How good is my GP?!
Charting the way forward through listening to survivors’ experiences of bowel cancer shared care.

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Background
The North Eastern Melbourne Integrated Cancer Service received Victorian Government funding to implement colorectal cancer (CRC) shared care (SC). We piloted SC at North Eastern Health and Monash Health, in partnership with the Primary Health Networks and Southern Melbourne Integrated Cancer Service. The project was funded for 3 years.

Aim
To design, implement and evaluate SC for CRC survivors, in partnership with consumers and primary care. Undertaking participants experiences of routine care and SC was central to designing, modifying and evaluating the SC model.

Method
1. We surveyed people receiving routine CRC follow-up
2. A care coordinator was employed to facilitate SC
3. SC participants received a SC plan and SC follow-up.
4. Participants provided feedback about SC via:
   • Baseline and 12 month Picker Care Coordination surveys
   • 6-month telephone interviews
   • 12-month experience surveys.

This poster describes interview and survey feedback themes.

Routine follow-up care experiences
We analysed 91 routine care surveys (health service 1 (HS1) n=44, health service 2 (HS2) n=47). Despite high satisfaction with care provided by clinicians, a number of improvement opportunities were identified. Refer table 1.

Table1: Improvement opportunities

<table>
<thead>
<tr>
<th>Top areas for improvement</th>
<th>HIGH</th>
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<tbody>
<tr>
<td>1 Waiting times in specialist clinic</td>
<td>28</td>
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<td>2 In 3 HS1 and 1 in 4 HS2 reported unnecessary clinic attendance</td>
<td>92</td>
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<td>3 In 3 requested more help to manage longer-term consequences of cancer/treatment</td>
<td>99</td>
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<td>4 &gt;12 wanted more information about how to get support for families</td>
<td>98</td>
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<td>5 Access to support post-treatment (stoma care, allied health)</td>
<td>93</td>
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<td>6 Reducing travel burden (10 travelled &gt;1 hour to see specialists)</td>
<td>92</td>
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<tr>
<td>7 Care coordination: one survivor was lost to follow-up, others requested improved linkages with community-based services</td>
<td>98</td>
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Shared care model
Target group
People treated with curative intent for stage 1-3 CRC were eligible providing they were aged 18 or over; had cognitive capacity to participate and had a GP/CH who were willing to establish a relationship with a general practice. People treated for low rectal cancer were initially excluded.

Shared care process and tools
Participants received alternating specialist and GP reviews. All were offered EORTC C30 and CRU 3 quality of life questionnaires. Where required, participants accessed supportive care to address identified problems.

Demographics
In all, 314/422 (93.4%) patients approached agreed to SC; of these, 100 consented to the SC study. 51% were aged 70 or over; 54% were male and 21% spoke a language other than English. Most (94%) lived in RAL (major cities of Australia); 15% lived in inner regional Australia and 1 in outer regional Australia.

Comorbidities:
HS1 participants: range: 0-8, mean: 2.28, median: 2 comorbidities
HS2 participants: range: 0-12, mean: 3.4, median: 3 comorbidities.
At both health services, hypertension, diabetes, COPD and AF were amongst the most prevalent health conditions recorded.

Location, stage and treatment type:
79% of SC study participants had stage II or III CRC and 83% had colon cancer. All participants were treated with surgery, 39 received chemotherapy and 3 participants received neo-adjuvant chemo-radiotherapy.

Results
Experiences of shared care At 6 months:
We interviewed 28 participants after ~6 months of SC:
- 93.6% reported confidence in GP follow-up
- 70% said they would choose SC/GP follow-up over hospital follow-up
- Despite this, only 14/27 (51.9%) interview participants were certain that their GP had a copy of the SC plan.

Interview responses at 6 months were themed as follows:

At 12 months:
By August 2019, 65 study participants had received SC for 12 months.
- 43/65 (66.2%) replied completed experience surveys. Some surveys were conducted over the phone due to low response rate by post.
- 41/43 (95.3%) combined CRC and comorbidity follow-up in a single GP visit
- 37/41 (86.4%) were very confident, confident or somewhat confident with GP follow-up.
- Of the 34 who reported longer-term problems, 30 (88.2%) received help to manage problems.
- 24 (70%) indicated that their GP either did not seem to know about CS/SA blood test results, did not seem interested or did not have the same level of knowledge as their specialist.

Survey data was themed for benefits of SC:
- Trust in own GP
- GPs involvement important for managing the condition
- Known GP for a long time
- Personal preference/convenience of seeing GP less complicated to book an appointment with GP
- Financial (participants receiving SC with private surgeon)
- Long wait/avoids to the hospital
- Specialist appointment short/uninformativer

SC benefits
"See the same person. She knows you and you can talk about other things with her…"
"Good for GP to have overall health picture."
"I think just the fact that she (mother) has in her own GP,… he is really switched on and he’s so thoughtful with her and explains things. She understands that he has the time to spend with her to talk to her. He knows her."
"It is more convenient to go to my trusted GP than wait at the hospital for hours."
"… it will take me two and a half hours (driving time to the hospital).… for us it’s a whole day. I nearly have to stay overnight."
"The other thing is having that… printed shared care plan that gives you something to refer to just to check you are on target with everything."
"When you are going through the chemo its great to have number 2 (follow-up care) at the hospital with one of the doctors in the clinic), but afterwards definitely having GP oncologist and surgeon and anybody else, dietitian etc, is a bit better."
"Being familiar with my doctor (GP). Able to ask questions. Easy parking…”
"It is so important for the GP to have the opportunity to discuss with me the ongoing after-effects of chemo and give assurance …that I am doing all I can for my ongoing health."
"Very helpful. It gave me a bit of confidence rather than me floundering around by myself."
"It was good to have my GP involved. He was there to give advice when I needed it. I was confident he would say it how it is."
"Satisfaction…You are going to see your GP who you are confident with. He knows you, …instead of having to pay separately (to see a specialist)."
"It keeps you out of the hospital environment. The waiting times do not interfere with your life. For some hospital appointments I waited more than one hour.”
"Psychologically he gave me hope and confidence just talking. Less travel…"
"It would be fantastic if you could do all the follow-up with the GP. That would be amazing!… You know just having to take time off work, that's the biggest thing… to take her (mother) to those appointments…She hates going to hospital. She always thinks, why do I have to be here? There is nothing wrong with me!"

Depends on your GP
"It look probably wouldn’t suit everybody,…I think if you have a doctor (GP) that you like and are confident with … I know the doctor that I had before I went to this one, I wouldn’t have liked the shared care plan at all.”

Summary and recommendations
CRC SC was highly acceptable to most participants. Despite this, 1 in 5 reported some reservations about the follow-up provided by their GP. SC enabled more streamlined management of cancer follow-up and other chronic condition care. Greatest benefits were reported by participants who lived in regional/outdoor metropolitan areas, those who worked, those who had a strong pre-existing relationship with a GP and those who experienced the longest waits in outpatient clinics. There may be value in assessing people’s satisfaction with their general practice prior to commencing SC.

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