

GPs and cancer recognition and referral in England: an in-depth study

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PURPOSE OF THIS WORK

Diagnosing cancer when it is at an early stage is important, as the stage of disease at diagnosis is related to survival for many cancers. There has been increasing interest in how patients and professionals recognise cancer symptoms, particularly since European data show that one year survival figures for many cancers are poorer in the UK than in comparable European countries. This suggests that people in the UK are diagnosed at a later point in their cancer history than others in Europe, leading to the question of why there should be this apparent delay in diagnosis. As the usual first port of call for patients with potential cancer symptoms, GPs clearly play a key role in cancer detection. The overall purpose of this study was to understand this issue from the perspective of GPs, and gain insight into the potential of the GP role to improve cancer recognition and referral. The questions we set out to answer were:

1. What are GPs' understanding of their role with respect to cancer awareness, screening and early detection?
2. What are the challenges for GPs with respect to the earlier detection of cancer?
3. What are GPs' attitudes to public health awareness raising initiatives?
4. What are GPs' attitudes to cancer screening and the role of primary care in screening uptake?
5. Which types or groups of patients do GPs' perceive to be least likely to receive an early diagnosis of cancer?
6. How do changes in healthcare policy impact on GP practice?

KEY FINDINGS

- **Recognition of symptoms:** GPs supported the two-week-wait (2WW) referral route, but were concerned about occasions where patients' symptoms did not fit the criteria and suggested a generic referral route for such patients and improved opportunities for dialogue with secondary care colleagues.
- **The public perception of cancer** as a potential diagnosis, rather than a disease, was substantial in terms of public concern, patient anxiety and GP time.
- **Primary care/public health interface:** there was overall support for cancer screening programmes. GPs were in favour of campaigns and initiatives to educate the public about cancer warning signs, although these also increased consultations with 'worried well' patients.

- **‘Hard to reach’ patients:** GPs provided insight into why some members of the general public do not engage with public health initiatives. Those working in more deprived areas, for example, perceived that many of their patients, for a variety of reasons, were not able to prioritise their health in the same way as those from more affluent areas.
- **Changes to gatekeeper role:** Organisational changes within the NHS were perceived to impact on the GP role with regard to continuity of care, patient advocacy and increased responsibility for resource management.

METHODS

We conducted interviews with 55 GPs from 43 practices in England from May 2012 to April 2013. GPs were contacted via 16 former Primary Care Trusts (PCTs), 11 in the North and North East of England (31 GP practices) and five in Greater London (12 GP practices). This large number of participants allowed for variation in experience and location (in particular including London as well as a mix of urban and rural practices in the north) and helped capture the heterogeneity of this professional group. We interviewed four GP Cancer Leads, seven GPs with a special interest in cancer, five senior partners, 30 partners, two junior partners, 12 salaried GPs, two singlehanded GPs. The number of years since qualifying ranged from less than one to 39 years. More male (32) than female (23) GPs participated. The interviews were conducted by Trish Green and were usually at the GPs’ practices (in two instances, in GPs’ homes). All interviews were digitally recorded and fully transcribed. Interview transcripts were independently analysed by the researchers, who held regular meetings to cross-check the transcript coding. This reduced potential threats to validity and increased the breadth and depth of the analysis.

FINDINGS

➤ Recognition of symptoms

GPs were under pressure not to ‘miss’ potential cancer symptoms and supported two-week-wait urgent referral routes for patients who presented with ‘red flag’ symptoms. Patients with non-specific but suspicious symptoms caused GPs concern because patients did not meet NICE criteria for urgent referral. GPs suggested a generic route for suspicious symptoms would be helpful for such patients. Dialogue with secondary care colleagues and consultants was useful when GPs were concerned about a patient’s symptoms, but these kinds of relationships varied across the sample. Some GPs were able to speak to a consultant over the telephone or via email, while others had no such opportunities. The availability of diagnostic investigations prior to referral also varied across the practices that participated in this study.

➤ The public perception of cancer

Many symptoms patients present with are indicative of cancer, but often prove to be non-malignant and GPs were aware they would identify only a small number of new cancer patients during their professional lifetime. However, cancer-related issues took up a considerable amount

of consultation time and practice resources. Cancer as a potential diagnosis rather than a disease was found to be substantial in terms of public concern, patient anxiety and GP time and resources.

Primary care/public health interface

Although overall support for cancer screening was clear, GPs also showed some concern over conflicting evidence on breast cancer screening in the medical literature and wider press during the time of this study. GPs reported this also had an impact on their patients and commented on the challenges of managing patients' responses to, and understandings of, screening. All GPs promoted the benefits of cancer screening to their patients and perceived that their endorsement of the programmes would increase patient uptake. Primary care responsibility for the cervical screening programme was cited as a reason for its relative success in relation to bowel screening, for example. GPs were positive about awareness-raising campaigns and welcomed public health initiatives to educate the public about the signs and symptoms of cancer. However, they also commented on some of the more negative aspects for primary care, such as increased consultations with patients they frequently termed the 'worried well'. Although welcomed by the majority of GPs, public health awareness raising initiatives were also perceived to have little effect on some members of the public. Participants identified these groups/individuals as predominantly living in more deprived areas of the country; the 'stoic' elderly; Black and ethnic minority patients, and patients with mental health problems.

➤ 'Hard to reach' patients

GPs provided in-depth knowledge of their patient populations and were able to specify which patients they felt were most likely to receive a later diagnosis of cancer. Participants indicated how late presentation of symptoms was linked to socio-cultural circumstances and highlighted disparities across socio-economic and socio-cultural groups and individuals across our sample. This was an issue GPs struggled with because the outcome for these patients was often later presentation, referral and diagnosis, which meant higher mortality rates in some areas. GPs practising in more affluent areas were more likely to comment on increased numbers of consultations, in particular with 'worried well' patients, whereas GPs working in more deprived areas perceived that many of their patients were less affected by public health initiatives. GPs related that the difficult life circumstances experienced by some patients meant they were unable to prioritise their health over other issues in their lives.

➤ NHS changes and the gatekeeper role

GPs valued their role as gatekeepers, and were keen to share their skills in identifying patients in need of further investigation and referring on appropriately and in their patient's best interests. The ability to perform this role adequately was viewed as dependent on the provision of continuity of care for patients and the quality of the GP/patient relationship. GPs perceived the gatekeeper role to be in a period of flux due to NHS reforms that were ongoing during the period of the study. There was some anxiety that the GP role as patient advocate was undergoing change due to increased responsibility for resource management.

IMPLICATIONS FOR POLICY & RESEARCH

The findings from this study show that the burden of cancer detection for GPs is not in the number of patients diagnosed, but in the number of patients they see with potential cancer symptoms who need to be assessed by them and the appropriate action taken. Ensuring that GPs are able to respond appropriately to their patients is vital, through reassurance, diagnostic investigation before/at the time of referral and referral routes for non-specific yet suspicious symptoms. These all require adequate support and resources as well as opportunities for inter-professional dialogue with secondary care colleagues. Future work with healthcare professionals and indeed patients and the public is required to consider the role that primary care professionals could have in addressing the common fear of cancer. In addition, the role of primary care professionals in promoting awareness of cancer symptoms and the cancer screening programmes would benefit from further study.

PUBLICATIONS FROM THIS STUDY

Green T, Atkin K, Macleod U. GPs' perceptions and experiences of public awareness campaigns for cancer: a qualitative enquiry. *Health Expectations* 2015. doi: 10.1111/hex.12362.

Green T, Atkin K, Macleod U. Cancer detection in primary care: insights from General Practitioners, *British Journal of Cancer* NAEDI supplement 2015. doi: 10.1038/bjc.2015.41.

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The University of Hull's SEDA Research Group (Supportive care, Early Diagnosis and Advanced disease) is headed by Prof Miriam Johnson, Professor of Palliative Medicine, and Prof Una Macleod, Professor of Primary Care Medicine

Our aim is to apply rigorous health service research methods to understanding issues related to cancer diagnosis, supportive care, advanced disease and end of life issues.