

Yorkshire and Humber Patient Safety Translational Research Centre

Delivering research to make
healthcare safer

@YH_PSTRC
www.yhpstrc.org



Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care

Dr Jane Heyhoe
Caroline Reynolds



Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care

Background

- 41% of 3298 UK patients whose cancer was diagnosed as an emergency had 3 or more GP consultations in the weeks and months before.¹
- These patients may be those for whom a diagnosis is made more difficult by vague or atypical symptoms.¹
- Growing evidence for and recommendations to involve patients in “safety-netting” to support the early detection and diagnosis of cancer.²

1. Abel GA, Mendonca SC, McPhail S, Zhou Y, Ellis-Brookes L, Lyratzopoulos G. Emergency diagnosis of cancer and previous general practice consultations: insights from linked patient survey data. *Br J Gen Pract*. 2017 Apr 25;bjgp17X690869.

2. Nicholson BD, Mant D, Bankhead C. Can safety-netting improve cancer detection in patients with vague symptoms?. *BMJ: British Medical Journal (Online)*. 2016 Nov 9;355.

Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care

Our experience in this field

- Research
- Yorkshire and Humber Patient Safety Translational Research Centre

Partners, collaborators and vision



National Institute for
Health Research

Partners and collaborators

Bradford
Teaching
Hospitals NHS
Foundation Trust

University of
Leeds

University of
Bradford

University of
York

Care Opinion

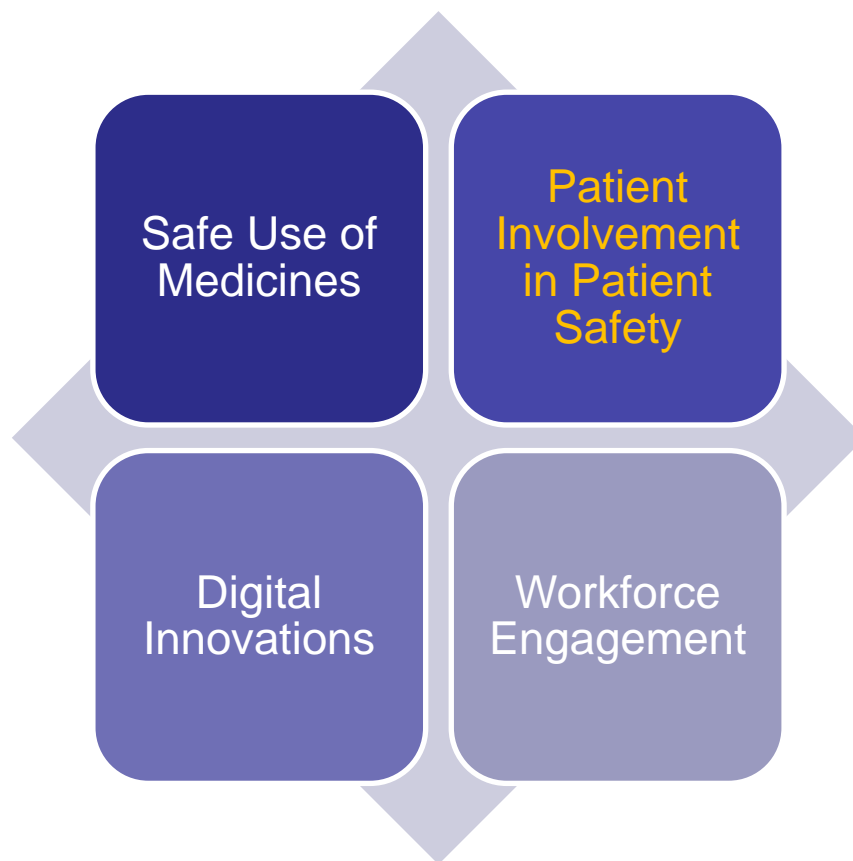
Vision

Addressing NHS
and patient
priorities

Creating and
piloting innovative
solutions to
complex problems

Recognised for
research
excellence

Our research themes



Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care

Patient involvement in diagnosing cancer in primary care

Our review of the literature³

Aims

- To identify interventions that involve patients in achieving an earlier cancer diagnosis in primary care.
- To establish key components for engaging patients in diagnosis after an initial presentation with potential cancer symptoms.

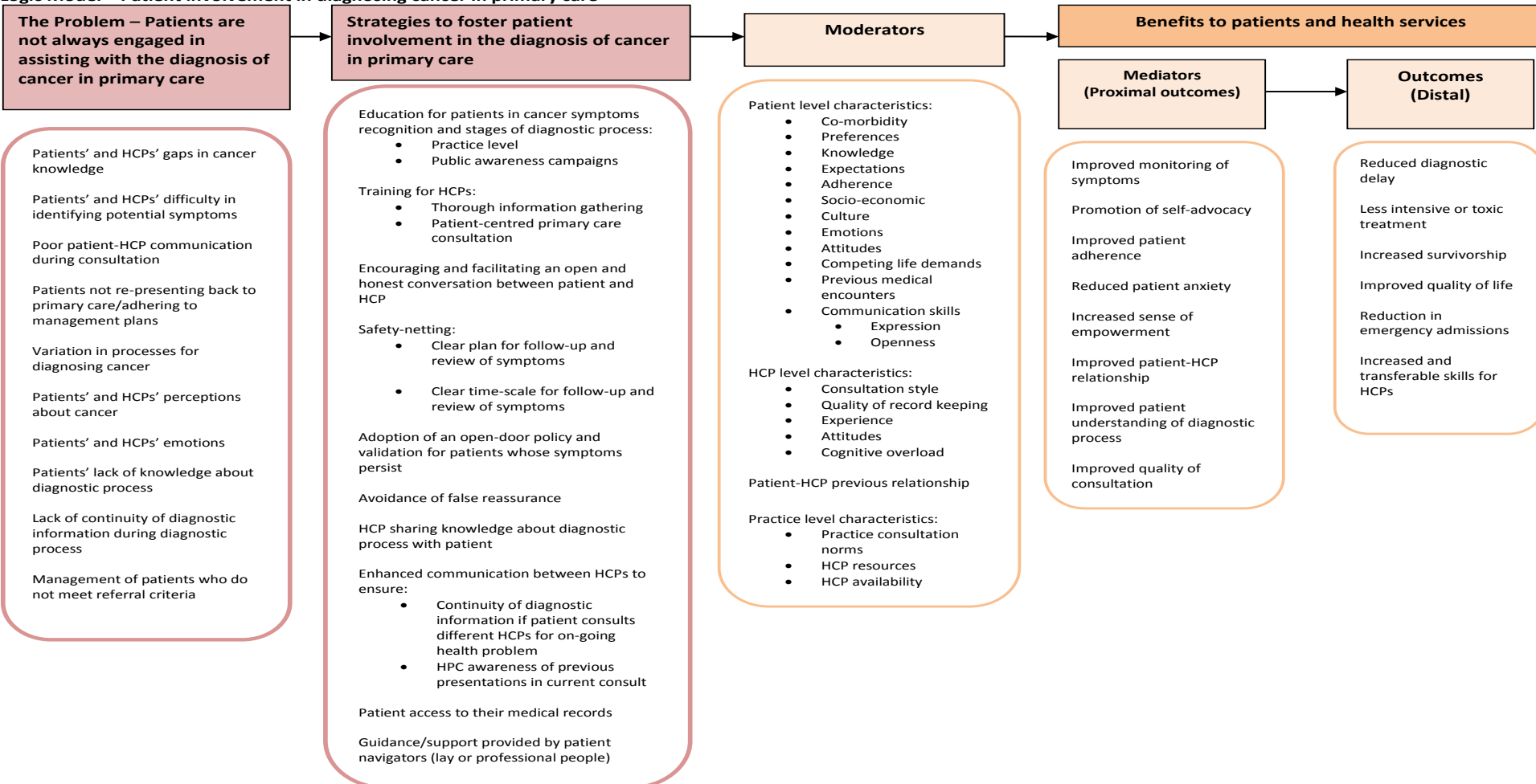
Key findings

- There were no interventions involving patients.
- Sixteen articles provided suggestions of components important for patient involvement.

3. Heyhoe J, Reynolds C, Dunning A, Johnson O, Howat A, Lawton R. Patient involvement in diagnosing cancer in primary care: a systematic review of current interventions. *Br J Gen Pract.* 2018 Mar 1;68(668):e211-24.

Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care

Logic Model – Patient involvement in diagnosing cancer in primary care



3. Heyhoe J, Reynolds C, Dunning A, Johnson O, Howat A, Lawton R. Patient involvement in diagnosing cancer in primary care: a systematic review of current interventions. Br J Gen Pract. 2018 Mar 1;68(668):e211-24.

Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care



National Institute for
Health Research

Therefore we aimed to:

Co-design a novel intervention for promoting greater involvement of patients to support timely and accurate diagnosis of cancer in primary care

Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care



Exploratory qualitative work

- To assess: 1) the components considered important for patient involvement in diagnosing cancer earlier in primary care and 2) to explore the acceptability, feasibility, cost and burden of three interventions.
- Interviews with 15 stakeholders including: 10 healthcare professionals (GPs and Nurse Practitioners), 5 patients with a diagnosis of cancer.
- Dissemination workshop with 18 stakeholders to assist with intervention concept.

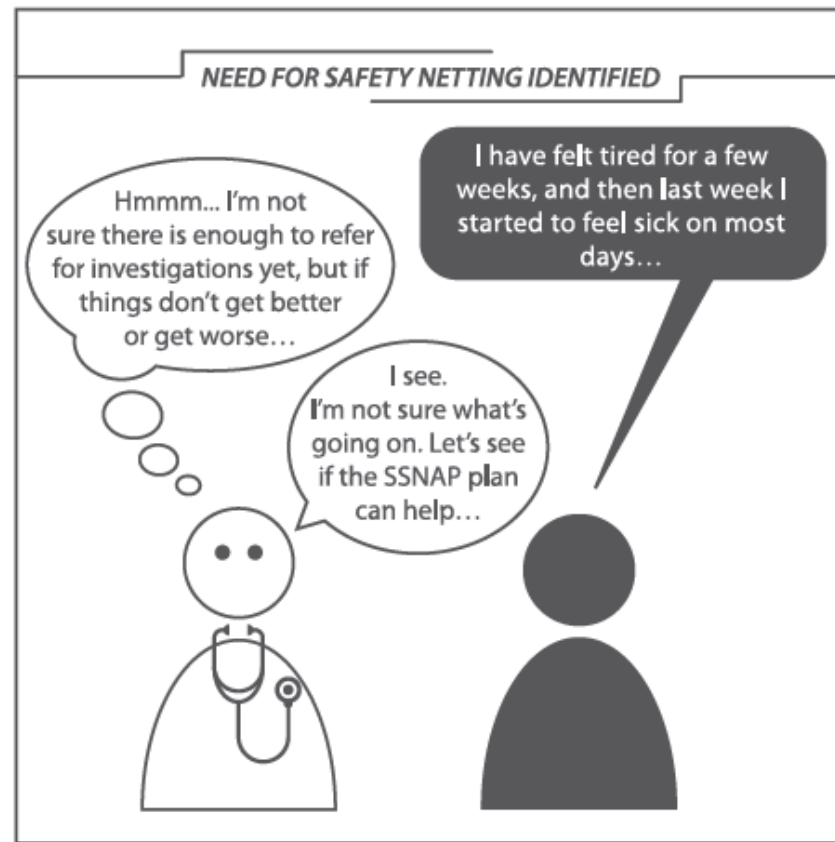
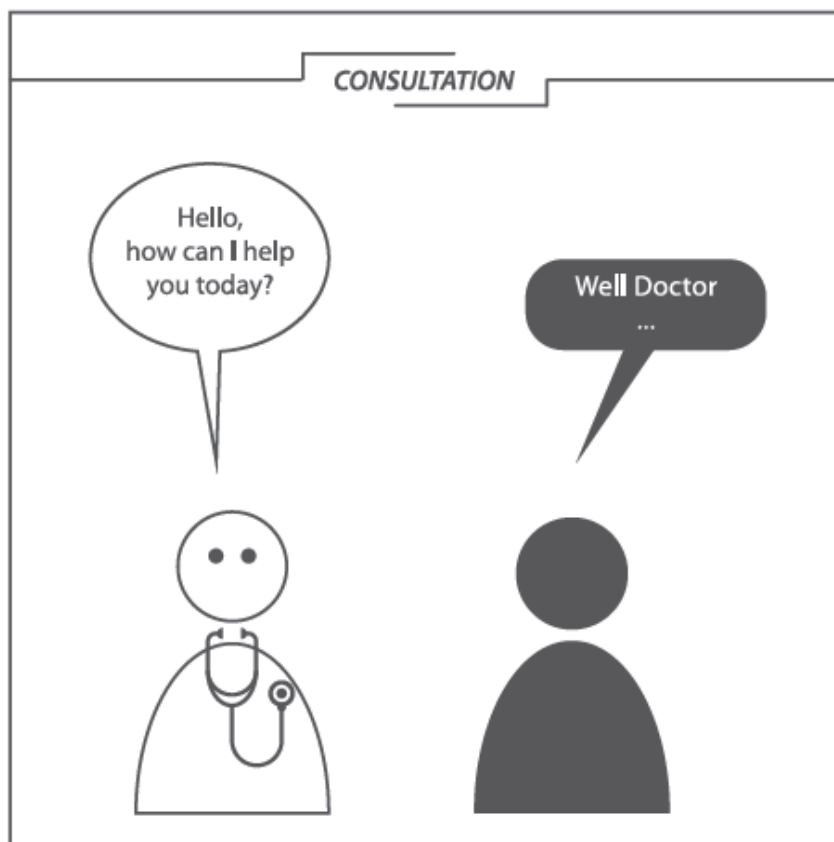


Iterative co-design phase

- To explore how a safety-netting intervention would be implemented in practice and whether a safety-netting intervention would be acceptable to all stakeholders.
- Three stakeholder workshops to produce an intervention prototype (the SSNAP).
- 5 focus groups (2 with patients; 3 with primary care practices) to refine the SSNAP.

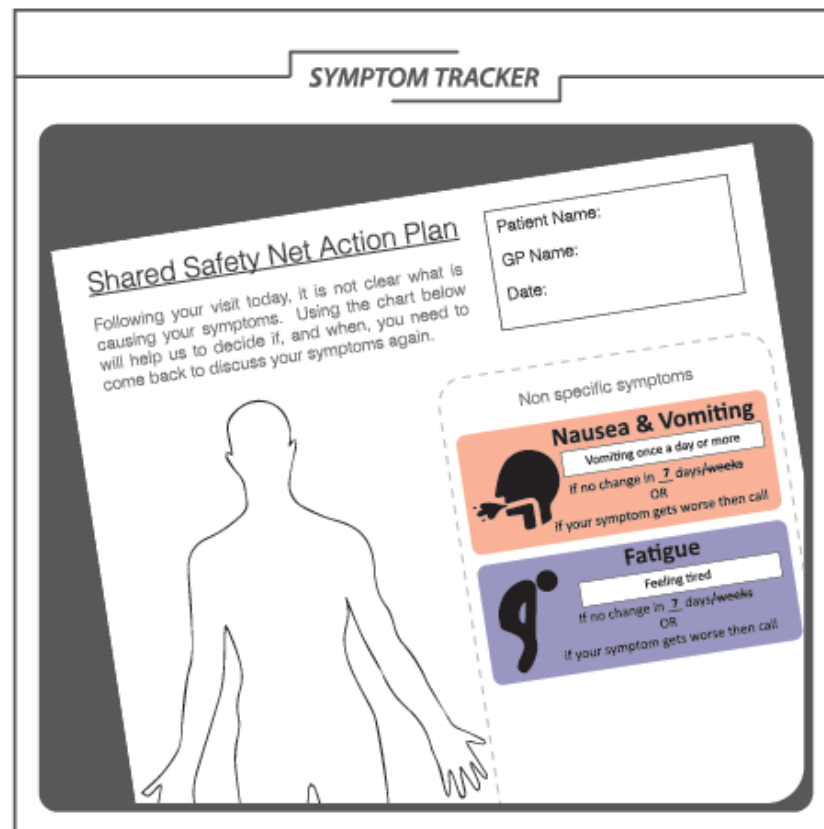
Shared Safety Net Action Plan (SSNAP) intervention

The SSNAP in action.....



Shared Safety Net Action Plan (SSNAP) intervention

The SSNAP in action.....



Shared Safety Net Action Plan (SSNAP) intervention

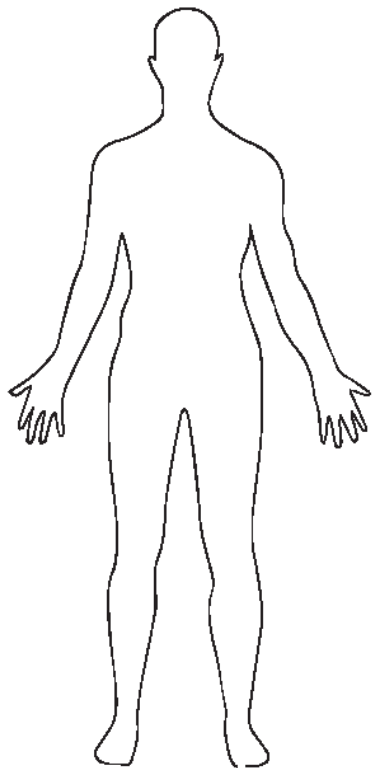
Symptom Safety Net Plan

Following your visit today, it is not clear what is causing your symptoms. Using the chart below will help us to decide if, and when, you need to come back to discuss your symptoms again.

Patient Name:

GP Name:

Date:




Non specific symptoms

If something doesn't feel right please do get back in touch:
 Call 01142682937 to book an appropriate appointment and let the receptionist know that this is part of your shared plan.


© Bradford Teaching Hospitals NHS Foundation Trust

Nausea & Vomiting




If no change in __days/weeks
OR
if your symptom gets worse then call

Breathing




If no change in __days/weeks
OR
if your symptom gets worse then call

Bleeding




If no change in __days/weeks
OR
if your symptom gets worse then call

Passing Urine / Poo




If no change in __days/weeks
OR
if your symptom gets worse then call

Chest

 Palpitations


If no change in 7 days/weeks
OR
if your symptom gets worse then call

Head & Neck

 Hoarse voice


If no change in __days/weeks
OR
if your symptom gets worse then call

Brain

 Confusion


If no change in __days/weeks
OR
if your symptom gets worse then call

Brain




If no change in __days/weeks
OR
if your symptom gets worse then call

Intestines




If no change in __days/weeks
OR
if your symptom gets worse then call

Abdomen




If no change in __days/weeks
OR
if your symptom gets worse then call

Something Not Right

 Feeling pins and needles in left arm


If no change in __days/weeks
OR
if your symptom gets worse then call

Nausea & Vomiting

 Frequency of vomiting

If no change in __days/weeks
OR
if your symptom gets worse then call

Musculo - Skeletal

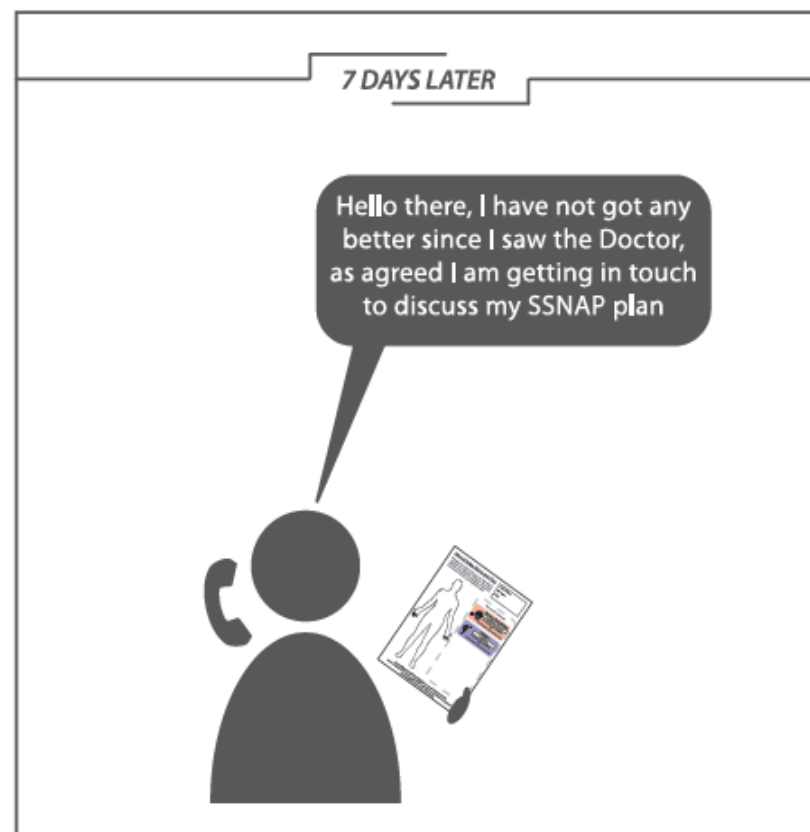
 Low back pain

If no change in __days/weeks
OR
if your symptom gets worse then call

- BODY LOCATION
- ACTION
- STATE

Shared Safety Net Action Plan (SSNAP) intervention

The SSNAP in action.....



Shared Safety Net Action Plan (SSNAP) intervention

We anticipate the potential impact on patients and/or cancer outcomes to be:

- 1) Changing patient and health professional behaviour for closer monitoring of possible cancer symptoms, and increasing general awareness of health and symptom monitoring;
- 2) Supporting re-attendance in primary care when cancer is possible;
- 3) To increase the number of cancer diagnoses at earlier stages in primary care;
- 4) Increase cancer survival rates.

Shared Safety Net Action Plan (SSNAP) intervention



National Institute for
Health Research



Future research

Shared Safety Net Action Plan (SSNAP) intervention small-scale testing and feasibility study

Adapting the Shared Safety Net Action Plan (SSNAP) intervention for the South Asian population

Developing a safety-netting intervention for the earlier diagnosis of cancer in primary care.

People involved so far...

Jane Heyhoe
Rebecca Lawton
Caroline Reynolds
Dan Wolstenholme
Cheryl Grindell
Remi Bec
Angela Tod
Richard Neal
Brian Nicholson
Gemma Louch
Jane O'Hara
Laura Sheard
Ian Watt
Paul Carder

Stella Johnson
Ruby Bhatti
Kate Smyth
Aamer Khan
Aamnah Rahman
Owen Johnson
Andrew Scally
Gail Opio-Te
Alice Dunning
Olivia Johnson
Alex Howat
Abi Albutt



Follow us:
@yqsrdotorg and @YH_PSTRC

We are grateful to all patients, primary care professionals and stakeholders for giving their time to take part in this project.

This research has been supported by Research Capability Funding from Yorkshire & Humber Commissioning Support, NIHR CLAHRC Yorkshire and Humber www.clahrc-yh.nihr.ac.uk and the National Institute for Health Research (NIHR) Yorkshire and Humber Patient Safety Translational Research Centre (NIHR YH PSTRC). The views expressed in this presentation are those of the author(s) and not necessarily those of the NHS, the NIHR, or the Department of Health and Social Care.

A horizontal bar composed of several colored segments: green, dark green, orange, purple, red, dark blue, and light blue.

If you would like to find out more, or have any questions please contact:

Dr Jane Heyhoe (Jane.Heyhoe@bthft.nhs.uk)

Get in touch



Follow us on Twitter:

@YH_PSTRC

Website: www.yhpstrc.org

Contact: carolyn.clover@bthft.nhs.uk

Yorkshire and Humber Patient Safety Translational Research Centre is funded by the National Institute for Health Research. The views expressed in here are those of the author(s) and not necessarily those of the NHS, the NIHR, or the Department of Health and Social Care.