EVALUATION SUMMARY
Cancer Research UK/RCGP Cambridge Workshop
Downing College, Cambridge 26th January 2017

This report summarises feedback from a pre- and post-event evaluation of a CRUK/RCGP faculty workshop held in Cambridge on the 26th January 2017.

The Cambridge workshop was supported by CRUK HPE core (Richard Roope, Karen Llewellyn-Date, Patricia Barnett), local health professional engagement facilitators (Sue White, Donna Reeves and Jay Smith) and administrative support from the local faculty (Keri Platt).

The workshop also enabled a lunch time review of an app to support implementation of NICE guidelines being developed by two GPs who also attended, and there was a stand for CRUK materials and support discussions of the CRUK offer supported by HPEFs at the workshop.

The workshop was attended by 48 people (46 GPs and 2 primary care nurses). The pre-summit evaluation was completed by 37 people. The post-workshop evaluation was completed by 37 people.

- The percentage of participants rating their knowledge and awareness of the expanding role of primary care in cancer control as high increased from 0% pre-summit to 79% post-summit, and as a low of 27% to a satisfactory of 21% post workshop.
- The percentage of participants rating their knowledge of awareness of cancer prevention interventions in primary care as high or very high was 71% post workshop.
- The importance and application of referral and recognition of suspected cancer was rated very high or high by 70.5% and satisfactory by 29.5%.
- 87% of participants rated the workshop as extremely or very relevant to their role, and 13% as somewhat.
- 84% of participants stated that what they learned at the workshop was very or extremely likely to improve their practice. 11% of participants stated that what they had learned was somewhat likely to improve their practice.

1. Awareness of expanding role of primary care in cancer control

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<tr>
<th></th>
<th>Very high</th>
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<th>Satisfactory</th>
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<tbody>
<tr>
<td>Before (n=37)</td>
<td>–</td>
<td>11%</td>
<td>62%</td>
<td>27%</td>
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<tr>
<td>After (n=37)</td>
<td>19%</td>
<td>60%</td>
<td>21%</td>
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2. My level of knowledge and understanding of the importance and application of cancer prevention interventions within my primary care role is:

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<tr>
<td>Before (n=37)</td>
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<td>22%</td>
<td>59.5%</td>
<td>18.5%</td>
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<tr>
<td>After (n=37)</td>
<td>22%</td>
<td>49%</td>
<td>30%</td>
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3. Importance and application of referral and recognition of suspected cancer:

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<tr>
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<td>13.5%</td>
<td>67.5%</td>
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<tr>
<td>After (n=37)</td>
<td>22%</td>
<td>48.5%</td>
<td>29.5%</td>
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4. What is your current awareness of what RCGP and Cancer Research is doing to support primary care around cancer

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<td>Before (n=37)</td>
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<td>5%</td>
<td>19%</td>
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5. Relevance of the workshop to their role:

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<tr>
<td>After (n=37)</td>
<td>27%</td>
<td>60%</td>
<td>13%</td>
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6. How likely is it that attending the workshop will improve your practice?

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<tbody>
<tr>
<td>Before (n=37)</td>
<td>32%</td>
<td>52%</td>
<td>11%</td>
<td>5%</td>
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7. Interested in attending future RCGP/CRUK events?

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8. What one thing have you learned that you will taken back into your practice?

- How to support low risk men asking about PSA testing also CRUK info graphic will be really useful to support patients understanding
- Encourage exercise post cancer diagnosis as well as for patients at risk of cancer
- How to better understand risk especially for vague symptoms
- How the practice deals with post haematuria and negative infection MSU results (filed as normal but requires safety netting)
- Look at system of filing results
- List symptoms and look more holistically at potential cancer sites
- Better understanding of PSA screening in asymptomatic men
- Cancer symptom presentation
- Web GP
- More awareness of cancers that present with multiple symptoms
- Do a presentation on cancer control in primary care with the facts in my practice (not convinced with the PSA evidence base regarding further management and complications of advised procedures when PSA is raised)
- Lower threshold for referral
- Advice re: exercise to reduce cancer risk for all patients including those with other conditions
- Consider PSA counselling asymptomatic at risk of prostate cancer
- Cancer can be preventable and we can improve the patient journey
- Encourage PSA testing in high risk patients, with a family history of prostate cancer or afro-caribbean ethnicity.
- Better informed about PSA discussions
- Use of aspirin to reduce cancer risk
- Better understanding of routes to diagnosis and the implication on outcomes and why these happen
- Importance of audit and cancer reviews especially in late diagnosis to revisit what could have been done differently.
- Changing PSA values with age and medication
- Need to audit all patients who are diagnosed through an emergency admission
- Audit of emergency presentations. Think laterally in your consultations
- Use CRUK desk easel in my practice and signpost to patient information
- Improved recognition in systems/healthcare performance factors in delayed diagnosis
- Review working diagnosis following a negative test result
- Better informed re: having discussions with patients about PSA testing
- Will advise my cancer survivor patients of the importance of exercise
- Review cancers diagnosed through an emergency admission
- Discuss studies on PSA testing with my patients
- Increase digital rectal examination for prostate screening
- More proactive monitoring of high risk men/afro Caribbean
- Increased awareness of familiar link with breast and prostate cancers
- Improved confidence of having conversations with men at low risk
- Improved understanding of PSA levels and active monitoring
- When to do a digital rectal examination
- Better informed on the intervals of PSA testing for those with slightly raised PSA

9. What would you like to see in future workshops?
   • Lung and colorectal focus given the loss of life years for these cancers x4
   • Cancer research and implications on primary care
   • Breast and colorectal x3
   • Womens health x4
   • Cancer prevention
   • NICE guidelines implications and challenges
   • Palliation
   • Breast cancer and haematology x2
   • Cancers of unknown primaries/strategies to increase screening uptake
   • More about treatments in primary care
   • Unrecognised markers for cancer e.g. thrombocytosis and lung cancer
   • Case studies on cancer diagnosis within primary care

10. Other feedback/comments
   • Really good discussion - ? Could have possibly have done with a more clear advocate against screening PSA, PCUK had a clear lobbying position.
• Not impressed with PSA evidence. Not really evidence based regarding further management and complications of advised procedures when raised PSA.

• PSA testing is a minefield!

• Questionable value of PSA screening. Importance of counselling prior to PSA testing.

• Thank you to all of the speakers for an excellent and relevant day of teaching.

• Well organized and very good agenda.

• Excellent forum to discuss cancer.