

WORKING WITH PRIMARY CARE TO IMPROVE CANCER OUTCOMES

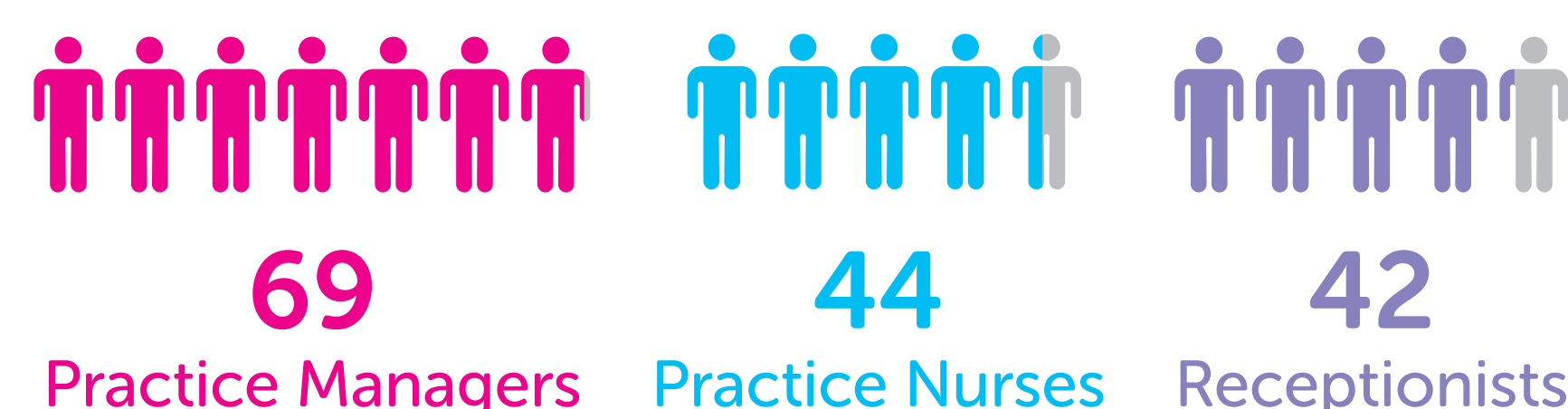
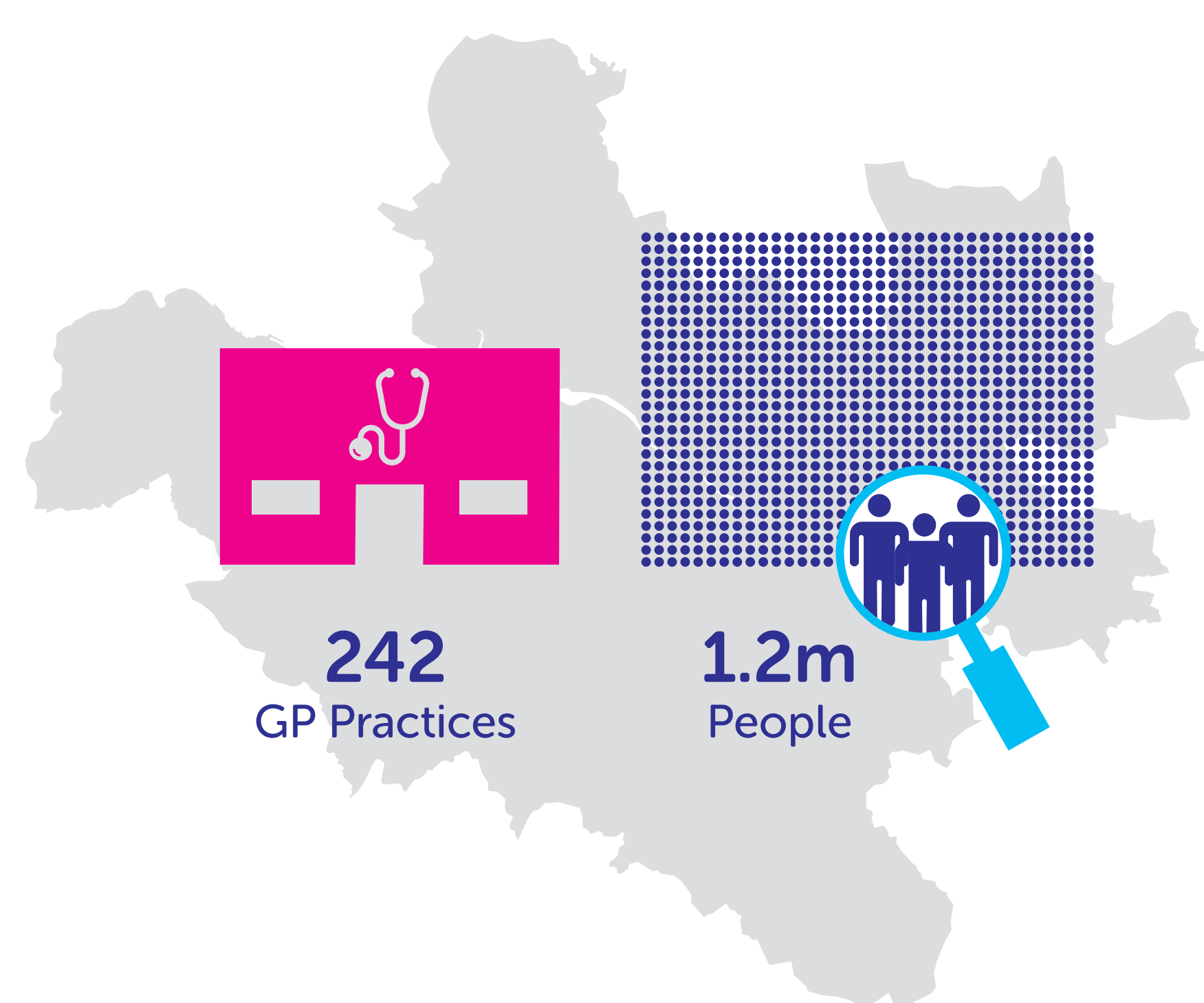
AN EVALUATION OF THE CANCER RESEARCH UK FACILITATOR PROGRAMME IN NHS GREATER GLASGOW & CLYDE

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INTRODUCTION

The facilitator programme aims to support cancer prevention, reduce the barriers to cancer screening and increase early diagnosis. In NHS Greater Glasgow and Clyde, this is achieved through the work of three dedicated facilitators who support practices via individual visits and PLT's through the provision of training, tools and information to improve cancer outcomes. In this area, the programme comprises a partnership between the Health Board, Cancer Research UK (CRUK) and the Scottish Government's Detect Cancer Early Team.



(1 icon = 10 medical professionals)

METHODS

Qualitative evaluation – semi-structured interviews and group discussions with engaged GP practices and key programme stakeholders.

Topics – motivations for engagement, perceptions of support, impact on practice activities and wider influence.

Sample – 36 practice staff (practice managers, GPs, other practice staff), nine stakeholders and the Facilitator Team.

Analysis – Framework analysis by two coders.

RESULTS 4 KEY THEMES:

ENGAGEMENT

- Main motivation – Increasing bowel cancer screening uptake
- Key contact was the Practice Manager
- Extent of contact varied to meet the needs of each practice
- Focused, topic specific meetings most effective
- Joint approach of NHS & CRUK was valued

IMPACT

- Practices took practical steps to increase screening uptake.
- Support encouraged within-practice conversations about cancer and early diagnosis
- Good practice & learning shared within practice and with others
- Strategic impact on primary / secondary care interface – taking up issues on behalf of primary care
- The Facilitator Team – seen as knowledgeable, motivated, flexible

ADDED VALUE

- Team were catalysts for change; advising, informing, guiding and supporting
- Developed Local resources – e.g. Bowel screening workbook, Cervical cytology toolkit

PARTNERSHIPS

- Delivery model – reciprocal relationship; CRUK, PCE Team, NHS GGC
- Partnership working e.g. Scottish Cancer Prevention Network, Detect Cancer Early Team, Scottish Bowel Screening Centre

“As a result of using various tools and course we are more likely to order chest x-rays and have probably picked up more cancers from that. This year we've had around nine cases of lung cancer, including four lobectomies which is great, especially considering we've only had two lobectomies in the previous ten years.”

GP, North West Glasgow

“It's good we've got somebody like that because it helps us. You can complain back every time to secondary care but...[it's] different consultants each time so there's nobody getting a general overview of what it's like.”

GP, North East Glasgow

Health and Social Care Partnerships in Greater Glasgow and Clyde



CONCLUSION

The programme delivery model appears to be an effective way of engaging primary care practices in improving cancer outcomes such as bowel screening uptake and the relationship between primary and secondary care.

In this instance, bowel screening provided an initial driver for GP practice engagement with the programme. Identifying local drivers (or hooks) when establishing the programme in other areas may provide similar success.

Using this driver to initially establish relationships and raise the profile of the programme, facilitators were able to provide further support to improve cancer outcomes.

The programme is now being rolled out to additional areas in Scotland.

LET'S BEAT CANCER SOONER
cruk.org/facilitator-programme

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