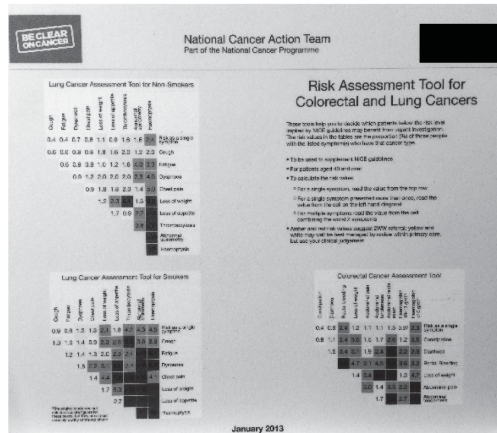


Please give your completed survey to your practice manager by **17 August 2017** who will return it to us using a pre-paid envelope. **Consent to participate is assumed by return of your completed survey.**

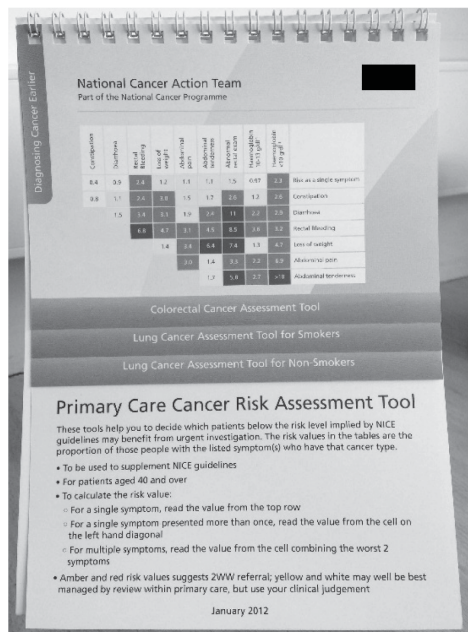
Cancer risk assessment tools – in desktop and electronic forms – are available to help GPs estimate the risk of cancer in symptomatic patients.

1. Two examples of desktop risk assessment tools are pictured below. Please tick those that you have in your consulting room

Mousemat



Flipchart



Other (please describe)

Tick here and **move on to Q4** if you have no desktop risk assessment tools.

2. A patient presents with symptoms that might be due to cancer. How likely are you to consult a desktop risk assessment tool?

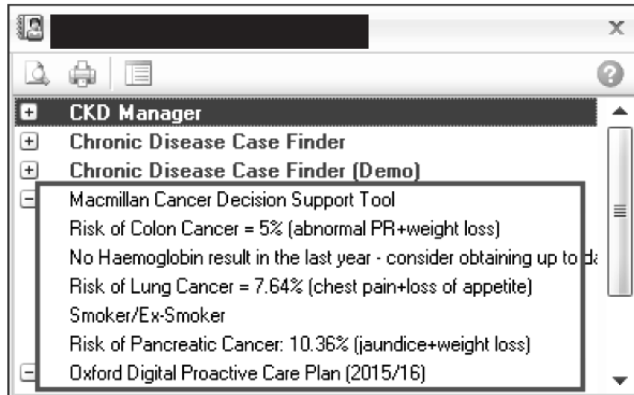
- Very likely Likely Unlikely Very unlikely

3. Which functions of the desktop tools do you find helpful? Select as many as appropriate

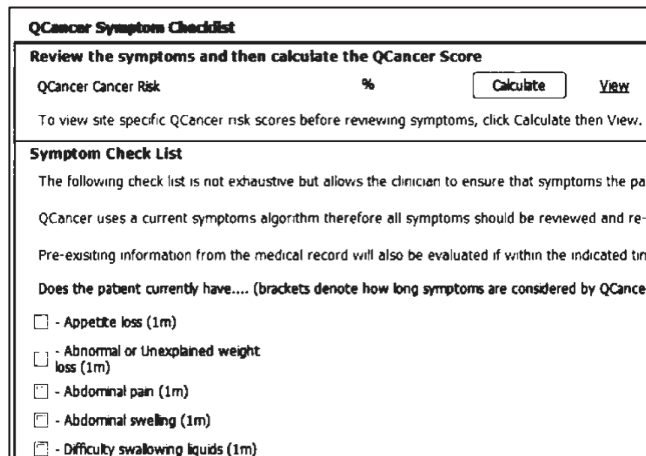
- Assessing cancer risk in patients with non-specific symptoms
- Assessing cancer risk in patients with multiple symptoms
- Discussing cancer risk with a patient
- Discussing investigation with symptomatic patients
- Prompting referrals that I would otherwise not have made
- Increasing the certainty of my clinical decision-making
- Increasing my awareness of cancer as a possible diagnosis
- Increasing my awareness of cancer symptoms
- Reassuring anxious patients
- None of these

4. Macmillan have produced electronic cancer decision support (eCDS) tools to help GPs estimate cancer risk in symptomatic patients.

In Vision (RAT algorithm)



In EMIS (QCancer®)



Please select ONE option below that best reflects eCDS availability at your practice, or tick here and move on to Q9 if you are unaware of eCDS.

- eCDS is downloaded/activated for my IT system
- eCDS is available for my IT system, but my practice has not downloaded/activated it
- eCDS is available for my IT system, and my practice has plans to download/activate it in future
- To my knowledge, eCDS is not available for my IT system
- eCDS is not available for my IT system but I would like to have it

5. eCDS utilisation – please select one option

- I have received eCDS training and have integrated the tool into my practice

- I have received eCDS training but have not integrated the tool into my practice
- I have not yet received eCDS training, but have integrated the tool into my practice
- I have not yet received eCDS training, but it is planned
- I have not yet received eCDS training, and I'm not aware that any is planned

6. Please rank the 3 main functions of eCDS numerically in order of usefulness (1=most useful; 3=least useful)

- 'Alert/Prompt' function: cancer risk scores appear automatically on opening the patient's record
- 'Cancer risk assessment' function: GPs can request a patient's cancer risk score using the symptom checker
- 'Searches/report' function: for routinely searching records and producing reports for safety-netting purposes
- Not applicable: I have not integrated eCDS into my practice

7. Which other eCDS functions do you find helpful? Select as many as appropriate

- Assessing cancer risk in patients with non-specific symptoms
- Assessing cancer risk in patients with multiple symptoms
- Discussing cancer risk with a patient
- Discussing investigation with symptomatic patients
- Prompting referrals that I would otherwise not have made
- Increasing the certainty of my clinical decision-making
- Increasing my awareness of cancer as a possible diagnosis
- Increasing my awareness of cancer symptoms

Reassuring anxious patients

None of these

8. A patient presents with symptoms that may be caused by cancer. How likely are you to access eCDS? Please select one option

Very likely

Likely

Unlikely

Very unlikely

9. How many years have you been practising as a GP?

<1

1-5

6-10

11-20

21-30

>30

10. How many consulting sessions per week do you work at this practice?

1-2

3-4

5-6

7-8

9-10

>10

Thank you for taking the time to fill out our survey

Funding acknowledgement: This research was funded by the NIHR Health Technology Assessment grant 16/12/04.