West of Scotland Cancer Network Primary Care Cancer Network



Teachable Moments in Primary Care

TEACHABLE MOMENTS IN PRIMARY CARE

1. INTRODUCTION

A key Primary Care Cancer Network (PCCN) objective is to increase access to health improvement programmes for cancer patients. Use of Teachable Moments in primary care settings may present an opportunity to do this. This approach would support the strategic direction set out in Chief Executive Letter (CEL) 01 (2012).

For many patients, a diagnosis of cancer can, at some point provide motivation to improve their lifestyle to optimise their survival and quality of life; thereby providing an opportunity for a Teachable Moment¹.

A number of lifestyle and other factors may influence survival chances. Obesity is thought to be a risk factor for recurrence and early mortality in breast cancer, and therefore a healthy lifestyle may prevent progressive or recurrent disease². The effects of continued smoking and heavy alcohol consumption on cancer are well documented^{3,4}. Cancer patients may also alter their diet to improve health or prevent cancer recurrence⁵. There is also evidence that by increasing the amount of physical activity, breast cancer patients can achieve improved physical functioning and decreased fatigue⁶.

Engaging patients at a Teachable Moment about their desire to change health behaviours and referring or signposting sources of further support can make it more likely for them to make and sustain any change, e.g. stopping smoking, reduce alcohol consumption and increase physical activity⁷.

While much of the published work to date has been conducted within the acute setting, little is known about how teachable moments occur in a primary care setting⁸.

It is postulated however that adoption of the Teachable Moment in a primary care setting, where patients are likely to have established relationships with their main practitioner and wider primary care team and where they may also attend regularly for bloods and minor side effect management throughout their care would be effective⁹.

2. METHODS

In exploring this further, a literature search was carried out, (see Appendix 1 for details) looking for evidence for teachable moments within primary care settings.

Additionally a survey of the use of opportunities to engage with patients with cancer in terms of lifestyle and other factors was designed by the NHS Greater Glasgow and Clyde (NHSGGC) Health Improvement Team to understand if such an approach was already occurring in primary care and what this looked like. The survey was reviewed by and agreed with West of Scotland (WoS) primary care network members and then distributed via primary care cancer Leads in each Board to all practices in their area for online completion during February 2014.

3. RESULTS

Literature review findings

The literature review on the use of Teachable Moments within primary care identified 8 published articles. References were checked as appropriate to identify any additional useful material.

In summary, very little evidence directly relevant to the question posed was obtained. However it has been possible to extract a few useful observations.

There is some tentative evidence to suggest that a teachable moment, where it links problematic health behaviour with a salient patient concern, can lead to discussion about behaviour change and where patients commit to behaviour change; this can have a positive effect on intermediate behaviour change outcomes in a primary care setting. This paper was from the USA and was not specific to the cancer setting. It did suggest that use of teachable moments in the primary care setting did not lengthen consultation time and that primary care doctors were well placed to engage in primary and secondary prevention activities ¹⁰. It supported standardisation of delivery of the intervention, incorporating motivational interviewing.

Not exclusively relevant to a primary care setting, Ozakinci et al¹¹ similarly recognised that variation can occur in levels of sensitivity and skills in the area of tackling health behaviours. Cohen et al ⁸ suggested that 3 specific features were important:

- 1. The presence of a concern that is salient to the patient which is either obviously relevant to an unhealthy behaviour, or through consultation, comes to be seen to be relevant;
- 2. A link can be made between the patient's salient concern and a health behaviour which attempts to motivate the patient towards change; and
- 3. A patient response indicating a willingness to discuss and commit to behaviour change is achieved.

The review of the literature identified little or nothing in the way of robust examples of teachable moments in primary care for cancer patients. We already know however that primary care practitioners are familiar with common lifestyle topics such as smoking, alcohol, diet and weight, emotional and psychological issues but less is known about the inclusion of other factors in discussions which are equally important in cancer recovery and survival such as health literacy, employability and financial security. It would be important to include these other factors in any intervention around teachable moments.

Literacy and Numeracy

Health literacy is described as the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health 12. Low health literacy compromises individuals' ability to:

- understand their health needs and to navigate complex healthcare systems with profound consequences for their health including poorer health status and
- make healthy lifestyle choices.

They therefore experience higher rates of emergency admissions and hospitalisation in general. The largest survey of adult literacy levels undertaken in Scotland in 2009 found that:

- 26.7% of the Scottish population may face occasional challenges and constrained opportunities due to their literacy difficulties, but will generally cope with their day-to-day lives and
- 3.6% may face serious challenges as a result of literacy difficulties¹³.

Low health literacy is particularly prevalent amongst lower socioeconomic groups, ethnic minorities, the elderly, and those with chronic conditions or disabilities. Improved knowledge has been demonstrated among low literacy patients who were given visual aids, plain English leaflets, DVD's and health programmes online 14.

Staff need to be able to provide moderate to high intensive interventions to successfully address health behaviour change. As it is difficult for GPs to provide the intensity of intervention required to influence health literacy and behaviour change, it is important the referral mechanisms to intensive programs or other health professionals are available.

Financial Security

Individuals diagnosed with cancer may be entitled to support from the welfare system for example Personal Independence Payment (PIP). This is a non-means tested benefit. Those with a cancer diagnosis may be in employment but may find that time off work results in reduced income, loss of employment longer term and an inability to manage finances.

There are also increased costs associated with living with a cancer diagnosis; managing additional transport costs for treatment or costs for example of bras following mastectomy or breast reconstruction. Evidence suggests that many patients with a cancer diagnosis can struggle financially and some even lose their home as they are unable to continue to pay their mortgage. Routine enquiry about money worries within a primary care setting offers the opportunity for a trigger to raise the issue and if the response is positive refer onto a free, quality assured service

Employability

Employment is an area of concern for many individuals with a cancer diagnosis. Many people may have a significant length of time off work, may not be able to return to their original role, find themselves unemployed and seeking employment. Vocational rehabilitation supports individuals with a cancer diagnosis to remain in work, return to work, make reasonable adjustments and support change of role or retiral on ill health grounds.

Across the West of Scotland there are various cancer-specific mainstream and third sector services which could support health behaviour change following a Teachable Moment intervention.

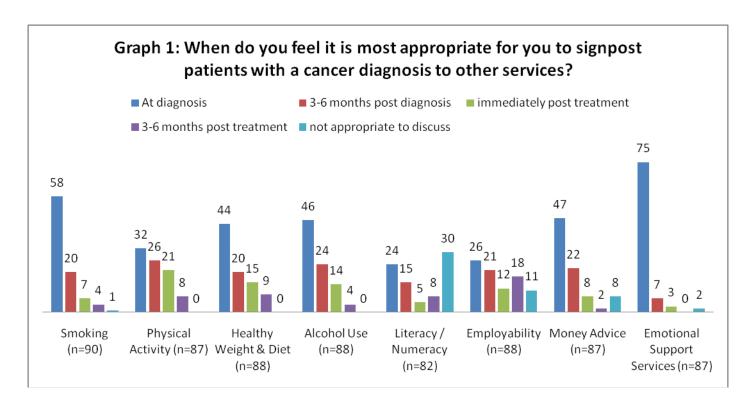
These include:

- financial support;
- emotional/psychological support;
- help with employment and staying in or finding work;
- weight management;
- physical activity such as walking programmes and cancer exercise programmes;
- · smoking cessation services; and
- information support.

4. SURVEY FINDINGS

A survey of the use of opportunities to engage with patients with cancer in terms of lifestyle and other factors resulted in 114 responses from across the four Board areas. A full breakdown of responses by NHS Board area is included (see Appendix 2).

At or around diagnosis were felt to be the most appropriate time to signpost patients with a cancer diagnosis to support services (graph 1).



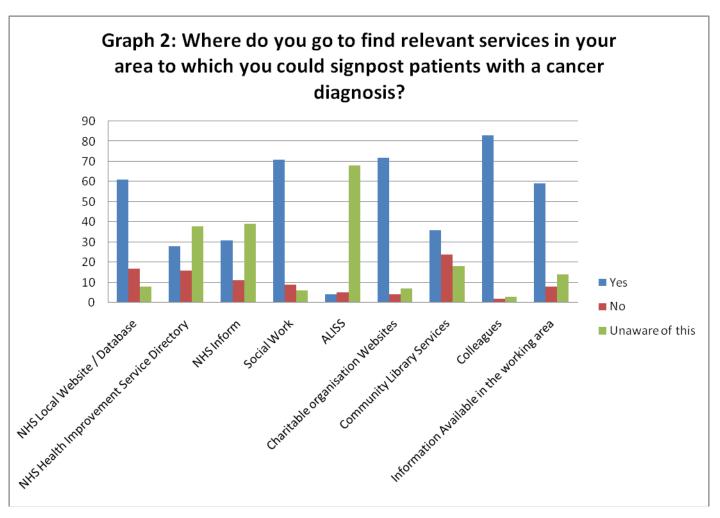
Smoking, physical activity, healthy weight and diet, alcohol use and emotional and mental wellbeing were being raised as issues routinely raised during consultations.

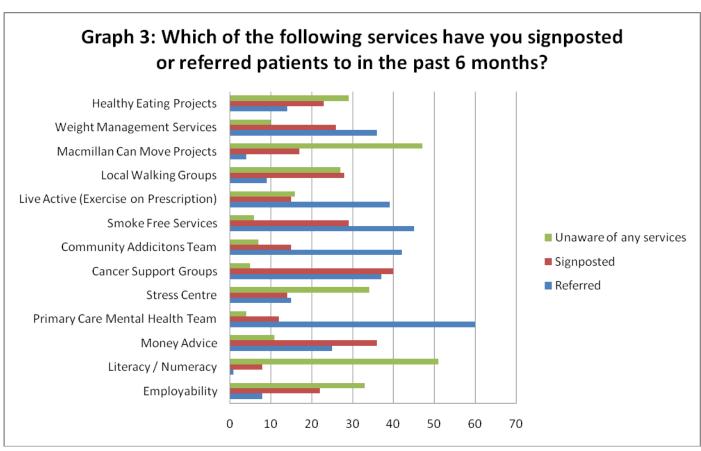
Issues of literacy or employment were not routinely raised and practice was variable on raising financial issues.

Practice staff were generally more confident and knowledgeable about topics that they reported routinely asking about and less confident about those that they didn't raise routinely.

Respondents identified a range of information sources that they would currently use to signpost patients (graph 2). The most commonly cited website was Macmillan Cancer Support.

Practices recalled signposting and referring cancer patients to a range of services however these varied substantially across Board area (graph 3) and whilst this could be due to availability of some services, there could also be a lack of awareness of existing community / voluntary agency services.





5. DISCUSSION

From the results of the survey we can see that there is already wide adoption of teachable moments/ opportunities in a primary care setting with cancer patients. However interventions are not systematic and confidence is not uniform across all domains. Appropriate training and support will be required to ensure that this is addressed. Links to what is occurring in the acute sector will also be extremely important as that offers the possibility of layering and reinforcing messages which could be very powerful.

Possible opportunities for primary care intervention could be around the primary care Cancer Care Review which is covered within the Scottish Quality Outcomes Framework (QOF). Interventions could be delivered by GPs or practice nursing staff. Alternatively district nursing staff may be able to deliver such interventions in patients' own homes. It is reported that significant additional time is not required to deliver the teachable moments, (with the exception of patients with literacy issues where referral to other professionals may allow for longer consultations to address health behaviours) which may be reassuring to busy general practice staff.

There needs to be appropriate training for carrying out teachable moments including motivational interviewing specific protocols around the interventions themselves along with and accurate information on who and where to signpost patients towards. It is appropriate that this work is considered within the wider context of teachable moments and, where possible, compliments work going on at time of diagnosis and treatment in the acute setting.

Potentially a quality improvement approach could be taken to progress this work linking with a primary care Transforming Care After Treatment (TCAT) bid which has been submitted by PCCN Clinical Lead via NHS Lanarkshire. * Successful outcome from the national TCAT programme scoring and prioritisation process and this 2-year local development project is now underway.

6. CONCLUSIONS

- 1. The literature did not identify examples of teachable moments in cancer patients within primary care although it was supportive of it as a context for such intervention where clinicians working in primary care have the appropriate training and resources.
- 2. The WoS survey identified that practice staff recognised that life circumstances are important to patients at key points following a cancer diagnosis. However there was variance among staff in confidence to raise the issue and knowledge of referral pathways for local programmes to support healthy behaviours such as smoking, weight management and diet, alcohol and physical activity.

7. RECOMMENDATIONS

- 1. Discuss the findings with the WoS Primary Care Cancer Network and consider the opportunities for a cancer teachable moment within a primary care setting, perhaps using the Cancer Care Review within the QOF and linking with * primary care TCAT team.
- 2. Explore raising the issue, motivational interviewing skills and health behaviour intervention training available for primary care in NHS Boards and via online e-learning approaches and ensure that training resources encompass literacy, financial security and employability.
- 3. Establish well-resourced directories of local services for cancer patients in each Board area and ensure these are available to practices locally.
- 4. Identify how any work can be evaluated longitudinally for evidence of benefit.

8. REFERENCES

- 1. Sharp, L., et al., Smoking cessation among patients with head and neck cancer: cancer as a 'teachable moment'. *Eur J Cancer Care (Engl)*, 2008. 17(2): p. 114-9.
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- 5. Salminen E. et al., Dietary attitudes and changes as well as use of supplements and complementary therapies by Australian and Finnish women following the diagnosis of breast cancer. *Eur J Clin Nutr*, 2004. 58(1): p. 137-44.
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- 9. Flocke S A Clark E, Antognoli E et al TMs for health behaviour change and intermediate patient outcomes. *Patient and Education Counselling* 2014 96 (1) 43-49.
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- 14. Which providers can bridge the health literacy gap in lifestyle risk factors modification education: a systematic review and narrative synthesis www.ncbi.nlm.nih.gov/pubmed/22639799 (last accessed 13th October 2014).

APPENDIX 1 Literature Search:

Literature review findings using Knowledge Network

Literature was undertaken on 24/25th September 2014

The terms:

Doctors and teachable moment	2 articles of which 1 was relevant
GP and teachable moment	0 articles
Cancer and teachable moment	85 articles of which 4 were relevant
Doctors and cancer teachable moment	11 articles of which 2 were relevant
General practice and teachable moment	0 articles
Family practice and teachable moment	10 articles of which 1 was relevant

Total of 8 articles were reviewed.

References reviewed as appropriate.

Papers were reviewed and criticised.

APPENDIX 2 Survey Findings:

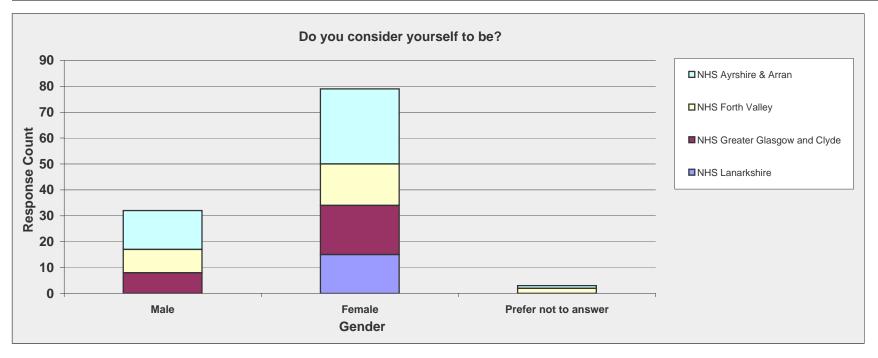
Survey Responses by NHS Board Area are detailed in the following section.

West of Scotland Cancer Network Primary Care Cancer Network



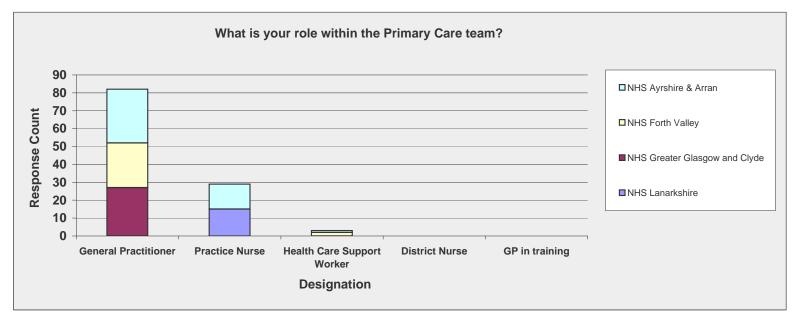
CEL 01 (2012) Work Plan Objective Teachable Moments: Primary Care Survey - May 2014 Responses by WoS NHS Board

Do you consider yourself to be?								
	Which Health Board area do you work in?							
Answer Options	NHS Ayrshire & Arran	HS Ayrshire & Arran NHS Forth Valley NHS Greater Glasgow and Clyde NHS Lanarkshire Percent						
Male	15	9	8	0	28.1%	32		
Female	29	16	19	15	69.3%	79		
Prefer not to answer	1	2	0	0	2.6%	3		
Answered question						114		
				Si	kipped question	0		

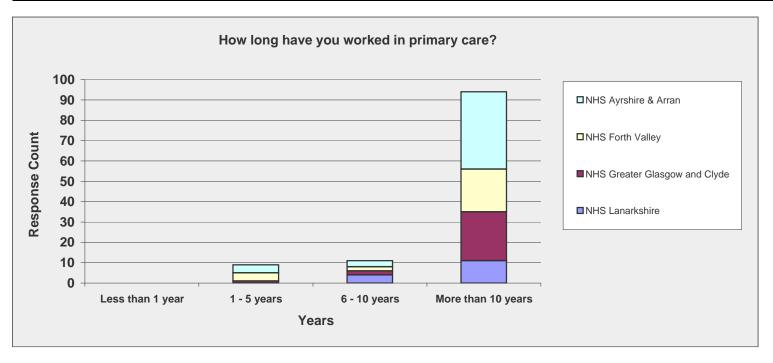


What is your role within the Primary Care team?								
	Which Health Board area do you work in?							
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Response Percent	Response Count		
General Practitioner	30	25	27	0	71.9%	82		
Practice Nurse	14	0	0	15	25.4%	29		
Health Care Support Worker	1	2	0	0	2.6%	3		
District Nurse	0	0	0	0	0.0%	0		
GP in training	0	0	0	0	0.0%	0		
Other (please specify)	Other (please specify)							
Answered question								
				S	kipped question	0		

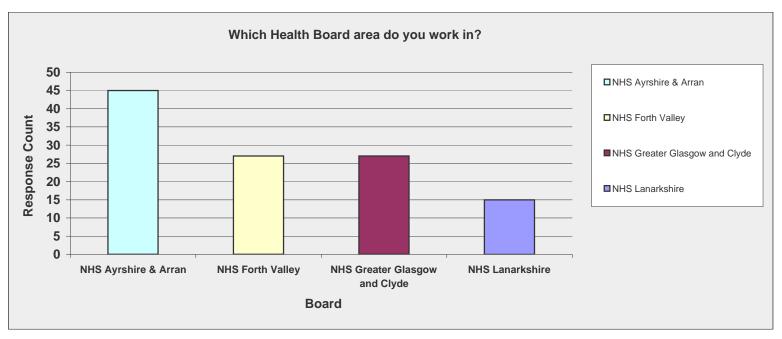
Number	Response Date	NHS Board	Other (please specify)
1	Jan 31, 2014 2:55 PM	NHS FV	fghmj ndh ndhgjhg hnjghjj
2	Feb 4, 2014 12:24 PM	NHS LAN	Treatment Room Nurse.



	How long have you worked in primary care?									
	Which Health Board area do you work in?									
Answer Options	NHS Ayrshire & Arran	NHS Ayrshire & Arran NHS Forth Valley NHS Greater Glasgow and Clyde NHS Lanarkshire Response Percent								
Less than 1 year	0	0	0	0	0.0%	0				
1 - 5 years	4	4	1	0	7.9%	9				
6 - 10 years	3	2	2	4	9.6%	11				
More than 10 years	38 21 24 11 82.5%									
Answered question										
					Skipped question	0				



Which Health Board area do you work in?									
		Which Health Board area do you work in?							
Answer Options	NHS Ayrshire & Arran	Ayrshire & Arran NHS Forth Valley NHS Greater Glasgow and Clyde NHS Lanarkshire							
NHS Ayrshire & Arran	45	0	0	0	39.5%	45			
NHS Forth Valley	0	27	0	0	23.7%	27			
NHS Greater Glasgow and Clyde	0	0	27	0	23.7%	27			
NHS Lanarkshire	0	0	0	15	13.2%	15			
answered question						114			
				sl	kipped question	0			



Generally, how would you rate the professional development opportunities you have, (1 being poor for development and 5 being very good for development)? Please consider professional presentations, conversations, talks/lectures, reading materials and other opportunities to learn as assisting you to develop professionally. Please tick.

		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
1) Clinical meetings						
1	3	0	1	1		5
2	2	5	0	1		8
3	15	6	2	3		26
4	11	9	11	3		34
5	9	6	6	4		25
N/A	1	0	0	0		1
	3.53	3.62	4.05	3.67	3.67	99
2) Deep End meetings					-	
1	6	1	1	2		10
2	2	1	0	0		3
3	6	1	3	3		13
4	0	0	3	0		3
5	1	0	1	0		2
N/A	22	19	10	6		57
	2.20	2.00	3.38	2.20	2.48	88
3) Practice nurse network	<u> </u>					
1	2	1	1	0		4
2	4	0	0	4		8
3	7	2	0	3		12
4	2	0	1	2		5
5	2	0	0	3		5
N/A	23	20	17	0		60
	2.88	2.33	2.50	3.33	2.97	94
4) CHP meetings	<u> </u>					
1	9	3	1	1		14
2	7	2	3	2		14
3	6	5	4	2		17
4	1	1	7	2		11
5	1	0	4	1		6
N/A	15	12	2	4		33
	2.08	2.36	3.53	3.00	2.69	95

Generally, how would you rate the professional development opportunities you have, (1 being poor for development and 5 being very good for development)? Please consider professional presentations, conversations, talks/lectures, reading materials and other opportunities to learn as assisting you to develop professionally. Please tick.

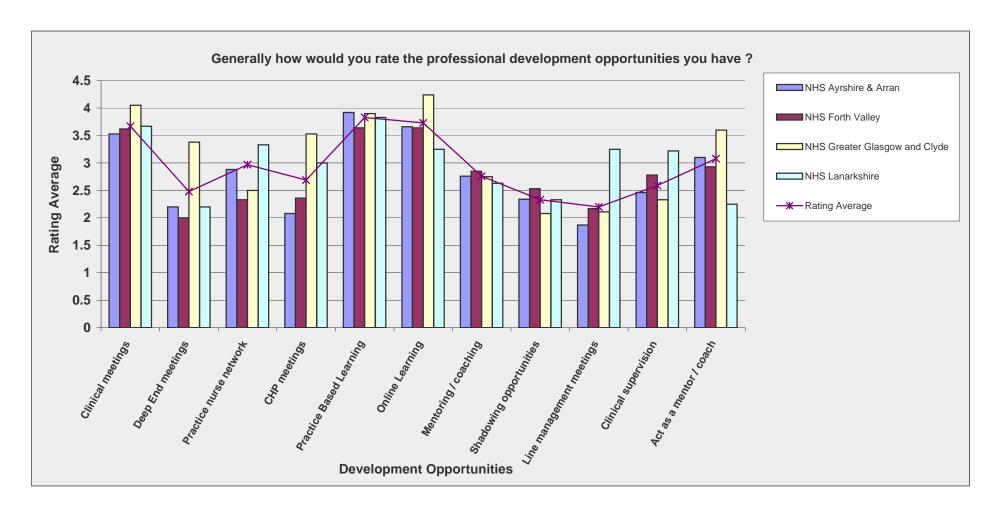
		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
5) Practice Based Learning	g					
1	1	1	1	0		3
2	2	3	0	1		6
3	7	7	6	3		23
4	17	7	7	5		36
5	11	7	7	3		28
N/A	4	0	0	0		4
	3.92	3.64	3.90	3.83	3.83	100
6) Online Learning					-	
1	3	0	0	1		4
2	1	5	1	0		7
3	12	4	3	8		27
4	16	11	7	1		35
5	9	5	10	2		26
N/A	2	0	0	0		2
	3.66	3.64	4.24	3.25	3.73	101
7) Mentoring / coaching	<u>.</u>					
1	8	4	4	2		18
2	5	1	2	2		10
3	9	3	5	2		19
4	9	3	4	1		17
5	2	2	1	1		6
N/A	8	10	5	3		26
	2.76	2.85	2.75	2.63	2.76	96
8) Shadowing opportunities	es					
1	12	5	5	3		25
2	6	3	4	2		15
3	7	3	2	3		15
4	5	2	2	0		9
5	2	2	0	1		5
N/A	10	7	8	3		28
	2.34	2.53	2.08	2.33	2.33	97

Generally, how would you rate the professional development opportunities you have, (1 being poor for development and 5 being very good for development)? Please consider professional presentations, conversations, talks/lectures, reading materials and other opportunities to learn as assisting you to develop professionally. Please tick.

		Which Health Board area do you work in?				
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
9) Line management meeti	ings		l l			
1	15	2	5	1		23
2	1	2	1	2		6
3	4	1	1	2		8
4	1	1	1	0		3
5	2	0	1	3		6
N/A	17	16	12	4		49
	1.87	2.17	2.11	3.25	2.20	95
10) Clinical supervision					•	
1	11	2	6	2		21
2	3	2	4	0		9
3	7	2	1	4		14
4	4	2	2	0		8
5	3	1	2	3		9
N/A	12	13	6	3		34
	2.46	2.78	2.33	3.22	2.59	95
11) Act as a mentor / coacl	h					
1	4	3	2	3		12
2	4	2	1	1		8
3	10	3	2	3		18
4	7	5	6	1		19
5	4	1	4	0		9
N/A	13	8	5	4		30
	3.10	2.93	3.60	2.25	3.08	96
Other (please specify)						4
					swered question	102
					Skipped question	12

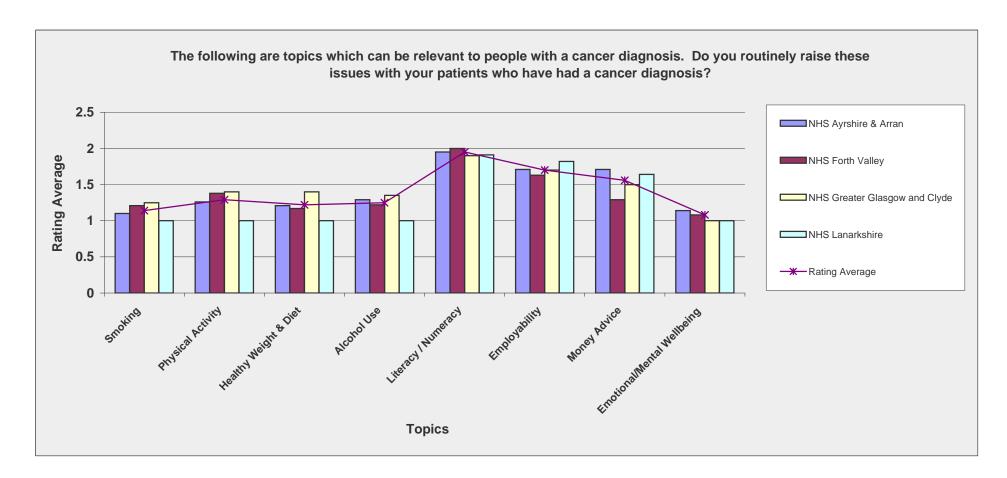
Number	Response Date	NHS Board	Other (please specify)
1	Feb 1, 2014 5:13 PM	NHS AA	GP training practice- regular teaching/mentoring/supervision given daily to GP trainees.
2	Feb 4, 2014 8:52 AM	NHS FV	Member of PBSGL group but it is not practice based.
3	Feb 4, 2014 1:08 PM	NHSGGC	I also work as a GP appraiser - don't know what 'deep end meetings' are.
4	Feb 6, 2014 1:32 PM	NHSGGC	Self directed learning.

Question 5



		Cancer	diagnosis?			
		Which Health Board	l area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
I) Smoking						
res es	38	19	15	11		83
No	4	5	5	0		14
	1.10	1.21	1.25	1.00	1.14	97
2) Physical Activity						
/es	31	15	12	11		69
No	11	9	8	0		28
	1.26	1.38	1.40	1.00	1.29	97
B) Healthy Weight & Die	t					
/es	33	20	12	11		76
No	9	4	8	0		21
	1.21	1.17	1.40	1.00	1.22	97
l) Alcohol Use						
/es	30	18	13	11		72
No	12	5	7	0		24
	1.29	1.22	1.35	1.00	1.25	96
i) Literacy / Numeracy	1		1133			
res	2	0	2	1		5
No	40	24	18	10		92
	1.95	2.00	1.90	1.91	1.95	97
6) Employability	1.00	2.00	1.00	1.01	1.00	U.
res	12	9	6	2		29
No	30	15	14	9		68
	1.71	1.63	1.70	1.82	1.70	97
') Money Advice		1.00	1.70	1.02	1.70	0.
res	12	17	10	4		43
No	30	7	10	7		54
	1.71	1.29	1.50	1.64	1.56	97
B) Emotional/Mental We		1.20	1.00	1.07	1.00	<u> </u>
es	36	22	20	11	T	89
No	6	2	0	0		8
10	1.14	1.08	1.00	1.00	1.08	97
	1.14	1.00	1.00		swered question	97
					Skipped question	17

Question 6



If you have answered "No" to question 6, why not?								
		Which Health Board	l area do you work in?					
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Response Count			
1) The patient will think that I a	ım judging them							
Please Tick	2	1	2	0				
	2	1	2	0	5			
2) Language is a barrier								
Please Tick	0	1	0	0				
	0	1	0	0	1			
3) The patient has other priorit	ies							
Please Tick	24	14	14	4				
	24	14	14	4	56			
3) Not the right location	<u> </u>			•				
Please Tick	8	4	4	6				
	8	4	4	6	22			
4) I don't have time to ask								
Please Tick	12	7	9	2				
	12	7	9	2	30			
				Answered question	82			
				Skipped question	32			

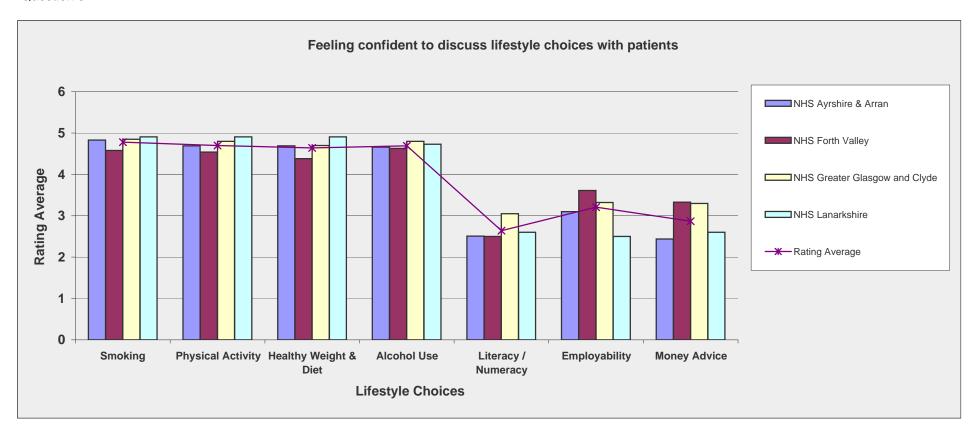
Feeling confident to discuss lifestyle choices with patients may effect whether or not you raise the issue of change with them. With this in mind, on a scale from 1-5 (1 being not at all and 5 being very confident), how confident do you feel about raising the issue of the following issues with patients?

<u> </u>		•				•
		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
1) Smoking						
1	0	0	0	0		0
2	0	1	0	0		1
3	1	1	0	0		2
4	5	5	3	1		14
5	36	17	17	10		80
N/A	0	0	0	0		0
	4.83	4.58	4.85	4.91	4.78	97
2) Physical Activity						
1	0	0	0	0		0
2	0	0	0	0		0
3	1	2	1	0		4
4	11	7	2	1		21
5	30	15	17	10		72
N/A	0	0	0	0		0
	4.69	4.54	4.80	4.91	4.70	97
3) Healthy Weight & Diet						
1	0	0	0	0		0
2	0	1	0	0		1
3	2	2	1	0		5
4	9	8	4	1		22
5	31	13	15	10		69
N/A	0	0	0	0		0
	4.69	4.38	4.70	4.91	4.64	97
4) Alcohol Use						
1	0	0	0	0		0
2	0	1	0	0		1
3	3	1	0	0		4
4	8	4	4	3		19
5	30	18	16	8		72
N/A	0	0	0	0		0
	4.66	4.63	4.80	4.73	4.69	96

Feeling confident to discuss lifestyle choices with patients may effect whether or not you raise the issue of change with them. With this in mind, on a scale from 1-5 (1 being not at all and 5 being very confident), how confident do you feel about raising the issue of the following issues with patients?

		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
5) Literacy / Numeracy						
1	9	4	2	3		18
2	14	7	5	3		29
3	8	8	7	0		23
4	3	2	2	3		10
5	5	1	4	1		11
N/A	3	2	0	1		6
	2.51	2.50	3.05	2.60	2.64	97
6) Employability						
1	6	0	3	3		12
2	9	3	2	3		17
3	9	7	5	1		22
4	7	9	4	2		22
5	9	4	5	1		19
N/A	2	1	0	1		4
	3.10	3.61	3.32	2.50	3.21	96
7) Money Advice						
1	13	2	3	3		21
2	9	3	3	2		17
3	9	9	4	1		23
4	3	5	5	4		17
5	5	5	5	0		15
N/A	3	0	0	1		4
	2.44	3.33	3.30	2.60	2.87	97
				Ans	wered question	97
				SI	kipped question	17

Question 8



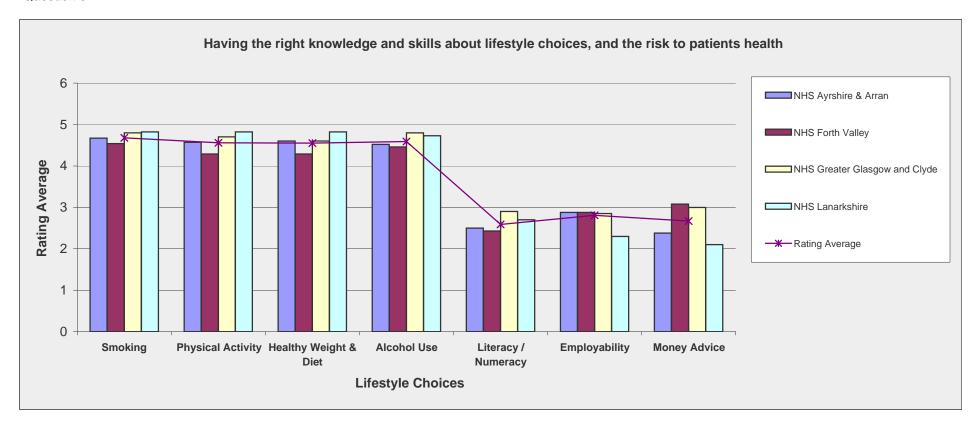
Having the right knowledge and skills about lifestyle choices, and the risk to a patient's health can effect whether or not you raise the issue of change with them. With this in mind, on a scale of 1-5 (1 being very poor, and 5 being very good), how would you rate your own skills to discuss the following issues with patients?

		Issues	with patients?			
		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
I) Smoking						
1	0	0	0	0		0
2	0	0	0	0		0
3	2	1	0	0		3
4	10	9	4	2		25
5	30	14	16	9		69
N/A	0	0	0	0		0
	4.67	4.54	4.80	4.82	4.68	97
?) Physical Activity						
1	0	0	0	0		0
2	0	0	1	0		1
3	3	4	0	0		7
4	12	9	3	2		26
5	27	11	16	9		63
N/A	0	0	0	0		0
	4.57	4.29	4.70	4.82	4.56	97
) Healthy Weight & Diet						
1	0	0	0	0		0
2	0	0	1	0		1
3	3	4	0	0		7
4	11	9	5	2		27
5	28	11	14	9		62
N/A	0	0	0	0		0
	4.60	4.29	4.60	4.82	4.55	97
) Alcohol Use						
1	0	0	0	0		0
2	0	0	0	0		0
3	5	2	0	0		7
4	10	9	4	3		26
5	27	13	16	8		64
N/A	0	0	0	0		0
	4.52	4.46	4.80	4.73	4.59	97

Having the right knowledge and skills about lifestyle choices, and the risk to a patient's health can effect whether or not you raise the issue of change with them. With this in mind, on a scale of 1-5 (1 being very poor, and 5 being very good), how would you rate your own skills to discuss the following issues with patients?

		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
5) Literacy / Numeracy	<i>y</i>					
1	10	5	4	3		22
2	11	7	4	3		25
3	8	8	5	0		21
4	6	2	4	2		14
5	3	1	3	2		9
N/A	4	1	0	1		6
	2.50	2.43	2.90	2.70	2.59	97
6) Employability						
1	7	3	5	3		18
2	10	8	3	4		25
3	10	6	5	1		22
4	7	3	4	1		15
5	6	4	3	1		14
N/A	2	0	0	1		3
	2.88	2.88	2.85	2.30	2.81	97
7) Money Advice						
1	12	2	4	4		22
2	12	9	4	3		28
3	6	4	4	1		15
4	6	3	4	2		15
5	3	6	4	0		13
N/A	3	0	0	1		4
	2.38	3.08	3.00	2.10	2.67	97
				Ans	wered question	97
				SI	kipped question	17

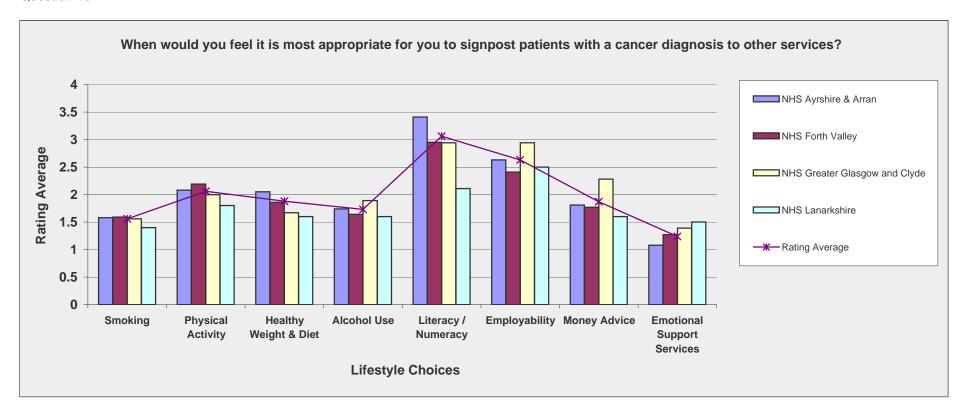
Question 9



When w	When would you feel it is most appropriate for you to signpost patients with a cancer diagnosis to other services?						
		Which Health Board	area do you work in?				
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count	
1) Smoking							
At diagnosis	26	14	11	7		58	
3-6 months post diagnosis	9	4	5	2		20	
immediately post treatment	2	3	1	1		7	
3-6 months post treatment	2	1	1	0		4	
not appropriate to discuss	1	0	0	0		1	
	1.58	1.59	1.56	1.40	1.56	90	
2) Physical Activity							
At diagnosis	13	7	7	5		32	
3-6 months post diagnosis	14	5	5	2		26	
immediately post treatment	6	7	5	3		21	
3-6 months post treatment	5	2	1	0		8	
not appropriate to discuss	0	0	0	0		0	
	2.08	2.19	2.00	1.80	2.06	87	
3) Healthy Weight and Diet							
At diagnosis	16	12	10	6		44	
3-6 months post diagnosis	11	3	4	2		20	
immediately post treatment	4	5	4	2		15	
3-6 months post treatment	7	2	0	0		9	
not appropriate to discuss	0	0	0	0		0	
· · ·	2.05	1.86	1.67	1.60	1.88	88	
4) Alcohol Use							
At diagnosis	19	14	7	6		46	
3-6 months post diagnosis	13	3	6	2		24	
immediately post treatment	3	4	5	2		14	
3-6 months post treatment	3	1	0	0		4	
not appropriate to discuss	0	0	0	0		0	
	1.74	1.64	1.89	1.60	1.73	88	
5) Literacy / Numeracy							
At diagnosis	10	5	4	5		24	
3-6 months post diagnosis	5	3	5	2		15	
immediately post treatment	0	4	1	0		5	
3-6 months post treatment	4	2	2	0		8	
not appropriate to discuss	18	<u>=</u>	5	2		30	
	3.41	2.95	2.94	2.11	3.06	82	

When w	When would you feel it is most appropriate for you to signpost patients with a cancer diagnosis to other services?					
		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
6) Employability						
At diagnosis	13	6	3	4		26
3-6 months post diagnosis	6	6	6	3		21
immediately post treatment	5	6	1	0		12
3-6 months post treatment	10	3	5	0		18
not appropriate to discuss	4	1	3	3		11
	2.63	2.41	2.94	2.50	2.63	88
7) Money Advice						
At diagnosis	21	12	7	7		47
3-6 months post diagnosis	9	5	6	2		22
immediately post treatment	3	4	1	0		8
3-6 months post treatment	1	0	1	0		2
not appropriate to discuss	3	1	3	1		8
	1.81	1.77	2.28	1.60	1.87	87
8) Emotional Support Service	ces					
At diagnosis	34	19	14	8		75
3-6 months post diagnosis	3	0	3	1		7
immediately post treatment	0	3	0	0		3
3-6 months post treatment	0	0	0	0		0
not appropriate to discuss	0	0	1	1		2
	1.08	1.27	1.39	1.50	1.24	87
					swered question	90
				S	kipped question	24

Question 10

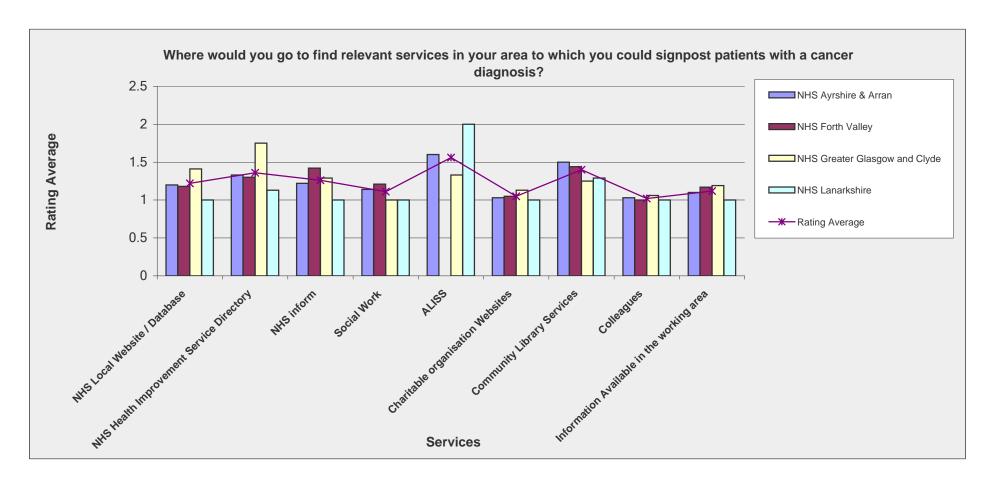


Where	e would you go to find relevant se	rvices in your area to	which you could signpost	t patients with a cance	er diagnosis?	
		Which Health Board	l area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
1) NHS Local Website / Dat						
Yes	28	14	10	9		61
No	7	3	7	0		17
Unaware of this	5	2	1	0		8
	1.20	1.18	1.41	1.00	1.22	86
2) NHS Health Improvemen						
Yes	12	7	2	7		28
No	6	3	6	1		16
Unaware of this	20	9	9	0		38
	1.33	1.30	1.75	1.13	1.36	82
3) NHS inform						
Yes	14	7	5	5		31
No	4	5	2	0		11
Unaware of this	19	7	11	2		39
	1.22	1.42	1.29	1.00	1.26	81
4) Social Work	·		-			
Yes	30	15	17	9		71
No	5	4	0	0		9
Unaware of this	3	2	1	0		6
	1.14	1.21	1.00	1.00	1.11	86
5) ALISS						
Yes	2	0	2	0		4
No	3	0	1	1		5
Unaware of this	32	15	14	7		68
	1.60	0.00	1.33	2.00	1.56	77
6) Charitable organisation	Websites					
Yes	32	18	14	8		72
No	1	1	2	0		4
Unaware of this	4	2	1	0		7
	1.03	1.05	1.13	1.00	1.05	83
7) Community Library Serv						
Yes	14	5	12	5		36
No	14	4	4	2		24
Unaware of this	9		1	<u>-</u> 1		18
	1.50	1.44	1.25	1.29	1.40	78

Where would y	ou go to find relevant se	rvices in your area to v	vhich you could signpos	t patients with a cance	er diagnosis?	
		Which Health Board area do you work in?				
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
8) Colleagues						
Yes	35	21	17	10		83
No	1	0	1	0		2
Unaware of this	2	1	0	0		3
	1.03	1.00	1.06	1.00	1.02	88
9) Information Available in the work	king area					
Yes	28	10	13	8		59
No	3	2	3	0		8
Unaware of this	5	6	2	1		14
	1.10	1.17	1.19	1.00	1.12	81
Other (please specify)						8
				An	swered question	90
					kipped question	24

Number	Response Date	NHS Board	Other (please specify)
1	Jan 31, 2014 4:11 PM	NHS AA	Macmillan or hospice.
2	Feb 1, 2014 2:25 PM	NHSGGC	Local agencies work from the health centre building.
3	Feb 3, 2014 9:41 PM	NHSGGC	? Maggies Centre. NHS Direct/24 Websites.
4	Feb 4, 2014 8:55 AM	NHS FV	Macmillan money matters, citizen's advice
5	Feb 4, 2014 11:40 AM	NHS FV	Macmillan money matters and Citizens Advice.
6	Feb 6, 2014 5:36 PM	NHS FV	Council "one stop shop" advice resource.
7	Feb 6, 2014 7:00 PM	NHS FV	Hospice.
8	Feb 7, 2014 4:19 PM	NHS AA	Macmillan website.

Question 11



Which Health Board area do you work in?						
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
1) Employability	<u> </u>					
Referred	2	1	4	1		8
Signposted	6	9	5	2		22
Unaware of any services	17	8	7	1		33
	1.75	1.90	1.56	1.67	1.73	63
2) Literacy / Numeracy						
Referred	0	0	1	0		1
Signposted	2	1	2	3		8
Unaware of any services	22	16	12	1		51
	2.00	2.00	1.67	2.00	1.89	60
3) Money Advice						
Referred	8	12	5	0		25
Signposted	12	7	12	5		36
Jnaware of any services	8	1	1	11		11
	1.60	1.37	1.71	2.00	1.59	72
4) Primary Care Mental Health						
Referred	27	17	14	2		60
Signposted	5	0	4	3		12
Jnaware of any services	2	2	0	0		4
	1.16	1.00	1.22	1.60	1.17	76
5) Stress Centre						
Referred	3	4	7	1		15
Signposted	5	3	4	2		14
Jnaware of any services	18	10	5	1		34
	1.63	1.43	1.36	1.67	1.48	63
6) Cancer Support Groups						
Referred	20	7	6	4		37
Signposted	12	13	11	4		40
Jnaware of any services	3	1	0	1		5
	1.38	1.65	1.65	1.50	1.52	82
7) Community Addictions Tear						
Referred	18	10	11	3		42
Signposted	6	4	4	1		15
Jnaware of any services	3	1	2	11		7
	1.25	1.29	1.27	1.25	1.26	64
3) Smoke Free Services						
Referred	21	7	12	5		45
Signposted	12	8	6	3		29
Jnaware of any services	3	3	0	0		6
	1.36	1.53	1.33	1.38	1.39	80

	Which of the following servi	ces have you signpos	ed or referred patients to	in the past 6 months	?	
		Which Health Board	area do you work in?			
Answer Options	NHS Ayrshire & Arran	NHS Forth Valley	NHS Greater Glasgow and Clyde	NHS Lanarkshire	Rating Average	Response Count
9) Live Active (Exercise on Pres	cription)					
Referred	17	6	14	2		39
Signposted	8	1	3	3		15
Unaware of any services	6	8	1	1		16
	1.32	1.14	1.18	1.60	1.28	70
10) Local Walking Groups						
Referred	4	4	1	0		9
Signposted	7	10	8	3		28
Unaware of any services	17	3	6	1		27
	1.64	1.71	1.89	2.00	1.76	64
11) Macmillan Can Move Project	ts		•			
Referred	1	2	0	1		4
Signposted	9	5	2	1		17
Unaware of any services	18	11	14	4		47
,	1.90	1.71	2.00	1.50	1.81	68
12) Weight Management Service	es		•			
Referred	12	5	14	5		36
Signposted	13	8	2	3		26
Unaware of any services	6	3	1	0		10
	1.52	1.62	1.13	1.38	1.42	72
13) Healthy Eating Projects						
Referred	7	3	2	2		14
Signposted	9	4	8	2		23
Unaware of any services	13	9	5	2		29
	1.56	1.57	1.80	1.50	1.62	66
Other (please specify)						5
<u> </u>				An	swered question	90
					Skipped question	24

Number	Response Date	NHS Board	Other (please specify)
1	Feb 1, 2014 5:21 PM	NHS AA	Island/rural setting with no access to many services e.g. Macmillan, smoke freestress etc. Our CMHT and
			DNs multi task for many of these services.
2	Feb 3, 2014 4:01 PM	NHS FV	Primary Care Mental Health team only accept severe and enduring mental health referrals.
			Psychology cancer support available through secondary care but underfunded.
3	Feb 3, 2014 9:41 PM	NHSGGC	Are we still talking only about patients with cancer?
4	Feb 6, 2014 7:00 PM	NHS FV	The ones left blank, I am aware of the services but have not referred recently.
5	Feb 10, 2014 12:47 PM	NHS AA	I have not referred or signposted any patients in last 6 months but you do not have a n/a column.

Question 12

