Early Detection of Lung Cancer

Topic: Cancer  
Organisation: Doncaster PCT  
Location: Doncaster (Yorkshire and Humber)  
Budget: Approximately £330,000  
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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

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