GatewayC: Improving early detection of cancer and patient communication through e-learning for primary care

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Aims

The aim of this pilot study was to demonstrate the clinical relevance and benefits of GatewayC in achieving the below:

- Improved symptom recognition
- Improved GP confidence in referral decision making
- Improved quality of suspected cancer referrals
- Improved communication with patients about the cancer referral process

Methods

GatewayC was piloted by 38 GPs across eight practices in Greater Manchester (four in Wigan and four in Manchester). CCGs were chosen that represented different socioeconomic populations.

Methods of data collection included scale and free text questionnaires and self-confidence assessments (pre and post completion of learning). In addition to pre and post-audits of referrals made by the eight participating practices.

38 GPs took part in the pre-training questionnaire and 34 GPs completed the study and post-training survey.

Results

Learning

Symptom recognition

- 85% of GP users reported improved recognition of symptoms meeting a suspected cancer referral
- All referrals from the 8 GP practices were audited before and after training for recording of potential red flag symptoms. Following training, there was an overall improvement in symptom recording: 54% pre to 59% post (see Figure 1)

Figure 1: Comparison of symptoms recorded in GP referrals before and after using GatewayC

<table>
<thead>
<tr>
<th>Pre GatewayC: 54%</th>
<th>Post GatewayC: 59%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms recorded</td>
<td>Symptoms NOT recorded</td>
</tr>
</tbody>
</table>

Course of action

- 94% of users reported learning from GatewayC would help with future referrals
- A significant change in confidence in knowing what actions would be best for a patient, following GatewayC. Learning was also evident (see Table 1)

Table 1: Wilcoxon signed rank tests indicating GP confidence in patient behaviour before and after using GatewayC

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre-test (n=38) Mean (SD)</th>
<th>Post-test (n=34) Mean (SD)</th>
<th>Significance (p)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe the patient fully understands the risks and benefits</td>
<td>3.50 (0.71)</td>
<td>3.97 (0.47)</td>
<td>0.022</td>
</tr>
<tr>
<td>I believe the patient will comply with the referral</td>
<td>3.75 (0.73)</td>
<td>4.09 (0.58)</td>
<td>0.026</td>
</tr>
</tbody>
</table>

Communication

I will explain more to (patients) about the suspected cancer referral appointment to make sure they have support of family and friends when they attend.”

GP participant

Data showed significant changes in perceived effectiveness in preparing patients for a suspected cancer referral:

- Ensuring the patient fully understands the risks and benefits and perceived effectiveness in decision (p = 0.022)
- Believing the patient will comply with the referral (p=0.026)

Behaviour

- 85% reported increased confidence in knowing when to refer a patient on a suspected cancer referral
- 75% reported improved confidence in when not to make a suspected cancer referral
- Some GPs also reported recalling certain COPD patients for review as a direct result of completing the GatewayC lung cancer course

"This consultation was very similar to elderly male patients I see regularly with COPD who have acute infective exacerbations…. Having watched this I need to contact them to go through their histories more thoroughly and check their most recent chest X-ray. It is too easy in a rushed surgery to go for the quick outcome of antibiotics—‘steroids when a more thorough history is needed, with deeper questioning.”

GP participant

Discussion

Results suggest evidence that GatewayC supports primary care in the early detection of cancer, in better quality referrals and in improving the patient experience.

85% of GPs felt more confident knowing when to refer patients on a suspected cancer referral after using GatewayC.

Results also suggest that GatewayC changes GP attitudes when preparing patients for referral. Users reported feeling more confident in communicating with patients about their referral and mentioning cancer. This will prepare and support patients, and improve their experience of the process.

Improvements in the recording of potential cancer symptoms were also shown, supporting better quality referrals moving forward.

"There is evidence that the learning has already begun to change practice.”

GP participant

Conclusion

GatewayC has been created as a ‘go-to education site’, specifically tailored to address the needs of the Cancer Plan, it aims to help GPs improve recognition of potential cancer symptoms, support patients and develop decision making about referral.

Professor Chris Harrison, National Clinical Director for Cancer

GatewayC supports ambitions to increase rates of early diagnosis, tackling an issue of national importance. It has proven a relevant and satisfying resource available to GPs when they need it.

GatewayC has the potential to be scalable and assessable across the whole NHS. The programme team are now working in collaboration with Health Education England to roll-out GatewayC, to all primary care professionals across the North of England.