

Informing use of QCancer in primary care consultations: perspectives of service users and practitioners in Lincolnshire

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Background

- Earlier detection of cancer may help reduce the current high level of cancer mortality in the UK.
- Cancer risk assessment tools such as QCancer, which predict the absolute risk of cancer in symptomatic individuals, may help identify those at high risk needing investigation for possible cancer.
- Little is known about the views of service users and primary care practitioners on the use of QCancer in primary care (PC) consultations.

Aim

To explore the perspectives of service users and primary care practitioners on use of QCancer and how to enhance communication with patients when using QCancer in PC consultations.

Method

- The study was conducted in Lincolnshire, a large rural county in the East Midlands of the UK, using a qualitative research design.
- This involved individual interviews with service users recruited from the general public, and both individual and focus group interviews with primary care practitioners, including general practitioners and practice nurses.
- Data were recorded, transcribed verbatim and analysed using the framework approach.
- Ethics approval was granted by the University of Lincoln School of Health and Social Care Ethics Committee.

Results

We interviewed 36 participants (19 service users and 17 practitioners) until data saturation. Four main themes emerged:

Implications of quantifying cancer risk using QCancer:

- Potential conflict with current cancer risk guidelines.
- Need to refer patients with symptoms suggestive of cancer whatever their quantified risk.

e.g. Patients with symptoms suggestive of cancer need referral:

"It doesn't really matter about percentages; I know 1% is less risk. But the fact is the symptom is there, the coughing out of blood, which is quite worrying" (Service User [SU]:13)

"As I said, if I suspect cancer and I put in the tool 1%, 2% doesn't matter to me" (Practitioner [P]:5)

Enhancing patient-practitioner communication:

- Tailoring a visual representation of risk;
- Being honest and open with patients
- Involving patients in the use of QCancer;
- Allowing time for listening, explaining, informing and reassuring patients.

e.g. Being honest and open with patients:

"When I go to the doctor I expect to be honest with him and be clear as best as I can and you would expect the same from the practitioner, open conversation, open details from both sides to avoid misunderstanding" (SU:19)

"I will be quite open and honest with them that, you've come with these symptoms, some of them are already in, and we can use the tool to work out what it is" (P:11)

Usefulness of QCancer:

- Quantify cancer risk
- Support clinical decision making
- Inform efforts to modify health behaviours
- Improve processes and speed of assessments, diagnosis and treatment
- Enable practitioners to personalise patient care.

e.g. Inform efforts to modify health behaviours:

"To be forewarned is to be forearmed, so they change their life styles such as stopping smoking or drinking alcohol" (SU:10)

"I mean like someone who is a smoker, you can use this tool to help them modify their lifestyle. And people who are refusing referral, you can use the tool to estimate their risk to show and explain to them" (P:2)

Potential challenges with uptake

- Additional time required for its use and communication
- Unnecessary worry relating to investigation of false positives
- Potential for over-referral
- Practitioner scepticism
- Need to establish the effectiveness of QCancer against current practice before introducing it more widely.

e.g. Need for evidence before introducing QCancer in patient consultations:

I think if you are going to roll something out rather than going to everybody I would start with the doctors, see how the doctors do with it after evaluation and then move on the practice nurses (SU:12)

"It's almost like an ongoing research where people use the tool and then say well actually the 4% risk that we calculated, we are sending 500 people and 1% is getting diagnosed. Or actually it's an under estimate." (P:1)

Conclusion

- Communication needs of users and potential barriers should be considered when planning to implement QCancer.
- Further research is needed to pilot and evaluate the impact of QCancer on outcomes such as rates of investigations, referrals, diagnosis as well as patient and practitioner experiences of using the tool.

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