CANAssess
Cancer Patients' Needs Assessment in Primary Care

Funded by yorkshire cancer research

Brief for Clinicians

A primary care practitioner-delivered holistic needs assessment consultation guide can help reduce unmet need in people living with cancer.

SUMMARY MESSAGES

- Most people living with cancer have unmet needs (e.g., poor symptom control, information needs, family support, worries about the future). Primary care is well-placed to identify such needs and co-ordinate care. The CANAssess randomised trial tested a validated clinical prompt to see if patient outcomes were improved.

- The CANAssess trial found that the use of the Needs Assessment Tool – Cancer [NAT-C] in primary care reduces the level of unmet need and improves symptoms and quality of life for people living with cancer, compared to Usual Care, at 6 months follow up. There was no evidence of a difference at earlier 1 or 3 month follow up.

- This study is the first to show benefit for patient-relevant outcomes using a validated holistic needs assessment tool in the primary care setting.

- The health economic evaluation indicated that NAT-C was highly likely to be cost-effective at 3 and 6 months.

- An online training package to use the NAT-C (EMIS, SystmOne templates, paper) was easy to deliver and well received (lasting an hour maximum). Practitioners found the NAT-C relevant to their practice and saw the value for proactive patient care.

- On average a NAT-C guided consultation took 25 minutes to complete (~ a double appointment).

- The NAT-C is designed to be completed by a range of personnel and could be used by practitioners themselves or used initially by link workers who triage actions as necessary.

- Implementation challenges centred around resources and management support.

WHY IS THIS RESEARCH IMPORTANT?

There are an estimated over a 3 million people living with cancer in England, a figure expected to rise to 3.5 million by 2025, and 5.3 million by 2040. Considerable levels of unmet need leading to significant patient and caregiver burden are reported, more so in those recently diagnosed, those with metastatic disease and those at the end of life.

However, despite cancer policy directives to improve care as well as treatment (such as Cancer Care Reviews), and an acknowledgement of an important role for primary care, this situation remains largely unchanged.

Although there is some evidence to support the use of holistic needs assessment screening tools, this is mixed, mostly uncontrolled service evaluations, and none are in the community setting where patients spend most of their time.

WHAT DID WE DO?

We conducted a multicentre phase 3 parallel-group cluster randomised controlled trial based around four hubs: Hull, Leeds, Sheffield, Sunderland and surrounding regions. 41 General practices across Yorkshire and Tyne & Wear recruited adults with active cancer (all stages) to assess the effectiveness of a NAT-C guided consultation in primary care delivered by a GP or practice nurse in reducing the proportion of participants with at least one moderate-severe unmet need. Secondary objectives included assessing the severity of unmet need, quality-of-life, patient symptoms, healthcare use and caregiver impact.

Patient and Public Involvement and Engagement was integrated at all stages.

CANAssess stands as the largest primary care-delivered trial in the world targeting individuals living with active cancer (any stage). Participants received either a NAT-guided consultation or continued with usual care, depending on whether they were registered with a General practice randomised to NAT-C arm or control. The primary endpoint was participant reported moderate-severe unmet need at 3 months, but data were also collected at 1 and 6 months.

WHAT DID WE FIND?

We enrolled and randomly assigned 41 GP practices who recruited 788 eligible participants with active cancer (any stage) between December 1, 2020 and August 30, 2023.

At baseline, just over half of participants had at least one moderate-severe unmet need. Over 95% of those allocated to receive a NAT-C consultation did so (average consultation time 25 minutes). At 1 and 3 months, there was no evidence of a difference in the proportion of participants with unmet need, or the severity of unmet need, between the NAT-C and Usual Care groups. However at 6 months there was evidence of a reduction in unmet need in the NAT-C group, such that the odds of unmet need reduced to about two-thirds of the control (Odds Ratio 0·66, 95% CI 0·42 to 1·04, p=0.071) and the mean severity was reduced (mean difference -3·57, 95% CI -6·57 to -0·58, p=0.019). Secondary outcomes (symptoms – pain, insomnia, appetite -, quality of life) showed similar patterns, with small differences at 1 and 3 months, but statistically significant evidence of benefit at 6 months on severity of symptoms, appetite loss, quality of life, and emotional functioning. An imputed case health economic evaluation indicated the probability of cost-effectiveness at £20,000 NICE thresholds as 75% at 3 months, and 83% at 6 months.

Insights from an embedded implementation study, using survey data from participating practitioners, and interviews with practitioners and other key stakeholders showed that the NAT-C was well received, and viewed as a legitimate part of the practitioners' role. They considered it was valuable for providing proactive care for people with all stages of cancer, and particularly soon after diagnosis alongside the Cancer Review, at the end of primary treatment, in progressing disease and at the end of life. Challenges to implementation focussed on lack of resource (time and money) in the current workforce and funding climate, and perceived lack of support from managers – exacerbated by pressures related to the COVID pandemic.

Implementation at scale would require enthusiastic champions, winning practitioners' 'hearts and minds' regarding seeing patient benefit for themselves, adequate resourcing and flexible implementation e.g., using link workers at a network level to complete initial assessment and triaging whilst allowing individual practitioners to conduct this stage with their own patients if they wished. Although delivered by GPs and nurses in this study, the NAT-C is designed to be delivered by a range of practitioners and could be flexibly implemented for use by non-medical or non-nursing personnel.

The study concluded that the NAT-C appears to be a cost-effective tool in providing best care for people living with cancer but implementation at scale requires sufficient resources and flexible embedding into systems and practices.

RECOMMENDATIONS

- People living with cancer should receive a primary care based holistic needs assessment during a NAT-C guided consultation soon after diagnosis, at the end of primary treatment, when the cancer recurs or progresses and towards the end of life.
- Practice and Primary Care Network cancer leads should consider embedding the tool alongside Cancer Care Reviews, on receipt of a patient-completed holistic needs assessment at the end of primary cancer treatment, and assessment of people with advanced and progressing cancer.
- Primary Care Networks, Integrated Care Systems, and the National Cancer Team should consider the role of the NAT-C and how it could be delivered as part of community-based cancer care.

KEY RESOURCES

Clark J, Copsey B, Wright-Hughes A, et al. Cancer patients' needs assessment in primary care: study protocol for a cluster randomised controlled trial (cRCT), economic evaluation and normalisation process theory evaluation of the needs assessment tool cancer (CANAssess). BMJ Open. 2022 May 4;12(5):e051394. doi: 10.1136/bmjopen-2021-051394.

Allgar V, Chen H, Richfield E, et al. Psychometric properties of the Needs Assessment Tool - Progressive Disease Cancer in UK Primary Care. *J Pain Symptom Manage*. 2018 Oct;56(4):602-612. doi: 10.1016/j.jpainsymman.2018.07.002

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