Project Impact: An evaluation of the RCGP CRUK Behaviour Change and Cancer Prevention e-learning Module

Prepared for Cancer Research UK
January 2018
An Introduction and Overview of Approach

Cancer Research UK (CRUK), in partnership with the Royal College of General Practitioners (RCGP) have agreed to the co-development of e-learning content to support GPs in the following areas:

- improve awareness that 4 in 10 cancers are preventable
- raise awareness of obesity as the second largest risk factor for cancer
- provide best practice advice on how to raise the issue of behaviour change with patients
- appreciate the role of the GP in supporting behaviour change in almost all consultations

In April 2017, a 30 minute e learning module was launched highlighting the links between cancer and smoking, obesity and alcohol and describing the evidence for very brief advice (VBA) on behaviour changes to reduce cancer risk. Using case studies, it gives practical explanations on how to deliver effective VBA for the different high risk behaviours in time pressured GP consultations in as little as 30 seconds. The learning objectives of the module are to improve:

- knowledge of the cancers that behaviour change can reduce the risk of developing
- understanding of the 3As (Ask, Advise, Act) model of Very Brief Advice (VBA)
- understanding of the different details of the 3As of VBA for smoking, obesity and alcohol
- practical understanding of how to use VBA in practice to facilitate behaviour change within the time constraints of a usual GP appointment.

As of December 2017, 547 registered users had accessed the training. In the first 3 months of launch (April to June), 215 health professionals (HCPs) accessed the module and the breakdown below outlines the professional roles disclosed following completion of the course:

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<th>PROFESSIONAL ROLE</th>
<th>N=</th>
<th>% TOTAL USERS</th>
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<tbody>
<tr>
<td>GPS (SALARIED/LOCUM/PARTNERS/GP TRAINEES)</td>
<td>125</td>
<td>58</td>
</tr>
<tr>
<td>OTHER (NOT DISCLOSED)</td>
<td>51</td>
<td>24</td>
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<tr>
<td>PRACTICE NURSES</td>
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<td>8</td>
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<tr>
<td>NON-GP PHYSICIANS</td>
<td>12</td>
<td>6</td>
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<tr>
<td>COMMUNITY NURSES</td>
<td>5</td>
<td>2</td>
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<tr>
<td>MEDICAL STUDENTS</td>
<td>4</td>
<td>2</td>
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Base = 215 HCPs (figures taken from April – June 2017)
CRUK commissioned Narrative Health, an independent market research agency, to follow up with consenting participants over telephone following module completion, to explore the impact on healthcare professional’s clinical practice around behavior change. More specifically, the research sought to explore and evaluate:

- HCPs awareness, knowledge and understanding of:
  - Cancers that behaviour change can reduce the risk of developing
  - The 3 A’s model and the details of VBA
  - How to use VBA in practice
- Perceptions and attitudes towards behaviour change, cancer prevention and VBA
- Clinical practice with patients for smoking, obesity and alcohol
- Users’ delivery of VBA

In total 34 registered users consented to follow up and 12 of the 34 ultimately completed interviews with the Narrative Health team. The 22 who consented to follow up but did not ultimately participate either did not respond to invitations sent by Narrative Health & after 4 follow up attempts were assumed not to be interested, or when contacted were discovered not to be working in public or patient facing roles and therefore not suitable targets for the research. It is noteworthy that the 12 individuals (7 GPs, 2 Practice Nurses and 3 Community Health Workers) who ultimately completed the follow up interviews with Narrative Health were typically healthcare professionals with a predisposed interest in behaviour change, passionate about these topics (for personal or professional reasons) and indeed 5/12 were working in specialised health screening / improvement roles.

9/12 HCPs participated in 45 minute in-depth discussions and 3/12 completed shorter 10 minute surveys capturing key metrics around impact. This was a small piece of qualitative research and as with all studies of this nature, these findings should be considered directional only and reflect the views and opinions of a small selection of all module users. All verbatim quotes included within this report reflect HCPs recollection of module content and should not be used as an accurate record of the actual statistics presented in the module. Also note that since the evaluation, the module content is being updated and for current module statistical content please refer to the module itself (available as open access on registration):

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Key Findings

HCPs are open to receiving messages about behaviour change
This is now a core part of their role and prevention is an important topic for them. However, prior to module completion none of the HCPs interviewed were routinely delivering behaviour change advice as VBA, instead choosing to engage in more involved, highly time consuming conversations leading to a perception that behaviour change advice is time intensive to deliver and therefore cannot be delivered to all:

“I would always ask a patient what do you enjoy about smoking – which would make them sit up and think and then I would draw a graph about how it’s never too late to stop smoking and the benefits that you have in terms of deterioration in breathing ... takes a long time to do that, so I wouldn’t do it as often because of the time involved.” GP

“Before, we’d been thinking about the change cycle and about people’s readiness to change; you’d be asking about whether they were considering a change and then, depending on that, you would be advising how they might access the help to do that. And then action would be … offering people referral to a service ... that would be what you would be doing anyway with the behaviour change advice.” GP working with the Cancer Alliance

“[What stops me delivering advice?] Time ... and under confidence – not knowing how to ask it, no formal training or teaching. People just expect that we know how to ask these things and I’ve never had any training on that until now ... and there’s stigma attached to being an alcoholic or overweight or a smoker.’ GP

Greater training is required in this area and for more than half of those interviewed, VBA was an entirely new and welcome approach to delivering behaviour change advice in an achievable way for General Practice. HCPs felt the module was highly valuable to them, scoring it 4.5/5 for overall value.

“It’s refreshing, it’s memorable, it’s immediately applicable. It’s within everyone’s ability to do it.” Nurse Practitioner

The module is challenging beliefs that delivering behaviour change is time consuming and reigniting engagement with this aspect of the HCP role, reinstating belief that they are able to have a positive effect on patient behaviours.
There is more work to be done to educate GPs around cancer risks and promote discussion of risk with patients

Many were surprised by some of the relationships highlighted between different cancers and the risk factors addressed in the e-learning module. While most associated the individual risk factors with some cancer(s), the majority were surprised by the number of, and in some cases the specific cancers, associated with each risk factor. This element of the module was not a refresher, it was an education and one that the HCPs truly valued:

“I did find that chart very useful [in obesity]: I had an awareness but I didn’t know the specific figures or all of the different types of cancers that affected. That’s been quite enlightening since the module and helpful to impart to patients I’m seeing.” GP

“I really didn’t understand obesity ... the risk of poor diet and cancer, bowel cancer and that kind of thing until I started this training. That’s really been the biggest eye-opener, the obesity one.”

Community change lead

“I realise the link with smoking; weight – although I was aware of it, I never really thought about it as much. It was always a risk factor, for me, for things like heart disease and various other conditions but with cancer I never really put them together in my head.” GP

“Alcohol - I would have said yes, it’s a risk factor for oesophageal, mouth and stomach but I wouldn’t have thought beyond that. It was quite a revelation to see the link between alcohol and breast cancer.” GP

While this new information regarding the link between different risk factors and cancers is motivating physicians to deliver behaviour change advice, there is currently very little discussion of this risk with patients directly. This is largely driven by a fear of “turning patients off” to advice and there is also some feeling that the guidance around (and perceived benefits of) VBA conflict with the idea of raising cancer risk directly with patients. Instead the majority of HCPs reported that following the module they were more likely to raise cancer risk with patients directly only if the patient themselves expressly raise cancer as a concern:

“[I learned] Not to go over the risks of smoking because that could potentially be a bit detrimental to a quit attempt – that’s helpful.” GP

“I’m a bit sitting on the fence [about raising cancer risk] – does scaring people make a difference? I’m not sure it does ... pretty much everybody knows that but does it change their behaviour? I don’t know.” GP

“If they come worrying about cancer risk or with a symptom, I then use that as an opportunity to talk more generally about obesity and alcohol and cancer risk.” GP

“I’d never thought of using the cancer risk as a means of intervention for the obesity or alcohol because I suppose I hadn’t made that link.” Health improvement professional
“I’ve recently put someone on HRT and she was very worried about the breast cancer link and we said – actually, what’s also a big risk is weight and alcohol and if you can keep those risks down, the HRT, comparatively, the benefit outweighs the risk. And she … didn’t know that weight contributed to breast cancer. So that was quite helpful … after doing the module.” GP

A minority (n=2) suggested that they were now being more proactive in raising cancer risk or delivering behaviour change advice even in the absence of specific patient cues.

The module is effective in increasing confidence to deliver behaviour change advice
Nearly all HCPs reported that they had found behaviour change conversations with patients challenging (across all, or specific risk factors) prior to module completion and many admitted to questioning the efficacy of any interventions they made.

However, the NNT (number needed to treat) for smoking combined with practical guidance for delivering behaviour change advice (i.e. language / phrases to use) was highly successful in increasing HCP confidence and motivation to engage in these conversations. Participants typically felt that VBA was very achievable in the confines of general practice and they therefore reported being very confident (smoking) or somewhat confident (obesity & alcohol) in being able to deliver this advice following module completion.

“The thing that stood out to me was the bit about smoking cessation and being able to give Very Brief Advice in just 30 seconds. I thought that was quite a powerful message … you could picture how you could do it, actually do it realistically, in a normal consultation and that it provided some evidence that it was effective. So that was really useful.” GP

Positively, one of the most consistent changes reportedly induced by the module was the increased confidence of the individual in their own ability to make a difference. Not feeling that their already stretched time was being wasted giving advice to deaf ears.
### TABLE 2: REPORTED CONFIDENCE SCORES (OUT OF 5)

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<th>Delivering Behavior Change Advice</th>
<th>Delivering VBA</th>
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<tr>
<td></td>
<td>Pre module</td>
<td>Post module</td>
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<tr>
<td><strong>SMOKING</strong></td>
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<tr>
<td>Pre module</td>
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<td>4.8</td>
</tr>
<tr>
<td>Post module</td>
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<tr>
<td><strong>OBESITY</strong></td>
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<tr>
<td>Pre module</td>
<td>3.6</td>
<td>4.1</td>
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<tr>
<td>Post module</td>
<td>3.1</td>
<td>3.7</td>
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<tr>
<td><strong>ALCOHOL</strong></td>
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<tr>
<td>Pre module</td>
<td>3.3</td>
<td>4.3</td>
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<tr>
<td>Post module</td>
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**BOLD = All participants (n=12) / Regular = non-specialised roles (n=7)**

**SCORES:** 1 = not at all confident, 2 = not too confident, 3 = neither confident nor underconfident, 4 = somewhat confident, 5 = very confident

There is however, still scope to increase the frequency with which behaviour change advice is being delivered, with our ‘typical’ HCPs (not in behaviour change roles) estimating that they were giving advice in only 24% of appointments pre-module and 39% of appointments post-module*.

Prior to module completion, HCPs working outside of specific behaviour change functions tended only to raise the different risk factors in relation to the condition the patient presented:

- **RELATED ILLNESS / SECONDARY PREVENTION:** CV or respiratory problems for smokers, CV problems, joint pain and depression for weight advice and mental health issues and abdominal pain for alcohol.

- **COMPUTER PROMPTS** for QoF points

- **PATIENT CUES** (smell of smoke or alcohol) or on rare occasion **PATIENT REQUESTS**

  “Respiratory – that used to be the link into obesity: you’d get less breathless if you lost weight...” GP

  “The other day I picked up someone who’d been drinking because I could smell it ... people that smoke, you can tell. Same as you can tell if they’re overweight.” GP

  “There are prompts on the computer that say smoking cessation advice needs to be recorded – so I do respond to those ... I wouldn’t say every single time but I’m aware of them.” GP

Post module, HCPs did suggest they would be more proactive in delivering behaviour change advice and may raise this more “opportunistically with patients”

“It saves a lot of time and it can be done opportunistically, it doesn’t have to be related to a health problem and it also avoids conflict and negativity in the consultation as it’s quite supportive and positive.” GP

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*Percentages presented are averages of the self-reported estimates from n=7 HCPs.
“I’ll just say – can I ask, do you smoke and I’ll bring it up even if it is unrelated to their consultation.” GP

However, embarrassment on part of the HCP and fear of offending patients is the primary factor still holding physicians back from delivering advice more consistently and needs to be tackled. Positively, HCPs who had adopted a VBA approach post-module reported patients had been more receptive to advice, conversations had been easier and subsequently more referrals had been made to support services. In future promotion of the module, motivation to complete it could be increased by emphasising the positive response experienced by HCPs who have completed the module to date.

“It’s easier now because it’s really more about making statements and directing them rather than me getting into more in-depth discussions with them.” GP

“I think it’s quite well received by the patients and it’s less confrontational to be more paternalistic in the consultation, explaining this is the best way to do it but not going through lots more information which may put them off.” GP

“A patient came in for tweaking his blood pressure medication and I was able to throw in – ‘Are you still smoking? When did you last try to stop? You’ve got a lot to gain by stopping at your age, how about it?’ And they did respond to that and make an appointment at the clinic... And I did have a positive one from a breast lump consultation. They didn’t have a lump but I was then able to talk about one of the things you can do to reduce your risk is look at the alcohol you drink and reduce that down by half – you’ll halve your risk; and it certainly made them think. Obviously you never know what behaviour change has come about just through that, but it was certainly well received.” GP
There are consistently lower comfort levels around alcohol and obesity compared with smoking

Reported embarrassment and levels of discomfort when delivering behaviour change advice (both generally and as VBA) were consistently higher for both alcohol and obesity than for smoking (see table 2). Due to greater public awareness of smoking risks, among other factors, HCPs generally reported they were more comfortable raising smoking risk with patients and could do this relatively “quickly”:

As illustrated in the table above, the reasons cited for lower reported confidence in alcohol and obesity were multiple, but consistently included:

- Patient perceptions that their weight / amount they drink is “normal” (as in line with their own peer or social group)
- HCP (& patient) perception that this is a more “personal attack”, esp. when discussing obesity and therefore more likely to upset patients
- Feelings of hypocrisy on the part of the HCP

“I still hesitate with the obesity because I don’t want to upset the patient.” Practice Nurse

“Some of the patients maybe don’t accept that they have a problem with weight ... occasionally alcohol - people seem to accept that smoking is a problem - but you can still say, if you’re ready now this is the information should you want to down the line. Maybe those two areas, a little bit, can be difficult.” GP

“Weight is harder to broach than smoking and alcohol because everybody knows their doctor is going to give them lots of smoking and alcohol advice but not necessarily expecting it for being slightly overweight.” GP

“It’s harder to ask them to stop something they enjoy... Everyone enjoys a drink.” GP
In addition there is an entrenched belief among HCPs that patients are more likely to be in denial, or less aware of their behaviours, in connection with these risk factors and therefore confidence (and belief in) VBA in particular is lower as patients are less likely to recognise a need for the advice / a need to change. Instead, if behaviour change advice is being delivered for either alcohol or obesity, HCPs may show preference for an approach like motivational interviewing where they believe they can better understand the underlying factors driving behaviour and make more “targeted” recommendations for behaviour change.

“With weight, I always find it a bit more difficult. I try to point out that their BMI might be a bit too high and things that they could do or we could do to help them... If someone’s obviously very overweight, it’s almost easier. They know... and they’ve got associated health problems. It’s more difficult when they are overweight but it’s not as obvious and it’s not having very obvious impacts on their health yet... Say their BMI was 35 and they didn’t look like it was... [if we had to have a chat about their BMI] a lot of them would say oh, my diet’s great, I don’t know why... so denying it.” GP

While physicians may be raising alcohol and obesity with an increased frequency than prior to module completion, this is still at a lower rate than smoking. In situations where a patient may present with multiple risk factors the tendency on the part of the HCP would be to target smoking as a problem behaviour in the first instance as a means to build rapport and patient confidence, before raising other risk factors where advice may be less positively received. Alternatively they would take a more ‘patient led’ approach; working with the patient to ascertain which risk factor was more of a concern to them personally, whether they were ready to change their behaviour patterns etc. and therefore move away from the VBA model altogether.
Evidence is needed for the effectiveness of delivering VBA in both alcohol and obesity to increase comfort levels

Evidence behind VBA in smoking to improve outcomes was consistently cited by HCPs as one of the most impressive and memorable aspects of the module, motivating them to engage with the approach in consultations:

“The value of it is its brevity and the fact that it’s got some evidence behind it, so you know you’re not wasting your time by being so brief.” GP

With less evidence available for the effectiveness of VBA in either alcohol or obesity HCPs do not express the same confidence or belief in the effectiveness of this approach for these risk factors and instead stated that they were more likely to continue with more extended interventions where they hoped (though doubted) they were able to be more impactful. To motivate a behaviour change on the part of the HCP, and encourage them to endorse a VBA approach among colleagues for obesity and alcohol, they need the evidence that VBA is effective in these areas (like they have for smoking) and a hard-hitting, memorable statistic to be able to share.

Providing language to use is well liked and could be built upon

Practical guidance for delivering VBA, or indeed engaging in behaviour change conversations in any form, would be welcomed. While HCPs may know what they “should say” or “want to say” they often mentioned feeling ill equipped to do so; worrying that they don’t know what language will resonate or offend:

“I feel that I know the right advice to give them, but I don’t feel confident in that I’m doing a good enough job to make that much of a difference a lot of the time. So that makes me feel I could be doing something better to encourage them to stop smoking more and to drink less and to lose weight. I feel slightly resigned to the fact that however much I talk to them, it may not work very well.” GP

Language to diffuse situations when patients become defensive, or indeed to avoid them becoming too complicit or overly sympathetic to patients is desired. While they want to be seen to be empathising with / reflecting the patient, they also want to avoid getting drawn into long discussions which they do not have time for in an average consultation. The module was praised for providing some of this language (though even more guidance would be welcomed) and empowering HCPs to have these conversations with patients:

“I feel more confident after the module because it’s very clear about quite specific language to use.” GP

“The confidence that I can deliver the advice that I was trying to deliver before but in a shorter way and using language that there’s some evidence is effective. And being more confident about the impact of that.” GP
Findings by Risk Factor

Smoking

Even prior to module completion HCP comfort and confidence delivering behaviour change advice was higher for smoking than any other risk factor:

- Smoking is now an established public health issue
- Risks of smoking to health are well known and accepted
- Patients expect to receive advice and guidance from their GP about smoking; advice does not catch them off guard or cause offence

While all reported delivering behaviour change advice around smoking prior to module completion, some concerns did exist as to whether their chosen approach was effective and some HCPs reported that their patients uptake of offered support was low. It was interesting to note that in these cases where effectiveness was questioned it was typical that the HCP was opting for a ‘reprimanding’ approach; “lecturing” their patients for smoking and therefore provoking a defensive reaction. In fact, the majority of HCPs in our sample reported that their pre-module approach would have relied heavily on raising the risks of smoking as a strategy to motivate or engage patients.

VBA, as described in the module, was a welcomed approach by all to deliver behaviour change advice around smoking in General Practice. HCPs found the evidence for VBA in the context of smoking highly compelling, providing reassurance to even the most unconfident GP that their efforts are worthwhile:

“There was a statistic in there that was quite hard hitting that I remember – I wrote it down actually because I quite liked it, I thought I would use it myself and it was... saying the effectiveness of brief advice for smokers is remarkable; the number needed to treat for brief advice to generate a long-term quit is 40. Given that 50% of smokers die prematurely, that means giving brief advice 80 times would generate two long-term quitters, one of whom would have died*. I thought that was a good sort of statistic to win people over.” Community Health Worker

Many were surprised by the advice not to focus on risks as a method to engage patients but had found that, since amending their approach, advice was being well received:

“I’ve found it gets a much better response... I’ve actually referred people to smoking cessation service whereas I hadn’t before; no-one had ever accepted it.” GP

In light of this positive response and reinforced confidence in their ability to affect positive change, in a situation where patients are presenting with multiple risk factors HCPs reported that they are now most likely to prioritise delivering advice around smoking as achieving success and

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building the confidence of the patient in this area allows them permission to subsequently tackle other issues in later appointments.
Alcohol

Delivering behaviour change advice around alcohol is an uncomfortable and challenging area for many HCPs. The reasons for this are multi-faceted, but include:

- **Patients being in denial about the amount they are drinking**: leads to defensive attitudes (“I don’t drink more than anybody else”), resistance to advice and in some cases a “battle” between patient and HCP
  - Challenging to take away something patients enjoy
  - Misunderstanding about what constitutes 1 unit
- **Lower awareness of the risks associated with alcohol (vs. smoking)**: this is true for both HCP and patient. Prior to module completion, HCP knowledge of cancers associated with alcohol consumption was limited / localised (head & neck, stomach, liver) with much of the cancer information shared during the module quite surprising
- **Secretive behaviours on the part of the patient**

Because of the factors outlined above, there is a firm belief among HCPs, even post module completion that behaviour change advice for alcohol is best delivered “in another way”. Prior to completing the module most conversations revolved around “solution finding” and “negotiation” with the patient to find ways they may be able to cut down their consumption, e.g. “try not to drink on 2 nights a week”. While the module was felt to be valuable to equip them with language to use with patients which may diffuse some conflict situations, there is still a belief that a more in depth discussion is needed to understand individual consumption.

“Alcohol – I’ve not found that as easy (as smoking) but I’ve definitely brought it up more... You do have to explore how much they drink but I’ve found that [VBA] not to be as accusatory and a bit more helpful and to point out there is support, a local group, and I’ve directed a lot more people towards those.” GP

Many of our GPs, like the one above, voiced a preference for being able to refer patients to support services for alcohol rather than tackle the issues themselves (typically owing to a lack of confidence in the area as well as often complex mental health comorbidities often found in these patients). An additional barrier for these HCPs when considering delivering behaviour change advice for this risk factor in particular is that there is often a lack of available support in their area and/or availability of the service quickly changes. While most would like to be able to signpost patients to referral services they do not know where to send them or find that the services are too over-stretched to enable this to happen. This applies to specific alcohol support services but also psychological support services which were felt to be just as valuable for this particular risk factor where mental health issues were felt to be commonly seen.

With (even excessive) alcohol consumption still viewed as largely socially acceptable, HCPs are acutely aware that patients are not expecting to have their drinking habits challenged by their GP /
Nurse and therefore HCPs still worry about the potential negative impact on the patient relationship that raising “alcohol risk” may bring, even post-module:

“Most patients now expect to have smoking discussed, that’s not a surprise. Alcohol is different. There’s less understanding about what is safe and also what’s normal. They might say ‘I’m just the same as everybody else’ but when you pin them down, they’re actually drinking quite a lot – they think that’s normal because that’s what other people around them do.” GP

It is noteworthy that, compared with smoking, very little specific information was recalled by HCPs about the value of VBA for alcohol and there were a lack of “headline grabbing” facts to convince them of the value of the approach and overcome any inertia around delivering this advice.
Obesity

Obesity was widely felt to be the most ‘sensitive’ risk factor to raise with patients and for this reason the most difficult – both before and after module completion. Considered more an observation on the individual / a “personal attack” rather than an observation on behaviour, HCPs are acutely aware of the potential to cause offence and damage relationships which holds them back from broaching the topic:

“Obesity ... it’s less easy to approach sometimes because it feels more personal. With alcohol and smoking it’s an external substance whereas when you’re talking about somebody’s weight, you’re specifically talking about them, it’s less easy to identify it as a behaviour, it’s more about them as they are. What they hear is, ‘you’re telling me I’m too fat’... They feel it’s a very personal comment. As well, it’s very rare that somebody who is overweight has not considered that or tried to do something about that at some point in their lives.”

GP

Similarly to alcohol, both before and after module completion HCPs are being drawn into extended, technical conversations with patients when trying to address obesity with very few routinely applying the principles of VBA. Interventions prior to module completion were largely guideline driven (i.e. sharing government guidelines and advice around diet & exercise) and aimed to provide very specific information tailored to the individual around portion size, foods to eliminate / restrict, BMI and BP targets etc.

While the module was valued for providing a “non-accusatory” way to raise weight with patients and several reported that they were more likely to use VBA after module completion this was caveated with the fact that the majority of patients who have issues with weight will already be aware and have tried to do something about it before (e.g. weight loss groups, diets at home) and so referral to services is felt unlikely to motivate the majority who may feel they have “been there, done that”. As such, before HCPs signpost patients to available support they are still seeking to gauge the patient’s current motivation levels and what, if anything, they have tried previously so that they can sign-post accordingly. As a result, time in consultation continues to be cited as one of the primary barriers for delivering advice consistently.

Once again, compared with smoking, there is a lack of specific information being recalled by HCPs about the effectiveness of VBA in addressing obesity with the main take home for this risk factor being the range of specific cancers that obesity can be a risk factor for. Prior to module completion there was a distinct lack of specificity on this topic with many simply stating that obesity was an increased risk factor for “most cancers”.
Recommendations to Embed the Key Findings

While the module has undoubtedly had a positive impact on attitudes towards and confidence in delivering behaviour change advice, further actions were recommended by healthcare professionals to both reinforce the information provided in the existing module and build on this content to encourage wider delivery of advice.

Further promotion of the module to improve uptake
Participants in the research lamented that their colleagues remain unaware of both VBA and the existence of the module, even despite some of the GPs trying to promote it themselves to colleagues, believing it could prove a very valuable training asset:

“None of my colleagues had heard about the module, I don’t know whether it could be published more or highlighted? It’s a very good module, it has been really helpful. That’s it really, more people being aware of it.” GP

“I’ve used it when I’ve been trying to promote VBA to other people … quite a good message – that if you deliver it 40 times, you might stop one person from smoking and if you deliver it 80 times … one of those people won’t get cancer. That was a very strong message.” GP

Indeed the figures shown in table 1 (page 1) suggest there is potential to explore greater signposting and increase uptake of this free resource within primary care teams. There may be the opportunity to provide a formal framework to drive engagement with the module, for example promoting its use as part of Practice Learning Time sessions (linking with the behaviour change module already undertaken). Communication of the module availability and content to GP Trainers encouraging usage with their GP Trainees could be very beneficial.

Inclusion of the module in broader cancer prevention and behaviour change work
As outlined, even after module completion HCPs remain reticent to offer behaviour change advice particularly for obesity and alcohol, as they do not believe patients are fully aware of the risks of these behaviours and therefore are not expecting to receive advice on these topics from their GP or Practice Nurse. Several HCPs cited a need for a broader public health campaign for the risks of alcohol and obesity and their link to different cancers in order to increase patient receptivity to advice and reduce the stigma and embarrassment that exists around these conversations currently.

*Verbatim quotes should not be used to reflect exact current module content, since the evaluation was completed the NNT statistic has been updated.*
Seek to increase the evidence base around the impact of prevention activity

Another critical step to increase HCP propensity to deliver advice relating to these 2 risk factors will be the generation of evidence for the effectiveness of VBA in alcohol and obesity, comparable to the evidence that currently exists for smoking. With evidence supporting the effectiveness of HCP interventions (e.g. NNT) HCPs believed they would feel more confident to raise these risk factors outside of consultations for related health conditions and that their would be higher motivation among the HCP community as a whole to learn about and deliver VBA more routinely.

Providing evidence of the effectiveness of advice is fundamental to driving HCP motivation to deliver advice in time pressured appointments. While this would ideally be done through collection of academic evidence, it is possible that this effectiveness could be demonstrated with comparable effect through local data collection mechanisms, for example tracking and reporting of the numbers of patients signing up to local support services over a given period where VBA was being delivered more consistently in practice. If even such anecdotal evidence were able to show patients are more likely to make positive behaviour changes when suggested by their local HCPs this would certainly increase confidence of the individual HCPs in their ability to really make a difference. A doubt which certainly holds them back currently.

“Quite often people just tell you what they think you want to hear ... it’s doesn’t necessarily mean it’s effective in any way and I think that’s one of the big barriers for all HCPs delivering advice – you feel like you say the same thing all the time and you’re not sure whether it makes any difference to people ... it can be disheartening thinking – I’m saying this, spending so much time and actually it might not make any difference.” GP