SUPPORTING PRIMARY & SECONDARY CARE COMMUNICATION

A SPEED DATING APPROACH

Dr Chrissie Clayton
GP, Clinical lead Cancer Workstream, Surrey Heartlands STP and CRUK Alliance GP, Surrey and Sussex

Sue McNulty
Cancer Research UK Facilitator, South London
WHAT WE ARE GOING TO COVER

• The CRUK Facilitator Programme
• Why hold a speed dating event?
• What happens
• Who attends
• What do they talk about
• Evaluation and outcomes
• Questions for discussion
Facilitators deliver around 700 engagements per month

= 8500 a year

Approx. 19,000 organisation contacts annually
Our key objectives are...

- Improving uptake of screening, particularly bowel screening
- More of the right patients referred
- More participation in audit activity
- Increasing awareness of lifestyle risks and reducing smoking rates
WHY HOLD A SPEED DATING EVENT?

- Speed dating aims to improve communication and engagement between primary care physicians and secondary care multi-disciplinary teams.
- Good communication can help to optimise referrals and increases patient satisfaction with their cancer journey.
- Speed dating provides a forum to exchange ideas and experiences on early diagnosis.
- Speed dating can strengthen existing and provide new channels of communication.
- Speed dating provides a forum to share the challenges faced by both parties as well as feedback on what is working well.
WHAT HAPPENS?

- Around 5 primary care physicians and 1 or 2 secondary care physicians at each table.
- 15/20 minutes to talk
- Facilitator on each table, taking notes and prompting if needed.
- Primary or secondary colleagues rotate when bell sounds
- Summary provided to everyone following the event.
WHO ATTENDS?

- Primary care physicians
- Hospital/secondary consultants
- Clinical nurse specialists in hospitals
- Facilitators
- Funders – GP Tutor, Clinical Commissioning group, private provider, third sector
- Secondary Care Cancer Managers
WHAT DID THEY TALK ABOUT? THE KEY THEMES

• Clinical Questions about appropriate referrals
• Communicating of results and treatments from secondary care to primary care
• Feedback on appropriateness of referrals
• Workforce issues in secondary care.
• Updates on new treatments

• What to do with vague symptoms
• Sharing contact details
• Request for more information on referral form
• Clarifying aspects of the pathway i.e. straight to test.
• Seeking reassurance related to NG12 2015 NICE Cancer Referral Guidance.
EVALUATION

• Prior to the event primary care physicians said they rarely or never communicated with secondary care colleagues. (Guildford & H&R I)
• All attendees would recommend the speed dating event to colleagues.

I am more likely to communicate with primary/secondary care colleagues about suspected cancer cases/cancer referrals
WHAT DO YOU PLAN TO START DOING DIFFERENTLY AFTER THIS EVENT?

- Try to accelerate our plans in radiology for service development.
- Aim to engage with secondary care more directly.
- Pick up the phone to a consultant.
- Contacting cancer manager team and contacting them with regard to my complex patients about the referral.
- Feel less ‘guilty’ about possibly investigating or referring people.
- Give more clinical information in the referral forms.
- Understand FIT test better and use.
WHAT ELSE COULD SUPPORT COMMUNICATION BETWEEN PRIMARY AND SECONDARY CARE?

- Email
- Face to Face opportunities
- Protected contact time
- “Advice and Guidance has been great”
- Hospital doctors having bypass numbers for GP surgeries.

Meetings like this at least annually

Difference between different GPs and consultants can always make agreement difficult. More face to face engagement

Contact sheet from urology department is excellent - ?we could have for other specialties
NATIONAL AND INTERNATIONAL INTEREST

Cancer Research UK invitations to
• Presentation and workshop at The Cancer and Primary Care Research International Network (Ca-PRI) 2018 The Netherlands
• Submit item on speed dating to British Journal of General Practice
• Collaborate with Harvard Medical School
• Poster presentation RCGP conference 2018 Glasgow
• Present at King’s Fund March 2019
TOP TIPS

• Nominate someone in secondary care to engage specialities
• Chase, chase, chase!
• Arrive well before time on the day
• Be prepared for people not to turn up, and people you weren’t expecting
• Have a plan B
• Have something noisy to signal time for table change
• Ask facilitators to type their table notes & identify themes
• Arrange a debrief meeting after the event and build in time for action planning from evaluation
THANK YOU AND ANY QUESTIONS?

Sue McNulty – Cancer Research UK Facilitator

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