

Summary of current policy drivers and national practice overview

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Introduction

Skin cancer prevention policies were first introduced in the UK during the 1990s. Figure 1, presents a snapshot of the subtle changes observed in skin cancer prevention policy over the past two decades, and contextualizes these changes in the wider societal and policy context.

Figure 1 – The Framing of skin cancer prevention

	The 1990s	The new millennium and beyond
Framing locations communications	Health promotion specialists	Broad array of health, local authority, business and public health professionals.
Text	Moderation and reasonable behaviour	Personal protection
Availability of sun protective merchandise	Suntan lotions still commonly promoted. Wider UV protective merchandise not widely available.	Cheaper higher protection sunscreen, UV protective clothing, UV protective sunglasses, widespread choice of protective sunhats, shade structures more commonplace
The public knowledge base	Low levels of sensitization to skin cancer.	Sensitized to skin cancer amongst some population groups (in general, more affluent groups)
Policy target setting	National target setting by Government agencies	Non-mandatory locally derived targets
Resultant narrative /The Problem	Skin cancer is a growing public health problem	Skin cancer is an growing public health problem which could be getting worse with each generation
The Solution	Moderate sun exposure and reasonable protective behaviours	Personal protection and environmental changes

Studies show that most people are aware of the risks associated with sun exposure and sunbed use, but they need reminders to encourage a change in behaviours (Department of Health, 2003). It is therefore acknowledged that skin cancer prevention activities are key to addressing the rising incidence of skin cancer (Warren et. Al., 2004).

Glanz and colleagues in Australia have advocated that Local Authorities and Health Authorities can play an important role in preventing skin cancer by developing population based programs to

prevent disease, ensuring sun safe environments and policies, and regulating exposure where appropriate (Glanz and Saraiya, 2005).

Policy Drivers

Much policy and guidance has been published over the last two decades. This section aims to present some of the key documents which have had, or continue to have a driving force for skin cancer prevention policy in the UK.

Target setting has been an important driver for work prioritisation and planning for service providers. The first skin cancer prevention target was introduced in the UK, in 1992, in the White Paper Health of the Nation. This target aimed to halt the year-on-year increase in incidence of skin cancer by 2005. At that time there were about 28,000 cases of skin cancer registered each year (NICE, 2006). It was not met, as the incidence of skin cancer continues to increase. In 2006, 75,700 cases of skin cancer were registered in England alone. This increase in incidence has been rapid, indeed over the last twenty-five years, rates of malignant Melanoma in Britain have risen faster than any other cancer.

The 1992 target, was not taken forward by subsequent White Papers 'Saving Lives: Our healthier nation' (1999) and 'Choosing Health: Making healthy choices easier' (2004). However, in 1999 a more generic target on all cancers were introduced to 'reduce the death rate from cancer in people under 75 by a fifth – saving 100,000 lives'. Within the same White Paper, more specific references to skin cancer prevention was included, mainly that 'educational campaigns to provide reliable information on health risks of too much sun'. The Chartered Institute of Environmental Health (CIEH) undertook research in 2004 monitoring the adoption of skin cancer prevention policies, and found that 12% of Local Authorities surveyed had developed one (CIEH, 2004).

Today, target setting for skin cancer, is developed at a local level, through Joint Strategic Needs Assessment and Local Area Agreements. However, this is not mandatory, and the evidence presented in the final section demonstrates that this has not been widely adopted by PCTs and Local Authorities.

In addition to target setting, practical policy guidance on skin cancer prevention has been published over the past two decades.

In 1998, the Health Education Authority produced guidance on skin cancer prevention policies for Local Authorities (Health Education Authority, 1998). This steer advised that skin cancer policies should be developed or implemented as part of the Local Authorities corporate plan, to avoid interventions becoming ad hoc, piecemeal and less effective.

In 2005, this message was reinforced by the Chartered Institute of Environmental Health. This document asserted that Local Authorities and Health Departments both have key roles in delivering these messages. Guidance was provided in the '*Saving Our Skins Toolkit*'.

Another important Government policy driver was published in 2005 – 'Choosing Health: making healthy choices easier'. This White Paper sets out the key principles for supporting the public to make healthier choices in regards to their health. Within this Paper the Government makes a commitment to providing information and practical support to get people motivated and improve emotional wellbeing and access to services so that healthy choices are easier to make. This

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document prioritises sexual health services, NHS Stop Smoking Services, obesity services and alcohol services; and skin cancer prevention is not specifically prioritised in this important public health agenda.

Although not covered specifically in the wider public health agenda since 1999, a new steer on skin cancer prevention was reintroduced in the Cancer Reform Strategy in 2007. This strategy presents a commitment by government to support and increase funding for skin cancer prevention,

'The incidence of skin cancers is rising. The Government will increase funding to raise awareness of the dangers of over exposure to sunlight and is considering the need for regulation of the sunbed industry'

Indeed the Cancer Reform strategy goes on to state,

'Action to increase awareness of these risk factors and encourage people to adopt healthy lifestyles is therefore a crucial part of the government's strategy to tackle cancer. '

This strategy outlines a number of policy frameworks and organizations where skin cancer prevention initiatives should be developed. These are outlined below.

The main policy drivers for commissioning were set out in the Local Government and Public Involvement in Health Act. This states that Primary Care Trusts and Local Authorities have a duty to undertake a Joint Strategic Needs Assessment of the current and future health and social care needs of their population. These assessments should lead to shared priorities for commissioning to improve outcomes and reduce health inequalities. These priorities are used to inform the Sustainable Communities Strategy and targets within the Local Area Agreement. Early indications show (see final section) that skin cancer is not being widely prioritised by PCTs

The National Cancer Action Team's, National Awareness and Early Diagnosis Initiative was launched in 2008; this national Programme is supporting Cancer Networks to implement key priorities on prevention and early diagnosis from the Cancer Reform Strategy. There are now 12 Cancer Networks that have signed up to undertaking work on combating skin cancer through this national initiative.

Funding

Morris and colleagues estimated the cost of skin cancer in England in 2008. They estimated that around £1,800 million is spent annually in the English NHS on Cancer. Furthermore they point out that skin cancer accounted for around 4% of the expenditure, yet it accounted for at least 20% of all cases of cancer. (Morris et. Al, 2008). Of more use for this purpose are cost effectiveness analysis, which takes into account the cost and benefits associated with specific interventions aimed at treating and preventing skin cancer. Carter et al. (1999) found,

"A well funded national skin cancer health promotion campaign would prove excellent value for money from the perspective of the Federal government in Australia"

This method of evaluation has not been widely used for skin cancer prevention initiatives in the UK, and proves slightly problematic for the future planning of resources and services given the importance of skin cancer as a growing public health problem in the UK.

The main recipient of skin cancer prevention funding in the UK is Cancer Research UK. This SunSmart campaign has been funded by UK Health Departments. From 2003 to 2007 funding ranged from

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£110k per year to £180k per year. In 2008, funding increased to implement the commitment as outlined in the Cancer Reform Strategy and was administered by the National Cancer Action Team (NCAT). In the last few years funding received is approximately £500K to £600K per year. This investment is allocated to national initiatives, local initiatives led by pathfinder cancer networks for skin cancer and the development of the information and research base for future work.

In addition to core funding provided to SunSmart there are a number of other organisations delivering skin cancer prevention work across the country. These include: The British Association of Dermatologists skin cancer campaign, ScKin's campaign, and numerous PCT and Local Authority ad hoc campaigns (See the Interventions Database on the South West Public Health Observatory's Skin Cancer Hhttp://www.swpho.nhs.uk/skincancerhub/resource/view.aspx?QN=INTER_DEFAULT). To date, a review of national funding has not been undertaken, so we do not have a comprehensive overview of the true level of skin cancer prevention funding in the UK.

Cancer Prevention Activity

Understanding how the current policy drivers and organisational networks are working to deliver skin cancer prevention work under this relatively new delivery framework (as outlined in the earlier section), is vital to the future development of this work. A timely project was commissioned in 2009 to establish the nature and extent of skin cancer prevention across the UK, and understand the policy frameworks underpinning this work.

This survey was undertaken by the University of Plymouth on behalf of the Pensiula Cancer Network. In December 2009 all PCTs in England were surveyed and 75 (49%) responded. The initial findings suggest that this is currently a low priority work area, tending to be the subject of ad hoc (often seasonal) activity rather than systematic intervention.

Strategic action was limited. Just over one fifth mentioned skin cancer specifically in their PCT strategic plan with just under one-fifth mentioning it in their Joint Strategic Needs Assessment with Local Authority Partners. It was the subject of a Local Area Agreement for only two PCTs.

Responses from PCTs indicate that many skin cancer prevention initiatives had not been accorded priority and tended to be subject primarily of ad hoc initiatives.

'We recognize the importance of skin cancer prevention and in time will no doubt develop a coordinated and focused approach...however we are currently targeting the cancers with more significant mortality and morbidity associated – lung, breast, colorectal and prostate'

'We know this is an issue in the PCT, but has been lost among many other initiatives.'

Indeed, where skin cancer prevention has been accorded priority this has not always been easy to sustain or resource.

'It was mentioned in our strategic plan in 2008 as part of a move to reduce cancer incidence, but this item has been removed as a priority for 2009'

Local initiatives were more common but these were rarely formalized in a contract or service level agreement. Nearly two thirds of PCTs had taken some joint action with Local Authorities, most commonly around the Healthy Schools Scheme or specifically around the regulation of sun beds.

Skin cancer prevention initiatives provided by health professionals were the most common area of PCT activity with the majority (76%) having at least one such initiative.

Cancer Networks have taken a number of skin cancer prevention initiatives forward. The majority of PCTs were also active in at least one area of skin cancer prevention work, with more than two-fifths placing information on local websites and between one-third and two-fifths attending outdoor prevention events.

Most PCTs reported that their skin cancer prevention initiatives were provided by health professionals. These were most commonly community pharmacists but other professionals included: school nurses, consultant dermatologists, cancer nurse specialists and health visitors. Rarely have PCTs got widespread co-ordinated activity.

Complementing the work undertaken by Plymouth University, The South West Public Health Observatory in collaboration with the Chartered Institute of Environmental Health undertook a survey of Local Authorities. This research explored the issue of skin cancer prevention activity, and highlights the low prioritisation and work activity in this field. It found that just over one tenth (11.4%) of Local Authorities surveyed had a skin cancer prevention policy. A further third (34.3%) were not sure if this documentation existed, and just over half (54.3%) were sure this documentation didn't exist.

Perhaps even more disappointing was the response to the question relating to the future development of skin cancer prevention policies, in which all Local Authorities without a skin cancer prevention policy were asked if they were thinking of developing one in the future. Only just over half (54%) were considering undertaking this work.

Although extensive research has not been undertaken, all the evidence points towards the low prioritisation afforded skin cancer prevention across the UK, at local level. In contrast, the national commitment and execution of skin cancer prevention, is more formalised. However, to ensure the latter remains, continued funding needs to be maintained. Without skin cancer prevention being raised to strategic importance on a local level, it is unlikely to receive specific funding for skin cancer prevention.

Declaration of Interests

The South West Public Health Observatory (SWPHO) is the lead cancer registry for skin cancer. Work undertaken on skin cancer has been both epidemiological and intelligence based, and does not directly provide skin cancer prevention services. If recommendations were made for epidemiological research coming out of this NICE guidance, and they were to be implemented, the SWPHO may bid and be awarded funding to undertake future epidemiological studies.

With funding from the Cancer Action Team the Skin Cancer Hub, which is a portal for prevention and early diagnosis of skin cancer by SWPHO, was launched in May 2008. In addition, the SWPHO have received funding from Cancer Research UK for an evaluation of their SunSmart Schools Competition. This will be undertaken in 2010.

Dr Julia Verne helped chaired the Cancer Guidance Development Group for skin cancer in 2006 and recently chaired the NICE Guidance Development Group review on guidance for the management of low-risk basal cell carcinomas in the community.

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The evidence presented in this paper brings together research conducted by members of SWPHO team, Peninsular Cancer Network and Plymouth University funded by the Cancer Action Team.

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