



Nadeem Qureshi

Proactive familial breast cancer risk assessment in Primary Care: Phases 1 and 2

Aims

- To develop and assess the feasibility of an intervention to proactively identify women at risk of familial breast cancer in primary care;
- To optimise study design for a definitive trial evaluating the benefits and harms of the intervention.

Plain English Summary

Some women with relatives previously diagnosed with breast cancer, may be at higher than risk of the general population of developing breast cancer. It is important to identify these women so they can benefit from specialist services for early diagnosis and better life expectancy. The study will use a family history questionnaire already tested for effectiveness combined with decision-making software to calculate breast cancer risk and to better target referral to specialist services (the intervention). We will compare what happens now (usual care) with a proactive way of identifying women aged 30 to 60 with familial breast cancer risk involving postal invitation to all eligible women, and invitations during general practice consultations.

Key impacts

A member of the Nottinghamshire Patient Participation Research Group (Rosemary Clacy) has scrutinized early drafts of the Familial Breast Cancer study protocol. Caitlin Palframan, policy officer from Breakthrough Breast Cancer has provided expert input, in particular, developing patient information leaflets. Professor Qureshi and collaborator Gareth Evans work with Breakthrough Cancer and Wendy Watson (National Hereditary Breast Cancer Helpline) through the NICE guideline development group on identification and management of familial breast cancer. Focus groups were also held with GPs and patients to develop the study documentation e.g. patient information leaflets.

Outputs

Professor Qureshi has presented with Breakthrough Breast Cancer at a RCGP conference on family history of breast cancer. Professor Qureshi also advises Breakthrough Breast Cancer on the primary care needs assessment survey.

Professor Qureshi was a speaker at the joint Meeting of the All-Party Parliamentary Groups (APPG) on Breast and Ovarian Cancer on 28 January 2014.

Qureshi N, O'Flynn N, Evans, G. Dealing with family history of breast cancer: something new, something old [editorial]. *British Journal of General Practice*. January 2014; p6-7. DOI: 10.3399/bjgp14X676267.



Aims

- To identify tools for assessing the safety of general practices and obtain consensus on their use in the Patient Safety Toolkit;
- To test these tools in a sample of general practices and investigate implementation of the toolkit.

Plain English Summary

Errors happen everywhere in health care. Accidentally being subjected to an error in general practice can result in serious harm and possibly death. It is also a cause of emotional distress both for the patients and doctors involved. Avoiding errors, or identifying and correcting them, is a high priority for the NHS. The development and use of a Patient Safety Toolkit for general practices could play a major role in preventing patients from being harmed.

Tony Avery

Patient Safety Toolkit

Key impacts

Mr Antony Chuter, a patient with a long-term condition and experience of medication-related harm, has led the public and patient involvement in this research. Antony, who was closely involved in the development of the bid, has considerable relevant expertise through his involvement as Chair of the Patient Partnership Group (PPG) of the RCGP, and was a lay member on the Wellcome Working Group 'Towards Consensus for Best Practice: Use of Patient Records in General Practice for use in Research'. He has an interest in the different aspects of patient safety, in particular safety culture and its possible links with staff satisfaction in general practices. He has, together with patients and members of the public, had a particularly important role in advising on the selection and development of Patient Reported Outcomes Measures (and other forms of patient feedback). He is an active member of the Project Management Group.



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School for Primary Care Research

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