EVALUATION SUMMARY

Cancer Research UK/RCGP Training Programme Directors (TPDs) and GP trainers

GP Trainers’ Workshop Stafford 18th January 2018

This report provides an evaluation of a CRUK RCGP supported ‘Train the Trainer Cancer Workshop held in Stafford on the 18th January 2018 in partnership with Training Programme Directors, Health Education West Midlands. The aims of this engagement was to:

- Understand and support how cancer is currently covered by TPDs and trainers in the delivery of the curriculum to GP trainees.
- Understand the cancer training needs for GP trainers and offer practical support for their GP training with GP registrars.
- Improve the knowledge and skills of GP trainers with regards to cancer control (especially prevention screening and early diagnosis) and understand the preferred methods and learning styles.

The workshop was supported by Karen Llewellyn-Date (CRUK) and Heather Lodge (TPD HEWM) who co-developed the agenda and format for the workshop. The workshop consisted of 5 sessions/presentations:

- The Expanding Role of Cancer Control in Primary Care.
  Dr Richard Roope, CRUK/RCGP (Plenary).
- Significant Event Audits, what can be learnt? Results from Thames Valley and Newham.
  Jen Yiallouros, Qualjenuity.
- Understanding Cancer Risk and Education Tools.
  Dr Pawan Randev, CRUK.
- Cancer Prevention, Behaviour Change and E-cigarettes.
  Professor Linda Bauld CRUK/University of Stirling
- Early Diagnosis for Trainers’.
  Dr Richard Roope CRUK/RCGP

Local Health Professional Engagement Facilitators provided additional resources and local support:

- Cannock Chase: Leon Sewell, leon.sewell@cancer.org.uk
- Stoke-on-Trent, North Staffordshire, East Staffordshire: Emily Skeet emily.skeet@cancer.org.uk

The workshop was attended by 45 attendees (TPDs, GP trainers, and 1 GP trainee). The pre and post workshop evaluation was completed by 31 attendees:

- The percentage of participants rating their knowledge of awareness of cancer prevention interventions in primary care, and in their role as a GP trainer as high or very high was 87% post workshop.
- The importance and application of referral and recognition of suspected cancer was rated very high or high or satisfactory was 100% post workshop.
- 96% of participants rated the workshop as extremely or very relevant to their role, and 6% as somewhat.
- 86% of participants indicated that they were not aware of the CRUK RCGP e-cigarette position statement. 16% of participants indicated that they were aware of the position statement.

1. My level of knowledge, understanding of the importance and confident application of cancer prevention interventions in my role as a GP trainer:

<table>
<thead>
<tr>
<th></th>
<th>Very high</th>
<th>High</th>
<th>Satisfactory</th>
<th>Low</th>
<th>Very low</th>
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<tbody>
<tr>
<td>Before</td>
<td>–</td>
<td>22%</td>
<td>65%</td>
<td>13%</td>
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<tr>
<td>After</td>
<td>16%</td>
<td>71%</td>
<td>13%</td>
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2. My level of knowledge, understanding and confidence of applying and supporting NICE Guidelines (NG12) - Referral & Recognition of Suspected Cancer (2015) in my role of GP trainer:

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<th>Very high</th>
<th>High</th>
<th>Satisfactory</th>
<th>Low</th>
<th>Very low</th>
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<tr>
<td>Before</td>
<td>–</td>
<td>32%</td>
<td>52%</td>
<td>16%</td>
<td>–</td>
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<tr>
<td>After</td>
<td>23%</td>
<td>48%</td>
<td>29%</td>
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3. Overall how helpful have the cancer sessions you attended been in being able to support GP trainee sessions in your role as a GP trainer?

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<tr>
<th></th>
<th>Extremely</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not really</th>
<th>Not at all</th>
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<tr>
<td>After</td>
<td>32%</td>
<td>64%</td>
<td>4%</td>
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4. Before the workshop today were you aware of the CRUK RCGP e-cigarette position statement (please tick): YES / NO. If yes, how did you hear about this?

*1 noted social media

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<tr>
<td>Yes</td>
<td>16%*</td>
</tr>
<tr>
<td>No</td>
<td>84%</td>
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5. Please state what mode of delivery for support would best suit your needs as a GP trainer?

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<tr>
<th></th>
<th>E-learning</th>
<th>Face to face</th>
<th>Toolkit</th>
<th>Practice visits</th>
<th>Newsletters</th>
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</thead>
<tbody>
<tr>
<td>*Some ticked more than one mode of delivery</td>
<td>19</td>
<td>12</td>
<td>8</td>
<td>8</td>
<td>5</td>
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6. **What are the main challenges to supporting prevention and early diagnosis as a GP trainer?**

- Time, fear of over referral, multiple vague symptoms, aging population.
- Protected time x 3 and understanding GP trainees’ knowledge and requirements.
- NHS infrastructure, reduction in smoking cessation services = Madness.
- Worry of referring too many patients.
- Local authority, complete disinvestment, no ownership.
- Length of consultation, makes using diagnostic tools such as Q cancer challenging. Smoking cessation and weight management services funding has stopped.
- Resources e.g. time for consultations, referral guidelines, patients felt waste time.
- Limited consultation time. To be able to successfully engage patients in lifestyle interventions.
- Complex guidelines (that I don’t fully understand always). Many competing stresses for trainees.
- Resources for public health and wider NHS.
- Ensuring the whole practice is uniform in its approach. Enthusiasm of GP trainees.
- General demand, short pressured appointments. Lack of smoking/weight services being commissioned.
- Persuading trainees it is a guideline (use common sense) vs need to be suspicious and consider vague symptoms and refer.
- Relative short consultations and workload x7
- Time constraints and lack of continuity of care.
- The “funny annoying” symptoms which can be cancers/Grey areas of non-specific symptoms.
- Reduced resources and reduced impact of cancer for NHS.
- Working in more deprived areas. Time for brief interventions and patient education.
- Longer term follow up and impact assessment.
- Disinvestment in smoking cessation services
- The competing pressures of everything we try and fit in; followed by getting GP trainees buy in as they can be very exam focused.

6. **What was the most useful part of today’s CRUK RCGP sessions?**

- Suggestions for learning resources.
- SEAs and sharing with others, E cigs information and early signs of cancer.
- Being equipped with information and data that I can use. Knowing available resources.
- All parts were useful.
- Prevention talk – Vaping evidence
- E-cigarettes as risk reduction and smoking cessation option CRUK data x5. All new information.
- Cancer stats and education resources.
- Understanding that 40% of cancers are preventable.
- Q Cancer, preventable cancer, value of SEAs, immunotherapy.
- Oral and skin cancer toolkits and mortality and morbidity risk reducing factors (2).
- Resource tools to use in consultations or when training GP trainees. Increased awareness of the impact of risk factors for cancer.
- Emergency admissions in cancer.
- Cancer prevention, behaviour change and e-cigarettes.
- Statistics.
- SEAs and Early Diagnosis.
- Really good first session and thought provoking second session. Very good 4th session too.
- Thought the whole day was really excellent. All talks FAB. Full of really useful stuff and looking forward to getting the slides/resources – thank you!
- Importance of reducing cancer risk (smoking, obesity and alcohol).
- Useful to hear the evidence for various interventions.
- Educational tools. Preventative measures.
- NICE expectations with referrals/ if you can’t stop – Vape/ Educational tools.
- The entire day was excellent. I really benefited from the e-cig talk also the educational tools for my trainees.
- All of it – great day, very thought provoking, will cascade to colleagues.
- 1st talk (plenary) and last talk (early diagnosis). Ideas for audits.
- Lots! , understanding what CRUK do – didn’t realise you were so pragmatic and relevant to primary care. Very stimulating day with lots of relevant tips.

**Pledge summaries (28) – within 3 months I will ……**

1. Check that we send out a letter to those who do not complete bowel screening. Audit thrombocytosis in > 40ys over last 12 months.
3. Encourage patients to reduce their alcohol intake and highlight it carcinogenic effects.
4. Email my MP re: smoking cessation services.
5. Research Qcancer and finger tips data.
6. Review some of the resources that we discussed and produce a list for health professional in my practice with some narrative attached.
7. Spread the learning with colleagues/set up a tutorial/ put up posters in my surgery/educate my patients re: vaping/look at cancer toolkit and review bowel cancer DNA recalls at a practice meeting.
8. Use resources as a tutorial for trainees. Encourage colleagues and nurses to look for red flag symptoms and increase the awareness. Explore the e-LFH cancer module.
9. Share resources (CRUK infographics, RCGP CRUK brief interventions and Qcancer) with trainees and colleagues.
10. Share cancer screening tools with practice colleagues/Speak to my MP about the reduction in stop smoking services/Turn Qcancer on.
11. Have reviewed our practice weight management programme. Cascaded appropriate toolkits and information to help everyone to improve their motivational interviewing. I would also like to look into cancer survivorship. Encouraging physical activity more by including this in our cancer care template.
12. Bring life into the consultation when trying to motivate re: lifestyle changes especially in those with higher risk and previous cancer diagnosis. Very powerful stats and novel poster which I will put up in the surgery I work in. Look at the oral cancer toolkit.
13. Audit 2WW referrals - number of consultations prior to referral. SEA on new cancer patients’ diagnosis.
14. Start using CRUK info graphics with my trainees and Qcancer.
15. Audit my 2 week wait referrals!
16. Start using the Qcancer risk assessment tool and putting % cancer in referrals. Within 11 months I will run the New York Marathon for Cancer Research UK!
17. Use cancer mind maps to aid diagnosis. Use cancer teaching resources, through a designated tutorial with a trainee. Consider within the practice the pros and cons of Qcancer tool in EMIS web.
18. Share the toolkits with my colleagues and trainee.
19. Conduct an audit on my cancer referrals and their conversion rate.
20. Encourage patients to do more exercise.
22. Email my MP re: smoking cessation services.
23. Promote more vaping as part of smoking cessation. Start using the resources for early diagnosis and share with GP colleagues and other clinicians.
24. Perform SEAs on new cancer diagnosis. Change my advice to patients regarding vaping.
25. Try the cancer risk tool.
26. Motivate more people re: diet as part of the routine consultation and encourage other partners in the practice to do the same. Search practice results for thrombocytosis.
27. Encourage vaping in patients finding it difficult to quit smoking. Encourage GP trainee in using cancer risk tools and education tools.
28. Deliver a tutorial or teaching session on early diagnosis of cancer to GP trainees.

Other discussion points:
- EMIS read code 9n75 – Asked to come investigation results. Can be input when a GP wants to FU a test result. Attendee shared that a practice manager/admin support download patients whose records have these read codes entered on a weekly basis to ensure they are followed up. CRUK safety netting toolkit is accessible through the link: Safety Netting Workbook (direct to pdf)
- A template letter to enable GP practices to sign up with the Midlands and North West Bowel Cancer Screening Hub to have a banner printed across the pre-invite and invite letters for their eligible patients for Bowel Cancer Screening. The banner will state ‘Your GP Practice (*preferred name*), supports the Bowel Cancer Screening Programme’. All it requires is a simple reply slip
(attached) to be completed by the Practice (Manager/GP). Sign up is quick and free and is an effective, simple method for supporting increase of uptake for bowel cancer screening. If you are happy to sign up to this initiative please complete the attached form and send back to bowelscreening@nhs.net

Free and open access to CPD resources (including the oral and skin cancer toolkits referenced in the workshop: www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you/continual-professional-development-cpd

On behalf of Cancer Research UK and Royal College of General Practitioners many thanks for your engagement in the Stafford workshop and feedback.