Barriers to GP referral for early diagnosis of suspected colorectal cancer

Kidney, Elaine; Greenfield, Sheila; Berkman, Lindy; Wood, Sally; Marshall, Tom

A red flag is not enough: understanding GP delays in referral for suspected colorectal cancer

Elaine Kidney, Research Fellow [A] ; Sheila Greenfield, Professor of Medical Sociology [A]; Lindy Berkman, Patient/Public Representative [A]; George Dowswell, Research Fellow [A] Willie Hamilton, Professor of Primary Care Diagnostics [B]; Sally Wood, General Practitioner [A,] Tom Marshall, Professor of Public Health and Primary Care [A]

[A] Institute of Applied Health Research, University of Birmingham, [B] University of Exeter

Background

A previously published study (CREDIBLE)[1] electronically identified 60-79 year olds meeting NICE urgent referral criteria (**red-flag symptoms**) for suspected colorectal cancer. These are:

- iron deficiency anaemia
- persistent diarrhoea
- rectal bleeding or a positive FOBt.

We found many patients with red-flag symptoms were judged by their GPs not to need further investigation.

We report attitudinal and contextual influences on investigation and referral of patients with red-flag symptoms and on report barriers and facilitators to GP referral.

Methods

Semi-structured interviews

- 18 GPs and 12 practice managers
- From practices participating in the CREDIBLE study

Interviews focussed on

- early detection of colorectal cancer
- the use of information technology to identify patients
- referral of identified patients

Results

Factors hindering referral by GPs:

1. Lack of Knowledge of Referral Criteria

Sometimes not considered urgent referral criteria:

- Persistent diarrhoea
- Iron deficiency anaemia

Anaemia was often attributed to diet

Anaemia in South Asian groups normalised

2. Individually-derived decision rules for investigation or referral

Alternatives to urgent referral for lower GI investigation:

- Trial of iron therapy for anaemia in elderly patients
- FOBt and not referring if was negative
- Delaying until **additional** symptoms were seen
- Non-urgent referral
- Only referring if strongly suspicious
- Referral for upper GI investigation

3. A Desire to Avoid Over-referral

- Financial pressures to reduce referrals
- Avoiding criticism by health care commissioners and peers
- Reluctance to scare patients by discussing suspected cancer
- Particularly patients perceived to be anxious

Discussion

1. Whose role is it to make sure GP's are knowledgeable and confident in following best practice?
2. **Avoiding "over-referral"**
   Might it be the CCG's role to ensure referrals to rule out cancer are explicitly excluded from measures to reduce overall referrals rates?
3. **Which diagnostic strategies should the doctor use?**

Analysing self-reported preferences for referral using a previously reported categorisation of strategies,[2] we found:

Early referral is

- **Favoured** by following NICE guidelines and by pro-actively referring patients with low haemoglobin and ferritin levels.

- **Hindered** by reliance on:
  - Tests of time or treatment,
  - Probabilistic reasoning (that symptoms are more likely to be due to some other cause)
  - Recognising only *patterns* of symptoms.

4. **Scaring the patient**
Is support needed to encourage referral specifically for patients perceived as too anxious or psychologically fragile for referral?

5. **Areas with high prevalence of anaemia.**
Should doctors serving populations with high levels of anaemia (e.g. elderly, or South Asian populations) be targeted for action?

Interpretation

Lack of suspicion of **red flag symptoms** (particularly anaemia) and reluctance to over-refer are barriers to GP referral and early diagnosis of colorectal cancer.

CCGs should encourage early referral for suspicion of colorectal cancer

Further research may be needed on increasing referrals in disadvantaged or marginalised groups, ethnic minorities and patients perceived as anxious.

References

1. Kidney E., Berkman L., Macherianakis A., Morton D., Dowswell G., Hamilton W., Ryan R., Awbery H., Greenfield S. & Marshall T. 2015. Preliminary results of a feasibility study of the use of information technology for identification of suspected colorectal cancer in primary care: the CREDIBLE study. Br J Cancer, 112: S70-S76. DOI: 10.1038/bjc.2015.45

2. Heneghan C., Glasziou P., Thompson M., Rose P., Balla J., Lasserson D., Scott C. & Perera R. 2009. Diagnosis in general practice: Diagnostic strategies used in primary care. BMJ 338(7701): 1003-1005. doi:10.1136/bmj.b946