IMPROVING
EARLY
DIAGNOSIS
OF CANCER

UNDERSTANDING GP REFERRAL STYLES

From 'Pattern Seekers' to 'Decision Makers'
understand your style of referring for cancer, and how Macmillan can help you

Introductory pack for GP practices

Supporting Earlier Diagnosis of Cancer

Over 300,000 people in the UK are diagnosed with cancer every year. We know that when cancer is diagnosed at an early stage treatment is often simpler and more likely to be effective. We also know that, on average, a GP will only see 8 or 9 new patients with cancer each year. With competing priorities; an ever changing landscape in Primary Care and complicated referral processes, we appreciate and understand the pressures that every day GPs face and wanted to look into ways we can better support you in referring for cancer.

This project aims to deepen understanding of GP referral behaviour by testing the value of a framework designed to identify differences in the way in which GPs refer. We have worked with 104 practising GPs gathering and analysing 18 months worth of data, bringing together a unique dataset which links cancer registry data, information from patient notes, and responses to GP questionnaires, all at the level of an individual GP. From this data and analysis we have created a framework which sets out four different archetypal styles of referral behaviour and characteristics This framework has helped us to deepen our understanding of the ways in which GPs refer, some of the drivers and barriers to referral and has enabled us to better tailor and target tools and interventions to GPs. We'd now like to work with you to roll out and further refine this methodology.

Recent news headlines focus on 2 week-wait performance – let's move this debate on

"Cancer Lottery a national disgrace"
The Daily Telegraph 10th December 2013

"Half of GPs too slow in spotting cancer"
The Daily Telegraph 7th December 2013

"Half of GPs don't refer cancer patients urgently, first league tables show"
The Telegraph 7th December 2013

What did we find?

The study has confirmed that there is significant variation at individual GP level in how GPs approach cancer referrals. This variation can be translated to the four segments that we have identified on the next page. Each segment has significant, distinct characteristics. We used the GP referral level data as well as the self reported GP behavioural data to create detailed profiles for each of the segments which we tested in a series of focus group sessions.

How can we help?

Using the information from the study, we have matched a number of tools and interventions that we think best suit the identified styles of referral. Our aim is to offer these tools and interventions to GPs to help support them in referring for cancer. The identified tools range from promoting access to Macmillan's Rapid Referral Guidelines, use of our electronic Cancer Decision Support Tool (eCDS) to attending cancer focussed GP Update education sessions within your locality. Our aim is to deepen our understanding of GP referral behaviour; offer targeted tools and interventions to support GPs in referring for cancer and ultimately improve outcomes for people with a cancer diagnosis.

'Pattern seekers'

'Pattern Seekers' are typically the youngest, most recently qualified group of GPs, and are confident in their ability to detect cancer. They are heavy users of guidelines and are fast and specific in their referrals

GPs in the 'Pattern seekers' segment detect a high proportion of cancer cases compared to some of their peers

'Build a case'

'Build a Case' GPs are typically relatively experienced, preferring to build data on patients using investigations, which they appear to use more than any other segment. Their style is accurate but costs time, with referrals for cancer patients slower than for those with no cancer

GPs in the 'Build a case' segment detect a high proportion of cancer cases compared to some of their peers

'Decision makers'

'Decision makers' typically refer patients with suspected cancer quickly, but there is still work to do to make sure that everyone with a potential cancer diagnosis is identified accurately

This group of GPs, on average, refer cancer quicker than many of their peers in most cases , but in contrast, they don't identify around three cases of cancer in an 18-month period, compared to less than one case in the same time period for many of their peers

'Watch and wait'

Research undertaken has indicated that GPs in the 'Watch and wait' segment typically take time to consider a patient's needs. If cancer is suspected, there are clinical and pastoral benefits to swift referral

GPs now have a greater role to play in the detection of cancer, and Macmillan can support you to achieve improvements in your practice

Working with us on the Understanding GP Referral Styles project

We are keen to build on the work we have done and test the methodology in other areas and as such would like to invite you to work with us on the next stage of the project. This work has been endorsed by your CCG and is an integral part of their plans for 2014. There would be minimal disruption/impact for participating GPs and in return there are a number of benefits to participating in the project including being able to cite participation within the project as part of your GP Revalidation. There will be some data collection at practice level, but this will be undertaken by CCG leads. The only thing we'll ask of you as part of data collection is that you complete an online questionnaire which will take approximately 45 minutes. Once we've crunched the data, we'll get back to you to let you know which segment you are in, and to introduce some of the ways that Macmillan can support you in referring for cancer.

Benefits to you

Following the data analysis we will share the learnings from our work with you and your practice in a short workshop, which we can arrange to take place at your practice and involve any members of your team you feel are appropriate. During this time we plan to introduce the various tools and interventions that might be appropriate and helpful for your style of referring for cancer. These tools have been developed by GPs for GPs in full recognition of the world within which you work

The range of tools and interventions we are assessing include:

- o Tools to complement and aid referral such as our electronic Cancer Decision Support Tool (eCDS) and our Rapid Referral Guidelines
- o Training sessions and materials such as our tailored GP Update course
- o Revalidation
- o Practice-level, system and network initiatives

How to get involved

For further information on how to register your interest in the project and how to sign up to be involved, please contact Steph Peart - speart@macmillan.org.uk