

Investigating the actual and potential role of the GP and Primary Care Nurse in the prevention of cancer

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- Much of the modifiable risk factor avoidance and reduction in cancer prevention have been centred on lifestyle issues and behavioural change (Austoker, 1995; Naidoo & Wills, 2000);
- Due to their frequent contact with the public, GPs could play an important role in primary and secondary (screening) cancer prevention (Garry & Boche, 2005);
- Limited research on cancer prevention in primary care;
- There are nine specific barriers to GPs participation in prevention activities (Austoker, 1995):
 - Lack of Motivation;
 - Lack of Training;
 - Lack of Time;
 - Lack of Support;
 - Lack of health education resources;
 - Disillusionment with low success;
 - Inadequate financial reimbursement;
 - Failure to use skills of PHCT.

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- 80% of all cancers are due to identifiable factors and as such are potentially preventable (US-NCI);
- Prevention offers the most cost effective long-term strategy for the control of cancer worldwide;
- The European Code against Cancer (2003) identified key behaviours that, if modified, will lead to both a reduction in cancers and improvement in general health (i.e. healthier lifestyle factors & public health programmes).

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- Cancer is the cause of around 7.6 million deaths (13% of all deaths) worldwide and according to the World Health Organisation could increase by 50% to 15 million by 2020;
- A total of 23,992 persons are on the NI Cancer Register;
- Almost 3 out of 4 cases diagnosed in people aged 60 and over, and more than a third (36%) in people aged over 75;
- In males, prostate cancer - most common followed by lung and bowel cancer – account for over 50% of all male cases;
- In females, breast cancer - most common followed by colorectal and lung cancer - account for over 50% of all female cases.

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- According to the US National Cancer Institute (2008a) risk factors can be grouped into four types:
 1. **Behavioural risk factors** are those associated with individual behaviour. The avoidance or reduction of such behaviours can reduce this risk;
 2. **Environmental risk factors** found in the surrounding environment including, sun, second hand smoke radon, pesticides, and asbestos. Reducing or avoiding exposure to these will decrease the risk of developing cancer;
 3. **Biological risk factors** are those associated with physical characteristics such as age, gender and race;
 4. **Genetic risk factors** are those that relate to genes inherited from your parents.

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The European Code against Cancer (2003) CANCER PREVENTION

1. Stopping smoking;
2. Avoiding obesity;
3. Undertaking some daily physical activity;
4. Increasing the daily intake and variety of vegetables and fruits;
5. Moderating consumption of alcohol;
6. Avoiding excessive sun exposure; and
7. Preventing any exposure to known cancer causing substances.

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- "At no other time in our recent history has the need for cancer prevention been more urgent" (Chang et al. 2009, p2348);
- "Prevention is the most important and reliable cancer fighting strategy that exists today" (Keeney et al, 2006, p2);
- "The role of primary care shifting from diagnosis, referral, treatment and support function to a cancer predicting and cancer prevention service" (Gore & Russell, 2003 p.48);
- "Family doctors and community nurses play a crucial role in helping people reduce the risks of cancer" (NHS Cancer Plan 2000, p10);
- "Nurses spent more time with patients and that they carried out more opportunistic screening than their GP counterparts and patients have higher satisfaction levels" (Venning et al. 2000);
- Cancer prevention' is not a component of the QOF.

The aim of this study is to investigate the **current** and the **potential** role of the GP and the Primary Care Nurse in the prevention of cancer through health promotion strategies.

- To examine the **current** role of the GP and Primary Care Nurse in the prevention of cancer;
- To identify their perception of the **potential** role of the GP and Primary Care Nurse in cancer prevention;
- To explore **inhibiting** and **facilitating** factors that may affect the achievement and development these roles;
- To **identify strategies** to overcome difficulties associated with cancer prevention in primary care.

A sequential exploratory mixed methods approach was used in two methodological stages:

- 1) Cross-sectional questionnaire survey;
- 2) Exploratory one-to-one interviews with 14 GPs and 14 nurses.

Sample

- 1,249 questionnaires distributed to 364 GP practices (with a total of 1,168 GPs employed).
- 500 questionnaires were sent to Primary Care Nurses

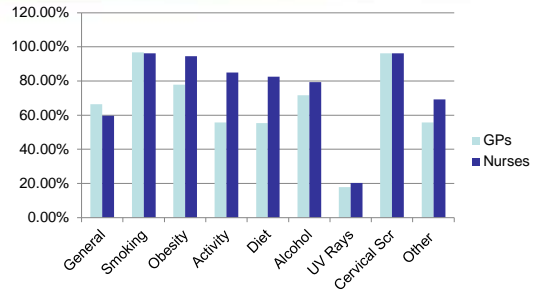
Questionnaire

Developed to reflect a risk factor oriented approach with the European Code against Cancer (2003) used as its framework.

- 290 GP questionnaires were returned (23% response rate);
- 225 Nurse Questionnaires returned (45% response rate);
- 154 GPs were male, 123 female;
- 211 Practice nurses were female, 4 male;
- 72 GPs, (26.1%) had lead responsibility for cancer services;
- 30 Practice Nurses (14%) had a specified role in cancer prevention;
- 57 GPs (20.8%) and 30 Practice Nurses (14%) had completed a post-graduate course in cancer prevention/treatment.

- Most cancer prevention activities in primary care are delivered by PC Nurses;
- Smoking cessation and cervical screening are the primary cancer prevention activities carried out in primary care;
- The link between cancer and the key risk factors is only discussed with patients at GP consultations in the context of the patients' presenting problems;
- The potential to develop cancer in the longer term is invariably outside the remit of the consultation;
- Primary Care Nurses only perform activities approved by the GPs (typically related to QOF);

- GPs are primarily interventionist in their clinical practice and any cancer prevention activities performed by them are generally opportunistic, such as when clinical symptoms indicate a potential diagnosis of cancer;
- GPs perceive nurses to be better placed to provide cancer prevention activities and nurses concur with this view;
- Primary Care Nurses have a relationship with patients that is different to the GP: patients perceived to be more comfortable in conversation with nurses rather than GPs;
- The relationship developed between the Primary Care Nurse and the patient provides opportunities for cancer prevention;



- Most cancer prevention activities in primary care address many of the risk factors associated with maintaining a healthy lifestyle e.g:
 - Almost all GPs (96.8%, n=270) enquired about a patient's smoking status.
 - Most (77.8%; n=217) of the GPs routinely measured the BMI of patients. However, 37.3% (n=104) did not provide information on the relationship between obesity and cancer.
 - GPs were less engaged in enquiring about a patient's physical activity levels.
- Provision of cervical screening is largely a routine procedure with 95.3% (n=266) of GP respondents promoting it;

- "You're agenda is getting QOF done, a patient's agenda is they're sick and they want to know what's wrong with them." (GP12);
- "I suppose one of the problems with us, as far as our new contract is concerned, we're very much target driven towards certain diseases and no allocation for cancer prevention, so it's opportunistic" (GP6);
- "We're always chasing the points needed for our income, so if it (cancer prevention) was there, we'll do it" (GP9);
- "I would say if there's a box that said there's financial enticement –But if it was specifically towards cancer prevention, it would be more of an emphasis on it" (N16).

Overall, 47.2% (n=128) of GP respondents indicated that they felt they did not have time to perform a cancer prevention role

"Time, it's always time. Ten minute slot – people coming in with a whole variety of problems. It's very hard to allocate that time as well for prevention" "prevention isn't a priority for GPs. But I think they take opportunities that arise, to communicate a prevention message"..... "we are pro-active, but it's in an opportunistic way" (GP6)

Potential role of GP in the prevention of cancer
78.8% (n=215) of GPs stated that other staff could make a valued contribution to cancer prevention.

"I would see it that the nurses could take on that (cancer prevention), in some rolebecause we (GPs) deal with illnesses, nurses deal with the more preventative and education roles" (GP9)

- Most GPs saw that they had a clear role in cancer prevention, focusing specifically on smoking cessation and cervical screening;
- The main reason cited for this limitation in their role was time constraints and imposed government QOF targets;
- GPs stated that the primary care consultation provided a good opportunity for cancer prevention and there is potential to develop better cancer prevention within this setting, acknowledging the need for alternative models of cancer prevention;
- GPs indicated a need for training around behavioural change, specifically on theories of motivation and action;
- Development of alternative models of consultation e.g. group activities, use of technology, social media, etc.

- Incorporate of cancer prevention as a discreet element within the QOF framework;
- Develop of a more formal cancer prevention role for Primary Care Nurses;
- Inter-professional training in cancer and cancer prevention;
- increase awareness of risk factors in cancer associated with elements of the European Code against Cancer;
- Extend cancer prevention activities beyond the current focus on smoking cessation and cervical screening;
- GPs and PC Nurses should receive regular *via* email, social networking, or leaflets, providing information on cancer prevention;
- Optimise the use of social media in cancer prevention, particularly with children/adolescents

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