

# Understanding barriers and enablers to the use of primary care remote consulting for suspected cancer among vulnerable populations

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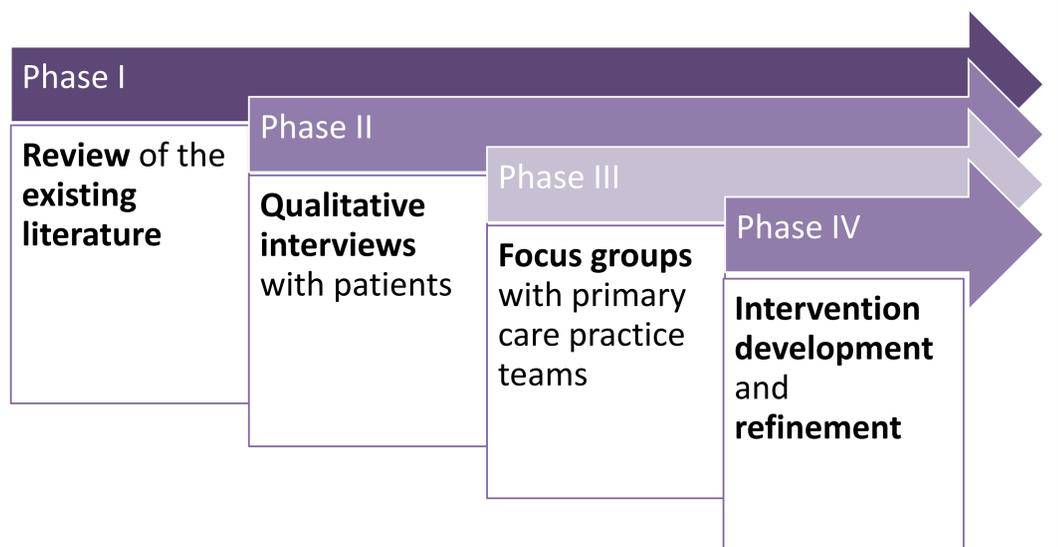
## Background



- Primary care has seen a shift towards remote consulting, with the Covid-19 pandemic leading to widespread and rapid uptake across the UK.<sup>1</sup>
- It is likely that remote consultation will become a permanent feature in primary care as it is perceived to bring with it many benefits, including ease of access, cost-effectiveness and reduced workload pressure on practice teams.<sup>2</sup> However, it is not clear how vulnerable populations experience remote consultations when accessing primary care for suspected cancer symptoms.
- The Covid-19 pandemic exposed and further worsened inequalities in access to health care – remote consultations may further exacerbate issues relating to access, particularly for vulnerable groups who already face more and often different barriers to accessing primary care.<sup>3</sup>
- Vulnerable groups are much more likely to have their cancer diagnosed at a later stage, meaning survival among these groups is lower.<sup>3</sup> Wales and the North West of England have higher levels of socio-economic deprivation compared to the rest of the UK, higher cancer incidence and higher cancer mortality rates.<sup>4,5</sup>
- The aim of this PhD is to understand what barriers and facilitators play a role in the use of primary care remote consulting among vulnerable groups with cancer symptoms, and to explore whether there is an opportunity for remote consultations to be implemented in a way that might improve access.

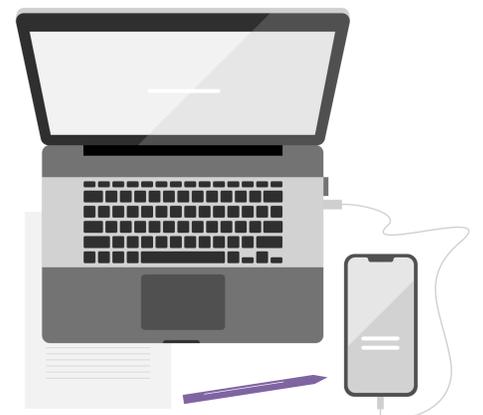
## Approach

- Phase I** – a systematic review of the existing literature on barriers and facilitators of remote consultation in primary care in the UK
- Phase II** – 20 in-depth qualitative interviews with people from vulnerable groups in Wales and North West England, to explore patient experiences and use of remote consultations, barriers and facilitators.
- Phase III** – around 6 focus groups will be conducted with general practice staff in Wales and North West England to discuss remote consultations, and what can be done to improve them. The focus group discussions will be based on the findings from phases I and II
- Phase IV** – the development of an intervention or set of recommendations, based on the outcomes from the earlier phases. A further 20 interviews with patients will be conducted to further refine the intervention.



## Expected Outcomes

- Short-term:**
  - To complete the Phase I literature review
  - Findings from the literature review will inform the decision which specific population will be the focus for this study
- Long-term:**
  - To contribute to a rapidly developing field of research through developing an insight into **primary care consulting and digital inequality**
  - To develop a **primary care intervention** to improve the use of remote consultations for vulnerable groups; the hope is that this will lead to the **timelier diagnosis of cancer**



For additional information, please contact: **Stefanie Disbesch**, email: [stefanie.disbesch@bangor.ac.uk](mailto:stefanie.disbesch@bangor.ac.uk)

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### References

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