Promoting Awareness, Early Detection and Prevention of Cancer to the public from Community Pharmacies in the Essex Cancer Network Area

Executive Summary

The Essex Cancer Network (ECN) has commissioned two cancer awareness campaigns, the first in April 2010 and the second in February 2012 using community pharmacy to increase public awareness of certain specific cancers with the aim of improving knowledge of signs, symptoms, risk factors and prevention. This report is on the second stage of the two linked campaigns which includes the e-learning and the second campaign.

The second stage of the Essex Cancer Network community pharmacy cancer awareness project built on the foundations laid by the initial 2010 campaign which had already demonstrated the effectiveness of community pharmacy in achieving a greater public awareness. To maintain and improve awareness the ECN looked at how the campaigns could be implemented in a more sustainable way, using the same resources repeatedly to support future campaigns.

One very costly resource was providing face to face training so during 2011 the ECN developed an e-learning package designed to provide the knowledge and skill development required for the campaign for both pharmacy staff and pharmacists.

The 2012 campaign aimed to achieve the same excellent results in engaging the public but to move ahead to embrace the opportunities provided by electronic communications to train a greater number of pharmacy staff and to reduce the cost of collating data returns. Using the learning from the 2010 campaign minor adjustments were made to the campaign whilst retaining the elements that had previously proven successful.

The results measured a number of parameters including the number of onward referrals of people with symptoms, how those symptoms were discovered, public perceptions of the campaign and additional healthcare interventions linked to the campaign. In addition the results include an analysis of the effectiveness and acceptability of the e-learning.

The findings provide an insight to how commissioning organisations can use community pharmacy effectively, to gain access to the public in a very cost effective manner making use of the clinical and communication skills already embedded in their personnel.
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Glossary

<table>
<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>BOPA</td>
<td>British Oncology Pharmacy Association</td>
</tr>
<tr>
<td>CRS</td>
<td>Cancer Reform Strategy</td>
</tr>
<tr>
<td>CSN</td>
<td>Cancer specialist nurse</td>
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<td>DH</td>
<td>Department of Health</td>
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<td>ECN</td>
<td>Essex Cancer Network</td>
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<tr>
<td>FOB</td>
<td>Faecal Occult Blood</td>
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<tr>
<td>LPC</td>
<td>Local Pharmaceutical Committee</td>
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<tr>
<td>MCA</td>
<td>Medicines Counter Assistant</td>
</tr>
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<td>NAEDI</td>
<td>National Awareness and Early Detection Initiative</td>
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<tr>
<td>NCAT</td>
<td>National Cancer Action Team</td>
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<tr>
<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
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<tr>
<td>NMSC</td>
<td>Non-melanoma skin cancer</td>
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<td>NPA</td>
<td>National Pharmaceutical Association</td>
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<tr>
<td>OTC</td>
<td>Over the counter</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary care Trust</td>
</tr>
<tr>
<td>RPS</td>
<td>Royal Pharmaceutical Society</td>
</tr>
<tr>
<td>WWHAM</td>
<td>A mnemonic universally used in community pharmacy to help remember the questions to ask when selling a medicine, it stands for: Who, What, How, Action, Medicines</td>
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</table>
1. Introduction

In April 2010 seventy eight community pharmacies in Essex took part in a project funded by the National Awareness and Early Diagnosis Initiative (NAEDI) and led by the Essex Cancer Network (ECN) to promote the awareness and early detection of skin and bowel cancers.

The campaign was judged a success with nearly 9000 information leaflets distributed and 4667 conversations with the public recorded by the 78 participating pharmacies, 161(6%) of these interactions resulted in a patient being advised to see their GP because their symptoms may be indicative of cancer. Feedback from members of the public was very positive with 93% of people who responded stating that they were comfortable discussing the symptoms of cancer in a community pharmacy and 82% rating the information received as 'very good' or 'excellent'.

The demonstrable activity and engagement with the public by community pharmacy teams indicated that repeating the campaign would be worthwhile, both to keep the cancer awareness messages in public view and to embed the proactive communication about cancer prevention and healthy living choices as a day to day part of a pharmacy assistants job.

The DH document Improving Outcomes: A strategy for Cancer endorses the view that public awareness of signs and symptoms of cancer must be increased so that people recognise the symptoms and visit their doctor promptly. Currently 95% of patients present with symptoms and nearly a quarter present via emergency routes.

Furthermore the strategy has already identified community pharmacy as a route for raising public awareness and is currently working with the Royal Pharmaceutical Society (RPS), the Company Chemists Association (CCA) and the National Pharmaceutical Association (NPA).

In 2010 the availability of a dedicated training package to support the delivery of the cancer awareness public health campaign was rated as the most important factor contributing to a pharmacy’s decision to participate. With the aim of increasing the reach of the training an e-learning package was developed by ECN during 2011 on three cancers, lung, bowel and skin. The e-learning was designed to provide the knowledge needed by pharmacy staff for delivering the correct information to the public and to improve the communication skills required to do so. It was recognised that e-learning may have its own challenges because of a number of unquantified factors such as the IT literacy of pharmacy staff or the prohibitive firewalls set up on pharmacy computer systems.

The future commissioning arrangements for pharmacy enhanced services and the mechanisms for delivering public health campaigns may change with the new NHS structures but it seems probable there will be a move towards electronic reporting. With this in mind the project team decided to use electronic communications wherever possible and offer pharmacies the option of electronic reporting at the end of the campaign. This minimised the budget for administration at the project office and allowed extra payment for those pharmacies who decided to submit data electronically.

2. Background

 Treatments in cancer have improved to such an extent that cancer is considered ‘amenable to healthcare’ and included in the NHS Outcomes Framework 2011-12 \(^1\) in domain 1 as an improvement area for preventing people from dying prematurely.
Att E

Despite improvements in treatment outcomes England still compares poorly to the European average, if survival rates in England improved to match the best outcomes in Europe an estimated 10,000 lives would be saved each year.\(^2\)

It is generally agreed that late diagnosis of cancer is the main contributory factor for the lower survival rates in England as late diagnosis considerably reduces the likelihood of successful treatment,\(^2\) (as shown in the table below), yet nearly a quarter of all cancers are diagnosed through an emergency route.\(^3\) In Essex a quarter of colorectal cancers and a third of lung cancers are not diagnosed until they present as an emergency.

**Table 1. One year survival rates for patients first presenting as an emergency, compared to other routes to diagnosis. (Improving Outcomes: A Strategy for Cancer 2010)**

<table>
<thead>
<tr>
<th>Tumour type</th>
<th>All routes to diagnosis</th>
<th>Emergency presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>73%</td>
<td>48%</td>
</tr>
<tr>
<td>Lung</td>
<td>26%</td>
<td>9%</td>
</tr>
<tr>
<td>Melanoma</td>
<td>97%</td>
<td>61%</td>
</tr>
</tbody>
</table>

In addition to improving the survival rates of those people who develop cancer it is also recognised that prevention is a key area for reducing the risk of developing cancer. *Healthy Lives, Healthy People: our strategy for public health in England\(^4\)* states that changing adults’ behaviour could reduce premature death, illness and costs to society by avoiding a substantial proportion of cancers and other diseases\(^5\).

However, *Improving Outcomes: A Strategy for Cancer* highlights that people are not always aware how their lifestyle choices can influence their risk of developing cancer and estimates that up to half of all cancers could be prevented by changes in lifestyle behaviours:
‘Most people know that smoking causes lung cancer and sunburn causes skin cancer. However, far fewer people know that poor diet, obesity, lack of physical activity and high alcohol consumption are also major risk factors for getting cancer’

A study\(^6\) jointly commissioned by the DH and Cancer Research UK on an over 50, from the C2DE socio-economic segment of the population reported:
‘Cancer was seen as a terrifying illness that almost inevitably leads to a painful death. Fatalism was high amongst this group, who felt that healthy and unhealthy people were more or less equally liable to develop illness. Most recognised that lifestyle may have an impact but saw the difference as negligible.’

This indicates that the public have not yet got the message that lifestyle changes can make a difference, that healthy living choices have an impact on risk of cancer. Cancer Research UK has produced a chart showing the proportion of cancers of each type that could be reduced by lifestyle changes. The chart is shown in appendix 1a.

**Lung Cancer**

Lung cancer is the second most common cancer but has the highest cancer mortality. Lung cancer is responsible for more deaths than both the next highest, colorectal \(2^{nd}\) and breast cancer \(3^{rd}\) combined\(^7\)

Around 75% of people in the UK who have lung cancer present with advanced disease that is not amenable to curative treatment and 38% are diagnosed via emergency presentation.\(^2\)(\(^3\))

Smoking causes around 86% of lung cancer deaths in the UK and, in addition, the International Agency for Research on Cancer (IARC) states that tobacco smoking can also cause cancers of the following sites: upper
aero-digestive tract (oral cavity, nasal cavity, nasal sinuses, pharynx, larynx and oesophagus), pancreas, stomach, liver, bladder, kidney, cervix, bowel, ovary (mucinous) and myeloid leukaemia. (7)

Figure 1: Lung Cancer incidence and smoking trends, Great Britain by sex, 1948–2008
Source: ‘Our Health and Wellbeing Today’ Nov 2010 DH

In Essex the 1-year survival rates, at best, only equal the England average. This suggests that people are not being diagnosed early enough to undergo successful treatment. The chart below shows the survival rates for each PCT benchmarked against the England average.

Figure 2: One year relative survival rates in Essex for lung cancer (Including cancers of the lung, trachea and bronchus) for cases diagnosed between 2004 and 2008. Information sourced from Eastern Cancer Registration and Information Centre.

NHS information centre data for 2008-10 shows an average of 29.42 years of life lost for people under 75 diagnosed with lung cancer who are resident in the Essex Cancer Network area.
Bowel Cancer

Bowel cancer (also known as colorectal cancer) is the third most commonly diagnosed cancer in the UK and the second most common cause of death from cancer. (7)

Over 90% of patients diagnosed at the earliest stage survive 5 years or more, however only about 9% of diagnoses are made at this early stage. The table below shows the percentage of cases diagnosed and the five year survival at each stage.

Table 2. Percentage of cases and 5 year relative survival (%) by Dukes’ stage at diagnosis, colorectal cancer patients diagnosed 1996-2002, England (7)

<table>
<thead>
<tr>
<th>Dukes Stage at diagnosis</th>
<th>Percentage of cases</th>
<th>Five year relative survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>8.7%</td>
<td>93.2%</td>
</tr>
<tr>
<td>B</td>
<td>24.2%</td>
<td>77.0%</td>
</tr>
<tr>
<td>C</td>
<td>23.6%</td>
<td>47.7%</td>
</tr>
<tr>
<td>D</td>
<td>9.2%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>34.3%</td>
<td>35.4%</td>
</tr>
</tbody>
</table>

Treatments for bowel cancer have improved so much in the last 40 years that someone diagnosed with bowel cancer today is twice as likely to survive 10 years as someone diagnosed in the 1970’s. (7) Because bowel cancer is the third most common cancer many people will know someone who has had it in the past and if this was more than 20 years ago the outcome may have been poor. It is therefore important to get the positive message that bowel cancer is treatable when diagnosed early across to the public.

In Essex the 5 year survival rate is close to, or better than, the UK average with the exception of South West Essex whose 5 year survival rate is significantly below the UK average.

Figure 3: Five year relative survival rate for colorectal cancer
Source: NCIN

NHS information centre data for 2008-10 shows an average of 11.66 years of life lost for people under 75 diagnosed with colorectal cancer who are resident in the Essex Cancer Network area.
Skin Cancer

Skin cancer is classified into two groups:

1. Non-malignant skin cancer (NMSC) which comprises
   - Basal cell carcinoma (BCC) is rarely fatal but can be difficult to treat if not diagnosed early, it is associated with Ultra Violet (UV) radiation exposure in childhood and adolescence.
   - Squamous Cell Carcinoma (SCC) can be fatal if it spreads, it is associated with chronic UV exposure in the earlier decades of life. (8)

2. Malignant Melanoma which is responsible for most skin cancer deaths, it is most strongly and consistently associated with reported ‘intermittent sun exposure’ mostly accrued through recreational activities. (9)(10)

Accurate data on the prevalence of skin cancer is not available as NMSC is very common, easily curable and may be diagnosed and treated without being registered.

Malignant melanoma incidence rates have quadrupled over the last 30 year, such that it is one of the fastest growing types of cancer, almost certainly reflecting patterns of behaviour over recent decades. Although melanoma is more common in women than men, the death rate in men is higher at 3.2 per 100,000 compared to 2.1 per 100,000 (7)

Skin cancer is not solely a disease of old age, more than one third of all cases occur in people under 55. (7) Increasingly younger people are developing skin cancer and it is now in the top five cancers in the 15 to 24 age band. In 2009 around 6% of 11 to 17 year olds used a sunbed. (13)

Research has demonstrated that sunbed use can increase the risk of developing skin cancer and the Sunbed (Regulation) Act 2010 introduced in April 2011 now prohibits under 18’s from using sunbeds in commercial tanning studios however this cannot prevent young people from using sunbeds that are privately owned.

Survival rates are very high compared to other cancers with over 85% of people surviving 5 years and over 83% surviving 10 years.

In Essex the highest incidence rate is in the North East Essex area, which is in line with expectation as a much higher proportion of their population is over 75 than in the other Essex localities. The mortality rate is relatively low, the England average is 2.6%, NE and SE Essex both show a higher than average mortality rate as shown in the chart below:

Figure 4: Malignant melanoma mortality rate 2009

Source: NCIN

![Graph showing Malignant melanoma mortality rate 2009](image)

NHS information centre data for 2008-10 shows an average of 4.6 years of life lost for people under 75 diagnosed with colorectal cancer who are resident in the Essex Cancer Network area.
Current NICE guidance (12) recommends that messages to increase awareness of skin cancer should be repeated to maintain audience attention and integrated wherever possible with other health campaigns. NICE also advises that consideration should be given to the timing of campaigns to maximise impact of prevention of exposure to UV radiation, because this campaign is timed to coincide with the national bowel cancer campaign the primary focus for skin cancer is on symptom recognition and awareness of skin changes.

3. Project description

Brief outline of the community pharmacy ‘Early Detection is the Key....’ 2012 project
The public awareness campaign employed both active and passive activities including handing out of information leaflets, engaging the public to participate in a quiz, designing window displays, health promotion and counselling skills as well as recording activity and gathering patient feedback.

Early Detection is the Key....

The campaign had its own logo which was shown on the address label of all postal communications, letters and paper based material used for the campaign for easy recognition by staff in the pharmacies.

Training provided by the e-learning package was an integral part of the project for increasing skills, knowledge and confidence in discussing sensitive issues such as cancer.

The project required active participation and pharmacies were able to access funding.
The payment was stepped according to the ability of the participant to complete data return electronically and devote space to campaign promotion and the level of activity, with the minimum payment totalling £150 and rising to a possible £395 for maximum achievement.

The key outputs recorded included the:
- Number of pharmacists and pharmacy team members completing the e-learning,
- Number of informal referrals to GP by pharmacists,
- Amount of patient information distributed,
- Number of patients proactively approached by the pharmacy team to deliver the key messages from the project
- Satisfaction of patients and the pharmacy team.

The ability to access the internet to complete the e-learning, enable pop ups for the modules, send & receive emails with the project office and visit related websites such as Cancer Research UK was mandatory. Wherever possible communication with the pharmacies was electronic.

The community pharmacy early detection and awareness of cancer project 2010 differences

Mandatory attendance at face to face training evenings for pharmacists. Optional attendance at daytime training sessions for pharmacy staff with extra payments to enable attendance.

The payment was stepped according to the level of participation and achievement with the minimum payment totalling £250 and rising to a possible £775 for maximum achievement. This fee includes payment for attending training sessions for both pharmacists and medicines counter assistants.

The majority of communication with the pharmacies was face to face, by post or fax. There was no requirement to have internet access.
3.1 Comparison with the previous project

Direct comparison on some of the measures is very difficult as there are differences between this project and the previous one. However, it was decided, where possible and practical, to keep the parameters as similar as possible to the 2010 project.

The project team decided that the overriding factor should be maximising the benefit of the public awareness campaign so wherever possible the campaign has been improved, particularly taking into account the learning from last time.

One additional intention was for the project to measure the difference between the impact of face to face training compared to e-learning, whilst acknowledging that is not possible to recreate the exact same conditions, not least because the people who attended the training sessions in March 2010 will be starting from a higher baseline this time.

Specific differences and the reasoning behind them

1. Focus on three cancers instead of two
The inclusion of lung cancer in the campaign was made because:
   – The ECN is focussed on lung cancer awareness in 2011 and is carrying this forward into 2012
   – People with early signs of lung cancer may be self medicating using OTC cough preparations, therefore community pharmacy is ideally placed to screen for individuals who have a persistent and unexplained cough.
   – There are similarities in approach to the public, particularly between bowel and lung cancer with a small number of clear red flag symptoms and preventative lifestyle changes.

2. Advantages and disadvantages of three vs. two tumor sites

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
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<tbody>
<tr>
<td>Key message about early detection is a common thread with a greater impact using three cancers</td>
<td>More training – Three cancers instead of two, extra modules to complete</td>
</tr>
<tr>
<td>A less specific focus may encourage a greater public engagement as they are able to talk in general terms and only move to specific symptoms if they have concerns</td>
<td>More to remember</td>
</tr>
<tr>
<td>The more cancer types that can be publicised the greater the awareness.</td>
<td>Less specific focus – will the key messages get lost?</td>
</tr>
<tr>
<td></td>
<td>Greater number of leaflets competing for display space</td>
</tr>
<tr>
<td></td>
<td>More complex for pharmacies</td>
</tr>
<tr>
<td></td>
<td>Extra paperwork</td>
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3. Training
In 2010 the training package for pharmacy staff was facilitated by the specialist training team from the National Pharmaceutical Association (NPA) and supported by local cancer specialist nurses. The training was delivered over eight half day sessions in different locations around Essex reaching a total of 139 medicines counter assistants, a backfill allowance was paid to the pharmacy to enable release of staff to attend the sessions. The pharmacist training was delivered during two evening sessions, with presentations from the cancer specialist nurses and expert patients who related their actual experiences with cancer.

This time there is no face to face training, everything is included in the e-learning which could be accessed at any time, from any location with an internet connection.

4. Time of year
The DH ran a nationwide campaign to promote awareness of bowel cancer during February and March 2012 and the project team decided that the project should be aligned with this national push. Running the
campaign at this time of year means that although the early detection of skin cancer is important at any time of year, the ‘Sunsmart’ message about skin cancer prevention is less relevant during February, for the majority of the public, than it would be at the beginning of summer so the project concentrated on risks, signs and symptoms more than prevention for skin cancer.

5. Link with national campaign
The DH bowel cancer awareness campaign may have had a greater reach with television and news coverage than the Beating Bowel Cancer initiative in March 2010 which concentrated on local newspapers, radio and community pharmacy. As a result a proportionally higher public interest in bowel cancer is expected.

6. Different posters and leaflets
New designs were sought and carefully chosen to ensure the key messages were clear and well presented. Where possible existing posters were chosen but if it was not possible to source a poster that was sufficiently clear the project team drafted the outline and commissioned its design.

4. Aim

- To raise public awareness of symptoms associated with lung, skin and bowel cancer
- To encourage people to present early to their GPs if they have symptoms associated with cancer
- To increase the early diagnosis of cancer
- To improve early detection rates for lung, skin and bowel cancers by raising awareness of signs and symptoms focussing on delivery of basic messages including:
  - Emphasising the importance of preventative measures and avoidance of things that may increase the risk of developing cancer.
  - The signs and symptoms of cancer.
  - Encouraging those aged 60 to 74 to use the bowel screening kit when they receive it through the post.

In addition there was a specific objective to compare the acceptability, accessibility and effectiveness of the e-learning package compared to the face to face training in 2010.

Aim of the training
To deliver effective training to a large number of pharmacists and MCAs to:
  a) present key facts about each cancer
  b) increase their knowledge and confidence, reducing barriers to approaching the topic with the public
  c) ensure consistent delivery of key messages
  d) embed awareness of the link between cancer symptoms and OTC medicines

5. Scope

The project is restricted to the Essex cancer network area which currently encompasses four of the five Essex PCTs.

Measurable outputs within the time limit of this project
- The number of pharmacy staff trained in early detection and prevention
- The number of informal referrals to GP practices
- The amount of patient information given out or requested at the pharmacy
- Comparison with the 2010 project
*The project did not include a formal referral mechanism, however pharmacists did record instances where, using their clinical judgement, they advised people to see their GP about their symptoms.

6. Stakeholder identification and engagement

6.1 Stakeholder list
Stakeholders identified to develop or support the programme included:
- Essex Cancer Network team
- Cancer Specialist Nurses and secondary care consultants
- PCT pharmacy commissioners / pharmacy leads
- PCT public health or health improvement representatives
- PCT communications departments
- Community pharmacists & their staff
- Essex LPC
- General practitioners in the ECN
- National bowel cancer screening programme
- The charity ‘Beating bowel cancer’
- Essex NAEDI* group
- RPS
- Cancer research UK
- BOPA

*The National Awareness and Early Diagnosis Initiative (NAEDI), launched in Nov 2008, aims to tackle this issue through a series of measures to improve awareness of the signs and symptoms of cancer; encourage earlier presentation and address the reasons for delays in diagnosis in primary care.

6.2 Links with other cancer awareness initiatives

6.2.1 Nationally
The National Bowel Cancer Campaign 30th January to 31st March 2012
Royal Pharmaceutical Society bowel cancer awareness community pharmacy audit March 2012

6.2.2. Essex Cancer Network
NCAT commissioning exemplar – Reducing cancer patient hospital admissions in South Essex 2010/11
ECN National bowel cancer campaign pilot 2011
ECN Lung cancer – Get It Off Your Chest June/July 2011
ECN/NCAT 2012 Reflective audit on a cohort of patients diagnosed with colorectal cancer in 2010

6.2.3 Local PCT Public Health Campaigns
All five Essex PCTs supported the project by making the campaign one of the six annual community pharmacy public health campaigns.

7. Methodology
A number of proven techniques, such as posters, window displays and leaflets were used to attract the attention of members of the public visiting or passing by community pharmacies. In addition pharmacy staff proactively targeted people buying medicines or collecting prescriptions.

### 7.1 The service outline

The participating pharmacies were required to undertake the following:

#### In preparation for the campaign:
1. Complete the baseline questionnaire on survey monkey before starting the e-learning. This must be done by each person who is using the e-learning training.
2. Complete the mandatory training
   - For counter assistants - three e-learning modules for pharmacy assistants (total estimated time for each one is 45 minutes including the assessment). It is a requirement that modules for all three cancers are completed by at least one member of the pharmacy team. Other members of the team may benefit from doing the training as well.
   - For at least one pharmacist working in the premises - three e-learning modules for pharmacists (lung, skin, bowel), it is mandatory to complete all three.
   - All pharmacists must reflect on their competence to advise patients in respect of lung, bowel or skin cancer and undertake training as required.

#### During the campaign 6th February to 4th March 2012
1. Display the four posters in a prominent position within the pharmacy for the duration of the campaign.
2. Display the specified leaflets in the pharmacy for the duration of the campaign. Record the number of leaflets taken or given out each week during the 4 week campaign.
3. Hand out entry sheets for the cancer awareness quiz draw, collect entries. Record the number of entries returned and forward all of them at the end of the campaign for entry into the central prize draw.
4. Actively engage in conversation about cancer symptoms and cancer risk reduction with people in the target age ranges. Supply information leaflets if required.
5. Pro-actively approach customers buying medicines or products that may be used to treat ‘red flag’ symptoms, give them a leaflet and inform them why you are providing this leaflet with this sort of purchase. Be ready to respond to any queries that they may have, and refer to the pharmacist if necessary.
6. Anyone with red flag symptoms must be referred to the pharmacist. Pharmacists should determine whether the person should see their GP. There is no formal referral process, pharmacists must use their clinical judgement and local knowledge when deciding how best to make a referral or advise the patient to see their GP.
7. If someone is advised to see their GP some effort should be made to determine the outcome, either by asking the patient when they are next in the pharmacy or by receiving feedback from the GP. Case studies should be recorded anonymously and forwarded at the end of the campaign.
8. Gather information relating to consultations and conversations with customers about these cancers on the data collection form. This is a single line entry for each consultation, mostly tick boxes.
9. Collect patient feedback using the cards supplied; submit all the feedback cards at the end of the campaign.
10. Note any comments from the public, positive or negative.

#### At the end of the campaign
1. Complete the final questionnaire on survey monkey within the deadline.
2. Complete the data collection summary and return within the deadline, electronically or on paper. Forward the actual data collection sheets.
3. Complete the record of leaflets supplied and submit within the deadline.
4. Complete and submit the payment claim form with patient feedback cards and quiz draw entries.


7.2 Promotional support

Posters and window displays

1. ‘Early detection is the key.... to life after cancer’, designed by the ECN for this campaign
2. Bowel cancer ‘Be Clear on Cancer’ from Department of Health (National Campaign)
3. ‘Lung cancer – Get it off your chest’ from Essex Cancer Network
4. ‘Know your moles’ designed by the Essex Cancer Network for this campaign
5. Bowel screening – ‘You can’t always see the signs’ from the national bowel screening website

There was a window display competition to encourage exciting and thoughtful displays.

Leaflets
The leaflets chosen for this campaign were

1. Bowel cancer ‘Be Clear on Cancer’ from the DH, used for the national campaign running concurrently
2. Lung cancer ‘Get it off your chest’ from the ECN previously developed by the ECN for a NAEDI pilot
3. Skin Cancer ‘Detecting Skin Cancer’ from Cancer Research UK

Quiz
A skin cancer awareness quiz sheet was used in 2010 as a novel way of getting the key messages across as people have to read the questions and hopefully, are interested to see if they knew the correct answers.

The quiz is targeted at people who are waiting whilst their prescriptions are dispensed and may like a few minutes distraction. Feedback from 2010 regarding the quiz was very positive and suggested that it would be suitable for other cancers as well so it was redesigned to cover all three cancers.

The posters, leaflets and quiz are all shown in appendix 1b to 1k

7.3 Patient feedback

It can be difficult to predict how people will perceive the active promotion of cancer awareness. Most people have had some personal experience of cancer, either within their own extended family or with friends or work colleagues, often with negative outcomes.

Other similar projects have found that people, in the main, believe community pharmacy is an appropriate venue for discussion about cancer prevention and awareness of symptoms. In order to check whether people felt comfortable discussing cancer or other health related topics in the pharmacy and if the information they are provided is useful and relevant, feedback was sought from patients using four questions requiring a tick box response. The patient feedback card is shown in appendix 2b.

7.4 Learning obtained from the previous project

The previous project supplied a number of suggestions for improvement which were implemented for this project:

✔ The data collection sheets were improved to clarify what was required
✔ The data was collected on a separate sheet for each cancer this time with identifying pictures on the corner for easy and quick selection by pharmacy staff. This reduced the administration time required for
data collation and allowed more specific information gathering. The data collection sheets are shown in appendix 2a.

- More large posters were provided for window displays. Initially four A3 size posters were distributed and more were available on request.
- Better integration with PCT campaign returns. The PCTs agreed to accept summary data that had been collected on the more detailed data collection forms used by project participants as evidence
- Mandatory collection of a minimum number of patient feedback cards
- Communication with pharmacies

The 2010 project highlighted poor engagement from the multiple pharmacy chains especially the supermarkets. To maximise engagement this time the local area managers and where possible regional or national offices were contacted at the earliest stage of the project to provide advance information about the campaign and seek their support in encouraging their pharmacies to participate and to enable access to the e-learning website.

Essex LPC was an active member of the project group and played an important role in endorsing the campaign and helping to communicate with the local pharmacies.

Throughout the campaign considerable effort was made to communicate with the pharmacies using post, email, fax and telephone. The project office was available during office hours to answer queries.

Communication with GPs

GPs are inundated with information from many sources but the cancer lead GPs felt that their colleagues should be notified about the pharmacy campaign and advised that the best way to do this was by a very brief email or paragraph in the regular PCT news bulletin.

7.5 Training

Providing training to support the campaign was the highest priority. In the 2010 project the availability of dedicated training was the most important reason cited by pharmacists for their decision to participate and there was a significant improvement in both the knowledge of signs, symptoms and prevention of the cancers as well as an increase in confidence in skills for talking with the public about cancer.

7.5.1 Development of the e-learning

The e-learning training modules were developed specifically to support this campaign and comprised a number of interactive pages where participants are required to select the right options to fill the gaps in a sentence, or to move the mouse over a part of a picture to see the information pop up.

Various quotes were obtained for the e-learning module specification all of which were high cost due to the expense of web hosting of the finished package. The ECN knew that the British Oncology Pharmacy Association (BOPA) were considering adding e-learning to their website so agreed to a mutually beneficial arrangement with the ECN paying for development of the modules and BOPA hosting for free.
A company specialising in web module development was selected from the quotes already obtained and the content of the modules was written to fit the template designs available. The work was carried out in a very short timescale between May 2011 and September 2011 during which time the modules were written the ECN Lead pharmacist, Netty Wood and community pharmacist, Jane Newman. The content was advised on by the local GP lead for cancer; checked by local cancer consultants and specialist nurses; and approved by a small group of local pharmacists, dispensing technicians and medicines counter assistants (MCA).

A video clip was commissioned for each module showing an interaction between a customer in the pharmacy and the pharmacy assistant to demonstrate ways to open a conversation, how to draw out relevant information and, if appropriate, how to seek the persons agreement to a course of action, whether that is a simple thing such as using a sunscreen on holiday or something more complex such as thinking about making an attempt to quit smoking.

This is followed up with a section that picks up the important points from the interaction to embed the learning and reminds trainees of some of the barriers to talking about cancer with tips on how to approach the subject sensitively bearing in mind some of the fears and concerns people may have.

The video clip was filmed using professional actors at the pharmacy training facility at the University of Hertfordshire.

There was some economy of scale as all four video clips were filmed in one day.

Once the ECN was happy with the content and the video clips the website designers formatted it all into the module templates and it was checked thoroughly for accuracy, presentation and final adjustments to the content. This section of the process took about 6 to 8 weeks.

Next the modules were uploaded onto a private internet site and a larger group of pharmacists and pharmacy staff were recruited to test the modules online. This beta testing stage was important to check the pages worked properly, that the click and drag sections functioned and the video clips played properly. A number of issues were identified during beta testing that were subsequently resolved and the ECN would like to thank all those who took part.

In total the ECN committed around 250 hours of pharmacist time to this piece of work but a proportion of that would not need to be repeated if using the same format for other cancer types. The format was designed using the different learning style options available from the website designers to give variation to the learning experience yet enabling the structure to be adapted for all three cancers by using different facts and figures, film clips and references for each cancer type.

In fact this has already proven to be a very successful approach, in the six months since the launch of the lung, skin and bowel cancer modules on the website another cancer network has used the format for a
fourth training package for oesophageal and gastric cancers making their own video clip and changing sections as required but sticking to the same overall structure.

The training can be accessed from www.bopalearning.com

The modules have been endorsed by the Royal Pharmaceutical Society. The similarity of approach also acts to reinforce learning by repetition, the concepts of red flag symptoms, risk factor, prevention, brief intervention and motivational interviewing skills are repeated in each of the modules. The e-learning modules are reviewed for accuracy every 6 months by the ECN pharmacy lead and minor content changes can be made as required, however this does incur a cost. The project did not set aside any budget for major changes or review but will look to do so if funding becomes available.

7.5.2 The training content

Each cancer type e-learning unit was divided into 3 modules

1. Background
   - Basic information about each cancer - Incidence, survival rates, Dukes staging.
   - A film clip of a real patient relating their experience of how they discovered they had cancer what happened subsequently.

2. Putting it into practise
   - Signs & symptoms, early detection, when to ask extra questions
   - How to use the WWHAM questions to check for cancer symptoms
   - A film clip showing brief intervention skills for opening conversations about cancer, what questions to ask to elicit the correct information and some motivational interviewing techniques.
   - When to refer a patient to the GP or when to advise a patient to monitor their symptoms and what action to take if they don’t resolve
   - Prevention - Sunsmart, healthy diet, stopping smoking.
   - The bowel screening programme

3. Assessment of learning
   - An online multiple choice assessment

Included in the training package is
   - A workbook for pharmacy staff to reinforce the learning*
   - An aide memoire containing the key facts*

*available to print

During initial development the content of the modules was tested with a small group of community pharmacists and their staff as well as people responsible for training in multiple pharmacies to check that it was the sort of thing they would find useful and easy to understand. As development progressed and the modules were put onto a website secondary testing took place using a larger group of participants who provided feedback on the functionality of the modules as well as the content.

Throughout the process secondary care consultants and specialist nurses provided support and advice to ensure the clinical content was accurate and in line with current best practise and local policies.

The e-learning will continue to be available and pharmacy staff can access the learning modules as many times as they wish. The e-learning is freely available to anyone who wants to access it, to date modules have been completed by 1264 people nationally of which 393 are in the ECN area.
7.5.2 Additional training resources
In addition to the e-learning pharmacies were signposted to, or provided with copies of:
Beating Bowel Cancer/ RPSGB practice guidance on bowel cancer & bowel screening. (Appendix 3)
*Early Detection of Lung Cancer – A guide to delivering brief interventions: Sheffield Hallam University*

8 Results and Basic Analysis

*Please note:*
For the purposes of the results any person who is not a qualified pharmacist has been reported in the data under ‘MCA’ to save space on the chart labels. This includes anyone working in the pharmacy whether dispensing technician, dispensary assistant, pre-registration pharmacist, general assistant or non-pharmacist manager.

The actual distribution of job roles of participants was:

<table>
<thead>
<tr>
<th>Job Role</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist</td>
<td>29</td>
</tr>
<tr>
<td>Pre-registration pharmacist</td>
<td>2%</td>
</tr>
<tr>
<td>Dispensing technician</td>
<td>18%</td>
</tr>
<tr>
<td>Dispensary assistant</td>
<td>22%</td>
</tr>
<tr>
<td>Medicines Counter Assistant</td>
<td>29%</td>
</tr>
</tbody>
</table>

8.1 Measuring the impact of the training

8.1.1 The number of people who accessed the e-learning modules
The table below shows the number of people who used the e-learning modules prior to the campaign and for comparison the number of people who attended the half day training sessions or pharmacist training evening in 2010.

<table>
<thead>
<tr>
<th></th>
<th>2010 Group training</th>
<th>2012 e-learning</th>
<th>% of participants who also attended a training session in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCA, dispensing technicians, dispensary assistants, pre-registration pharmacists</td>
<td>139</td>
<td>230</td>
<td>18%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>96</td>
<td>126</td>
<td>61%</td>
</tr>
</tbody>
</table>

8.1.2 Improvement in knowledge as a result of training
The effectiveness of the training was measured by a self-assessment rating of lung, bowel and skin cancer knowledge before and after the e-learning. In 2010 this was achieved via a paper based questionnaire, in this project an online survey was used.
The questions were almost identical for pharmacists and non-pharmacists with the exception of an extra question for pharmacists relating to differential diagnosis.

Results - MCA training
67% of the respondents reported they had not done any training on cancer in the last 2 years. Only 18% of the participants had taken part in the training sessions in 2010.

<table>
<thead>
<tr>
<th>Knowledge and understanding of bowel cancer</th>
<th>Average finish rating score 2010</th>
<th>Average finish rating score 2012</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Signs and symptoms</td>
<td>4.03</td>
<td>3.99</td>
<td>+ 32%</td>
</tr>
<tr>
<td>2 Link with OTC medicine purchases</td>
<td>4.11</td>
<td>4.13</td>
<td>+ 33%</td>
</tr>
<tr>
<td>3 Risk factors for developing bowel cancer</td>
<td>3.91</td>
<td>3.94</td>
<td>+ 33%</td>
</tr>
<tr>
<td>4 National screening programme</td>
<td>4.03</td>
<td>4.10</td>
<td>+ 37%</td>
</tr>
<tr>
<td>5 Red flag symptoms &amp; when to refer to the pharmacist</td>
<td>4.18</td>
<td>+ 29%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge and understanding of skin cancer</th>
<th>Average finish rating score 2010</th>
<th>Average finish rating score 2012</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Prevention – correct use of sunscreens, Sunsmart.</td>
<td>4.80</td>
<td>4.40</td>
<td>+ 22%</td>
</tr>
<tr>
<td>7 Sunbed use and skin cancer risk</td>
<td>4.80</td>
<td>4.48</td>
<td>+ 24%</td>
</tr>
<tr>
<td>8 Risk factors</td>
<td>4.47</td>
<td>4.38</td>
<td>+ 27%</td>
</tr>
<tr>
<td>9 Signs &amp; red flag symptoms</td>
<td>4.05</td>
<td>4.05</td>
<td>+ 28%</td>
</tr>
<tr>
<td>10 When to refer to the pharmacist</td>
<td>4.28</td>
<td>4.28</td>
<td>+ 27%</td>
</tr>
</tbody>
</table>

Knowledge and understanding of lung cancer

<table>
<thead>
<tr>
<th>Knowledge and understanding of skin cancer</th>
<th>Average finish rating score 2010</th>
<th>Average finish rating score 2012</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 Signs &amp; symptoms</td>
<td>4.13</td>
<td></td>
<td>+ 33%</td>
</tr>
<tr>
<td>10 Risk factors</td>
<td>4.30</td>
<td></td>
<td>+ 29%</td>
</tr>
<tr>
<td>11 The impact of smoking</td>
<td>4.55</td>
<td></td>
<td>+ 23%</td>
</tr>
<tr>
<td>12 Red flag symptoms &amp; when to refer to the GP</td>
<td>4.41</td>
<td></td>
<td>+ 33%</td>
</tr>
</tbody>
</table>

Number of respondents: baseline questionnaire = 199, follow up questionnaire = 110

Results - pharmacist training
33% of the pharmacists who completed the questionnaire had not done any training related to cancer awareness in the last 2 years. 61% had attended one of the training evenings for the 2010 campaign.

<table>
<thead>
<tr>
<th>Knowledge and understanding of bowel cancer</th>
<th>Average finish rating score 2010</th>
<th>Average finish rating score 2012</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Signs and symptoms</td>
<td>4.55</td>
<td>4.41</td>
<td>+ 21%</td>
</tr>
<tr>
<td>2 Differential diagnoses</td>
<td>4.44</td>
<td>4.44</td>
<td>+ 21%</td>
</tr>
<tr>
<td>3 Link with OTC medicine purchases</td>
<td>4.52</td>
<td>4.51</td>
<td>+ 23%</td>
</tr>
<tr>
<td>4 Risk factors for developing bowel cancer</td>
<td>4.63</td>
<td>4.63</td>
<td>+ 21%</td>
</tr>
<tr>
<td>5 National screening programme</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Red flag symptoms &amp; when to refer to the GP</td>
<td>4.64</td>
<td>4.64</td>
<td>+ 20%</td>
</tr>
</tbody>
</table>

Knowledge and understanding of skin cancer

<table>
<thead>
<tr>
<th>Knowledge and understanding of skin cancer</th>
<th>Average finish rating score 2010</th>
<th>Average finish rating score 2012</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Prevention – correct use of sunscreens, Sunsmart.</td>
<td>4.84</td>
<td>4.69</td>
<td>+ 18%</td>
</tr>
<tr>
<td>8 Differential diagnoses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Sunbed use and skin cancer risk</td>
<td>4.86</td>
<td>4.69</td>
<td>+ 18%</td>
</tr>
<tr>
<td>10 Risk factors</td>
<td>4.56</td>
<td>4.63</td>
<td>+ 16%</td>
</tr>
<tr>
<td>11 Signs &amp; red flag symptoms</td>
<td>4.75</td>
<td>4.49</td>
<td>+ 21%</td>
</tr>
<tr>
<td>12 When to refer to the GP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The results show significant increases in knowledge of the signs, symptoms and risk factors of the three cancers with increases on every aspect, even where there is already a good awareness e.g. the impact of smoking on lung cancer (23% increase in knowledge rating for MCA and 14% for pharmacists).

The improvement was less overall for pharmacists but this is probably due to the fact that only a third of the pharmacists had not undertaken any training on cancer in the past two years giving them a higher baseline of knowledge whereas two thirds of MCAs had not done any prior training. However, it is worth noting that the largest increase in score for each cancer site was in differential diagnosis indicating that this is an important area to include in future pharmacist training.

The results demonstrate that training and practical implementation of the learning during the campaign were effective in improving the knowledge and confidence of both MCA and pharmacists.

### 8.2 Feedback received

Feedback on the e-learning was sought at the end of the campaign via the online questionnaire and making use of both tick box options and free type.

#### 8.2.1 Overall Experience of using the e-learning

92% of pharmacists and 88% of the pharmacy staff found the website quite or very user friendly. All the pharmacists and 92% of the pharmacy staff found it quite or very useful overall.

95% of the pharmacists enjoyed the training and a lesser number, though still a high proportion (85%) of the pharmacy staff enjoyed the e-learning.
Respondents were asked if they had any comments or suggestion about the e-learning or how it could be improved. 18 pharmacists and 12 MCAs provided comments. There were some general themes from both pharmacists and pharmacy staff:

- 40% of MCA and 15% of pharmacists who commented had negative issues around IT, either accessing the website, having log in difficulties or other IT problems.
- 25% of MCA and 5% of pharmacists commented that poor IT skills were a contributory factor in preventing either themselves or their colleagues from getting the most from the e-learning.
- There were also some very positive comments.

A full list of the comments received is shown in appendix 4a.

Participants were also asked to rate the e-learning for supporting the campaign, ease of fitting into their schedule or as a training tool.

The responses showed a high level of satisfaction for providing relevant information and supporting the campaign with 88% pharmacists and 88% non-pharmacists rating it as good or excellent with over 70% of the participants rating good or excellent for fitting it into their schedule.
Respondents were given the opportunity to make other comments:

From pharmacists
- You can do it in your own time and can refer to it.
- Some staff are not so computer literate. It took them a long time to complete the e-training and my help was regularly required to sort out computer-based problems. Most people like to have a hard copy with which to refer to when unsure.
- With Regards to Staff-Not all had internet access—Didn’t appreciate doing training on computer in their own time would have preferred Paper training or evening session with LPC
- Staff could not access the site from work computer, and I could not monitor their efforts at home. If access to the site was easier I would have preferred to take the staff through the module myself

From MCA
- Great time efficiency too
- Found it hard to concentrate when having to serve patients and dispense scripts at the same time as trying to do e-learning modules.
- Needed another pharmacist to come in and go through it with me as I don’t use computers and found it hard to take in all the information, didn’t get to do the skin cancer module as no-one available to help me
- Prefer a distance learning programme which I can access anytime and is at hand especially when your computer is not working.
- I found it extremely difficult to get password. My pharmacist had to show me how to do it. But I got going I was fine.
- We had problems accessing it and the pharmacist needed to talk us through
Att E

- Didn’t really improve my knowledge significantly and no area for discussion with colleagues.

### 8.2.2 Preferences for training

Participants were also asked about their preferences for training, the results are shown below:

<table>
<thead>
<tr>
<th>Training for public health campaigns - comparison of training preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evening training sessions</td>
</tr>
<tr>
<td>Paper based training packs for learning by yourself</td>
</tr>
<tr>
<td>More in depth written information, 3 or 4 sheets long</td>
</tr>
<tr>
<td>A single page of information outlining key points</td>
</tr>
<tr>
<td>Verbal information directly from your pharmacist or...</td>
</tr>
<tr>
<td>Specially designed e-learning e.g. This campaign</td>
</tr>
<tr>
<td>In house training provided by your employer</td>
</tr>
<tr>
<td>Daytime group training</td>
</tr>
</tbody>
</table>

Number of respondents: pharmacists = 57, MCA = 110

Pharmacists most preferred option is a single page of information outlining key points with specially designed e-learning second choice and daytime training least favoured.

Pharmacy assistants showed preference for a range of different information sources delivered using different mechanisms; paper based, e-learning or information directly from their pharmacist or supervisor. Pharmacy assistants showed a definite disinclination towards evening training sessions.

### 8.3 Reaching the public

#### 8.3.1 Selection of pharmacies

All 273 pharmacies in the Essex Cancer Network area were offered the opportunity to participate. The service outline, explaining the requirements for internet access was circulated and pharmacies were invited to sign up to participate.

#### 8.3.2 Factors influencing pharmacy participation

This project explores the use of new technology both for training purposes and for data capture. The project team were aware this may reduce the number of participants and used every possible opportunity to gain feedback from pharmacies at each stage of the project.

Initially 91 pharmacies signed up to participate. Those who chose not to participate but were good enough to explain the reasons for their decision supplied the following comments:

- We will have too much going on. More than we can properly cope with
- We have our company cancer support campaign - Macmillan
- Unable to meet mandatory requirements as only two members of staff have e-mail access
- We have not got internet access
- I am away until the end of January 2012 and will not have the opportunity to complete the e-training.
- The store does not have access to the website required.
Following sign up one pharmacy withdrew due to a change in ownership. A further 9 withdrew at different stages through the project with seven of these citing staffing issues, either shortage of pharmacy staff or lack of a regular pharmacist, as the reason they were unable to comply with the terms of the project.

The remaining 81 participated in the project and eventually 56 submitted data and satisfied the criteria to receive payment. This is broadly similar to what occurred in the 2010 project when 65 pharmacies submitted returns from an original starting cohort of 104. Feedback received anecdotally suggests that pharmacies found the complexity and amount of data returns for this project to be a barrier to completion.

Those pharmacists who chose to participate were asked to rate the importance of a number of possible factors affecting their decision to participate in the campaign.

The results show that pharmacists place significant importance on what they believe will benefit their customers, with payment the second most important.

The project team anticipated that pharmacies from the multiple sector may have internet access restrictions imposed that would prevent pharmacy team members from accessing the e-learning, online questionnaires and email communications. To ameliorate this problem communication was initiated with the area managers at the very start of the project and the majority of the pharmacy multiples were very helpful in adding the required access to their allowed internet sites.

The success of this strategy and the willingness of the large chains to engage can be measured by their participation, notably there were no Tesco, Sainsbury or Morrisons pharmacies in the cohort of participants.

8.3.3 Representation from the different pharmacy sectors

The table below shows the number of pharmacies that signed up to take part in the project.
There are 23 pharmacies in the ECN operating under a contract that requires them to open for at least 100 hours each week, this offers more than twice the opportunity for contact with the public of a pharmacy operating normal hours and many of these pharmacies are situated in high footfall locations in supermarkets. Unfortunately only one of these pharmacies chose to participate in the project and it is not known why the majority of the 100 hour pharmacies made this decision.

8.3.4 Geographic spread

The analysis by area, using the 2007-2011 PCT boundaries is shown in the table below.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of pharmacies participating</th>
<th>Total number of pharmacies</th>
<th>Percentage participation within each PCT</th>
<th>Percentage participation in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Essex</td>
<td>19</td>
<td>62</td>
<td>30.6%</td>
<td>30.5%</td>
</tr>
<tr>
<td>South East Essex</td>
<td>22</td>
<td>75</td>
<td>29.3%</td>
<td>29.3%</td>
</tr>
<tr>
<td>South West Essex</td>
<td>32</td>
<td>81</td>
<td>39.5%</td>
<td>27.8%</td>
</tr>
<tr>
<td>North East Essex</td>
<td>18</td>
<td>55</td>
<td>32.7%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Total Essex</td>
<td>91</td>
<td>273</td>
<td>33.3%</td>
<td>29.2%</td>
</tr>
</tbody>
</table>

The participating pharmacies are shown on the map below to provide a better view of population coverage. All the main population centres have at least one pharmacy participating in the project with the exception of South Woodham Ferrers, but there are noticeable gaps in the more spread out areas, particularly in the North of Mid-Essex between Braintree & Halstead.

MAP of participating vs. non-participating pharmacies
8.4 Pharmacy activity – engagement with the public

Number of leaflets given to members of the public and proactive interaction with the quiz

Pharmacies were requested to record how many leaflets were supplied to members of the public during the campaign but some participants only recorded the number of leaflets directly handed to patients during a consultation about cancer whilst others reported those self selected by members of the public as well. This is the same as the 2010 campaign.

The project office supplied an initial allocation of the bowel and lung cancer leaflets and pharmacies obtained their own skin cancer leaflets directly from cancer research UK. Some pharmacies ordered extra leaflets such as ‘Sunsmart’, sunbeds and skin cancer or leaflets about smoking which are not included in the summary.

The data table below shows the total number of each type of leaflet distributed by pharmacies during the four weeks of the campaign:

<table>
<thead>
<tr>
<th>Leaflet</th>
<th>Number supplied to the public 2012</th>
<th>Number supplied to the public 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung Cancer</td>
<td>1775</td>
<td>-</td>
</tr>
<tr>
<td>Bowel Cancer</td>
<td>1802</td>
<td>3664</td>
</tr>
<tr>
<td>Skin Cancer</td>
<td>1661</td>
<td>3246</td>
</tr>
<tr>
<td>Quiz sheet</td>
<td>838</td>
<td>1959</td>
</tr>
<tr>
<td>Total</td>
<td>6067</td>
<td>8869</td>
</tr>
</tbody>
</table>
Att E

There were fewer leaflets used this time with an average of 108 per pharmacy (136 in 2010), and less quiz sheets used this time even though feedback about the quiz from the last campaign had been extremely positive and the quiz sheets had been used very successfully.

Window displays
Thirty seven pharmacies (66%) made window displays using the posters provided and other materials. Twenty eight of these entered the window display competition. This is higher than in 2010 when there were thirty four window displays (52%). A selection of the window displays are shown in appendix 6.

Conversations with the Public about cancer
A simple audit form was used to collect basic data about the conversations held with members of the public during the campaign. Three separate sheets were used, one for each cancer type.

<table>
<thead>
<tr>
<th></th>
<th>Number of conversations</th>
<th>Percentage of total conversations</th>
<th>Number in 2010</th>
<th>Percentage in 2010 campaign</th>
<th>Smoking brief intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel</td>
<td>1038</td>
<td>36%</td>
<td>1829</td>
<td>39%</td>
<td>15</td>
</tr>
<tr>
<td>Skin</td>
<td>869</td>
<td>30%</td>
<td>2339</td>
<td>50%</td>
<td>2</td>
</tr>
<tr>
<td>Lung</td>
<td>993</td>
<td>34%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unspecified</td>
<td>499</td>
<td>11%</td>
<td>4667</td>
<td>100%</td>
<td>625</td>
</tr>
<tr>
<td>Total</td>
<td>2900</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The activity recorded was less this time than in 2010 with an average of 52 conversations per pharmacy in 2010 and 72 per pharmacy in 2010, we are unsure as to the reason for this.

In addition to talking about cancer the training had demonstrated some techniques for introducing related health topics, such as smoking cessation into the conversation, the data collection form included a column for participants to record if they had had the opportunity to do so:-

- There were 625 recorded instances of including the risks of smoking in the conversation and 457 of these were subsequently provided with advice on NHS stop smoking services.
- Furthermore 686 people were spoken to about the national bowel screening service.

Age and sex of members of the public proactively approached:
As in 2010 more conversations took place with females in the under 69 age groups, however the data shows a change in the 70+ age group this time with markedly more men than women receiving advice.

In respect of conversations about lung cancer the results show a trend of more women in the lower age ranges and more men in the higher age ranges.

**Different methods of engaging the public –**
Around half the conversations that took place were initiated by more than one aspect of the campaign demonstrating that a combined approach works well for encouraging dialogue with the public.

<table>
<thead>
<tr>
<th>Conversation as a result of:</th>
<th>Number as a percentage of the total number of conversations</th>
<th>2010 results for comparison</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaflet</td>
<td>57%</td>
<td>49%</td>
</tr>
<tr>
<td>Poster</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Quiz</td>
<td>24%</td>
<td>Not asked in 2010</td>
</tr>
<tr>
<td>OTC medication request</td>
<td>15%</td>
<td>26%</td>
</tr>
<tr>
<td>Age range</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Symptoms</td>
<td>12%</td>
<td>18%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>23%</td>
</tr>
</tbody>
</table>

NB As conversation initiation is sometimes multi-factorial each percentage is independent of the others therefore it does not total 100%
The chart below shows the variations between each cancer type:

Leaflets and posters are a good way of encouraging the public to ask further questions and the quiz sheet is a worthwhile tool.

At this time of year, when coughs and cold predominate, OTC sales prompted most conversations relating to lung and bowel cancer, rather than later in the year when there are more sales of sunscreens and treatments for sunburn leading to conversations about skin cancer.

The results show a distinct targeting of specific age ranges, particularly for bowel cancer.

8.5 Raising awareness and acceptability to the public of the campaign

Members of the public who participated in a conversation about cancer with the pharmacy staff were offered a feedback card to complete seeking their views on the information they had received and about the campaign in general. There were four questions requiring a tick box response and a space for any comments.

Pharmacies were only provided with 20 feedback cards initially, although more would have been supplied on request, so not every person could have been offered the opportunity to give their feedback formally, the number of cards returned represents 15% of the total conversations.

Responses to the questions

Q. How would you rate the level of information provided in relation to the cancer symptoms?

<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>0</td>
<td>18 (3%)</td>
<td>91 (15%)</td>
<td>240 (40%)</td>
<td>249 (42%)</td>
</tr>
<tr>
<td>2012</td>
<td>0</td>
<td>23 (5%)</td>
<td>89 (20%)</td>
<td>172 (38%)</td>
<td>165 (37%)</td>
</tr>
</tbody>
</table>
Q. Do you feel that you now have a greater awareness of the symptoms of:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin cancer?</td>
<td>533 (96%)</td>
<td>20 (4%)</td>
<td>290 (87%)</td>
<td>42 (13%)</td>
</tr>
<tr>
<td>Bowel cancer?</td>
<td>439 (93%)</td>
<td>31 (7%)</td>
<td>305 (88%)</td>
<td>41 (12%)</td>
</tr>
<tr>
<td>Lung cancer?</td>
<td>302 (89%)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The fact that improvement in symptom awareness reported was less this time than in 2010 lends itself to showing that the public have a higher general awareness of cancer symptoms now than they did two years ago suggesting that the 2010 campaign, other cancer campaigns and national TV advertising are having an impact.

Q. Did you feel comfortable discussing issues around symptoms of cancer in the pharmacy?

<table>
<thead>
<tr>
<th>Response</th>
<th>May 2010</th>
<th>Feb 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>93%</td>
<td>91%</td>
</tr>
<tr>
<td>No</td>
<td>7%</td>
<td>9%</td>
</tr>
</tbody>
</table>

Q. Would you feel comfortable asking for further health advice in the pharmacy?

<table>
<thead>
<tr>
<th>Response</th>
<th>May 2010</th>
<th>Feb 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>97.5%</td>
<td>95%</td>
</tr>
<tr>
<td>No</td>
<td>2.5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Additional comments made by the public:
Many people took the opportunity to provide extra feedback, all the comments received are shown in appendix 4b. In summary, all the comments received were positive.

A large number of them were indicating satisfaction with the knowledge and helpfulness of the pharmacy staff, approval of the campaign and appreciation of the availability of information leaflets, for instance:

- ‘Excellent idea, I learnt a lot’
- ‘Good for awareness’
- ‘Needs promoting’
- ‘Made me think’
- ‘Very good service from staff’
- ‘Welcome any information related to awareness of illness particularly cancer and prevention. Forewarned is better than ignorance’

For some people the campaign acted as a prompt for action:

- ‘Referred to my GP after thorough questioning from my pharmacist. Very happy with service.’
- Two people enrolled on and NHS stop smoking programme and another two were considering a quit attempt.

Others welcomed the opportunity to find out what to look out for and when to take action

- ‘Appreciated talking to someone about concerns that I had had for a while’
- ‘Having had bowel cancer in the past it was good to talk’
- ‘Very useful as family suffer from bowel cancer’

Pharmacy is viewed as a non-judgemental place to get advice with facilities to talk confidentially

- ‘I think the staff were very friendly and did not judge my previous history of sunbeds and smoking’
- ‘Was able to discuss privately in the consultation room which was excellent’
There were also suggestions about what else people would like access to through their pharmacy:

‘Kits in the pharmacy to give out’

‘Would be good to offer service to check moles instead of going to doctor’s.’

8.6 Onward referral to a GP by the pharmacist

Anyone with red flag symptoms was referred to the pharmacist for further consultation to determine if their symptoms indicated the need further investigation. During the campaign 316 people were referred to the pharmacist and 260 of these were advised to see their GP about their symptoms.

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>Number of referrals 2010</th>
<th>Referrals as a percentage of conversations about that cancer 2010</th>
<th>Number of referrals 2012</th>
<th>Referrals as a percentage of conversations about that cancer 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel</td>
<td>96</td>
<td>5.2%</td>
<td>89</td>
<td>8.6%</td>
</tr>
<tr>
<td>Skin</td>
<td>59</td>
<td>2.5%</td>
<td>77</td>
<td>8.9%</td>
</tr>
<tr>
<td>Lung</td>
<td>-</td>
<td>-</td>
<td>94</td>
<td>9.5%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>10</td>
<td>2.0%</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>165</td>
<td>3.2%</td>
<td>260</td>
<td>9.0%</td>
</tr>
</tbody>
</table>

Even though the activity (measured by the number of leaflets supplied and conversations held) is lower this time the number of referrals to the GP is much higher, averaging 4.6 per pharmacy in 2012 compared to 2.5 per pharmacy in 2010.

Based on our criteria of referring any patient with persistent and unexplained red flag symptoms it appears that either patients who are reluctant to see their GP with symptoms are encouraged by the campaign to ask their pharmacist or pharmacy staff are getting better at asking the right questions to proactively select patients needing referral.

There is no formal feedback mechanism for determining whether these referrals did result in detecting cancer and the timescale for data submission is too short to allow pharmacies to follow up. It is pertinent to remember that even if a patient’s symptoms do not reach the NICE guideline threshold for a two week cancer referral their GP is now aware to follow up in the future.

The data captured enabled further analysis into the age and gender of people presenting with symptoms and the element of the campaign that resulted in awareness of their symptoms.
As expected the majority of the referrals for lung and bowel symptoms were in the 50+ age ranges with noticeably more men being referred. Skin cancer symptoms were more evenly distributed across all ages.

Pharmacies often reported that a combination of factors resulted in symptom awareness, which can be roughly grouped

1. Self identification – by members of the public either picking up a leaflet or seeing the posters and then asking about their symptoms. The data shows that both posters and leaflets are useful in this respect.

2. Symptom recognition by pharmacy staff - there are a significant proportion of referrals initiated proactively by pharmacy staff recognising warning signs associated with requests for over the counter medicines as well as symptoms described by patients.

3. Proactive cancer awareness activities – targeting particular patient groups to talk to about cancer, such as those over 45, or using the quiz to raise awareness. Some pharmacies also handed out the leaflets to those people who were collecting prescriptions.

Pharmacists were asked to record which symptoms resulted in them advising patients to see their GP, the breakdown for each cancer type are shown below.
8.7 Case Studies

A number of pharmacies submitted case studies providing more information about individual patient conversations and subsequent outcome as far as are known. Here are a few examples:

Patient 1
A pharmacy in South West Essex
The patient was approached by the pharmacy staff as a result of an OTC request, she had bought many types of cough medicine to treat a cough that had persisted for more than 4 weeks. The person was a smoker, age 40+, experiencing breathlessness and repeated chest infections. The pharmacist advised the patient to see their GP and the patient responded that they had been scared to see their GP in the past in case it was anything bad, the pharmacist completed the quiz sheet with the patient which seemed to ease the conversation to show the significance of symptom awareness and early diagnosis. The patient agreed to make an appointment to see her GP.
The patient returned the next day with a prescription for amoxicillin and pholcodine linctus and instructions to return to the GP if symptoms do not improve.

Patient 2
A pharmacy in North East Essex
The patient had a change in bowel habit over the last 3 to 4 months with swings between diarrhoea and constipation. The pharmacist advised them to see their GP which they did within 2 - 3 days. The patient returned to the pharmacy and told the pharmacist that their GP had made a 2 week cancer referral for further investigation.
The patient has since returned to the pharmacy having had a colonoscopy during which several polyps were removed and colitis was diagnosed.

Patient 3
A pharmacy in South West Essex
A patient was purchasing paracetamol at the medicines counter, the pharmacist noticed an unusual ‘mole’ on the patients right cheek, the patient says it had been there some time but had recently increased in size. The pharmacist told the patient they were a little concerned about the mole as it was slightly irregularly shaped and coloured brown with lighter areas around the edge. The patient took the pharmacists advice to see their GP and returned later to thank the pharmacist for their advice. He had been referred to a consultant dermatologist who had removed the mole which was found to be cancerous, in addition, the consultant found two additional areas of cancerous tissue on his face which were not visible to the naked eye. The pharmacist took the opportunity to remind the patient about using high protection sunscreen.

Patient 4
A pharmacy in North East Essex
A patient who has been a heavy smoker for over 20 years presented with a productive cough that has lasted over 4 weeks. The pharmacist advised them to see their GP who subsequently prescribed a course of antibiotics, the patient returned later after their chest infection had resolved to make a stop smoking quit attempt using the pharmacy NHS stop smoking service and are currently progressing well.


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### 8.8 Acceptability of the campaign to community pharmacies

To assess how well the campaign worked within the community pharmacy and what elements helped to make it successful the pharmacy team were asked some extra questions at the end of the campaign.

**To gauge whether pharmacies believed it was worthwhile:**

*Q. To what extent do you feel that patients appreciated this service?*

<table>
<thead>
<tr>
<th></th>
<th>1 (minimal)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 (maximal)</th>
<th>Average rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacist</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>33</td>
<td>13</td>
<td>3.95</td>
</tr>
<tr>
<td>MCA</td>
<td>1</td>
<td>13</td>
<td>32</td>
<td>41</td>
<td>24</td>
<td>3.69</td>
</tr>
</tbody>
</table>

Number of respondents: pharmacists = 57, pharmacy staff = 110

**Q. To what extent do you agree that a community pharmacy is the right environment to raise public awareness of cancer?**

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree or disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>0</td>
<td>1 (1%)</td>
<td>8 (10%)</td>
<td>42 (52%)</td>
<td>30 (37%)</td>
</tr>
<tr>
<td>Pharmacy staff</td>
<td>1 (0.5%)</td>
<td>8 (4%)</td>
<td>36 (18%)</td>
<td>119 (60%)</td>
<td>34 (17%)</td>
</tr>
</tbody>
</table>

Number of respondents: pharmacists = 81, pharmacy staff = 198

**Whether engaging with the public about cancer symptoms was challenging or not:**

*Q. How easy did you personally find discussing the signs and symptoms of cancer with people?*

<table>
<thead>
<tr>
<th></th>
<th>Very difficult</th>
<th>Quite difficult</th>
<th>Quite easy</th>
<th>Very easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists</td>
<td>1 (2%)</td>
<td>18 (31%)</td>
<td>33 (58%)</td>
<td>5 (9%)</td>
</tr>
<tr>
<td>Pharmacy staff</td>
<td>3 (3%)</td>
<td>59 (54%)</td>
<td>43 (39%)</td>
<td>5 (5%)</td>
</tr>
</tbody>
</table>

Number of respondents: pharmacists = 57, pharmacy staff = 110

**About the acceptability of the campaign overall:**

*Q. Would you take part in a similar campaign again (Pharmacists only)*

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>54 (98.2%)</td>
<td>1 (1.8%)</td>
</tr>
</tbody>
</table>

**About what helped to make it a success:**

*Q. What helped you in making the campaign work for your pharmacy?*

<table>
<thead>
<tr>
<th>Factors influencing how well the campaign worked in the pharmacy</th>
<th>Pharmacy staff</th>
<th>Pharmacists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Encouragement from head office or area manager</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enthusiasm within your pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having done it before in 2010</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The quiz</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leaflets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Posters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The computer based training</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of respondents: pharmacists = 57, pharmacy staff = 110

35
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Number of respondents: Pharmacists = 55, MCA = 109

Respondents were able to also able to add their own reasons as to why the campaign was successful in their pharmacy:
- My own drive to capture early signs of cancer, to then save peoples lives.
- I strongly feel patients would much rather approach their Doctor. However, several leaflets were taken but most did not want to discuss with pharmacy staff.
- We were very proactive, but often customers were in a rush. It needed brief intervention using body language. We certainly gave lots of leaflets.
- Internet websites, TV advert and radio advert
- Input and enthusiasm of the pharmacist
- Would prefer in future training for staff as evening session and paper based training not e learning

8.9 Comments and feedback on any aspect of the campaign

This purpose of this question is to find out how to improve future campaigns. Feedback received indicates that pharmacies believe it could be improved by keeping paperwork simple and to a minimum, that posters and leaflets really work well but they should be distributed as one pack from one central point. Some people commented that the campaign tried to do too much at once and focussing on one cancer at a time over a longer period could be considered as an alternative.

For example,
Negative comments
- ‘In order for the campaign to be successful pharmacy time must be taken into consideration’
- ‘As not all our staff are computer literate some struggled to complete the training’
- ‘Too many questions in this survey’
- ‘Training packs to be provided’
- ‘Difficult to absorb information for all three cancers at once’
- ‘Too much form filling’
- ‘Too complex, I think that the feedback cards and competition is unnecessary and is a distraction from the entire objective of the campaign which is to sell the message of how to detect cancer and identify individuals who may be in the very early stages of cancer.’

Positive comments
- ‘Excellent campaign. I will continue to ask my customers questions around the topic and give out the literature over the year’
- ‘Many customers stopped & spent considerable time studying ‘Mole’ poster – very effective.’
- ‘I really enjoyed this campaign because you get a confidence boost from doing the training just beforehand and it is still fresh in your mind as you engage with customers. It would be interesting to do more of them’

Twenty pharmacists and twenty four MCAs chose to provide comments to this question, the full list of all their responses is shown in appendix 4c

8.10 The effect of extra support for public health campaigns on pharmacy activity

As this project ran concurrently with all five local Essex PCTs campaign using exactly the same campaign materials it is possible to draw some comparisons between those pharmacies in the ECN area who participated in the project, supported by the project office with payment for window displays, participation in training and extra activity plus extra leaflets and posters and those pharmacies who did not.
The training is freely available to anyone and all pharmacies, project participants or not, were provided with instructions on how to access the e-learning.

It could be argued that pharmacies in the ECN area chose to participate would be the pharmacies who may be the most active with any public health campaign, in this respect the Essex PCT outside the ECN area acts as a control for data analysis.

All the pharmacies were requested to submit basic activity data to the PCT at the end of the campaign. Overall 63 pharmacies submitted data, the return rate was 23% for ECN area pharmacies and also 23% for West Essex. In the four ECN PCTs the returns from project participant represented 54% of the overall data returns.

Even though the sample size is relatively small it is probably worth noting the differences:

<table>
<thead>
<tr>
<th></th>
<th>Average number of Leaflets handed out per pharmacy</th>
<th>Average number of conversations recorded per pharmacy</th>
<th>Average number of referrals to the GP per pharmacy</th>
<th>Actual number of referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-participants in ECN area</td>
<td>26</td>
<td>11</td>
<td>2.5</td>
<td>88</td>
</tr>
<tr>
<td>Project participants in ECN area</td>
<td>68</td>
<td>31</td>
<td>4.2</td>
<td>156</td>
</tr>
<tr>
<td>West Essex (Outside ECN)</td>
<td>15</td>
<td>19</td>
<td>7</td>
<td>76</td>
</tr>
</tbody>
</table>

This data is shown in the chart on the next page.

The results show that activity is significantly higher with extra incentive and support.

The referral rate is higher in West Essex, as cancer incidence is similar to the rest of Essex it is surprising to see a greater referral rate. This suggests that although activity is lower in West Essex patients who have symptoms will seek out advice from their pharmacy when prompted by a campaign. Alternatively it is possible that the higher referral rate reflects extra caution exercised by pharmacies who have not undertaken additional training prior to the campaign. Although the e-learning was available and publicised,
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both with the campaign materials and the pharmaceutical press there was only one person from West Essex registered on the e-learning website by March 2012.

10 Discussion and Summary

The results demonstrate that community pharmacy is an integral part of the healthcare system and operates at three separate levels to improve the early detection and awareness of cancer:

- **Red flag Symptoms refer to GP for diagnosis**
- Recognition of signs and symptoms of cancer - effectively screening patients visiting the pharmacy enabling earlier detection of cancer.
- Cancer prevention through awareness and promotion of healthy lifestyles

Screening is defined as ‘any intervention to separate well persons from those who have an undiagnosed pathologic condition or who are at high risk’. Screening took place in three ways during the project, 357 people were asked extra questions when relating to cancer symptoms when they bought a medicine over the counter, 560 people were targeted because of their age and 357 were identified because of symptoms. During this screening process each of these people will have had the opportunity to speak to a pharmacist for further information and assessment following which, 260 people were advised to see their GP.

Health promotion and awareness is not only about targeting people in the risk groups, many people make their first approach to their GP because of their family or friends. During the four weeks of the campaign 2900 people had a conversation with a member of the pharmacy team about cancer and over 6000 information leaflets were supplied to members of the public.

Measuring the benefit of healthy lifestyle promotion or public awareness campaigns is always a problem as the outcome will not manifest until many years later and even then cannot be attributed to a single campaign.

However one direct measurable benefit of this campaign can be evidenced by the 457 smokers willing to receive advice on NHS stop smoking services when pharmacy staff have taken advantage of the cancer campaign to make a brief intervention.

The feedback from the public shows a high level of satisfaction with the information provided and nine out of ten people comfortable discussing cancer awareness in a pharmacy. There was a small but significant change in the percentage of people who did not feel their awareness had been improved as a result of the information, this could be due to there being a higher general awareness in the population due to the intensive local campaigns run by the ECN in the last two years or because of the substantial media coverage.
of the national bowel cancer campaign. Whatever has caused the increase in awareness it shows that the cancer awareness messages are reaching the public.

Despite all attempts to engage with the supermarket pharmacy chains both directly and via the PCT regular contract meetings there was only one supermarket pharmacy out of the 21 in the ECN that signed up and this one participant failed to return any data at the end of the campaign. In ECN 47% of the pharmacies belong to large multiples (CCA), these are well known trusted household names, many in busy shopping centres with a high footfall and passing trade where there is an excellent opportunity to promote cancer awareness and prevention. However these outlets are conscious of their corporate image and are commercially driven, as a result their managers are not allowed to make local decisions as to how to use their window display space for our cancer campaign, indeed only a very few of them participated at all and nearly two thirds of those who did sign up either withdrew or failed to return any data.

Face to face training 2010 vs. e-learning 2012

The results show that e-learning is more accessible and acceptable to community pharmacy assistants than daytime learning with 65% more completing the training in 2012 than 2010.

The self assessment of their knowledge and understanding following the e-learning and the practical experience of running the campaign was almost exactly the same as the rating at the end of the 2010 campaign suggesting there is very little difference between the two types of training in terms of learning outcome.

The feedback in 2010 was exceptionally good with 88% of delegates reporting the training as ‘excellent’ with 96% stating they were more likely to speak to a customer about bowel or skin cancer following the training. And 74% stating that they would continue to use their skills and knowledge to talk to patients about skin or bowel cancer after the campaign had finished. This set a high baseline for face to face training.

Even though the attendance at the face to face meetings was good and the feedback from delegates indicated a high level of satisfaction the cost and dedicated support required to run the training meant that it could only happen once. The main benefit of the e-learning is that it can be accessed time and time again by a large number of people.

For comparison with the 2010 training sessions, 88% reported the e-learning as good or excellent for supporting the campaign and 87% good or excellent for providing information relevant to their role. When asked about training preferences the e-learning scored the highest rating by a narrow margin, with pharmacy assistants stating preferences for paper based training as well as verbal information directly from their pharmacist or supervisor.

There were quite a number of comments expressing a preference for face to face training sessions and whilst assistants may like this type of training they are generally opposed to attending evening training sessions and there are difficulties in freeing staff to attend daytime sessions during working hours.

Some people liked the interactive nature of the e-learning whilst others found it difficult either because of lack of computer familiarity or problems with internet connections or settings.

Combining the comments with the results it would appear that the best option for training pharmacy assistants is to provide an interactive e-learning package incorporating a range of approaches:

1. Interactive online e-learning
2. A single page of information with key points – this is available from the e-learning programme already as an aide memoir to print.
3. Verbal information and/or group discussion – this is provided by the printable workbook.

Similarly pharmacists reported an almost identical knowledge and understanding with the e-learning and the face to face training. There were 31% more pharmacists who undertook the e-learning than attended the face to face training in 2010, this is less of a percentage increase than for the MCAs and reflects pharmacists willingness to participate in evening meetings. Feedback for the e-learning was good with 100% of pharmacists stating that it was quite or very useful and 95% stating that it was enjoyable, 88% thought it was good or excellent for supporting the campaign and no one rated it as poor.

Only one pharmacy chain refused outright to allow access to the e-learning website, and a further two never responded to any of our representations. All of these were supermarkets. Large chains whose main business is pharmacy did add the website to their limited list of allowable websites and their pharmacies were able to access the training, although many were unaware of the fact. Independent pharmacies experienced far fewer problems with the website though there were still a few issues some of which were due to lack of familiarity with computers and the internet.

Recommendation for improving the e-learning for pharmacy assistants
Taking into account the feedback received it may be beneficial for future development or updates to include the following:
- The MCA workbook could be reviewed to include some of the key facts and have spaces for trainees to write notes during the e-learning modules.
- An instruction sheet for the pharmacist or supervisor to use to help guide the trainees.
- Consideration should be given to the development of a printable distance learning pack and DVD containing the film clips as an alternative.
- Currently the printable resources are only available once the assessment has been completed as they are designed to follow on from the e-learning. All the printable documents except for the assessment answers could be made available at any time from the website.

11 Conclusion

In conclusion the project has once again proven the value of community pharmacy as an integral part of the NHS healthcare family as a place where people can people can receive information, ask questions and obtain good quality advice. It is a particularly valuable resource for those people who may be reluctant to visit their GP either because they don’t consider their symptoms to be sufficiently serious or because fitting in a GP appointment may be difficult, most likely a combination of the two.

Community pharmacy provides a walk in resource where people can see a poster or leaflet that may prompt them to think about cancer symptoms or lifestyle changes and get immediate advice or help and, as this project shows, many people chose to use that resource.

Patient feedback suggests that public awareness of cancer has improved since 2010.

The original 2010 project has demonstrated its ongoing value, not only in providing a template for this project to build on and improve but it has also proved useful for other organisations in the UK. NHS North Devon has used the concepts and resources for a very similar campaign in 2011 on skin cancer and the Pharmaceutical Society bowel cancer audit April 2012 used the same data collection questions.
The use of e-learning and electronic communication including using an online survey for feedback was a step into a future that is rapidly approaching community pharmacy. Pharmacies already use sophisticated computer labelling and ordering systems, many have their own intranet, but they have yet to fully embrace the ability to communicate with commissioners, other healthcare providers or have free access to the resources available on the internet.

The e-learning fully met its objective of delivering effective training to large numbers of pharmacy staff in a clear and concise way. Furthermore the feedback indicates that not only is it more accessible than face to face training it is equally as successful in achieving an increase in knowledge and confidence.

12 Learning for the future

Future campaigns
Community pharmacy has proven an effective resource for engaging the public in promoting cancer prevention and awareness of symptoms. Pharmacists and their staff are keen to continue using the skills they have learnt and consider the topic to be of value to their customers. This project had added complexity due to the evaluation of the e-learning. Future campaigns should be simplified, only gathering essential data.

It is difficult to know whether focusing on three cancers at once diluted the message or enhanced the impact. Pharmacies only have a limited amount of space to display leaflets for self selection and having too many can detract from the overall message. Certainly there were more patients needing to be referred to their GP as a result of including lung cancer this time.

Improvements to the e-learning
Overall participants thought the e-learning was clear, concise, convenient and useful in providing the right level of information to support the campaign. Whilst face to face training may be better for discussion with colleagues, the ability to ask questions and meeting real life local cancer patients and their specialist nurses it cannot have the reach or enduring benefit of e-learning. The cost of production of e-learning is high initially but when this cost is calculated on a per person basis the true value of this investment can be seen as there is no extra cost as more people are trained, unlike face to face training. Furthermore the e-learning has the potential to be far more enduring as it can be used repeatedly to refresh knowledge.

Face to face training
There is definitely a value in having a face to face meeting in order to launch a campaign. Whilst the clinical knowledge required to run the campaign can be gained from e-learning, if the data gathering is as complex as it was for this campaign it is worthwhile having a large group meeting to explain the various forms and how they should be completed. The meeting could include a clinical training element, probably the most valuable use of time would be to have a local patient relate their own personal experience. (The 2010 project found this was what delegates found the most powerful). The cost of the meeting could be offset against the postage costs that would otherwise be incurred by distributing the leaflets, posters and paperwork to the participants to take home from the meeting.

Posters
The most effective posters are considered to be those that have very few words and a clear message that can be seen at a glance from a distance. This is not always true for pharmacy where people may be able to get quite close to a poster and read more detail. If more than one poster is used it is possible to have the best of both options.

Window Displays
Att E

The extra posters, definition of what constitutes a window display, payment and the competition worked together successfully this time and it is definitely worth giving attention to the quality and size of the posters. The only change for any future project would be to have a runner up prize for the window competition.

**Data collection forms**
The changes to the forms ensured that all the data required could be extracted and collated relatively in a relatively straightforward manner by the simple expedient of ensuring that all data was recorded in separate columns that could be totalled easily, if necessary on separate sheets, rather than trying to fit it all onto one A4 form. The learning from the 2010 project was invaluable in updating the forms.

**Electronic online survey**
The electronic online survey was a very useful tool. No one reported problems using it and the data was easily extracted. Manipulation of the data into the format required was not as simple as the survey provider suggests on their website so extra time should be allowed for data analysis. Careful consideration needs to be given to the wording of the questions and answer options.

**Participation from all pharmacy sectors**
Persuading the multiples, especially supermarkets and regulation 13 (100hrs) pharmacies to participate remains the biggest challenge.

### 13 Acknowledgements

Netty Wood  Lead Pharmacist, Essex Cancer Network  
Jane Newman  Project Designer & Manager and community pharmacist  
Asim Mirza  Community Pharmacist Borno Chemist  
Paula Wilkinson  Head of Medicines Management Mid Essex PCT  
Michael Scanes  User Representative, Essex Cancer Network  
Anna Wordley  Nurse Consultant (GI Cancers).  
Michelle Marshall  Skin Cancer Specialist Nurse  
Liz Butler  Lung cancer specialist nurse  
Essex Local Pharmaceutical Committee  
MH designs

### 14 Bibliography


15 Appendices

Appendix 1 – Posters, Leaflets and information Resources used in the Campaign

Appendix 1a – How many cancers can be prevented: Cancer Research UK

NB This poster was not used for the campaign as it only became available as the campaign was due to start, however it was circulated to the pharmacies for information.
Appendix 1b – ‘Early detection is the key’ poster designed for the campaign, Essex Cancer Network

Although there are many things you can control about your cancer risk, decades of research have clearly shown that leading a healthy lifestyle can reduce the risk of developing the disease. But for many cancers in the UK, it’s really about being alert and making early changes.

This diagram shows the results of research funded by Cancer Research UK, identifying different factors that contribute to the risk of developing cancer in the UK. What could be prevented by making healthy lifestyle choices, including reducing obesity, alcohol consumption, smoking, and living in areas with less air pollution.
Appendix 1c – ‘Lung cancer.. get it off your chest’ poster from the Essex Cancer Network
Appenidx 1d - ‘Be clear on cancer’ poster from the Department of Health supporting the national bowel cancer awareness campaign 2012
If you’ve had blood in your poo or looser poo for 3 weeks, your doctor wants to know.

Changes are nothing to worry about, but it could be the early signs of bowel cancer, so tell your doctor. Finding it early makes it more treatable and could save your life.

Appendix 1e - ‘Know your moles’ poster designed for this campaign, Essex Cancer Network
Skin cancer: know the signs
It's as simple as ABCD...

**Asymmetry** – one half unlike the other.

**Border** – irregular, ragged or poorly defined border.

**Colour** – uneven or patchy colour, different shades.

**Diameter** – larger than 6mm diameter, the size of a pencil eraser.

Know your moles?

Ask your pharmacist for more information
Appendix 1f – ‘You can’t always see the signs’ poster from the NHS Bowel Cancer Screening Programme

Bowel cancer is the third most common cancer in the UK. The earlier it’s found, the more effectively it can be treated.

If you are aged 60-74 and registered with a GP, you will automatically be sent a free kit that can detect early signs of bowel cancer. If you are 75 or over, you can request a kit by calling free phone 0800 707 60 60.

www.cancerscreening.nhs.uk

Bowel Cancer Screening Programme
Appendix 1g – ‘Detecting skin cancer’ leaflet from Cancer Research UK

Detecting skin cancer
spot the symptoms early

Skin cancer facts
Skin cancer is very common in the UK. Finding skin cancer early saves lives, so it is very important to know the signs.

Skin cancer often first appears as a change in a mole or a patch of normal skin. If you notice a change that happens over weeks or months, you should act without delay. Most changes are not caused by cancer, but do need to be checked out by a doctor.

There are two main types of skin cancer: non-melanoma skin cancer, which is very common, and malignant melanoma, which is less common but more serious. Some people also use melanoma to mean malignant melanoma.

Most of the information in this leaflet is about melanoma. The leaflet also provides information about other less serious types of skin cancer which still need treatment.

What causes skin cancer?
The main cause of skin cancer is too much ultraviolet radiation (UV) from the sun or sunbeds.

Who is most at risk?
Everyone should check their skin for changes but some people are more likely than others to develop skin cancer. People with fair skin, lots of moles or freckles, a family history of skin cancer are most at risk.

Skin cancer is the second most common cancer in young people (15–34). But the risk of developing the disease still increases with age.

What are the signs of skin cancer?
You may have some moles or dark patches on your skin that are flat or slightly raised. Usually these will remain harmless all your life. Show your doctor any moles or patches of normal skin that change in size, shape or colour over weeks or months.

Check your skin regularly for changes. This is especially important if you are fair-haired with lots of red or freckles. The ABCD rule can help you remember what to look out for. If you notice any of the ABCD signs, see your doctor without delay.

The ABCD rule

Asymmetry
The two halves of a mole may not look the same.

Border
Irregular, scalloped or uneven

Colour
Black, brown, tan or mixed

Diameter
Many moles are at least 6mm in diameter; the size of a pencil eraser

Further information
For more information about skin cancer prevention, please see our SkinSmart leaflet or visit Cancer Research UK’s SunSmart website www.sunsmart.org.uk

For more about the spread of skin cancer, visit www.cancerresearchuk.org.uk

For more about cancer and our patient information website, visit www.cancerresearchuk.org.uk

If you want to talk in confidence about cancer, call our Information Nurses on 0800 890 4040.

Our health messages are based on scientific evidence. Find out more about Cancer Research UK’s leaflets.

A four leaflets were thoroughly researched and based on the most up to date scientific evidence. They are reviewed externally by independent experts and updated regularly. You can order our full range of leaflets online at www.cancerresearchuk.org/leaflets

About Cancer Research UK
Cancer Research UK is the world’s leading charity dedicated to research into the prevention, diagnosis and treatment of cancer. If you would like to support our work, please call 0300 795 6249 or visit our website www.cancerresearchuk.org

Together we will beat cancer
Published April 2011
Data reviewed April 2011
Regional dairy in England and Wales
169P printed in India (F12006)
Appendix 1h – ‘Be clear on cancer’ bowel cancer leaflet from the Department of Health

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**...about bowel cancer screening**

If you're aged 60–69, you’ll be sent bowel screening kits every two years.

If you’re aged 70 or over, you can request a kit by calling 0300 123 1232, although in some parts of the country you'll be sent kits up until you are 75.

It’s really important you use the kits, as they can help detect bowel cancer early, before you have any symptoms. And as we’ve said, the earlier you diagnose, the better your chances of survival.

Experts say that these screening kits can significantly increase the risk of detecting bowel cancer. They can also detect polyps, which can be easily removed. Polyps aren’t cancer, but in some cases they can develop into cancer.

If you have any symptoms mentioned in this leaflet, don’t wait for your next screening kit. Go and see your doctor as soon as possible. To find your doctor’s contact details, visit nhs.uk/bowel-cancer

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**...about how to reduce your chances of getting bowel cancer**

Eat healthy.

To fight your food, eat nuts, vegetables and fish, fruit, and wholegrain foods. Eat less fatty foods (cess) and processed meats (bacon and ham).

Cut down on alcohol.

Drinking too much alcohol can lead to a number of health problems and is linked with bowel cancer. By drinking less, you reduce your health risks.

Love after your bowel cancer.

Keep active. Exercise, don’t eat too much or too little, go dancing... the more you can do, the better.

Even if you’re having your sigmoidoscopy or if you have bowel cancer, exercise is important.

Stop smoking.

It’s never too late to quit. Giving up will lower your risk of getting bowel cancer. There’s plenty of help and support available for the NHS.

Visit smokefree.nhs.uk or call 0800 169 1600.

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**Let’s be clear...**

If for the last 3 weeks you’ve had blood in your poo or you’ve been looser, tell your doctor.

---

**...about how to spot it**

If you’re bowel cancer is spotted early, it’s most likely to be curable. If your symptoms are mild or noticeable, it’s important to consult a doctor.

Bowel cancer symptoms include:

- A painless and persistent condition
- Feeling more frequent bowel movements
- Losing weight for no obvious reason
- Feeling more frequent bowel movements

---

**...how important it is to see your doctor**

You’re not wasting your doctor’s time by getting it checked out, and it’s never too soon. Your doctor’s help will be just as vital.

---

**...about how to see your doctor early could save your life**

As a nurse, I care about people with bowel cancer, but I never thought I could happen to the people who didn’t eat it, the people who didn’t know what to look out for. I’m grateful to my doctors and nurses, and I wish everyone knew how important it is to see your doctor early.

Linda O’Connor, aged 60

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I started feeling that I was going to have a lot more time, and my cancer was soft and I could do it. I started a little on my health and I decided to do something about it. I contacted my doctor, and she referred me to the hospital.

Lester Marriott, aged 81
Appendix 1i – ‘Lung cancer, get it off your chest’ leaflet from Essex Cancer Network

Some more things to discuss with your doctor.

Have you been short of breath? Is it for how long you've been feeling this way?

Do you know someone who has any of these symptoms?

- Unexplained or persistent cough for 3 weeks or more.
- Unexplained or persistent shortness of breath for 3 weeks or more.
- Unexplained or persistent chest and shoulder pain for 3 weeks or more.
- New or changed wheezing.

You should encourage anyone with any of these symptoms to see their doctor. It is probably nothing, but if it is lung cancer, seeing their doctor early might just save their life.

Want to know more?

You'll find lots more information at essexcn.nhs.uk/lungcancer

Spotting lung cancer early saved my life. It could save yours too.

Shirley Smith
Lung Cancer Survivor

NHS

GET IT OFF YOUR CHEST

Lung Cancer
GET IT OFF YOUR CHEST

Lung Cancer
The earlier you spot lung cancer, the more treatable it is.

Lung cancer kills more people in the UK every year than any other form of cancer. But it can be treated successfully if found early.

So stay on the look out for the signs outlined in this leaflet and act quickly if you notice one.

Remember...
The earlier you spot lung cancer, the better your chances of beating it.

When my cough took a turn for the worse, I turned to my doctor.

Geoff Williams
Lung Cancer Survivor

The signs to look out for...

If you have any of these symptoms, you should see your doctor. It's probably nothing serious, but if you do have lung cancer, early diagnosis is the key to getting effective treatment. Getting your symptoms checked will help put your mind at rest and your doctor won’t blink your eyes at seeing them.

A persistent, unexplained cough.

If you've been coughing for 3 weeks or more you should see your doctor and ask them to check if you have lung cancer. If you tend to cough a lot anyway, you should look for any changes in your cough and ask your doctor if you notice it.

Being short of breath.

If you've been out of breath a little bit over the past 3 weeks or more, you should talk to your doctor.

Persistent chest and shoulder pain.

If you've got a persistent chest and shoulder pain for over 3 weeks and it's not getting better, you should get your doctor to take a look at you.

Recurring chest infections.

If you keep picking up the colds, or talk to your doctor about it and get them to check for lung cancer.

Lung cancer
GET IT OFF YOUR CHEST

Don't forget to mention to your doctor...

When you go to the doctor it's easy to forget what you want to say. So have a look through these key questions, take your answers with you and share your symptoms with your doctor.

Do you have a cough? If so, have lung tissue and now is it making you feel?

Do you have chest pain?

Have you noticed a change in your breath?

Appendix 2 – Project data collection sheets

Appendix 2a. Data collection forms
## Data collection form for Bowel Cancer Awareness

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### Red Flag Symptoms
- A change in bowel habit persistent for 3 weeks, especially to looser or more frequent stools.
- Rectal bleeding
- Blood in faeces
- Abdominal pain
- Anaemia and tiredness
# Data collection form for Skin Cancer Awareness

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**Red Flag Symptoms**

- Any change to a mole, freckle, sore or patch of skin that occurs quickly, over weeks or months

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**Red Flag Symptoms**

- A persistent cough that has not gone away after 3 weeks
- Weight loss
- Tiredness
- Chest or shoulder pain
- Hoarseness
- Breathlessness
- Repeated chest infections
- Coughing up blood or flecks of blood in phlegm

Or any of the following that are unexplained and persistent:

Transfer the totals onto the summary sheet.
PATIENT FEEDBACK CARD
Raising Awareness of Lung, Skin and Bowel Cancer

As part of this health promotion campaign we are keen to seek the views of members of the public.

1. Did you feel comfortable discussing issues around symptoms of cancer in the pharmacy?
   - Yes ☐  No ☐

2. How would you rate the level of information provided in relation to the cancer symptoms?
   - Poor ☐  Average ☐  Good ☐  V Good ☐  Excellent ☐

3. Do you feel that you now have a greater knowledge of the symptoms of:
   a. Skin Cancer ☐  Yes ☐  No ☐
   b. Bowel Cancer ☐  Yes ☐  No ☐
   c. Lung Cancer ☐  Yes ☐  No ☐

4. Would you feel comfortable in asking for further cancer health advice in the pharmacy?
   - Yes ☐  No ☐

Any other comments…..

Please hand this card to a member of the pharmacy team
Thank You
Appendix 3 - Beating Bowl Cancer Practice Guidance

Practice Guidance: Bowl Cancer

The role of community pharmacists in taking measures of particular health issues is becoming more widely recognised. This guidance on best practice for pharmacists when advising on susceptible, or diagnosed, bowel cancer has been prepared in the Royal Pharmaceutical Society’s Practice Guidance in conjunction with the charity Beating Bowl Cancer.

April 2010

Can you prevent bowel cancer?

People can take active steps to improve their lifestyle and reduce the risk of developing bowel cancer. These following actions can help:

- Eat a healthy diet. This means eating plenty of vegetables, fruit and grains (the recommended 5-a-day), low-fat foods and fish, instead of animal fat and processed meat.
- Take regular exercise and try to maintain a healthy weight.
- Stop smoking.
- Cut back on alcohol.
- Know your bowel and its usual habits so that you notice any changes in your bowel habits.

What should you do next?

When you’re at higher risk of developing bowel cancer, you should seek advice from your general practitioner, who will then refer you for a colonoscopy.

>For more information, see our Practice Guidance: Bowl Cancer, available at www.beatingbowelcancer.org.

Surgery

For bowel cancer, surgery is the most common form of treatment. Surgery involves the removal of affected bowel tissue. In some cases, the cancer will have spread to other parts of the body, such as the liver or lungs, and surgery will need to be combined with chemotherapy or other forms of treatment.

Chemotherapy

Patients may be treated with chemotherapy after surgery and it will be referred to as adjuvant chemotherapy or chemotherapy that is used in addition to surgery. It is not unusual to combine chemotherapy and radiotherapy, often with a tailored combination that is most effective for the particular cancer.

Immunotherapy

Immunotherapy is a type of treatment that uses the body’s own immune system to fight cancer. It works by helping the immune system to identify and destroy cancer cells.

Appendix page 59

Appendix page 60
Practice Guidance: Bowel Screening

The role of community pharmacists in raising awareness of particular health issues is becoming more widely recognised. This guidance on best practice for pharmacists when discussing the national bowel screening programmes prepared by the charity Beating Bowel Cancer in conjunction with the Royal Pharmaceutical Society

What is bowel screening?
Bowel screening aims to detect bowel cancer at an early stage, before people are experiencing any symptoms, and when treatment is more likely to be effective.

What is a colonoscopy?
A colonoscopy is an investigation that involves looking directly at the lining of the large bowel. A flexible tube with a tiny camera attached (a colonoscope) is passed into the back passage and guided around the bowel. If polyps are found, they can be removed by a technique called banding or snare polypectomy. If bowel cancer is found, it can be treated by surgery or chemotherapy. It is therefore important that people know where to go if they are referred for a colonoscopy.

Why should people take part in the bowel screening programme?
Regular bowel screening has been shown to reduce the risk of dying from bowel cancer by 15%. Bowel cancer affects 37,900 people every year – men and women of all ages – and claims almost 50,000 lives every day. But if bowel cancer is caught early and treated successfully, it is completely curable.

What is in the test?
There are two bowel screening tests used in the bowel screening programme: the FOBT and the FIT. These are simple tests that can be done at home. The FOBT test involves using a brush to collect a small sample of bowel motion, which is then sent to a laboratory for analysis. The FIT test involves using a brush to collect a small sample of bowel motion, which is then sent to a laboratory for analysis.

What if someone is not eligible for screening?
If someone is not eligible for screening, they should not use the GP.

We would not recommend offering “off the shelf” tests as they are not validated and there is a risk of false negative results.

Bowel screening programmes

England, Wales, Scotland and Northern Ireland each have a different strategy for bowel screening:

England

The 5-65 Bowel Cancer Screening Programme is offered every two years to everyone registered with a GP in England. The programme is recommended for people aged between 50 and 74 years of age. It is a simple test that can be done at home and is repeated every two years.

Wales

The Welsh Bowel Cancer Screening Programme is offered to people aged between 50 and 74 years of age. It is a simple test that can be done at home and is repeated every two years.

Scotland

The Scottish Bowel Cancer Screening Programme is offered every two years to everyone registered with a GP in Scotland.

Northern Ireland

The Northern Ireland Bowel Cancer Screening Programme is offered every two years to everyone registered with a GP in Northern Ireland.

How do patients get screened?
Patients who are eligible for bowel screening will receive a invitation to complete the test. Patients who are not eligible will receive a letter explaining why they are not eligible.

What happens if someone is referred for further investigations?
People who receive a referral for further investigations will be offered an appointment with a specialist nurse at the hospital. The nurse will explain the condition and the referral process.

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Appendix 4. Feedback received from pharmacies at the end of the campaign

Appendix 4a – Comments about the e-learning or suggestions as to how it could be improved

MCA feedback
- More subjects should be presented this way to help us learn.
- ONCE I GOT THE HANG OF IT I FOUND E-LEARNING VERY GOOD INDEED
- I am 46 years old so this sort of learning was not around years ago. It is a very good way of getting peoples attention and a good way of covering the information required with video footage it makes things interesting also.
- The answers got skipped in error twice and was unable to return to them!
- Test to be able to be done by everyone at work, not at home
- Got annoyed with it as I was a bit slow and when it came to the questions they kept skipping to the next one and I didn't get to answer all the questions
- My other staff members had the same problem and we had to ask our pharmacist for help.
- It was really easy and fun to use which really aided my knowledge on each subject instead of being to in-depth and boring.
- You should have distance learning programme for the counter assistants who do not know how to use computer. Also it helps to discuss this topic with other staff. Our pharmacist spent a lot of time discussing it with us and we did a scenario in the shop. One of our staff became a customer and the other staff had to serve her and ask questions. This raised our confidence.
- More videos
- Ok if you are computer friendly which I am not! Prefer to learn by reading paperwork and actually hands on learning.
- Rather than providing a link to find answers to questions, provide information to read prior to completing questions. I would prefer this to be in paper form so I can choose an appropriate environment suitable for me to study the information.

Pharmacist feedback
- E-learning was fine, but due to video loads, kept freezing due to poor connectivity, specially as was done during peak evening times
- No
- Our computer crashed and our it support sugested it was due to bopa
- Some members of staff found the training difficult to access due to limited computer skills which ultimately led to less staff being trained than i would've liked. It simply took too long to coach them through the sessions.
- "excellent website.
- Enjoyed it thoroughly."
- Not requiring individual email addresses to access e-learning and assessments.
- Very good overall but didn't seem to register that i had completed the modules when i am sure that i had. Not sure why. If i had more time i'd have looked into things. So for someone time pressured there was just an element of not completely user friendly. But overall ease of use was good.
- "i have already commented that log in was difficult.
- Overall my staff and i have enjoyed the learning and it did motivate my staff once i helped them to access the programme. A good lead was important to motivate staff and i think maybe allowing more time to lead to understand and implicate the training would be useful. I was able to do this as i am a supporting pharmacist. However, solo pharmacist would find it difficult as it was time consuming and perhaps would not meet the deadline"
- Maybe due to our poor computer system in branch, we could not access videos
- The red flag signs and the person buying the otc products useful for the staff
- Some of my staff found it difficult to access.
- "with regards to staff-not all had internet access
- -didn't appreciate doing training on computer in their own time
- Would have preferred paper training or evening session with lpc"
- Only problem was pages too big to fit on screen so staff who weren't too familiar with computers struggled a bit. They also ended up skipping questions on assessment as pushed the next button too hard and would skip over a few questions in a row
- It could be kept more precise. More to our role, and less of percentages.
Appendix 4b — Comments received from the public on the feedback cards

- Staff very approachable and helpful.
- Felt reassured
- Helpful Staff
- Great knowledge!
- Very Helpful
- Just thank you
- Very helpful staff
- Pharmacy good
- Very helpful
- Made me think
- Excellent Pharmacist
- Will try harder to quit smoking
- Would be good to offer service to check moles instead of going to doctor's.
- I think the staff were very friendly and did not judge my previous history of sunbeds and smoking.
- Good for awareness
- Having had bowel cancer in the past, it was good to talk
- Would feel had greater knowledge once read leaflets too
- Additional info and literature to hand
- Well advised
- I have a good knowledge of symptoms to look out for now
- Kits in pharmacy to give out?
- Totally supportive
- Appreciated talking to someone about concerns that I had had for some while
- Received literature/leaflet
- V good
- Excellent service
- I asked the pharmacist about skin cancer and to check my mole
- Fully aware as family members have cancer
- All questions were answered
- Started smoking cessation service
- Welcome any information related to awareness of illness particularly cancer and prevention. Forewarned is better than ignorance
- Excellent idea. I learnt a lot
- Maybe think of quitting smoking
- Referred to my GP after thorough questioning from my Pharmacist. Very happy with service
- Scary
- Very professional
- Very useful as family suffer from bowel cancer
- Very Good service from staff
- Will read leaflets
- Already had the screening for bowel and picked up a leaflet for lung cancer.
- Was able to discuss privately in Consultation Room which was excellent
- Educated UVA/B
- I have enrolled in the NHS stop smoking campaign and asked for info on lung cancer
- Really helpful
- Very pleased with info given
- Needs Promoting!
- Worried at first - now OK
- Good service
- Aware as have been to doctor re lump in breast
- Excellent pharmacy
- Staff very helpful
- Will read all literature
- Friendly & helpful staff
Appendix 4c - Comments or feedback on any aspect of the campaign
Pharmacist (20)
- Well supported from lpc/pct. Given the it restrictions on many p’cies, the format of paperwork needs to be as widely useable as possible.
- Too much form filling- staff not being able to complete relevant forms. Unlike the previous 2010 campaign i personally found completing forms etc on-line time consuming.
- “feed backs from patient cards-poor response, same with quiz"
- In the last week of the campaign we struggled with staffing and this had a negative effect on our ability to promote the service.
- "campaign paperwork was intensive, especially we are very proactive all the time, & doing lots of enhanced work i.e. MUR NMS etc. Please keep it simple...it took us 3-4 hours. awareness is the key. It certainly will keep us more aware of customers when they purchase otc preparations, and at the time of MUR consulations. Leaflets are always welcome"
- It was too complex. I think that the feedback cards and competition is unnecessary and is a distraction from the entire objective of the campaign which is to sell the message of how to detect cancer and identify individuals who may be in the very early stages of cancer.
- Worthwhile
- Excellent campaign. I will continue to ask my customers questions around topic and give out the literature over the year
- It’s a lot of admin to sort out!
- Should have had 1st, 2nd and 3rd prizes for window as staff put in lot of effort and came close 2nd so would have been some sort of recognition for effort but having said that they enjoyed taking part in campaign and relevant to health issues
- I felt that the campaign was rushed and not organised well. Information and leaflets came from different sources and at different times. Some of the information was duplicated and was in general not easy to follow.
- Good campaign and getting paid for doing it.
- "the fact that leaflets, quiz etc came in different times and in separate post did not help.
- In order for the campaign to be successful pharmacy time must be taken in consideration."
- “as not all our staff are computer literate some struggled to complete the training
- Also not all staff had individual log ins so although almost all completed the training not all could complete the online assessment"
- Many customers stopped & spent considerable time studying ‘mole’ poster-very effective
- We found the large skin cancer poster used to help identifying moles quite useful, we placed it in a prominent place where patients could see it while waiting and it drew attention and conversation about skin cancer. We also found that the provision of free quit kits for smoking aided in providing information about lung cancer. It would have been much more difficult to approach the subject and create awareness if these were not available at the same time.
- Was a worthwhile campaign. It was helped that a television bowel cancer campaign ran at the same time - there was quite a bit of discussion in the pharmacy by customers, some positive and some negative, so awareness was definitely at a height.
- Too many questions in this survey
- If only the access to the website was easier, i would have liked to train the staff personally. Otherwise a session should be held like last year to train the staff.
- None

MCA (24)
- I think that we should have a different month for each cancer awareness spread it out so that we are only focusing on one topic at a time. E.g. Feb. Bowel cancer, march lung cancer, and summer time (april) skin cancer.
- Good to do it online
- I really enjoyed the campaign because you get a confidence boost from doing the training just beforehand and it is still fresh in your mind as you engage with customers. It would be interesting to do more of them.
- I found it helpful interesting and it enabled me to answer questions with confidence well worth doing
- The online training gives information but the classes enable you to ask any questions
- A good fun and interesting way of working. Also fitting in with my life and priorities, not in the evening or daytime, but when i can fit it in!
- Having large posters were very helpful when placed in areas close to counter.
This found a campaign was so well run that should be done again. It was very good and hopefully this sort of campaign will make cancer less frightening from the outset.

I found it very useful and pleased to have increased my knowledge in order to be able to help others. Therefore I feel it is very important to continue doing the campaign. Combining it with the television campaign helped so I think that should be done again.

Difficult to absorb information for all three cancers at once.

Thought it was good because it makes you more aware and helps you to point out things to others. Has made it easier for me to talk about these things.

It is a good campaign and one should raise the awareness for cancer. It could save the nhs lot of money.

I’m afraid I did not have much to do with the campaign as I was on holiday for most of the time.

E learning was not accessible with ease.

The computer based training was very clear and easy to follow.

A well run campaign.

Not very good on the computer so food it quite difficult.

I think it should run for longer and several times per year, such as july for skin cancer then periodic for lung and bowel cancer.

This is an important campaign. My daughter suffers from bowel disease and it is very important to detect it at an early stage. My daughter was diagnosed late. This is very predominate in young age and we should make people aware of it. This campaign should run for longer time.

One month is too short. We should run it 2 months. You are sometimes too busy to writ2 case studies and when you come around to do it you might forget important points.

Training packs to be provided.

Looks so easy on computer training where only one customer in shop so assistant can give time and full attention to customer not so easy when lots of people in shop and lots of noise. Also not every customer feels that they want you to go to indepth about the respective problem that they have asked to purchase something for.

I am happy to make myself completely approachable to patients and hope I can help them with any day to day problems or refer them to a pharmacist or doctor as appropriate. When I feel the patients need a much more personal service for a possibly severe condition I will continue to refer them on to be seen by a professional to put them at ease or get them the treatment they may require.
Appendix 5 – A selection of the Promotional displays

Yardley Chemist, Rayleigh. 1

Garbett Chemist, Wickford. 1
Sharforth Pharmacy, Billericay. 1

Shadforth Pharmacy, Chelmsford. 1

Colecross Pharmacy, Chelmsford. 1
Att E

Dips Chemist, Grays. 1

Elora Pharmacy, Benfleet. 1

Hockley Pharmacy 1
Village Pharmacy, Doddinghurst. 1
Att E

Village Pharmacy, Doddinghurst.