

# Development of a primary care behaviour change intervention to expedite the diagnosis of symptomatic cancer in Wales: a multi-dimensional approach

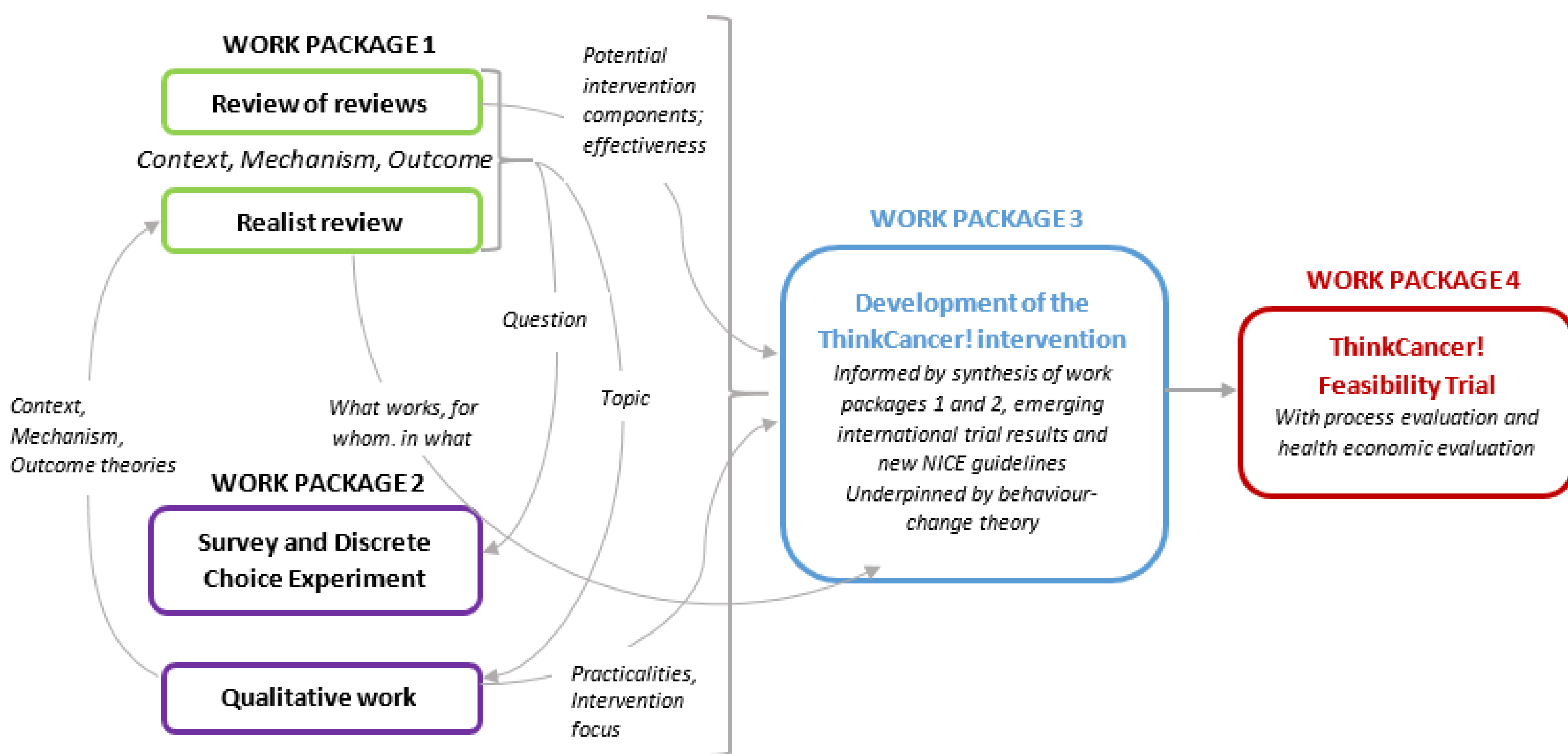
Stefanie Disbeschl<sup>1</sup> on behalf of the Wales Interventions and Cancer Knowledge about Early Diagnosis (WICKED) team: Kate Brain<sup>3</sup>, Rhiannon T Edwards<sup>4</sup>, Nia Goulden, Maggie Hendry<sup>1</sup>, Julia Hiscock<sup>1</sup>, Zoe Hoare<sup>2</sup>, Rebecca-Jane Law<sup>1</sup>, Ruth Lewis<sup>1</sup>, Sadia Nafees<sup>1</sup>, Stephanie Smits<sup>3</sup>, Marian Andrei Stanciu<sup>1</sup>, Alun Surgey<sup>1</sup>, Clare Wilkinson<sup>1</sup>, Lynne Williams<sup>1</sup>, Nefyn H Williams<sup>6</sup>, Seow Tien Yeo<sup>2</sup>, Richard Neal<sup>7</sup>.

## The Problem

Cancer survival in Wales lags behind in comparison with other Western countries. Referral rates and adherence to guidelines is lower and primary care providers in the UK overall are less likely to take action on potential cancer symptoms in patients. Early diagnosis has been shown to be key in improving cancer outcomes and cancer survival, and could significantly reduce the proportion of cancer patients diagnosed through emergency care.

Although the primary care interval has been a focus of cancer research over the last decade, few interventions focus on changing GP behaviour. A behaviour change intervention targeting primary care teams has the potential to address barriers to suspected cancer identification and referral, and could improve cancer outcomes overall / expedite the diagnosis of cancer. A multi-dimensional approach is necessary to achieve behaviour change in an ever-evolving environment such as the health service.<sup>1</sup>

## The Approach



### Work Package 1

- Review of reviews – to investigate reasons for time differentials in cancer diagnosis in PC and investigate the effectiveness of interventions designed to reduce the PCI

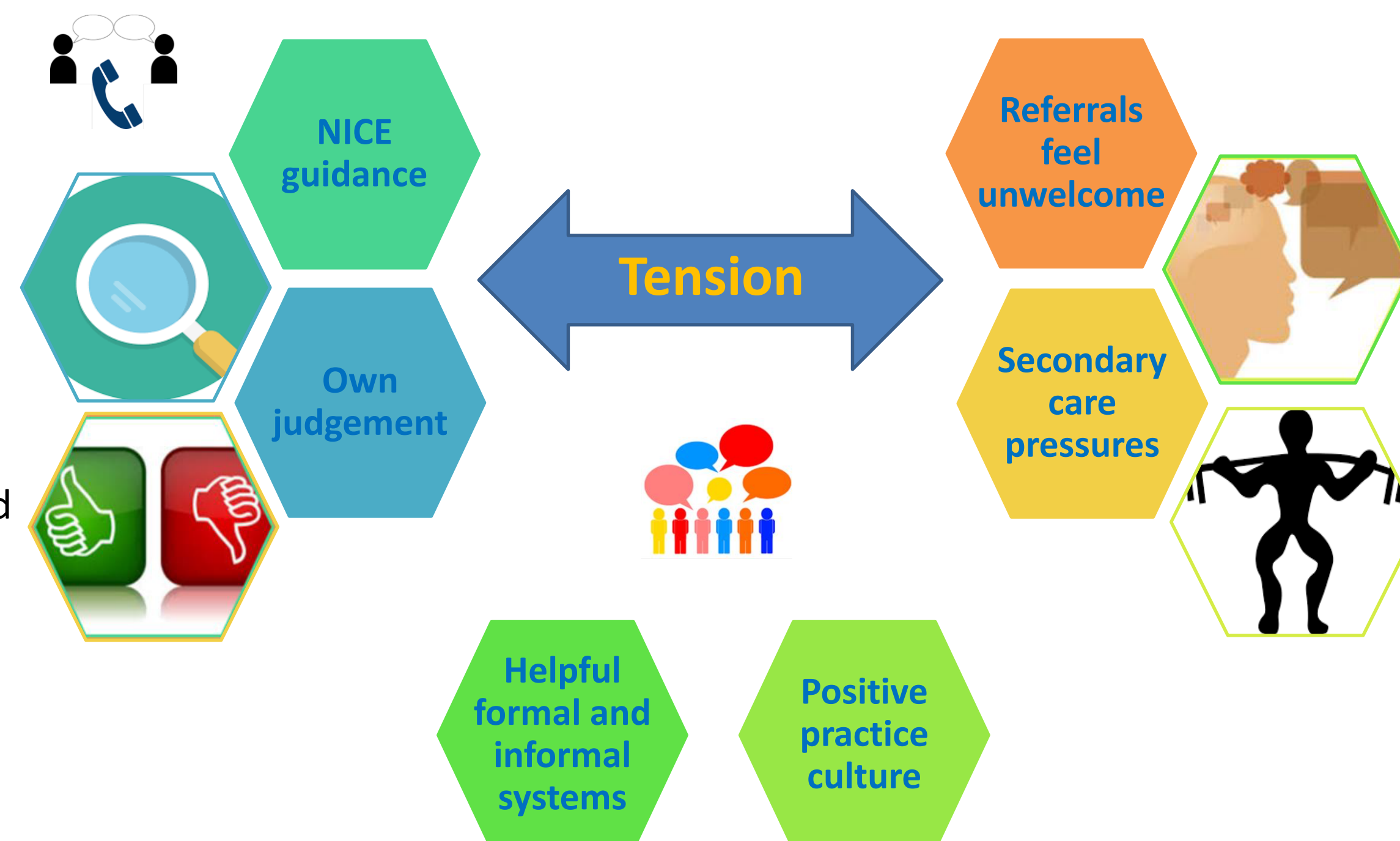
### Work Package 2

- Realist review – to determine what types of intervention to expedite early cancer diagnosis in primary care work for whom and in what circumstances
- Qualitative interviews with 20 GPs and four focus groups of whole practice teams to explore current practice
- Online survey of GPs to interrogate current knowledge, attitudes, beliefs and practices in relation to early diagnosis of cancer
- Discrete choice experiment (DCE) – to identify GPs' preferences for individual attributes (characteristics) of timely diagnosis and to explore GPs' willingness to trade between attributes

## Work Packages 1 and 2: Key Findings

### Realist Review – Programme Theory Areas

1. Wider use of high quality and effective safety-netting in every aspect of the patient/health care professional interaction
2. Dual safety-netting responsibility between patient and practitioner by encouraging aware, engaged and empowered patients to co-navigate the patient journey
3. Increased vigilance and taking action when suspicions are raised
4. Improving the patient safety agenda
5. The right test, for the right patient, at the right time
6. Lowering the threshold to referral trigger



**Question:** How confident are you regarding your knowledge of symptoms that should prompt urgent referral or investigation under NICE guidelines?

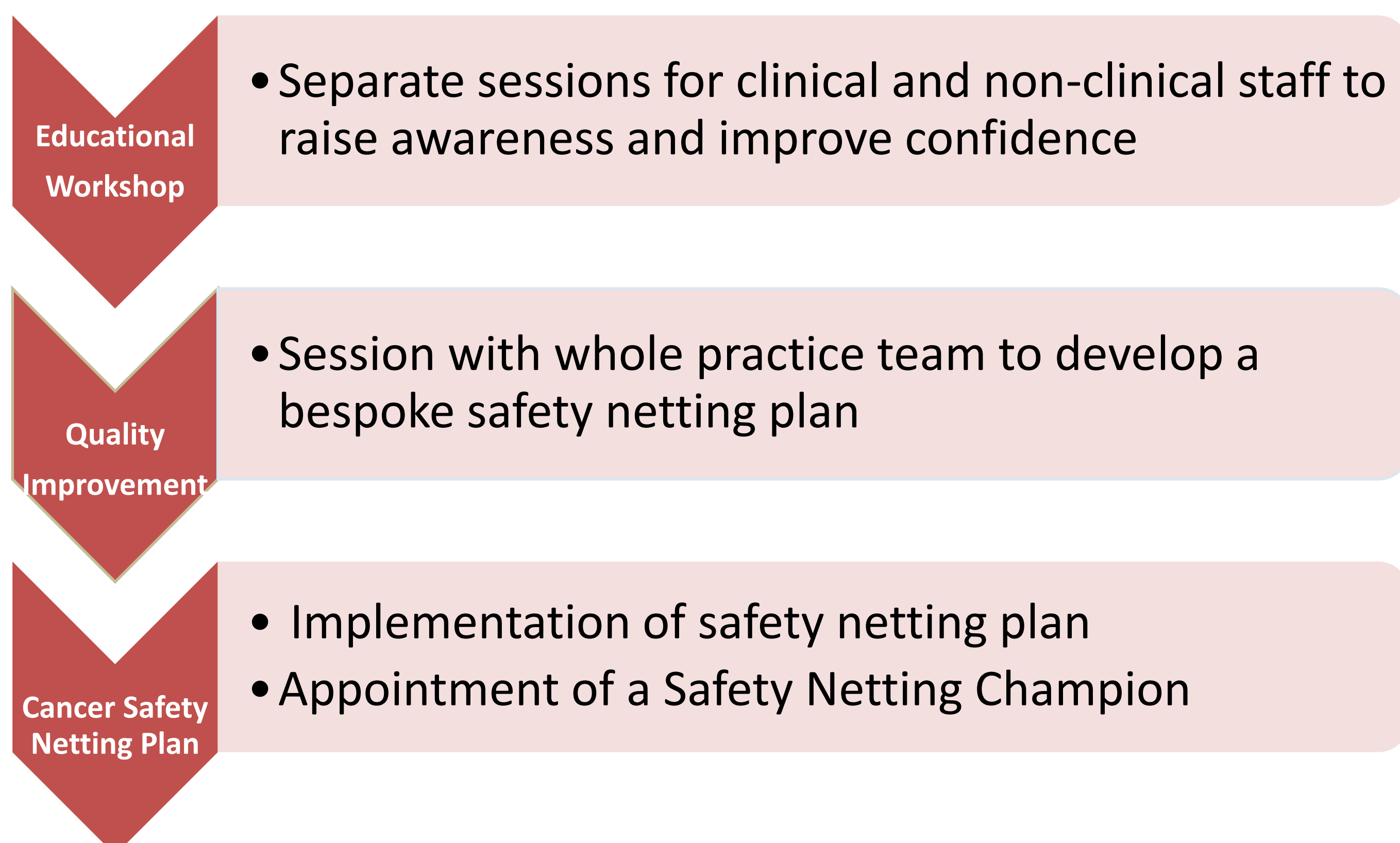
Cancer	Not confident	Very confident
Breast	2%	98%
Colorectal	2%	98%
Endometrial	4%	95%
Myeloma	23%	77%
Pancreas	19%	82%
Renal	14%	86%

**Question:** How confident are you regarding how to manage patients with possible symptoms of these cancers, but which don't qualify for urgent referral or investigation under NICE guidelines?

Cancer	Not confident	Very confident
Breast	22%	78%
Colorectal	22%	78%
Endometrial	31%	69%
Myeloma	46%	54%
Pancreas	44%	56%
Renal	37%	63%

## Work Package 3: Development of the ThinkCancer! Intervention

“GPs thinking of and acting on clinical presentations that could be cancer”



- The ThinkCancer! Intervention aims to change investigation and referral behaviours in GPs through a three-phase intervention consisting of a **Cancer Aware Workshop** and a **cancer-safety netting plan**. The workshop will be delivered over an afternoon during GP protected time, with separate sessions for clinical and non-clinical staff, followed by a whole team session in order to consolidate and introduce the safety-netting plan. The sessions will be delivered by a GP Educator (clinical session) and a researcher (non-clinical session). A toolkit will be introduced and a safety-netting champion identified. The toolkit will provide materials and resources regarding early diagnosis, all in one place.
- The intervention was developed using evidence from all components of WPs 1 and 2, which was synthesised using a matrix of evidence. Target behaviour was drafted based on the synthesised evidence and agreed on by the operational group. The Behaviour Change Wheel process was then applied to the target behaviour to enable a tailored approach; this ensured we selected appropriate intervention functions for the context

## What Next?

A phase II randomised feasibility trial with embedded process evaluation and health economics evaluation in Wales. The aim of this ThinkCancer! feasibility trial is to assess the feasibility of a future definitive cluster randomised controlled trial (RCT) of the ThinkCancer! Intervention compared with usual primary care.

1. Stanciu, M. A., Law, R. J., Nafees, S., Hendry, M., Yeo, S. T., Hiscock, J., . . . of, W. T. o. b. (2018). Development of an intervention to expedite cancer diagnosis through primary care: a protocol. *BJGP Open*, 2(3), bjgpopen18X101595.