

Wales Interventions and Cancer Knowledge about Early Diagnosis (WICKED) Findings of Work Package-2 of the WICKED research programme

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Background & Aims

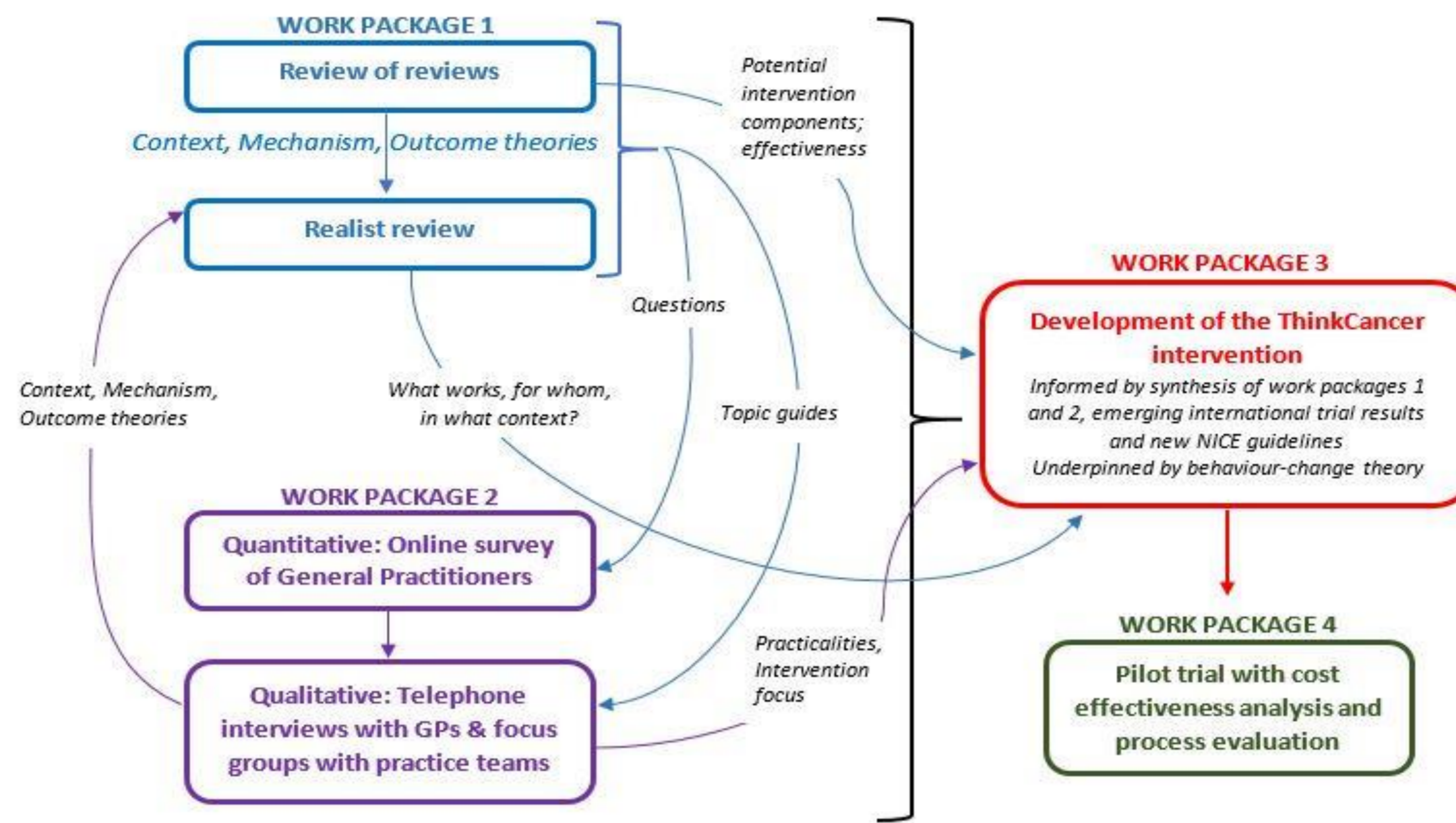
Cancer outcomes in the UK are worse than many countries with similar health structures. General practitioners (GPs) play a pivotal role in improving cancer outcomes through earlier diagnosis. The Wales Interventions and Cancer Knowledge about Early Diagnosis ('WICKED') programme has been designed to develop and evaluate an intervention to enable GPs to expedite cancer diagnosis.

Design & Methods

The programme is divided into four inter-related Work Packages (WPs) demonstrated in the figure below. Here we focus on the Work Package 2.

Quantitative component:

All GPs in Wales were invited to take part in an online survey that was developed through iterative process showed in the figure. The questionnaire comprised: demographic information; questions about perceptions and attitudes towards early cancer diagnosis within their day-to-day practice; and the COM-B Self-evaluation Questionnaire anchored to referral and investigative behaviour. The target was a minimum of 200 responders.



Qualitative component:

Twenty qualitative interviews with GPs explored individual beliefs and behaviours. Four focus groups with practice teams explored practice systems and norms. Purposive sampling (rurality, deprivation, years since qualification, training practice status) identified participants with a range of characteristics and perspectives. Data was analysed using Framework methods, underpinned by the Behaviour Change Wheel.

Quantitative component

RESULTS - WORK PACKAGE 2

Qualitative component

GPs need more support

in relation to early cancer diagnosis

GPs agreed that

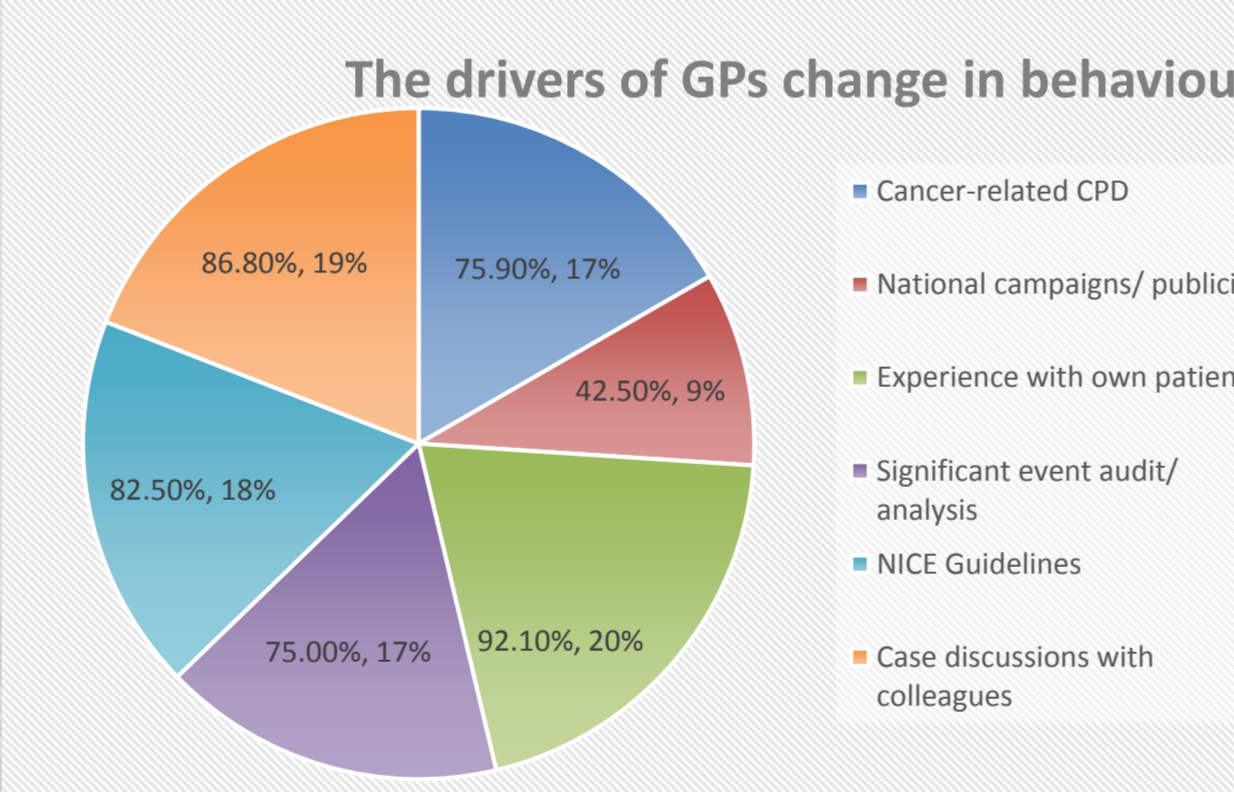
'Timelier diagnosis leads to better survival'
Question: What is your [GPs] agreement with the above statement (for each of the cancers)?

Better cancer survival



92% agreed for breast, colorectal, endometrial, & renal cancer
78% agreed for myeloma
76% agreed for pancreatic cancer

Question	Definitely No	Probably No	Uncertain	Probably Yes	Definitely Yes
1	1 (0.4%)	15 (5.1%)	12 (4.7%)	98 (38.3%)	132 (51.6%)



Question: How confident are you regarding how to manage patients with possible symptoms of these cancers, but which don't qualify for urgent referral or investigation under NICE guidelines?	Not at all confident	Not very confident	Fairly confident	Very confident
Cancer				
Breast	7 (2.8%)	48 (19.4%)	149 (60.1%)	44 (17.7%)
Colorectal	8 (3.2%)	47 (18.9%)	152 (61.0%)	42 (16.9%)
Endometrial	7 (2.8%)	70 (28.1%)	135 (54.2%)	37 (14.9%)
Myeloma	13 (5.2%)	102 (41.0%)	112 (45.0%)	22 (8.8%)
Pancreas	12 (4.8%)	97 (39.0%)	119 (47.8%)	21 (8.4%)
Renal	11 (4.4%)	82 (32.9%)	131 (52.6%)	25 (10.0%)

Early analysis of six interviews has revealed 5 themes:

Professional reputation

"..I can see that they're referring the same people as I'm referring, so I don't feel like [laughs] I'm over-referring" (F, low deprivation, urban, 15-25 yrs experience)

Downgrading of referrals affects behaviour

"They [secondary care] should just trust GPs"
"Learn what to put in the referral to make sure they get seen"
(F, low deprivation, rural, < 10 yrs experience)

Over-investigating and referring to avoid blame or guilt

"...want to try and avoid that feeling as much as possible...maybe we practise over-defensive medicine"
(F, medium deprivation, rural, 15-25 yrs experience)

Decision-making support and emotional reassurance

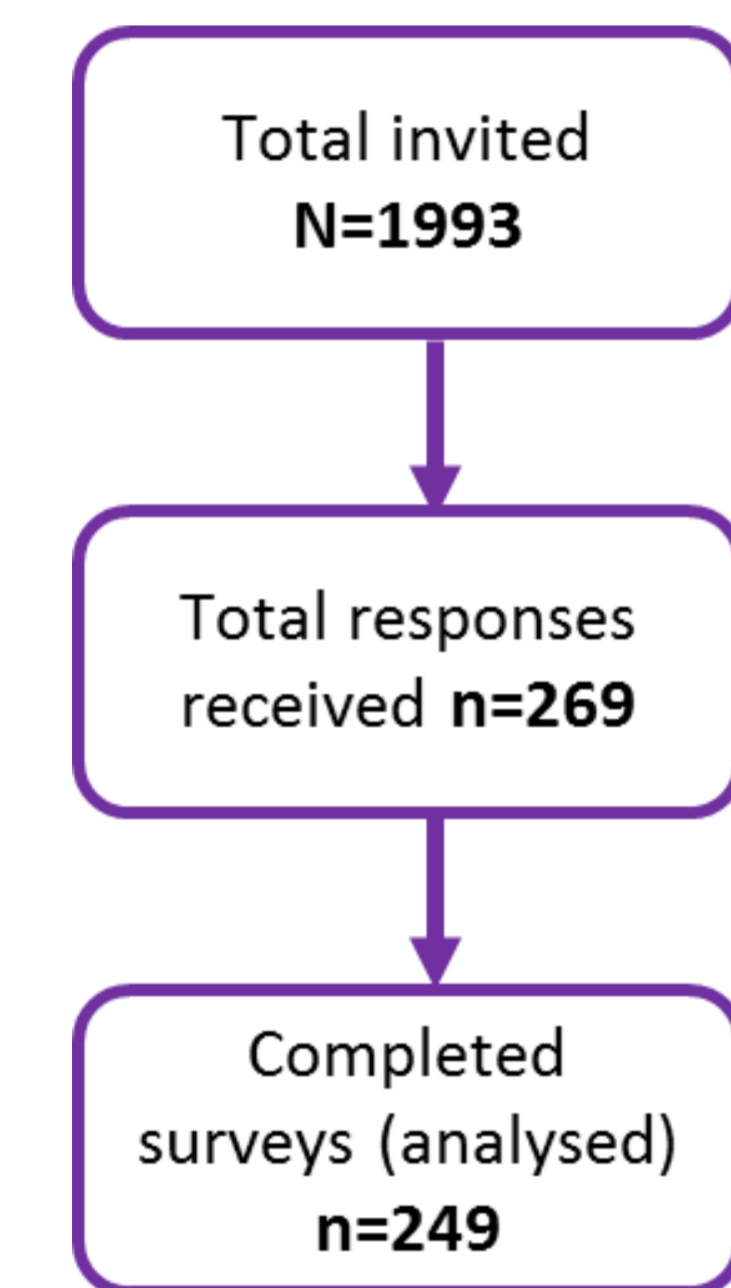
"Pick up the phone...decide on the best way to proceed" (M, medium deprivation, urban, 15-25 yrs experience)
"Speak to one of the partners...problem shared, problem halved"
(F, medium deprivation, urban, 15-25 yrs experience)

Hard to know which speciality to refer to

"...do the initial sorting and the shuffle to the right place. If we draw a blank, then sometimes there isn't anywhere to send them..." (M, low deprivation, urban, < 10 years experience)



The focus groups have explored key areas emerging from WP1 including; 'communication', 'significant event analysis', 'safety netting', 'tests and investigations'



GPs can, & do change their behaviour to cancer related diagnostic activity
GPs feel more confident to diagnose various cancers

COM-B Self-evaluation Questionnaire: When it comes to you personally referring patients with suspected cancer symptoms, what do you think it would take for you to do it even better		
I would have to...	Yes	No
Capability		
Know more about why it was important	85 (33.6%)	168 (66.4%)
Know more about how to do it	71 (28.1%)	182 (71.9%)
Have better physical skills	60 (23.7%)	193 (76.3%)
Have more mental strength	67 (26.5%)	186 (73.5%)
Overcome mental obstacles	94 (37.2%)	159 (62.8%)
Have more mental stamina	101 (39.9%)	152 (60.1%)
Opportunity		
Have more time to do it	195 (77.1%)	58 (22.9%)
Have more money	19 (7.5%)	234 (92.5%)
Have it more easily accessible	218 (86.2%)	35 (13.8%)
Have more people around me doing it	90 (35.6%)	163 (64.4%)
Have more triggers to prompt me	110 (43.5%)	143 (56.5%)
Have more support from other	154 (60.9%)	99 (39.1%)
Motivation		
Feel that I want to do it enough	55 (21.8%)	197 (78.2%)
Feel that I need to do it enough	83 (32.9%)	169 (67.1%)
Believe that it would be a good thing to do	126 (50.0%)	126 (50.0%)
Develop better plans for doing it	142 (56.3%)	110 (43.7%)
Develop a habit of doing it	139 (55.2%)	113 (44.8%)

Conclusion

Both components provided an in-depth understanding of the influences on early cancer diagnosis by GPs and practice teams in primary care. GPs can, and have, changed their cancer related diagnostic activity, and believe that they can influence timely diagnosis. They also identified a number of ways in which future interventions may be targeted to maximise behaviour change. The findings will be used to inform the development and evaluation of a behaviour change intervention to expedite the diagnosis of symptomatic cancer.