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SUPPORT TOOLS

Partly funded by the Department of Health

DH Department
of Health

Recruitment pack for GP practices

1. Introduction to the project

Macmillan Cancer Support is working in collaboration with the Department of Health to promote cancer decision support tools for use in general practice. This is a key area for development in order to assist GPs in the assessment and earlier diagnosis of cancer patients.

The plan is to support GPs in using an electronic cancer decision support tool based on two risk calculators for cancer: the Risk Assessment Tool (RAT), developed by Professor Willie Hamilton and QCancer developed by Professor Julia Hippisley-Cox.

Macmillan is coordinating a first phase from February 2013 for six months, which will aim to test these cancer decision support tools in clinical practice and address any issues. This will ensure the development of valuable cancer decision support tools in electronic form, with firm evidence for their impact, and ensure they work across primary and secondary care as valid and defendable reasons for referral. Cancer Research UK (CR-UK) has been asked to coordinate the evaluation of this project.

This project takes forward academic work in decision support tools for cancer diagnosis in primary care and builds on previous pilots of desk-based and electronic versions. It forms part of the National Awareness and Early Diagnosis Initiative (NAEDI) established to promote earlier diagnosis of cancer and improve patient outcomes including survival rates in England.

Your cancer network is supporting this project by recruiting general practices to participate in the first phase of this project, and by providing administrative support, training and aftercare support in the use of these tools.

2. What will the cancer decision support tool look like?

Cancer decision support tools are designed to assess the risk of a patient having an existing, but as yet undiagnosed cancer, by calculating a risk based on factors such as symptoms, medical history and demographic profile.

The project will ask GPs to use in everyday practice an IT-based cancer decision support tool with a simple user interface which can display scores for either RAT or QCancer. Software has been developed which allows the algorithms driving the tool to link directly to READ-coded symptoms from previous consultations. In this phase of the project we will make available risk scores for the assessment of the following cancers: lung, colorectal, pancreatic, ovarian and oesophago-gastric.

Agreement has been reached with all the major providers of IT software for GPs, so the tool will run automatically on a practice's system no matter which software provider they ordinarily purchase a licence from.

The tool will work in three ways:

(i)   Reactive prompt

Working automatically in the background, the tool will calculate a risk of having cancer for every patient seen in consultation. If the risk is above a certain level, a prompt will appear on screen letting the GP know that they might like to consider whether the patient might warrant a referral or investigation for a suspected cancer.
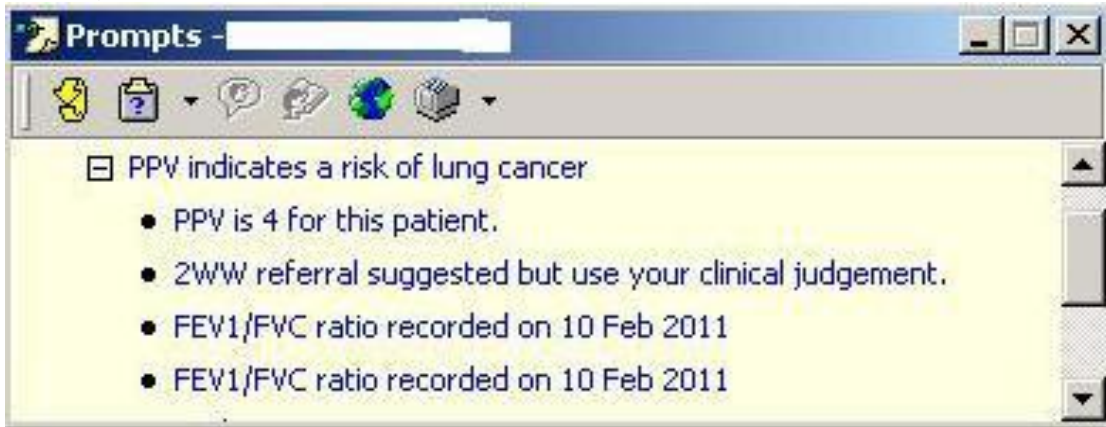
(ii)   Symptom checker

Used in consultation where READ codes are not already known, a symptom checker can be called up, which allows the GP to enter relevant symptoms, calculate a risk, and then re-enter observed symptoms into the patient's record as a READ-coded entry.
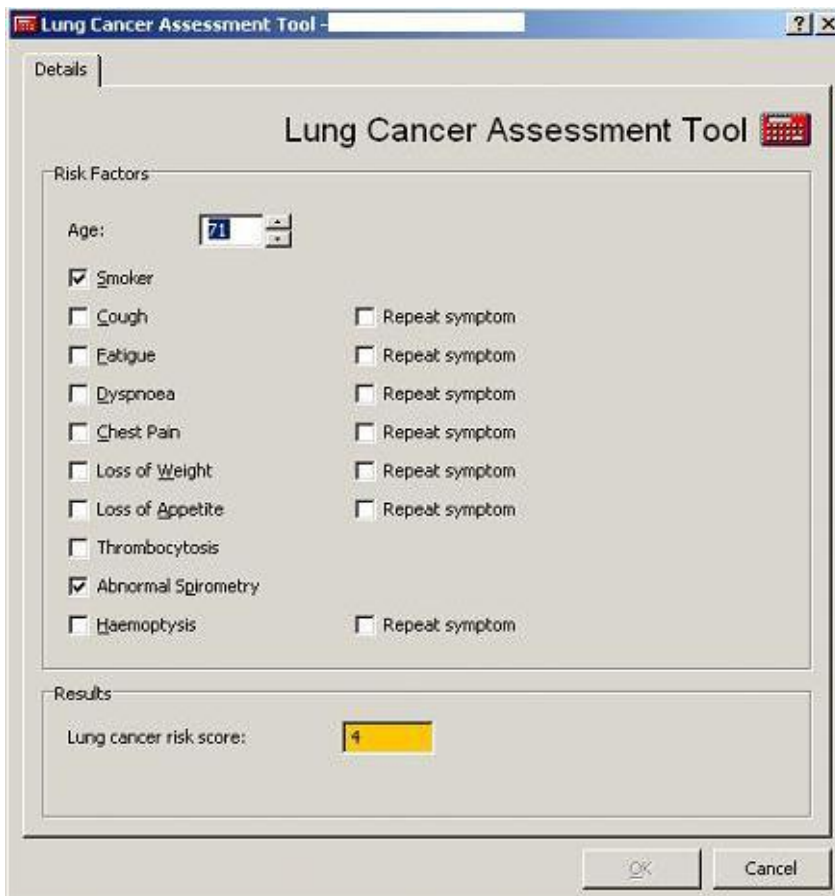
(iii)   Audit function

Out of consultation, an audit function can be used which will show calculated risk levels of all registered patients on a practice's list. This can be sorted to show those calculated to have the highest risk, and then used to consider whether any further action should be taken for these patients.

3. What will GPs have to do?

Funding has been made available to cancer networks to help work with their local practices to implement this project.

Participating GPs will be asked to do the following:

(i)   Participate in initial training

The need for comprehensive training came out as a key theme in evaluation of previous pilots of cancer decision support tools. At a national level, Macmillan will develop a range of written and

video-based training materials for cancer networks to use with their local practices. GPs will need to commit approximately 2 hours to train in the use of the cancer decision support tools. Training materials will be available online at the Macmillan website, and each cancer network will also decide how to supplement this with training events or practice visits.

(ii)   Use the tools in practice
We are expecting that participating GPs will use these tools in practice for the duration of the pilot. Frontline IT support will be provided by the software developer BMJ Informatica. Other after care support and advice will be managed by your cancer network, supported by central oversight from the Macmillan project team.

(iii)   Participate in the evaluation
CR-UK is coordinating the evaluation of this project. This will consist of a quantitative and qualitative element. Evaluation is an important component of this project, with the findings informing any future roll-out of the cancer decision support tools. We therefore very much value the input of participating GPs, though the time commitment will be kept to a minimum.

We will draw wherever possible on standard routinely collected datasets, particularly in terms of measuring impact on diagnostic activity in secondary care and referrals to secondary care. In addition, functionality is being built into the tool to provide pseudo-anonymised data on use of the tools throughout the project. These data will be used to inform quantitative evaluation, and mean that we can collect data for evaluation without asking for direct input from participating GPs.

There will be a small number of specific questions for participating GPs to complete at the time of using the cancer decision support tool, so we can gain insight into how GPs are using the tools and how they affect decision-making. We will also collect some qualitative information to further explore how the tools are used in practice and how they might be improved. In order to do this we will ask a small sample of participating GPs to volunteer some additional time to take part in a telephone interview lasting less than an hour.

Permission will be sought from practices to allow data capture of pseudo-anonymised data.

4. Timeline

Cancer networks will be asked to confirm the participating practices in November. Software will then be loaded onto GPs' IT systems in November and December 2012 and this will happen remotely alongside a short conversation with your practice manager. From February 2013 training will begin to be rolled out by cancer networks to participating GPs, with the project running for about six months from that date.

If your practice would like to participate in this project please contact us at macmillan_primary_care@macmillan.org.uk