

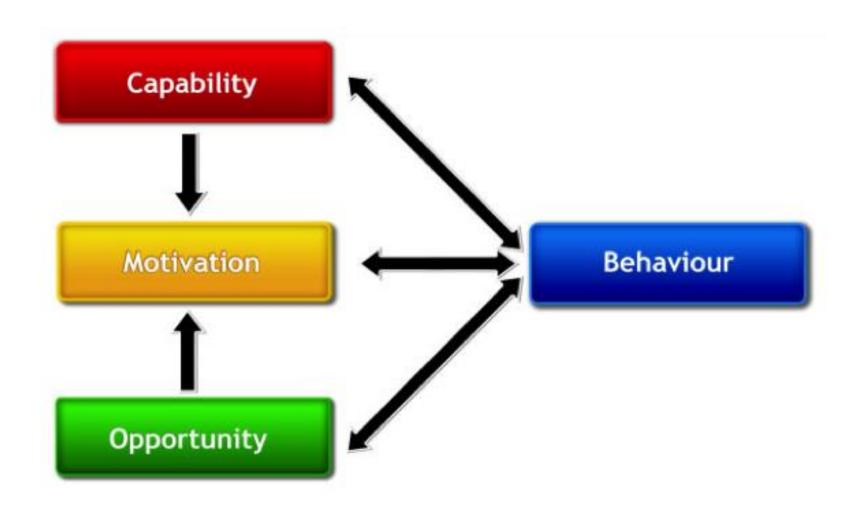
Barriers to and facilitators of patient engagement in the lung cancer pathway: An interview study exploring the impact of distance and disadvantage in an urban setting

L. Mitchinson, S. Quaife, D. Nelson, S. Cooke, A. Januszewski, M. Lapuente, A. Reeves, A. Harding-Bell, B. Knowles, M.D. Peake, Z. Pogson, R. Kane, A. Whiteley, J. Shuck, S. Civello, D. Skinner, W. Ricketts & D. McInnerney.

Background: The National Optimum Lung Cancer Pathway (NOLCP) was introduced by the NHS to streamline diagnosis and fast track treatments. While processes can be improved, different location-based factors and characteristics can influence how patients engage with and experience cancer care. Northeast London is an ethnically diverse and highly deprived area covered by the Barts NHS Trust. These individuals are likely to face many location-specific factors which can impact their capability, opportunity and motivation to engage. This study aims to explore how patient and carer characteristics, and factors related to their location, interact to influence patients' capability, opportunity, and motivation to engage with the NOLCP.

Method:

- Between November 2023 and May 2024, semi-structured telephone or in-person interviews are conducted with lung cancer patients (n=30) across surgery, radical radiotherapy and advanced cancer pathways and their informal carers (n=15-30).
- The topic guide was informed by the COM-B model of behaviour change and explored symptom investigation and diagnosis, communication, decision-making, travel, and use of support services.
- Interviews were audio-recorded and transcribed verbatim. Framework analysis, informed by COM-B model, was conducted to generate themes.



COM-B model of behaviour change (Michie et al. 2011)

Emerging Findings: 12 Patients (7 surgery, 2 radical radiotherapy, 3 advanced care) and 5 carers (3 partners, 2 children).

Plus, my
daughter was there, and
she's a nurse, so she knows
how to go about things. I
was very upset, and the
missus was upset

We haven't got
the money for that [taxis].
[Hospital transport] they
pick you up early, and then
you've got to wait and
hang about afterwards [...]
so it's quite difficult

It was important to me. I felt, if it's cancer, I need to have this done as soon as possible, I need to go to all the treatment, anything that's going to make me better

Capability

Barriers: Overwhelmed and shocked, outdated knowledge of cancer/treatments, feeling too unwell to attend, living alone, misunderstanding of appointments, frail or elderly.

Facilitators: Healthcare professional friend/family member, close family unit, looking at their scans.

Opportunity

Barriers: Worries about public transport, time off work, expensive taxis, inconvenient hospital transport, repeated long-journeys.

Facilitators: Elizabeth line, freedom bus passes, direct and familiar routes, family support, text reminders, CNS phone numbers.

Motivation

Barriers: Thought it was a death sentence, worried about judgment for smoking, doesn't believe in the treatments, doesn't like asking for help, fearing the worst.

Facilitators: Trust in the experts, feeling hopeful, peace of mind, knowing it is important, encouraged by family.

Conclusions: Data collection and analysis is ongoing. Findings will be compared to those of a parallel study conducted in Lincolnshire to understand similarities and differences in rural and urban settings. Findings will be combined with stakeholder consultations, PPI input and a rapid review to inform the design of a patient engagement tool to improve experiences and support patient and carer engagement with the NOLCP.

Funding: This work was supported by Cancer Research UK.

Please send correspondence to: l.mitchinson@qmul.ac.uk









