

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

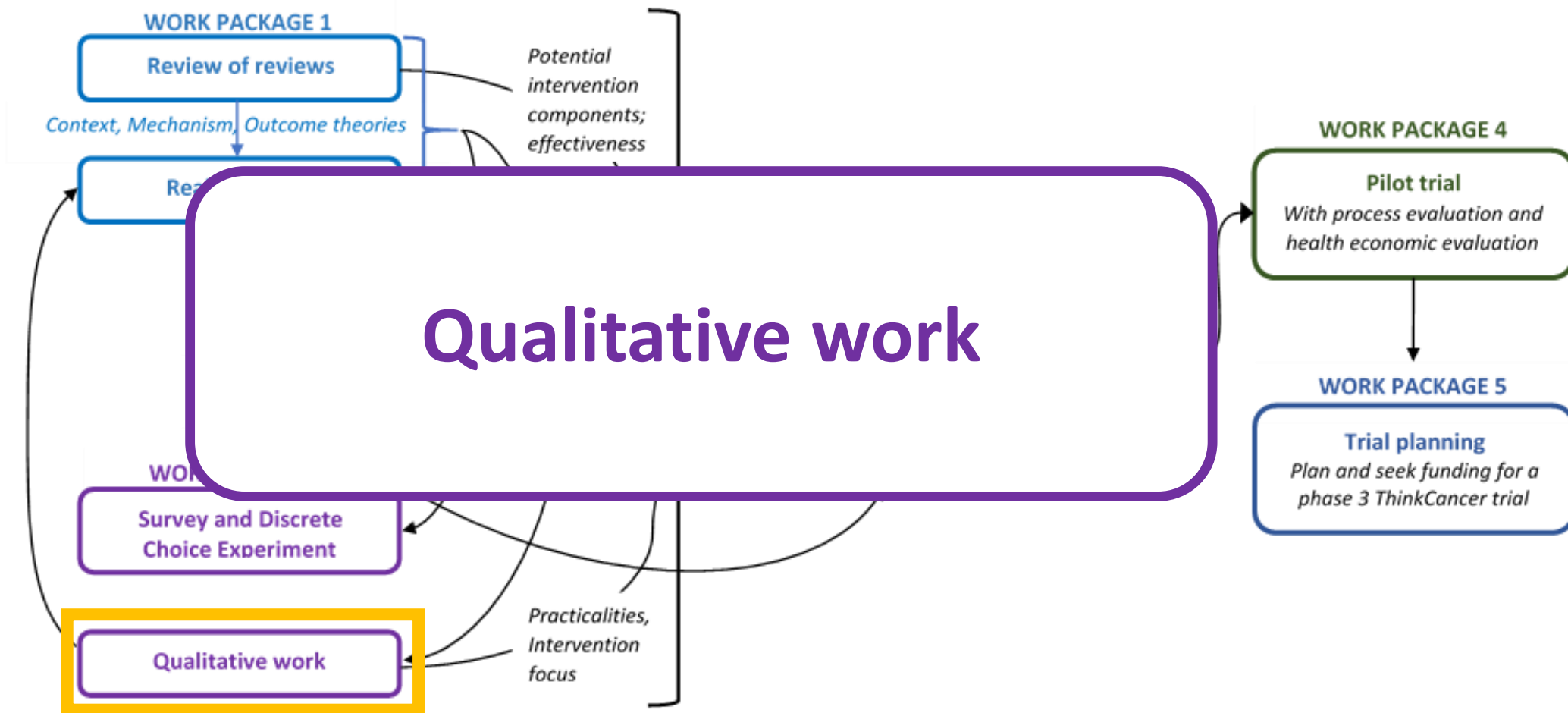
WICKED

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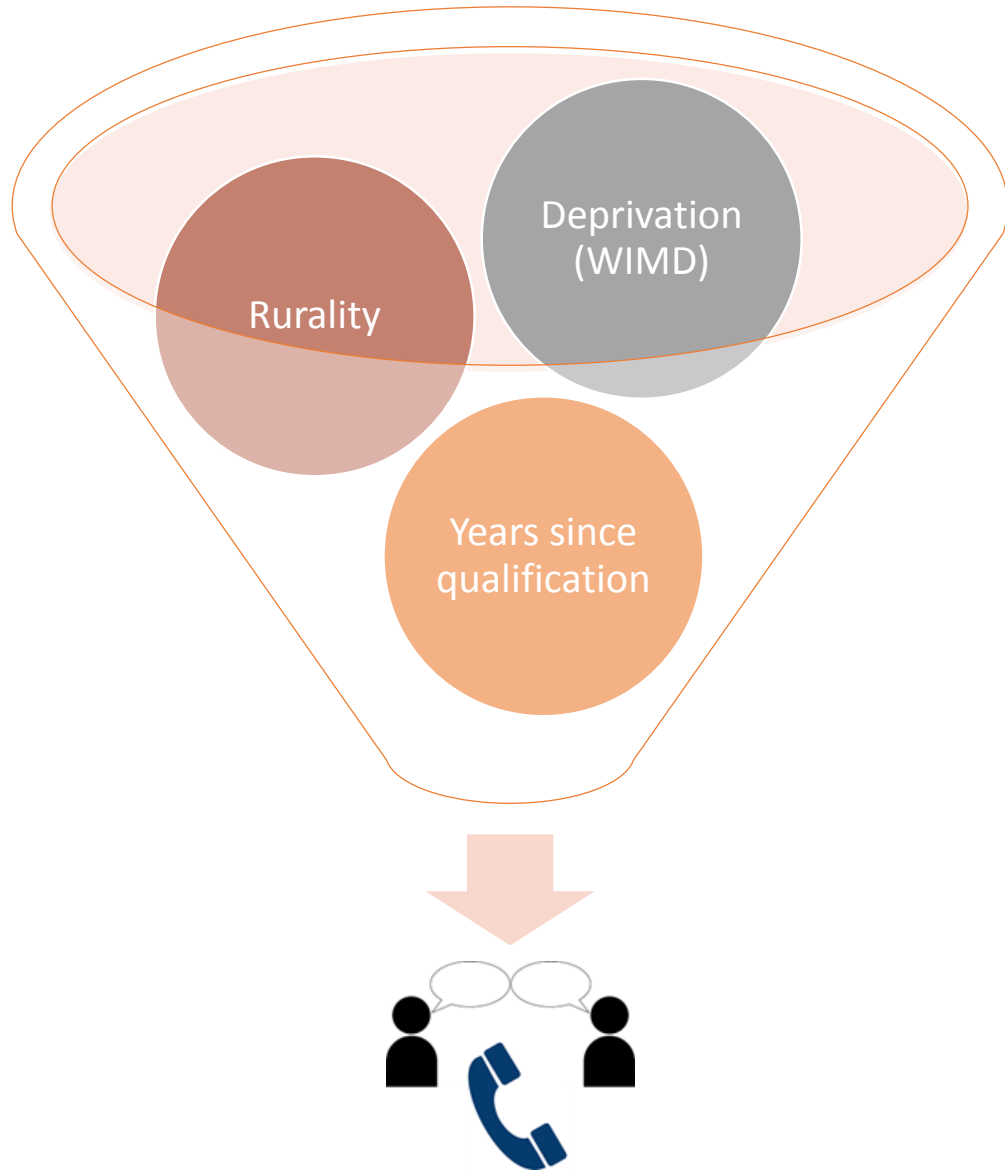
Aims and objectives

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

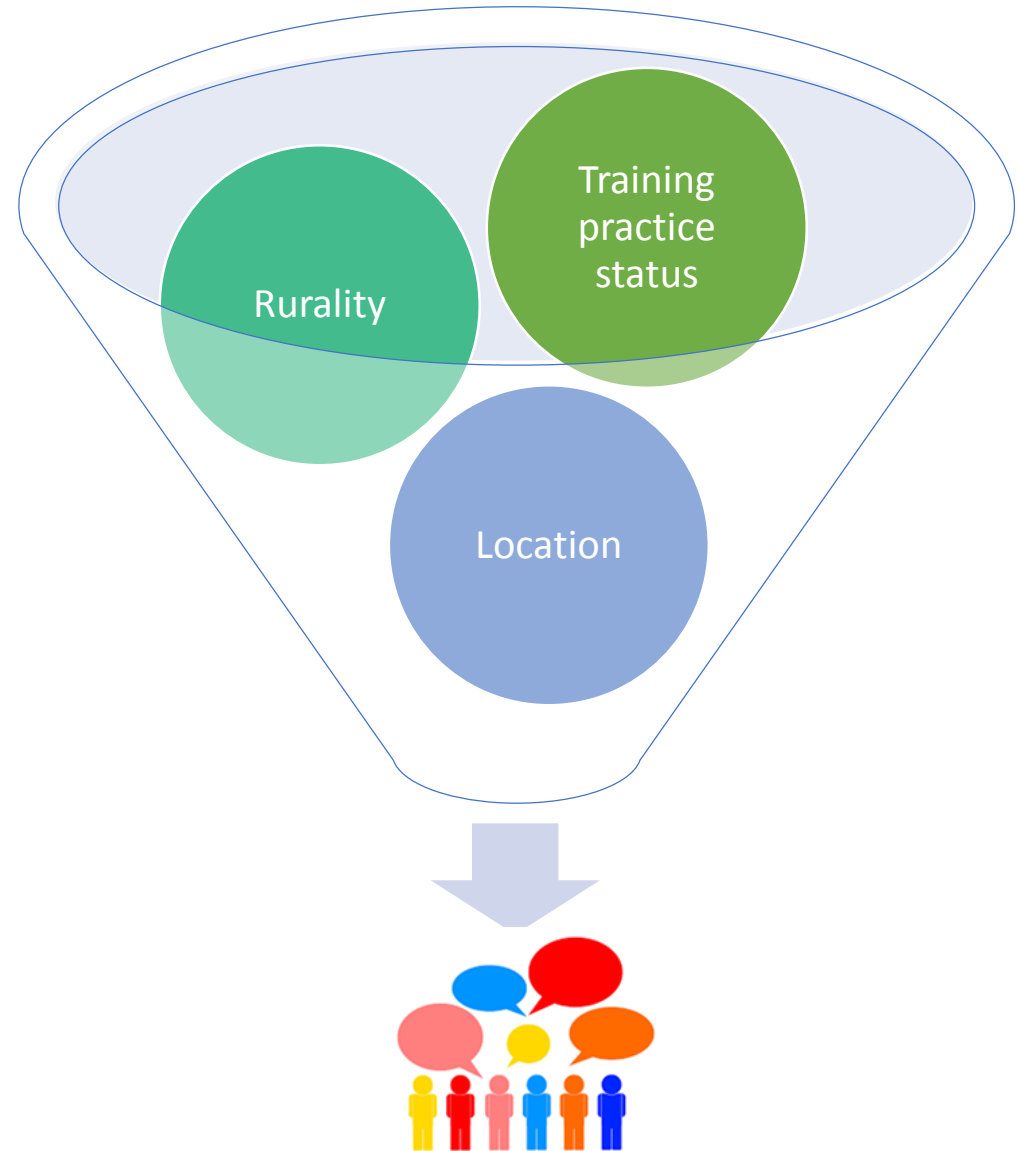


About identifying, investigating, referring cancer signs and symptoms in primary care

20 GP interviews



4 practice focus groups





NICE guidance

Own judgement

Findings and interpretation

“Well, some of them you use every day, so it just becomes...something you’re thinking about constantly...just part of the everyday decision making” (*M, urban, medium deprivation, < 10yrs experience*)

“I find them quite comforting, because they give me a framework...you need something to hang your decision on, so if it’s a wrong decision at least I can say, “it’s a wrong decision, but I based it on that”
(*F, urban, high deprivation, 15-25yrs experience*)

“When I have a gut feeling I follow it through and I say, “No, I think we should do something”. (*M, rural, low deprivation, > 30yrs experience*)

“In day-to-day work, I’m finding a little bit tricky...I can’t use my judgement to get the test quickly. But in my opinion, on certain occasions, it might be needed.” (*M, urban, high deprivation, 15 – 25yrs experience*)



NICE guidance

Own judgement

Tension

Referrals feel unwelcome

Secondary care pressures



“If I see somebody with a chest problem that I suspect is lung cancer, I might do an urgent suspected cancer referral. Quite often, they’re downgraded by the hospital. So they look at what you send them and say, “No, we don’t think it’s that, we don’t have to see them in two weeks.” There’s quite a bit of that that goes on, which doesn’t really help matters”

(M, low deprivation, urban, > 30yrs experience)

“A big part of me wants to refer everyone. Yeah, 3% risk, you’re more likely to catch that earlier diagnosis and get a curable disease. But at the same time, you don’t want to completely swamp the system so that no one’s getting it. It is very resource-limited. It does affect my practice significantly.”

(F, high deprivation, urban, 15-25yrs experience)

“You learn what to put in the referral to make sure they get seen”

(F, low deprivation, rural, < 10yrs experience)



NICE guidance

Own judgement

Tension



Referrals feel unwelcome



Secondary care pressures



Helpful formal and informal systems

Positive practice culture

“I hope, and I think everyone would say, we feel like we work in a team. [Group agrees]. We’ve got different roles but just because I’m the doctor it doesn’t mean that what I say goes. I really rely on other people to feed back to me and for me to feedback to them. That’s how things work.”

(GP, urban area, non-training practice)

“I think on the phone it is obviously you don’t see people, do you but at the desk you do. So you notice their weight, or the yellowness or, you know if you think there is something not right I mention it to one of the doctors.”

(Receptionist, urban area, non-training)

“The on-call doctor system is excellent...if you’ve got any concerns, you know who’s on call, you go and wait. When their patient comes out, you go in and speak to them.”

(Nurse, rural area, training practice)

“A forum to clarify policies and procedures...give scenarios to staff. There’s always things that you can do differently or better. It’s just a case of sharing ideas and agreeing on a way forward, really.” (Practice Manager, rural area, training practice)

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Thank you

Does this fit with your experiences?
Anything that doesn't?

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NICE guidance
and current
policy

Own
judgement

Tension



Referrals feel
unwelcome

Secondary
care pressures



Helpful
systems

Positive
practice
culture