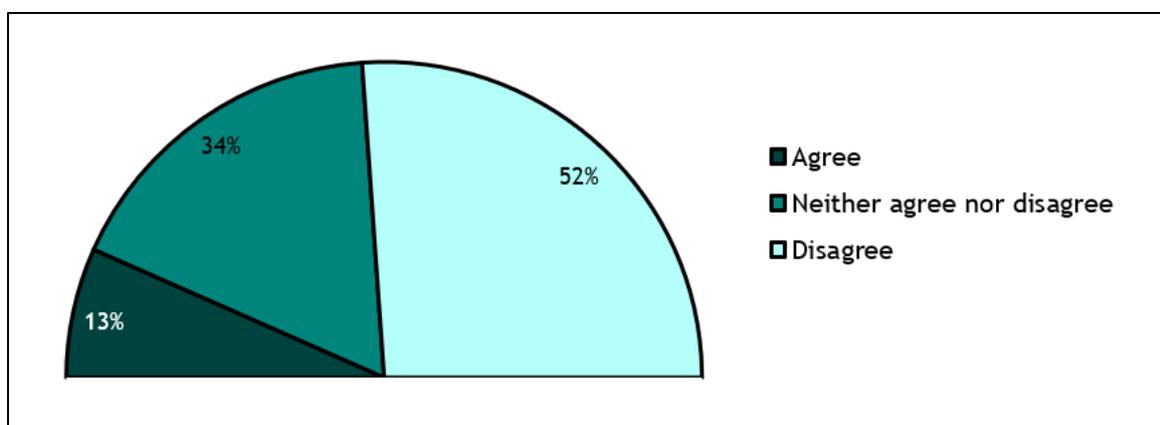
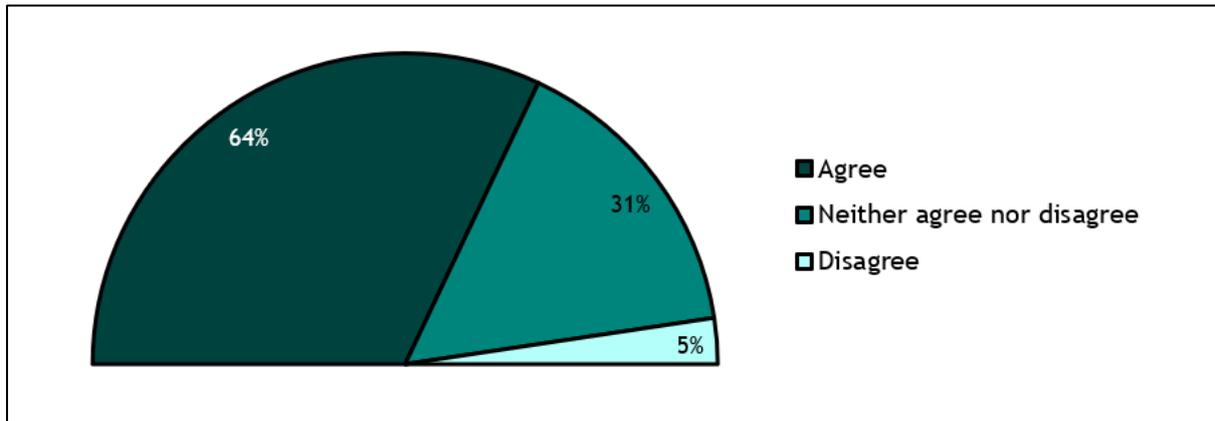


Figure 10. Responses of 203 people to the statement ‘I would rather have virtual appointments than in-person’.

Similarly, 64% (121) of respondents who had an in-person appointment told us that they would rather have in-person appointments than virtual as displayed in *Figure 11*.

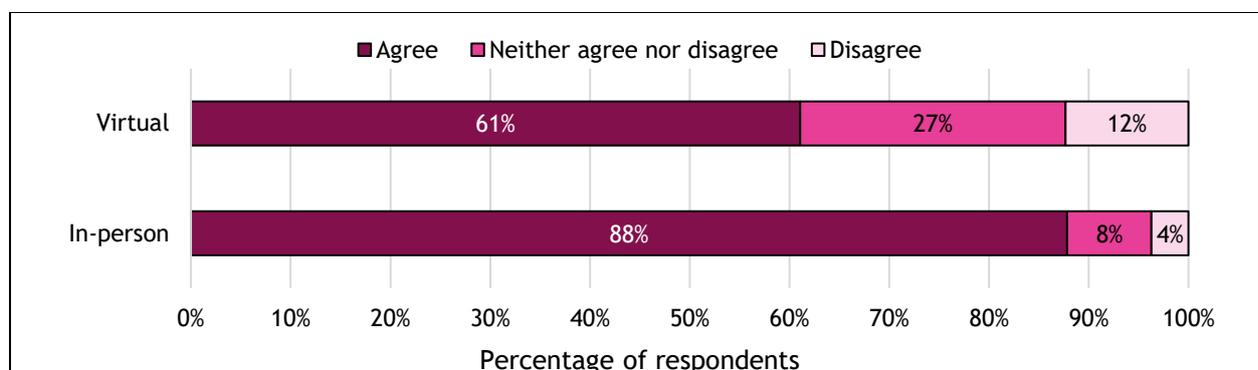


*Figure 11.* Responses of 189 people to the statement ‘I would rather have in-person appointments than virtual’.

#### 4.6. Virtual appointments versus in-person appointments

We asked respondents how much they agreed with a series of statements about their appointments. Please note that 203 respondents answered statements relating to virtual appointments and 189 for in-person appointments.

As the statements show, respondents were more satisfied than not that appointments met their needs, whether in-person or virtual. However, they also reported more satisfaction across all statements with in-person appointments than virtual.



*Figure 12.* Responses to the statement ‘they have been effective’ about virtual and/or in-person appointments.

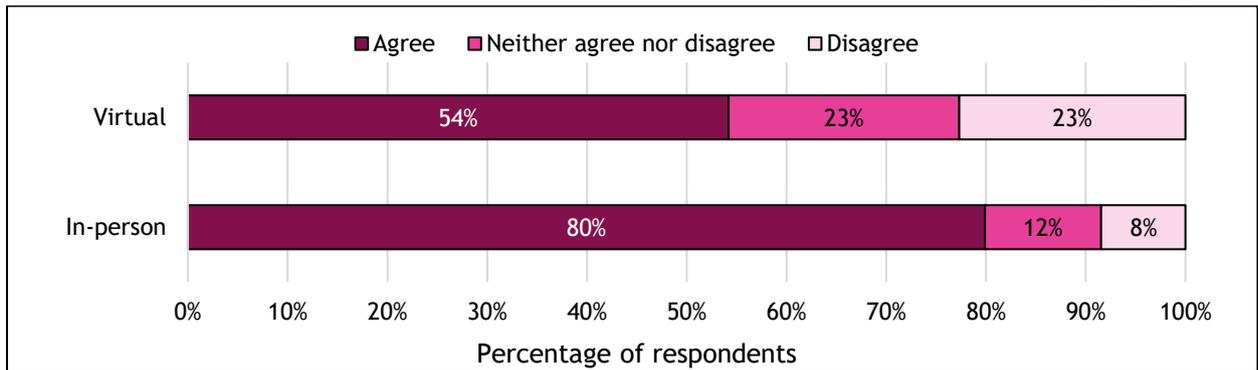


Figure 13. Responses to the statement ‘I have felt supported by the staff member/clinician’ for virtual and/or in-person appointments.

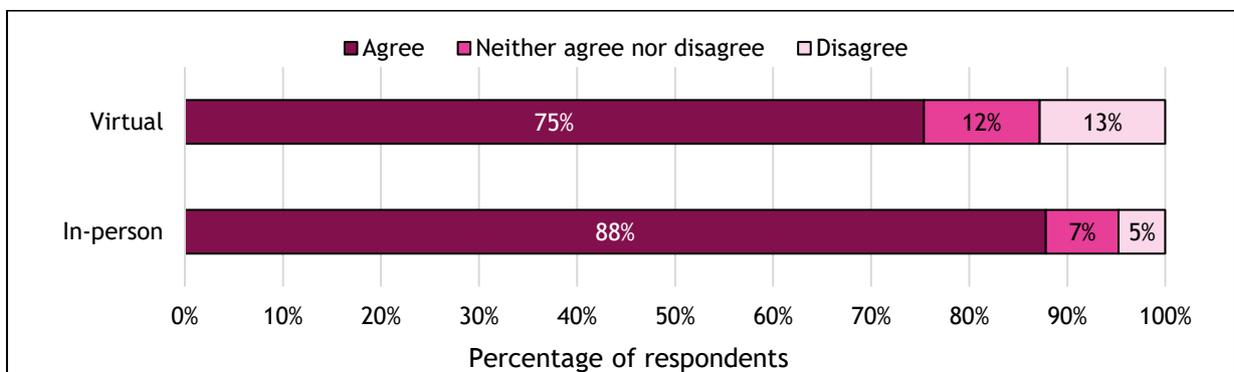


Figure 14. Responses to the statement ‘I have felt able to talk openly and ask questions’ about virtual and/or in-person appointments.

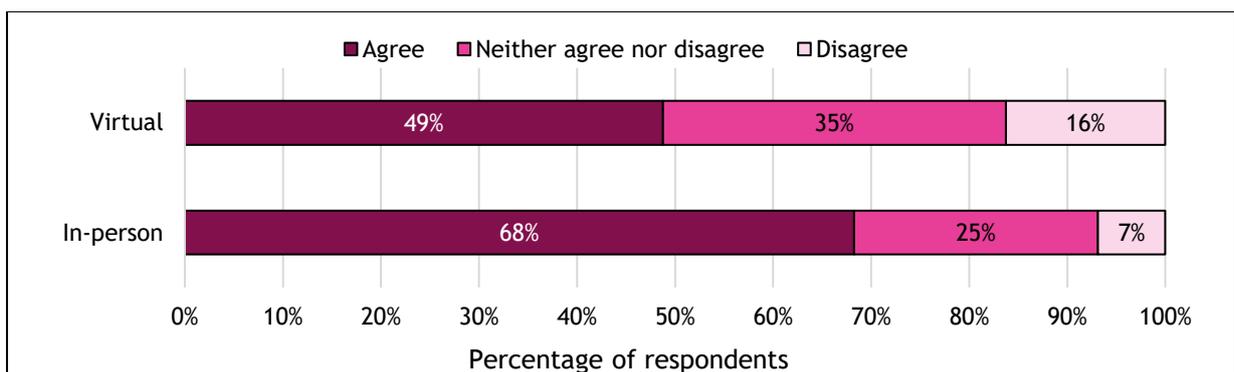


Figure 15. Responses to the statement ‘myself and the staff member(s)/clinican(s) have built up a good rapport’ about virtual and/or in-person appointments.

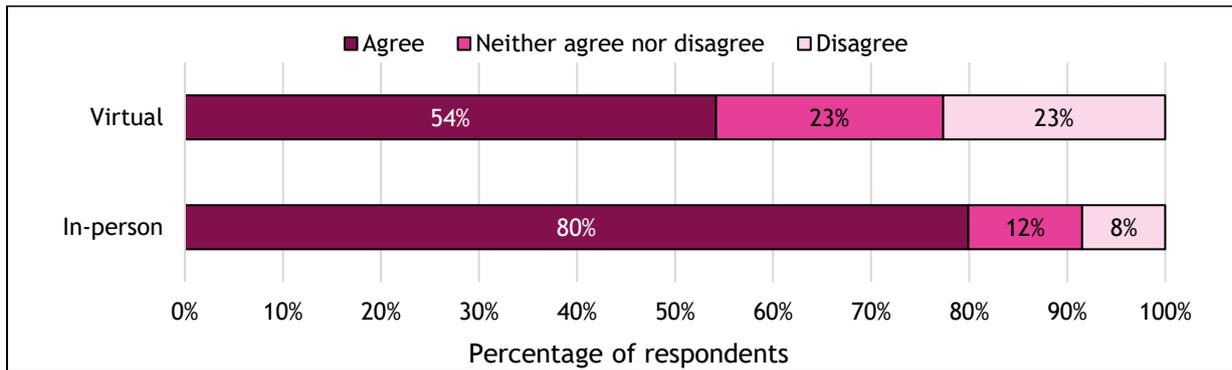


Figure 16. Responses to the statement ‘I felt I got everything I needed from the appointment’ about virtual and/or in-person appointments.

We decided that it was beneficial to analyse open ended questions about experiences with virtual and in-person appointments together. This is because throughout responses, patients commented on the benefits and limitations of both types and how they felt they compared to each other. They explained their experiences of both types of appointments alongside and in comparison to each other.

As in the figures above, overall patients were largely able to access the care and support that they needed and many were particularly happy with in-person appointments. The themes in survey responses for open ended questions are presented below.

Comments in this report are direct quotes from survey respondents. These have been left unchanged to ensure originality. Any major spelling or grammar errors are noted with “[sic.]”.

### Appropriateness

Across answers patients discussed the appropriateness of in-person or virtual appointments, many respondents shared that they felt *“it depends on the information needing to be relayed as to the type of meeting held”*.

We heard how they felt in-person appointments were important for initial diagnoses or first meetings with consultants. They also shared that they were important for when there is bad news or when physical examinations are needed.

For virtual appointments, patients told us that they thought they were most appropriate for straight forward appointments or follow-up and check in appointments. Below are some comments from respondents for the different types of appointments, we received more comments about when in-person appointments were appropriate than virtual.

In-person appointments	Virtual appointments
<p><i>“I think very important to have face to face for diagnosis appointments.”</i></p> <p><i>“I would prefer a face-to-face appointment when discussing something as emotional or difficult as a cancer diagnosis or treatment. I would prefer to have someone with me for support.”</i></p> <p><i>“It helped I had met her in person just before the first lockdown so I had a face and personality to link to.”</i></p> <p><i>“I don't see how a clinician can provide a good diagnosis and suggest treatment for something as visual as skin cancer at the end of a phone or Zoom consultation.”</i></p> <p><i>“I have nerve damage from my cancer operation, which requires physio. I was only offered video consultations which made it impossible for the physio to view my back and me to angle the camera accordingly.”</i></p>	<p><i>“Virtual appointments are fine where the matter under consideration is fairly straight forward.”</i></p> <p><i>“Virtual appointments seem appropriate while my treatment is in its maintenance phase.”</i></p> <p><i>“Virtual appointments are only any good for follow up appointments and if there is no change in circumstances.”</i></p> <p><i>“Easy follow up appt, saved a lot of time.”</i></p> <p><i>“They are a good idea for someone like myself who is at the stage of needing monitoring on a yearly basis.”</i></p>

### *Importance of patient choice*

Within the theme of appointment appropriateness, respondents noted that patient choice was essential and that patients should be able to access in-person appointments as required, as illustrated in the following quote:

Where a physical examination isn't required then I don't feel that it's always necessary to attend hospital appointments. However I do feel that some people feel more reassured by a physical appointment - perhaps telephone consultations could be an option?

Finally, it is worth noting that many respondents told us throughout the past year they have continued to be able to access in-person appointments. Some patients shared that they continued to mainly have in-person appointments while others expressed confidence that they would receive an in-person appointment if it were needed.

- *“My surgery (Mundesley Medical Centre) has maintained my 3 monthly PSA blood test for my prostate cancer during the pandemic and lockdown.”*
- *“The majority of my appointments have been in person since my diagnosis in November 2020.”*
- *“I am happy with either and confident I would be called in if the staff felt it was required.”*
- *“Consultant recognised I was unhappy with telephone appointment and face to face appointment given.”*

## Convenience

The main advantage of virtual appointments shared by respondents was that they are considered more convenient. They highlighted how virtual appointments saved them having to travel to the hospital and consequently saved them time. Other respondents shared how they felt more comfortable being able to access appointments from home, both in general and due to the risks of COVID-19. Finally, patients shared that they found staff to be more accessible due to more virtual communication.

## Time and travel

Patients shared their views on how virtual appointments saved them time, in particular since they did not have to travel.

- *“I feel that it's often sufficient to have telephone/video link appointments with a health professional and that it's not always necessary to attend appointments in person. This saves such a lot time travelling to attend appointments.”*
- *“It save [sic.] so much time from hanging around at the surgery or hospital waiting room.”*
- *“It has been frustrating to have to attend appointments in Kings Lynn (one appointment was literally 5 minutes) which could have been done virtually. The same would apply if I was referred to a hospital in Norwich, nearer home.”*
- *“I believe it is a positive way forward which focuses time effectively for staff and patient. For people of like character to my own who have a 'got to get on with it' attitude the virtual appointment is much better.”*

- *“Virtual appointments are more convenient as I have to travel a long way to get the hospital. I don’t drive that far now so I rely on family members or hospital transport to get there.”*

### *Comfort*

Respondents told us that they felt more comfortable to have virtual appointments during the pandemic if they were *“shielding so averse to any hospital attendance”* for another respondent they shared that *“in a time of pandemic, I was delighted not to have to visit a hospital for these appointments”*. In addition to COVID-19, another patient told us that in general virtual appointments mean *“you do not have to be around a lot of other patients who are ill”*.

Patients also reported that they felt more comfortable being in their own home for appointments, as illustrated below.

I find I feel much less tension about a phone call in my own home whereas visiting the hospital needs to be the focus of 2 or 3 hours and has the obvious sights/smells/associations and waiting.

Similar to this, other patients told us virtual appointments were *“better than waiting in a crowded waiting room”*.

Alongside the above comfort benefits, one patient below highlighted how their agoraphobia meant that virtual appointments were particularly beneficial for them and expressed concerns when they were offered an in-person appointment.

I have been re referred for possible Cancer, however this time I have not been offered a virtual appointment My previous was done under Covid 19 Rules. Being an Agoraphobic who has not left home for 20 years the value of such an appointment seems lost on some people as I was only offered an in person appointment.

### *Staff more accessible*

Finally, within the theme of convenience, we heard that appointments becoming more virtual meant that it felt like clinicians were more accessible to answer questions or concerns: *“in many ways I believe the opportunity to be able to phone almost makes staff more accessible”* and *“my virtual appointments have always left me feeling help and advice is there - only a call away”*.

Within this, patients appreciated when services gave a “quick response” and that they were able to send photos as illustrated in the following comment:

Wymondham medical Center [sic.] respond very quickly to any concerns through the online forms. I was able to send a photo of the mole I was concerned about and from that they created a referral on the skin cancer pathway.

## Communication and relationships

One of the big limitations and concerns that respondents reported with virtual appointments was that they felt they made it harder to build a relationship with the clinician and also that subtleties of communication were lost, meaning that problems may not be identified or missed.

### *Relationship with clinician*

Several patients told us that they felt “*in person appointments are better at building up trust and for asking questions and fully understanding the issues*” and “*being face to face with the consultant made me feel that he cared for me and that I mattered*”.

They expressed concerns that virtual appointments were “*impersonal*” and that “*phone calls do not give the interactive support needed*”.

Below are some additional opinions on the impact of appointment type on relationships:

- “*Consultant showed genuine concern and sympathy when he gave me my Cancer Diagnosis, Virtual Appointments can not [sic.] come anywhere near that level of care and understanding shown to me that day.*”
- “*It was so nice to be able to sit and visit your GP, especially when it was someone you knew and had been seeing for years, building up a confident relationship with their care. All that seems to have gone sadly.*”
- “*I feel you could not build up a good relationship with anyone over the phone, you have to see them to talk more freely and openly. Seeing there [sic.] faces and smiles I would find a lot more cufforting [sic.] and a better relaxed atmosphere.*”

### *Subtleties of communication*

Alongside building up a relationship with staff, patients shared how they felt communication can be more difficult when there is no body language or observation of behaviours. We heard how it was more difficult to have a “*natural conversation*” and patients expressed concerns that this might result in important things being missed or not mentioned. Some of these comments are illustrated below.

The subtleties of communication can get missed during video calls. I felt the staff were uncomfortable with the process. They felt it was too intense. The issue is that consultations are not just about talking. They involve observation, examination, touch. These things are all sadly missing.

I disagreed with getting everything I need, because when you are face to face you pick up all the nuances of the conversation and sometimes over the phone I realised I hadn't pursued something that would have been beneficial. Sometimes it felt more like answering questions than having a chat over the phone.

Real life appointments are always going to be better to be honest. You feel more able to talk and that you have longer to talk when you are actually there. I think it is difficult for staff to relate to you sometimes when they cannot see your expression or see how you are feeling, kind of less personal really.

The only experience I have of a virtual appointment was a breast reconstruction presentation from the Norwich and Norfolk University Hospital, I really struggled with this because I had questions afterwards and had to email everything over, this resulted in a miscommunication which really distressed me at a time when I was struggling with my diagnosis.

It is worth noting that most patients were describing their experience with phone calls, highlighted by one respondent who shared that: “*I now feel that a non-visual appointment lacks that feeling of connection [...] I am sure that a visual appointment on screen would be an improvement*”. This view was reflected by a patient who had a video appointment and told us that “*it was reassuring to see my Consultant Oncologist whilst discussing my treatment at the Queen Elizabeth*

Hospital in King's Lynn". Similarly, we heard from a patient that it was "difficult to ask questions on the phone but easier on videocall". These few comments suggest that video consultations may be a way to bridge a gap of relationship building and communication between in-person appointments and phone calls.

### Experiences with staff

As mentioned in the above themes, it is clear that staff have a large impact on experience of appointments and care. Many respondents discussed their general experience with cancer appointments including virtual and in-person. A theme across positive experiences was when staff were helpful and caring, while patients reported less satisfaction when staff were dismissive or did not read their notes. It is worth highlighting that we heard more positive experiences than negative experiences with staff.

Positive staff experiences	Negative staff experiences
<p><i>"GP has been incredibly supportive and gentle, calling even to see how I am."</i></p> <p><i>"I found that all the staff I had contact with from the Norfolk and Norwich University Hospital were very helpful in all aspects of my treatment and care."</i></p> <p><i>"The MDT at James Paget hospital have been wonderful in giving support, calling before or after Dad's appointments and treatment sessions, to see how Dad is, and generally 'being there' to answer queries and questions about Dad's cancer [...] They are all so cheerful and helpful and are there just to listen if that's what anyone needs."</i></p> <p><i>"All my in person appointments at Norfolk &amp; Norwich University Hospital and Spire have been with highly professional and caring people. This has been very important to me at a very frightening time."</i></p> <p><i>"My treatment at the Sandra Chapman Centre have been routinely efficient, reassuring and pleasant, with friendly nurses. I look forward to my appointments there."</i></p>	<p><i>"He clearly hadn't familiarised himself with my case in advance, and I had to tell him the background. This was my first virtual consultation and didn't exactly inspire confidence."</i></p> <p><i>"One of the Consultations with another Consultant at the NNUH involved me having to stop the consultation and suggest the Consultant read my notes as we were talking at cross purposes."</i></p> <p><i>"If I'd been told virtually it may have been better as the doctor involved had really poor person skills."</i></p> <p><i>"Just one appointment with a consultant was difficult, I experienced no eye contact, empathy or flexibility to support me with my choices in treatment which distressed me at a challenging time."</i></p>

## Being rushed

Patients reported being particularly happy when their appointment “covered all areas of concern” and that “as long as questions were answered I was happy”.

We heard mixed experiences of virtual appointments some respondents told us that “a telephone appointment lends itself to you forgetting to ask some of the questions around your illness” while we also heard that other clinicians answered all questions. Alongside this, as discussed earlier, the fact that clinicians were more easily contactable meant that patients were “able to email her with queries”.

Patients also mentioned feeling rushed in appointments, and again the comments around this were mixed. Some patients told us they felt more rushed during virtual appointments sharing that they are “too quick” and “seem more hurried usually lasting less than 5 mins”. While others commented they found in-person appointments rushed, that “sometimes when present in the surgery one can feel rushed” or “some consultants are very brisk and don’t allow clients to have an open dialogue with them”.

The mixed experiences with being able to ask questions and not feeling rushed in appointments highlights that this is important to patients regardless of type of appointment.

## Accessibility needs

We also heard from respondents that for some patients it could be “very difficult to hear and understand what the consultant was saying”. Patients told us about different accessibility needs, in particular having hearing difficulties, which made it more challenging for them to use virtual appointments, below are some of the comments shared:

- “Due to my speech being affected a virtual appointment would not really work.”
- “Having a sensory impairment the service is limiting”.
- “As I am hard of hearing, I find it difficult to understand some people over the phone. My usual oncologist has got used to this and so speaks clearly, but when someone stood in for him I found it harder to understand them and hear properly. I then ended up having to have face-to-face appointments instead.”
- “I am have [sic.] partial hearing and is hard to hear calls over the phone”

It is worth noting, that even in-person one patient highlighted a negative experience due to difficulties hearing their consultant. This indicates the importance of making sure a patient can hear and understands is not exclusive to virtual appointments.

I had a companion with me, but I couldn't understand the surgeon due to my hearing. My companion helped but it still wasn't ideal. Then at a separate appointment with the stoma nurse I mentioned the surgeon's name and she said "he mumbles all the time". I'm very aware of my own problems but the problem could lay with the hospital to make sure that employees are able to communicate with their patients.

### Appointment preference

Finally, in open-ended questions several respondents took the opportunity to share general views or tell us that they would simply prefer a particular type of appointment, this was more frequently that they prefer an in-person appointment. Below are some of their comments.

#### Virtual appointments

- *"I hope the virtual consultation goes on even if and when things get back to normal."*
- *"In my experience, the cancer diagnosis led to a huge amount of necessary hospital appointments so where appropriate, having telephone appointments seems sensible."*
- *"In my case it served a very good purpose, covid 19 having been extremely prevalent at the time. Virtual appointments streamlined my diagnosis, treatment and care."*
- *"I feel more confident because having experienced my normal oncologist it's okay - it's working okay."*

#### In-person appointments

- *"I wouldn't want a virtual appointment to discuss my progress following my cancer op. I want the medic to see me, to check my progress, to have his nurse to hand for reassurance. As it is, nobody has been [sic.] me since last July to know how I'm progressing, how my operation site is healing, how I am coping and what I might manage to do better."*

- *“I would like to see someone in person face to face.”*
- *“Virtual appointments do not offer an adequate alternative to actual appointments when discussing treatment options, diagnosis and planning.”*
- *“I am pleased that all my treatment since the one and only virtual appointment has been face to face as it should be, after all I am a human being not a number on a list that needs to be processed.”*
- *“I do not think they should go on indefinitely. I believe alternate Face to Face and Virtual appointments should be considered especially for chronic conditions. So much is to be gained for actually seeing a patient. Ultimately I hope appointments will return to what it was like before COVID 19.”*

## 5. What this means

The responses to the surveys showed that there was some reluctance from many professionals and patients to use virtual appointments for cancer appointments. The majority of patients told us that they would prefer an in-person than a virtual appointment.

Virtual appointments were seen as inappropriate for when the topic to be discussed was sensitive, for diagnosis appointments, for bad news, or for when physical examinations were needed. For some patients and professionals, all cancer related appointments were seen as being sensitive discussions and only appropriate in-person.

Difficulties with communication and building relationships was also discussed by patients and professionals. It was felt by many that in-person appointments were essential for building rapport between clinicians and patients and for ensuring that all nuances of conversations, such as body language, were communicated effectively to ensure nothing was missed. A few patients indicated that video consultations rather than phone calls may be a way to bridge this communication gap. Since most responses to our survey were sharing their experiences with phone appointments, it may be worth exploring the potential benefits of video consultations further.

Concerns were also raised for digital exclusion, that particularly the elderly or those with sensory impairments may struggle to access virtual appointments. For this project efforts were made to reach digitally excluded patients, including reaching out to 300 parish magazines, offering the ability to complete the survey over the phone, and paper copies in the Queen Elizabeth Hospital. However, we were restricted by COVID-19 rules and unable to speak to patients in-person. Consequently, we note that we received all of our feedback through an online survey or over the phone and patients may have been more digitally confident. Future research could speak to patients' who are more digitally excluded to find out their experiences of cancer appointments.

Despite preference for in-person appointments, many patients who answered our survey were satisfied with virtual appointments and found them to be effective, particularly for straight-forward appointments, and were still able to build the relationship that they wanted with staff members or clinicians. Most patients who had received one virtual appointment told us they were confident that they would be able to attend another virtual appointment in the future.

Alongside this, the convenience of virtual appointments for patients and professionals was a consistent theme through responses, virtual appointments were noted to save time and travel.

Finally, there were similarities in expectations and experiences of virtual and in-person appointments. Patients indicated that they valued positive staff attitudes, building relationships with staff, and making sure they were able to have their questions answered effectively and not feel rushed. These similarities highlight that regardless of how the appointment is held, the priorities should remain the same to ensure patient and professional satisfaction.

It is clear from responses that for some patients they are unlikely to ever feel that virtual appointments are the most appropriate approach for their cancer appointments while others are happy with virtual approaches when their appointment will be straight-forward. It appears that patient choice remains essential to ensure that patients are both able to access their appointments effectively, and that they are satisfied.

## 6. Next steps

- 1) Where practical and possible, Healthcare staff should promote and encourage patient choice in appointment type e.g. in person, telephone or video consultation.
- 2) Where patients are not being seen in person, video consultations should be offered as well as telephone calls to provide the patient with the most interactive experience.
- 3) The Norfolk and Waveney Clinical Commissioning Group should explore implementing/amending template appointment letter text suggesting ideas for how patients may get the most from the appointment in the time available, e.g. writing a list of questions ahead of the appointment, recording the appointment. As patients can often feel rushed, it is important for patients to be able to have a point of contact for follow up questions.
- 4) Healthcare staff should continue to consider the accessibility of appointments, regardless of the type. Patients should be offered adaptations and support depending on their level of need and personal preference. This should be recorded within the patient's profile so that other staff are aware.

## 7. Appendix

### 7.1. Staff survey questions

#### Who are Healthwatch Norfolk and Healthwatch Suffolk?

Healthwatch Norfolk and Healthwatch Suffolk are independent voices for patients and service users in the counties. We gather views of health and social care services to ensure they are heard by the people in charge. For more information about what we do, visit our websites [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk) and [www.healthwatchesuffolk.co.uk](http://www.healthwatchesuffolk.co.uk).

#### What is this survey about?

We have been working together with the Norfolk and Waveney Health and Care Partnership and NHS Norfolk and Waveney Clinical Commissioning Group to look into the experiences of patients affected by cancer who are, or risk being, digitally excluded. We want to gather feedback about accessing virtual/telephone clinics in Primary and Secondary care.

As part of this, we are interested in hearing from professionals involved in supporting people on a cancer referral or treatment pathway. This survey, which will take around 10 minutes to complete, is therefore for health professionals involved in cancer care for those living in Norfolk or Waveney.

#### How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at [www.healthwatchnorfolk.co.uk/about-us/privacy-statement/](http://www.healthwatchnorfolk.co.uk/about-us/privacy-statement/).

All responses will be anonymous and will be used to make help recommendations to health and social care providers. The report will also be publicly available on our websites and may be used in other Healthwatch Norfolk and Healthwatch Suffolk communications.

#### Want to keep in touch?

To keep up to date with what we are doing at Healthwatch, you can sign up to our newsletters via our websites: [www.healthwatchnorfolk.co.uk](http://www.healthwatchnorfolk.co.uk) and [www.healthwatchesuffolk.co.uk](http://www.healthwatchesuffolk.co.uk).

#### Please tick to confirm\*

I have read and understood the above statement

#### What kind of health setting do you work in?\*

Primary

Secondary

Community

Care home or nursing home  
 Hospice  
 Other (please state)

**What best describes your role?\***

GP  
 Nurse  
 Oncology medical specialist  
 Managerial  
 Administrative

**Approximately what proportion of your patients on a cancer pathway have had at least one virtual appointment? \***

None  
 Some  
 Most  
 All

**Please answer all remaining questions specifically regarding patients who have been on a cancer referral or treatment pathway since March 2020.**

**‘Virtual appointment’ can include phone calls, emails, and video consultations.**

**To what extent do you agree with the following statements about virtual appointments with cancer patients: \***

	Completely disagree	Mostly disagree	Neither agree nor disagree	Mostly agree	Completely agree
They are easy to coordinate					
They are an effective way to keep in touch with the patient					
They are an appropriate way to discuss the diagnosis or treatment pathway					
They are suitable for all types of					

appointments with cancer patients					
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If you disagreed with any statement, please explain why

**Which statement is most accurate regarding your patients who have had virtual appointments: \***

All or most patients have seemed unhappy with virtual appointments

Equal numbers of patients have seemed happy and unhappy

All or most patients have seemed happy with virtual appointments

Please explain your answer if you wish

**In what ways can virtual appointments be good in supporting patients on a cancer pathway? \***

**In what ways can virtual appointments be bad in supporting patients on a cancer pathway? \***

**If you have known patients unable to access virtual appointments, what reason/s have you encountered? (Please tick as many as apply): \***

Their appointment/s must take place face-to-face

They do not have internet access

They do not have devices at home to access virtual appointments

Their internet connection or phone signal is not stable enough

They have internet access and devices at home, but do not have the digital skills to access virtual appointments

They do not have a private space at home to have a virtual appointment

The clinical setting (eg. GP surgery / hospital) does not have the ability to facilitate virtual appointments

I haven't known patients unable to access virtual appointments

Other (please specify):

**If you chose 'their appointments must take place face to face', please list examples as to why this was (without any identifiable information about the patient):**

**Are there any types of patients who you feel are particularly digitally excluded? If so, please list them**

**Have you had to help any patients with technology in order to enable them to access appointments? \***

Yes

No

If 'yes' please explain what you did, without any identifiable information about the patient.

**How do you think not being able to access virtual appointments affects the care of patients on a cancer pathway? \***

It disadvantages them

It advantages them

It makes no difference to their care

Please explain your answer if you wish

**Is there anything else you'd like to tell us about digital exclusion of patients on a cancer pathway?**

## 7.2. Patient survey questions

### **Who are Healthwatch Norfolk and Healthwatch Suffolk?**

Healthwatch Norfolk and Healthwatch Suffolk are independent voices for patients and service users in the counties. We gather your views of health and social care services to ensure they are heard by the people in charge.

### **What is this survey about?**

We have been working with the Norfolk and Waveney Health and Care Partnership and NHS Norfolk and Waveney Clinical Commissioning Group to look into whether patients affected by cancer have been able to access virtual appointments, for example by telephone or video call.

This survey is for residents living in Norfolk or Waveney who have had a cancer diagnosis, referral and / or treatment since March 2020. We understand that it is not always easy to answer questions about your own health, so really appreciate you taking the time to sharing your views with us. The survey will take around 10 minutes to complete.

If you are a paid or unpaid carer of someone who has had a cancer diagnosis, referral and / or treatment, you can complete this survey on their behalf.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey.

### **How the survey results will be used**

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at [www.healthwatchnorfolk.co.uk/about-us/privacy-statement](http://www.healthwatchnorfolk.co.uk/about-us/privacy-statement).

All responses will be anonymous and will be used to make help recommendations to health and social care providers. The report will also be publicly available on our websites and may be used in other Healthwatch Norfolk and Healthwatch Suffolk communications.

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If you do not use email, you can call Healthwatch Norfolk on 01953 856029 or Healthwatch Suffolk 01449 703949 to ask to receive our newsletters via post.

**Please tick to confirm \***

I have read and understood the above statement

## **About you**

**Whose experiences are you answering this survey about? \***

My own

The person I care for

**Please note: If you chose 'the person I care for', please fill out the survey from their perspective as the patient. For example, you would answer "how old are you?" with the age of the person you care for, not your own age.**

**How old are you?\***

**What is the first half of your postcode? (eg. NR14)\***

**Please tick all statements that apply to you\***

I have a physical disability

I have a learning disability

I have a sensory impairment

I am from a transient or traveller community

English is not my first language

I would rather not say

None of the statements apply to me

If you ticked 'English is not my first language', please state what is:

**Please tell us how you found out about this survey**

Via Twitter

Via Facebook

Via my GP surgery website

I saw it in a printed magazine or newsletter

It was included in an email newsletter I receive

Via an online news article

A health professional told me about it

Through a cancer support charity

I can't remember

Other

If 'other, please state:

**Which statement best describes your experience so far: \***

I have finished my treatment or been discharged

I am currently having treatment

I am waiting to start treatment

I have been referred and am waiting for a formal diagnosis

I am waiting to be referred

Other (please state):

**Have you had at least one virtual appointment (phone call, email, or video consultation) about your cancer referral, diagnosis or treatment? \***

Yes

No (skip to in-person appointments questions)

## **Virtual appointments**

**Note: please answer all questions about virtual appointments for your cancer referral, diagnosis and/or treatment since March 2020.**

**'Virtual appointment' can include phone calls, emails, and video consultations.**

**What kind of virtual appointments have you had? Please tick as many as apply:**

Phone call

Video consultation

Email or e-messaging

**Who have your virtual appointment/s been with? Tick as many as apply to you:**

\*

Community Nurse

Nurse

Hospital consultant

Radiographer

I don't know

Other (please state):

**When you were offered a virtual appointment, were you given enough information about how it would work? \***

Yes

No

If 'yes', what information did you receive? If 'no', please explain your answer and indicate what would have been helpful.

**Did you have any help accessing your virtual appointment? \***

Yes

No, but I would have liked help

No, but I didn't need help

**If you chose 'yes', who helped you? (Tick as many as apply)**

Hospital or GP surgery staff

My family or friends

My carer

Other (please state):

**What have you used for your virtual appointment/s? Please tick as many as apply: \***

Landline telephone

Mobile telephone

Smartphone / tablet

Laptop

Computer

Other (please state):

**Did you have to borrow any equipment so that you could access your appointment/s? \***

Yes

No

If 'yes', what did you borrow, and where from? (This could include friends and family, or local services like the council or library)

**How did you feel about the idea of virtual appointments before your first one? \***

Very positive

Mostly positive

Neither positive nor negative

Mostly negative

Very Negative

**How has your opinion of virtual appointments changed since before your first one? \***

I feel more positive about them now

I feel more negative about them now

My opinion has not changed

Please explain your answer if you wish

Have you had any particularly good experiences with virtual appointments about cancer? If so, please tell us more, including the name of the hospital or GP surgery:

Have you had any particularly bad experiences with virtual appointments about cancer? If so, please tell us more, including the name of the hospital or GP surgery:

Thinking about your virtual appointments regarding cancer, please tick how much you agree with the statements: \*

	Disagree	Neither agree nor disagree	Agree
They have been effective			
I have felt supported by the staff member			
I have felt able to talk openly and ask questions			
Myself and the staff member/s have built up a good rapport			
I felt I got everything I needed from the appointment			
I felt confident enough to attend another virtual appointment if needed			
I would rather have virtual appointments than in-person			

Please explain your answers if you wish

Is there anything else you'd like to tell us about your virtual appointments regarding cancer referral, diagnosis or treatment?

Have you had any face-to-face cancer appointments since March 2020? \*

Yes

No (skip to end)

### In-person appointments

Note: please answer all questions about in-person appointments for your cancer referral, diagnosis and/or treatment since March 2020.

Please tick the statement that best describes your experience: \*

- I have had virtual appointments as well as in-person
- I was offered a virtual appointment but declined it
- I have been offered a virtual appointment but have not had it yet
- I was not offered a virtual appointment

**If you chose 'I was offered a virtual appointment but declined it', what were the main reason/s? (Tick as many as apply)**

- I did not want one
- My internet connection or phone signal is not good enough
- I do not have any internet access
- I do not have the right device (eg. computer, laptop, tablet or phone)
- I did not feel confident enough with technology
- I do not have a private space at home to have a virtual appointment
- I did not feel it was a safe option
- Other (please state):

**If you declined a virtual appointment, is there anything that would have helped you to be able to have it?**

**Thinking about your in-person appointments regarding cancer, please tick how much you agree with the statements: \***

	Disagree	Neither agree nor disagree	Agree
They have been effective			
I have felt supported by clinician/s			
I have felt able to talk openly and ask questions			
Myself and the clinician/s have built up a good rapport			
I felt I got everything I needed from the appointment			
I would rather have in-person appointments than virtual			

**Have you had any particularly good experiences of in-person appointments about cancer? If so, please tell us more, including the name of the hospital or GP surgery:**

**Have you had any particularly bad experiences of in-person appointments about cancer? If so, please tell us more, including the name of the hospital or GP surgery:**

Is there anything else you'd like to tell us about not accessing virtual appointments regarding cancer referral, diagnosis or treatment?