

# **MID-TERM REVIEW OF THE SKIN CANCER PREVENTION STRATEGY AND ACTION PLAN**

**OCTOBER 2017**

## **SECTION 1 – INTRODUCTION**

### **1.1 Overview**

In July 2011, the Department of Health published a ten-year strategy and action plan for the prevention of skin cancer in Northern Ireland. Following its launch, a multi-sectoral steering group was established to implement the strategy, jointly chaired by the Public Health Agency (PHA) and Cancer Focus NI.

In order to ensure that satisfactory progress is being made against the strategy's objectives and targets, in October 2016, the Department, in conjunction with Cancer Focus NI, the PHA and the Institute of Public Health, commenced a mid-term review of the strategy.

### **1.2 Review terms of reference**

The terms of reference for the review are:

- to assess the progress and impact of the strategy against its objectives, targets and action plan;
- to assess the relevance of the strategy's objectives, targets and actions in the context of the latest research and published information;
- to assess the implementation frameworks, structures and processes; and
- to make recommendations relating to the way forward.

### **1.3 Methodology and approach**

The review group agreed the following project plan:

- Stage 1 – Gathering and review of information.
- Stage 2 – Engagement with stakeholders, including past and present members of the strategy implementation steering group, via a workshop.
- Stage 3 – Final report agreed by review group.

### **1.4 Structure of report**

The report is laid out in 6 sections which best convey the information gathered during the evidence review as well as feedback from stakeholders during the workshop.

The structure of the report is as follows:

Section 2 - The strategy

Section 3 - A context for the strategy

Section 4 - Strategy implementation – structures, framework and processes

Section 5 - Review of progress

Section 6 - Conclusions and recommendations

## **SECTION 2 - THE STRATEGY**

### **2.1 Background**

The first strategy aimed at reducing incidence and deaths from skin cancer in Northern Ireland was published in 1997. An independent review of this strategy was carried out in 2006, and while it recognised that a number of successful outcomes had been achieved, the review recommended that a new ten-year strategy for the prevention of skin cancer be developed.

The Skin Cancer Prevention Strategy Working Group was established by the department in April 2009 in order to develop a new strategy. This group included representation from health, education, health and safety, district councils and the voluntary sector.

The new strategy, which was published and launched by the Health Minister in July 2011, identifies one overall aim and 6 objectives.

The overall aim of the strategy is:

*“To reduce the incidence of skin cancer and deaths from it among people in Northern Ireland.”*

### **2.2 Objectives**

The strategy objectives are:

- to increase public awareness regarding the dangers of overexposure to UV radiation from sunlight and from artificial tanning devices;
- to reduce overall use of artificial tanning devices;
- to increase individual and organisation-wide practice of sun safety behaviours;
- to increase awareness about the early signs of skin cancer and the need for prompt attention;
- to encourage earlier detection and treatment of malignant melanomas; and
- to promote further research into knowledge, attitudes and behaviour and the epidemiology of skin cancer.

### **2.3 Targets**

Three targets have been set in the strategy, each to be achieved by 2016. The baseline for these targets was established through the Northern Ireland Omnibus Survey 2008.

The targets are:

- to increase by 10% the proportion of men who take protective measures while in the sun;
- to increase by 5% the proportion of the population who check their skin for signs of cancer, once a month or more; and
- to reduce by 30% the proportion of 16-25 year olds currently using sunbeds.

In order to assess whether the targets have been met, questions were placed in the Health Survey Northern Ireland 2016/17. The results of this survey will be available towards the end of 2017.

## **2.4 Priority groups**

While the strategy is aimed at the population as a whole, 2 groups have been identified as requiring particular attention and these are:

- children and young adults; and
- people who spend a significant amount of time outdoors including those who regularly participate in outdoor sports.

## **2.5 Implementation group**

A multi-disciplinary implementation group was established to take the strategy forward. The implementation group, which is jointly chaired by the PHA and Cancer Focus NI, meets quarterly. Sitting under the main group are 4 subgroups established to focus on specific objectives. These groups also meet quarterly and the chairs report on progress made at the main implementation group meeting. While there is some crossover, not all of the members of the subgroups are members of the main implementation group.

## **SECTION 3 – CONTEXT FOR THE STRATEGY**

There have been a number of strategic changes, developments and research findings since the publication of the skin cancer prevention strategy and action plan. This section makes reference to some of these. It is not an exhaustive list and is meant to be illustrative of the context in which the strategy has sat during the past five years.

### **3.1 Making Life Better**

*Making Life Better*, which was published in 2014, sets a clear direction for actions to improve health and reduce inequalities. Through this strategic framework, the Northern Ireland Executive has committed to creating the conditions for individuals, families and communities to take greater control over their lives and be enabled and supported to lead healthy lives. Making Life Better is structured around 6 themes, one of which is empowering healthy living and an action around halting the rise in the incidence of skin cancer is included under this theme.

### **3.2 Programme for Government**

The new draft Programme for Government (PfG) favours an outcomes-based approach and will set out the priorities to be taken forward by the Executive during its Assembly mandate. In total, it contains 14 strategic outcomes aimed at delivering improved wellbeing for all citizens in Northern Ireland. Of these, outcome 4 – we enjoy long, healthy, active lives – relates directly to the aim and objectives of the skin cancer prevention strategy. A key element of the draft PfG is partnership working, not just between government departments but also with local government, the private sector and the voluntary and community sectors.

### **3.3 Health and Wellbeing 2026: Delivering Together**

Health and Wellbeing 2026: Delivering Together was launched in October 2016, and sets out a vision for the transformation of Health and Social Care (HSC) in Northern Ireland. In line with the aspirations of the new draft PfG, the overarching aim in Delivering Together is that people in Northern Ireland lead long, healthy and active lives. Improving the health of the population is included as one of the four key aims of the document and there is a focus on prevention and early intervention which ties in well with the skin cancer prevention strategy.

### **3.4 NICE Guidance – Sunlight exposure: risks and benefits**

The Department of Health has a formal link with NICE to locally review the NICE guidance for its applicability to Northern Ireland and, where found to be applicable, is endorsed by the Department for implementation in the HSC. The guidance entitled “Sunlight exposure – risks and benefits” was endorsed by the department in April 2016. It covers advice on communicating the risks and benefits of natural sunlight exposure (both UVA and UVB) in order to help the public understand how to modify

behaviour in order to reduce the risk of skin cancer while simultaneously optimising vitamin D synthesis.

While the information contained within the department's skin cancer prevention strategy and action plan is largely consistent with the latest NICE guidance, the action plan will require some modification in order to fully take account of the NICE recommendations.

Issues of note include:

- the importance of knowing your individual skin type;
- the balance between exposing skin to sunlight in order to attain sufficient levels of vitamin D without increasing risk of skin cancer;
- particular considerations for immunosuppressed patients; and
- the importance of understanding UV levels.

<https://www.nice.org.uk/guidance/ng34>

<https://www.nice.org.uk/Guidance/NG34/evidence>

### **3.5 SCHEER Opinion on biological effects of ultraviolet radiation relevant to health with particular reference to sunbeds for cosmetic purposes**

The Scientific Committee on Health, Environment and Emerging Risks approved an Opinion on the issue of sunbed use for cosmetic purposes in November 2016. The Opinion concluded there is strong evidence that exposure to ultraviolet radiation, including from sunbeds, causes both malignant melanoma and squamous cell carcinoma at all ages and that the risk for cancer is higher when the exposure takes place in younger ages. It also concluded that there is no safe limit for exposure to UV radiation from sunbeds.

[http://ec.europa.eu/dgs/health\\_food-safety/dyna/enews/enews.cfm?al\\_id=1738](http://ec.europa.eu/dgs/health_food-safety/dyna/enews/enews.cfm?al_id=1738)

### **3.6 Latest research on priority groups identified in the strategy**

While the skin cancer prevention strategy and action plan is aimed at the entire population, 2 particular groups have been identified as requiring particular attention.

These are:

- children and young adults; and
- people who spend a significant amount of time outdoors.

A review of interventions to decrease skin cancer risk in outdoor workers (Horsham *et al. BMC Research Notes* 2014, 7:10) includes interventions published between 2007 and 2012 and presents findings about sun protection behaviours and/or objective measures of skin cancer risk. Of 223 papers screened for inclusion, 38 were reviewed and 6 met the criteria. The studies represented interventions for workers from industries including ski resorts and the postal service. These workers tended to be white males. The review highlighted the need for further research in this area, using standard assessment instruments and covering a diverse range of

workers across a number of different industries, in order to facilitate comparisons. It did, however, identify that educational and multi-component interventions were more effective in increasing sun protection, with less evidence available to support the effectiveness of policy or specific intervention components.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4028889/pdf/1756-0500-7-10.pdf>

A systematic review of interventions to prevent skin cancer by reducing exposure to ultraviolet radiation looked specifically at studies which evaluated a specified population-based intervention for the primary prevention of skin cancer. A total of 85 studies were selected for inclusion in the review. The authors of the review concluded that there was sufficient evidence to show that education and policy approaches to increasing sun safe behaviours were effective in primary school settings as well as recreational and tourist settings. In the studies which examined interventions in primary schools, they were consistently associated with an increase in covering-up behaviour. Evidence to support interventions in childcare settings and secondary schools was insufficient.

<https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0021484/>

### **3.7 Skin cancer prevention and relevant legislation**

In Northern Ireland, legislation has been passed to prevent the use of commercial sunbeds by persons under the age of 18. The Sunbeds Act (Northern Ireland) was passed in 2011 and regulations under the Act were made in 2012. The legislation also places a duty on sunbed operators to provide health warning information to clients wishing to use a sunbed. Similar legislation has been introduced in other countries including the rest of the UK, Ireland, New Zealand and a number of states in Canada and the USA.

States in Australia have recently followed Brazil by taking the further step of introducing a complete ban on the commercial use of sunbeds, citing their classification as a group 1 carcinogen as justification. The law applied to all states in Australia from January 2016.

In the USA, the state of California has passed a number of laws relating to the prevention of skin cancer including requiring that schools allow students to use sun-protective clothing and sunscreen whilst on campus, as well as a law which urges employers to identify and correct workplace hazards connected to UV radiation (<https://www.surgeongeneral.gov/library/calls/prevent-skin-cancer/exec-summary.html>).

### **3.8 The Northern Ireland Cancer Registry**

The Northern Ireland Cancer Registry is a vital resource in providing official statistics on cancer incidence, prevalence and survival. In relation to skin cancer statistics, the information is broken down into two categories - malignant melanoma and non-melanoma skin cancer. The latest information available shows that between 2011

and 2015, an average of 163 males and 194 females were diagnosed with malignant melanoma per year. During this period, there were an average of 47 deaths from this disease per year. For non-melanoma skin cancer, incidence is much higher with 1946 men and 1504 women diagnosed each year. Mortality rates, however, are considerably lower at around 19 deaths per year.

### **3.9 Health Survey NI**

The Health Survey NI is carried out on an annual basis by the Department of Health. It covers a range of health topics with separate modules for different policy areas included in different financial years. Questions on care in the sun were included in the 2012/13 survey (sample size 4,294) and were repeated in the 2016/17 survey. As referred to in paragraph 2.3, the strategy includes three targets which will be measured against the findings of the 2016/17 survey.

In summary, results from the skin cancer prevention module in 2012/13 revealed that:

- women are more likely than men to use protective measures whilst in the sun as are those living in the least deprived areas;
- the incidence of sunburn is most common among young adults with 43% of 16-24 year olds reporting that they had been sunburnt at least once in the past year;
- the majority of respondents claimed to use a sunscreen of SPF 15 or above and most people reported using sunscreen when abroad;
- men are less likely to check their skin for signs of skin cancer; and
- with the exception of the over 55s, the 16-24 year old age group were more likely to have never used a sunbed and to claim that they never want to.

### **3.10 Skin cancer strategies – worldwide**

Northern Ireland is currently the only country in the UK and Ireland to have a dedicated strategy for the prevention of skin cancer, however, this is due to change with the anticipated publication of a strategy in the Republic of Ireland later in 2017. Since the 10-year Northern Ireland strategy was published in 2011, a number of shorter-term strategies for the prevention of skin cancer have been published elsewhere. These include:

The Devon Council Skin Cancer Prevention Strategy 2011-2014 - <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2011/07/Devon-Skin-Cancer-Prevention-Strategy-2011-14- April-2011 .pdf>

The New Zealand Skin Cancer Primary Prevention and Early Detection Strategy 2014-2017 - <http://www.melnet.org.nz/uploads/NZ-Skin-Cancer-Primary-Prevention-and-Early-Detection-Strategy-2014-to-2017.pdf>



The New South Wales Skin Cancer Prevention Strategy - [https://www.cancerinstitute.org.au/getattachment/bd23da9f-1219-4e96-9da2-437a08217194/2012-11-19\\_nsw-skin-cancer-prevention-strategy.pdf](https://www.cancerinstitute.org.au/getattachment/bd23da9f-1219-4e96-9da2-437a08217194/2012-11-19_nsw-skin-cancer-prevention-strategy.pdf) (An updated version was due to be published in 2016.)

### **3.11 Emerging issues**

There are a number of issues which, while falling outside the specific remit of the skin cancer prevention strategy, will need to be considered by the implementation group when considering taking forward future actions. A summary of these and links to recent evidence is set out below.

#### *Vitamin D supplementation*

In a change to previous advice, the Scientific Advisory Committee on Nutrition (SACN) recommended in 2016 that everyone in the UK should be aiming for a reference nutrient intake for vitamin D of 10mg a day (or between 8.5 and 10mg for babies under 1 year old). Given that vitamin D can only be synthesised through sunlight in the UK between the months of April and October and that only small amounts are deliverable through natural food sources, SACN has tasked the Government with developing strategies to ensure that the required levels are achievable by the population all year round.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/537616/SACN\\_Vitamin\\_D\\_and\\_Health\\_report.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/537616/SACN_Vitamin_D_and_Health_report.pdf)

#### *Screening for skin cancer*

While a number of population-based screening programmes are in place in the UK for a range of cancers, routine screening for skin cancer is not available under the NHS. The aim of population-based screening programmes is to reduce mortality through early detection. At present, there is insufficient evidence to justify the establishment of a screening programme for melanoma. In Germany, however, a recent study reported a 47% reduction in melanoma mortality following population-based screening by means of a whole-body examination carried out by GPs (with suspicious lesions referred to a dermatologist).

<https://www.ncbi.nlm.nih.gov/pubmed/22517033>

<https://www.ncbi.nlm.nih.gov/pubmed/23574893>

#### *Immunosuppressed patients*

People who are immunosuppressed, e.g. as a result of an organ transplant, are at a greater risk of developing skin cancer than the general population. While the risk is higher for all immunosuppressed patients, it increases in line with the general risk factors for skin cancer, i.e. fair skin, light eyes and hair colour, large number of moles, family history etc. The risk also increases with time, with around half of all transplant patients having been diagnosed with a skin cancer 20 years after organ transplantation.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3197980/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834691/>

## **SECTION 4 – STRATEGY IMPLEMENTATION – STRUCTURES, FRAMEWORK & PROCESSES**

### **4.1 Skin Cancer Prevention Strategy Implementation Group**

As outlined in section 2, a multi-sectoral implementation group was established in January 2012 in order to oversee implementation of the strategy. This group is co-chaired by the PHA and Cancer Focus NI and quarterly meetings are split between the headquarters of both organisations. The group is required to monitor the implementation of the activities of the strategy and to share progress made with the Department through regular reporting mechanisms.

### **4.2 Terms of reference of the Implementation Group**

1. To oversee, coordinate, and drive forward implementation of the 6 objectives as outlined in the strategy document.
2. To contribute to the achievement of targets and indicators associated with skin cancer prevention.
3. To identify and agree priority areas for action.
4. To develop a detailed timed annual action plan to take forward the priority objectives.
5. To monitor progress across the range of activities at a strategic level.
6. To obtain and promote multi-agency buy-in to the strategy and action plans.
7. To report on progress and activities to the Department of Health.
8. To monitor against targets where appropriate.

### **4.3 Structure**

The Skin Cancer Prevention Strategy Implementation Group oversees and reports on the implementation of the action plan. Members of the implementation group are drawn from a range of sectors and organisations with a particular interest or role in the prevention of skin cancer.

Subgroups have been established as necessary to take forward actions on specific pieces of work. These groups are each chaired by a member of the implementation group, and seek membership, advice, support or expertise from other individuals and organisations as required.

Membership of the group is comprised of representatives from the following organisations:

- service users;
- local councils;
- PHA;

- Department of Education;
- Department of Health;
- primary care: dermatology;
- Cancer Focus NI;
- NI Cancer Registry;
- Health and Social Care Trusts; and
- community pharmacy.

#### **4.4 Roles**

The PHA, with support from Cancer Focus NI, and working closely with the regional skin cancer prevention strategy co-ordinator, co-ordinates and oversees the progress of the group. The agency collates reports from the subgroups on work undertaken to meet objectives for submission of an annual progress report to the Department of Health as below.

Members of the implementation group serve as the nominated representative for their respective organisations, and are sufficiently senior to effect change or take forward actions within their organisations as required.

#### **4.5 Reporting and monitoring**

The action plan is reviewed at every implementation group meeting for progress against key milestones. Until 2015, interim progress reports were submitted to the Department of Health by 31<sup>st</sup> October of each year, with an annual progress report submitted by 30<sup>th</sup> April. Following correspondence between the Director of Public Health in the PHA and the Director of Population Health in the Department, it was agreed that the interim report was no longer necessary.

#### **4.6 Funding**

The PHA funds the implementation of the strategy. A budget is allocated at the beginning of each financial year, with the opportunity of bidding for additional funding on a non-recurrent basis as the year progresses. The funding covers the part-time salary of the regional co-ordinator, any initiatives or programmes agreed by the group, and the costs of resources used to promote awareness of care in the sun.

The relatively small budget invested in implementation of the strategy to date has been utilised efficiently to provide the maximum output in terms of the volume of work undertaken and the number of people who have been targeted with the care in the sun message. Using funding to employ a dedicated member of staff to take forward implementation of the strategy has seen the biggest impact in terms of driving the work forward.

## SECTION 5 – REVIEW OF PROGRESS

### 5.1 Introduction

The strategy comprises 6 objectives under which 23 actions have been identified. A summary of the progress made by the implementation group in meeting the objectives, for the period covered by this review, is set out below.

### 5.2 Objective 1 – increasing public awareness regarding the dangers of overexposure to UV radiation from sunlight and from artificial tanning devices

*Responsibility – Public Awareness Subgroup*

#### **Action 1**

***Develop and deliver a sustained campaign to raise awareness of skin cancer among both the general public and health and educational professionals taking account of NICE guidelines on providing public information to prevent skin cancer.***

- A number of press releases (43) on skin cancer prevention, covering areas such as the risks associated with sunbed use and advising the public to take extra care in the sun when abroad have been issued.
- The care in the sun website was comprehensively updated and relaunched in June 2013. Efforts by the subgroup to increase traffic to the website were successful with it receiving almost 24,000 hits in 2015/16, an increase of 219% from the previous year.
- Information on skin cancer awareness including risks and signs for early detection was provided for inclusion in the PHA cancer awareness campaign.
- Involvement in 100+ public engagement events in order to provide information on skin cancer prevention
- A 4-week digital marketing campaign was launched in February 2016 in order to alert 16-25 year olds on the dangers of sunbed use. There were approximately 1.4 million opportunities to view the outdoor advertising and the online advertising achieved almost 475,000 impressions on Belfast Live and Google display with a total of 1,636 click throughs.

#### **Action 2**

***Deliver on-going UV protection message to adolescents through use of social networking sites e.g. Facebook, Twitter and YouTube.***

- Care in the sun message incorporated into strategy partners' Facebook pages.
- Engagement with FE college media students to produce a new YouTube resource for young people.
- Over 100 social media activities undertaken with a potential audience of over 1 million people.

### **Action 3**

#### ***Development of an annual media plan***

- An annual media calendar has been developed which is populated with any significant event or press opportunity where the skin cancer prevention message can be disseminated. Annual targets of number of media activities, including press releases, newspaper articles and radio broadcasts have been exceeded each year.

### **5.3 Objective 2 – reduce overall use of artificial tanning devices**

*Responsibility – Sunbeds Subgroup*

#### **Action 1**

##### ***Bring forward legislation placing controls on sunbed use***

- Following the Sunbeds Act (Northern Ireland) 2011, the Department introduced 3 sets of secondary legislation on sunbed use in 2012.
- A multi-disciplinary subgroup has been established to ensure effective enforcement of the sunbed legislation.

#### **Action 2**

##### ***Continue to raise awareness of the risks associated with using sunbeds***

- A number of press releases (6) have been issued specifically on the risks of sunbed usage. This is in addition to an annual social media campaign and the digital marketing campaign run in March 2016.
- Resources have been disseminated through 215 post-primary schools, 7 shopping centres, 26 councils and 6 FE colleges in order to raise awareness among young people about the risks of sunbed use.

#### **Action 3**

##### ***Ensure compliance with the Sunbeds Act through effective enforcement***

- 77 enforcement officers have been trained to enforce the Sunbeds Act.
- Sunbed businesses have been supported through visits (775 in total over 4 years) and the development of an operator training pack.
- A test purchasing protocol has been developed and around 190 test purchasing visits undertaken.
- Data on compliance are being collected by each council and reports prepared for presentation at Chief Environmental Health Officer Group (CEHOG) meetings.
- Changes in attitude following implementation of the legislation were evaluated by means of a questionnaire for 11-16 year olds. The latest survey results for 2016 are not yet available, however, results from the 2013 Young Persons Behaviour

and Attitudes Survey shows an increase in the number of 11-16 year olds reporting using a sunbed from 5.1% in 2010 to 9.8%.

#### **5.4 Objective 3 – to increase individual and organisation-wide practice of sun safety behaviours**

*Responsibility – Sun Safety Behaviours Subgroup*

##### **Action 1**

##### ***Develop and co-ordinate resources for schools to deliver care in the sun message***

- Teaching packs for primary schools have been reviewed and promoted to teachers via the c2k network (an online education resource).
- A virtual learning environment for Key Stage 1 and Key Stage 2 students has been developed for the c2k network and promoted to all primary schools via a mailshot.

##### **Action 2**

##### ***Encourage more shaded areas in educational and childcare establishments, either through planting of trees or building of shade structures***

- The Living Willows project has been rolled out to 12 schools in the Western and Southern Trust areas.
- A scoping exercise was carried out by QUB School of Management students into the future of the Living Willows project – alternative options for providing shade were identified.
- Previous participants of the Living Willows project were contacted to remind them to maintain their living willow structures and to use them to teach children about care in the sun.

##### **Action 3**

##### ***Liaise with outdoor workers and their employers in relation to the employers' duty to protect employees under Health and Safety and to promote the care in the sun message***

- A stakeholder event was held in 2014 with 35 attendees from a range of sectors including farming, construction and government. From this, a smaller working group was established to develop an outdoor worker sun safety policy template and information resources, including a poster for staff rooms and UV alert cards for individual staff members.
- 30 organisations (ranging from between 2 and 2000 employees) participated in the pilot scheme launched by the Health Minister in 2015. In total, resources were issued for 6,398 staff and 397 subcontractors. The pilot was evaluated and feedback from participants indicated a positive shift in employers' approaches to sun safety in relation to using sun protection policies and providing information to employees.

- The scheme was extended to other organisations in 2016. In this second year of the scheme, 33 organisations participated, 9 of which had participated in 2015. In this year, resources were issued to 9873 staff and 5185 sub-contractors.

#### **Action 4**

##### ***Liaise with sporting event organisers to ensure both participants and spectators are aware of the need for sun protection***

- Resources were developed specifically for sporting organisations including a poster for displaying in changing rooms and a leaflet.
- Contact was made with a number of different sporting organisations and clubs across Northern Ireland including: running; cycling; Active Belfast; Parkrun; JogBelfast; Walk Leaders; rowing; sailing; football etc. All were offered resources providing advice on care in the sun.
- A number of sports summer camps, both private schemes and council run, were targeted, including GAA Cúl Camps, IFA soccer camps, as well as tennis and golf summer schemes. Training was offered to coaches and resources provided for around 10,000 children including UV bracelets, sunscreen sachets and the *Bright Ideas* leaflet.
- Resources and interactive sessions were also provided in a number of activity-based council- run and private summer schemes. It is estimated that 1913 children were reached through these.

#### **Action 5**

##### ***Encourage relevant organisations i.e. the leisure, tourism and travel industries, the met office etc. to promote safe sun messages and explore possibilities for cross-border co-operation***

- Contacts were developed and best practice shared with the Irish Cancer Society in ROI.
- Agreement was secured from the NI Tourist Board to include a link to the *care in the sun* website on its FAQ page.
- A care in the sun leaflet was designed specifically for people travelling abroad, either on sun or ski holidays, and agreement secured from a number of leisure/travel organisations to distribute including Belfast City Airport, passport offices and travel agencies.
- Attendance at almost 500 events/venues in order to distribute advice and resources to thousands of people. Venues/events include W5, Belfast Zoo, Balmoral Show, Derry City Marathon, Festival of Flight etc.

#### **Action 6**

##### ***Liaise with planning authorities/regional planning service to examine possibilities for including shaded areas in new plans for public areas***

- Contact was made with the 11 district councils to request that they consider including sun safety logo on signs in play areas etc.

- Letters were issued to all Health and Social Care Trusts and to the Education Authority Regional Offices to encourage them to consider the need for outdoor shaded areas when designing new build hospitals or schools.

### **Action 7**

#### ***Ensure that adequate information resources are available for those who require them***

- Training and a range of resources were provided to 238 school nurses and health visitors, 59 sure start staff and 65 beauty therapists.
- An educational resource for 3-6 year olds – Percy Piglet book – was redesigned and reprinted and 1150 copies issued to primary schools, nurseries, libraries, sure starts and home starts. Bookmarks to accompany the new edition were also printed.

### **5.5 Objective 4 – to increase awareness about the early signs of skin cancer and the need for prompt attention**

*Responsibility – Public Awareness Subgroup (Action 1), Sun Safety Behaviours Subgroup and Early Detection Subgroup (Action 2)*

### **Action 1**

#### ***Develop a campaign to raise public awareness about the symptoms and signs of skin cancer***

- Inclusion of advice on early detection in the generic PHA cancer awareness campaign and website.

### **Action 2**

#### ***Ensure that advice on suspicious lesions is readily available to members of the public***

- Advice was made available via distribution of printed resources and health information events/stands.
- Information on looking for changes to moles (in terms of size) was revised in 2015/16.

### **5.6 Objective 5 – to encourage earlier detection and treatment of malignant melanomas**

*Responsibility – Early Detection Subgroup*

### **Action 1**

#### ***Provide training for frontline health professionals to ensure they recognise potential early signs of skin cancer***



- An online skin cancer tutorial was identified through Cardiff University and recommended to GPs.
- Educational materials on skin cancer signs and symptoms, including a GP toolkit for early recognition and a skin cancer referral/care pathway, were distributed to all GP practices.
- Dermoscopes were provided to 15 GPs along with online dermoscopy training.
- An evaluation report of dermoscopy training was completed which included recommendations for the way forward.
- Work is progressing on establishing a system to enable more effective skin surveillance of patients who have received kidney transplants and consequently are at a higher risk of developing squamous cell carcinomas.
- Work is ongoing to expand the existing clinic which provides education, skin surveillance and management of patients who are immunosuppressed (for example, transplant patients). These patients are at a higher risk of developing aggressive skin cancer, such as squamous cell carcinoma, and therefore require careful monitoring.

## **Action 2**

***Train community pharmacists to offer advice on sun protection behaviours and also to recognise potential early signs of skin cancer when they are presented with them***

- Training sessions on promoting sun safety behaviour were provided at 19 pharmacies by Cancer Focus NI and information packs/resources supplied to 60 pharmacies.
- Links were established with Healthy Living Pharmacies Programme and the subgroup contributed to the development of the regional workshop for pharmacists in 2015/16.

## **Action 3**

***Explore possibility of including sun safe messages and training for detecting early signs of skin cancer in relevant professional training courses (including undergraduate and postgraduate courses)***

- A component on skin cancer for QUB undergraduate medical students was developed
- An education event for FE beauty course directors was held – 65 tutors attended 3 events and were provided with a teaching pack.
- Events for undergraduate and postgraduate podiatry students have been planned.

## **5.7 Objective 6 – to promote further research into knowledge, attitudes and behaviour and the epidemiology of skin cancer**

*Responsibility – Strategy Implementation Steering Group and Sunbeds Subgroup (Action 2)*

### **Action 1**

***Continue to obtain information on lifestyle behaviours and attitudes with respect to care in the sun through the Health Survey Northern Ireland to inform future policy***

- Questions on care in the sun were included for the first time in the 2012/13 NI Health Survey. The results were used to support ongoing media work and a comparative review with previous omnibus studies was completed.
- The implementation steering group members participated in a feasibility study, led by Frank Kee of QUB, to design a social media public health intervention with a focus on skin cancer prevention.

### **Action 2**

***Ensure that significant initiatives undertaken in relation to care in the sun (including sunbeds) are properly evaluated***

- Inspection visits of sunbed salons have been carried out on a regular basis by district councils and data on compliance with the sunbed legislation collated.
- Feedback has been obtained from over 200 participants involved in education/information events.

### **Action 3**

***Investigate other surveys carried out with a view to adding in questions about care in the sun***

- Questions on sunbed use were included in the 2013 Young Persons Behaviour and Attitudes Survey – results were used to support ongoing media work and training for key target groups.

### **Action 4**

***Continue to use information provided by the Northern Ireland Cancer Registry on skin cancer statistics in order to inform and evaluate actions and policy***

- Ongoing work with the Cancer Registry NI to regularly update trends and other information relating to skin cancer.

### **Action 5**

***Share best practice with organisations working in skin cancer prevention/detection elsewhere in the UK and Ireland to allow consistency of information and avoid duplication***

- A regional care in the sun conference to share best practice was held in June 2013 and attended by 80 delegates.
- A presentation on sunbed legislation enforcement was delivered at Environmental Health Association of Ireland event in May 2014.

- A skin cancer education scoping presentation was delivered at Irish Association of Dermatologists conference in May 2014.
- Abstracts were submitted for 2015 All Ireland NCI conference held in May 2015.
- Presentations were delivered at Health and Safety conferences in June and October 2015.

## 5.8 Summary

In the five-year period following publication of the 10-year skin cancer prevention strategy and action plan for Northern Ireland, significant progress has been made, with each of the 23 actions identified in the action plan having been implemented to varying degrees. A number of these actions have been identified as requiring ongoing implementation and, therefore, work on these will continue for the remaining term of the strategy. The review group proposes that a number of the actions should be either closed or reworded as follows:

- Action 1 under objective 2 – this action should be reworded to read “Examine and review future options for controls on sunbeds”;
- amend action 1 under objective 3 to read “Provide resources to enable educational establishments to deliver the care in the sun message and to ensure that children are protected from overexposure to UV radiation whilst on school property”;
- remove action 2 under objective 3;
- amend action 6 under objective 3 to read “....in new plans for public and leisure areas”;
- combine objectives 4 and 5 in relation to early detection of skin cancer;
- reword action 1 under objective 5 to read “Raise awareness amongst a range of professionals, including beauty therapists, massage therapists and health professionals, to ensure they recognise potential early signs of skin cancer.” This removes the wording around *training* health professionals which the review group does not consider is within the remit of the implementation steering group;
- Action 1 under objective 6 – insert the word “knowledge” after “lifestyle behaviours”.

## **SECTION 6 – CONCLUSION AND RECOMMENDATIONS**

### **6.1 Conclusion**

The information gathered during the review process has highlighted the significant progress which has been made in terms of implementing the skin cancer prevention strategy and action plan during the period 2011/12 to 2016/17. This is a direct result of the commitment shown by all members of the strategy's implementation steering group, the four subgroups, and in particular, the efforts of the strategy's regional co-ordinator.

During the five years covered by the review, thousands of people in Northern Ireland have been targeted with messages and resources aimed at raising awareness of the dangers of overexposure to UV radiation. The priority groups – children and young people and those who spend considerable time outdoors – have received particular attention with a variety of initiatives aimed at preventing skin cancer and encouraging early detection.

In terms of the structures, the current systems appear to be fit for purpose. Membership of the implementation group has remained relatively stable with new members taking over from those who have moved on, ensuring that the various sectors remain represented. The move from a biannual to an annual reporting system has had no discernible impact on the progress of the action plan and having a representative from the department on the implementation group ensures that the department is aware of any issues as they arise. Furthermore, the work of the 4 subgroups allows the implementation group meetings to focus on higher level issues, such as strategic direction and budgetary concerns, rather than the detail of individual tasks.

### **6.2 Recommendations**

In terms of future implementation of the strategy, the following recommendations identified during the desk research stage and the stakeholders' workshop are proposed:

1. Membership of the implementation steering group should be reviewed to ensure that all the relevant sectors are included. Other organisations which could be represented include the Department of Education, the new Health and Wellbeing Officers in District Councils and additional representation from PPI (Personal and Public Involvement).
2. The Department of Health should explore the potential for introducing a complete ban on commercial sunbed use in Northern Ireland, similar to measures recently introduced in Australia and Brazil.

3. The recommendations in the recently published NICE guidance – *Sunlight Exposure: Risks and Benefits* – should be incorporated into future messages on skin cancer prevention promoted by the implementation steering group.
4. Ways to increase the general public's understanding of the correlation between UV levels and the need for skin protection should be considered.
5. An economic analysis of the costs to the Department of Health of treating skin cancer against the cost-effectiveness of skin cancer prevention programmes should be commissioned.
6. Consideration should be given to rebranding “care in the sun” to incorporate the wider message around protection against artificial UV exposure.

**REVIEW GROUP MEMBERSHIP**

Anne McNally – Department of Health (Chair)

Jenny McAlarney – Department of Health

Dr Miriam McCarthy – Public Health Agency

Gerry McElwee – Cancer Focus NI

Dr Joanna Purdy – Institute of Public Health

## Appendix 2

### Attendees at stakeholder workshop – 2 February 2017

Name	Organisation
Aisling Gough	Queen's University Belfast
Alan Haire	Derry City and Strabane District Council
Anne Kilgallen	Department of Health
Anne McNally	Department of Health
Aoibheann McLernon	Newry, Mourne and Down District Council
Barry Rooney	Department for the Economy
Bill Stewart	Department of Health
Billy Reynolds	Department of Health
Denise McCallion	Public Health Agency
Dr Anna Gavin	NI Cancer Registry
Eileen Campbell	Armagh, Banbridge and Craigavon Borough Council
Elaine Hardy	South Eastern HSC Trust
Gail Malmo	Public Health Agency
Gareth Lennox	Lisburn and Castlereagh City Council
Gareth Wright	Department of Health
Gerard Collins	Department of Health
Gerry McElwee	Cancer Focus NI
Hazel McKee	Ards and North Down Borough Council
Helen Creighton	Business Services Organisation
Jenny McAlarney	Department of Health
Joanna Purdy	Institute of Public Health Ireland
Karen McCulloch	Antrim and Newtownabbey Borough Council
Kathryn Gilbert	Council for the Curriculum, Examinations and Assessment (CCEA)
Kerri McAuley	Belfast HSC Trust
Marbeth Ferguson	Cancer Focus NI
Mary Black	Public Health Agency
Maurice Henry	Department of Education
Megan Mason	Public Health Agency
Melanie Patterson	Mid Ulster District Council
Mike Kelly	Whitemountain Quarries Ltd
Miriam McCarthy	Public Health Agency
Naomi Thompson	Cancer Focus NI
Nareesh Chada	Department of Health
Nicole Barr	Department of Education
Nigel McMahon	Department of Health
Olivia Dolan	Belfast HSC Trust
Prof Eugene Healy	University of Southampton
Rachael O'Reilly	Belfast Health Development Unit
Ruth Boreland	General Practitioner
Sandra Pinion	Lisburn and Castlereagh City Council
Sinead McGuinness	Public Health Agency
Suzanne Clements	Belfast HSC Trust
Trudy Stanfield	Belfast City Council
Liz Redmond	Department of Health

