

EVALUATION OF THE CANCER RESEARCH UK STRATEGIC GP LEAD PROGRAMME

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STRATEGIC GP PROGRAMME OVERVIEW

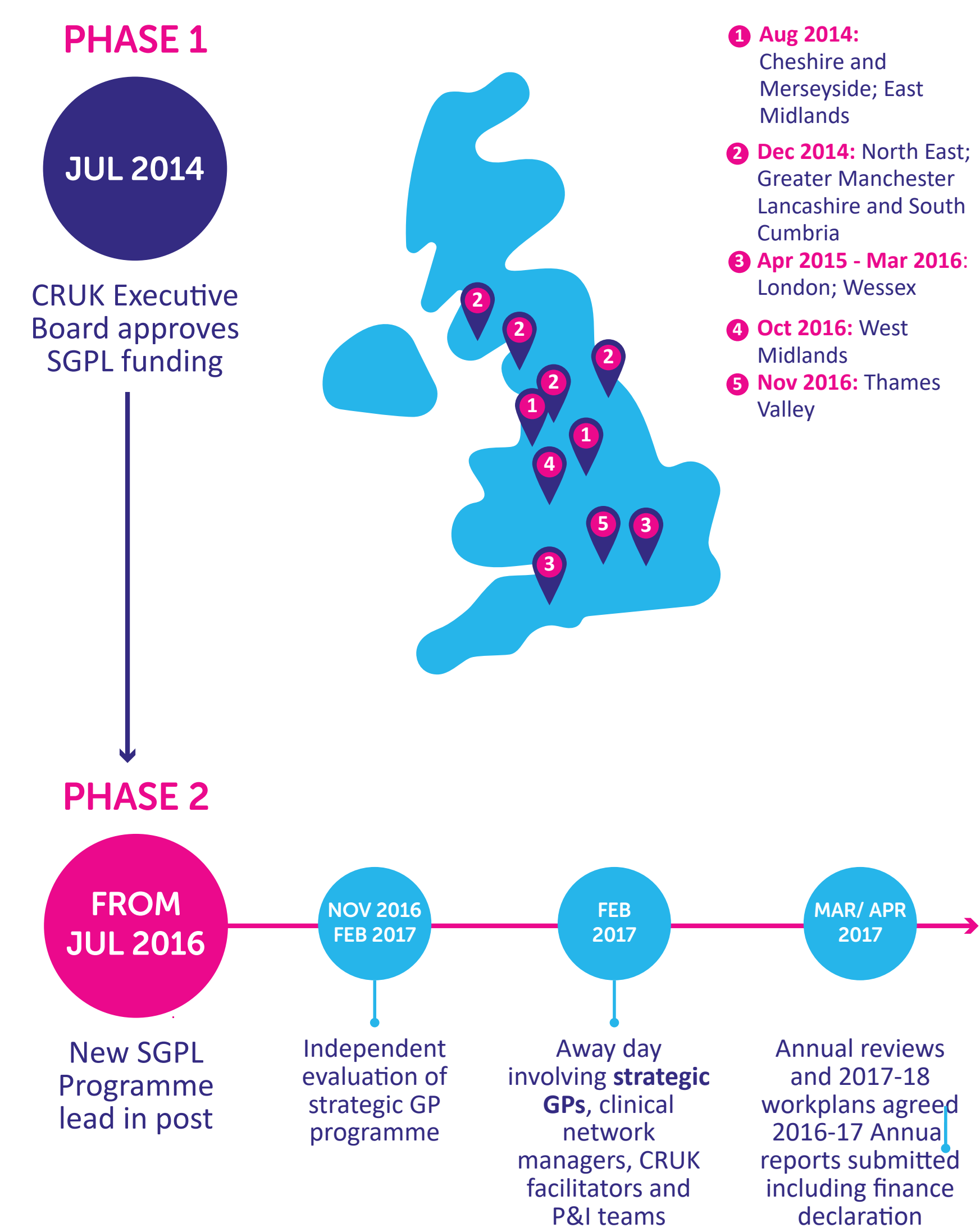
Since 2014, Cancer Research UK has funded several Strategic GP Lead (SGPL) roles within English Strategic Clinical Networks (SCNs) or other local host organisations. The aim was to:

- Provide strategic primary care clinical leadership and educational resource at regional level
- Support SCNs in improving cancer pathways and reducing variation in care provision through the sharing of best practice and innovation
- Enhance CRUK's relevance in primary care by enabling CRUK to engage with and influence primary care in a systematic way
- Provide information and insights to inform future CRUK strategy

CRUK has encouraged SGPLs to focus their efforts on the early stages of the cancer care pathway in accordance with CRUK organisational aims.

The SGPL programme has grown incrementally since the first two appointments were made in August 2014. By late 2016, 13 CRUK SGPLs were in post across 8 geographies.

Fig 1. Development of the Programme



EVALUATION

Healthfocus Research was commissioned to conduct a qualitative evaluation of the programme. The overall aim was to evaluate qualitatively the process and impact of the SGPL programme on stakeholders and health services locally, regionally and for CRUK.

The evaluation comprised interviews with SGPLs, CRUK Facilitator Managers, and a purposive sample of key individuals who work with SGPLs at a local level. Where possible, examples of hard outcomes were gathered to triangulate the interview data and enhance understanding of the outcomes and impact of the programme. The project covered 7 of the 8 geographies in which SGPLs have been appointed to date.

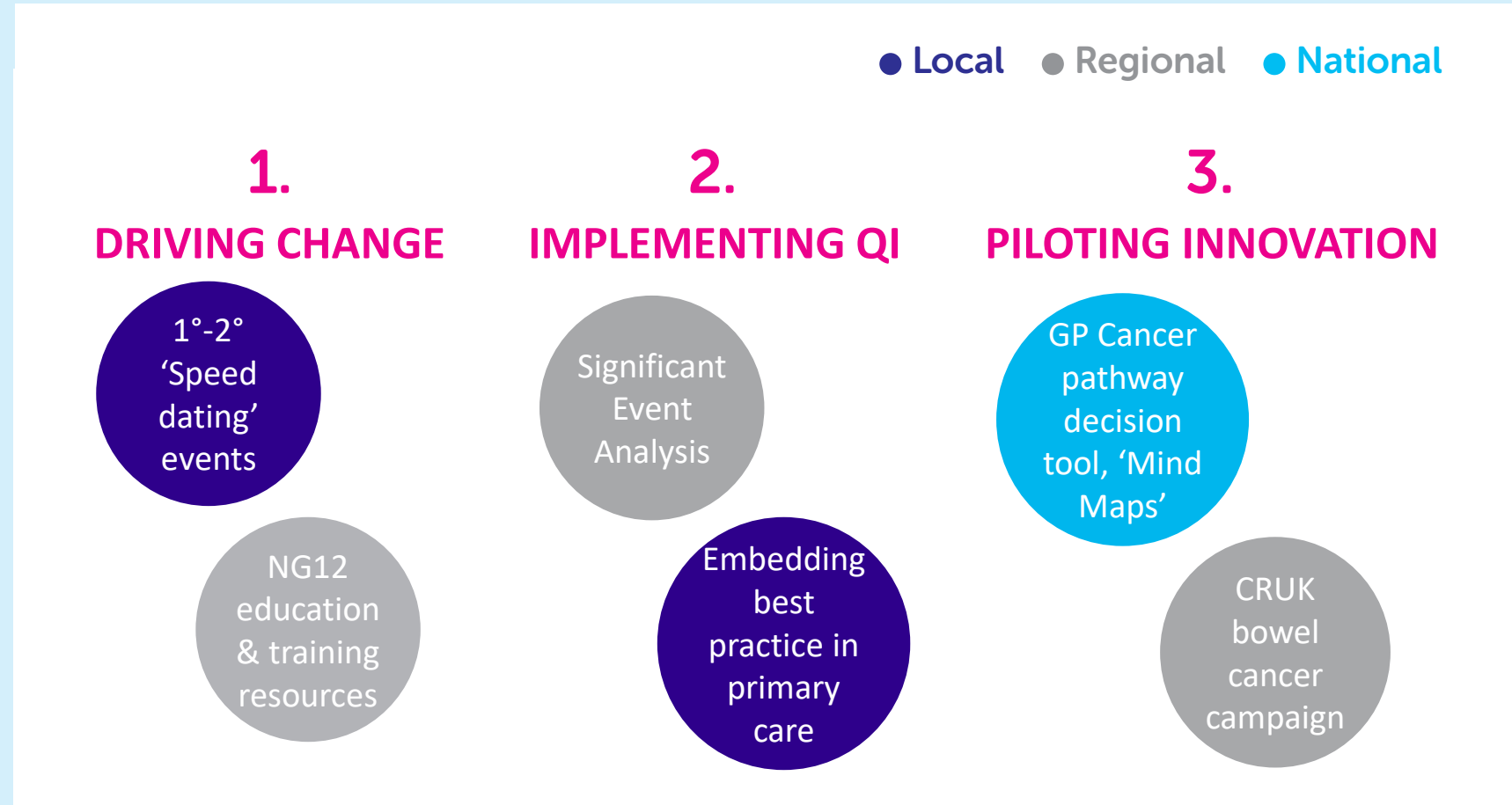
Fig 2. Methods and sample



MAIN FINDINGS

ACTIVITY

There is considerable **variance in how the SGPL role is executed** at Network/Alliance level: this variance reflects the diversity of contexts in which SGPLs work, the resources available to them, differing local opportunities, needs and priorities, and individual SGPL interests/expertise. However, SGPL activity can be divided into 3 broad categories:



IMPACT

Qualitative data from multiple sources also indicates that the **area of greatest SGPL impact to date has been the development and systematic implementation of NG12-compliant suspected cancer referral pathways** for all tumour sites across large and complex healthcare economies.

"SGPLs have influenced the thinking about the patient's journey and primary care is integral to that. SGPLs [...] have broken down barriers between hospital consultants and primary care" - **Host Manager**

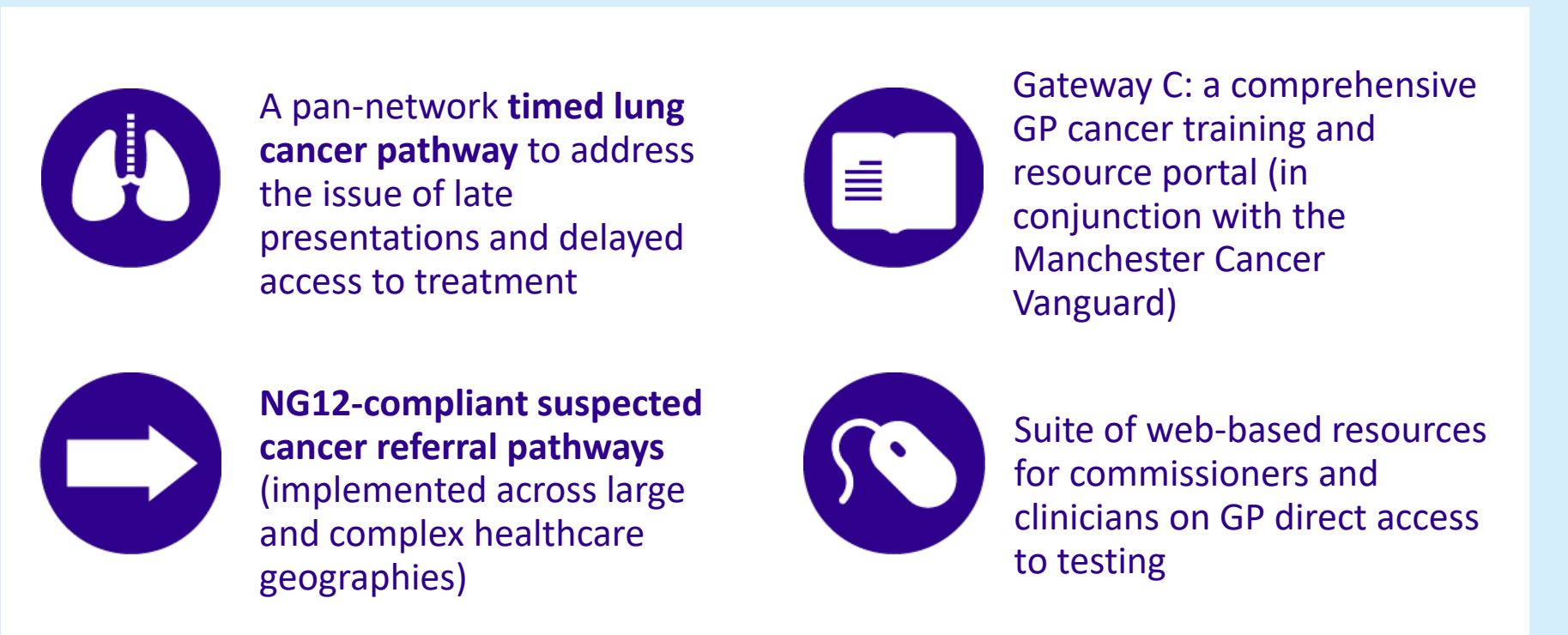
SGPLs have:

- Provided an (otherwise absent) **primary care perspective at strategic level**
- Provided **clinical insights** and understanding to non-clinical managerial teams
- **Improved communication** at the **primary/secondary care interface**
- **Motivated** and **inspired** GP colleagues within their geographies
- **Planned** and **delivered** GP **educational** and **training** resources/events
- Developed, piloted and resourced **innovations** in cancer prevention and early diagnosis

Feedback from host managers and beneficiaries was **unequivocal...**

- The SGPL programme has been **effective in driving quality improvements** at Network/Alliance level and **supporting the implementation** of these changes throughout large and complex geographies.
- The presence of a GP voice at strategic level was **invaluable**.

"... the combination of the research and evidence stuff and the clinical knowledge and the voice of the jobbing GP voice...and the credibility of a clinician to disseminate new evidence based ways of working ... that's what the SGPLs bring." - **Host Manager**



Several examples of 'hard' outcomes and impacts in which SGPLs have been instrumentally involved have been identified.

COUNTER-FACTUAL

Exploration of the counterfactual suggests that **much of the progress made**, particularly in relation to the implementation of NG12 suspected cancer guidelines across large and complex geographies, **would not have taken place without SGPL time, energy, enthusiasm, clinical credibility and expertise**.

There was a strong consensus that, if CRUK funding for SGPL posts were no longer available, there would be a significant risk that the pace of quality improvement in cancer early diagnosis would slow down, and that changes would be introduced less systematically and less equitably.

"they had the time and the motivation to keep driving things forward until we got to a solution - I don't think the new pathways would have happened without them. It would have gone into the 'just too difficult' box." - **Consultant Medical Oncologist**

CONCLUSIONS

The evidence gathered indicates that there is a pressing need for strategic GP representation at Strategic Clinical Network (SCN)/Alliance level.

Triangulated qualitative data indicates that the SGPL programme has been effective in driving quality

improvements at Network/Alliance level and **supporting the implementation of these changes** throughout large and complex geographies.

Many of the outcomes identified in this report are a result of **teamwork**. SGPLs and CRUK HPE Facilitators often work closely together and the roles can be highly **synergistic**.

There is a **clear case for continued funding** of the Strategic GP Lead role.

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