

IMPROVING CANCER CARE IN PRIMARY CARE

Integration of a quality toolkit for general practice throughout Scotland using the infrastructure of Scottish Primary Care Cancer Group, GP Cancer Leads and GP clusters.

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Descriptor

With the removal of the 'Quality and Outcomes Framework' (QoF) from the GP contract in Scotland¹, there is no longer the same contractual requirement and stimulus for GP practices to focus on the care that they provide people with cancer.

Primary Care cancer care reviews have been shown to be variable in quality with considerable scope for improvement.²

This project, developed by Macmillan Cancer Support and the Scottish Primary Care Cancer Group, used the existing infrastructure of health board primary care cancer clinical leads and the newly formed GP clusters to keep a focus on the quality of care provided to people affected by cancer.

Methodology

'A quality toolkit for general practice' was developed in 2017 by Macmillan Cancer Support with input from the Scottish Primary Care Cancer Group.

This toolkit comprised 6 distinct modules covering different aspects of cancer care relevant to general practice. These modules encouraged improvements in cancer care through a combination of data collection, audit, reflective practice and significant event analysis. The toolkit was offered to all GP practices and GP clusters in Scotland through the network of primary care cancer clinical leads.

Participating practices were asked to choose 3 out of the 6 modules to work through between 2017 and 2018. The modules were designed to be undertaken steadily over the course of a year with electronic content and resources to facilitate learning. Practices were supported by their local primary care cancer lead and were asked share their learning within their GP cluster.

Participating practices completed and returned 3 different modules, and also completed both a baseline and final evaluation.

Aims/Objectives

There were 3 aims to this project:

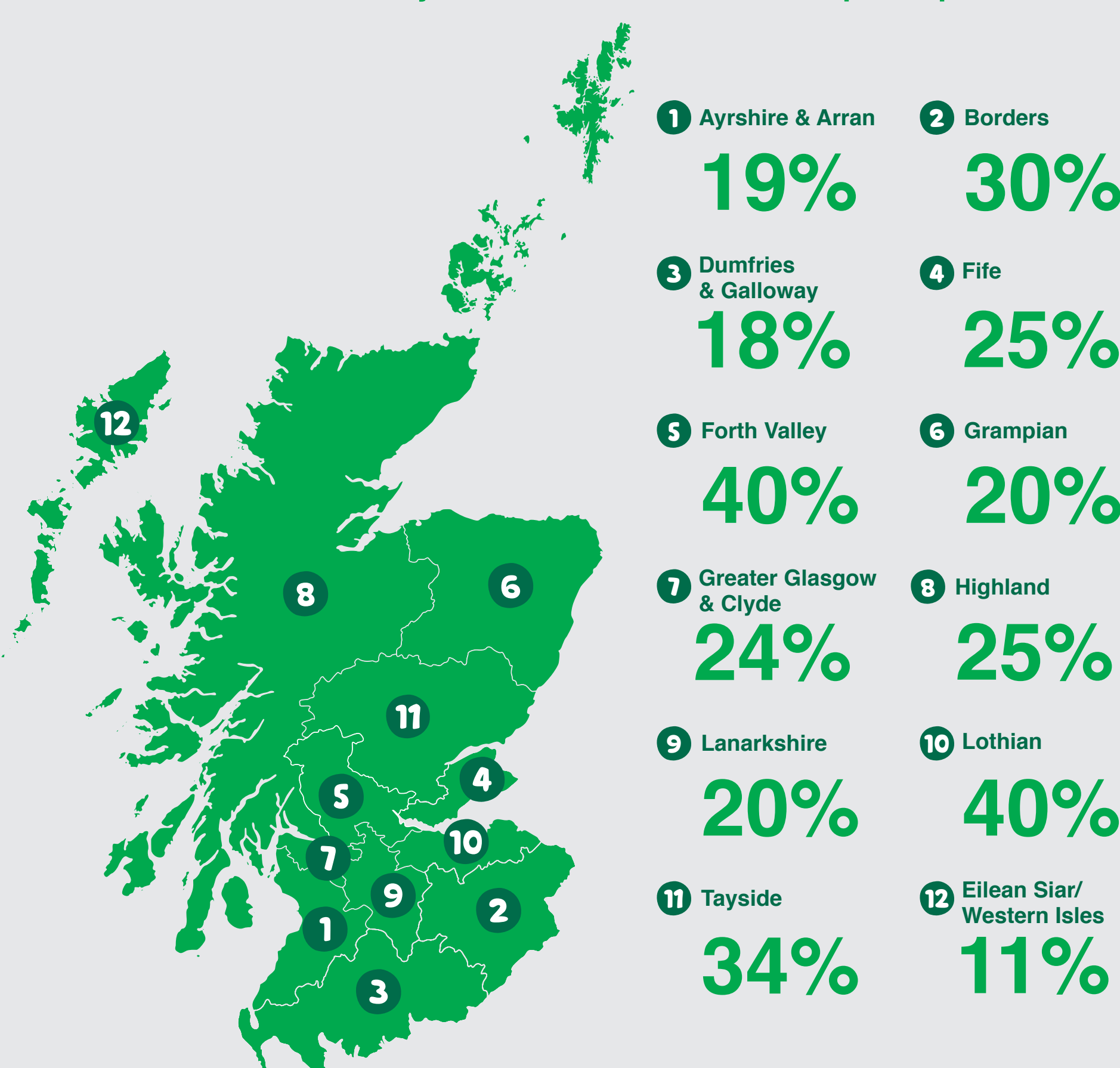
- To keep a focus on cancer care following changes to the GP contract and the removal of Quality and Outcomes Framework (QoF)
- To use the network of Primary Care Cancer Clinical Leads and newly formed GP clusters to stimulate interest in this important clinical area
- To improve the quality of care provided by General Practice for people affected by cancer

Results/Outcomes

Using the network of Primary Care Cancer Leads, working through the Scottish Primary Care Cancer Group, and with the support of Macmillan Cancer Support was an effective way of encouraging uptake to this project.

250 GP practices in Scotland (26% total) completed at least 3 modules within the toolkit during 2017 and 2018. Every mainland health board had GP practice representation as shown on the map below. Two island boards, where there was no dedicated primary care cancer clinical lead, did not have any GP practice uptake.

The proportion of GP practices taking part from each of the participating health boards. NHS Orkney and NHS Shetland did not participate.

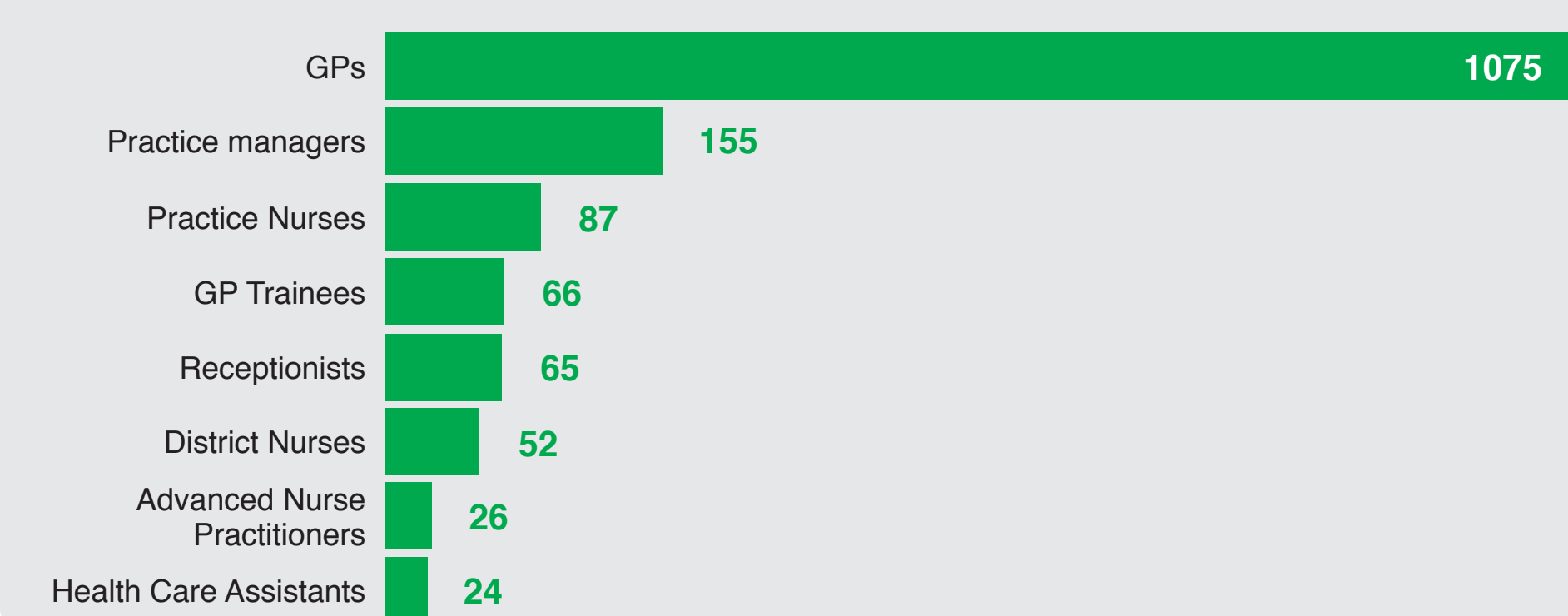


116 GP clusters in Scotland (85% of total) had at least one GP practice participating in this initiative. GP practices across Scotland reported that 1500 different primary healthcare professionals were involved in this quality improvement project.

26%
of GP practices in Scotland completed the Macmillan quality toolkit

Most effective 'learn' from the module is to share information amongst our local community of GPs, and develop actions that are workable for the wider team.

Number and professional background of Primary Care staff involved with toolkit.



Following completion of the toolkit the majority of GP practices reported that they felt better equipped to support people with cancer:

71%
of practices said they felt better equipped to support people at the point of diagnosis.

63%
of practices felt better equipped to support people whose cancer is treatable but not curable.

76%
of practices said they felt better equipped to support people as they go through treatment and recovery.

56%
of practices felt better equipped to support people who needed end of life care.

85%
of clusters had at least one practice undertaking the toolkit

This should offer practices an off the shelf opportunity to continue their Quality Improvement work around cancer and Anticipatory Care Planning.
Participating GP

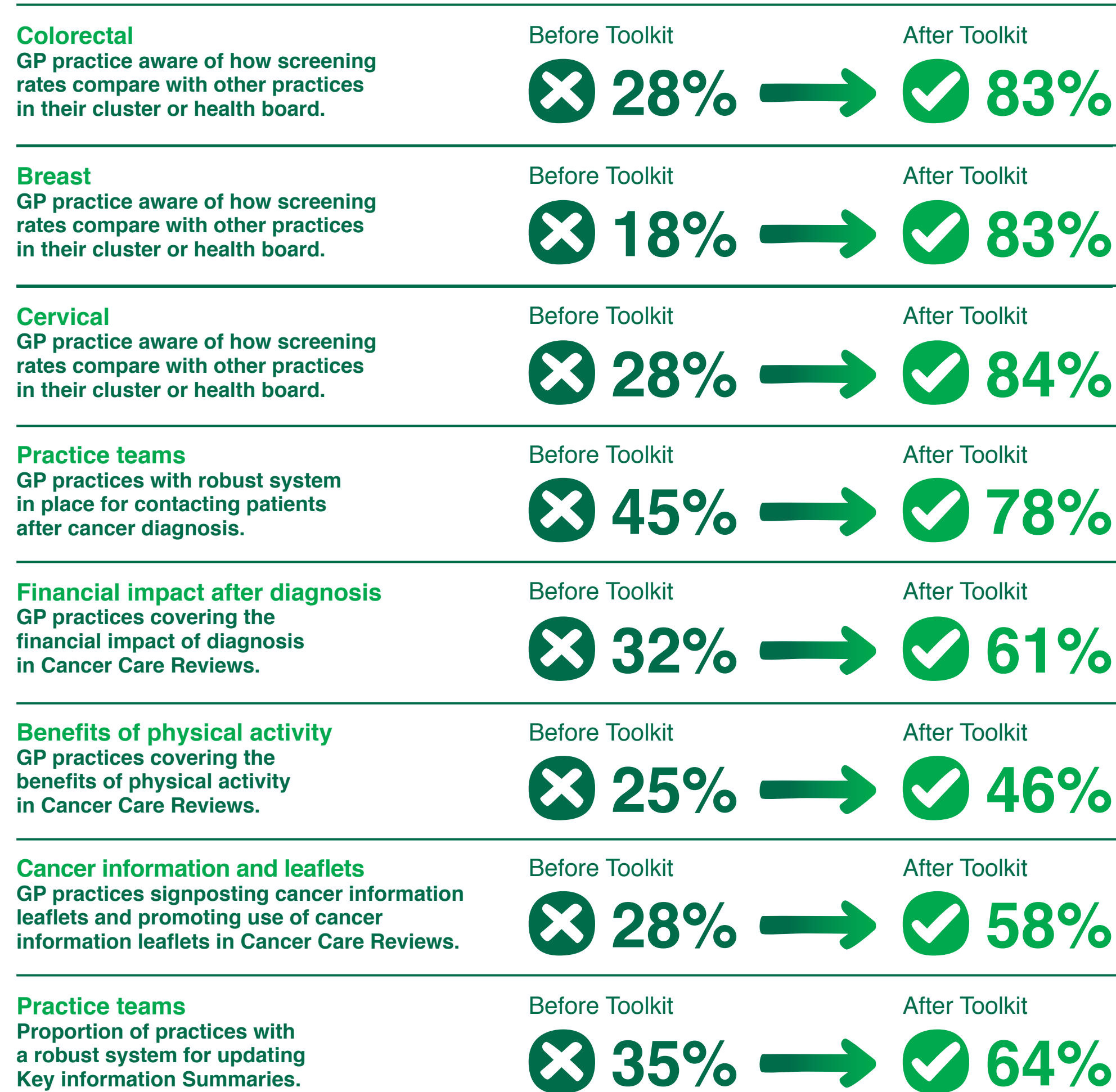
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GPs per practice took part

Since doing this module, all GPs have reviewed the Cancer Referral Quick Reference Guide to familiarise ourselves with it, and as a result we are all now using it and referring to it regularly.

Use of the toolkit improved practice in several areas including:

- Improved knowledge of cancer referral guidelines and those most at risk.
- Improved access to appointments for people with cancer.
- More holistic approaches to cancer care reviews.
- Greater awareness of the value of a Key Information Summary (KIS).
- Greater awareness of the importance of coding to identify individuals with a previous diagnosis of cancer.

Various data highlighted impact of the toolkit on clinical practice and increased awareness of cancer amongst practice teams.



Plan to look at training practice nurses to do Cancer Care Reviews. Practice nurses who have had additional training in cancer care are often keen to drive change within a practice.

Summary of Modules Key Learning

Module One: Screening for cancer

Use of the toolkit has helped practices:

- Identify gaps in knowledge of national screening programmes
- Identify areas in which they might increase informed participation in the screening programmes
- Enable people to engage positively with the screening process through identifying and encouraging screening of non-responders including:
 - Tailoring information to the needs of the individual
 - Education of staff to provide appropriate information regarding screening programmes and consistent coding of non-responders
 - Reduction of barriers to attendance such as flexible appointment times

Practices have expressed a need for:

- Training resources
- Support with staff education
- Increased funding and capacity to allow these targeted approaches to continue

After completing the toolkit GP awareness of how practice screening rates compared across the Health Board increased for Colorectal (28% to 83%), Breast (18% to 83%) and Cervical (28% to 84%) cancers.

Module Two: Prompt recognition and early referral

The toolkit has been useful for primary care professionals, in reminding them of the Scottish Referral Guidelines for Suspected Cancer and identifying ways to use and display them.

Practices highlighted:

- Greater understanding of at risk groups for a cancer diagnosis
- Concerns about over burdening the system by over-referring
- Frustration at inflexible referral systems that do not allow for onward referrals by secondary care
- Impact of poor or delayed communication around diagnosis on patient care

GPs were asked to rate how knowledgeable they were of the risk factors for developing colorectal, lung, breast and prostate cancers. In particular, those who reported being "very knowledgeable" increased from 10% of practices to 25% of practices after toolkit completion.

GP awareness of how and where to access the Scottish Referral Guidelines for Suspected Cancer rose from 91% to 97%.

Module Three: Access to appointments and advice

Many practices reported they had no formal safety nets in place to ensure vulnerable people were followed up, prior to using the toolkit.

The proportion of practices implementing a system for flagging vulnerable people, rose from 29% to 56% after using the toolkit.

In addition, the proportion of practices who used a system for contacting people after a significant diagnosis, rose from 45% to 78%.

After completing this module, approaches used by practices to flag vulnerable people included:

- Adding alerts to the clinical record
- Improved coding
- Use of Key Information Summaries (KIS)
- Training of non-clinical staff who may be the first point of contact with the practice

Module Four: Cancer Care Reviews (CCR)

There was significant variation in the approach and content of CCRs

Completion of this module resulted in an increase in the number and breadth of different topics, providing a more holistic approach to CCRs

Use of the toolkit resulted in a significant increase in the exploration of the following topics:

- Financial impact of a cancer diagnosis (from 32% to 61%)
- Benefits of physical activity following a cancer diagnosis (from 25% to 46%)
- Provision of cancer information leaflets (from 28% to 58%)

There is evidence that learning from this module is being shared across GP clusters

Templates and checklists for CCRs are valuable resources, but do not suit the consultation style of many health professionals

A common theme was the contribution of the wider team and their role and involvement in CCRs.

Module Five: Late effects of cancer and consequences of treatment

Undertaking this module significantly raised awareness of the consequences of cancer and its treatment.

The importance of full and accurate coding of diagnosis and treatment was highlighted, enabling primary care professionals to consider this during future contacts with the individual.

The value and importance of the Treatment Summary in informing ongoing care was also highlighted.

After completing the toolkit 85% of GPs said they were always or sometimes routinely coding types of treatment (compared to 65% at baseline).

75% of GPs felt they were either knowledgeable or very knowledgeable of late complications and consequences of cancer and cancer treatment compared with 35% at baseline.

Module Six: Anticipatory Care Planning (ACP) and sharing of information

The toolkit has helped practices consider starting an ACP and having a KIS at an earlier stage, including for many patients at the point of diagnosis

Practices reported that they are more likely to have a robust system in place for updating a KIS following use of the toolkit. This rose from 35% to 64%.

As a result of this module practices reflected on the range of topics to be covered in a KIS. Many practices agreed that it should include the following key components:

- Clinical information such as DNACPR discussions
- Contact information for key professionals and carers
- Treatment Plans, including which drugs are available at home
- Patient awareness and understanding of diagnosis and prognosis
- Future planned care and review dates
- Unmet health or social care needs

Discussions at GP cluster level highlighted some useful approaches for creating and updating the KIS.

References

- ¹ GMS Contract: 2018. Published 13th November 2017. Population Health Directorate, Scottish Government.
² EIKE Adams et al, Views of cancer care reviews in primary care: a qualitative study Br J Gen Pract 2011;61 (585): e173-e182 2011

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