

Ymyriadau a Gwybodaeth Canser am Ddiagnosis Cynnar Cymru
Wales Interventions and Cancer Knowledge about Early Diagnosis

WICKED

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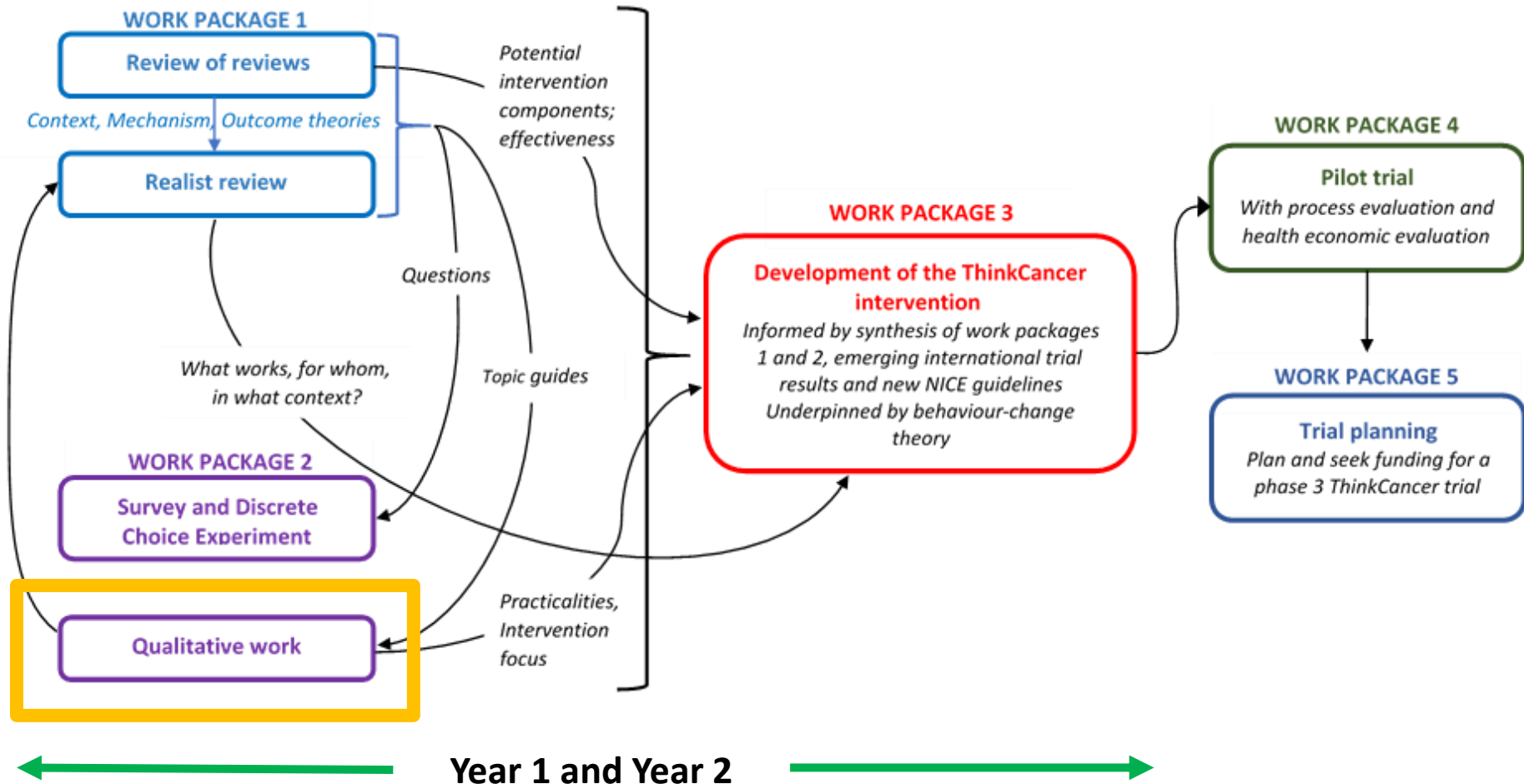
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The development and evaluation of primary care interventions to expedite the diagnosis of symptomatic cancer in Wales

The qualitative component of the ‘WICKED’ programme



Overview of programme



Qualitative work

- Aims and objectives
 - GPs' personal beliefs and behaviours (individual interviews)
 - Practice team systems and norms (practice focus groups)



About identifying, investigating,
referring cancer signs and symptoms in
primary care

Data collection

- **Purposive sampling**
 - Rurality, deprivation, years since qualification (individual GPs), training practice status
- **Recruitment**
 - 20 individual GP interviews - 6 completed
 - 4 practice focus groups to do
- **Topic guide**
 - Behaviour Change Wheel (Michie et al., 2014)
 - Examples from individual practice



Framework analysis

Six out of 20 interviews so far:

- ✓ Familiarisation
- ✓ Index creation
- ✓ Charting synthesised data
- ✓ Descriptive thematic analysis
- ✓ Interpretation

(Ritchie and Spencer, 1994)



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5 emerging themes



Wanting referral behaviour to ‘fit’

- **Professional reputation**

“It’s actually quite nice because 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 or under-referring.”

(Female GP: low deprivation, urban, 15-25 yrs experience)





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Feeling ‘un-trusted’ by secondary care

- Down-grading of referrals
- Affects behaviour, preparing case

“I think they [secondary care] should just trust the GPs” (Female, low deprivation, urban, 15-25 years)

“You learn what to put in the referral to make sure they do get seen” (Female, low deprivation, rural, < 10 years)



Practising ‘over-defensive’ medicine

- **Over-investigating and referring to avoid blame or guilt**

“So, in terms of preserving yourself, you want to try and avoid that feeling as much as possible...maybe we practise over-defensive medicine at times”

(Female, medium deprivation, rural, 15-25 years)



Support from colleagues

- **Decision-making support**
- **Emotional reassurance**

“Or you pick up the phone to the gastroenterologist and then decide on the best way to proceed” (Male, medium deprivation, urban, 15-25 years)

“Speak to one of the partners...problem shared, problem halved” (Female, medium deprivation, urban, 15-25 years)





Difficulty referring vague symptoms

- **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...” (Male, low deprivation, urban, < 10 years)



Summary

- Emerging contextual influences on GP behaviour
- Particular challenges
- Some areas warrant further exploration
 - Personal, emotional
 - Patient factors



Going forward with 'WICKED'

- Five emerging themes
 - More interviews and four practice-based focus groups to go
 - 'Seeds' of interest
 - Useful initial insight to help inform future interviews
- Interpretative analysis
- Informing other work packages and mapping to the behaviour change wheel

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Thank you

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Participants so far and people who have helped us
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Cancer Research Wales



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Realist review

1. Develop initial programme theories from literature and stakeholder consultation
2. Literature search guided by programme theories to identify what works, for whom, in what contexts
3. Testing and refining programme theories with stakeholders - refine
4. Actionable recommendations



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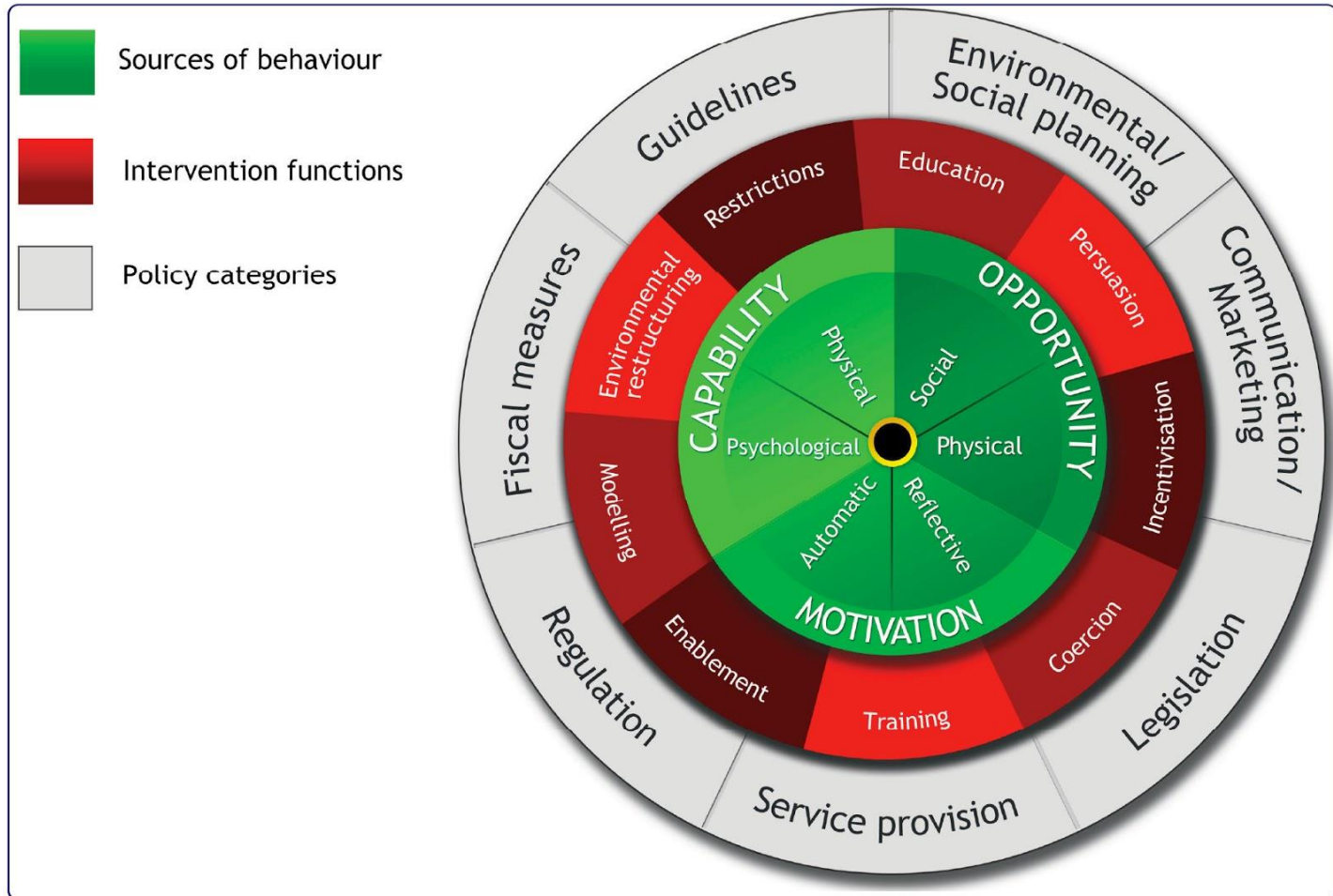


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Topic guide

- Barriers and facilitators
- Knowledge used
- Beliefs about managing potentially cancerous symptoms
- Concerns
- Emotion
- Environmental or social aspects, or other
- Reflecting/changing behaviour

The Behaviour Change Wheel



(Michie et al., 2014)

Outline

- Overview of ‘WICKED’ programme
- Qualitative work
 - Aims and objectives
 - Methods
 - Analysis
- Five emerging themes
- Going forward with ‘WICKED’