Work Psychology Group
Thinking differently

Cancer Training Needs Analysis for London's Community Pharmacies

Final Report

February 2020

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1. Background & Context

Introduction

Recent studies show that 70.0% of community pharmacists reported that up to 25.0% of their customers sought advice for cancer signs and symptoms or had attempted to purchase a medication to treat these symptoms. With ongoing changes within the pharmacy profession, it is recognised that community pharmacy staff play a vital role in the early detection and diagnosis of cancer and supporting those that are dealing with the consequences of cancer treatment. Evidence suggests that raising awareness and talking to patients about the signs and symptoms of different cancers not only saves lives but can result in early diagnosis of cancer which ultimately means better treatment options for patients[1].

Across September and October 2019, individuals working within a community pharmacy setting within the London region were invited to complete a Training Needs Analysis (TNA) survey, to help identify learning needs in relation to the community pharmacy context.

The specific objectives for this survey were to understand the pharmacy community's knowledge and skills across a number of areas including; knowledge of potential cancer signs and symptoms, knowledge of screening programmes, perceived risks of cancer and attitudes towards cancer and early diagnosis.

[1] https://www.pharmaceutical-journal.com/cpd-and-learning/learning-article/identifying-patients-with-suspected-cancer-red-flags-and-referral/20205538.article?firstPass=false

2. Survey Sample

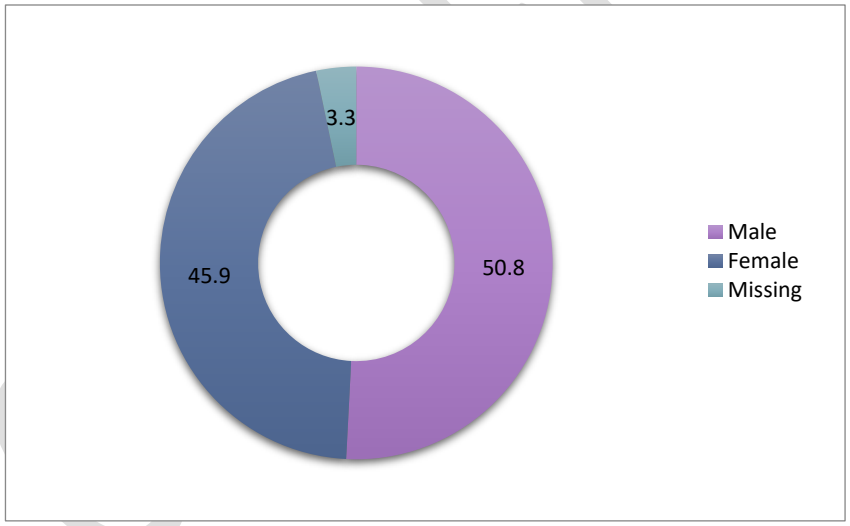
Overview

- A total of 75 individuals started the Training Needs Analysis (TNA) Survey. However, whilst 75 started it, only 61 respondents completed one or more of the survey questions (outside of the demographic questions presented at the beginning). Therefore, for the purposes for the analysis and information presented within this report, this is based on the 61 respondents.
- The following section details the demographic breakdown of the respondent sample, including; gender, age, job role, CCG area, full or part time employment, pharmacy type, year's qualified, years in job, size of organisation (i.e. headcount) and number of daily prescriptions dispensed.

Demographics

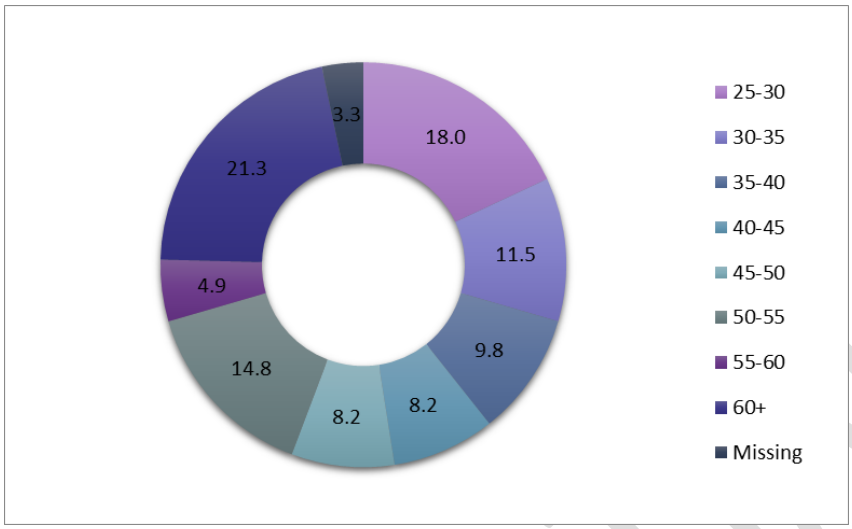
- **GENDER:** In relation to gender, 50.8% (n=31) of respondents noted that they were male and 45.9% (n=28) were female. A further 3.3% (n=2) of the sample chose not to respond to this question (see Figure 1).

Figure 1. Respondent sample by gender



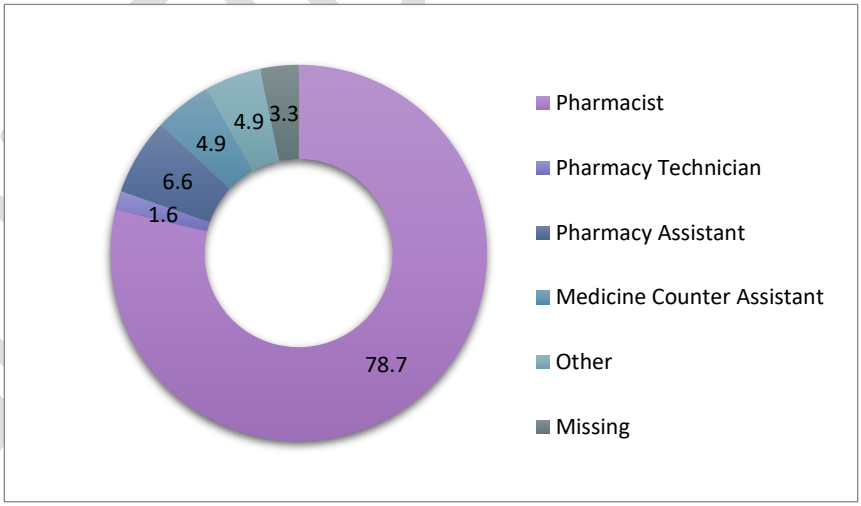
- **AGE:** Respondents identified themselves in the following age bands: 25-30, 18.0% (n=11), 30-35, 11.5% (n=7), 35-40, 9.8% (n=6), 40-45, 8.2% (n=5), 45-50 and 8.2% (n=5), 50-55, 14.8% (n=9), 55-60, 4.9% (n=3) and aged 60 or over, 21.3% (n=13). A further 3.3% (n=2) of the sample chose not to respond to this question (see Figure 2).

Figure 2. Respondent sample by age



- **JOB ROLE:** The sample consists of respondents who work in the following job roles: Pharmacist 78.7% (n=48), Pharmacy Assistant 6.6 % (n=4), Medicine Counter Assistant 4.9% (n=3) and Pharmacy Technician 1.6% (n=1). A further 4.9% (n=3) of the sample selected 'other', these job roles were described as Pharmacy Dispenser, Pharmacy Manager LPC Chief Officer. Moreover, 3.3% (n=2) chose not to respond to this question (see Figure 3).

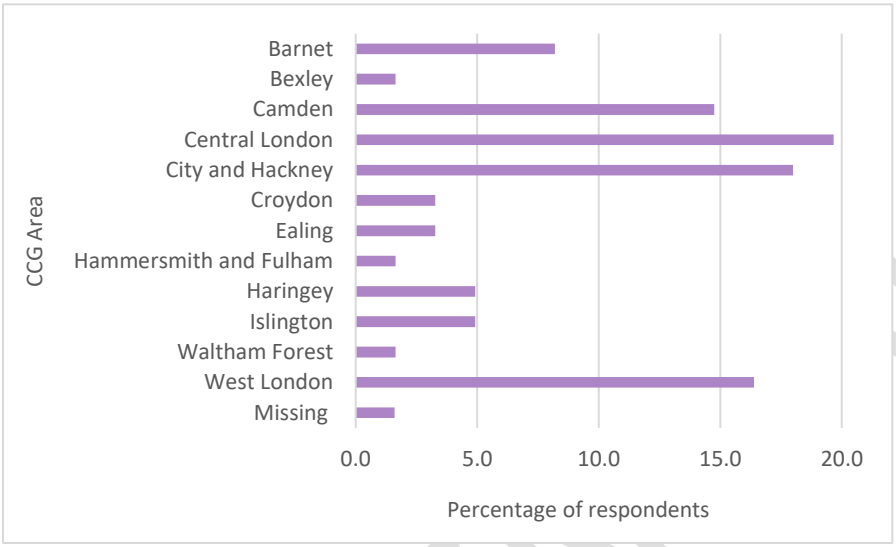
Figure 3. Respondent sample by Job Role



- **CCG AREA:** The area showing the highest number of respondents was Central London, 19.7% (n=12), followed by City and Hackney who showed 18.0% (n=11) respondents and then by West London showing 16.4% (n=10)respondents. The area of Camden accounted for 14.8% (n=9) of respondents and Barnet accounted for 8.2% (n=5) of respondents. Haringey and Islington showed an equal number of respondents, 4.9% (n=3) as well as Croydon and Ealing, 3.3.% (n=2). Bexley, Waltham Forest and

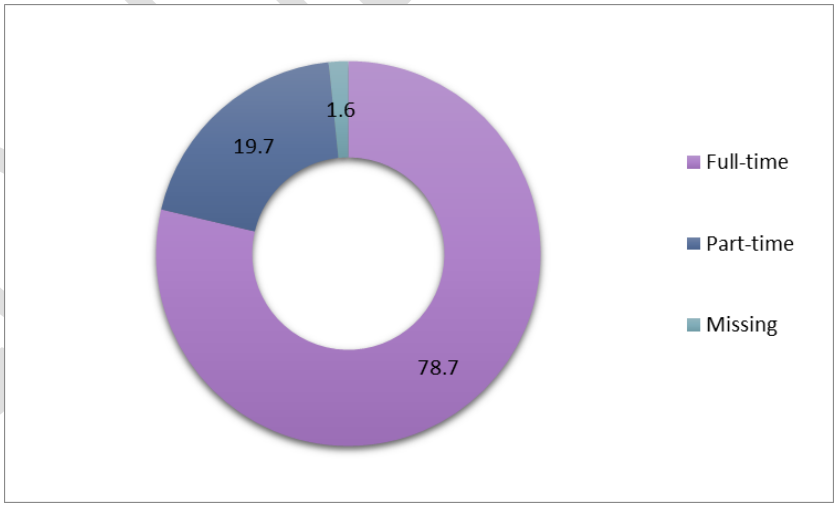
Hammersmith and Fulham equally had the least number of respondents 1.6% (n=1). A further 1.6% (n=1) of the sample chose not to respond to this question (see Figure 4).

Figure 4. Respondent sample by CCG Area



- **EMPLOYMENT TYPE:** The majority, 78.7% (n= 48) of respondents noted that they were in full-time employment and 19.7% (n=12) were in part-time employment. A further 1.6% (n=1) of the sample chose not to respond to this question (see Figure 5).

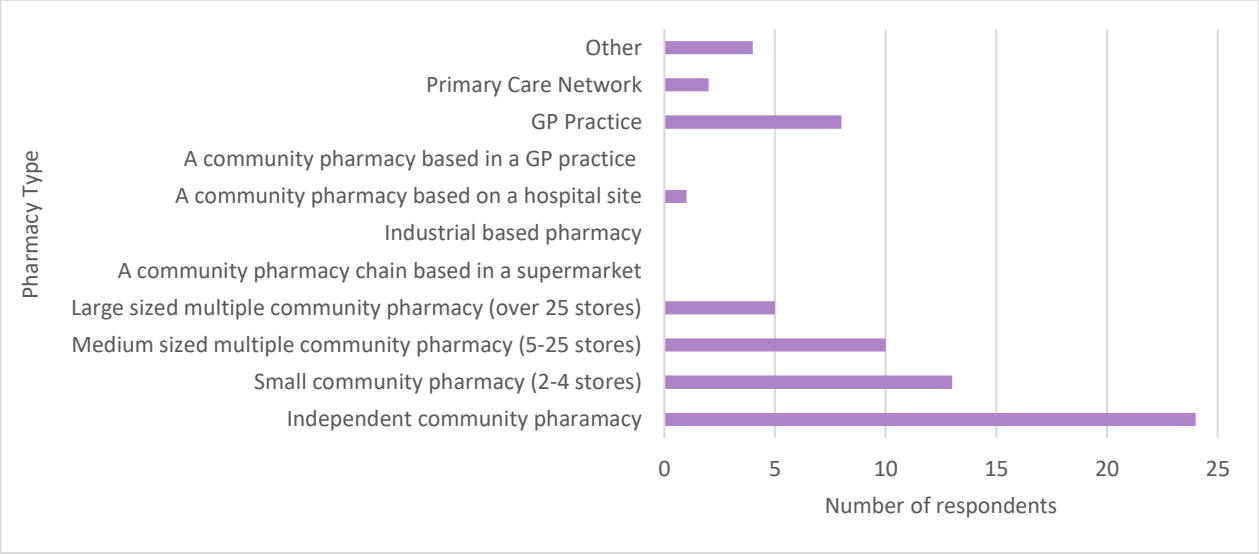
Figure 5. Respondent sample by Employment Type



- **PHARMACY TYPE:** The sample consisted of respondents that worked in the following types of pharmacy: Independent community (n=24, 39.3%), Small community (n=13, 21.3%), Medium sized multiple community (5-25 stores) (n=10, 16.4%), GP Practice (n=8, 13.1%), Large sized multiple community (over 25 stores) (n=5, 8.2%), Primary Care Network (n=2, 3.3%) and a community pharmacy based on a hospital

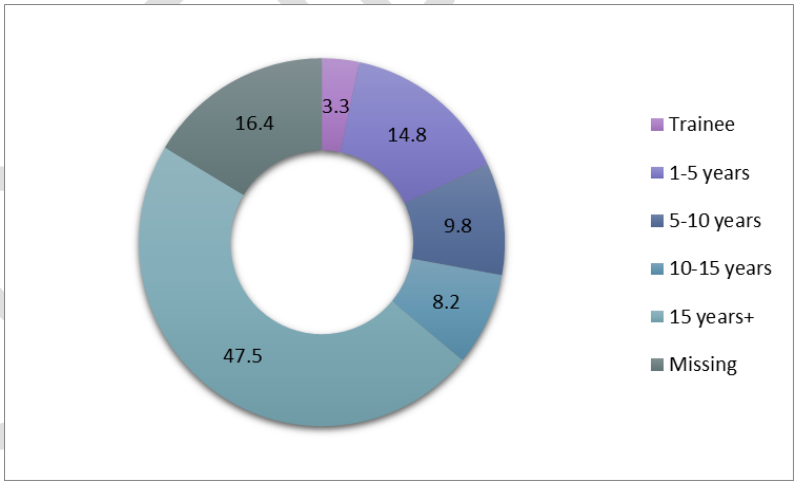
site (n=1, 1.6%). A further 4 respondents of the sample noted 'other' (see figure 6). Please note that this question allowed respondents the opportunity to select more than one option.

Figure 6. Respondent sample by Pharmacy Type



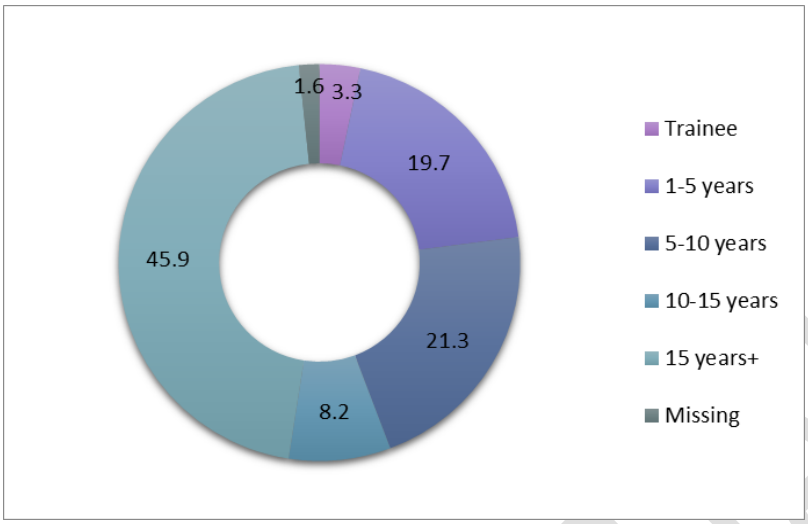
- **YEARS QUALIFIED:** Respondents who noted that they were qualified pharmacists, the amount of years they stated they have been qualified are as follows: 15 years or more 47.5% (n=29), 10-15 years 8.2% (n=5), 5-10 years 9.8% (n=6), and 14.8% (n=9) 1-5 years. A further 3.3% (n=2) respondents stated that they were a trainee and 16.4% (n=10) of the sample chose not to respond to this question (see Figure 7).

Figure 7. Respondent sample by Years Qualified as a Pharmacist



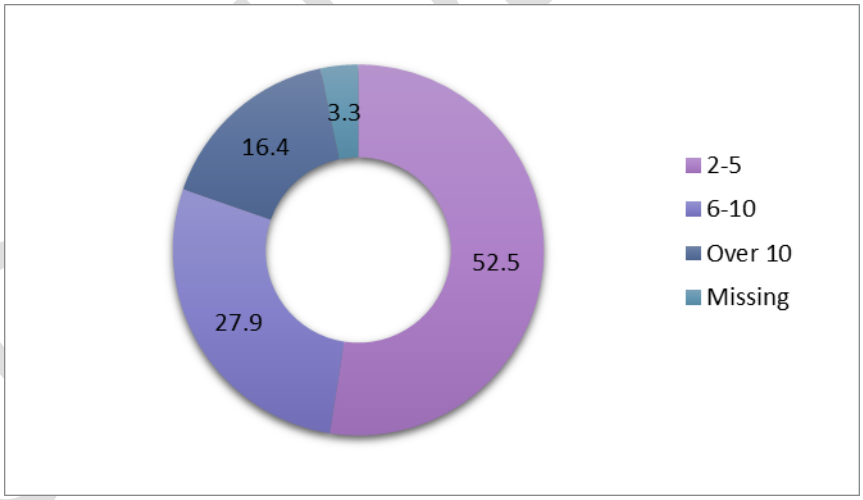
- **YEARS IN JOB:** In relation to how many years respondents noted that they have been in their job, the sample consists of the following: 45.9% (n=28) for 15 years or more, 8.2% (n=5) for 10-15 years, 21.3% (n=13) for 5-10 years, 19.7% (n=12) for 1-5 years and 3.3% (n=2) stated they were a trainee. A further 1.6% (n=1) of the sample chose not to respond to this question (see Figure 8).

Figure 8. Respondent sample by Years in the job



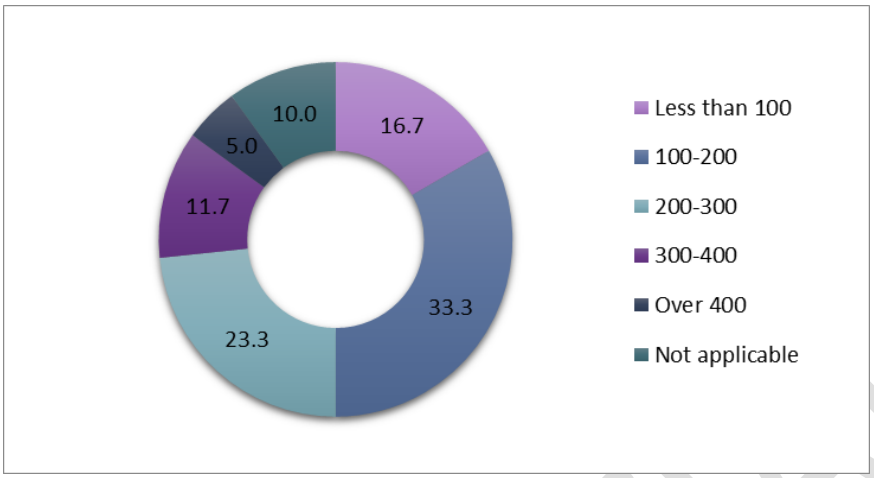
- **SIZE OF ORGANISATION:** Respondents noted the headcount of the organisation which they work within. 52.5.% (n=32) said they work in an organisation with 2-5 people, 27.9% (n=17) noted 6-10 people and 16.4% (n=10) stated that over 10 people. A further 3.3.% (n=2) of the sample chose not to respond to this question (see Figure 9).

Figure 9. Respondent sample by size of organisation



- **NUMBER OF DAILY PRESCRIPTIONS DISPENSED:** In relation to on average how many prescriptions are dispensed at the respondent's location daily, 16.4% (n=10) stated less than 100. Further, the sample consists of 32.8% (n=20) respondents who noted 100-200, 23.0% (n=14) respondents who noted 200-300, 11.5% (n=7) respondents who noted 300-400 and 4.9% (n=3) respondents who noted over 400. A further 9.8% (n=6) of respondents stated that this question as not applicable to them and 1.6% (n=1) of the sample chose not to respond to this question (see Figure 10).

Figure 10. Respondent sample by number of daily prescriptions dispensed



Training Needs Analysis (TNA) Survey Findings

Overview

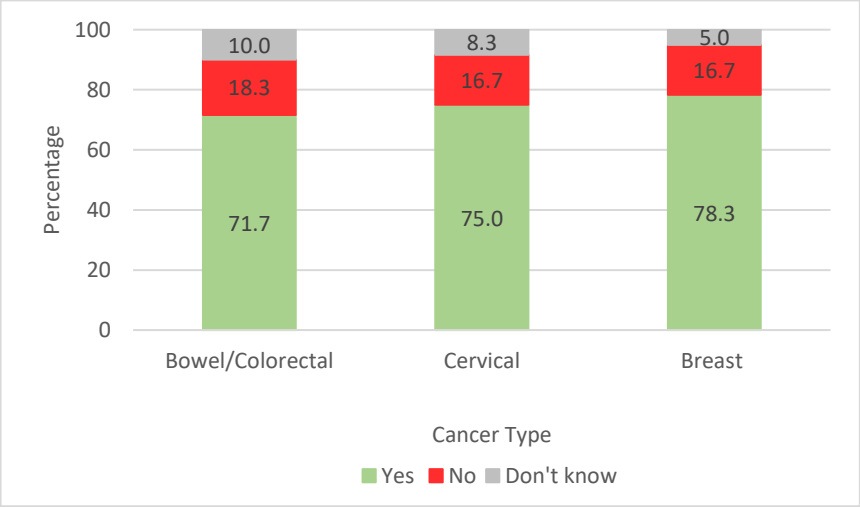
- The following section details the analysis of the survey based on the overall 61 respondents who completed one or more question. The same analysis was then conducted looking at the data split by, Location, Employment Type, Pharmacy Type and Year's Qualified.
    - **Location:** Camden (n= 9) Central London (n=12) City and Hackney (n=11) and West London (n=10) (see appendix A)
    - **Employment Type:** Full-time (n= 48) Part-time (n=12) (see appendix B)
    - **Pharmacy Type:** Independent (n=24) Small Community (n=13) Medium and Large Community (n=13) and GP Practice and PCN (n=9) (see appendix C).
    - **Years Qualified:** Preregistration and Early Career Pharmacist (n=11), this group was a combination of respondents who noted they were either trainees, have been qualified as a pharmacist for the past year and those that have been qualified for 1-5 years. Mid-career Pharmacist (n=11), this group was a combination of respondents who stated that they have been qualified for 5-10 years and 10-15 years. Pharmacist with over 15 years (n=29) (see appendix D).
- All qualitative comments from the survey were analysed at the overall sample level to determine the most prominent themes representative of the overall population of survey respondents.

Results

Awareness of screening programmes for Bowel/colorectal, Cervical and Breast Cancer

- Respondents were asked about their awareness of screening programmes for bowel/colorectal, cervical and breast cancer. The majority thought that yes there is a screening programme for: Bowel/Colorectal 71.7% (N=43); Cervical 75.0%, (N=45); and Breast 78.3% (N=47). A smaller sample of respondents agreed that there is not a screening programme for: Bowel/Colorectal 18.3% (N=11); Cervical 16.7% (N=10); and Breast 16.7% (N=10). Whilst some respondents stated that they didn't know if there is a screening programme for: Bowel/Colorectal 10.0%, (N=6); Cervical 8.3% (N=5); and Breast 5.0% (N=3) (see figure 11).

Figure 11. Respondent percentage of awareness regarding cancer screening programmes



- **Location:** Similar to the overall sample, the majority of respondents from Camden, City and Hackney and West London thought that there was a screening programme for all three types of cancer. In contrast views were more mixed from Central London, with only around half of respondents thinking that there was a screening programme for cervical and breast cancer (see appendix A, figure 1.1).
- **Employment Type:** Similar to the overall sample, the majority of respondents who are full-time thought that there was a screening programme for all three types of cancer. In contrast, all part-time employees agreed that there was a screening programme for breast and cervical cancer. (see appendix B, figure 1.1).
- **Pharmacy Type:** Similar to the overall sample, the majority of respondents working in Independent, Small Community, Medium and Large Community and GP Practice and PCN thought that there was a screening programme for all three types of cancer (see appendix C, figure 1.1).
- **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents who are Preregistration and Early Career Pharmacist, Mid-career Pharmacist and Pharmacist with over 15 years thought that there was a screening programme for breast and cervical cancer. In contrast, in relation to bowel/colorectal cancer more than half of Mid-career Pharmacists thought that there was not a screening programme or indicated that they didn't know (see appendix D, figure 1.1).

COMPARISON TO 2016 TNA

- Compared to the overall 2016 findings, it appeared that **respondents in 2019 were less aware of the screening programme for both bowel** (2019=71.7%, 2016=85.2%) and **cervical** (2019=75%, 2016=83.6%) cancer. In contrast, in relation to **breast cancer respondents appeared more aware** in the most recent survey (2019=78.3%, 2016=68.9%).

SCREENING BEGINNING AGE

- Respondents were asked to share what age they thought people were first invited to take part in screening for: bowel/colorectal, cervical and breast cancer.
    - In relation to bowel/colorectal cancer, respondents gave a range of responses between the ages of 45 to 70, with the most prevalent response being 60 (n=17) (see figure 12).
    - With regards to cervical cancer, a varied set of ages were suggested between 18 to 55, with the most prevalent response being 25 (n=21) (see figure 13).
    - For breast cancer respondents reported ages between 18 to 65, with the most prevalent response being 50 (n=22) (see figure 14).

Figure 12. Respondent number of what age people are invited to take part for bowel/colorectal screening

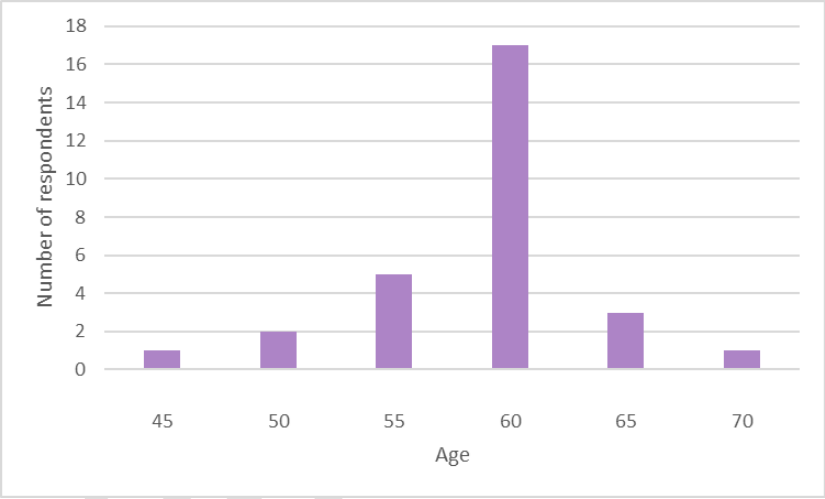


Figure 13. Respondent number of what age women are invited to take part for cervical screening

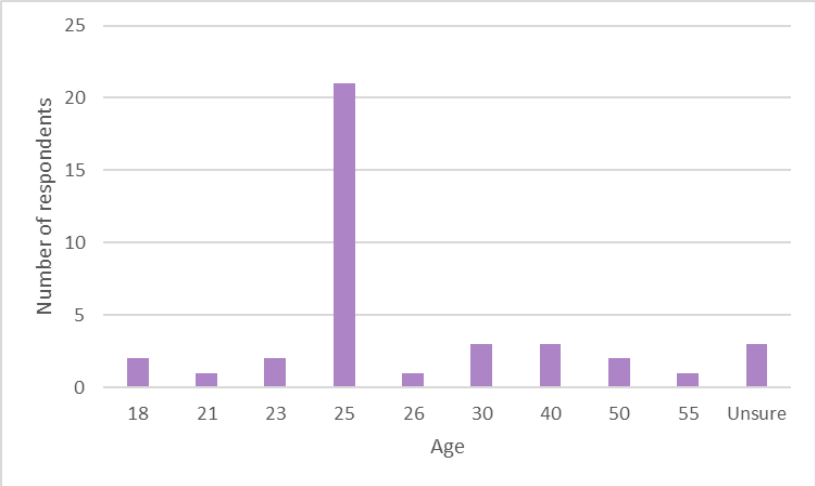
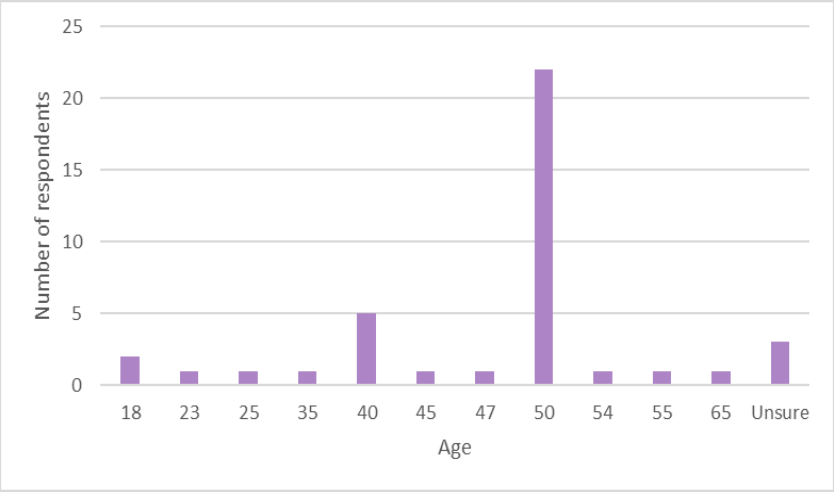


Figure 14. Respondent number of what age women are invited to take part for breast screening



- **Location:** Similar to the overall sample, the majority of respondents from each of the four locations suggested the age 60 for when people are invited for bowel/colorectal screening. Further, regarding cervical cancer, the most prevalent response from all four locations was the age of 25. Moreover, in relation to breast cancer most respondents from all four locations suggested the age of 50 (see appendix A, figure 1.2.1).
- **Employment Type:** Similar to the overall sample, the majority of respondents either full-time or part-time suggested the age 60 for when people are invited for bowel/colorectal screening, the age of 25 in relation to cervical cancer and age 50 for breast cancer (see appendix B, figure 1.2.1)
- **Pharmacy Type:** Similar to the overall sample, the majority of respondents working in all pharmacy types suggested the age 60 for when people are invited for bowel/colorectal screening. In contrast, more respondents in GP Practice and PCN suggested 65. Further, most respondents in line with the overall sample suggested the age of 25 and 50 for cervical and breast cancer respectively (see appendix C, figure 1.2.1).
- **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents who are Preregistration and Early Career Pharmacist, Mid-career Pharmacist and Pharmacist with over 15 years suggested the age 60 for when people are invited for bowel/colorectal screening, the age of 25 in relation to cervical cancer and age 50 for breast cancer (see appendix D, figure 1.2.1).

SCREENING FINISHED AGE

- Respondents were asked to share what age they thought screening finishes for: bowel/colorectal, cervical and breast cancer.
  - In response to what age the screening for bowel/colorectal cancer finishes, respondents reported ages between 60 to 80, the most prevalent response being 74 (n=13) (see figure 13).
  - In response to what age the screening for cervical cancer finishes, respondents reported many ages between 35 to 75, the most prevalent being 64 (n=13) (see figure 15).

- In response to what age the screening for breast cancer finishes, respondents reported ages between 50 to 80, the most prevalent being 70 (n=15) (see figure 17).

Figure 15. Respondent number of what age bowel/colorectal screening finishes

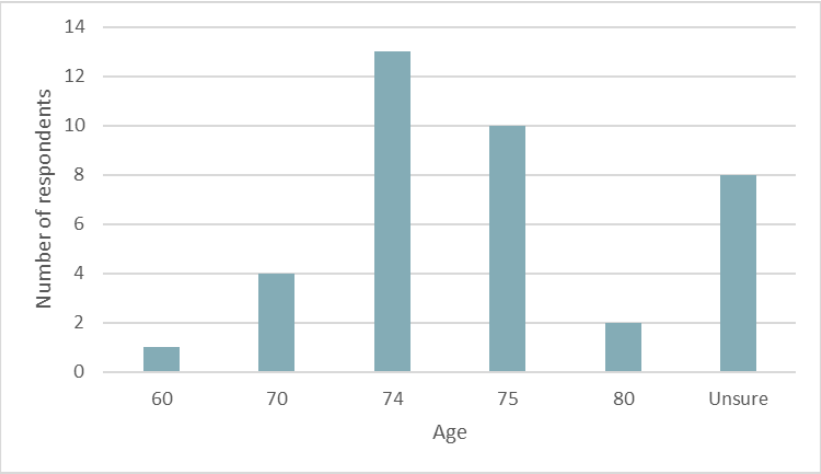


Figure 16. Respondent number of what age cervical cancer screening finishes

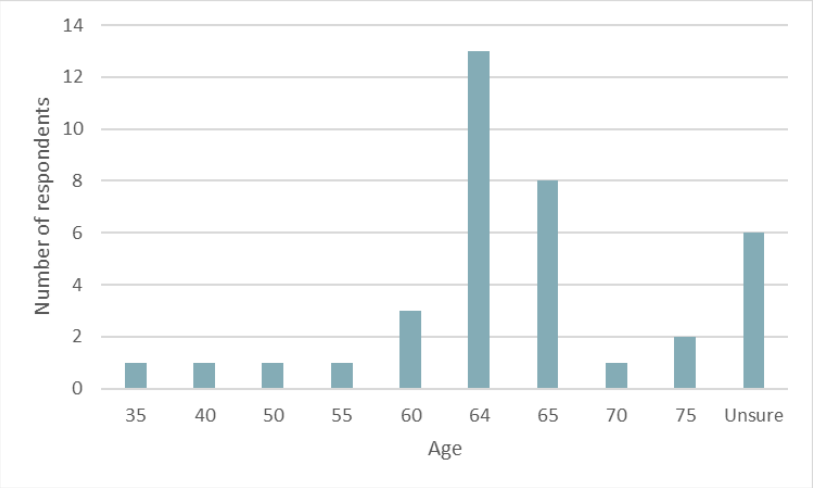
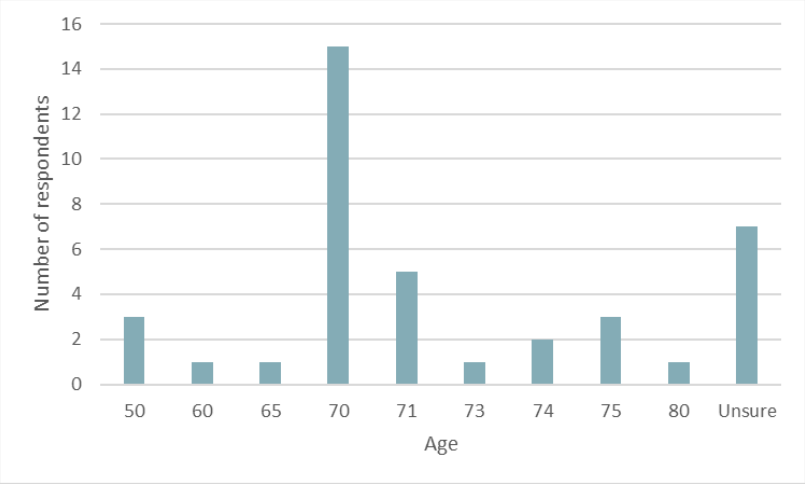


Figure 17. Respondent number of what age breast cancer screening finishes.



- **Location:** Similar to the overall sample, most respondents from Camden, Central London and City and Hackney suggested the age 74 for when bowel/colorectal screening finishes. However, the majority of respondents from West London stated they were unsure. Regarding cervical cancer most respondents from all four locations proposed the age of 64. Moreover, in relation to breast cancer most respondents from all four locations suggested the age of 70, again in line with the overall sample. (see appendix A, figure 1.2.2).
- **Employment Type:** In line with the overall sample, most respondents either full-time or part-time suggested the age 74 for when bowel/colorectal screening finishes and 70 for breast cancer. In regard to when cervical screening finishes, those respondents full-time are in line with the overall sample suggesting the age of 64, whereas, a slight difference in part-time respondents who suggested the age of 65. (see appendix B, figure 1.2.2).
- **Pharmacy Type:** Similar to the overall sample, the majority of respondents working in Small Community and Medium and Large Community suggested the age 74 for when bowel/colorectal screening finished. In contrast, most respondents working in Independent Pharmacy and GP Practice and PCN indicated that they were unsure. In regard to when cervical screening finishes, those respondents working in in Small Community, Medium and Large Community, GP Practice and PCN are in line with the overall sample suggesting the age of 64, whereas, in difference most Independent Pharmacy respondents' respondents suggested the age of 65. Finally, for breast cancer, in contrast to the overall sample most respondents in Independent Pharmacy, Medium and Large Community and GP Practice and PCN indicated that they were unsure and the majority in small community suggested the age of 71 (see appendix C, figure 1.2.1).
- **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents who are Preregistration and Early Career Pharmacist and Pharmacist with over 15 years suggested the age 74 for when bowel/colorectal screening finishes, in contrast to those who are Mid-career Pharmacist where the majority suggested 75. In relation to cervical and breast cancer most respondents in all three qualification brackets suggested the age of 64 and 70 respectively in line with the overall sample (see appendix D, figure 1.2.1).

OPTIONS AFTER PROGRAMME COMPLETION AGE

- Respondents were invited to share what they thought the options are for patients after programme completion age for each of the three types of cancer described above. From the 61 respondents who had completed at least one question within the survey, n=30 respondents commented for Bowel/colorectal cancer, n=29 commented for Cervical cancer and n=32 respondents commented for Breast cancer.

BOWEL/COLORECTAL

- Most respondents (n=13) reported **a lack of knowledge** regarding options after programme completion age (e.g. noting "not sure", "don't know" "could research to determine").
- A large proportion of comments (n=9) mentioned a **self-testing kit** with a focus on requesting one for oneself (e.g. "request a self-test kit", "contact the relevant screening program to order kits" "Requesting sample kit from GP" "ask for home testing kit").

- Some comments (n=5) mentioned **consulting a GP,** (e.g. “regular checks with GP” “ask GP” “screening referral by GP”).
- Other comments referred to **making individual requests** (n=2) and a **two week wait referral** (n=1).

CERVICAL

- A large proportion of comments (n=12) reported **a lack of knowledge** regarding options after programme completion age (e.g. “not sure”, “don’t know” “could research to determine”).
- A large proportion of comments mentioned (n=12) **consulting a GP** specifically to ask for a test (e.g. “regular checks with GP” “ask GP” “ask GP for test”).
- Other comments suggested **making individual requests** (n=2), **options if previous abnormal tests** (n=2) and **none** (n=1)

BREAST

- A large proportion of comments (n=12) reported **a lack of knowledge** regarding options after programme completion age, (e.g. “not sure”, “don’t know” “could research to determine”).
- A large proportion of comments mentioned (n=12) **consulting a GP** (e.g. “regular checks with GP” “ask GP” “screening referral by GP”).
- Some comments (n=5) mentioned **screening units** (e.g. “contact local screening unit” “Appointments can be arranged via local screening units” “private screening”).
- Other comments mentioned **making an individual request** (n=1), **options if at risk** (n=1) and **none** (n=1).

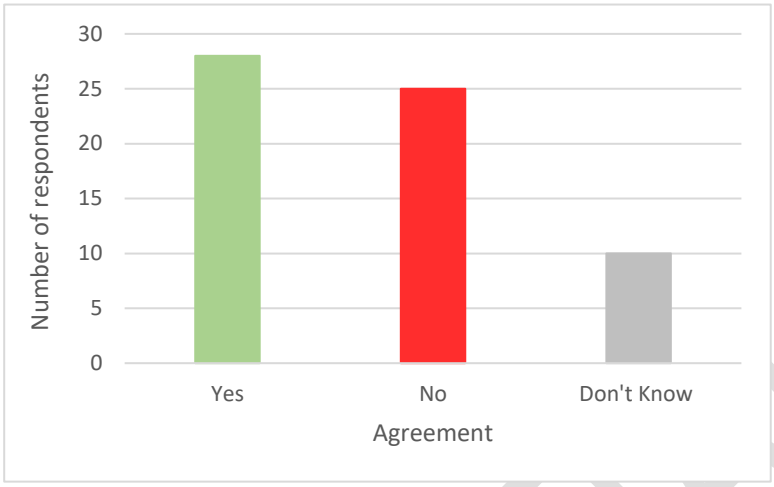
COMPARISON TO 2016 TNA

- In line with the 2016 findings, a **large proportion of respondents were unsure about the available options after screening programme completion age for bowel, cervical and breast cancer.** In contrast, in relation to all three types of cancer many respondents suggested that people could consult their GP for further options. Also, conversely, with regards to bowel cancer a number of respondents mentioned a self-testing kit and with regards to breast cancer some respondents mentioned the use of screening units.

AWARENESS OF NEW FAECAL IMMUNOCHEMICAL TEST (FIT) TEST?

- Less than half of respondents stated that they were aware of the new faecal immunochemical test (FIT) test (45.9% n=28), with almost the same amount stating that they were not (41.0% n=25). Some respondents were unsure, selecting the option of don’t know (16.4% n=10) (see figure 18).

Figure 18. Respondent number of awareness of the new faecal immunochemical test (FIT) test.

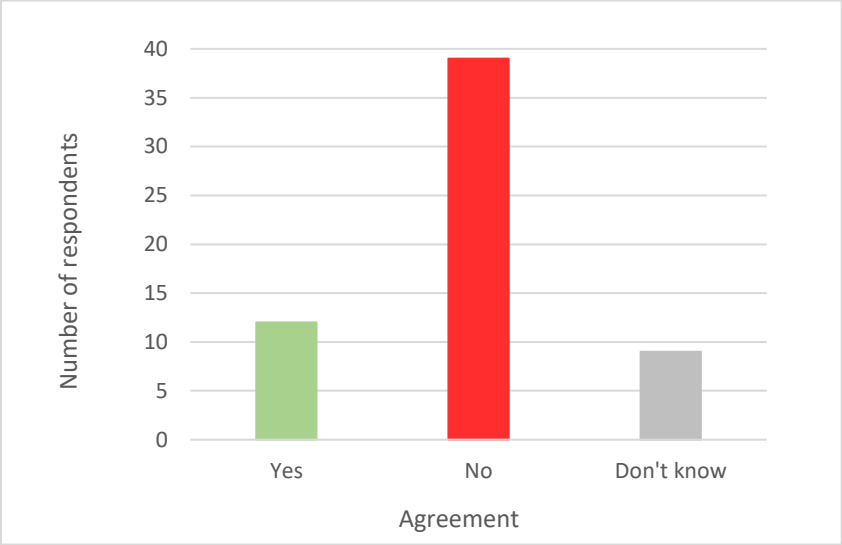


- **Location:** Consistent with the overall sample, the majority of respondents from City and Hackney and West London stated that they were aware of the new FIT test. In contrast, a higher proportion in Camden stated that they were unaware. Moreover, respondents from Central London showed the most uncertainty with near half of respondents stating they don't know (see appendix, A figure 1.3).
- **Employment Type:** Consistent with the overall sample, the majority of full-time respondents stated that they were aware of the new FIT test. In contrast, a higher proportion of part-time respondents stated that they were unaware (see appendix B, figure 1.3).
- **Pharmacy Type:** Consistent with the overall sample, the majority of respondents from all pharmacy types stated that they were aware of the new FIT test (see appendix C, figure 1.3).
- **Years Qualified as a Pharmacist:** Consistent with the overall sample, the majority of respondents who are a Mid-Career Pharmacist and Pharmacist with over 15 years stated that they were aware of the new FIT test. In contrast, a higher proportion of Preregistration and Early Career Pharmacist stated that they were unaware (see appendix D, figure 1.3).

CONFIDENCE USING THE NEW BOWEL SCREENING KITS

- The majority of respondents (65.0% n=39) indicated that they do not feel confident in advising customers on how to use the new bowel screening kits (faecal immunochemical test (FIT)), with only n=12 (20.0%) indicating that they do and n=9 (15.0%) stating that they do not know.

Figure 19. How confident respondents feel in advising customers on how to use the new immunochemical test (FIT) test.



- **Location:** In line with the overall sample the majority of respondents from all four locations stated that they did not feel confident in advising customers on how to use the new bowel screening kits (FIT) (see Appendix A figure 1.4).
- **Employment Type:** In line with the overall sample the majority of part-time and full-time respondents stated that they did not feel confident in advising customers on how to use the new bowel screening kits (FIT) (see Appendix B figure 1.4).
- **Pharmacy Type:** In line with the overall sample the majority of respondents from all pharmacy types stated that they did not feel confident in advising customers on how to use the new bowel screening kits (FIT) (see Appendix C figure 1.4).
- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents regardless of years qualified as a Pharmacist stated that they did not feel confident in advising customers on how to use the new bowel screening kits (FIT) (see Appendix D figure 1.4).

INCREASING UPTAKE OF NHS SCREENING PROGRAMMES

- Respondents were invited to share what it is they do to increase uptake/coverage of NHS screening programmes. Overall, the majority of respondents (n=40) reported that yes they do compared to several (n=7) who stated that they do not. 32 respondents commented on this question.
- Of those that responded 'yes', a large proportion of comments revolved around **sharing marketing materials with customers,** most reflecting leaflets (n=11), (e.g. "We encourage them by displaying leaflets" "Screening programme leaflets are available" "distributing leaflets" "patient leaflets"). Other materials that were noted multiple times were posters (n=5) (e.g. "promotion posters" "we display posters" "we display posters when provided"). Some respondents referred to campaigns (n=4) (e.g. "we

run campaigns" "we actively take part in health campaigns" "We promote health campaigns based on both national and local initiatives").

- Several respondents' comments centred around **communicating with the customer**, one way described was through consultations (n=4) (e.g. "Yes occasional conversation when the topic arises during consultation", "We discuss what is available with appropriate patients during MURs or other consultations", "Speak to all patients about the risks and encourage them to take part in the screening through consultations"). Other communications reflected referring the customer to the correct information (n=4), (e.g. "Yes we refer patients to GP and other clinics for various screening" "Yes we refer patients to GP and other clinics for various screening" "encourage them to see GP if symptoms indicate there could be a concern"). Finally, other comments referred to more general conversations (n=2).

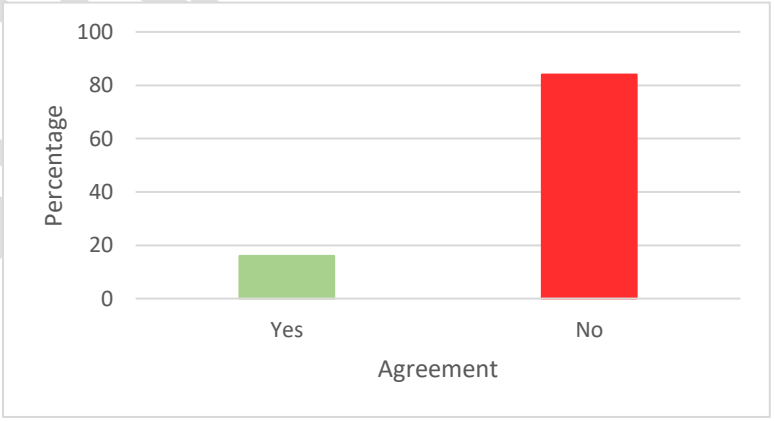
COMPARISON TO 2016 TNA

- These results were **consistent with the 2016 findings, with 85.0% of respondents in both 2016 and 2019 stating that either they or their pharmacy promote the uptake/coverage of NHS screening programmes** and that they use leaflets to do so. In contrast, medicine use reviews (MUR) were not mentioned, however, other marketing materials were mentioned such as posters and campaigns. Moreover, **unlike the 2016 findings respondents mentioned that communication with customers** was a part of this through consultations and general conversations.

CANCER SPECIFIC TRAINING

- Respondents were asked if they had completed any cancer specific online training in the last 3 years, with 84.0% of respondents (n=42) stating that they had not and 16.0% (n=8) suggesting that they have.

Figure 20. Percentage of respondents who have completed cancer specific online training modules in the last 3 years.

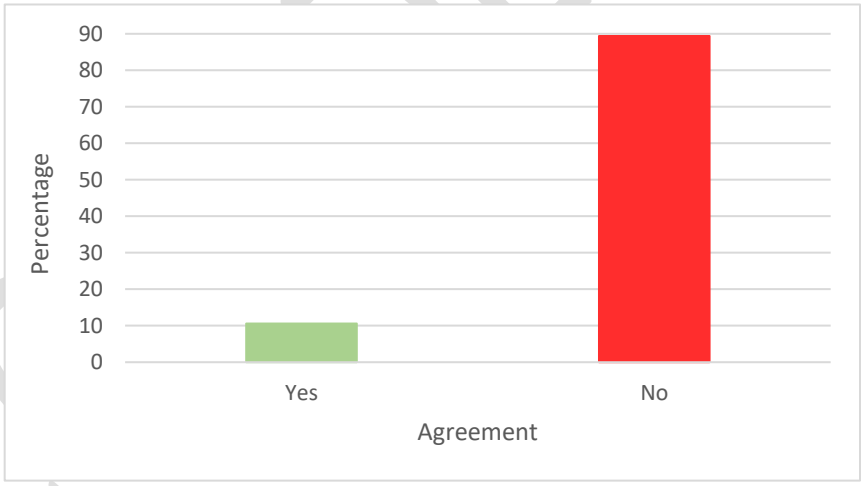


- **Location:** Consistent with the overall sample the majority of all four locations stated that they have not completed any cancer specific online training modules in the last 3 years. Only respondents from City and Hackney stated that they have. (see appendix A, figure 1.5).

- **Employment Type:** Consistent with the overall sample the majority of part-time and full-time respondents stated that they have not completed any cancer specific online training modules in the last 3 years (see appendix B, figure 1.5).
- **Pharmacy Type:** Consistent with the overall sample the majority of respondents from all pharmacy types stated that they have not completed any cancer specific online training modules in the last 3 years (see appendix B, figure 1.5).
- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents from all amount of years qualified as a Pharmacist that they have not completed any cancer specific online training modules in the last 3 years. No respondents who are Preregistration and Early Career Pharmacist suggested that have completed such training (see appendix D, figure 1.5).

- Respondents who had completed training in the last 3 years were invited to share what online materials they use. Overall, 7 respondents commented on this question. Some comments mentioned **bowel cancer** (n=3), others referred **to Macmillan training modules e-learning** (n=2), another reported **Pancreatic cancer (n=1)**, whilst another mentioned **group training provided by cancer research** UK (n=1).
- Respondents were then asked more broadly if they had completed any cancer training (online or otherwise) over the last three years. The majority of respondents 89.4% (n=42) stated that they have not completed any cancer specific modules in the last 3 years, whilst 10.6% (n=5) suggested that they have.

Figure 21. Percentage of respondents who have completed cancer specific modules in the last 3 years.



- **Location:** Consistent with the overall sample the majority of all four locations stated that they have not completed any cancer specific modules in the last 3 years. Only a respondent from City and Hackney and West London stated that they have (see appendix A, figure 1.6).
- **Employment Type:** Consistent with the overall sample the majority of part-time and full-time respondents stated that they have not completed any cancer specific online training modules in the last 3 years, part-time claiming none (see appendix B, figure 1.6).
- **Pharmacy Type:** Consistent with the overall sample the majority of respondents from all pharmacy types stated that they have not completed any cancer specific online training modules

in the last 3 years, Small community and GP Practice and PCN stating none. (see appendix C, figure 1.6).

- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents from all amount of years qualified as a Pharmacist that they have not completed any cancer specific online training modules in the last 3 years (see appendix D, figure 1.6).

- Respondents were invited to share what cancer specific modules they had completed. Some comments mentioned **bowel cancer** (n=3), whilst another reported **training organised by NW Pharmaceutical society** (n=1).

COMPARISON TO 2016 TNA

- In comparison to the overall 2016 findings, a **slightly higher percentage of respondents** (2019=16.0%, 2016=5.4%) stated that they had completed any cancer related training in the past 3 years, however, overall, this is still represents a relatively low proportion of respondents

PREFERRED METHOD OF TRAINING

- The most preferred method of training highlighted by respondents is web-based e-learning (62,3% n=38). This is followed by face to face study days (42.6% n=26), webinars (23.0% n=14) and finally paper-based study guide (n=10).

Figure 22. Respondents preferred method of training.

- **Location:** In line with the overall sample, web-based learning was chosen as the most preferred method of training by respondents from Camden, City and Hackney and West London. On the contrary, the majority of respondents from Central London stated face to face study days as their most preferred (see appendix A, figure 1.7).

- **Employment Type:** In line with the overall sample, web-based learning was chosen as the most preferred method of training by respondents both full-time and part-time (see appendix B, figure 1.7).
- **Pharmacy Type:** In line with the overall sample, web-based learning was chosen as the most preferred method of training by respondents from Small community and Medium and Large Community. On the contrary, in Independent and GP Practice an equal amount of respondents chose Web-based learning and face to face study days as their most preferred (see appendix C, figure 1.7).
- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents who are Preregistration and Early Career Pharmacist and Pharmacist with over 15 years suggested web-based learning as the most preferred method of training. However, for Mid-career pharmacists web-based learning, face to face study and paper-based study guide were all chosen equally (see appendix D, figure 1.7).

- Respondents were invited to share what their preferred method of training is, if it was not on the list provided. Overall, 2 respondents commented on this question. A respondent mentioned **face to face evening sessions** and another mentioned **attending meeting in a group.**

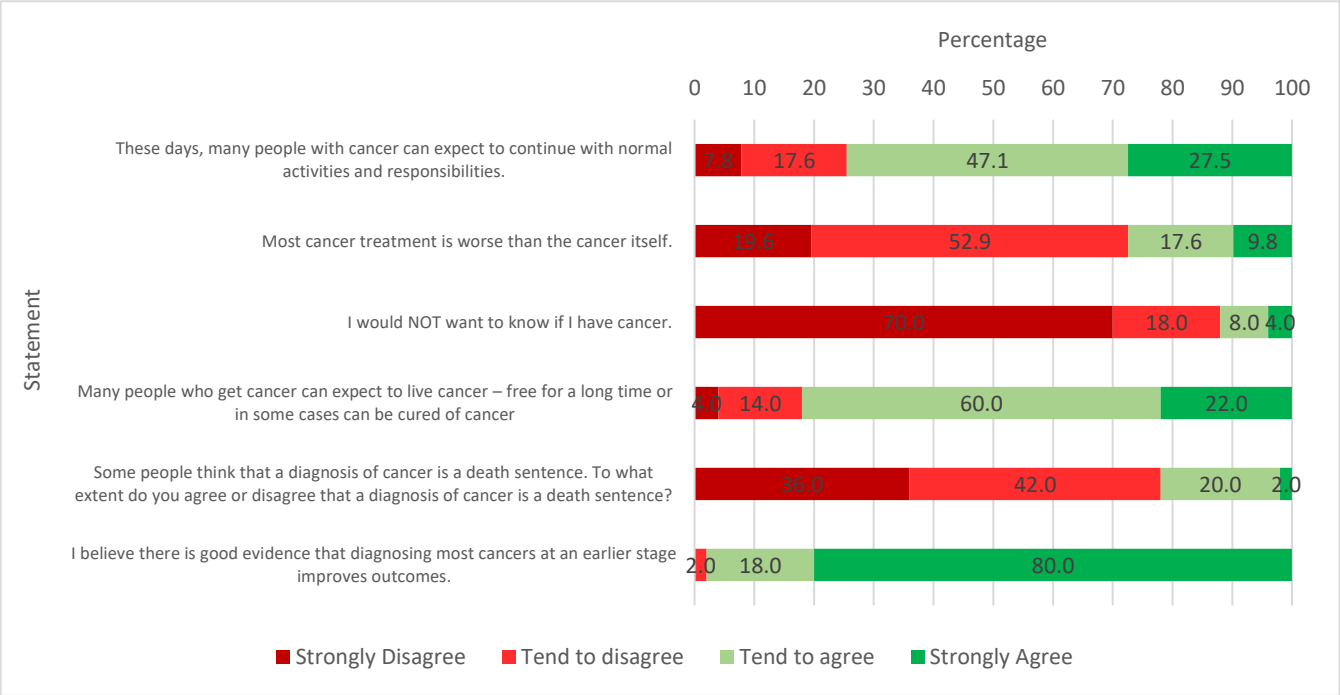
COMPARISON TO 2016 TNA

- In 2016, the preferences noted in relation to training included it taking place after hours, due to a lack of protected study time, with this reflected in the 2019 responses. In addition, in 2019, the most preferred method of training highlighted by respondents is web-based e-learning, followed by face to face study days, webinars and finally paper-based study guide.

ATTITUDES AND BELIEFS ABOUT EARLIER DIAGNOSIS OF CANCER.

- Respondents were asked to rate their personal agreement regarding 6 statements by selecting from a range of answer options: strongly agree, tend to disagree, tend to agree or strongly agree. Analysis was also completed by data split - Location (see appendix A, figure 1.8), Employment Type, (see appendix B, figure 1.8) Pharmacy Type (see appendix C, figure 1.8) and Year's Qualified (see appendix D, figure 1.8).

Figure 23. Respondents attitudes towards cancer and early diagnosis.



- In relation to the statement *'These days, many people with cancer can expect to continue with normal activities and responsibilities'* most respondents tended to agree or strongly agree (74.6% (n=38)).
    - **Location:** In line with the overall sample, all respondents from City and Hackney tended to agree or strongly agree with this statement, this was similar for respondents from West London and Camden. More mixed views were seen from Central London in relation to this statement.
    - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement.
    - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist tended to agree or strongly agree with this statement.
- In relation to the statement *'Most cancer treatment is worse than the cancer itself'* more than half of respondents tended to disagree or strongly disagree (72.5% (n=37)). A further 17.6% (n=9) tended to agree and just 9.8% (n=5) strongly agreed.
    - **Location:** The majority of respondents from each of the four locations tended to disagree or strongly disagree, with this being representative to the overall sample.
    - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to disagree or strongly disagree with this statement.

- **Pharmacy Type:** Consistent with the overall sample respondents from Small Community, Medium and Large Community and GP Practice and PCN tended to disagree or strongly disagree with this statement. More mixed views were seen from Independent Pharmacy where the majority tended to agree.
- **Years Qualified as a Pharmacist:** Similar to the overall sample respondents who are who are Preregistration and Early Career Pharmacist and Pharmacist with over 15 years tended to disagree or strongly disagree with this statement. More mixed views were seen from Mid-career Pharmacists where the majority tended to agree.

- In relation to the statement *'I would NOT want to know if I have cancer',* the majority of respondents (88.0% (n=44)) tended to disagree or strongly disagreed.
  - **Location:** The majority of respondents from each of the four locations tended to disagree or strongly disagree, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to disagree or strongly disagree with this statement.
  - **Pharmacy Type:** Consistent with the overall sample respondents from Small community, Medium and large Community and GP Practice and PCN strongly disagreed with this statement. More mixed views were seen from Independent Pharmacy where the majority tended to agree.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist strongly disagreed with this statement.
- In relation to the statement *'Many people who get cancer can expect to live cancer – free for a long time or in some cases can be cured of cancer'* most respondents tended to agree or strongly agree (82.0% (n=41)).
  - **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement.
  - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist agreed with this statement.
- In relation to the statement *'Some people think that a diagnosis of cancer is a death sentence, to what extent do you agree or disagree that a diagnosis of cancer is a death sentence?'*- over half of respondents tended to disagree or strongly disagree (78.0% (n=39)).
  - **Location:** The majority of respondents from each of the four locations tended to disagree or strongly disagree, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to disagree or strongly disagree with this statement.

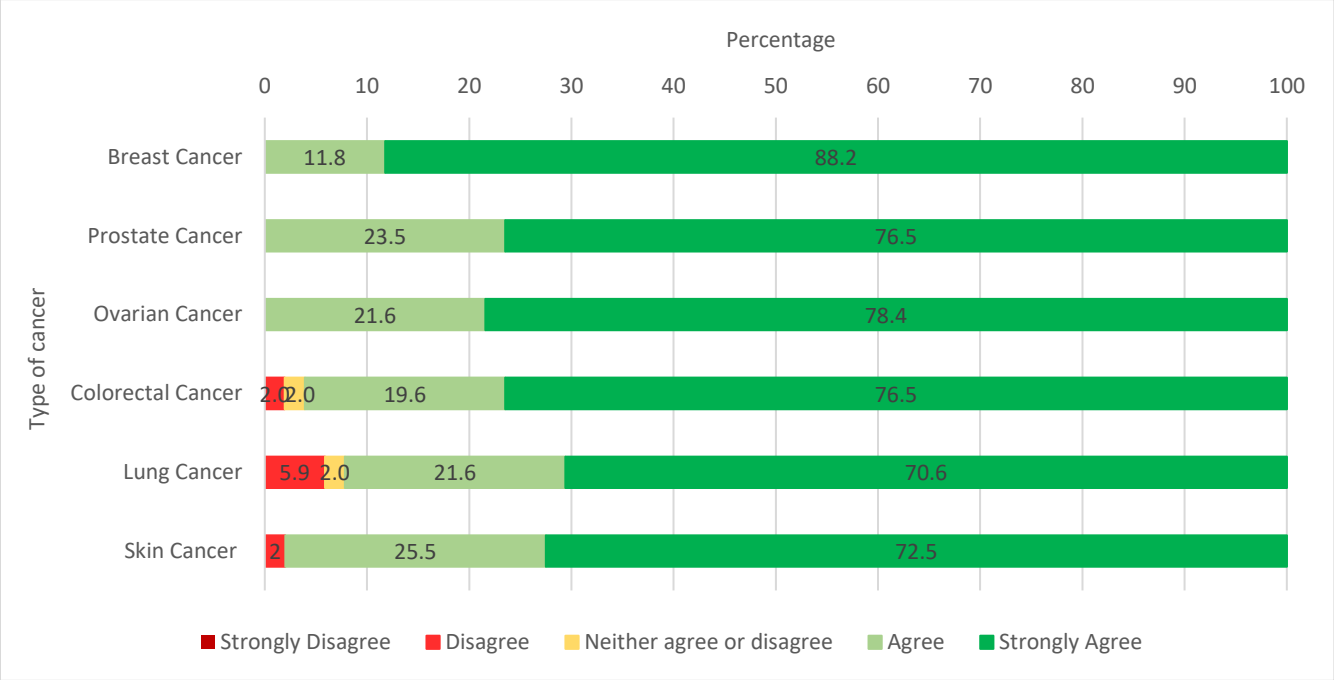
- **Pharmacy Type:** Consistent with the overall sample respondents from Small community, Medium and large Community and GP Practice and PCN disagreed or strongly disagreed with this statement. More mixed views were seen from Independent Pharmacy where the majority tended to agree.
- **Years Qualified as a Pharmacist:** Similar to the overall sample respondents who are who are Preregistration and Early Career Pharmacist and Pharmacist with over 15 years tended to disagree or strongly disagree with this statement. More mixed views were seen from Mid-career Pharmacists where the majority tended to agree.

- In relation to the statement *'I believe there is good evidence that diagnosing most cancers at an earlier stage improves outcomes'* the majority of respondents (98.0% (n=49)) tended to agree or strongly agree.
  - **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement.
  - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist agreed with this statement.

EARLIER DIAGNOSIS OF CANCER IS IMPORTANT TO ENSURE BETTER OUTCOMES

- Respondents were asked to rate their level of agreement with the statement: *'Earlier diagnosis of cancer is important to ensure better outcomes'* for the following types of cancer: breast, prostate, ovarian, colorectal, lung and skin.

Figure 24. Respondents level of agreement with the statement "earlier diagnosis of cancer is important to ensure better outcomes" for different types of cancer.



- Analysis was also completed by data split - Location (see appendix A, figure 1.9), Employment Type, (see appendix B, figure 1.9) Pharmacy Type (see appendix C, figure 1.9) and Year's Qualified (see appendix D, figure 1.9).
    - With regards to breast, prostate and ovarian cancer, all respondents agreed or strongly agreed that early diagnosis is important to ensure better outcomes.
        - **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree in relation to the statement for breast, prostate and ovarian cancer, with this being representative to the overall sample.
        - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement in relation to the statement for breast, prostate and ovarian cancer.
        - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement in relation to the statement for breast, prostate and ovarian cancer.
        - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist tended to agree or strongly agree with this statement in relation to the statement for breast, prostate and ovarian cancer.
    - With regards to colorectal cancer, most respondents (96.1% (n=49)) agreed or strongly agreed with the statement.

- **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree in relation to the statement for colorectal cancer, with this being representative to the overall sample.
- **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement in relation to the statement for colorectal cancer.
- **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement in relation to the statement for colorectal cancer.
- **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist tended to agree or strongly agree with this statement in relation to the statement for colorectal cancer.

- With regards to lung cancer, 92.2% (n=47) respondents agreed or strongly agreed with the statement.
  - **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree in relation to the statement for lung cancer, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement in relation to the statement for lung cancer.
  - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement in relation to the statement for lung cancer.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist tended to agree or strongly agree with this statement in relation to the statement for lung cancer.
- With regards to skin cancer, most respondents (98.0% (n=50)) agreed or strongly agreed with the statement.
  - **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree in relation to the statement for skin cancer, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement in relation to the statement for skin cancer.
  - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement in relation to the statement for skin cancer.

- **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist tended to agree or strongly agree with this statement in relation to the statement for skin cancer.

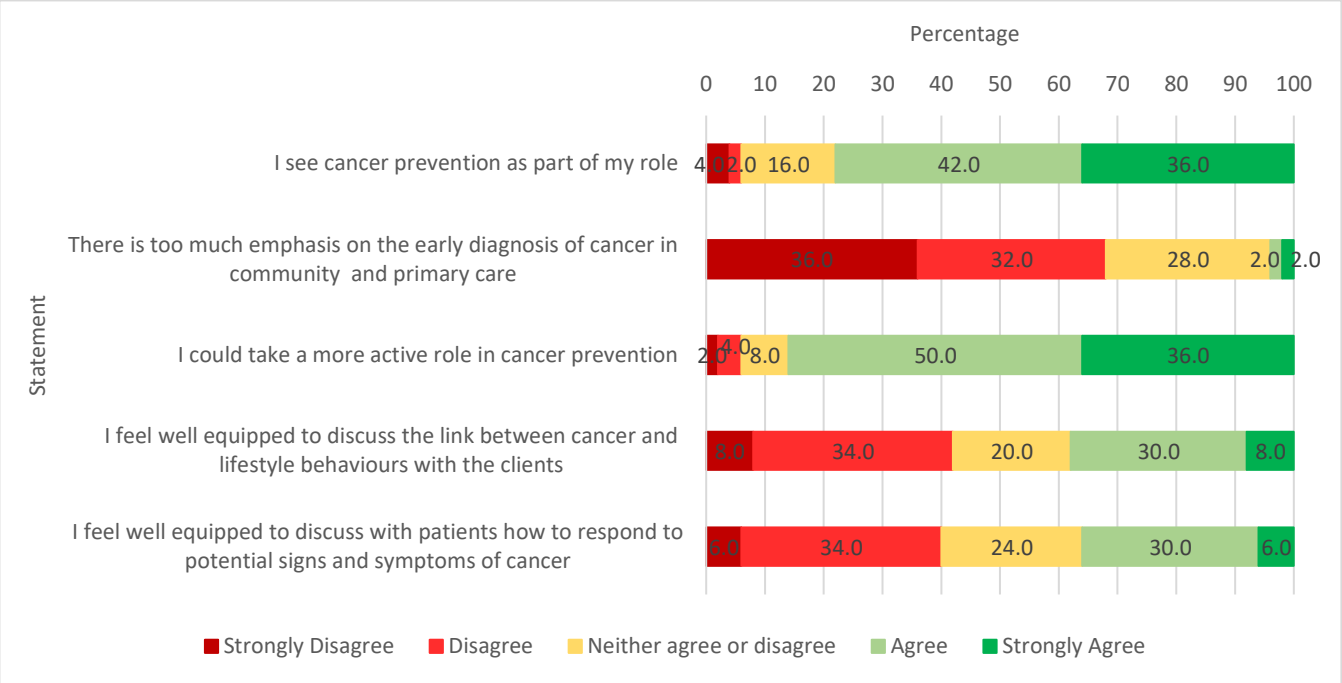
COMPARISON TO 2016 TNA

- **Consistent with the 2016 results**, the majority of respondents from the 2019 survey, (and for some cancer types, all the respondents) agreed that **earlier diagnosis of cancer is important to ensure better outcomes** for all cancer types.

BELIEFS ABOUT YOUR ROLE IN DIAGNOSING CANCER EARLIER

- Respondents were asked to rate their level of agreement regarding 5 statements, in relation to their role in community care and diagnosing cancer earlier. Analysis was also completed by data split - Location (see appendix A, figure 1.10), Employment Type, (see appendix B, figure 1.10) Pharmacy Type (see appendix C, figure 1.10) and Year's Qualified (see appendix D, figure 1.10).

Figure 25 Respondents level of belief to how their role relates to early diagnosis of cancer.



- In relation to the statement *'I see cancer prevention as part of my role'* most respondents agreed or strongly agreed (78.0% (n=39)).
  - **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree, with this being representative to the overall sample.

- **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement.
- **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement.
- **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed with this statement.

COMPARISON TO 2016 TNA

- In comparison to the overall 2016 findings, a **slightly higher percentage of respondents felt that they see cancer prevention as part of their role** (2019=78.0%, 2016=71.0%).

- In relation to the statement *'There is too much emphasis on the early diagnosis of cancer in community and primary care'* 68.0% (n=34) of respondents either strongly disagreed or disagreed. A further 28.0% (n=14) of respondents neither agreed or disagreed.
  - **Location:** Most respondents from Camden, Central London and City and Hackney either disagreed or strongly disagreed with this being representative to the overall sample. In contrast, the majority of respondents in West London could neither agree or disagree.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to disagree or strongly disagree with this statement.
  - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to disagree or strongly disagree with this statement.
  - **Years Qualified as a Pharmacist:** Most respondents who are Mid-Pharmacist and Pharmacist with over 15 years either disagreed or strongly disagreed with this being representative to the overall sample. In contrast, the majority of respondents who are Preregistration and early career could neither agree or disagree.
- In relation to the statement *'I could take a more active role in cancer prevention'* over three-quarters of the respondents agreed or strongly agreed (86.0% (n=43)).
  - **Location:** The majority of respondents from each of the four locations tended to agree or strongly agree, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample both full-time and part-time respondents tended to agree or strongly agree with this statement.
  - **Pharmacy Type:** Consistent with the overall sample respondents from all pharmacy types tended to agree or strongly agree with this statement.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed with this statement.

COMPARISON TO 2016 TNA

- In comparison to the overall 2016 results (80.4%), a **slightly higher percentage of respondents (86.0%) felt that they could take a more active role in prevention,** with across the two years, the proportion of individuals responding in this way was relatively high.

- In relation to the statement *'I feel well equipped to discuss the link between cancer and lifestyle behaviours with the clients'* there were more mixed views whereby nearly half of respondents (42.0% (n=21)) disagreed or strongly disagreed. In contrast, 38.0% (n=19) of respondents agreed or strongly agreed with this statement.
    - **Location:** Similar to the overall sample, there were mixed views regarding this statement with a third or more either agreeing or strongly agreeing and a fifth or more disagreeing or strongly disagreeing in each of the four locations.
    - **Employment Type:** In line with the overall sample there were mixed views regarding this statement with nearly a third or more either agreeing or strongly agreeing and a third or more disagreeing or strongly disagreeing for both full-time and part-time respondents.
    - **Pharmacy Type:** Consistent with the overall sample there were mixed views regarding this statement with nearly a quarter or more either agreeing or strongly agreeing and a quarter or more disagreeing or strongly disagreeing for all pharmacy types.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample there were mixed views regarding this statement with nearly a third or more either agreeing or strongly agreeing and a fifth or more disagreeing or strongly disagreeing from all amount of years qualified as a Pharmacist.

COMPARISON TO 2016 TNA

- Similar to the overall 2016 findings (37.5%), **38.0% of respondents considered themselves equipped to discuss the link between cancer and lifestyle behaviours.**

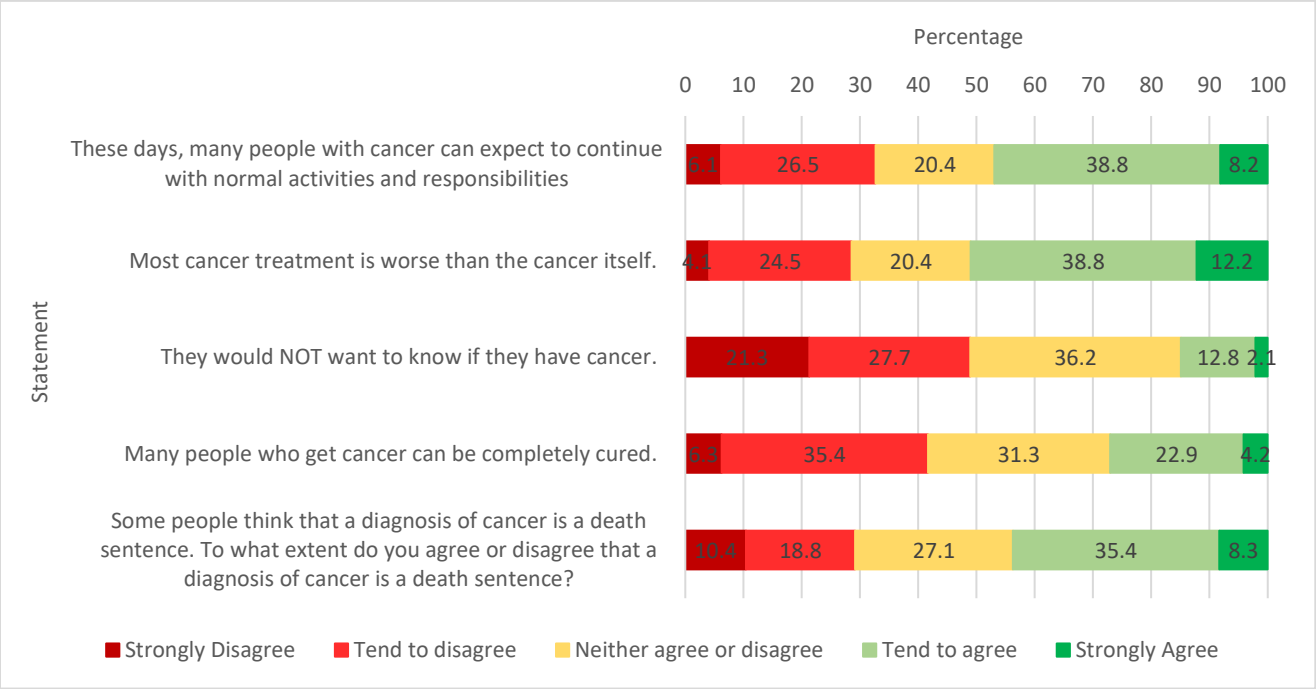
- Similar to the previous statement, in relation to the statement *'I feel well equipped to discuss with patients how to respond to potential signs and symptoms of cancer'* 40.0% (n=20) disagreed or strongly disagreed. In an opposing manner, over a third of respondents (36.0% (n=18)) agreed or strongly agreed.
    - **Location:** Similar to the overall sample, there were mixed views regarding this statement with a fifth or more either agreeing or strongly agreeing and a fifth or more disagreeing or strongly disagreeing in each of the four locations.
    - **Employment Type:** In line with the overall sample there were mixed views regarding this statement with a fifth or more either agreeing or strongly agreeing and a third or more disagreeing or strongly disagreeing for both full-time and part-time respondents.

- **Pharmacy Type:** Consistent with the overall sample there were mixed views regarding this statement with nearly a third or more either agreeing or strongly agreeing and almost a fifth or more disagreeing or strongly disagreeing for Independent, Small community and Medium and Large community. In contrast, three-quarters of respondents in GP Practice and PCN indicated that they disagreed with the statement.
- **Years Qualified as a Pharmacist:** Similar to the overall sample there were mixed views regarding this statement with nearly a third or more either agreeing or strongly agreeing and a fifth or more disagreeing or strongly disagreeing of who are Mid-career Pharmacist and Pharmacist with over 15 years. In contrast, almost half Preregistration and Early Career Pharmacists disagreed and then nearly the other could neither agree or disagree.

BELIEFS ABOUT THE GENERAL PUBLIC ATTITUDES TOWARDS CANCER.

- Respondents were asked to rate their level of agreement regarding 5 statements that describe the attitudes or beliefs of people who visit your pharmacy (accepting that everyone has individual beliefs and experience).

Figure 26 Respondents level of agreement with the general public attitudes towards cancer.



- Analysis was also completed by data split - Location (see appendix A, figure 1.11), Employment Type, (see appendix B, figure 1.11) Pharmacy Type (see appendix C, figure 1.11) and Year's Qualified (see appendix D, figure 1.11).
    - With regards to the statement *'These days, many people with cancer can expect to continue with normal activities and responsibilities'* almost half of the sample (47.0% (n=23)) tended to agree or strongly agreed. On the contrary, a third of respondents (32.7% (n=16)) tended to disagree or strongly disagree.

- **Location**: Similar to the overall sample, most respondents from Central London and City and Hackney tended to agree or strongly agree. In contrast most respondents from Camden and West London disagreed, strongly disagreed or could neither agree or disagree.
- **Employment Type:** In line with the overall sample there were mixed views regarding this statement with the majority of full-time respondents either agreeing or strongly agreeing and in contrast to the majority of part-time respondents disagreeing.
- **Pharmacy Type:** Consistent with the overall sample almost half of all pharmacy types either agreed or strongly agreed with the statement.
- **Years Qualified as a Pharmacist:** Similar to the overall sample almost half of the respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed with this statement.

- With regards to the statement *'Most cancer treatment is worse than the cancer itself'* 51.0% (n=25) of respondents tended to agree or strongly agree. In contrast, over a quarter (28.6% (n=14)) tended to disagree or strongly disagreed.
  - **Location**: Similar views to the overall sample were seen from respondents in Camden and West London with over half tending to agree or strongly agree. In contrast, most respondents from Central London and City and Hackney disagreed, strongly disagreed or could neither agree or disagree.
  - **Employment Type:** In line with the overall sample, nearly half of both full-time and part-time respondents either agreed or strongly agreed with the statement.
  - **Pharmacy Type:** Consistent with the overall sample almost half of Independent, Medium and Large Community and GP Practice and PCN agreed or strongly agreed. Whereas, almost half of Small community respondents could neither agree or disagree.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample almost half of the respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed with this statement.
- With regards to the statement *'They would not want to know if they have cancer'* 48.9% (n=23) of respondents tended to disagree or strongly disagree. A further 36.2% (n=17) stated that they neither agree nor disagree.
  - **Location:** Similar to the mixed view in the overall sample, most respondents in Camden, City and Hackney and Central London tended to disagree or strongly disagree. Whereas in West London nearly half of respondents indicated that they neither agree nor disagree.
  - **Employment Type:** In line with the overall sample, around half of full-time respondents disagreed or strongly disagreed, whereas over half of part-time respondents could neither agree or disagree.
  - **Pharmacy Type:** Consistent with the overall sample the majority of respondents from Independent, Medium and Large Community and GP Practice and PCN disagreed or strongly disagreed. Whereas, over half of Small community respondents could neither agree or disagree.

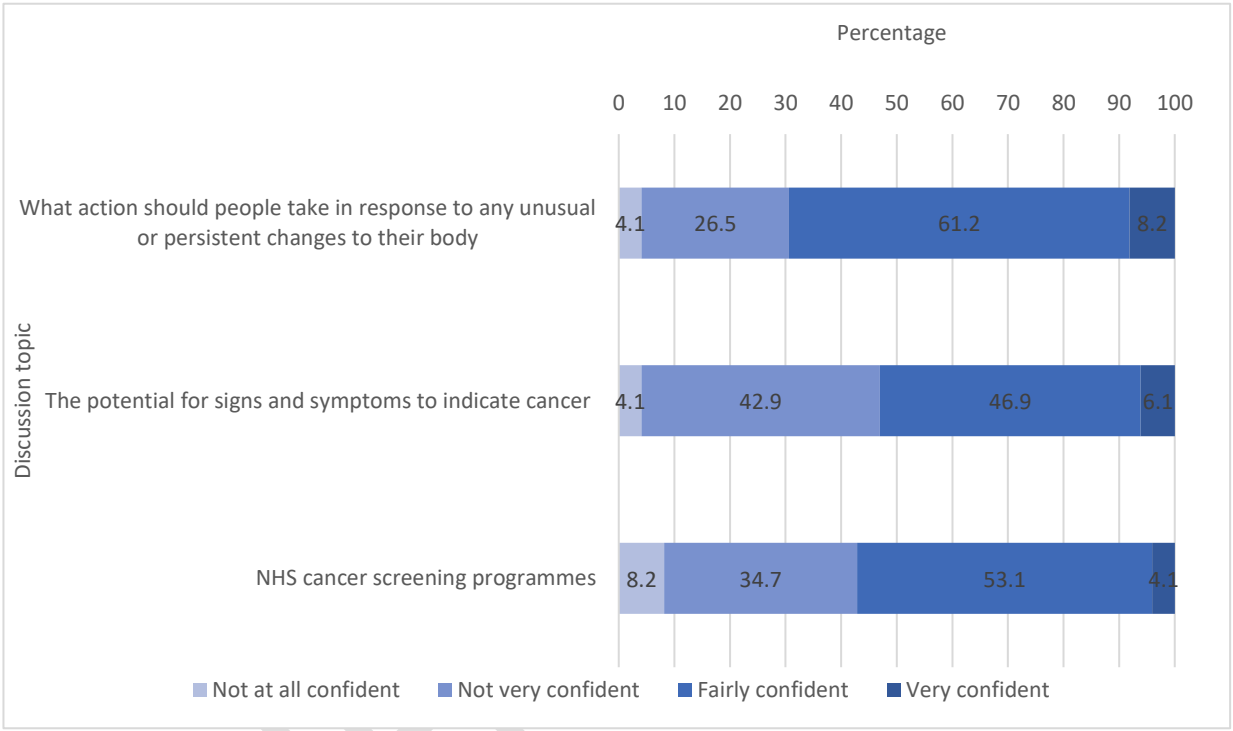
- **Years Qualified as a Pharmacist:** Similar to the overall sample over half of the respondents from Mid-career and Pharmacists with over 15 years disagreed or strongly disagreed. Whereas, more than half of Preregistration and Early Career Pharmacists could neither agree or disagree.

- With regards to the statement *'Many people who get cancer can be completely cured'* 41.7% (n=20) tended to disagree or strongly disagree that this statement reflected the attitudes or beliefs of those that came to their pharmacy. Almost a third of respondents 31.3% (n=15) neither agreed nor disagreed.
  - **Location**: Similar to the mixed view in the overall sample, a third or more of respondents across all four locations either disagreed or strongly disagreed.
  - **Employment Type:** In line with the overall sample, the majority of full-time and part-time respondents either disagreed or strongly disagreed.
  - **Pharmacy Type:** Consistent with the overall sample, the majority of Independent, and Medium and Large Community either disagreed or strongly disagreed Whereas, the majority of Small community and GP Practice and PCN respondents could neither agree or disagree.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample the majority of respondents who are Mid-career and Pharmacists with over 15 years disagreed or strongly disagreed. Whereas, more than half of Preregistration and Early Career Pharmacists could neither agree or disagree.
- With regards to the statement *'Some people think that a diagnosis of cancer is a death sentence. To what extent do you agree or disagree that a diagnosis of cancer is a death sentence?'* 43.7% (n=21) tended to agree or strongly agree. A further 29.2% (n=14) tended to disagree or strongly disagreed that this statement reflected the attitudes or beliefs of those that came into their pharmacy.
  - **Location**: Similar to the mixed view in the overall sample, the majority of respondents from Camden and West London agreed or strongly agreed. Whereas, half of the respondents from Central London and City and Hackney tended to disagree or strongly disagree.
  - **Employment Type:** In line with the overall sample, the majority of full-time and part-time respondents either agreed or strongly agreed.
  - **Pharmacy Type:** Consistent with the overall sample, the majority of all pharmacy types either agreed or strongly agreed with the statement.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample a third or more of the respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed with this statement.

Confidence in Discussing Cancer Topics.

- Respondents were asked to rate their level of confidence in discussing 3 different topics with customers. Analysis was also completed by data split - Location (see appendix A, figure 1.12), Employment Type, (see appendix B, figure 1.12) Pharmacy Type (see appendix C, figure 1.12) and Year's Qualified (see appendix D, figure 1.12).

Figure 27. Respondents level of confidence in discussing cancer related topics



- In relation to discussing *'what action should people take in response to any unusual or persistent changes to their body'* with a customer the majority of respondents (69.4% (n=34) indicated that they would be either fairly confident or very confident in doing so.
    - **Location**: Similar to the overall sample, most respondents in each of the four locations indicated that they would be either fairly confident or very confident in doing so.
    - **Employment Type:** Similar to the overall sample, half or more full-time and part-time respondents indicated that they would be either fairly confident or very confident in doing so.
    - **Pharmacy Type:** Similar to the overall sample, most respondents across all the pharmacy types indicated that they would be either fairly confident or very confident in doing so.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample more than half of Mid-career and Pharmacists with over 15 years indicated that they would be either fairly confident or very confident in doing so. In contrast, more than half of respondents who are Preregistration and Early career Pharmacists indicated that they would be not very confident.

COMPARISON TO 2016 TNA

- **In contrast with the 2016 results**, more than **double the percentage of respondents** (2019=69.4%, 2016=30.0%) felt **fairly or very confident in discussing what action should people take** in response to any unusual or persistent changes to their body with a customer.

- In relation to discussing *'The potential for signs and symptoms to indicate cancer'* with a customer, responses were more mixed with just 53.0% (n=26) of respondents indicated that they would be either fairly confident or very confident in doing so) The remaining 42.9% (n=21) indicated that they would not be very confident and 4.1% (n=2) stated that they would be not at all confident.
    - **Location:** Similar to the mixed view in the overall sample, over half of the respondents from Camden, Central London and West London indicated that they would be either fairly confident or very confident in doing so, whereas over half of the respondents from City and Hackney indicated that they would not be very confident or not at all confident.
    - **Employment Type:** Similar to the overall sample, over half of full-time respondents indicated that they would be either fairly confident or very confident in doing so, whereas the majority of part-time respondents suggested that they would not be very confident or not at all confident.
    - **Pharmacy Type:** Similar to the mixed view in the overall sample, around half of those in Independent, Small community and Medium and Large community indicated that they would be either fairly and very confident in doing so and the other half suggested that they would not be very or at all confident. In contrast, the majority in GP Practice and PCN appeared not very confident.
    - **Years Qualified as a Pharmacist:** Similar to the mixed view in the overall sample, around half of those who are Preregistration and Early career Pharmacist and Pharmacists with over 15 years indicated that they would be either fairly and very confident in doing so and the other half suggested that they they would not be very or at all confident. In contrast, the majority who are Mid-career Pharmacists appeared fairly confident or very confident.
- In relation to discussing *'NHS cancer screening programmes'* with a customer most respondents (53.1% n=26) indicated that they would be fairly confident in doing so and 4.1% (n=2) stated that they would be very confident. There were over a third of respondents 42.9% (n=21) who indicated that they would not be very confident or not be at all confident in doing so.
    - **Location**: Unlike the mixed view in the overall sample, most respondents from Central London and City and Hackney indicated that they would be either fairly confident or very confident in doing so. However, more than half of respondents in Camden and West London indicated that they would not be very confident or not at all confident.
    - **Employment Type:** Similar to the overall sample, over half of full-time respondents indicated that they would be either fairly confident or very confident in doing so, whereas the majority of part-time respondents suggested that they would not be very confident or not at all confident.

- **Pharmacy Type:** Similar to the mixed view in the overall sample, around half of those in Independent, Small community and Medium and Large community indicated that they would be either fairly and very confident in doing so and the other half suggested that they would not be very or at all confident. In contrast, the majority in GP Practice and PCN appeared not very confident.
- **Years Qualified as a Pharmacist:** Similar to the mixed view in the overall sample, around half of those who are Preregistration and Early career Pharmacist and Pharmacists with over 15 years indicated that they would be either fairly and very confident in doing so and the other half suggested that they would not be very or at all confident. In contrast, the majority who are Mid-career Pharmacists appeared fairly confident or very confident.

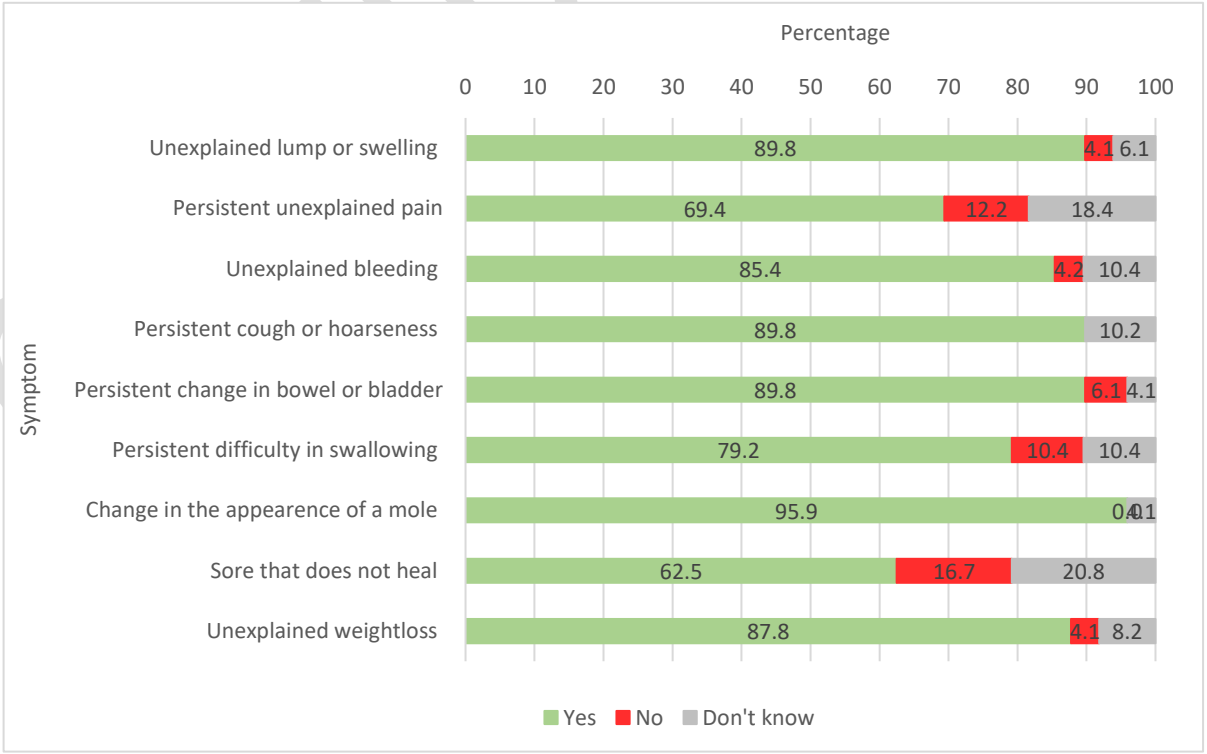
COMPARISON TO 2016 TNA

- In comparison to the 2016 findings, an **equivalent proportion of respondents** from across 2016 (57.5%) and 2019 (57.2%) stated that they would feel **confident or very confident in discussing NHS programmes** with customers.

POTENTIAL SIGNS OF CANCER

- Respondents were shown a list of symptoms and asked to indicate if they were a potential sign of cancer by selecting from a range of answer options: 'Yes', 'No' and 'Don't Know' (see Figure 28).

Figure 28 Respondents agreement of what factors are a potential sign of cancer



- Analysis was also completed by data split - Location (see appendix A, figure 1.13), Employment Type, (see appendix B, figure 1.13) Pharmacy Type (see appendix C, figure 1.13) and Year's Qualified (see appendix D, figure 1.13).
    - *Unexplained lump or swelling:* The majority of the sample (89.8% (n=44)) indicated that it is a potential sign of cancer.
        - **Location**: The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
        - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
        - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
        - respondents form all pharmacy types indicated that it is a potential sign of cancer.
        - **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.
    - *Persistent unexplained pain:* Almost three-quarters (69.4% (n=34)) of respondents indicated that this is a potential sign of cancer.
        - **Location**: The majority of respondents from Camden, Central London and City and Hackney indicated that this is a potential sign of cancer, with this being representative to the overall sample. In contrast, the majority of respondents in West London either disagreed or indicated they did not know.
        - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
        - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
        - **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.
    - *Unexplained bleeding*: 85.4% (n=41) indicated that they believed this to be a potential sign of cancer.
        - **Location**: The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
        - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
        - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
        - **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.

- *Persistent cough or hoarseness:* The majority of the sample (89.8% (n=44)) indicated that this is a potential sign of cancer.
    - **Location:** The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
    - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
    - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.
- *Persistent change in bowel or bladder:* The majority of the sample (89.8% (n=44)) indicated that this is a potential sign of cancer.
    - **Location:** The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
    - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
    - **Pharmacy Type:** Consistent with the overall sample most respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.
- *Persistent difficulty in swallowing:* Over three-quarters of respondents (79.2% (n=38)) indicated that this is a potential sign of cancer.
    - **Location:** The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
    - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
    - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.
- *Change in the appearance of a mole:* This symptom received the highest amount of agreement that this was a potential sign of cancer with, 95.9% (n=47) responding in this way.
    - **Location:** The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
    - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.

- **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
- **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.

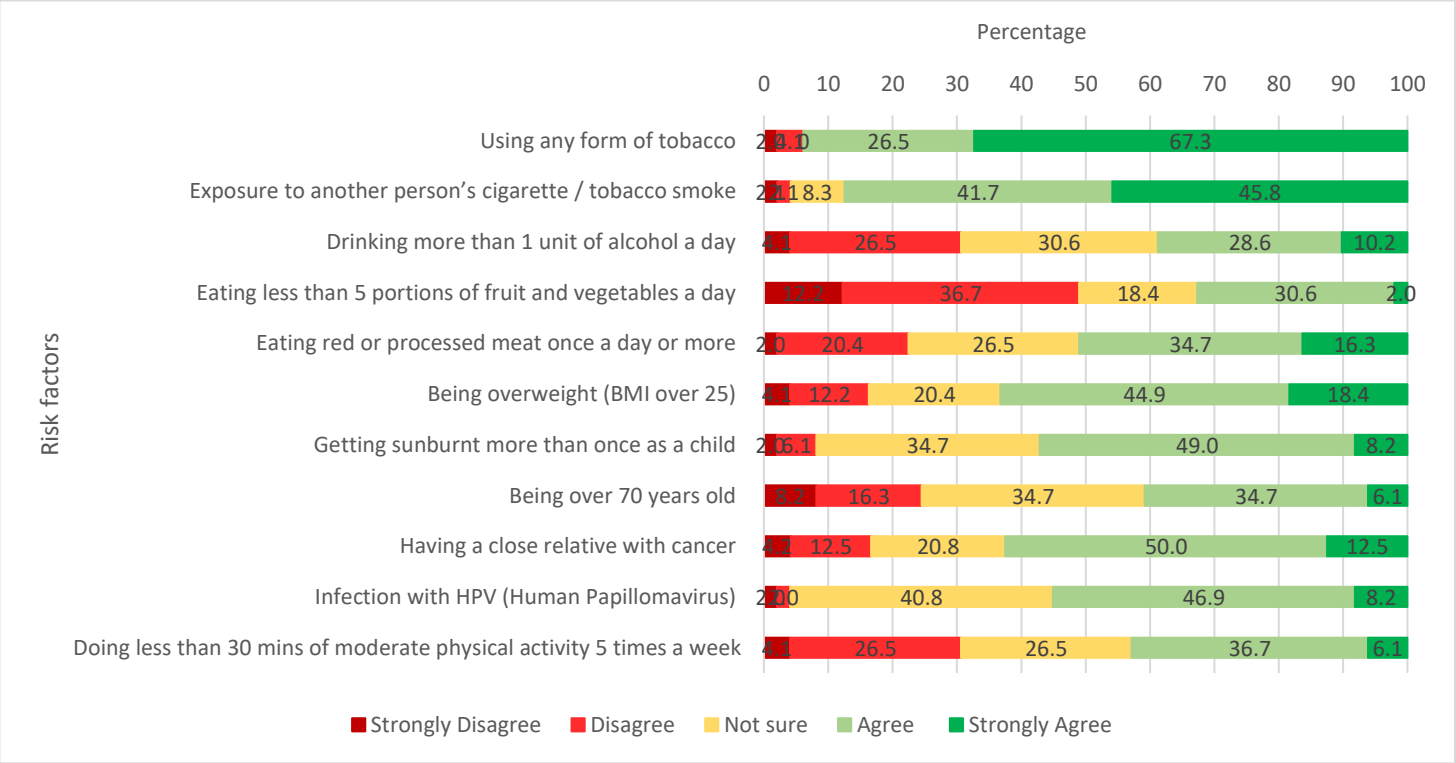
- *A sore that does not heal:* 62.5% (n=30) of respondents indicated that they thought that this is a potential sign of cancer.
  - **Location:** The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
  - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents who are Preregistration and Early Career Pharmacist and Pharmacist with over 15 years indicated that it is a potential sign of cancer. In contrast, most Mid-Career Pharmacist's suggested that it is not.

- *Unexplained weight-loss:* The majority of the sample (87.8% (n=43)) indicated that it is a potential sign of cancer.
  - **Location:** The majority of respondents from each of the four locations indicated that it is a potential sign of cancer, with this being representative to the overall sample.
  - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
  - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist indicated that it is a potential sign of cancer.

FACTORS THAT MAY INCREASE A PERSON'S CHANCE OF DEVELOPING CANCER

- Respondents were shown a list of risk factors associated with cancer and were asked to show their level of agreement on whether they thought the factor can increase a person's chance of developing cancer. Respondents could either strongly agree, agree, not sure, disagree or strongly disagree (see Figure 29). Analysis was also completed by data split - Location (see appendix A, figure 1.14), Employment Type, (see appendix B, figure 1.14) Pharmacy Type (see appendix C, figure 1.14) and Year's Qualified (see appendix D, figure 1.14).

Figure 29. Respondents level of agreement with what factors can increase a person chance of developing cancer



- *Using any form of tobacco:* The majority of respondents (93.8% (n=46)) agreed or strongly agreed that this can increase a person's chance of developing cancer.
    - **Location:** The majority of respondents from each of the four locations agreed or strongly agreed, with this being representative to the overall sample.
    - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.
    - **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed.
- *Exposure to another person's cigarette / tobacco smoke:* The majority of respondents (87.5% (n=42)) either agreed or strongly agreed that this can increase a person's chance of developing cancer.
    - **Location:** The majority of respondents from each of the four locations agreed or strongly agreed, with this being representative to the overall sample.
    - **Employment Type:** In line with the overall sample the majority of full-time and part-time respondents indicated that it is a potential sign of cancer.

- **Pharmacy Type:** Consistent with the overall sample respondents the majority of respondents from all pharmacy types indicated that it is a potential sign of cancer.
- **Years Qualified as a Pharmacist:** Similar to the overall sample most respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed.

- *Drinking more than 1 unit of alcohol a day:* Almost a third of the sample 30.6% (n=15) expressed that they were not sure whether this can increase a person's chance of getting cancer. Many respondents indicated that they agreed 28.6% (n=14) and strongly agreed 10.2% (n=5) that it can. While many other respondents disagreed 26.5% (n=13) and strongly disagreed 4.1% (n=2).
  - **Location:** In line with the overall sample, the four locations presented mixed views. Half or more respondents in Camden and City and Hackney either agreed or strongly agreed. Whereas, the majority of respondents in Central and West London either disagreed or were not sure.
  - **Employment Type:** Similar to the mixed view in the overall sample most respondents in both full-time and part-time either disagreed or were unsure.
  - **Pharmacy Type:** Consistent with the mixed view in the overall sample most respondents from Independent, Medium and Large Community and GP Practice and PCN either disagreed or were unsure. Opposed to the majority of respondents from Small Community either agreed or strongly agreed.
  - **Years Qualified as a Pharmacist:** Consistent with the mixed view in the overall sample most respondents who are Mid-Career Pharmacist and Pharmacist with over 15 years either disagreed or were unsure. Preregistration and Early Career differed where the majority of respondents either agreed or strongly agreed.
- *Eating less than 5 portions of fruit and vegetables a day:* Almost half of respondents (49.0% (n=24)) disagreed or strongly disagreed that this can increase a person's chance of developing cancer. A further 32.6% (n=16 agreed or strongly agreed with this statement.
  - **Location:** In line with the mixed view in the overall sample, nearly half or more respondents in Camden, City and Hackney and West London either disagreed or strongly disagreed. Whereas, and equal number of respondents in Central London either disagreed or agreed and strongly agreed.
  - **Employment Type:** In line with the mixed view in the overall sample, nearly half or more respondents both full-time and part-time either disagreed or strongly disagreed. However, half of part-time respondents did agree.
  - **Pharmacy Type:** Consistent with the mixed view in the overall sample, most respondents from Independent and Small community either disagreed or strongly disagreed. Whilst the majority in Medium and large community and GP Practice and PCN indicated that they agreed.
  - **Years Qualified as a Pharmacist:** Consistent with the mixed view in the overall sample most respondents who are Mid-Career Pharmacist and Pharmacist with over 15 years

either disagreed or were unsure. Preregistration and Early Career differed where the majority of respondents agreed.

- *Eating red or processed meat once a day or more:* Just over half of respondents (51.0% (n=25)) agreed or strongly agreed that this can increase a person's chance of developing cancer. More than a quarter of the sample (26.5% (n=13)) highlighted that they were unsure regarding this risk factor.
    - **Location:** In line with the overall sample, the four locations presented mixed views. The majority of respondents in Camden and Central London either agreed or strongly agreed. Whereas, the majority of respondents in City and Hackney and West London either disagreed or were not sure.
    - **Employment Type:** Similar to the overall sample half of the respondents in both full-time and part-time either agreed or strongly agreed.
    - **Pharmacy Type:** Consistent with the mixed view in the overall sample half or more respondents from Small community, Medium and Large Community and GP Practice and PCN either agreed or strongly agreed. Whereas the majority from Independent appeared to be unsure.
    - **Years Qualified as a Pharmacist:** Consistent with the mixed view in the overall sample half or more respondents who are Preregistration and Early Career Pharmacist and Mid-Career Pharmacist either agreed or strongly agreed. Whereas, half of Pharmacist with over 15 years either disagreed or were unsure.
- *Being overweight (BMI over 25):* The majority of respondents (63.3% (n=31)) agreed or strongly agreed that this can increase a person's chance of developing cancer. However, over a fifth of the sample 20.4% (n=10) expressed that they were not sure.
    - **Location:** In line with the overall sample, over half of respondents in all four locations presented agreed or strongly agreed.
    - **Employment Type:** Similar to the overall sample over half of respondents in both full-time and part-time either agreed or strongly agreed.
    - **Pharmacy Type:** Similar to the overall sample over half of respondents in all pharmacy types either agreed or strongly agreed.
    - **Years Qualified as a Pharmacist:** Similar to the overall sample, over half of respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed.
- *Getting sunburnt more than once as a child:* 57.2% (n=28) of respondents agreed or strongly agreed that this can increase a person's chance of developing cancer. In addition, over a third of the sample 34.7% (n=17) expressed that they were not sure.
    - **Location:** In line with the overall sample, the four locations presented mixed views. The majority of respondents in Camden, City and Hackney and West London either agreed or strongly agreed. Whereas, the majority of respondents in Central London were not sure.

- **Employment Type:** Similar to the overall sample over half of respondents in both full-time and part-time either agreed or strongly agreed and a third or more indicated that they were unsure.
- **Pharmacy Type:** Unlike the overall sample the majority of respondents in all pharmacy types either agreed or strongly agreed.
- **Years Qualified as a Pharmacist:** Unlike the more mixed view in the overall sample most respondents who are Mid-Career Pharmacist and Pharmacist with over 15 years either agreed or strongly agreed. Preregistration and Early Career differed where the majority of respondents were unsure.

- *Being over 70 years old:* This risk factor received more mixed responses with 40.8% (n=20) agreed or strongly agreeing that this can increase a person's chance of developing cancer. A further 34.7% (n=17) indicated that they were not sure, with the remaining 24.5% (n=12) disagreeing or strongly disagreeing.
  - **Location:** In line with the overall sample, the four locations presented mixed views. Nearly half of respondents in Camden, Central London and City and Hackney either agreed or strongly agreed. Whereas, more than half of respondents in West London either disagreed or strongly disagreed.
  - **Employment Type:** Similar to the overall sample most respondents in both full-time and part-time either agreed or strongly agreed and a third or more indicated that they were unsure.
  - **Pharmacy Type:** Consistent with the mixed view in the overall sample most respondents from Small community, Medium and Large Community and GP Practice and PCN either agreed or strongly agreed. Whereas the majority from Independent appeared to be unsure.
  - **Years Qualified as a Pharmacist:** Unlike the mixed view in the overall sample most respondents who are Preregistration and Early Career and Pharmacist with over 15 years either agreed or strongly agreed. Mid-Career Pharmacist differed where the majority of respondents either disagreed or strongly disagreed.
- *Having a close relative with cancer:* Over half of the sample (62.5% (n=30)) agreed or strongly agreed that this can increase a person's chance of developing cancer. More than a fifth of the sample (20.8% (n=10)) highlighted that they were unsure.
  - **Location:** In line with the overall sample, half or more of respondents in all four locations presented agreed or strongly agreed.
  - **Employment Type:** Similar to the overall sample over half of full-time respondents either agreed or strongly agreed. In contrast the majority of part-time respondents indicated that they were unsure.
  - **Pharmacy Type:** Similar to the overall sample over half of respondents in all pharmacy types either agreed or strongly agreed.

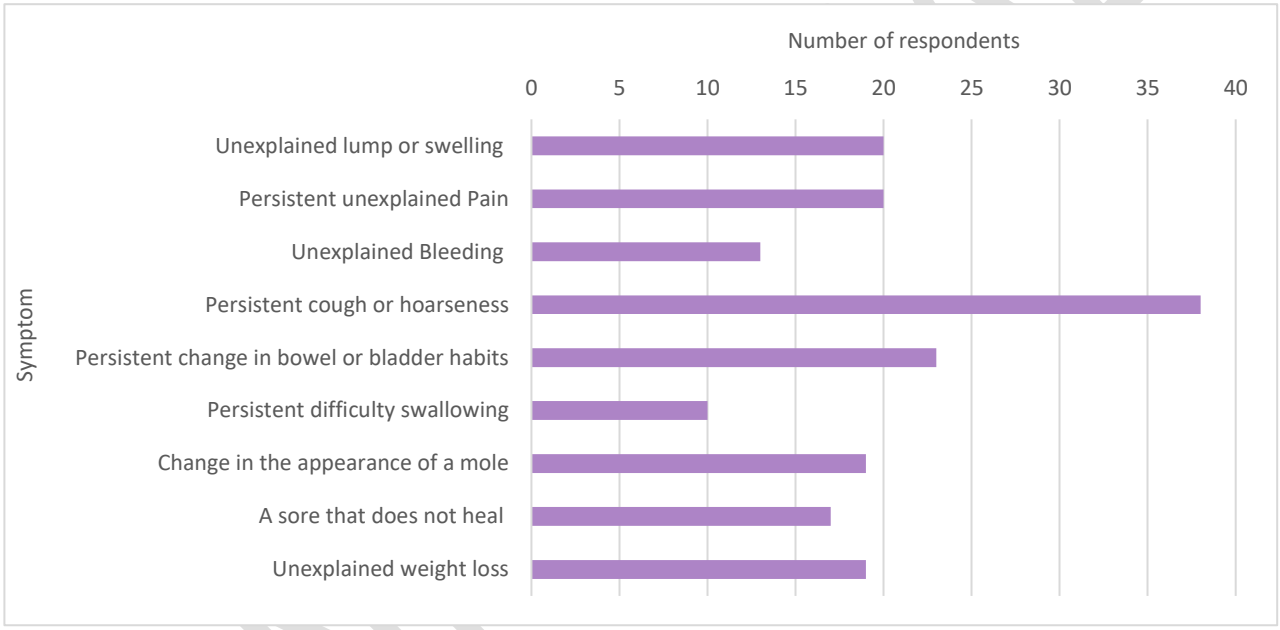
- **Years Qualified as a Pharmacist:** Similar to the overall sample, over half of respondents from all amount of years qualified as a Pharmacist agreed or strongly agreed.

- *Infection with HPV (Human Papillomavirus):* 55.1% (n=27) of respondents agreed or strongly agreed that this can increase a person's chance of developing cancer. Nearly as many respondents 40.8% (n=20) indicated that they were not sure.
  - **Location:** In line with the overall sample, the four locations presented mixed views. The majority of respondents in Camden and City and Hackney either agreed or strongly agreed. Whereas, the majority of respondents in Central and West London indicated they were not sure.
  - **Employment Type:** Similar to the overall sample half or more respondents in both full-time and part-time either agreed or strongly agreed and a third or more indicated that they were unsure.
  - **Pharmacy Type:** Consistent with the mixed view in the overall sample most respondents from Small community, Medium and Large Community and GP Practice and PCN either agreed or strongly agreed. Whereas the majority from Independent appeared to be unsure.
  - **Years Qualified as a Pharmacist:** Consistent with the mixed view in the overall sample, most respondents who are Mid-Career Pharmacist either agreed or strongly agreed. Whereas, for Preregistration and Early Career and Pharmacist with over 15 years, for those respondents that agreed just as many were unsure.
- *Doing less than 30 minutes of moderate physical activity 5 times a week:* 42.8% (n=21) agreed or strongly agreed that this can increase a person's chance of developing cancer. A further 30.6% (n=15) of respondents disagreed or strongly disagreed and over a quarter (26.5% (n=13)) stated that they were unsure.
  - **Location**: In line with the overall sample, the four locations presented mixed views. The majority of respondents in Camden either agreed or strongly agreed. Whereas, the majority of respondents in Central London were unsure, whilst most respondents in City and Hackney and West London either disagreed or strongly disagreed.
  - **Employment Type:** Similar to the overall sample the majority of respondents in both full-time and part-time either agreed or strongly agreed and almost third disagreed.
  - **Pharmacy Type:** Similar to the mixed view within the overall sample the majority of respondents in all pharmacy types either agreed or strongly agreed and almost a third or more disagreed or were unsure.
  - **Years Qualified as a Pharmacist:** Consistent with the mixed view in the overall sample, most respondents who are a Pharmacist with over 15 years agreed or strongly agreed, compared to Mid-Career Pharmacist, where the majority were unsure. For Preregistration and Early Career Pharmacist for those that agreed, just as many disagreed.

SYMPTOMS THAT PATIENTS COMMONLY PRESENT WITH IN PHARMACY SETTING

- Respondents were asked to select from a list of symptoms which ones they are commonly presented with in their work setting. Respondents were able to select more than one (see Figure 30).
- Respondents noted the most common symptom to be presented in their work setting is a persistent cough or hoarseness (62.3% (n=38)). The second most common symptom is a persistent change in bowel and bladder habits (37.7% (n=23)). This is jointly followed by an unexplained lump or swelling and persistent unexplained pain (32.8% (n=20)). From the list provided to the respondents the least common symptoms were sore that does not heal (27.9% (n=17)), unexplained bleeding (21.3% (n=13)) and persistent difficulty swallowing (16.4% (n=10)).

Figure 30 Commonly presented symptoms by customers



- **Location:** In line with the overall sample, across all four locations respondents showed the most common symptom to be presented in their work setting is a persistent cough or hoarseness. Camden appeared the only location where the symptom of an unexplained lump or swelling was not found (see appendix A, figure 1.15).
- **Employment Type:** In line with the overall sample, the most common symptom to be presented in their work setting for both full-time and part-time respondents is a persistent cough or hoarseness and the least persistent difficulty is swallowing. Similar to the overall sample, persistent change in bowel and bladder habits was found to be the second most common symptom for full-time respondents, however, this appears to an unexplained lump or swelling for part-time respondents (see appendix B, figure 1.15).
- **Pharmacy Type:** In line with the overall sample, across all pharmacy types respondents showed the most common symptom to be presented in their work setting is a persistent cough or hoarseness. Similar to the overall sample persistent difficulty is swallowing is the least common

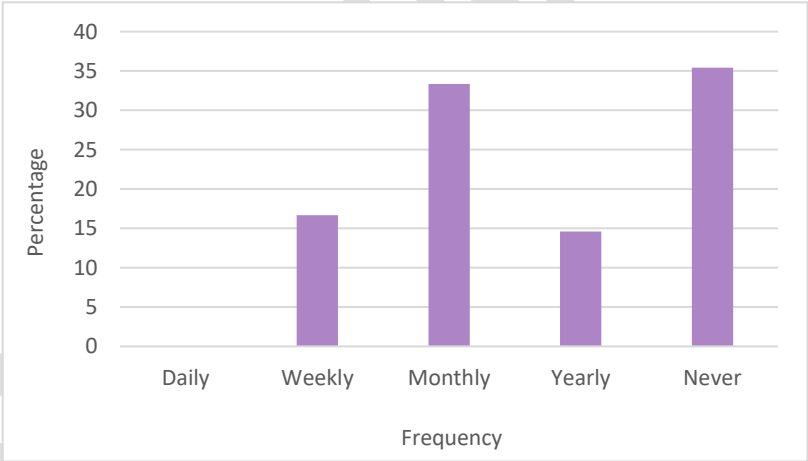
in all pharmacy types except for Medium and Large community where this differs and appears to be unexplained bleeding (see appendix C, figure 1.15).

- **Years Qualified as a Pharmacist:** In line with the overall sample, regardless of years qualified as a Pharmacist, respondents showed the most common symptom to be presented in their work setting is a persistent cough or hoarseness. However, unlike the overall sample and compared to Mid-Career Pharmacist and Pharmacist, those with over 15 years, Preregistration and Early Career pharmacist did not report the following symptoms: persistent unexplained pain, unexplained bleeding and change in the appearance of a mole (see appendix D, figure 1.15).

FREQUENCY OF QUESTIONS FROM CANCER PATIENTS ABOUT CANCER CARE

- Over a third of the respondents 35.4% (n=17) stated that they never receive questions from cancer patients about cancer care. A third of respondents 33.3% (n=16) indicated that they receive such questions monthly and 16.7% (n=8) showed that they receive them weekly. A further 14.5% (n=7) reported that they receive these types of questions yearly (see figure 31).

Figure 31 How often respondents receive questions from cancer patients about cancer care



- **Location:** Consistent with the overall sample the highest proportion of respondents from each of the four locations stated that they never receive questions from cancer patients about cancer care. A third of respondents from Camden and Central London and a fifth from City and Hackney indicated that they received these questions monthly. West London showed the most responses for receiving these questions weekly. (see appendix A, figure 1.16)
- **Employment Type:** Consistent with the overall sample the majority of full-time respondents stated that stated that they never receive questions from cancer patients about cancer care. In contrast, part-time respondents suggested that they mostly receive questions weekly or monthly (see appendix B, figure 1.16).
- **Pharmacy Type:** Consistent with the overall sample the majority of respondents from Small Community stated that they never receive questions from cancer patients about cancer care. In contrast, most respondents from Medium and Large community suggest that they receive questions monthly. Moreover, for those in Independent and GP Practice and PCN for as many who

stated they never receive questions, an equal amount state that they receive questions monthly (see appendix C, figure 1.16).

- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents in Preregistration and Early Career Pharmacist and Mid-Career Pharmacist stated that they never receive questions from cancer patients about cancer care. In contrast, most respondents who are a Pharmacist with over 15 years indicated that they receive these questions monthly (see appendix D, figure 1.16).

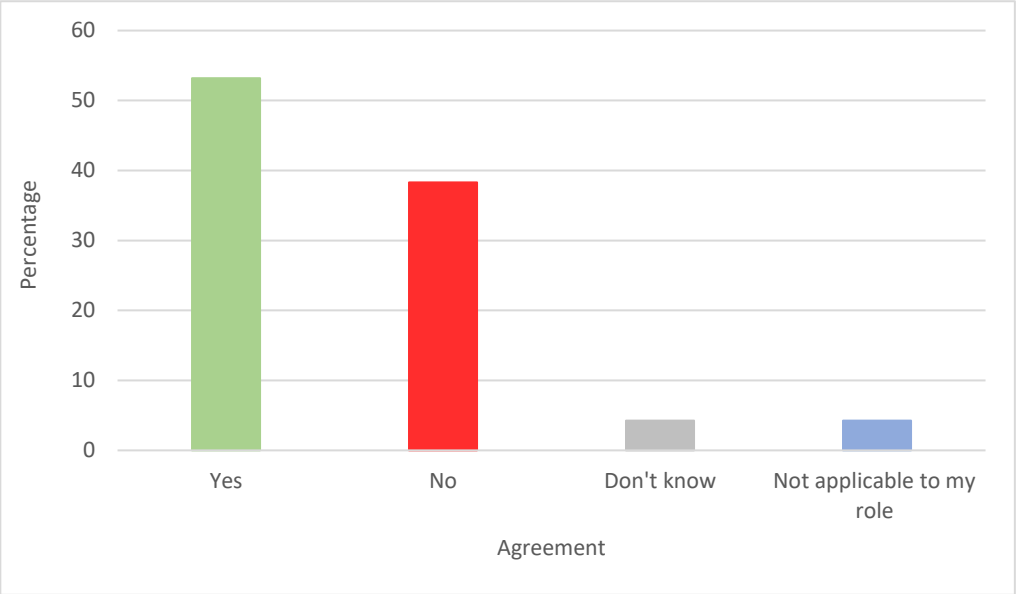
TYPES OF QUESTIONS RECEIVED FROM CANCER PATIENTS ABOUT CANCER CARE

- Respondents were invited to share what types of questions they have received from cancer patients about cancer care. Overall, n=18 respondents made a comment.
  - A large proportion of comments centered around **side effects of treatment** (n=6) (e.g. "How to manage side effects?" "managing side effects" "Issues with their treatment such as side effects").
  - Another large proportion mentioned questions specifically around **medication** (n=6) (e.g. "How to manage symptoms and side effects of medications" "Safety of drugs used, How long they need to take medication prescribed You will not stop my medication will you?" "Is it safe to take a specific OTC medication?").
  - Some comments mentioned the **cancer treatment itself** (n=4) (e.g. "about their therapy or treatment" "Questions about other aids that might help e.g. supplements" "information about follow up treatment").
  - Some comments referred to various types of **support** (n=4) (e.g. "What type of support is available in the area for the patient and their relatives?" "Mostly asked question to recommend a good doctor for cancer. As many of patients are from overseas" "social care support").
  - Other comments suggested questions about **symptoms** (n=2), **advice on pain management** (n=1) and **diagnostics tests for cancer** (n=1)

FREQUENCY OF PRESCRIBING CANCER TREATMENT

- Over half of the respondents 53.2% (n=25) stated that they had dispensed some form of cancer treatment opposed to 38.3% (n=18) who stated that they have not. A further 4.3% (n=2) indicated that they did not know if they had and 4.3% (n=2) suggested that this question was not applicable to their role (see figure 32).

Figure 32 Have respondents dispensed any form of cancer treatment

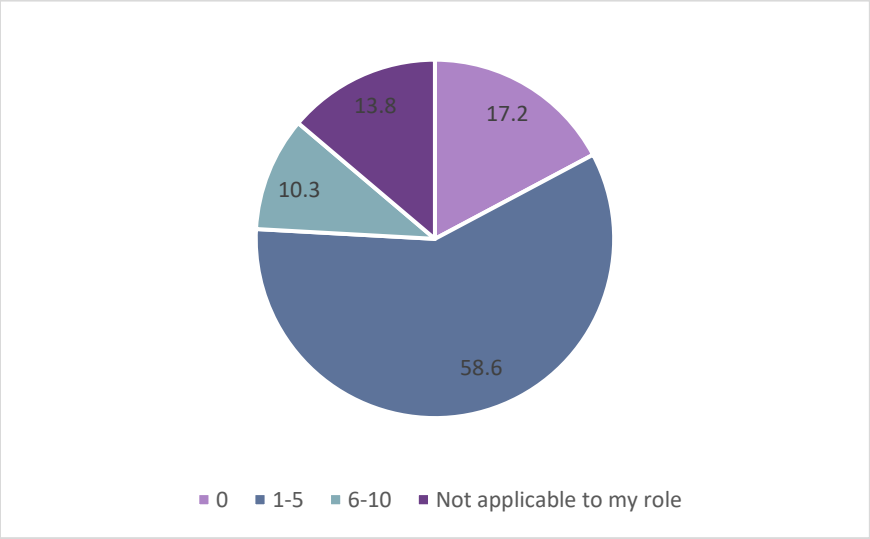


- **Location:** Consistent with the overall sample more than half of the respondents from Camden and City and Hackney stated that they had dispensed some form of cancer treatment. In contrast to the majority from Central and West London who stated that they have not. (see appendix A, figure 1.17)
- **Employment Type:** Consistent with the overall sample a similar amount of both full-time and part-time respondents stated that stated that they have dispensed some form of cancer treatment compared to those that have not. (see appendix B, figure 1.17).
- **Pharmacy Type:** Consistent with the overall sample the majority of respondents from Independent, Medium and Large community and GP Practice and PCN stated that they have dispensed some form of cancer treatment compared to the majority of Small community respondents who stated they have not (see appendix C, figure 1.17).
- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents in Preregistration and Early Career Pharmacist and Pharmacist with over 15 years stated that they have dispensed some form of cancer treatment compared to Mid-Career Pharmacist who for those stated that have an equal amount indicated that they have not (see appendix D, figure 1.17).

NUMBER OF PRESCRIPTIONS FOR ORAL ANTI-CANCER THERAPIES TYPICALLY DISPENSED EACH WEEK

- Only respondents that selected 'yes' to the previous question of 'do you dispense any form of cancer treatment?' were able to respond to this question. The highest proportion of respondents (58.6% (n=17)) stated that they dispense between 1-5 prescriptions for oral anti-cancer therapies each week compared to the 17.2% (n=5) of respondents who indicated that they dispense none. A further 10.3% (n=3) of respondents stated that they dispense between 6-10 each week. 13.8% (n=4) of respondents suggested that this was not applicable to their role (see figure 33).

Figure 33 How many times a week do respondents dispense prescriptions for oral anti-cancer therapies

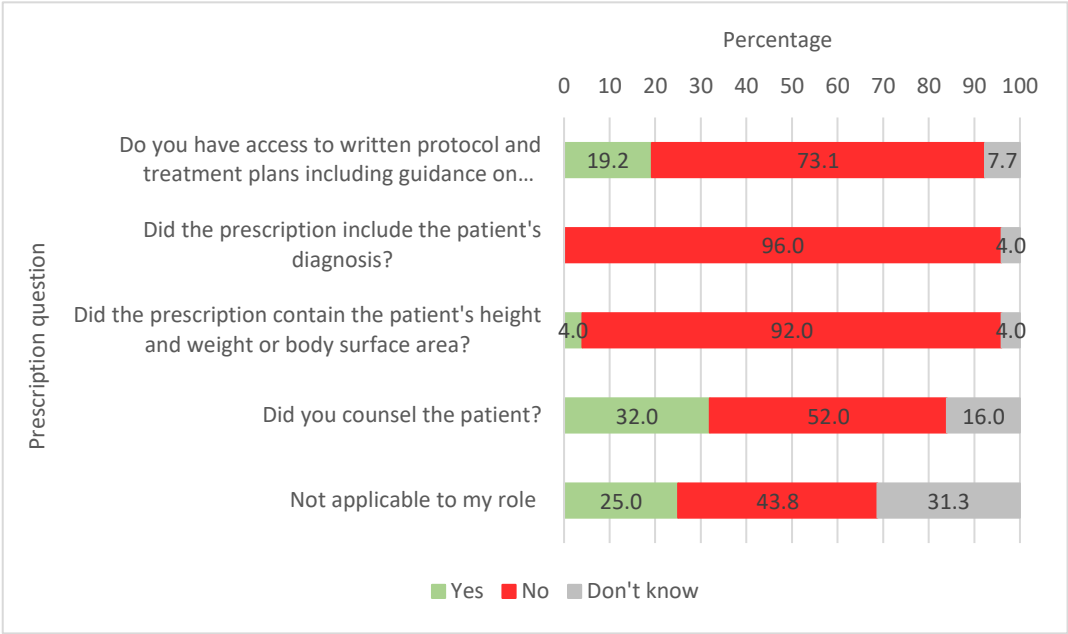


- **Location:** Consistent with the overall sample the majority of respondents from Camden, City and Hackney and West London stated that they dispense between 1-5 prescriptions for oral anti-cancer therapies each week compared to over half of respondents from Central London who stated they dispense none (see appendix A, figure 1.18)
- **Employment Type:** Consistent with the overall sample most full-time respondents stated that they dispense between 1-5 prescriptions for oral anti-cancer therapies each week. For part-time respondents this differed with responses split between 1-5 prescriptions each week and it not being applicable to their role. (see appendix B, figure 1.18).
- **Pharmacy Type:** Consistent with the overall sample the majority of respondents from Independent, Small Community and Medium and Large community stated that they dispense between 1-5 prescriptions for oral anti-cancer therapies each week. In contrast, respondents from GP Practice and PCN indicated for them it was 6-10 prescriptions or that it was not applicable to their role (see appendix C, figure 1.18).
- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents from all amount of years qualified stated that they dispense between 1-5 prescriptions for oral anti-cancer therapies each week (see appendix D, figure 1.18).

PRESCRIPTIONS DISPENSED FOR CANCER PATIENTS

- Only respondents that selected 'yes' to the previous question of 'do you dispense any form of cancer treatment?' were able to respond to these questions. Respondents were asked four questions in relation to prescriptions they have dispensed for cancer patients and could either answer: 'Yes', 'No' or 'Don't Know' (see Figure 34). Analysis was also completed by data split - Location (see appendix A, figure 1.19), Employment Type, (see appendix B, figure 1.19) Pharmacy Type (see appendix C, figure 1.19) and Year's Qualified (see appendix D, figure 1.19).

Figure 34 Types of information respondents see on the prescriptions that they have dispensed for cancer patients.



- *Do you have access to written protocol and treatment plans including guidance on monitoring and treatment of toxicity?:* The majority of respondents (73.1% (n=19)) answered no, while 19.2% (n=5) stated that they do. A further 7.7% (n=2) of respondents reported that they didn't know.
    - **Location:** Consistent with the overall sample the majority of respondents from Camden, Central London and City and Hackney answered no compared to West London where the majority said yes.
    - **Employment Type:** Consistent with the overall sample most full-time and part-time respondents answered no.
    - **Pharmacy Type:** Consistent with the overall sample the majority of respondents from all pharmacy types answered no.
    - **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents from all amount of years qualified stated no.
- *Did the prescription include the patient's diagnosis?:* Nearly all respondents 96% (n=24) answered no, the remaining stated that they did not know 4% (n=1).
    - **Location:** Consistent with the overall sample most if not all respondents from all locations answered no.
    - **Employment Type:** Consistent with the overall sample most full-time and part-time respondents answered no.
    - **Pharmacy Type:** Consistent with the overall sample the majority of respondents from all pharmacy types answered no.

- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents from all amount of years qualified stated no.

- *Did the prescription contain the patient's height and weight or body surface area?:* Nearly all respondents (92.0% (n=23)) answered no. 4.0% (n=1) stated that they did, and 4.0% (n=1) indicated that they did not know.
  - **Location:** Consistent with the overall sample most if not all respondents from all locations answered no.
  - **Employment Type:** Consistent with the overall sample most full-time and part-time respondents answered no.
  - **Pharmacy Type:** Consistent with the overall sample the majority of respondents from all pharmacy types answered no.
  - **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents from all amount of years qualified stated no.
- *Did you counsel the patient?:* Over half of the respondents (52.0% (n=13)) stated no, while 32% (n=8) stated yes and 16% (n=4) indicated that they did not know.
  - **Location:** Consistent with the overall sample the majority of respondents from Camden, City and Hackney and West London answered no compared to Central London where the majority said yes.
  - **Employment Type:** Consistent with the overall sample most full-time and part-time respondents answered no.
  - **Pharmacy Type:** Consistent with the overall sample the majority of respondents from Independent, Small Community and Medium and Large Community answered no, compared to respondents from GP Practice and PCN where the majority answered yes.
  - **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents who are Preregistration and Early Career Pharmacist and Pharmacist with over 15 years answered no, compared to respondents who are Mid-Career Pharmacist where the majority answered don't' know.
- Respondents had the option to select whether this question was applicable to their role. Of those that responded to this question (n=16), 43.8% (n=7) reported that this question was not applicable to their role, a quarter (25.0% (n=4)) indicated that it was and the remaining 31.3% (n=5) stated that they did not know.
  - **Location:** Most respondents from Camden, Central London and City and Hackney suggested no, whereas most in West London reported yes.
  - **Employment Type:** Most full-time and part-time respondents answered no.
  - **Pharmacy Type:** Most respondents in Small Community, Medium and Large Community and GP Practice and PCN answered no, compared to most respondents from Independent where they answered yes.

- **Years Qualified as a Pharmacist:** Most respondents in Preregistration and Early Career Pharmacist and Pharmacist with over 15 years answered no, compared to respondents who are Mid-Career Pharmacist where the majority answered yes.

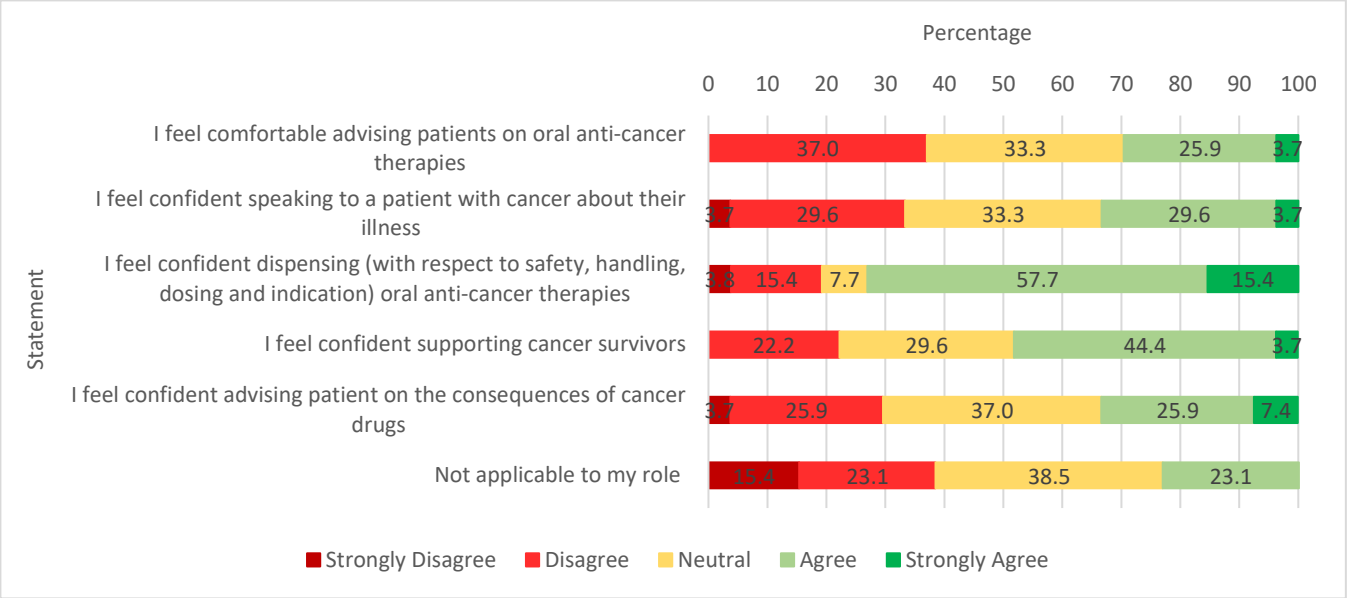
LENGTH OF TIME COUNSELLING PATIENTS

- Respondents were invited to share how long they have spent on patient counselling with regards to anti-cancer treatment. Overall, 3 respondents made a suggestion of an amount of time for this question.
  - A couple of comments mentioned **5 minutes**, whilst another reported **3-4 minutes**.

CONFIDENCE LIAISING WITH CANCER PATIENTS

- Respondents were asked to rate their level of agreement in response to statements about how comfortable/confident they are around liaising with cancer patients (see Figure 35). Analysis was also completed by data split - Location (see appendix A, figure 1.20), Employment Type, (see appendix B, figure 1.20) Pharmacy Type (see appendix C, figure 1.20) and Year's Qualified (see appendix D, figure 1.20).

Figure 35. Respondents level of agreement with how comfortable/confident they are in liaising with cancer patients.



- *I feel comfortable advising patients on oral anti-cancer therapies:* Mixed responses were received, with 37.0% (n=10) stating that they disagreed, while a third of respondents 33.3% (n=9) rated the statement as neutral. A further 29.6% (n=8) of respondents agreed or strongly agreed with the statement.
  - **Location:** In line with the mixed views of the overall sample, most respondents from Central London, City and Hackney and West London either disagreed or remained neutral. In contrast, the majority of Camden agreed.
  - **Employment Type:** Similar to the mixed views of the overall sample the all the part-time respondents either disagreed or remained neutral, whereas some of the full-time respondents agreed.

- **Pharmacy Type:** Similar to the mixed views of the overall sample the majority of respondents in Independent, Medium and Large Community and GP Practice and PCN either disagreed or remained neutral. In contrast, half of the respondents Small Community agreed.
- **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents from all amount of years qualified as a Pharmacist either disagreed or remained neutral.

- *I feel confident speaking to a patient with cancer about their illness:* Responses were again mixed, with around a third of responses given for agreement (29.6% (n=8)) , disagreement (29.6% (n=8)) and a neutral response (33.3% (n=9)) to the statement.
  - **Location**: In line with the mixed views of the overall sample, most respondents from across the four locations either disagreed or remained neutral.
  - **Employment Type:** Similar to the mixed views of the overall sample, responses by full-time and part-time respondents were split between agreement, disagreement and a neutral response to the statement.
  - **Pharmacy Type:** In line with the mixed views of the overall sample, most respondents from across the pharmacy types either disagreed or remained neutral.
  - **Years Qualified as a Pharmacist:** Similar to the mixed views of the overall sample, the majority of respondents from Preregistration and Early Career Pharmacist and Mid-Career Pharmacist either disagreed or remained neutral. In contrast, over half of the respondents who are Pharmacist with over 15 years either agreed or strongly agreed.
- *I feel confident dispensing (with respect to safety, handling, dosing and indication) oral anti-cancer therapies:* The majority of respondents (73.1% (n=19)) agreed or strongly agreed.
  - **Location**: In line with the overall sample, half or more respondents from across the four locations either agreed or strongly agreed.
  - **Employment Type:** In line with the overall sample, half or more respondents from both full-time and part-time either agreed or strongly agreed.
  - **Pharmacy Type:** In line with the overall sample, most respondents from across the pharmacy types either agreed or strongly agreed.
  - **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents from all amount of years qualified as a Pharmacist either agreed or strongly agreed.
- *I feel confident supporting cancer survivors:* Nearly half of respondents (48.1% (n=13) stated that they agreed or strongly agreed with this statement. A further 29.6% (n=8) of respondents rated the statement as neutral.
  - **Location**: In line with the overall sample, half or more respondents from Camden and West London stated that they agreed. In contrast, the majority of respondents from Central London and Coty and Hackney either stated disagreement or remained neutral.

- **Employment Type:** In line with the overall sample, half of the full-time respondents either agreed or strongly agreed. However, for part-time respondents this was less with just as many remaining neutral.
- **Pharmacy Type:** In line with the overall sample, half or more respondents from Independent and Small Community either agreed or strongly agreed. Whereas the majority of respondents from Medium and Large Community and GP Practice and PCN either disagreed or remained neutral.
- **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents who are Mid-Career Pharmacist agreed. Whereas the majority of Preregistration and Early Career Pharmacist and Pharmacist with over 15 years indicated disagreement or remained neutral.

- *I feel confident advising patient on the consequences of cancer drugs:* There were mixed views with the largest proportion of respondents (37.0% (n=10)) rating this neutral. A further 33.3% (n=9) of respondents agreed or strongly agreed with the statement and 29.6% (n=8) disagreed or strongly disagreed.
  - **Location:** In line with the mixed view of the overall sample, the majority of Camden either agreed or disagreed compared to Central London, City and Hackney and West London where the majority either stated disagreement or remained neutral.
  - **Employment Type:** In line with the mixed view of the overall sample, the majority of full-time and part-time respondents either remaining neutral or disagreed. Some full-time respondents showed agreement unlike part-time who showed no agreement.
  - **Pharmacy Type:** In line with the mixed view of the overall sample, the majority of respondents from Independent, Small Community and GP Practice and PCN either disagreed or remained neutral. Whilst, the majority in Medium and Large Community agreed.
  - **Years Qualified as a Pharmacist:** Similar to the mixed view of the overall sample, the majority of Preregistration and Early Career Pharmacist and Pharmacist with over 15 years indicated disagreement or remained neutral. Whereas the majority of respondents who are Mid-Career Pharmacist agreed.

- In relation to the statements above, respondents had the option to select whether these were applicable to their role. Of those that chose to respond to this question (n=13), 38.5% (n=5) rated this question as neutral and 38.5% (n=5) disagreed or strongly disagreed that the statements were not applicable to their role. The final 23.1% (n=3) of respondents agreed that these statements were not applicable to their role (see figure 35).
  - **Location:** In line with the overall sample City and Hackney rated this question as neutral or disagreed. Compared to Central and West London where at least half agreed.
  - **Employment Type:** In line with the overall sample the majority of full-time and all of the part-time respondents rated this question as neutral or disagreed.

- **Pharmacy Type:** In line with the overall sample, most respondents from across the pharmacy types rated this question as neutral or disagreed.
- **Years Qualified as a Pharmacist:** Similar to the overall sample, the majority of respondents from all amount of years qualified as a Pharmacist rated this question as neutral or disagreed.

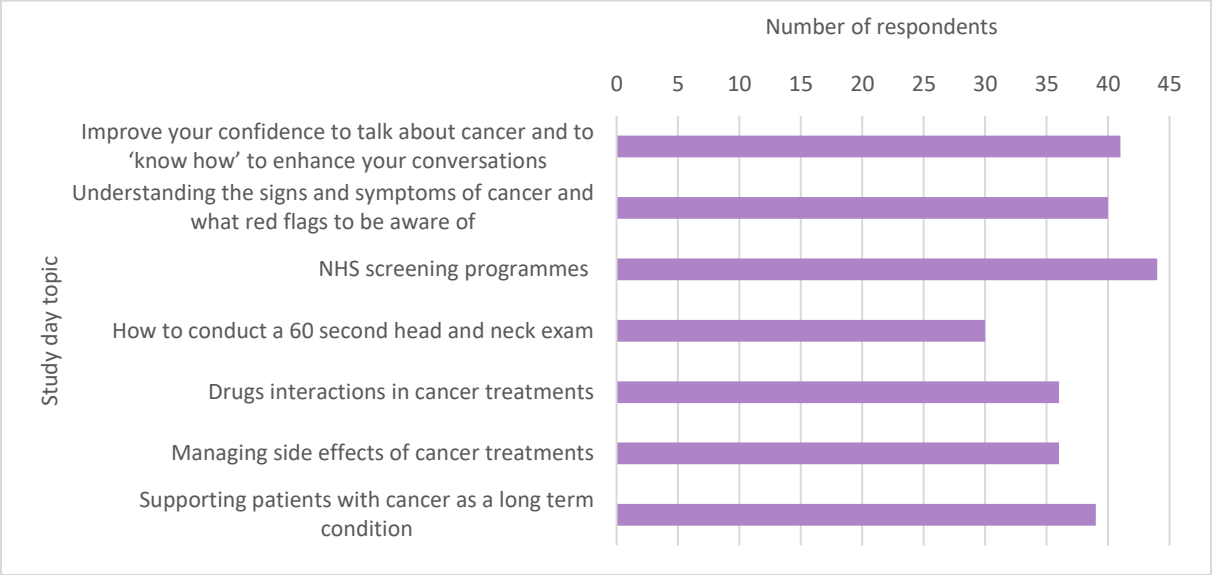
SEEKING ADVICE FOR QUESTIONS RELATING TO CANCER CARE

- Respondents were invited to share who they would contact for advice in relation to questions about cancer care. Overall, 37 respondents commented on this question.
  - The largest proportion of comments mentioned contacting the **NPA** (n=9), a **GP** (n=9), **Pharmacist** (n=3) or the **Hospital** (n=1).
  - Many others reported contacting services who provide support with terminal illnesses such as **Macmillan** (n=8), **Cancer Research UK** (n=5), **Marie Curie** (n=1) or a **Hospice** (n=1)
  - Some respondents specifically mentioned the **NHS website of helpline** (n=5), whilst others noted using the **internet** (n=3) to search for information.

TOPICS FOR STUDY DAYS

- Respondents were asked to select from a list of topics what areas they would like to have as a study day. Respondents were able to select more than one option as part of their response.
- The topic area which most respondents stated that they would like to be included in a study day was '*NHS screening programmes*' (72.1% (n=44)) and the second most popular was the area of '*improving confidence to talk about cancer and to 'know how' to enhance your conversations*' (67.2% (n=41)). This was followed by '*understanding the signs and symptoms of cancer and what red flags to be aware of*' (65.5% (n=40)) and not far behind was '*supporting patients with cancer as a long-term condition*' (63.9% (n=39)). This is jointly followed by *managing side effects of cancer treatments* and *drug interactions in cancer treatments* (59.0% (n=36)). The fewest number of respondents noted that they would like how to *conduct a 60 second head and neck exam* (49.2% (n=30)).

Figure 35. Types of study day chosen by respondents



- **Location:** In line with the overall sample, most respondents from Camden, City and Hackney and West London indicated the most popular study day to be NHS screening programmes. In contrast to Central London which their most popular was improving confidence to talk about cancer and to 'know how' to enhance your conversations (see appendix A, figure 1.21).
- **Employment Type:** In line with the overall sample, both full-time and part-time respondents indicated that the most popular study day would be NHS screening programmes and the least would be how to conduct a 60 send head and neck exam (see appendix B, figure 1.21).
- **Pharmacy Type:** In line with the overall sample respondents in Independent and GP Practice chose the most popular study day to be NHS screening programmes. In contrast, this differed from Small community and Medium and Large Community who chose understanding the signs and symptoms of cancer and what red flags to be aware of to be was theirs (see appendix C, figure 1.21).
- **Years Qualified as a Pharmacist:** Consistent with the overall sample the majority of respondents from all amount of years qualified as a Pharmacist indicated NHS screening programmes as their most popular or one of and how to conduct a 60 send head and neck exam as their least or one of (see appendix D, figure 1.21).

- Respondents were invited to share what they would like to be included in a study day if not presented on the list. Overall, 3 respondents commented on this question.
  - All three suggestions centered around the **signposting of information.** That may be in respect to local signposting "*Local signposting information*", finding specific pieces of information "*Where to sign post or refer patients that you suspect may be at risk of cancer*" or a general contact for patient queries "*who to contact if I need any more help with patients' questions*".

3. Conclusions & Practical Implications

This section presents a summary of the key findings identified through this Training Needs Analysis, based upon the information presented within the body of this report. Whilst the sample size for this piece of analysis is small, there are a number of patterns within the data that have been identified that may be useful as a starting point to consider the broad needs of the Community Pharmacy population in London, regarding the knowledge, capability and skills relating to cancer control.

The conclusions and associated practical implications have been presented back in relation to the key themes that emerged, based on the survey questions. In addition, there are some broader considerations included at the end of this section. Due to the small sample sizes within specific data breakdowns, conclusions are focused upon the overall sample only. It is also important to note that whilst this Training Needs Analysis was distributed across London, the results show pockets of responses in certain areas. Therefore, the results are not necessarily representative or applicable to all of London. In addition, there is a gap in the current TNA due to the small response rate from those in counter assistant roles. With these individuals playing a vital role in supporting cancer control, it is important to understand their specific training needs.

When reading through the conclusions below, it may be helpful to consider the following points that emerged within the survey findings. When looking at the questions in relation to training opportunities and experiences, **the significant majority of individuals noted that they had not received any specific training within the last three years**. However, **when asked about topics for study days in relation to cancer, all options presented received significant support**. Furthermore, the value that this type of training can have is also evident, as whilst some respondents (often trainees or those earlier in their career) noted that they never receive any questions in relation to cancer, the majority recorded that they did, anywhere between on a **weekly to a yearly basis**.

AWARENESS OF CANCER SCREENING PROGRAMMES

Conclusion: Many respondents noted that they were **aware of screening programmes** that were available for different cancer types and whilst comparing this awareness to that of 2016 this had reduced, overall the proportion of respondents demonstrating awareness remained high. In addition, whilst many had an awareness, when reviewing the questions that asked about specific details of these programmes (i.e. screening ages, alternative options, new faecal immunochemical test), there was some disparity amongst individual answers. Whilst the results identify a cluster of responses, indicating some who are aware of this information, it also shows a **significant proportion of individuals that are not aware of this information**.

In addition, it is important to note that this was the most **popular topic when respondents were asked what types of study days** they would like to have the opportunity to attend. Furthermore, despite a potential lack of knowledge in this area by some, the **majority of respondents reported that they are doing things in their pharmacy to increase uptake / coverage of NHS screening programmes**.

Implication: These results suggest that whilst not all individuals may be aware of the specifics of some of the programmes, they are **engaged and recognise the value of them**, evidenced through their proactivity in increasing uptake. It may therefore be useful to **focus any training in this area around specific information** (i.e. screening programme ages). In addition to this, based on the current sample, it may be valuable to provide more in depth training on alternative options that could be recommended to patients if they do not fit within the screening age.

Attitudes towards Cancer

Conclusion: There were largely consistent responses in relation to the respondents own attitudes towards cancer and diagnosis, with a **strong agreement that early diagnosis is important to ensure better outcomes** across all cancer types presented within the survey. However, when being asked to reflect on the general public's perceptions towards cancer more broadly, there was significantly more uncertainty evident.

Implication: The differences could suggest an **opportunity for individuals within the community pharmacy team to engage in more conversations with members of the public**, to seek to understand more about their perceptions in relation to cancer. However, it is also important to note that the larger proportion of uncertainty in relation to the public's attitudes could be due to the nature of this survey question (i.e. having to respond about someone else, rather than yourself).

Role Beliefs & Confidence in Cancer Diagnosis

Conclusion: Generally, respondents felt that **cancer prevention was part of their roles** as a member of the primary care and community healthcare team. In addition, the majority considered that they **could take more of an active role themselves in supporting this activity**. However, the vast majority were either unsure or disagreed that they felt able or equipped to have specific conversations with patients about how both their life style could link to cancer or how to respond to patients relating to certain cancer-based symptoms.

Linked to this, when asked about their **own confidence in discussing cancer related topics with the public there were mixed views,** with very few individuals noting that they would be 'very confident'. In particular, almost half of respondents felt unsure about discussing the potential signs or symptoms of cancer. However, interestingly, when asked about their awareness of these symptoms there was a slightly different result, with the majority responding 'yes' to each of the symptoms presented. Furthermore, it was noted by many respondents that each of these symptoms described within the survey was being presented by customers.

Implication: These results suggest that for many, they **understand the potential signs of cancer, however, where they feel less confident is in regard to engaging in these conversations with patients** (with this being one of the most popular study day topics selected). Therefore, it may be of value to focus any training interventions around the practical skills of how to **utilise the knowledge** that they have and to engage in these interactions with patients.

Knowledge of Factors Increasing Chance of Cancer

Conclusion: In comparison to the respondents knowledge **in relation to symptoms that could indicate cancer, there was a lot more uncertainty** across the sample when asked about possible factors that may increase a person's chance of developing cancer (with the exception of factors in relation to cigarettes/smoking).

Implication: Based on this result, **knowledge-based training** on supporting those working in a community pharmacy setting in **understanding the lifestyle changes** that patients could make to reduce their chances of developing cancer could be a key priority for future training activities. Before implementing any training activity in this area, it may be helpful to consider if there are particular complexities associated with this knowledge area that may have an impact on how success any training is. Is this part of a broader area / skill set that is less familiar at the moment to those working in community pharmacy settings?

Cancer Prescription Knowledge

Conclusion: Just over half of respondents recorded that they had dispensed some form of cancer treatment, however for those that do, the majority are performing this task several times a week. Despite this **nearly all respondents noted not having access to written protocol and treatment plans of patients, patient diagnosis or other information** (i.e. height, weight). Furthermore, the majority recorded how they had not counselled these patients in relation to their prescriptions.

Implication: Provision of a **greater level of detail around a patient's prescriptions could support the pharmacy team in feeling more confident** in providing holistic care (i.e. monitoring and treatment of toxicity, counselling the patient).

Confidence Speaking to Cancer Patients

Conclusion: In line with previous conclusions, there were **mixed views when respondents were asked about their level of confidence in speaking to patients with cancer**. Whilst many felt comfortable with dispensing prescriptions in this area, the majority were less certain in relation to the other ways in which they could liaise with individuals either with cancer or those that had survived cancer (i.e. through counselling conversations). A number of topics within this area (e.g. managing side effects of cancer treatments, supporting patients with cancer) also received significant support for being the focus of study days.

Conclusion: Based on these results, it is **not clear if the uncertainty with regard to this aspect of care is in relation to a lack of knowledge in this area or due to not knowing how to apply the knowledge that they may have into practice**. It therefore may be useful to clarify this first before considering more specific training and development plans, i.e. through follow-up interviews.

Training Methods

Conclusion: The largest proportion of respondents indicated a **preference for web-based e-learning** when considering how they would like any future training opportunities delivered. However, there were still a significant number of individuals also selecting, webinars, face to face training and paper-based study guides, demonstrating a mixture of preferences. The **importance of evening training opportunities** were also noted.

Implication: When considering how future training opportunities are delivered, the results suggest that **flexibility for both modality and timing of training** is important to consider in this context to ensure successful delivery.

Summary

To summarise the conclusions and implications presented above, it may be helpful to think about the following key points:

- Respondents appear to recognise that within their role within the pharmacy team they could have a more prominent role to support the broader primary care team in relation to the early diagnosis of cancer and are **engaged and willing to take a more active role in this area**. Often, this level of intrinsic motivation is challenging to establish when seeking to develop knowledge and skills. Therefore, this is a very positive finding that should be recognised, and how to maintain this, should be a consideration when thinking about next steps.

    - Based on this, it may be helpful to **consider if it is possible to involve members of the Community Pharmacy team in co-creating training interventions**. This will also help to ensure that levels of engagement remain and that they are bought in to any future development prorgrammes.
- Consider **specific knowledge gaps** that Community Pharmacy care population have. How can these be addressed in a timely manner to ensure that the pharmacy team can support the broader primary care workforce in relation to cancer prevention (i.e. use of screening processes) and the early diagnosis of cancer and ongoing support for those with cancer.
    - Could this be delivered virtually so that it is easily accessible for all and in an easy to use manner so that individuals can refer to this information on an ongoing basis?
- Once individuals have the basic knowledge and understanding, consider opportunities for training that allow members of the pharmacy team to **develop practical skills** to support them in engaging in conversations with patients, from cancer symptoms, lifestyle changes, through to those living with cancer and that have survived cancer.
    - Ensure members of the **Community Pharmacy team remain involved in co-creating solutions, to allow for maximised engagement**. For example, seeking their input on training delivery / content and utilising the skills and expertise with greater knowledge and skill level to support in training content / delivery.