Thames Valley Macmillan GP Facilitators Evaluation Report

Introduction

In June 2011 Thames Valley Cancer Network appointed three Macmillan GP Facilitators (GPF’s) to cover Berkshire, Oxfordshire and Swindon; the Network was unsuccessful in recruiting to cover Buckinghamshire, which has continued to be the case, despite a number of attempts and interviews.

Each GPF provided one session per week (4 hours), though there was flexibility to do additional hours where necessary/appropriate. Over the last 2.5 years, they have provided 356 sessions.

In the original Case of Need presented to Macmillan Cancer Support, it highlighted the need for the (then) Thames Valley Cancer Network to increase engagement with Primary care and GP’s in particular:

> To date there has been a lack of primary care involvement in the Network, apart from particular GP involvement in certain groups within the Network and as members of the Local Cancer Implementation Groups. We need to expand this primary care contribution to the Network, particularly in light of the Cancer Reform Strategy, emphasis on Awareness and Early Diagnosis, Outcomes data, Survivorship and shifting care, where possible, closer to home. We require primary care clinician involvement in discussions and project development, offering their experience, systems knowledge and influence.

The Macmillan GP Facilitators were to be the important link and conduit for both Macmillan and the Cancer Network into Primary Care, and specifically to engagement with Practice GP’s. The ambition, through GP’s talking to GP’s, was to enhance the understanding of cancer and its management within Primary Care and develop the notion of supporting delivery of cancer care in the wider healthcare community.

The brief given to the GPF’s, detailed in the advertising of the posts, is described below:

> The role will be expected to influence and support the individual [cancer] site pathways, concentrating on early awareness, diagnosis, referral processes, primary care guidelines, follow-up and survivorship, including where possible, shifting cancer care from secondary to primary care …

> An important tool in this work will be discussing the recently launched Cancer Profiles with GP Practices in the GP Facilitator’s designated area.

The particular focus of the GPF’s has been, in line with National programmes to increase the awareness and early diagnosis of cancer – ‘National Awareness & Early Diagnosis Initiative’ (NAEDI), which developed into the NHS ‘Be Clear on Cancer’ campaigns. However, they have also contributed to the other aspects of work detailed above – this has included presentations at Primary Care education events and conferences across Thames Valley. This aspect of their work is of particular interest in evaluating the role and the linkage into the
NHS Outcomes Framework Domain 1 work-stream – defined as Preventing Premature Mortality.

In one of the GPF Annual Reports, the comment below was made

*I strongly believe that practices cannot be forced into writing cancer plans, or made to undertake audit, and to insist on such, without financial incentive, would mean having doors closed to one. This is where motivational interviewing, and the cycle of change behaviour comes into play. We have to sow the seeds and help practices along this path, in their own time.*

This really gets to the heart of the initiative and the important role of GP’s talking to, educating their GP colleagues; this is achieved by being in the same room, sitting in the actual Practice premises.

**Evidence and Outcomes Review**

A number of approaches are taken in examining the evidence to review and (hopefully) support and enhance the role of the GPF’s:

a. Review of annual reports produced by the GPF’s
b. Literature review examining such roles and the notion of GP training/education by GP’s.

c. Review of associated/relevant cancer care data

a. **GPF Annual Reports**:

As part of the Macmillan agreement, each GPF produces an annual report detailing their activity and experience over the previous twelve months.

Although anecdotal, positive comments received include:

- I just wanted to say Thank You for attending our PCHT meeting yesterday. We all found your presentation excellent and very interesting.
- The doctors are discussing and sharing the learning points from your visit. The audit of diagnosis following emergency is definitely an excellent learning tool and we plan to do that asap.
- One other verbal comment … was from a GP who was studying his mouse mat Risk Assessment Tool who said, “This has made a difference already. I have a patient who, having looked at this, I am going to go and make a 2 week wait referral for straight away.”

More specific outcomes from the sessions in GP Practices included:
1. Invitations that I have received to return again to practices or GP education sessions are symptomatic of presentations well received – but are only a surrogate marker for uptake of reflection and audit that I have promoted, which in turn have to result in change in clinical practice to be meaningful.

2. The [Ovarian Be Clear About Cancer] campaign gave the opportunity to get the local pathologist who had previously restricted use of the CA125 test to accept more GP use of this NICE accredited diagnostic tool. This I think was a significant achievement. One of the best outcomes from the meeting was an agreement with the secondary and primary care doctors to carry out a Swindon-wide audit of Ca125 use over three years, comparing the symptoms at presentation, use of ultrasound scanning and referral to hospital.

3. I persuaded Newbury and District CCG to have 100% of member practices participating in NAEDI 3, and they used this as a case study to demonstrate quality during their CCG authorisation process last September.

4. … one of the QOF QP audits for this year for the whole Berks West Federation is to get all GPs to audit cancer routes to diagnosis. Following discussion with North and West Reading CCG, they have developed a Local Enhanced Service to improve bowel screening uptake and it is likely this will be rolled out across the other 3 CCG’s in the Federation.

b. Literature review examining such roles and the notion of GP training/education by GP’s. The Network is grateful to Julia Hallam, Outreach Librarian, Oxford Health Libraries, Oxford Health NHS Foundation Trust who completed a very useful literature review.

Detailed below are some of the key points taken from the reviewed literature:

The study provided important insights into the potential role of the GP in cancer prevention as seeking to empower and motivate individuals to take responsibility for their own health and make more informed lifestyle choices. It is important to acknowledge, however, that surveys such as this are in large part based on self reporting, and may reflect what GPs think they do or should do. It can be argued that more objective evidence (e.g., chart audits) is needed to see what GPs actually do in practice.

Whilst alluding to prevention as opposed to early diagnosis, this article is one of a number that support the importance of the role of the GP and also indicates the need for objective evidence – the encouragement to be involved in the NAEDI audits has been a consistent thread for the Thames Valley GPF’s.

The participants clearly indicated that peer groups are of value and are well regarded. There are two perceived areas of value; educational and pastoral. Peer
groups can be anchored into educational literature and there is evidence that the underlying principles can create change in physician behaviour.

The picture that emerges from the first year of this facilitator project is broadly a positive one. Facilitators have tailored their roles to fit in with and augment the practices with which they deal. Attitudes vary, but their goals of facilitation and education appear similar. The main challenges facing post-holders is that of being aware of the possible existence of professional rivalries whilst developing their role in ways which do not encroach upon the territories of long established colleagues.

These studies support the notion of positive learning through working within peer groups. A further point made is that there was a need for peer groups to provide an environment where a practitioner could feel both safe and vulnerable at the same time. Honesty and confidentiality within the group were critical to this. The second article also highlights the need to recognise professional sensitivities, which a peer is more likely to do.

We found the Facilitator programme to be popular with local GPs who valued the support of a colleague who knew the demands and constraints of general practice. In conclusion, we have demonstrated an impact of the GP Facilitator programme on GP awareness of, use and increased positive attitudes towards specialist palliative care services. By improving communication between primary and specialist palliative care, the programme should contribute substantially to improved care of the dying at home.

This highlights the importance of a dialogue with peers and the fact that there can be improved care as a consequence of a structured programme. The original Macmillan GP Facilitators had a palliative care focus, which has now broadened into a wider cancer base, with a focus on awareness and early diagnosis.

Other studies highlight the importance of education/training reflected by continuous professional development and its links to improved quality:

This study supports earlier research showing that CPD activities of sufficient quality and quantity are correlated with a high quality of professional practice by family physicians.

We conclude that lack of knowledge is likely to be an important factor in diagnostic error. Reducing diagnostic errors in primary care should focus on early and systematic recognition of errors including near misses, and a continuing professional development environment that promotes reflection in action to highlight possible causes of process bias and of knowledge gaps.

An added value to the above study was it being carried out in Oxfordshire.
Continuing medical education of primary care physicians has significant role in diagnosis and treatment of patients with IDA. Education programs result in benefits for the patients and physicians.

c. **Review of associated/relevant cancer care data**

The Network’s ‘Quality Improvement Lead – Informatics’ has gathered relevant data from national presentations – National Cancer Intelligence Network (NCIN) and Open Exeter (for example); the GP Cancer Practice Profiles have also been examined – 6 Practices that had been visited were taken from Berkshire, Oxfordshire and Swindon, along with a randomised selection of practices from Buckinghamshire.

To support examining available data, the fact that we were unable to provide a GPF to cover Buckinghamshire has provided this review with, what is effectively, a control group.

In both the NCIN and Practice Profile data, the one element where there was a difference between Buckinghamshire and the GPF covered counties (Berkshire, Oxfordshire and Swindon) was the number of two week wait referrals. This is one of the key areas of quality improvement monitored nationally and absolutely links into the awareness and early diagnosis work which has been a central part of the GPF work.

Below the information is presented graphically:
This information is presented by County. The red arrow indicates the commencement of the Macmillan GP Facilitators in post. Over this period, the Cancer Tumour Site Specific Groups, associated with Thames Valley Cancer Network, had agreed referral pathways with the PCT’s which included the appropriate two week wait referral form. It is useful to note that there was an increasing trend in two week wait referrals. However, it is also even more interesting to note that the period of involvement of the GPF’s (June 2011 onwards) sees the upward trend continuing in Berkshire, Oxfordshire and Swindon; in Buckinghamshire there is a levelling off of the trend.

The primary focus of the GPF’s had been awareness and early diagnosis of cancer. The implication from this information is that the GPF’s had the positive outcome of enhancing the focus on referral of patients into secondary care. This was not mirrored in the control (Buckinghamshire).

In examining the Cancer Practice Profile information, further information related to the two week wait referral process, highlights that there were less Buckinghamshire patients per percentage of practice populations who once referred were diagnosed with cancer. Education about awareness of cancer symptoms and emphasis of early referral was a key part of the work of the GPF’s.
In the conversations with their fellow GP’s, the GPF’s will also highlight the importance of cancer screening. As above, there is indication in bowel screening (for which there has been national ‘Be Clear on Cancer’ campaigns) that there are a greater number of invites to bowel screening that have translated into attendance for screening in the areas covered by GPF’s.

The information presented below examines the number of Bowel Screening attendances per County as a percentage of the GP Practice populations:
Information on Breast Screening once more identifies Buckinghamshire has the lowest rate as percentage of GP Practices population, against the GPF supported Berkshire, Oxfordshire and Swindon/North Wiltshire practices:

**Women who attended for Breast Screening as percentage of selected GP Practice population**
Ovarian cancer was one of the ‘Be Clear on Cancer’ campaigns which the GPF’s engaged in. Prior to the particular Ovarian cancer campaign and linked to diagnosis, NICE (later in 2011) produced revised guidance which indicated use of the diagnostic test Ca 125 if examination illustrated a series of symptoms associated with ovarian cancer.

As part of the ovarian campaign in the first quarter of 2013, Richard Fisher, GPF in Swindon and North Wiltshire, worked with GP Practices and the Great Western Hospital Foundation NHS Trust on this aspect of early diagnosis. This provides an example of a particular local positive outcome from the work of a GPF. Detailed below is the increased use of Ca 125 testing in Swindon/North Wiltshire:

![Graph showing increase in Ca 125 tests](image)

**Summary**

The evidence presented in this review does demonstrate positive outcomes from the Macmillan GP Facilitator role since its inception in June 2011.

The Annual reports provided by the three GPF’s provide an assortment of positive anecdotal comments and feedback from the colleagues they have visited and worked with.

The literature search provides a number of useful articles supporting the value and effectiveness of GP’s providing education, support and training to GP colleagues.

The data presented above, illustrating the progress in the number of two week wait cancer referrals, is useful as it provides the quantitative element to this review. It is particularly useful as it demonstrates a difference between the control (Buckinghamshire) and the GPF areas – Berkshire, Oxfordshire and Swindon; these have a continued improved
performance, whilst there has been a levelling off in Buckinghamshire; along with an overall lower number of two week wait referrals as per the 2012 Practice Profiles.

It is also interesting that there is a perceptible difference in some of the important cancer screening numbers; again demonstrating lower numbers in Buckinghamshire as the control group.

Next Steps

Whilst undertaking this review was an important part of the Macmillan GP Facilitator initiative within Thames Valley, as it moves into the final stages of the initial three year funding from Macmillan; it also being proposed as a part in the development of the Strategic Clinical Network’s (SCN) approach to delivering against Domain 1 of the NHS Outcomes Framework.

Whilst the evidence presented in this review may not be as wide and absolutely categorical as we would wish (for an initiative which has had significant investment by Macmillan and received strong anecdotal support), the strong sense of its value has led to the proposal of taking the model and utilising it within the other three of the Strategic Clinical Networks.

Part of the relevancy of the focus of cancer awareness and early diagnosis is that this theme is a key part of Domain 1 – Preventing Premature Mortality. Within the overall plans of NHS England, plans of Clinical Commissioning Groups (CCG) and the work-plan of the SCN, there are focused pieces of work related to Domain 1. It is true across all Networks that the GP and Primary Care in general are key in looking to preventing premature mortality.

Therefore, there would seem some logic in taking the principle of the Macmillan GP Facilitator and recruiting GP’s into similar roles within specific pieces of work in Cardiovascular, Maternity & Children’s and Mental Health.

The evidence detailed in this Review supports spreading the methodology, though an important part of this extension will be to develop a formal analysis as part of the overall Domain 1 Project. Discussions have commenced with Oxford Brookes University.

Finally, I would like to give acknowledgement to the three GP Facilitators:

Dr Barbara Barrie, Berkshire
Dr Jeanne Fay, Oxfordshire
Dr Richard Fisher, Swindon/North Wiltshire

Along with thanks for the support from Macmillan – Chris Refausse and Ingrid Goodman; and the support and mentoring from Dr Lucy Thompson.
References

1. *Investigating the role of the general practitioner in cancer prevention: a mixed methods study* - Sonja McIlfatrick, Sinead Keeney, Hugh McKenna, Nigel McCarley and Gerry McElwee; *BMC Family Practice*, 14 (58)

2. *The educational value of peer groups from a general practitioner perspective* - Steven Lillis, Chair, Education Advisory Group, The Royal New Zealand College of General Practitioners; *Journal Of Primary Health Care*, September 2011


5. *Effects of continuing professional development on clinical performance: Results of a study involving family practitioners in Quebec* - Goulet F; Hudon E; Gagnon R; Gauvin E; Lemire F; Arsenault I; Canadian Family Physician, May 2013, vol./is. 59/5(518-525), 0008-350X (May 2013)


7. *Do we need education programs about iron deficiency anemia (IDA)?* - Duska P; Duletic Nacinovic A; Batinac T; Valkovic T; Host I; Dintinjana Dobrila R; Itkovic Zuckerman Z; *Haematologica*, June 2010, vol./is. 95/(196), 0390-6078 (June 2010)