ShowCase

Early Detection of Lung Cancer

Topic: Cancer

Organisation: Doncaster PCT

Location: Doncaster (Yorkshire and Humber)

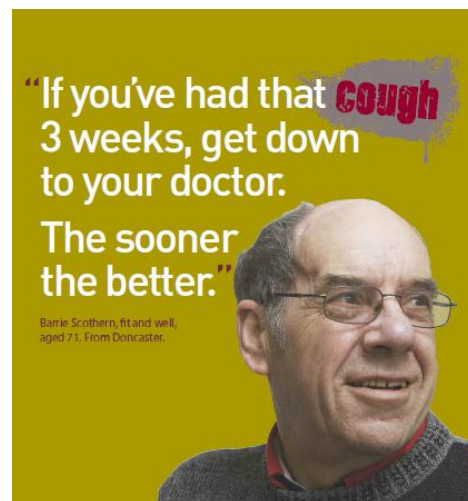**Dates:** Phase 1: 2007 to 2008, Phase 2: 2009

Budget: Approximately £330,000

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"If you've had that **cough** 3 weeks, get down to your doctor. The sooner the better."

Barrie Scothern, fit and well, aged 71. From Doncaster.

Overview

Doncaster PCT's Early Detection of Lung Cancer intervention aimed to increase early detection of the disease in the area, by increasing the number of people with potential symptoms (namely a cough that lasts more than three weeks) presenting to their GP.

The project was piloted in six deprived communities in the city and featured two elements:

1. 'Push' – A public awareness campaign to raise awareness of the symptoms of lung cancer and the benefits of early detection, and encourage the target population to request an x-ray from their GP

2. 'Pull' – Preparing healthcare professionals for the initiative by sharing insights, providing training and supporting capacity management in GP surgeries

2009 results:

- Increased intention to act (visit their GP) if people had a bad cough, from 82 per cent to 87 per cent

- Increase in number of people who would visit their GP and ask for a chest x-ray, from 54 per cent to 67 per cent

- Targeted practices increased their chest x-ray referral rates by 22 per cent

- Percentage of lung cancers diagnosed early (Stage 1 or 2) increased from 21 per cent pre-campaign to 23 per cent post-campaign

1. BEHAVIOUR

- Increase the number of people with potential symptoms presenting at prioritised GP surgeries
- Increase the number of chest x-rays undertaken in Doncaster by 20 per cent

2. CUSTOMER ORIENTATION

- Desk review of national research findings and local data
- Audit of x-ray use in the local hospital
- Review of qualitative research findings (conducted for previous pilot scheme)

3. THEORY

- **Health Belief Model:** An individual's willingness to change their health behaviour is based on perceived susceptibility to and severity of the risk, and perceived benefits of and barriers to taking action

4. INSIGHT

- Lack of awareness around the symptoms of lung cancer
- Lack of understanding about the benefits of early diagnosis
- Messages on lung cancer could be subsumed in or misconstrued as being a 'stop smoking' message

5. EXCHANGE

Barriers:
- Fatalism about lung cancer
- Low confidence to challenge GPs and request a chest x-ray
- Stoicism (particularly in older males) – Reluctance to attend GP with 'just a cough'

Solutions:
- Highlighted links between early cancer diagnosis and higher survival rates; Use of local real life examples
- Clear information on when a persistent cough should receive attention
- De-mystification of x-ray procedure
- Engagement with families and healthcare professionals

6. COMPETITION

- Confusion between stop smoking messages and lung cancer intervention

Solutions:
- Intervention launch planned for week after No Smoking Day
- Focus on symptoms as call to action, rather than risk behaviours like smoking

7. SEGMENTATION

Primary audience:
- Predominantly men over 50 years of age living in the most deprived areas of Doncaster
- Many were smokers, had worked in heavy industry or were unemployed, on incapacity benefit or retired

Secondary audience:
- Families of the primary audience
- Healthcare workers at 11 practices across the target area

8. METHODS MIX

- Engagement and training with health professionals
- Information and PR programme to raise awareness of symptoms and encourage target audience to visit GP requesting x-ray
  - Media coverage
  - Posters, leaflets, beer mats
  - Pharmacy prescription bags
  - 'Coughing' bus stands
  - Hit-squads at sports match days
- Community Champions (local influencers) to inform the target audience about symptoms and early detection