Cancer Research Primary Care Oxford

Patient and Public Involvement & Engagement (PPIE) Meeting

30th September 2024

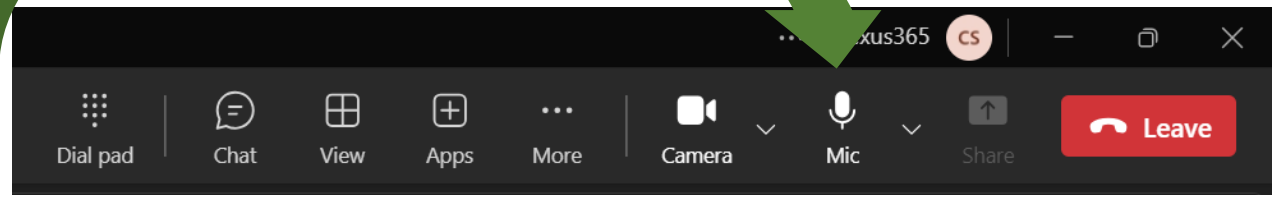
UNIVERSITY OF OXFORD
NUFFIELD DEPARTMENT OF PRIMARY CARE HEALTH SCIENCES
Medical Sciences Division

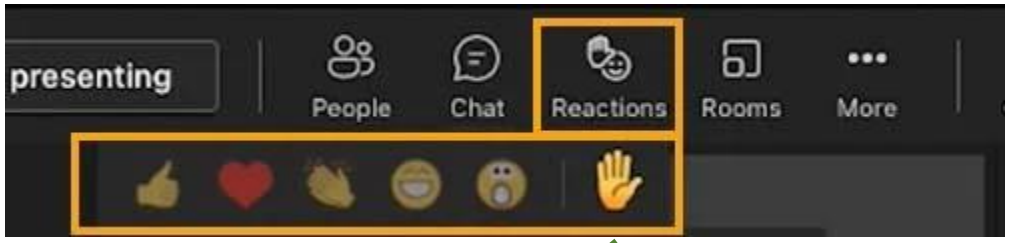
Agenda

- Introduction
- Update on projects:
  - Claire - Implementation manifesto
  - Sharon - CRUK Test Evidence Transition (TET)
  - Sharon - Heath Technology Research Centre (HRC)
  - Luke - Missed Opportunities and Diagnostic Error
  - Andres – Optimising the FIT test for colorectal cancer detection
  - Anna – Exploring the landscape of public and private cancer diagnostics
- AOB
  - Pradeep-Promoting webinar STATS training in November
  - Meeting admin
- Close

During the meeting please:

- Keep you microphone muted unless speaking.
- Add questions to the chat if you are able.
- Or if you cannot add questions to the chat please raise your hand.





Our Themes

Health Records Data

Bringing together patient data from large scale research studies and clinical practice

Understanding how clinicians suspect cancer and what support they need to diagnose cancer.

Diagnostic Reasoning

Implementation

Exploring how to translate what we learn through research into changes in practice that benefit everyone affected by cancer.

Building knowledge and evaluating evidence for the best ways of providing health care for patients with, or who may have cancer.

Clinical Studies

Update on projects: Autumn 2024

Implementation manifesto

Claire Friedemann Smith

Personal View

A manifesto for improving cancer detection: four key considerations when implementing innovations across the interface of primary and secondary care

Anna Dowrick, Sue Ziebland, Tanvi Rai, Claire Friedemann Smith, Brian D Nicholson

Improving cancer outcomes through innovative cancer detection initiatives in primary care is an international policy priority. There are unique implementation challenges to the roll-out and scale-up of different innovations, requiring synchronisation between national policy levers and local implementation strategies. We draw on implementation science to highlight key considerations when seeking to sustainably embed cancer detection initiatives within health systems and clinical practice. Points of action include considering the implications of change on the current configuration of responsibility for detecting cancer; investing in understanding how to adapt systems to support innovations; developing strategies to address inequity when planning innovation implementation; and anticipating and making efforts to mitigate the unintended consequences of innovation. We draw on examples of contemporary cancer detection issues to illustrate how to apply these recommendations to practice.

Lancet Oncol 2024; 25: e388–95

Published Online
June 4, 2024
https://doi.org/10.1016/S1470-2045(24)00102-5

Nuffield Department of Primary Care Health Science, University of Oxford, Oxford, UK (A Dowrick PhD, Prof S Ziebland MA, T Rai PhD, C Friedemann Smith DPhil, B D Nicholson DPhil)

Innovations to improve cancer detection create challenges when we try to use them more widely.

What do we need to consider when implementing these innovations that will help them realise their full potential?

Equitably improving cancer detection: Four considerations when implementing innovations

Explore how innovations change what 'risk' means and whose responsibility it is

Observe how things are currently done and adapt the system

Consider the needs of underserved patient populations

Consider the unintended impacts of change

Dowrick, A, Ziebland, S, Rai, T, Friedemann Smith, C, Nicholson, B. (2024) A manifesto for improving cancer detection: four key considerations when implementing innovations in primary care. The Lancet Oncology: 10.1016/S1470-2045(24)00102-5

Test Evidence Transition (TET) Funder: Cancer Research UK

Sharon Tonner

- We are working with 5 NHS Teams who will design and implement a targeted *service innovation** at the local level to improve early detection and timely diagnosis of bowel cancer

- Ensure the most promising innovations are prioritised and adopted into mainstream practice

- Focus is on innovations that are proven to be effective but have not yet seen widespread adoption.

*the process of developing and improving services

CANCER RESEARCH UK

- We are working with these teams over a period of 2+ years to:
- co-design their project
- gather evidence needed to evaluate the process, outcomes and impacts of the project
- understand the conditions needed to sustain and scale effective service innovations, enabling adoption across health systems

CANCER RESEARCH UK

- NHS Greater Glasgow & Clyde – Optimising the symptomatic bowel pathway
- Nottingham University Hospitals NHS Trust - Improve risk stratification of FIT in people with symptoms
- NHS Borders - Improving surveillance of at-risk groups
- Bowel Screening Wales - Reducing the number of positive non-responders to bowel screening
- Wessex Cancer Alliance - Increasing earlier diagnosis of bowel cancer in people with learning disabilities

CANCER RESEARCH UK

Health Technology Research Centre (HRC) Funder: National Institute for Health and Care Research (NIHR)

Sharon Tonner

- Community healthcare* delivers 90% of all healthcare contacts
- High quality community healthcare is crucial to population health and effective health systems
- Workload is **increasing** and workforce is **decreasing**

- **Health Technology has potential to support delivery of better quality, more efficient community healthcare at scale BUT there is very little current usage**

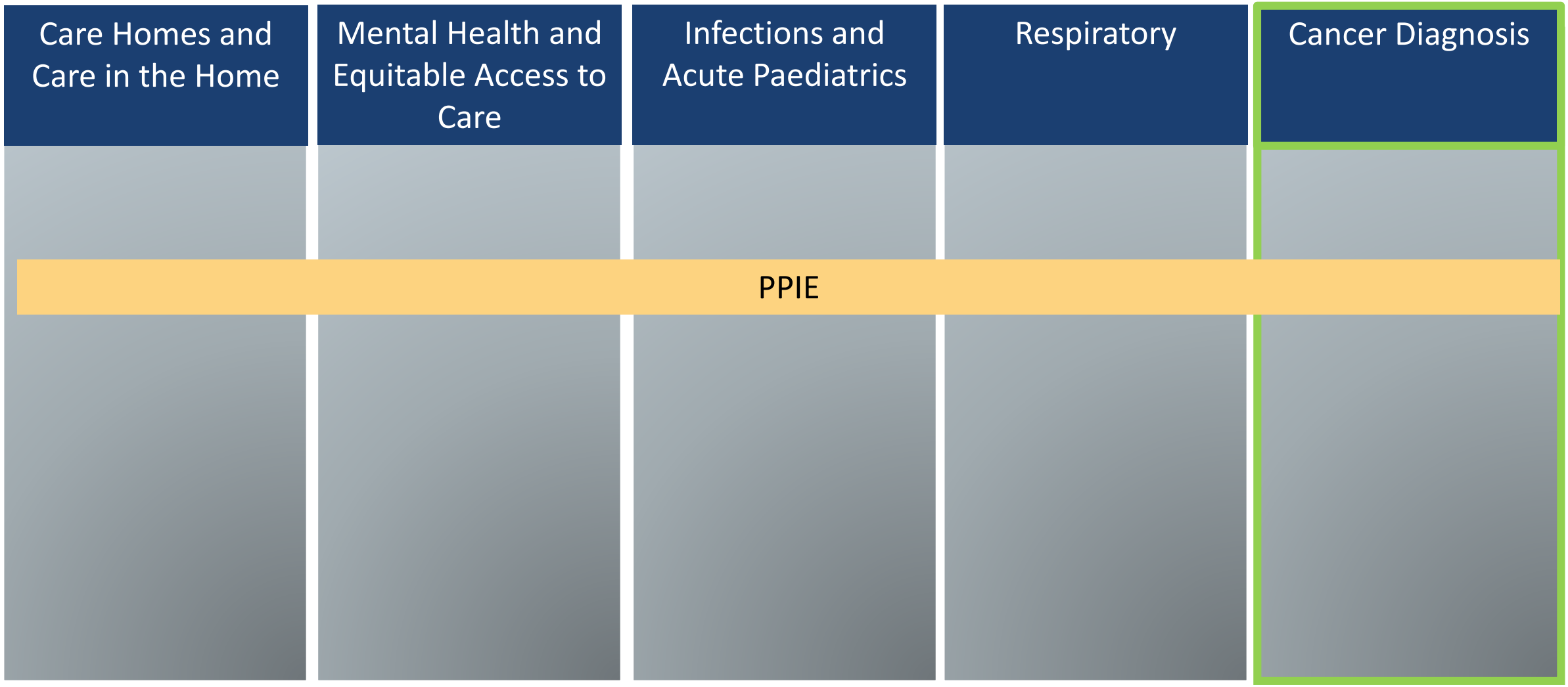
***GP practices, pharmacies, care homes

Purpose

Our Health Technology Research Centre will accelerate the development, evaluation and adoption of Health Technology in community settings by:

- Involving patients and clinicians in identification of needed technology
- Supporting industry in development of Health Technology
- Evaluating technologies for accuracy and safety

Clinical Themes



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Missed Opportunities and Diagnostic Error (MODE) study

Primary care providers experiences

Luke Robles

30th September 2024

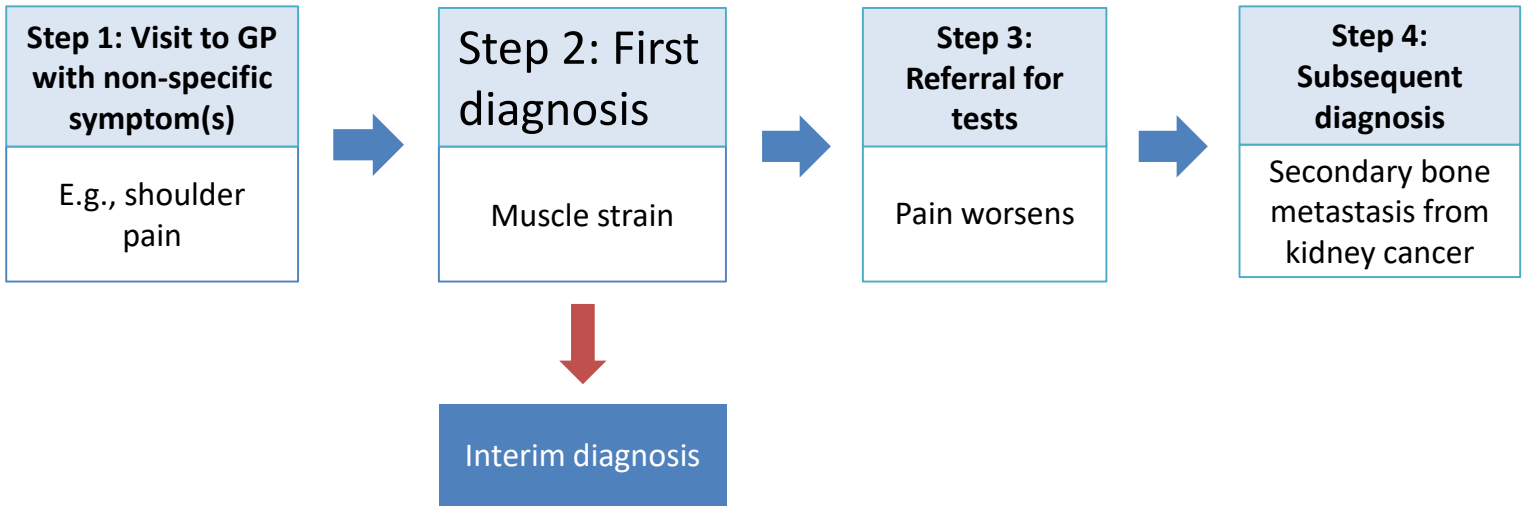
MODE: Health care providers experiences

Background

Patients with cancer often present to their GP with non-specific symptoms

GPs may first diagnose a non-cancer illness (interim diagnosis) that matches symptoms

Scenario



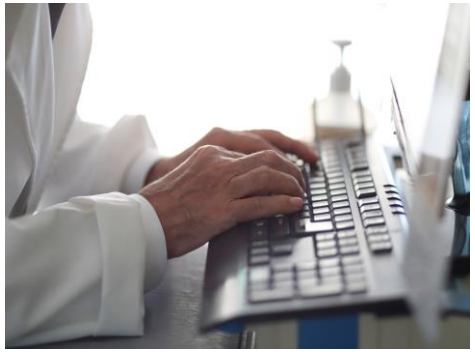
Study aim

- To understand when 'interim diagnoses' represent missed opportunities to diagnose cancer

MODE: Health care providers experiences

Qualitative interviews with up to 40 health care professionals and non-clinical staff

•GPs, practice nurses, physician associates, practice receptionist, pharmacists



Advertise study through email, social media, newsletters of research networks

- Oxfordshire, Buckinghamshire, Berkshire, South West Peninsula

Online interviews using hypothetical scenario and key questions

MODE: Health care providers experiences

Interview vignette (case scenario)

Sami is 50 years old and works in IT. He presents to his GP with pain around his shoulders. He is otherwise fit and well. His GP prescribes non-steroidal anti-inflammatories for a muscle strain. He comes back for review because the pain is much worse and the treatment has not worked. He finds it hard to sit for long periods of time. Sami is referred for a chest x-ray, which comes back clear. His pain is ongoing and he notices that he has lost quite a bit of weight, which he thinks is the pain putting him off his food. Sami sees a different GP, who takes a detailed history and makes a referral for suspected cancer. Following all tests, he is diagnosed with secondary bone metastasis from kidney cancer.

Main interview questions

How do interim diagnoses occur and how they change over time?
How are they recorded in medical notes and why?
How they impact on ongoing care?
What could be done to reduce potential delays?

MODE: Health care providers experiences

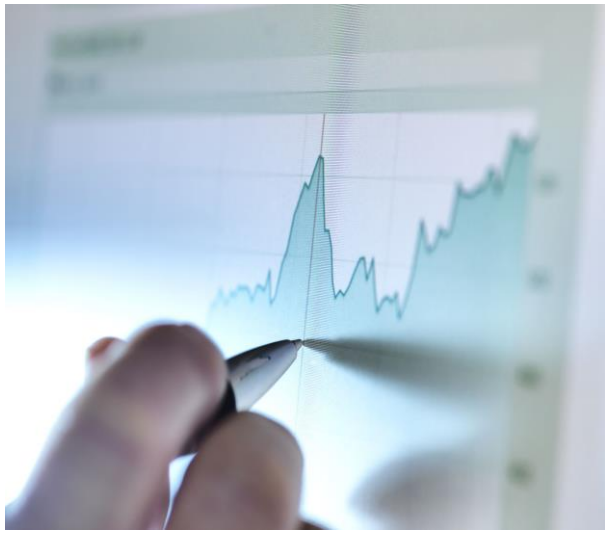
Study update

Recruitment

- Started in March 2024 - aim to finish end of October 2024

Analysis performed during data collection

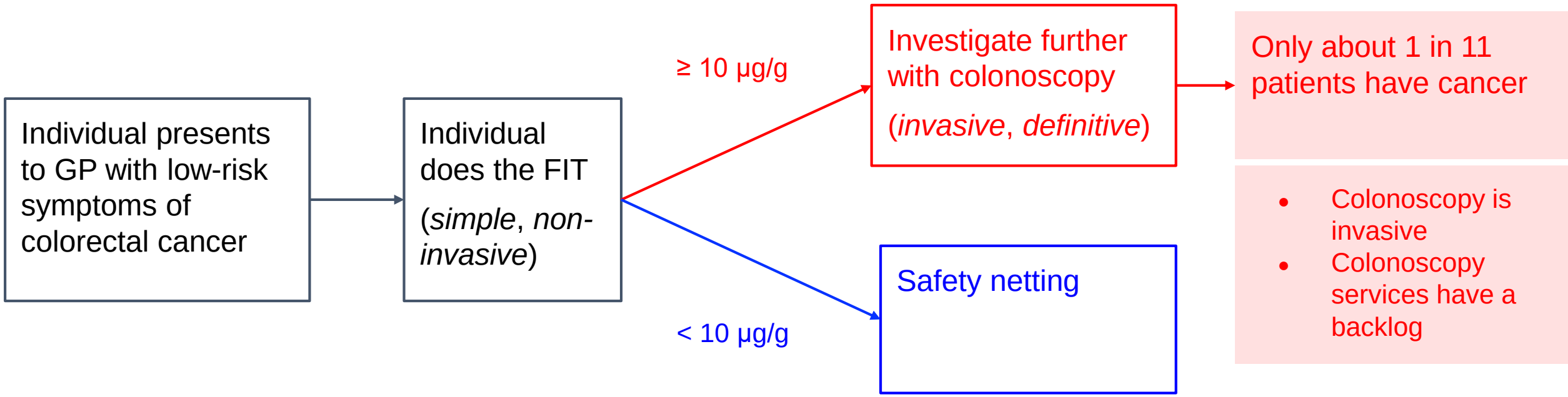
- Enables topics to be explored in subsequent interviews
  - E.g., patients with conditions where they require further support (e.g., cognitive impairments)



Optimising the faecal immunochemical test for colorectal cancer detection

Andres Tamm
with Brian Nicholson, Oxford clinical data warehouse team and the Oxford clinical biochemistry laboratory

FIT test helps triage patients with suspected colorectal cancer



Can FIT be combined with other data, to spare patients from unnecessary investigations and reduce pressure on the NHS?

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FIT test result + Routinely available data

- Age
- Gender
- Clinical symptoms
- Blood test results
- Other diagnosed illnesses

→ Prediction model

Many options: traditional models and machine learning

→ Risk score

"Risk of cancer is 2%"

Challenge: what is the risk score threshold for referring someone to further investigations?

Potential ways to be involved

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HEALTH DATA SCIENCE | BIG DATA INSTITUTE | UNIVERSITY OF OXFORD

Our studies

- Investigating risk prediction models developed in Nottingham
- Exploring whether machine learning models can be developed in Oxford

Potential ways to participate

- Thinking about trade-offs: a model can reduce the number of patients referred to hospital investigations, but a small number of patients with cancer may be initially missed (and detected later through safety netting). Is that acceptable?
- What information would you need, to trust a risk prediction model that is used to make decision about subsequent referral?

Exploring the landscape of public and private cancer diagnostics

Anna Dowrick

CA 125 (C125)

INCLUDES
PHLEBOTOMY

£156.15

Lab Code: C125

Sample Type: Blood

Estimated Turnaround time: 4 working days

Inclusions: analysis for this analyte only.

ADD TO LAB REQUEST

Reimagining pathways of cancer detection: Exploring the landscape of public and private diagnostics in the UK and Denmark

Objective 1:

Explore what is currently known about diagnostic innovations in privately accessible routes of cancer detection

Objective 2:

To understand the policy and market drivers for new developments in cancer diagnostics

Objective 3:

To identify how new direct-to-consumer cancer blood tests and private imaging is being accessed and used and their impact on patients and primary care staff

Objective 4:

Engage the public and policymakers in examining the consequences of private routes of testing and imaging on healthcare equity

Any other business

PPIE Meets Statistics Webinar

Pradeep Virdee

- Opportunities for PPIE members to learn about data and statistics
- We ran our first PPIE Meets Statistics Event on 12th July 2024

Read the full blog here:
https://www.phc.ox.ac.uk/blog/bringing-together-statisticians-and-patient-and-public-contributors-our-first-ppie-meets-statistics-training-event?ref=image

Webinar on systematic reviews and meta-analysis
12th November 2024

Thank you

Cancer Theme website:
https://www.phc.ox.ac.uk/research/research-themes/cancer