

Yorkshire and Humber Patient Safety Translational Research Centre

Delivering research to make healthcare safer

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Dr Jane Heyhoe Caroline Reynolds





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, Elliss-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.



Our experience in this field

- Research
- Yorkshire and Humber Patient Safety Translational Research Centre

Partners, collaborators and vision



Partners and collaborators

Bradford
Teaching
Hospitals NHS
Foundation Trust

University of Leeds

University of Bradford University of York

Care Opinion

Vision

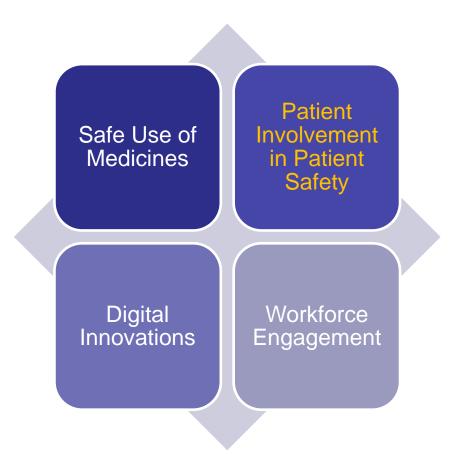
Addressing NHS and patient priorities

Creating and piloting innovative solutions to complex problems

Recognised for research excellence



Our research themes





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.

information if patient consults different HCPs for on-going health problem HPC awareness of previous presentations in current consult

Patient access to their medical records Guidance/support provided by patient navigators (lay or professional people)



ogic Model – Patient involvement in diagnosing cancer in primary care. The Problem - Patients are Strategies to foster patient Benefits to patients and health services Moderators involvement in the diagnosis of cancer not always engaged in assisting with the diagnosis of in primary care Mediators **Outcomes** cancer in primary care (Proximal outcomes) (Distal) Patient level characteristics: Education for patients in cancer symptoms Co-morbidity recognition and stages of diagnostic process: Preferences Practice level Patients' and HCPs' gaps in cancer Knowledge Public awareness campaigns Reduced diagnostic Improved monitoring of knowledge Expectations delay symptoms Adherence Training for HCPs: Patients' and HCPs' difficulty in Socio-economic Thorough information gathering Promotion of self-advocacy Less intensive or toxic identifying potential symptoms Culture Patient-centred primary care treatment **Emotions** consultation Improved patient Poor patient-HCP communication Attitudes adherence Increased survivorship during consultation Competing life demands Encouraging and facilitating an open and Previous medical honest conversation between patient and Reduced patient anxiety Improved quality of life Patients not re-presenting back to encounters primary care/adhering to Communication skills Increased sense of Reduction in management plans Expression Safety-netting: emergency admissions empowerment Openness Clear plan for follow-up and Variation in processes for review of symptoms Improved patient-HCP Increased and diagnosing cancer HCP level characteristics: transferable skills for relationship Consultation style Clear time-scale for follow-up and **HCPs** Patients' and HCPs' perceptions Quality of record keeping review of symptoms Improved patient Experience understanding of diagnostic Attitudes Adoption of an open-door policy and process Patients' and HCPs' emotions Cognitive overload validation for patients whose symptoms Improved quality of Patients' lack of knowledge about Patient-HCP previous relationship consultation diagnostic process Avoidance of false reassurance Lack of continuity of diagnostic Practice level characteristics: HCP sharing knowledge about diagnostic information during diagnostic Practice consultation process with patient process **HCP** resources Enhanced communication between HCPs to Management of patients who do **HCP** availability not meet referral criteria Continuity of diagnostic

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.



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





- 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 codesign 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.



The SSNAP in action.....

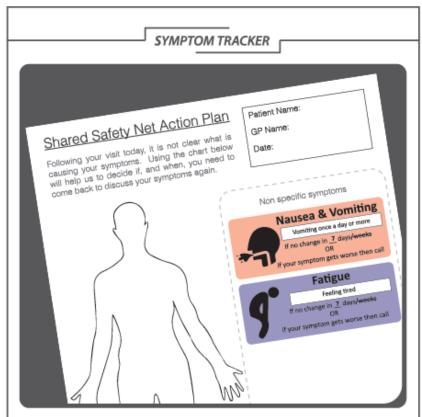






The SSNAP in action.....



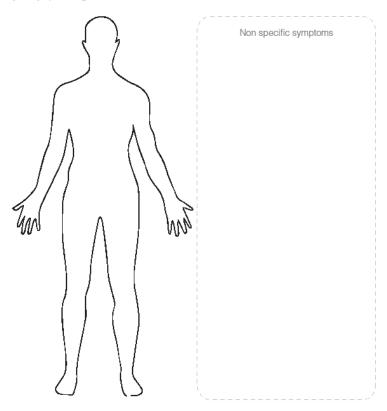




Symptom Safety Net Plan

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.

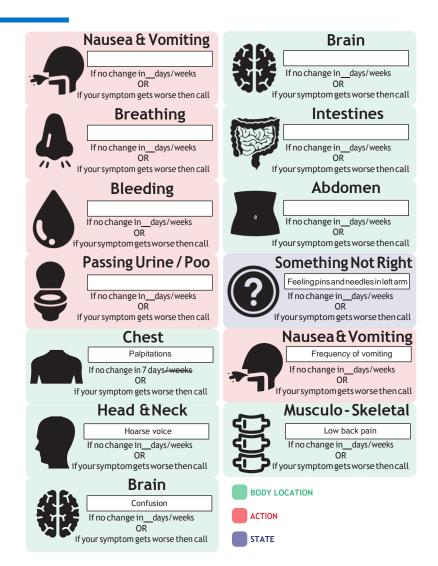
Patient Name:
GP Name:
Date:



If something doesn't feel right please do get back in touch:

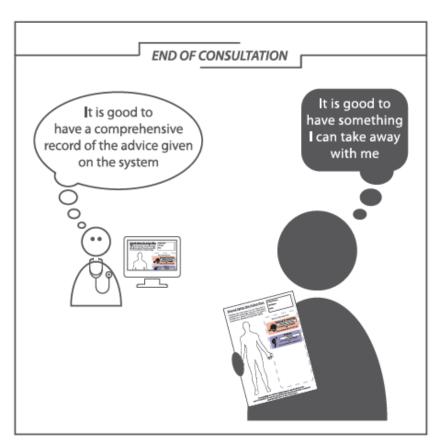
Call 01142682937 to book an appropriate appointment and let the receptionist know that this is part of your shared plan.

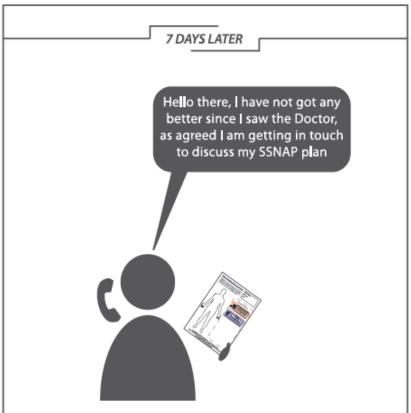
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The SSNAP in action.....







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

- 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.



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. National Institute for Health Research

People involved so far...

Ian Watt

Paul Carder

Jane Heyhoe Stella Johnson
Rebecca Lawton Ruby Bhatti
Caroline Reynolds Kate Smyth
Dan Wolstenholme Aamer Khan

Cheryl Grindell Aamnah Rahman Remi Bec Owen Johnson Angela Tod **Andrew Scally** Richard Neal Gail Opio-Te Brian Nicholson Alice Dunning Gemma Louch Olivia Johnson Jane O'Hara Alex Howat Laura Sheard Abi Albutt



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

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Get in touch



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