Engaging high risk groups in early lung cancer detection: a qualitative study in the UK’s most deprived communities

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The LUng Symptom awareness and Health (LUSH) study

Aim: To understand barriers to lung cancer symptom presentation and intervention preferences in high risk groups in the UK (with no previous diagnosis of lung cancer)
In depth qualitative interviews with 37 high risk individuals
- Explore lung cancer symptom attribution and medical help seeking
- Symptom task
- Recruited through GP practices using a proactive and structured approach
- Framework analysis

Four focus groups with stakeholders (high risk individuals, healthcare professionals, community workers)
- Discuss key findings from the interviews
- Explore intervention needs and preferences
- Recruited through GP practices, local health boards and community contacts
- Framework analysis
Interviews theme 1: Focus on maintaining health in the short term

- Greater perceived control over short-term health (managing chest infections)
- Lower perceived control over longer term health (lung cancer)

“If they told me it was lung cancer, I wouldn’t take any of the treatments. I don’t think I’ve got any more fight in me for all that.” (Female, Scotland, current smoker)

“I get worried about having chest infection, I get more worried about today or tomorrow rather than the future.” (Male, Scotland, former smoker)
Interviews theme 2:
Not feeling worthy of seeking medical help

• Do not feel worthy of seeking medical help
• Highly critical of people who ‘waste’ free healthcare resources
• Only seek medical help when necessary

“You feel as though you’re an alien because you smoke, you feel as so they just look at you and say ‘urghh’, you know” (Female, Scotland, current smoker)

“I can guarantee if I went this Monday and go next Monday the same people are sitting there. They’re a drain on society on the NHS...these people that go there are not really ill, they’re just seeking attention” (Male, England, current smoker).
Interviews theme 3: Relationships and help seeking

- Good relationships with their healthcare professional can encourage symptom presentation
- The need to maintain health for personal relationships motivated help seeking

I’m alright with [one GP], you could tell her anything, I’ve shocked her sometimes (Female, England, current smoker)

“I spat out blood and thought ‘what is the point [in going to the doctor]’...I only went so I could tell my son how long I had to live...if I was on my own, I wouldn’t want to know” (Female, Scotland, current smoker)
Focus groups theme 1: Preferred format of intervention

- Community based intervention
- Relationship with facilitator important

“Mobile health...in the shopping area, where people go shops, or outside the hospital... they set them up and people are walking past, and even though they can’t be bothered to go to the doctors, and they look and they think I’ll just pop in” (Public, England 1)

“Community workers like ourselves, our remit is to do healthy eating and cooking with families so it’s more of a relaxed environment where then we can add the extra message of you know, it’s less formal where they feel more receptive to it because you’ve got that relationship” (HCP/CP, Wales 1)
Focus groups theme 2: Suggested intervention content

- Symptom information
- Challenge negative beliefs about lung cancer
- Smoking cessation

“You need to show the success stories in treating lung cancer.” (HCP/CP, Wales 1)

“I think it’s how you deliver the message [about smoking cessation]...not in such a way you feel ashamed for smoking. Relaxed, warmer manner. So I’m not lecturing you, it’s your choice.” (HCP/CP, Wales 2)

“The difficulty is COPD patients tend to have chronic coughs anyway so they tell you that they’ve had a cough for the last two years. So it’s more the change in cough isn’t it, rather than just the cough itself” (HCP/CP, Wales 2)
Summary

- Multi-faceted community based interventions are required to access and engage high risk, highly deprived groups in early lung cancer presentation

- Improve confidence and empower high risk, highly deprived individuals to seek medical help

- Interventions that build on personal connections have the potential to encourage help seeking
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