



Introduction

Good morning/afternoon, everybody. My name is and this is my colleague [*Name of colleague*] . We both work on the Cancer Research UK I-CaPP research programme the University of Cambridge.

Introductory slides on cancer prevention – up to ‘Consent’

Today we have brought some of our ideas for interventions and we are hoping to hear about your views and experiences about those and how they might best be incorporated into practice.

We'll invite you all to tell us your opinions or to share your experiences. There are no right or wrong answers. You might disagree with each other, or you might wish to change your minds in the course of the conversation. We would like you to feel comfortable telling us what you really think and how you really feel. It will be helpful if only one person talks at a time, as we're recording the conversation and when we listen to it afterwards it would be difficult to understand what people are saying if two or more people are speaking at once.

Anything that you want to say here can be said in confidence. We might quote some of the comments in our reports or publications, but if we do, we'll anonymise them so that people who aren't here today won't be able to identify who said what. We also ask you to maintain the confidentiality of what is said, so please don't talk about what anybody else has said after the meeting is over.

We expect the discussion to last around half an hour. Please help yourselves to the refreshments and drinks at any time during the discussion.

You have an information leaflet and a consent form on the desk. If you are happy to take part please sign that and we will come around and collect them.

Before we start, can I ask you all to introduce yourselves?

Prevention activities

1. We would first like to discuss with you the prevention activities that you are currently involved with. We understand, for example, that you are currently doing some NHS Health Checks. Is that correct? Do you discuss lifestyle and disease prevention at other times?
2. In these settings do you share risk information with patients? If so, would you be able to talk us through how you currently share this information...are there strategies that you use and have found work well or not so well?
3. When giving lifestyle advice are there also strategies that you use.

(Prompts: taking the patient through the leaflet, signposting to websites)

(Prompts: what you feel works well, not so well)

4. Do you already discuss cancer?
5. Do you feel that Cancer risk information could also be included in these settings? (ones stated earlier)
6. How do you think it could be included? For example, CVD and cancer risk followed by lifestyle info at the end? Cancer risk at the end after Dementia.
7. Do you think it would need to be different for different settings?

Introduction to prototype interventions

We would like to share with you some very brief interventions that we have designed for sharing cancer risk information and supporting lifestyle changes. Initially we have thought about having a website to calculate and present cancer risk, and a lifestyle leaflet to support behaviour change.

Slides of website and leaflet

Prototype Discussion

1. If we could first talk about your overall thoughts on the website
2. And now the leaflet (first draft- want to gain their views on its potential)
3. Do you feel either/both have the potential to become part of your normal work (perhaps say within health checks)?
4. What do you think the main barriers to delivering this would be?
5. How long do you think it would take to deliver the intervention?
6. How do you feel about its ability to help people to make lifestyle changes?
7. Do you feel confident in your ability to deliver the intervention?
8. Do you feel you would support the intervention being introduced into my workplace/role?
9. Would you suggest any changes?

Follow-up

We are also interested to know about how patients are followed up after they have received risk information and lifestyle advice and how feasible it might be to do that.

1. Do you currently follow up patients? If Yes, how do you do this?
2. If no, do you feel this is something that might be beneficial to the patients?
3. Would text messaging be feasible for this?
4. Or perhaps a phone call or letter?

Closure

Short summary of the views: It appears that some of you think....And others think... and we also heard that.....

Is there anything we haven't asked about that you think would be useful?

If you think of something later then please contact us on the email in your information leaflet. If you would like more information about the study or are interested in taking part in the pilot work or feasibility study then please also let us know.

Thank you very much for coming today. Your willingness to give up your time is very much appreciated and your comments have been very helpful.