

THE EARLY IDENTIFICATION AND REFERRAL OF PATIENTS WITH SUSPECTED HEAD AND NECK CANCER BY COMMUNITY PHARMACISTS









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Original research

BMJ Open Qualitative interview study exploring the early identification and referral of patients with suspected head and neck cancer by community pharmacists in England

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BACKGROUND

- The role of community pharmacy in the early detection of cancer is gaining increasing attention
- In June 2022 **NHS England announced that pilot schemes** will be developed in community pharmacies, allowing pharmacists to refer patients with potential signs of cancer directly into secondary care to meet the ambition of the NHS Long Term Plan to increase the proportion of cancers identified at an earlier stage
- Head and Neck cancer (HNC) is the eighth most common cancer in the UK
- Incidence rates of HNC are rising; risk factors include tobacco and alcohol use, and HPV

The Problem

- Patients are often only diagnosed when the disease reaches an advanced stage...therefore, HNC represents an example of where there is a need to explore mechanisms for earlier identification and referral of patients with signs and symptoms suggestive of HNC
- Many possible signs of HNC are commonly encountered in primary care and patients may present to pharmacies for self-treatment and advice

OUR STUDY

- Qualitative methodology utilising 1-1 semi-structured interviews
- 17 community pharmacists (already published) and 13 HNC patients (under peer review)
 - Pharmacists were recruited from the NE of England via dissemination through LPC's, PRUK and BOPA mailing lists, social media and the teams professional networks
 - Patients were recruited from HNC pathways
 - 6 from Sunderland Royal Hospital Dept of Oral and Maxillofacial surgery
 - 4 from Newcastle Freeman Hospital ENT Dept
 - 3 from Newcastle Dental Hospital Oral Medicine Dept

FINDINGS – PHARMACISTS (1/2)

Findings were grouped into 4 key themes

- **Opportunity and access**
 - Frequent consultation with patients presenting with potential HNC symptoms
 - Highly accessible nature of community pharmacy within communities and without appointment
- **Knowledge gap**
 - Good understanding of “red flag” referral criteria
 - Limited experience in undertaking more holistic patient assessments to inform clinical decision making in this context

RESULTS – PHARMACISTS 2/2

- **Referral pathways and workloads**

- Good working relationships between pharmacies and GP practices
- Very limited collaboration and communication between pharmacies and dental services
- Desire from pharmacists to engage with formal referral pathways
- Current referral practices almost entirely based on signposting
 - No auditable referral trail
 - Potential lack of safety netting and follow up
 - Limited integration into the MDT
 - No feedback mechanism

- **Utilisation of Clinical Decision Support Tools**

- No awareness of the Head and Neck Cancer Risk Calculator (HaNC-RCV2) Tool
- Some positivity towards such tools in supporting a more holistic approach to patient assessment and prompt for further exploration of presentation

RESULTS – PATIENTS I / I

Findings were grouped into 4 key themes

- **Role of the Community Pharmacist**

- Agreement around potential role expansion
 - Positive patient attitudes following the role of pharmacies and their accessibility during the Covid-19 pandemic
 - Some concerns with access to pharmacists over medicines counter assistants
 - Generally positive towards private consultation room use, but need to “go through” medicines counter assistant in a potentially busy and non confidential environment first
- Changing perception on pharmacy’s role
 - Perception that main focus is dispensing medicines

- **HNC Presentation and seeking help**

- HNC symptoms are frequently attributed to common or minor conditions
- Often results in self-management and delays in seeking help
- Help seeking often only a result of persistent problems and family/friend persuasion – challenges for those living alone

RESULTS - PATIENTS

- **Public Perceptions of HNC**

- Strong public awareness campaigns for other cancers
- Less attention on HNC and lack of awareness of early warning signs/symptoms
- Raising awareness would help but challenges relating to the common presentation for what are usually minor conditions

- **The role of symptom based risk calculators**

- Considered useful by patients if it can support early referral and diagnosis
- Some patients wanted increased public awareness of this and similar tools – to self assess risk
- Concerns about how discussions and use of the tool would be initiated within a pharmacy

IN CONCLUSION

Community pharmacies offer **access** to patients and high-risk populations that could support HNC awareness initiatives, earlier identification and referral.

Further work to develop a **sustainable and cost-effective** approach to integrating pharmacists into cancer referral pathways is needed, alongside appropriate training for pharmacists to successfully deliver optimum patient care.

Community pharmacies could play a role in the identification and referral of HNC, but there was uncertainty as to how the intervention would work.

Future research is needed to develop an intervention that would facilitate earlier identification and referral of HNC while not disrupting CP work and that would **promote HNC** and the risk calculator more widely

NEXT STEPS

- To work with MDT clinicians and scope integration of community pharmacies into HNC pathways
- Further studies to assess the impact of integrating pharmacies into these pathways is required
- NHS England pilots will be key and need evaluating thoroughly
- Work to understand how to better integrate medical, dental and pharmacy services is required
- Work to promote HNC awareness is key – training, promotional campaigns, working with public health teams and with patient/charity groups