

Communicating effectively to patients about a cancer referral

Background

The UK's National Institute for Health and Care Excellence (NICE) advises GPs to inform patients referred to the Urgent Suspected Cancer (USC) pathway about their impending service and expectations. However, little is known about patient experiences and information needs post-referral. GPs often grapple with conveying the urgency of referrals while offering reassurance.

Aim

This study explores GP communication regarding cancer and USC referrals.

Method

A secondary analysis of 23 audio-recorded GP-patient consultations, selected from a larger dataset of 200 consultations in Surrey and London (2017-2018), was conducted, focusing on discussions related to cancer.

Results

We found that most GPs informed patients that they might have cancer and engaged in reassurance about the patient's low risk of cancer using personalised risk statements. Some GPs, however, avoided all mention of cancer, using symptom-led language instead. GPs tended to focus on communicating practical rather than support-based information when discussing the referral. While most GPs informed patients that they would be seen by a specialist within two weeks, few discussed patients' support needs during the referral or specialist appointment.

Conclusion

This presentation will offer language recommendations for clear communication about cancer referrals. This plays an important role in promoting shared decision-making and driving patient attendance for investigations. The study highlights the need for further research on communication practices around cancer referral to improve patient understanding and experience. Our recommendations for enhanced communication may improve patient outcomes by optimising routes to diagnosis via primary care.

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