

Incorporating cancer risk information into general practice: a qualitative study using focus groups with healthcare professionals

Juliet Usher-Smith¹, Barbora Silarova², Alison Ward³, Jane Youell³, Ken Muir⁴, Jackie Campbell³, Jo Warcaba⁵

¹The Primary Care Unit, University of Cambridge, ²MRC Epidemiology Unit, University of Cambridge, ³Institute of Health and Wellbeing, University of Northampton, ⁴Institute of Population Health, University of Manchester, ⁵Nene and Corby Clinical Commissioning Groups.

Contact: jau20@medschl.cam.ac.uk

Background

- It is estimated that approximately 40% of all cases of cancer are attributable to lifestyle factors.
- Providing people with personalised information about their future risk of cancer may help promote behaviour change.
- General practice interventions can be effective in lifestyle modification but have not routinely targeted cancer.

Aim

- To explore the views of healthcare professionals on incorporating personalised cancer risk information based on lifestyle factors into general practice.

Methods

- Focus groups with general practice healthcare professionals recruited from the Nene CCG in the East Midlands via:
 - Emails to general practices
 - Through the University of Northampton nursing portal
 - In the weekly newsletter to the Nene CCG members.
- Focus groups guided by a schedule exploring:
 - Current provision of lifestyle advice relating to cancer
 - Views on incorporating personalised cancer risk information
- Analysed using thematic analysis.

Results

- 24 healthcare professionals took part in 6 focus groups.

Sex	
Male	10
Profession	
GP	11
Nurse	7
Clinical commissioner	6
Experience	
Less than 5 years	12
5 to 10 years	5
More than 10 years	7

- 6 main themes were identified:

1. Current lack of focus on the role of lifestyle factors on cancer risk

"If I'm talking about risk with a patient it's generally cardiovascular risk, I don't think at the moment I really mention cancer unless it's linked to smoking."

2. Enthusiasm for incorporating cancer risk

"We're the best place to, we're best placed to do it out of everyone, the best place to have that little bit extra time, the face-to-face contact and the opportunity to do it"

Results

3. The potential power of the word cancer

"I think someone is more likely to change their lifestyle when presented with a cancer risk than when presented with a heart attack or a stroke risk because I think heart attack and a stroke most people recover, you know, but cancer I think people think it's a lot more serious."

4. ... but with the potential to generate anxiety

"... you want to make sure that the information you're giving people is not only understandable but that it doesn't completely alter them in a way that's unhelpful because you don't want to induce health anxiety because that's, you know, that doesn't help us or them mostly"

5. Preference for numerical risk

"if you give the patient actual numbers they seem to respond to that better than just saying "you have an increased risk" ... I think it's easier for patients to understand."

6. Clear need for additional resources



Funding



Time



Pathways



Integration

Conclusions

- There is support among healthcare professionals for providing personalised cancer risk information within general practice.
- Healthcare professionals identified a number of potential benefits but also highlighted challenges which should inform the future development of interventions to promote behaviour change for cancer in general practice.