



Commissioning Toolkit for Skin Cancer Prevention and Early Diagnosis Programmes

Guidance for Primary Care Trusts and others involved in the commissioning process

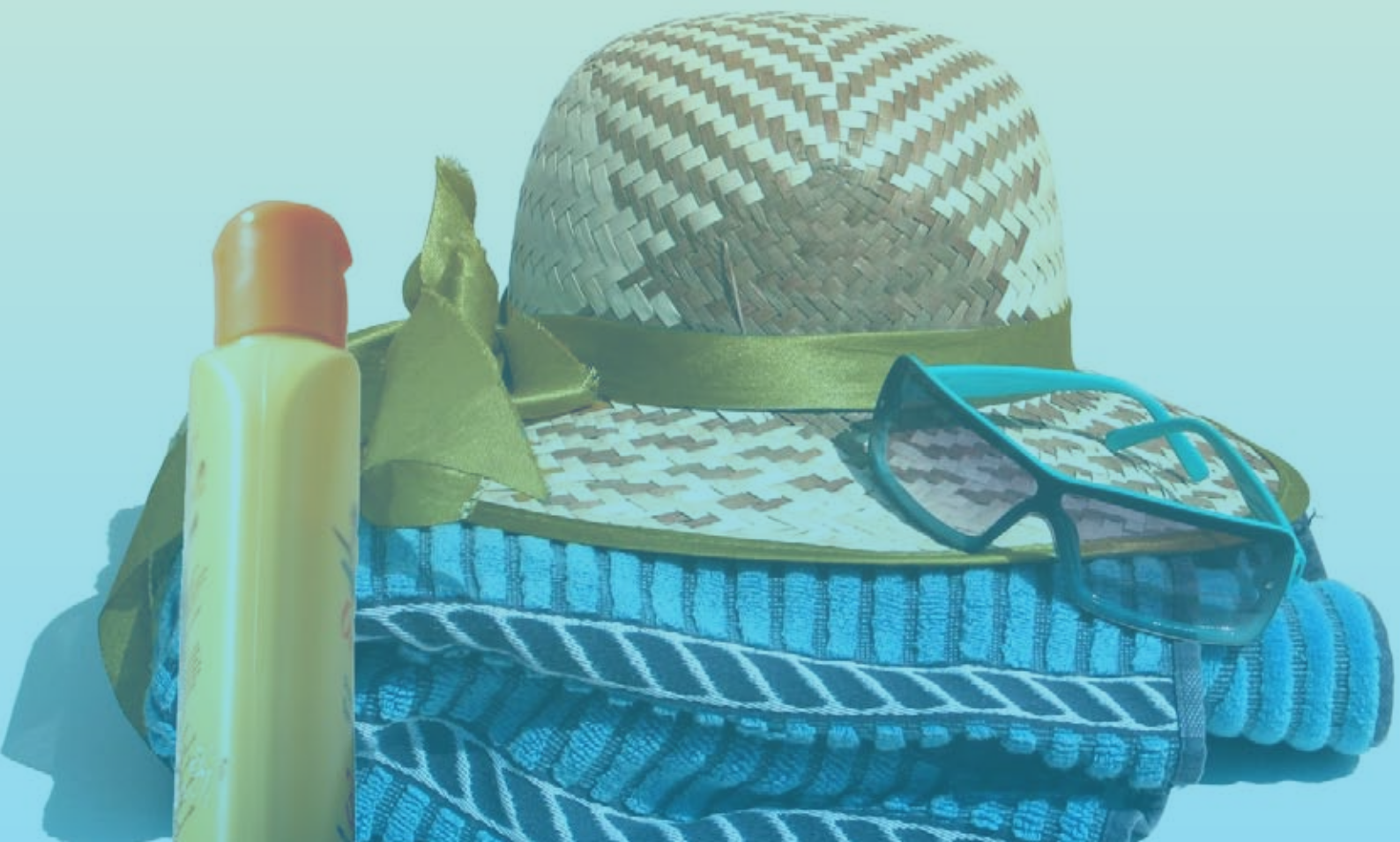


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TOOLKIT



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1. Introduction

Welcome to the South West Public Health Observatory (SWPHO) Commissioning Toolkit for Skin Cancer Prevention and Early Diagnosis Programmes. The toolkit is part of the SWPHO Skin Cancer Prevention and Early Diagnosis Project, funded by the National Cancer Action Team (NCAT) and sits alongside the website 'Skin Cancer Hub' (www.swpho.nhs.uk/skincancerhub).

programmes, sunbed information, [social marketing report](#), background research and information for the public.

The toolkit is guided by the principles of the Department of Health's World Class Commissioning and adopts the robust planning tool model as shown below.

1.1 Purpose

This toolkit is designed to guide Primary Care Trusts (PCTs) working with Cancer Networks to establish skin cancer prevention and early diagnosis programmes for their communities. The toolkit should be used to generate ideas and help PCTs establish a robust plan to address increasing skin cancer incidence. It is by no means exhaustive and neither is it essential that every point is carried out.

The toolkit is intended to be used in conjunction with the [Skin Cancer Hub website](#) which provides information to support intervention programmes, such as the skin cancer health profiles – an interactive tool for mapping skin cancer statistics for each PCT and Local Authority area in England – a continuously updated interventions database comprising details of skin cancer prevention and early diagnosis



2. Overview and burden of skin cancer

2.1 Key skin cancer facts

Statistics

Skin cancer is the most common type of cancer in the UK, accounting for one third of all new cancers. There are two main types: malignant melanoma and non-melanoma skin cancer. Non-melanoma skin cancer is formed by basal and squamous cell carcinomas. Malignant melanoma accounts for between 5–10% of skin cancers and 80% of deaths. It is being diagnosed with increasing frequency in younger as well as older adults. Incidence rates in England have increased by approximately 30% over the last five years. Non-melanoma skin cancer is very common but rarely fatal. However, it may necessitate disfiguring surgery. Another important factor to note is that a patient's risk of developing future skin cancers increases following a previous diagnosis of skin cancer.^{1, 2, 3, 4} The research so far excludes malignant melanoma. The SWPHO are planning to do some analysis on quantifying this risk for all skin cancers. Despite the 1992 Health of the Nation target 'to halt year on year increase of skin cancer by 2005', the incidence continues to rise.

Box 1: The vitamin D debate

Recent research on the health benefits of vitamin D (acquired through sun exposure) and health risks of vitamin D deficiency through lack of sun exposure has given conflicting messages: 'It has been suggested that the potential benefits of exposure to sunlight may outweigh the widely publicised adverse effects on the incidence of skin cancer.'⁵ As indicated above, the evidence for benefit of UVR exposure acting through Vitamin D is contradictory, whilst the evidence for UVR exposure as a cause of skin cancer is incontrovertible.'⁶ The vitamin D link is confusing and it is important to ensure prevention messages address this. Visit the skin cancer hub resources section on [vitamin D](#) for further information.



Causes

The major cause of skin cancer is over-exposure to ultraviolet radiation (UVR) from sunlight or sunbeds. Sunburn in childhood and repeated over-exposure can greatly increase the risk of skin cancer due to the sensitivity of children's skin. Social marketing research shows that the level of understanding of the link between UVR and skin cancer is relatively low among the general population.⁷

Treatment and cost

NICE *Improving Outcomes Guidance for People with Skin Cancer Including Melanoma*⁸ recommends that all skin cancers with a higher pathological classification than low risk basal cell carcinomas should be treated within secondary care. Historically, GPs have excised higher grade skin cancers in the community. Implementing this guidance will therefore impose a heavy burden on already stretched secondary care services, specifically dermatologists, plastic surgeons, head and neck surgeons and pathologists. Cancer Networks are in the process of implementing this guidance, working with PCTs and Acute Trusts to establish governance arrangements and guidelines. The implementation of the NICE guidance will have



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a significant impact on NHS services: an increase in cases treated within secondary care coupled with the need for a training programme for GPs with a specialist interest in skin cancer. It has been estimated that the cost of training a GP would be in the region of £43,000.⁹ The estimated cost of skin cancer overall is £240 million, comprising NHS costs (42%) and societal costs; out of the £108 million cost to the NHS, 58% is attributed to malignant melanoma.¹⁰

2.2 Why do we need prevention and early diagnosis strategies?

Estimations are that almost half of all cancers are preventable through raising awareness and empowering the public to change behaviours. The Cancer Reform Strategy¹¹ sets out a commitment to target excessive ultraviolet exposure and NCAT are funding awareness programmes to target this. Skin cancer is one of the most preventable forms of cancer; therefore through awareness raising and highlighting risks to the general public and increased access to skin services, there is great potential to stop the rise in incidence, increase survival and reduce the need for more radical treatment.

Statistics on skin cancer provide a compelling rationale for stronger action and shift the focus towards prevention and early diagnosis. Health policy is recognising the need to put more emphasis on awareness and prevention; *'for the NHS to be sustainable in the 21st century it needs to focus on improving health as well as treating sickness'*.¹² The World Class Commissioning Vision states that *'it will be pivotal in shifting the focus of care from diagnosis and treatment to prevention and well-being'*.¹³

SunSmart programmes have *'increased knowledge of the causes of skin cancer and the importance of early detection, increased awareness of actions that can be taken to prevent skin cancer, positively influenced attitudes to sun protection and promoted behaviour change among defined target groups'*.¹⁴ PCTs, working in partnership to establish sustained prevention and early diagnosis programmes, could start to halt the rise in incidence of skin cancer in England.

2.3 Risk behaviour and risk groups

Sunburn or intense sun exposure in childhood increases the risk of developing skin cancer in later life.^{15,16,17} There is also evidence that frequent

occurrences of sunburn during childhood can increase the formation of moles, which is an important risk factor for the occurrence of malignant melanoma later in life.¹⁸ Furthermore, children spend a considerable amount of time outdoors and it is estimated that they acquire more than half of their lifetime UV dose before the age of twenty.^{19,20} A recent study undertaken by the University of the West of England (UWE) highlighted that there is a different perception of 'risk' at home than on holiday and children are less protected whilst playing in the garden than when they are on the beach.²¹ Research indicates that with simple behavioural changes such as avoiding the strongest sun, appropriate use of sunscreen, and wearing hats and 'long' clothes, 90% of cases could be prevented.²²

Teenagers and young adults (in their 20s) across all social classes are at a particularly high risk from over-exposure to UVR. Young women are keen to seek a tan and 'look healthy', whereas young men tend to have a macho attitude and do not want to be seen applying sun cream.²³ *'The strength of social norms regarding the desirability of acquiring a suntan are substantial across all sectors of the population, but particularly among teenagers and young adults'*.²⁴ There are existing public health messages to avoid sunburn by the sensible application of sun cream, spending time in the shade between the hours of 11–3 and using clothing to cover up. However, many members of the general public still yearn for a 'healthy tan' and stay out in the sun too long.

In terms of sunbed use, a comprehensive analysis undertaken by the International Agency for Research on Cancer (IARC) concluded that the risk of cutaneous melanoma is increased by 75% when use of tanning devices starts before 30 years.²⁵ The IARC group met again in June 2009 and raised the classification of the use of UV-emitting tanning devices to Group 1, *'carcinogenic to humans'*.²⁶ Sunbeds are very accessible and there are hotspots in terms of density of sunbed and sun tanning establishments. The SWPHO have produced a **sunbed report** which investigates the distribution of sunbed establishments and identifies a public health inequality issue showing that there are more of these establishments in areas of higher deprivation.

The regulation of the sunbed industry is inconsistent and the Department of Health commissioned a report by the **Committee on the Medical Aspects of Radiation in the Environment (COMARE)** to review the evidence and provide advice on the health effects and risks from artificial tanning devices.²⁷ The report's recommendations include prohibiting the commercial

use of sunbeds by under-18s and prohibiting the unsupervised use and/or self-determined operation of sunbeds in commercial outlets. In May 2009 The Health and Safety Executive (HSE) published revised guidance for tanning salons²⁸ which recommended that under-18s do not use sunbeds and that all coin-operated salons are supervised by trained staff.

Outdoor workers are another at-risk group as they spend a large number of hours in the sun. They highlight the difficulties of keeping out of the sun during peak hours and have concerns about the impact of sunstroke.²⁹

A qualitative investigation into attitudes and understanding of sunburn undertaken on behalf of CRUK demonstrated that the communication of the risks of skin cancer should be *'hard hitting; concise; avoid preachiness; use graphic imagery; signpost what people should be doing'*. It was felt to be imperative to explain the link between sunburn and skin cancer and the damage to DNA in skin cells which then mutate into cancer cells.³⁰ The research undertaken by UWE also found that using *'appearance-based factors'* were most likely to be effective, particularly to young adults, e.g. showing the aging effects of the sun on the skin, but stress that messages should be *'positively-framed'*, e.g. *'Using sunscreen decreases your risk for skin cancer and prematurely aged skin'*³¹ rather than negatively-framed *'scare'* stories. UWE research concluded that *'messages challenging tanning behaviour are likely to be rejected. In the short-term, it is recommended that the focus for young people should be on strategies for tanning safely'*.³²

There is a need for government policy to ensure consistent sun-awareness and protection strategies in schools, as this could potentially enhance the awareness of the whole family. *'Actions of schools were seen as somewhat erratic, with some schools maintaining consistent policies, others selling hats*



to children and then making sure the hats were worn, while other schools appear, from the parent's comments, to take no action'.³³ Children, assuming they receive consistent messages, could promote safe sun within the family unit.

Those most at risk of non-melanoma skin cancer are white and particularly those who are fair complexioned, blue eyed and red or blond haired. Skin types and risk of sunburn are as follows:³⁴

TYPE I	Pale skin, burn very easily and rarely tan. They generally have light coloured or red hair and freckles. Sunburn on unprotected skin can be as short as 10 minutes.
TYPE II	Usually burn but may gradually tan. They are likely to have light hair, and blue or brown eyes. Some may have dark hair but still have fair skin.
TYPE III	Burn with long exposure to the sun but generally tan quite easily. They usually have a light olive skin with dark hair and brown or green eyes.
TYPE IV	Burn with very lengthy exposures but always tan easily as well. They usually have brown eyes and dark hair.
TYPE V	Have a naturally brown skin, with brown eyes and dark hair. They burn only with excessive exposure to the sun and their skin further darkens easily.
TYPE VI	Have black skin with dark brown eyes and black hair. They burn only with extreme exposure to the sun and their skin further darkens very easily.

2.4 Making an impact

It is essential for prevention and early diagnosis programmes to be sustained to ensure effective consistent services are embedded. It is very important to evaluate the effectiveness to support the evidence base of what works well. *'Evaluation is important for:*

- *finding out whether a project's aims and objectives have been achieved;*
- *assessing what else has been achieved;*
- *finding out what went well and what could be improved;*
- *influencing a project's development;*
- *feeding back progress to everyone involved including funding bodies and supporters;*
- *monitoring progress;*
- *demonstrating that resources are well-allocated;*
- *sharing experiences with others including potential funding bodies and key decision makers.'*³⁵

In designing an intervention, the desired outcomes in the short term include a change in:

- knowledge;
- attitudes;
- behaviour;
- earlier stage at presentation.

Longer term impact to include:

- reduced incidence of skin cancers;
- less invasive treatment required;
- better survival.

The table below shows the types of changes sought from interventions (adapted from Varcoe, 2004).³⁶

It is essential to be clear about the aims at the beginning of the programme and to decide on outcomes to be measured; the evaluation section of the toolkit will help with this.

Level	Detail	Key changes sought	Result level
Awareness	Awareness of concept	Increase in awareness of issue	Changes in awareness
Engagement	Connection with the concepts	Change of attitudes and contemplation of behaviour change. Behavioural responses to programmes	Changes in attitude and responses to programmes
Behaviour	Change in the desired behaviour	Behaviour change	Changes in behaviour
Social norm	Widespread and sustainable change in behaviour	The desired behaviour change has permeated widely and sustainably and is therefore maintained	Normative changes in attitude and behaviour
Well being	Improvement in social and environmental outcomes	The desired behaviour change has resulted in an improvement in quality of life for the population	Changes in social and environmental outcomes

2.5 What works?

Sustained intervention programmes can make a difference through increasing knowledge and changing attitudes and behaviour. There are long-established SunSmart programmes in [Australia](#) and [New Zealand](#) and up until about seven years ago, many PCTs in England had active [SunSmart](#) campaigns. Possibly due to recent reorganisations in the NHS this programme has only continued in a limited fashion. However, *‘as the epidemiology of skin cancer and evidence from Australia suggest, in the long-term the most effective way to reduce the impact of skin cancer on the population and the NHS will be through reduction of exposure to ultraviolet (UV) radiation, particularly sun, combined with increased population awareness of signs and symptoms of cancer.’*³⁷ The Cancer Reform Strategy includes a commitment by government to expand the SunSmart campaign.

There are other pieces of work taking place within the area of skin cancer prevention and early diagnosis that could provide useful links. NICE are developing [public health guidance](#)³⁸ on provision of information, resources and environmental changes to prevent skin cancer. The guidance, due to be launched in January 2011, will among other things, recommend areas of good practice based on available evidence of effectiveness, including cost effectiveness and will underpin the Cancer Reform Strategy. The NCAT [National Awareness and Early Diagnosis Initiative](#) was launched last year; this national programme is supporting Cancer Networks to implement key priorities on prevention and early diagnosis from the Cancer Reform Strategy. There are now twelve Cancer Networks that have signed up to undertaking work on combating skin cancer through this national programme. Details of these initiatives are available on the [Skin Cancer Hub](#) and learning and sharing are encouraged. Working under a national or regional umbrella ensures a more effective programme and working in partnerships ensures better use of resources, increased engagement and better coverage.

The [interventions](#) on the SWPHO's Skin Cancer Hub and the delivery section of this toolkit provide a flavour of the different types and methods of interventions. The focus should be on these key areas:

- **Sun awareness** – education on how to enjoy the sun safely without causing harm, e.g. application of sun cream (it is thought that few people apply sun cream properly), protection of clothing, spending time in the shade between the hours of 11–3;
- **Shade areas** – erecting sun protection structures, e.g. planting trees, seating under shaded areas, building pergolas and other shelters, using parasols;
- **Sunbeds** – monitoring and safety campaigns aimed at sunbed users and regulating sun tanning establishments;
- **Spotting signs and symptoms of skin cancer** – early detection of skin cancer will save lives. Use the ABCD-Easy rules (British Association of Dermatologists) below³⁹ and leaflets on self diagnosis are available on the CRUK website. Rapid access to hospital specialists will be crucial to support these initiatives.

ABCDE diagnosis tool

Asymmetry	The two halves of the area may differ in shape.
Border	The edges of the area may be irregular or blurred, and sometimes show notches.
Colour	This may be uneven. Different shades of black, brown and pink may be seen.
Diameter	Most melanomas are at least 6mm in diameter. Report any change in size, shape or diameter to your doctor.
Expert	If in doubt, check it out! If your GP is concerned about your skin, make sure you see a Consultant Dermatologist, the most expert person to diagnose a skin cancer. Your GP can refer you via the NHS.






















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Interventions should be directed at improving sun protection habits rather than sun avoidance³⁰ as this would seem to be anti-fun and could conflict with healthy lifestyle messages related to exercise. The table below highlights key channels to target different populations. Sun safety awareness messages should include:

- strategies to tan as safely as possible;
- strategies to help parents engage their children in sun protection strategies;
- strategies for avoiding sunburn and sunstroke;
- effective use of sunscreen;
- providing advice as to the amount of sun exposure recommended in relation to Vitamin D production.⁴⁰

Key channels to target populations	Children	Young adults (under 30 yrs)	Adults (30 yrs +)
Outdoor events (festivals, sports events)			
Outdoor tourist areas, e.g. beach, parks, play areas			
Schools/pre-schools/private nurseries			
Higher education colleges/universities			
Workplace			
Sports and leisure clubs			
Transport (buses/trains/tubes)			
Internet/TV/radio/magazines			
Shops (supermarkets/garden centres/pharmacies)			

3. Toolkit steps

3.1 Analyse

'By having a thorough understanding of the needs of different sections of the local population, world class commissioners, along with their partners, will develop a set of clear, outcome-focused, strategic priorities and investment plans'.⁴¹

This section is designed to provide guidance on potential information sources and promote ideas on how to assess services in order to effectively commission for skin cancer prevention and early diagnosis.

3.1.1 Assessment of needs – current and future

Information analysis

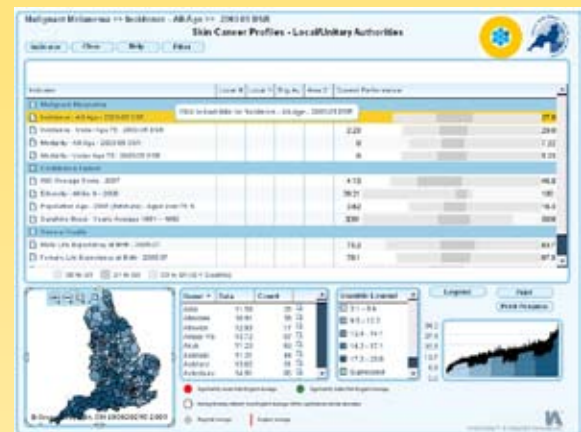
Information	Detail	Sources
Understand your population characteristics to tailor programmes effectively	Age profiles, deprivation indices, ethnicity and gender	Deprivation via skin cancer profiles Office for National Statistics/PCT information teams
Review epidemiology of skin cancer in your area	Incidence broken down by melanoma and non-melanoma Trends of survival, mortality, prevalence (by age and sex) Stage at diagnosis for melanoma	Incidence and mortality data on melanoma via skin cancer profiles Incidence for melanoma/non-melanoma and mortality from malignant melanoma available via NCHOD* compendium Indicators/ data – spreadsheets; NCIN* for survival analysis . Alternatively contact your local Cancer Registry for specific information; cancer registration for non melanoma is patchy. Stage at diagnosis for melanoma is available from most cancer registries.
Understand your geography to understand risk factors	Tourist areas, coastal areas, cities, number of sunshine hours	Sunshine hours – via skin cancer profiles .
Understand contextual issues	Universities, sunbed density	SWPHO sunbed density report (2006 data) or contact Local Authority for up-to-date sunbed outlet information. Deprivation – via skin cancer profiles
Review secondary care services	Ratio of new/follow up appointments Pathology workload assessment Proportion of non-melanoma and melanoma cases requiring hospital admission for surgery by melanoma and non-melanoma Waiting times for dermatology – two-week wait and routine Review number of day cases	HES online data for UK new/follow up appointments; Trust information systems for trust-specific data Trust pathology systems Trust information systems Trust information teams/Network teams Trust information teams
Review sunbed outlets	Complaints, review and surveys of establishments Look at the number of sunbeds for the population, review against deprivation	Local Authorities – Health & Safety or Environmental Health departments SWPHO sunbed report ; deprivation via skin cancer profiles

*NCHOD: National Centre for Health Outcomes Development; **NCIN: National Cancer Intelligence Network



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- Review these varied data sources to undertake a needs assessment and highlight priority areas:
 - i. benchmark local areas against national groups (e.g. age: target areas where there are more young people – university towns, for example have more young people than average and this age group tends to display more risky behaviour);
 - ii. review trends, e.g. incidence by age group;
 - iii. analyse data on sunbed establishment practice, e.g. coin-operated machines;
 - iv. review service delivery aspects, e.g. access to services and burden on resources.
- Undertake independent research for a baseline assessment (see evaluation section) to evaluate impact of programme:
 - i. surveys – self-completion questionnaires;
 - ii. surveys – interviews (e.g. face-to-face, telephone);
 - iii. focus groups/in-depth interviews;
 - iv. observation;
 - v. analysis of clinical information, e.g. stage at diagnosis, referral information;
 - vi. undertake social marketing work to focus your strategies, see Appendix A of the UWE [social marketing report](#) for guidance on this.



- Map out referral routes and access points for the general public, e.g. mole clinics (include the commercial sector).
- Review services available in the private sector, including privately run skin clinics or services in the commercial sector, e.g. chemists.

Roles of others

- Engage with Local Authorities to review location of solariums and leisure clubs; explore any recent compliance surveys or audit. Obtain information on local businesses whose employees work outdoors.
- Work with Health & Safety and Trade Union organisations to organise polls on activity relating to sport and leisure facilities, and organisations' outdoor worker policies.
- Liaise with schools and early years organisations to request information on sun policies, curriculum-based learning related to skin cancer, and existing information distribution processes (e.g. newsletters).
- Liaise with Local Coordinators Healthy Schools Programmes to find out if there are local area initiatives regarding sun safety programmes and to identify whether any schools have identified Sun Safety as a school priority and what their intended outcomes are.
- Review charitable organisations for available information sources and support services.

3.1.2 Baseline assessment of services

NHS Services

- Review and analyse progress of the Cancer Network's NICE guidance action plan, which will include Acute Trust Multi-disciplinary Team configuration and supporting services, guidelines, governance and accreditation processes.
- Look at Cancer Services Peer Review outcomes, report and follow-up plans.
- Review GP accreditation and audit results for the treatment of skin cancers.
- Assess existing or previous prevention and early diagnosis programmes.

CHECKLIST

	What does your needs assessment show, (e.g. high incidence in young people of melanomas, late presentation)?
	Are there any priority areas or gaps in service provision illustrated through the information available?
	What are the local priorities and what do you understand about them?
	What is the current level of capacity in secondary care and what potential areas for service redesign are there?
	What communication aids and channels are available?
	Are there any other areas that need to be explored?



3.2 Plan

This section will assist with establishing a robust planning process to support your programme.

- Identify resources for this programme and analyse cost saving areas through service redesign.
- Establish data collection for programme evaluation.
- Engage partners, including service users, providers, clinicians, schools and other sectors or communities, and the media.
- Ensure engagement with clinicians and other health professionals by working with existing groups (e.g. Cancer Network Site Specific Group meetings, Locality meetings).
- Agree with partnership members on what will count for success, how this is to be measured and who will take responsibility for this to ensure agreement on coordination and control.
- Set priorities and timescales following the information gathering exercise and in discussion with partners.
- Agree on a programme management structure (group, board etc.).
- Ensure links and consistency with other relevant programmes.
- Work with the Cancer Network and with other PCTs to share good practice, explore resources required and use existing expert leaflets, posters, packs and guidelines.

CHECKLIST

	Have you established agreed aims with your partners?
	What are successful outcomes and how can you measure these?
	Do you have a robust monitoring system in place?
	What quality assurance systems are required?
	What skills do you need to lead this programme?
	Have you been able to gain input from the people delivering services and receiving the service into your planning?
	What interventions have been undertaken elsewhere that could be adopted? See interventions database for ideas.
	What levels of resources are available to address gaps in services and identified inequalities?
	Are you engaging with your partners and the media?
	Have you thought about establishing a prevention working party or group, perhaps within the PCT or a wider group, e.g. Cancer Network?
	How can you embed this work into your organisation? Does the Local Area Agreement include this work or could it align with other areas (e.g. Healthy Schools)?



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3.3 Delivery

This section is aimed at assisting you in launching your programmes.

- Use appropriate channels to target populations with awareness and early recognition schemes (see section 2.5).
- Use schools, Local Authority and community newsletters, booklets and other communication routes to launch the programme.
- Target sport, leisure and entertainment events as well as supermarkets, other shops, pharmacies and community areas.
- Launch prevention strategies and ensure access for the wider population by using various channels and working with partners.
- Work with primary and secondary care providers, with the assistance of the Cancer Network to improve access to services for early detection and rapid treatment.
- Enhance teaching and education programmes, linking to the Cancer Network's NICE guidance action plan and using existing skills, e.g. skin cancer clinical nurse specialists, prevention teams.
- Review Interventions on the Skin Cancer Hub for ideas on intervention programmes already undertaken.

UWE recommend targeting the following:

- *'Appearance-based interventions targeting adolescents and young adults;*
- *Customised interventions for specific environments such as swimming pools'* ⁴²

Examples of interventions

Establish ad hoc 'mole clinics' at festivals, in the workplace or community, e.g. supermarkets, village halls etc.	Run quizzes on awareness, provide answer sheet to respondents.	Travel assessment package at GP surgeries to include skin cancer prevention advice.
Sunbed advice sheets to all hair & beauty salons, spas & hotels. Input into training schemes for staff.	Skin cancer prevention and early recognition messages/packs in chemists, libraries, GP surgeries, schools, youth clubs, village halls, supermarkets, cafes, garden centres and other prime locations.	Ensure rapid access to secondary care – review workload, efficiency and follow-up burden.
Work with Local Authorities to establish safe guidelines and quality assurance systems for sunbed and sun tanning facilities. See ' Saving our Skins ' Toolkit ⁴³ for examples of programmes.	Sun cream, hats and factsheets at tourist areas: <ul style="list-style-type: none"> • parks and other outdoor areas • National Trust sites etc. • beach areas • festivals/shows etc. 	Promote community projects to erect shade structures e.g. pergolas, willow, and parasols, use local businesses to support ventures. Erect shade areas in: <ul style="list-style-type: none"> • schools • parks • picnic areas.
Use advertising channels on public transport or local news to launch intervention strategies and signpost services.	Go into schools and teach 'self-examination' techniques, show a DVD, run a quiz, establish competitions to gain input into interventions, e.g. posters.	Information sheets on event planning through councils (sun safety messages and shade area planning). Support St John's Ambulance/Red Cross with sun cream, hats and factsheets.



CHECKLIST

	Are you able to react to early results and shift the programme direction if required?
	Have you developed a service specification with suggested indicators that can be used by local services as measures of effective practice, e.g. ease of access and rapid referral from primary to secondary care, using resources effectively, looking at and reviewing need of follow-up practice in secondary care?
	How will you manage your <i>'relationships and contracts with providers in order to ensure that they deliver the highest possible quality of service and value for money?'</i> ⁴⁴



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3.4 Review and evaluation

The aim of the review stage is to evaluate the effectiveness of the programme against the aims and assess the changes in the target population. Evaluation also provides the information required to ensure continued support and investment to expand or enhance the programme.

- Review baseline assessment against current position.
- Assess outcomes against agreed measures, e.g. increasing use of shaded areas.
- Appraise current investment and priorities.
- Review areas for future development, e.g. expansion of geographical area, target population or different or varied approaches.
- Network with other PCTs and Cancer Networks to share good practice.

- Work with partners in evaluating the programme, e.g. Local Educational Authorities School Implementation Programme to assess changes in behaviour relating to sun awareness.

CHECKLIST

	Have you been able to monitor and evaluate the programme?
	What are the results of the investment and priorities review?
	Are any changes to planning and commissioning required as a result of the programme? Will you need to adjust any contracts or service level agreements as a result of the programme and changes in practice?
	Could the programme be adapted for another setting or expanded?
	How will this work be embedded into mainstream services in the future?

The table below provides a selection of techniques by which changes can be measured (adapted from Varcoe, 2004).⁴⁵

Levels	Indicators	Means of measurement
Awareness	X% awareness of issue	Surveys (formal/informal – advisable at the end of each summer period)
Engagement	X% contemplating changed behaviour X% discussing/responding/participating	Surveys Behavioural data (e.g. website hits, requests for information etc.)
Behaviour	X% self-reported behaviour X% behaviour changes recorded	Self-reported (think of methods) Behavioural data (e.g. from organisations providing outdoor activities)
Social norms	X% positive attitudes/volume of media coverage X% committed to behaviour change Anecdotal feedback/observation Political environment (e.g. legislation/guidelines)	Surveys Media and political tracking Anecdotal feedback Observation
Well-being	X% increase in social outcome X% increase in environmental outcome	Social reports (compilations of indicators of wellbeing) Epidemiological data, incidence and survival, staging data and referrals* Environmental data, e.g. fewer sunbed establishments, shaded areas

* The SWPHO Skin Cancer Tumour Panel are undertaking an audit on stage at diagnosis.

4. Conclusion

There is strong evidence of the benefits of putting resources into prevention and early diagnosis. The government has given a clear steer to deliver on this; *'given the importance of cancer prevention, PCTs and cancer networks should give high priority to raising public awareness of cancer risk factors'*.⁴⁶ However, there is still a need for government regulation and guidance in relation to sunbeds, employers of outdoor workers and schools.

This toolkit has been designed as a quick and easy guide to developing skin cancer prevention and early diagnosis programmes for commissioners and others involved in the commissioning process. It is hoped that it will inspire action in this crucial area and will be used to establish robust and sustained intervention programmes.

Skin cancer poses a significant burden on NHS resources. There is scope to alleviate this in the long-term through education of the general public. Benefits for the population include reduced incidence, better outcomes for patients and more efficient use of resources within the NHS. There is ongoing work nationally to target action in this area and support programmes on awareness and early diagnosis. Commissioners need to work in partnership with other health services, voluntary organisations, Local Authorities and the education sector, thus pooling resources, maximising results and enabling a comprehensive programme to tackle skin cancer.

We would value your feedback on this toolkit so that we can improve on its usefulness and effectiveness. Please feed back suggested improvements and general comments by visiting

www.swpho.nhs.uk/skincancerhub/about/feedback.aspx

Thank you.





8. References

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Sources of additional information

Skin Cancer Hub – <http://www.swpho.nhs.uk/skincancerhub>

South West Public Health Observatory – <http://www.swpho.nhs.uk>

Cancer Research UK *Sunsmart* Campaign – <http://www.Cancerresearchuk.org>

Leaflets/information packs – http://publications.cancerresearchuk.org/epages/crukstore.sf/en_GB/?ObjectPath=/Shops/crukstore/Categories/BrowseByCampaign/SunSmart

Examples of Interventions taken from a variety of sources including:

Skin Cancer Hub Interventions database –

http://www.swpho.nhs.uk/skincancerhub/resource/view.aspx?QN=INTER_DEFAULT

Saving our Skins Toolkit –

http://www.cieh.org/library/Knowledge/Public_health/Skin_cancer/Saving%20our%20Skins%20Toolkit.pdf

Toolkits and other guidance

The following guidance documents were reviewed for this toolkit.

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BHF National Centre & Loughborough University. *A Toolkit for the Design, Implementation and Evaluation of Exercise Referral Schemes*, Draft Consultation Report. February 2009.

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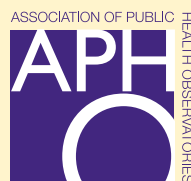
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