Promoting Cancer Awareness
And
Early Detection
Within
Community Pharmacies
Promoting Cancer Awareness and Early Detection within Community Pharmacies

AUTHORS

Jane Newman - Project Manager
Ash Pandya - Essex LPC
Chief Executive
Netty Wood - Essex Cancer Network
Lead Pharmacist

Essex Cancer Network
Swift House
Hedgerows Business Park
Colchester Road
Chelmsford
Essex CM2 5PF
Tel: 01245 397626
Email: me-pct.ecn@nhs.net
Website: essexcn.nhs.uk

Essex Local Pharmaceutical Committee
17 Clematis Tye
Springfield
Chelmsford
Essex CM1 6GL
Tel: 01245 460079
Email: office@essexlpc.co.uk
Website: essexlpc.org.uk
Promoting Cancer Awareness and Early Detection within Community Pharmacies in the Essex Cancer Network

Executive summary

The project, funded by the National Awareness and Early Diagnosis Initiative (NAEDI), was designed to assess the contribution of community pharmacy to promote the early detection and awareness of the signs and symptoms of colorectal and skin cancer. The project was delivered in collaboration with Essex Cancer Network and Essex Local Pharmaceutical Committee.

To support the project, extensive training was provided for both pharmacists and medicines counter assistants. This focussed on the marketing of the campaign and techniques for engaging the public on issues such as cancer. The training provided motivation and confidence to the pharmacy teams thus enabling active participation with the campaign which was key to achieving the desired outcomes.

Various support materials were made available to the pharmacies. These included patient information leaflets, posters (A3/A4), patient feedback cards, audit forms and a skin cancer quiz. Pharmacies gathered data to allow the project team to evaluate and compare how receptive patients were to the different approaches.

The project was aligned with the Primary Care Trust (PCT) pharmacy public health campaigns (one of six per year). All 267 pharmacies within the Essex Cancer Network (ECN) PCTs were required to participate in the PCT public health campaign, however the 78 pharmacies who joined the ECN project received enhanced payment and extra support. The communications team from each PCT was asked for support on this project.

Approximately 30% of the community pharmacies in the ECN participated in the project, with an even spread across the four PCTs; this was in line with expectations and budgets.

The project succeeded in its aim to raise public awareness of symptoms associated with skin and bowel cancer to improve early diagnosis or prevention. During the month of the campaign 8869 information leaflets were distributed initiating 4667 conversations in pharmacies about cancer.

Six percent (161) of these interactions resulted in the pharmacist advising the person to see their GP because one or more symptoms had been identified that may be indicative of cancer.

When asked, over 93% of the members of the public indicated that they had a greater awareness of the symptoms of cancer following the conversation.

Feedback from pharmacist and counter assistant training sessions has been extremely positive with 74% of the participants reporting that they would continue to talk to patients about skin and bowel cancer once the project had finished.

Feedback from members of the public was exceptionally positive, overall the public response showed confidence in the ability of pharmacies to communicate this type of health message even though the topic may be considered slightly sensitive, or perhaps not the sort of health advice the public are used to receiving in community pharmacies.

This project has increased the confidence of pharmacy teams in engaging with the public with respect to skin and bowel cancer. It has also highlighted that point of sale material can be an effective trigger to initiate discussions about public health issues if adequate training and resources are provided. The output of this project will provide an excellent baseline for the future developments in such public health campaigns.
### Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ECN</td>
<td>Essex Cancer Network</td>
</tr>
<tr>
<td>LPC</td>
<td>Local Pharmaceutical Committee</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>NPA</td>
<td>National Pharmaceutical Association</td>
</tr>
<tr>
<td>OTC</td>
<td>Over the counter</td>
</tr>
<tr>
<td>FOB</td>
<td>Faecal Occult Blood</td>
</tr>
<tr>
<td>RPSGB</td>
<td>Royal Pharmaceutical Society of Great Britain</td>
</tr>
<tr>
<td>NMSC</td>
<td>Non-melanoma skin cancer</td>
</tr>
<tr>
<td>MCA</td>
<td>Medicines Counter Assistant</td>
</tr>
<tr>
<td>CRS</td>
<td>Cancer Reform Strategy</td>
</tr>
<tr>
<td>NAEDI</td>
<td>National Awareness and Early Detection Initiative</td>
</tr>
<tr>
<td>CSN</td>
<td>Cancer Specialist Nurse</td>
</tr>
</tbody>
</table>
1. Background

The Department of Health (DH) Cancer Reform Strategy\(^1\) identified late diagnosis as a major factor contributing to poor cancer survival rates in the UK.

The strategy suggests that given the importance of cancer prevention, PCTs and cancer networks should give high priority to increasing awareness of risk factors, raising public awareness of cancer symptoms and encouraging people to seek help early.

Reviews and original research commissioned by the DH and others have identified several risk factors associated with longer delay by the public in seeking help.

These include:
- Failing to recognise that symptoms were serious or could be due to cancer
- Social deprivation
- Older age
- Atypical presentations
- Black and ethnic minority groups

The Cancer Reform Strategy outlined a number of major strategic themes; this project contributes to the following three of the six areas of action needed to improve outcomes:
- Prevention
- Earlier diagnosis and treatment
- Reducing cancer inequalities

And one of the four areas for action needed to ensure delivery
- Better information

A social marketing study\(^2\) undertaken recently in one Essex PCT concluded that patients tend to visit their GP only when they have reached a crisis point. This may be one of the contributing factors to late diagnosis and provides another reason to investigate raising cancer awareness and early recognition of symptoms through a wider range of providers.

The same study also found that participants liked pharmacies, they felt that they could ask questions, or discuss health issues without feeling pressed for time or patronised.

Colorectal Cancer

Bowel cancer (also known as colorectal cancer) is the third most commonly diagnosed cancer in the UK\(^3\) and the second most common cause of death from cancer.

Early diagnosis of bowel cancer is vital to improve outcomes. Over 90% of patients diagnosed with the earliest stage of disease survive five years from diagnosis compared to only 6.6% of those diagnosed with advanced disease which has spread to other parts of the body.\(^4\)

NHS information centre data for 2006-08 shows an average of 12.2 years of life lost for people under 75 diagnosed with colorectal cancer who are resident in the Essex Cancer Network area.
In the ECN colorectal cancer mortality is high compared with other areas within the East of England.

Individually none of the PCTs are showing a lower than average mortality rate. South West Essex shows significantly higher mortality rates for colorectal cancer for both males and females, whilst Mid-Essex shows a high rate for male colorectal cancer mortality and North East Essex is higher than East of England for female colorectal cancer mortality.

The stage at diagnosis is related to mortality, as indicated by the following data (2006) obtained from Cancer Research UK:

<table>
<thead>
<tr>
<th>Dukes’ Stage (modified)</th>
<th>Approximate 5-year survival</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>83%</td>
</tr>
<tr>
<td>B</td>
<td>64%</td>
</tr>
<tr>
<td>C</td>
<td>38%</td>
</tr>
<tr>
<td>D</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: National Cancer Information Service (NCIS)
The chart below shows the stage at diagnosis for Essex cancer network split by PCT.

![Chart showing stage at diagnosis for colorectal cancer](chart.png)

**Skin Cancer**

Prevalence of skin cancer is difficult to quantify accurately as non-melanoma skin cancer (NMSC) is very common, easily curable and may be diagnosed and treated without being registered. Data from 2004 indicates that more than 72,000 new cases of non-melanoma skin cancer were recorded. If NMSC were included in the list of cancers it would be the most common cancer in the UK. Even though NMSC is considered less of a priority due to its low mortality it is important to raise awareness of all types of skin cancer as NMSC can become destructive if left untreated.

Malignant melanoma is the 7th most common cancer. Survival rates are closely linked to disease stage with five year survival rates of over 95% with diagnosis at early stage.

Studies show that delays are predominantly patient related, with longer delays reported for older people and men.

Melanoma incidence is rising rapidly, 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 2.7 per 100,000 compared to 1.9 per 100,000 (age standardised mortality rates)
In the Essex Cancer Network overall prevalence of skin cancer shows an upward trend in line with England and East of England. At individual PCT level the prevalence is higher in North East Essex, however data (2003-2007) shows lower than average mortality rates in males in North East Essex.

Community Pharmacy

The white paper, Pharmacy in England Building on strengths – delivering the future stated that:

*Community pharmacy also has an important role in the early detection and prevention of some cancers. It already contributes to reducing the risk of lung and other cancers through stop smoking services. However, community pharmacists and their staff may see people with, for example, persistent coughs or abnormal bowel motions, since both of these may involve the regular purchase of medicines to relieve symptoms. While normally harmless, on some occasions these symptoms can signal a more serious underlying cause, such as lung, stomach or bowel cancer.*

Community pharmacies are easily accessible.
- The latest information shows that 99% of the population – even those living in the most deprived areas, can get to a pharmacy within 20 minutes by car and 96% by walking or using public transport.8
- Pharmacies are open at times which suit patients and consumers, many late into the evenings or at weekends.
- An estimated 1.6 million visits take place daily, of which 1.2 million are for health-related reasons.

Pharmacies provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service, or who simply want readily available, sound professional advice and help to deal with everyday health concerns and problems. No appointment is necessary and most pharmacies now have dedicated consultation areas specifically for private discussions.
Furthermore, pharmacies are one of the few interfaces between a healthcare professional and healthy people as well as those already diagnosed with illness. Pharmacy may be the first or only point of contact with NHS services for those people not registered with a GP.

The project aims to take advantage of the high footfall and ease of access via community pharmacies to promote the awareness of signs and symptoms of key cancers, with the overall aim of reducing the increased financial burden and personal hardship associated with late detection and diagnosis.

### 2. Project description

The Cancer Reform Strategy (CRS), published in December 2007, highlighted that cancer survival in England compares poorly with that of other European countries, the USA and Canada. It is now recognised that late diagnosis is a major contributor to the poor survival rates in England. Patients tend to present with more advanced disease reducing the opportunity for successful treatment. Figures published in the second annual report on the CRS (December 2009) show that no individual PCT achieved survival rates in line with international good practice for all three of the most common cancers (breast, colorectal and lung). Added to this survival rates vary widely by PCT across England.

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. Through the initiative, almost £5million has been allocated to the NHS to support cancer networks and primary care trusts in implementing services that will improve awareness of cancers and promote early diagnosis. Essex Cancer Network successfully bid for an allocation of this money to run this project.

#### Brief outline of the community pharmacy early detection and awareness of cancer project

The project 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.

Training for pharmacists and medicines counter assistants (MCA) was an integral part of the project to increase their 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 level of participation and achievement with the minimum payment totalling £250 rising to a possible £775 for maximum achievement. This fee includes payment for attending training sessions for both pharmacists and medicines counter assistants.

All four PCTs in the ECN were included in the project. The key outputs included the number of pharmacists trained, number of informal referrals to GP by pharmacists, amount of patient information distributed, the number of patients proactively approached by the pharmacy team to deliver the key messages from the project and satisfaction of patients and the pharmacy team.
3. **Aim**

- To raise public awareness of symptoms associated with 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 skin and bowel cancers by raising awareness of signs and symptoms focusing on delivery of basic messages including:
  - Emphasising the importance of preventative measures and avoidance of things that may increase the risk of skin cancer.
  - Increasing knowledge of ‘red flag symptoms’ and the contribution of family history to the likelihood of developing bowel cancer.
  - Encouraging those aged 60 to 69 to use the bowel screening kit they will receive in due course from the national bowel cancer screening service.

4. **Scope**

The project is restricted to the Essex cancer network area which 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
- Number of discussions with the public relating to skin and bowel cancer

*The project did not include a formal referral mechanism, however pharmacists did record instances where, using their clinical judgement, they referred patients to the GP using regular channels.

5. **Stakeholder identification and engagement**

5.1 **Stakeholder list**

Stakeholders identified to develop or support the programme included:
- ECN lead
- Cancer Specialist Nurses and secondary care consultants
- PCT pharmacy commissioners / pharmacy lead
- 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’
- Patient group representatives
- NPA
- RPSGB
5.2 Links with other organisations
To ensure consistency is maintained the project reviewed plans and developments locally and nationally. Where possible the project looked to compliment existing programmes.

5.2.1 Nationally
The month of April 2010 was national bowel cancer awareness month. The charity ‘Beating bowel cancer’ collaborated with RPSGB to run a national bowel cancer awareness promotion through pharmacies during the second half of April to coincide with bowel cancer awareness month. The project team representatives met with ‘Beating bowel cancer’ and agreed to use existing promotional materials to support the ECN project rather than increase confusion by having two different bowel cancer campaigns in pharmacy at the same time.

5.2.2 Alignment with PCT priorities
The National Health Service (Pharmaceutical Services) Regulations 2005 state that each community pharmacy shall, at the request of its Primary Care Trust, participate in up to six campaigns in each calendar year to promote public health messages to users of his pharmacy. Agreement was sought with each PCT within the ECN to align this project with the first of the six mandatory PCT directed public health campaigns for this year as raising awareness of cancer is recognised as a high priority for all Essex PCTs.

6. Methodology
The project adopted a multi-stranded approach using different styles, both active and passive; to communicate the key messages across as wide an audience as possible.

The following techniques were used to raise awareness of skin and bowel cancer:
- Displaying posters, both in windows and inside the pharmacy
- Designing an eye catching window display
- Handing out leaflets to people visiting the pharmacy
- Talking to the public who visit the pharmacy
- Proactively targeting patients purchasing certain medicines or products
- Engaging interest by using the sun quiz and offering a prize draw for entries
- Any other imaginative way that the pharmacy chooses

Posters and window displays
Most retail outlets including community pharmacies use posters to attract attention to specific campaigns. This project looked to build on this tried and tested methodology to raise the awareness of skin and bowel cancer.
Pharmacy contractors were provided with small and large posters for skin and bowel cancer to use to good effect in their pharmacies.
- For bowel cancer the material chosen was that developed by the charity beating bowel cancer who were running a similar campaign concurrently. This ensured consistency.
- For skin cancer the steering group looked at the range of posters and leaflets available and selected a poster from cancer research UK which best matched the objectives of this project.

Window displays are an effective way to attract the attention of passers by who may not be visiting the pharmacy, although quantifying the number of people who may benefit from seeing the information on posters or other show material is outside of the scope of this project. Pharmacies choosing to create a window display were provided an additional fee and encouraged to submit a photograph of their display.

Leaflets
Leaflets that provided the key messages succinctly in relation to signs and symptoms of bowel and skin cancer were identified from existing resources. However, it was felt that passive distribution of leaflets did not provide the right level of information transfer required to sufficiently raise the awareness of the
conditions. Therefore handing-out of leaflets was utilised as a proactive tool to initiate discussion relating to the specific cancers of the target population.

The distribution of leaflets was also used as a measure of activity as staff were asked to record discussions initiated as a consequence of a leaflet being provided.

**Link with OTC medicines**

It is understood that self medication for minor ailments can sometimes mask symptoms of serious illness. Pharmacy staff were trained to identify patients purchasing specific groups of products in relation to skin and bowel cancer who could be proactively approached to initiate discussions on their symptoms.

**Sun Quiz**

One of the best ways of raising awareness of an issue is by the proactive engagement of the public. This encourages the uptake of information whilst compelling the participant make active choices. A patient quiz was developed to support the skin cancer element of this programme. The questions and answers were provided by the skin cancer specialist nurses who were members of the steering group. People visiting the pharmacy were offered a quiz to complete whilst waiting for a prescription or just for fun. On completion of the quiz they were provided with a separate answer sheet with further information relating to skin cancer. All entries were entered in to a prize draw.

**Training**

The project team decided to provide face to face training in the form of workshops. The impact of the training was measured using a self assessment questionnaire designed for use by MCAs and pharmacists to determine whether or not the training had increased their knowledge and confidence about skin and bowel cancer. The self assessment form was completed twice, once prior to training and again at the completion of the campaign. The first assessment was collected on entry to the training session so participants did not have reference to their responses when completing the second self-assessment five weeks later.

6.0.1 Patient feedback

Cancer can be a very emotive and personal subject so the project looked to identify whether or not people felt that community pharmacy was an appropriate venue for discussion of such topics.

A simple patient feedback form was developed to collect views on:

- The information provided by the pharmacy
- Whether or not the member of the public now has a greater awareness of the symptoms of cancer as a result of the information provided
- If the person felt comfortable discussing skin or bowel cancer in a pharmacy
- Whether they would be at ease in seeking further health advice from a pharmacy

A section for the public to add any other comments was included.

6.1 Target Audience

Over 1.6 million people visit community pharmacy on a daily basis the majority of whom would be mothers, carers and patients collecting prescriptions, many seeking health information and advice on a range of issues.

A recent survey on the use and perceptions of pharmacies showed that:

- Women, those aged over 35 and those with a long term health condition or disability are frequent users.
- Those working full time tend to visit pharmacies less frequently.

However many pharmacies are situated within larger retail units creating the opportunity to attract a wider audience. Similarly the use of window displays may attract passers by who would not routinely visit a pharmacy.

The target audience for the campaign was slightly different dependent on which cancer was considered:
6.1.1 Skin cancer
To promote the awareness of skin cancer pharmacy teams were advised to target all people visiting the pharmacy, the rationale for this was:

- Older and middle aged people – awareness of skin changes that might indicate cancer
- Young people – the risks associated with using sunbeds and importance of using sunscreens
- Families – the importance of avoiding sunburn, especially for children
- Everybody – positive reinforcement of the messages to use sunscreens, avoid strong sunlight, cover up, wear a hat.

The programme was run in April and May coming up to the summer holiday period and provided an ideal opportunity to discuss issues relating to skin cancer.

6.1.2 Bowel cancer
Bowel cancer is a condition that generally effects people from middle age onwards, this group of people often have some sort of ill health and will access the pharmacy either for prescription medication or to purchase a range of OTC medicines for minor ailments.

The pharmacy teams were trained to identify people
- Within the target age range – middle age onwards
- Buying specific medicines that may be used to treat the early symptoms of cancer, such as anti-diarrhoea medication.

Note: Pharmacy staff are already trained to advise patients on OTC medication however the training provided raised awareness of the cancers with the staff such that they were better informed to initiate discussions on the specific cancers within the scope of this project
- Ages 60 to 69 – target to emphasise the importance of using the FOB kit when it is received
6.2 The service outline

The participating pharmacies were required as part of their payment to undertake the following:

1. Complete the baseline and final audit forms
   The audit forms were designed to assess the awareness and perceptions of pharmacists and medicines counter assistants in respect of skin and bowel cancer before the project and at the end of the project. This included measuring the impact of training provided, ease of talking to patients about cancer and whether they will continue to be mindful of skin and bowel cancer once the project is completed.

2. Training requirements
   • Pharmacists - Attendance at one of the formal pharmacist evening training sessions was mandatory for all participating pharmacies. At least one pharmacist working in the pharmacy was required to attend. The sessions were held in the evening and lasted about 2 hours.
   • MCA - Pharmacies were encouraged to send at least one member of the pharmacy team on one of the half day training sessions. A few pharmacies were unable to release a MCA to attend so they were provided with training booklets to support in house training. Members of the pharmacy team who attended the training were expected to cascade the training to other members of the team who did not attend so that all members of staff were fully aware of the service and able to participate.

3. Display posters and leaflets
   a) Display the two A3 size posters, one on skin cancer, one for bowel cancer, in a prominent position within the pharmacy for the whole period from 23rd April to 23rd May 2010.
   b) Display the specified leaflets in the pharmacy for the whole period in positions where members of the public would have easy access. Record the number of leaflets taken or given out during the 4 week campaign.

4. Window display
   An extra payment was available to pharmacies that devoted a window at least 4’ wide solely for this campaign for at least a two week period during this campaign.

5. The sun quiz
   To hand out entry questions for the skin cancer awareness competition to people who visit the pharmacy, collect entries and hand out answer sheets, record the number of entries returned then forward one picked at random to go into the central prize draw.

6. Link with OTC sales of certain items
   Proactively approach customers buying medicines or products that may be used to treat ‘red flag’ symptoms, to supply an appropriate skin or bowel cancer leaflet and inform them why they are being provided a leaflet with this sort of purchase. Respond to any queries that they may have, and refer to the pharmacist if necessary.

7. General
   Answer queries from the public as a result of posters of leaflets on display

8. Data recording
   Gather information relating to consultations and conversations with customers about these cancers on the data collection form. Submit all data by the deadline date at the end of the campaign.

9. Patient feedback
   Make use of the patient feedback cards to seek comments from members of the public. Note any extra comments they make, positive or negative.

Posters, leaflets, patient feedback cards, the sun quiz and all the audit forms are shown in appendices 1 and 3.
6.3 Selection of pharmacies

All 267 pharmacies within the ECN area were given the opportunity to participate in the project. An invitation with a brief outline of the project was sent to all pharmacies by post and email. Those who responded positively were then sent the detailed service specification and requested to enrol their staff on the training sessions. Following the training sessions 78 pharmacies signed up to participate in the project, representing approximately 30% of the total, which was in line with our expectations and project budget.

7. Training

The provision of training was a key element of the project. The skills and knowledge learned from this project have the potential to endure beyond than the short period of the project activity. The training aimed to increase the skills of the most public facing members of the pharmacy team, building on the baseline skills of the medicines counter assistants many of whom already have experience with brief interventions related to other services, for example, smoking cessation. The posters, leaflets and forms to use were displayed at the training sessions, also screening kits were obtained from the national bowel screening service as the training pack is only distributed to GP practices and pharmacy staff may never have seen a kit.

7.1.1 Medicines Counter Assistants training

The focus of the MCA training was on two main areas

1. To build confidence in opening potentially difficult conversations, using the support materials such as leaflets and quiz entries to approach the public and practicing the sort of words relating to cancer awareness that are comfortable for both the MCA and the public.
2. To link the possibility of symptoms of cancer to certain OTC medicines, embedding the habit of thinking about when to ask extra questions without appearing confrontational, as well as delivering health messages on cancer prevention to the public at every opportunity.

The MCA training was developed in partnership with the NPA, each session was half a day, with eight sessions held in four different locations to enable ease of access. A payment allowance of £50 to cover backfill and travelling expenses was available to all participating pharmacies for each MCA attending the training session up to a maximum of three MCAs per pharmacy. Some of the training sessions were supported by cancer specialist nurses from local hospitals who delivered the presentation on their particular specialism and were available to answer extra questions and help facilitate the subsequent exercises on approaching patients. Unfortunately, due to their other clinical commitments nurses were not available for all the sessions but the feedback from those they did attend was very positive.

A training workbook was developed to be used in association with the workshop. It contained

- Exercises and activities to support the workshop
- Post workshop activities to help transfer learning into action
- Details of further resources available for learning and for patients

7.1.2 Pharmacists training

The training evenings for the pharmacists were designed to provide a brief and concise clinical update on the following:

a) Overall picture of cancer prevalence and treatments in the ECN
b) Staging and classification of cancers
c) Signs and symptoms of bowel and skin cancer. Colorectal specialist nurses and skin cancer specialist nurses gave the clinical presentations and each of them brought a patient to relate their real life experience of how they noticed their first symptoms and their subsequent diagnosis and treatment.
d) An explanation of the audit forms and data collection required for the project
7.2 Measuring the impact of the training

<table>
<thead>
<tr>
<th>Key objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To deliver effective training to large numbers of pharmacists and MCAs to</td>
</tr>
<tr>
<td>a) increase their knowledge and confidence, reducing barriers to approaching the topic with</td>
</tr>
<tr>
<td>the public</td>
</tr>
<tr>
<td>b) ensure consistent delivery of key messages</td>
</tr>
<tr>
<td>c) embed awareness of the link between cancer symptoms and OTC medicines</td>
</tr>
</tbody>
</table>

Assessed by

| • The number of MCAs attending training |
| • The number of pharmacists attending training |
| • Evaluation from the training sessions |
| • Self assessed questionnaires by pharmacists & MCA |
| • Appropriate targeting of members of the public* |
| • Number of people proactively approached* |

*these results are presented in section 8

### 7.2.1 Results - MCA training

#### Number of MCAs attending training

139 MCAs attended one of the half day training sessions. Payment allowances for backfill for up to 3 MCAs per pharmacy was allocated however some pharmacies sent more assistants to the training and covered the costs themselves. Contractors felt this to be a good investment of resources as some payment was provided.

**Feedback received from delegates**

- 88% said overall the training was excellent
- 96% said they are now more likely to speak to a customer about skin or bowel cancer

See appendix 2a for the detailed report

**Feedback received from a pharmacy contractor following the training:**

‘Staff returned from training very keen and enthusiastic. I believe they will carry on using the skills learnt, especially

- How to approach customers
- How to push a public health message without the public feeling pressured (extra comment that the public are at first nervous of a ‘hard sell’ but once they realise they are not being pressured to purchase something and there is no financial gain for the pharmacy they relax considerably)
- How to get leaflets picked up’

*It was suggested that these skills would cover a range of similar public health topics so the same approach could be used just changing the clinical content each time.*

### Impact of the training for Medicines Counter Assistants (MCA)

The MCAs representing the pharmacy team as a whole completed a self-assessment questionnaire about their awareness of cancer and their perceptions of the role of community pharmacy in raising awareness. The questions were answered prior to the training sessions and repeated at the completion of the project.
Participants recorded a score rating against the questions with a score of one representing a minimum rating up to five as maximal. Questions 8 and 9 were general questions not specifically related to cancer and were included for comparative purposes.

<table>
<thead>
<tr>
<th>Rating of awareness of bowel cancer</th>
<th>Average finish rating score</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Signs and symptoms</td>
<td>4.03</td>
<td>+ 33%</td>
</tr>
<tr>
<td>2 Link with OTC purchases</td>
<td>4.11</td>
<td>+ 45%</td>
</tr>
<tr>
<td>3 Risk factors</td>
<td>3.91</td>
<td>+ 41%</td>
</tr>
<tr>
<td>4 National screening programme</td>
<td>4.03</td>
<td>+ 41%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of awareness of skin cancer</th>
<th>Average finish rating score</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Prevention – e.g. sunscreens cover up, wear a hat.</td>
<td>4.80</td>
<td>+ 20%</td>
</tr>
<tr>
<td>6 Sunbed use and skin cancer risk</td>
<td>4.80</td>
<td>+ 23%</td>
</tr>
<tr>
<td>7 Other risk factors</td>
<td>4.47</td>
<td>+ 54%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of ease of starting a conversation with customers or patients about</th>
<th>Average finish rating score</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 Diet, exercise, stopping smoking</td>
<td>4.05</td>
<td>+ 15%</td>
</tr>
<tr>
<td>9 Referral to a GP if symptoms are serious</td>
<td>4.25</td>
<td>+ 15%</td>
</tr>
<tr>
<td>10 Prevention of skin cancer</td>
<td>4.50</td>
<td>+ 27%</td>
</tr>
<tr>
<td>11 Bowel cancer signs and symptom awareness</td>
<td>3.84</td>
<td>+ 33%</td>
</tr>
</tbody>
</table>

The results show a positive benefit to medicines counter assistants, even showing a modest increase in confidence about conversations on other health issues than cancer, as shown by questions 8 and 9.

The baseline knowledge in relation to skin cancer was much higher than that of bowel cancer, in line with expectations as this is not the first public health campaign on skin cancer awareness and prevention, and MCAs are already very experienced in answering questions about prevention of sunburn using sunscreens. However the ‘other risk factors’ which largely relates to skin type, number of moles, family history and sunburn when young were not well recognised at the start showing the biggest increase in score of all the questions asked.

The MCAs did not show confidence in their baseline knowledge about bowel cancer and there is significant evidence that the training and subsequent practice during the campaign was effective. The high scores at the end of the campaign perhaps give an indication that the benefit will endure for some time.

The increase in ease of starting a conversation about skin cancer (27%) and bowel cancer (33%) is very significant to raising awareness of these cancers.

Acceptability of the campaign to MCAs & enduring benefit of the training

To assess the approach and acceptability of the campaign the pharmacy team were asked some extra questions at the end of the campaign.

Q. Do you think leaflets and posters are a good way of initiating active participation with the public?
Respondents were asked to use the same rating system as before, this question received a positive response
Q. Do you feel this was a worthwhile campaign?
Once again this question received very positive ratings

<table>
<thead>
<tr>
<th>Rating score</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>77%</td>
</tr>
<tr>
<td>4</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>1.5%</td>
</tr>
<tr>
<td>2</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

Q. Will you continue to talk to patients about skin and bowel cancer once this campaign has finished?
74% answered that they would continue once the campaign has finished.

Finally pharmacy teams were asked for comments on what to include in future campaigns and which one thing has helped the team the most in this campaign.
Overwhelmingly the training was cited as the one most important aspect that helped the team the most in participating in the project, while the sun quiz was seen as an interactive and easy way to start a conversation.
One pharmacy had some T-shirts printed which they found a very effective way to introduce the subject.

7.2.2 Pharmacist training

Number of pharmacists attending training
Attendance at one of the training sessions was a mandatory requirement for participation in the project however 96 pharmacists attended one of the evening training sessions, more than the 78 that would represent one pharmacist for each pharmacy.

Feedback from the delegates
There were two training sessions and, unfortunately one of the sessions did not have a skin cancer specialist nurse and patient present, the feedback from delegates reflects this difference, particularly when taken in context with comments received on the feedback forms.

Overwhelmingly at both sessions pharmacists were inspired by the personal experiences related by the patients that highlighted how, in some cases, their prognosis had been improved by early diagnosis, which symptoms had alerted them to seek help and their subsequent journey through the NHS. Backed up by the clinical information from the nurses who had been part of their treatment team most pharmacists felt this was the most valuable part of the training.
The patients were selected by the cancer nurse specialists who were delivering the training.

100% of the delegates at the session with both skin and colorectal cancer specialist nurses and patients rated the usefulness of the training either good or excellent overall, whilst 53% rated good or excellent at the session with only one nurse and patient present. (The rating for the colorectal training session where the nurse and patient were available had a rating of either good or excellent of 82%).
Overall delegates provided exceptionally positive feedback on the speakers and level of presentations, which they felt provided concise and relevant information. The outline of the training session and full training feedback report including comments is available at appendix 2c & 2d.

Impact of the training on pharmacist skills and knowledge
The pharmacists also completed a self-assessment questionnaire about their awareness of cancer and their perceptions of the role of community pharmacy in raising awareness. The questions were answered prior to the training sessions and repeated at completion of the project the same as for the MCAs however some of the questions were slightly different. The two general questions were included for comparison. (9 and 10) Participants recorded a score rating against the questions with a score of one representing a minimum rating up to five as maximal.
### Average finish rating score

<table>
<thead>
<tr>
<th>Rating of awareness of bowel cancer</th>
<th>Average finish rating score</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Signs and symptoms</td>
<td>4.55</td>
<td>+ 27%</td>
</tr>
<tr>
<td>2 Link with OTC purchases</td>
<td>4.44</td>
<td>+ 27%</td>
</tr>
<tr>
<td>3 Risk factors</td>
<td>4.52</td>
<td>+ 25%</td>
</tr>
<tr>
<td>4 National screening programme</td>
<td>4.63</td>
<td>+ 36%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of awareness of skin cancer</th>
<th>Average finish rating score</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Prevention – e.g. sunscreens cover up, wear a hat.</td>
<td>4.84</td>
<td>+ 4%</td>
</tr>
<tr>
<td>6 Sunbed use and skin cancer risk</td>
<td>4.86</td>
<td>+ 6%</td>
</tr>
<tr>
<td>7 Other risk factors</td>
<td>4.56</td>
<td>+ 18%</td>
</tr>
<tr>
<td>8 Signs &amp; symptoms</td>
<td>4.75</td>
<td>+ 22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of ease of starting a conversation with customers or patients about</th>
<th>Average finish rating score</th>
<th>% Increase or decrease in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Diet, exercise, stopping smoking</td>
<td>4.58</td>
<td>+ 8%</td>
</tr>
<tr>
<td>10 Referral to a GP if symptoms are serious</td>
<td>4.73</td>
<td>- 1%</td>
</tr>
<tr>
<td>11 Prevention of skin cancer</td>
<td>4.75</td>
<td>+ 12%</td>
</tr>
<tr>
<td>12 Bowel cancer signs and symptom awareness</td>
<td>4.36</td>
<td>+ 20%</td>
</tr>
</tbody>
</table>

As expected pharmacists already have a high level of confidence on ease of delivering key messages about healthy lifestyles and knowing when to refer serious symptoms to a GP, shown by the high baseline scores for questions 9 and 10, with negligible change during this campaign. However, there was an increase in skills and knowledge relating to opening a conversation about bowel cancer following training and practice.

The impact on prevention of skin cancer was minimal as pharmacists are already aware of the risks of sunburn and health messages about avoiding too much sun but the elements around signs and symptoms of cancer and the less well known risk factors were useful.

The biggest increase in knowledge was about the national bowel screening programme 25% of pharmacists giving a baseline rating a score of 4 or 5 (indicating a good awareness) rising to 89% at the end of the campaign. Overall the largest increase in knowledge and skills were related to bowel cancer.

**Pharmacist perceptions and acceptability of the campaign, factors affecting participation and benefit of training**

At the end of the campaign pharmacists were asked to answer two extra questions about raising awareness and discussing cancer signs symptoms with members of the public.

**Q. Do you feel pharmacy is the right environment to raise conversations about cancer awareness?**

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>98.5%</td>
</tr>
<tr>
<td>No</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

**Q. How easy did you find discussing early signs and symptoms of cancer with people? (Please rate 1 (minimal) to 5 (maximal))**

<table>
<thead>
<tr>
<th>Rating score</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>28%</td>
</tr>
<tr>
<td>4</td>
<td>57%</td>
</tr>
<tr>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>2</td>
<td>1%</td>
</tr>
</tbody>
</table>
Q. Which factors were important in your decision to participate in this project

Pharmacists were asked to select the top three factors that impacted upon their decision to participate in the campaign.

The results show that the most important features of the project that enabled their participation were the availability of training, payment and the perceived value to their customers, with alignment with the local PCT campaign slightly less, but still important.

This is valuable information to take into account when considering the active engagement of community pharmacy and designing similar projects or campaigns in the future.

8. Results

8.1 Reaching the public

In the scope of this project Essex Cancer Network (ECN) were looking to have a reasonable spread of pharmacies representing both multiple and independent pharmacy contractors aiming for participation from 80 to 100 pharmacies.

Pharmacies self selected for participation, this project did not specifically target pharmacies in rural areas, or areas of high deprivation though it was hoped that a good geographic spread would be achieved.

There were two elements considered in measuring reaching to the public

- Access – is there a good geographic spread of pharmacies participating in the project?
- Effectiveness – are the participating pharmacies successful in delivering the key messages and engaging the public?

8.1.1 Pharmacy participation and geographic spread

Initial interest was sought by communicating a brief outline of the project to all pharmacies in the ECN by both email and post. Those who expressed an interest were then supplied with more details and invited to register pharmacists and MCAs for the training sessions. At each stage the numbers reduced and whilst 78 pharmacies were trained and participating in the project only 65 returned their data by the deadline.

March 2010, Expressions of interest – 104
April 2010, Training/sign up -78
June 2010, Data return by deadline -65 (72 returns were made but only 65 were returned in time for publication of this report)
Representation from the different pharmacy sectors
The project acknowledges that pharmacies have different characteristics related to their business sector and may have different patient demographics. Large multiples have a well recognised corporate identity, many of them are a small unit within a large store and a large proportion of them occupy prominent positions in major shopping centres and high streets.

Independent pharmacies tend to have greater control to decide which services to provide and how to promote or market their pharmacy. This is especially relevant with respect to window displays and use of posters.

Measurement and comparison of performance in the project by sector is not within the scope of this project, however, the breakdown of representation shown below is included as it may inform learning for the future.

<table>
<thead>
<tr>
<th>Pharmacy Sector</th>
<th>Number of Pharmacies</th>
<th>Number of Pharmacies in ECN</th>
<th>% Representation of Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent (1 to 4 pharmacies)</td>
<td>40</td>
<td>110</td>
<td>44%</td>
</tr>
<tr>
<td>Small independent multiple (5 to 15 pharmacies)</td>
<td>12</td>
<td>21</td>
<td>57%</td>
</tr>
<tr>
<td>Small multiples (AIM)*1</td>
<td>4</td>
<td>8</td>
<td>50%</td>
</tr>
<tr>
<td>Large multiples (CCA)*2</td>
<td>22</td>
<td>128</td>
<td>17%</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>267</td>
<td></td>
</tr>
</tbody>
</table>

*1 Defined as members of the Association of Independent Multiples e.g. Day Lewis, Assura.
*2 Defined as members of the Company Chemists Association i.e. Boots, Co-op, Lloyds, Rowlands, Tesco, Sainburys, Morrisons, Asda, Superdrug.

The analysis by PCT area is shown in the table below.

<table>
<thead>
<tr>
<th>PCT area</th>
<th>Number of Pharmacies participating</th>
<th>Total number of Pharmacies</th>
<th>Percentage participation within each PCT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Essex</td>
<td>18</td>
<td>59</td>
<td>30.5%</td>
</tr>
<tr>
<td>South East Essex</td>
<td>22</td>
<td>75</td>
<td>29.3%</td>
</tr>
<tr>
<td>South West Essex</td>
<td>22</td>
<td>79</td>
<td>27.8%</td>
</tr>
<tr>
<td>North East Essex</td>
<td>16</td>
<td>54</td>
<td>29.6%</td>
</tr>
<tr>
<td>Total Essex</td>
<td>78</td>
<td>267</td>
<td>29.2%</td>
</tr>
</tbody>
</table>

The results show an overall participation rate of 29.2% with an even spread across all four PCT areas, however we noted that because roughly a third of pharmacies participated where there are less than three pharmacies, such as villages with only one pharmacy there was a greater chance of a gap in service.
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 Maldon, South Woodham Ferrers, Grays and Halstead.

8.1.2 Public engagement

Key objectives
- To measure the effectiveness of community pharmacies in delivering key messages, engaging the public and in so doing, meet the aims of this project.

Assessed by
- The number of leaflets that were given out or taken
- The number of people who participated in the sun quiz
- The number of conversations recorded
- The uptake of the national bowel screening service. *

*Note: with respect to the national bowel screening we are not aware of any other initiatives that may be aiming to achieve this same output that are running concurrently but we cannot be assured this is definitely the case.
Number of leaflets given to members of the public and proactive interaction with the sun quiz

All pharmacies were provided an initial allocation of leaflets to use for the project. More leaflets on skin cancer were available on request directly from the cancer research UK website and some pharmacies did order more leaflets. Extra bowel cancer leaflets and sun quiz forms were available from the project office.

The data table below shows the total number of each type of leaflet handed out. Some pharmacies distributed their entire allocation of leaflets so a column is included to indicate how many pharmacies ran out of which leaflet during the campaign.

<table>
<thead>
<tr>
<th>Leaflet</th>
<th>Total number handed out</th>
<th>Number of leaflets provided to each pharmacy</th>
<th>Number of pharmacies who handed out all their initial allocation of leaflets (% of total number of pharmacies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beating bowel cancer</td>
<td>3664</td>
<td>100</td>
<td>10 (15%)</td>
</tr>
<tr>
<td>Detecting skin cancer</td>
<td>2627</td>
<td>50</td>
<td>27 (42%)</td>
</tr>
<tr>
<td>Sunbed &amp; sunsmart leaflet</td>
<td>619</td>
<td>10</td>
<td>40 (62%)</td>
</tr>
<tr>
<td>Sun quiz</td>
<td>1959</td>
<td>50</td>
<td>15 (23%)</td>
</tr>
<tr>
<td>Total</td>
<td>8869</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This suggests that pharmacies and the public found the leaflets useful and that more leaflets could have been distributed to the public if a larger number had been supplied to pharmacies.

Whilst the provision of leaflets may or may not be a passive interaction with the public, the sun quiz was designed to be more interactive, and some comments were received from pharmacies that a similar style quiz could have been useful for bowel cancer too.

Window displays
Thirty four (52%) of the pharmacies chose to have a window display. Some pharmacies were very inventive with their window displays but many others commented (see comments in that they would have liked more materials provided to create their display.
A selection of pictures are shown in appendix 6

Conversations with the Public
Pharmacies recorded the number and content of conversations they held with members of the public during the project on a simple tick box data collection form. (Appendix 3c)
A total of 4667 verbal interactions about cancer with 2750 members of the public were evidenced, respondents were asked to specify which cancer they had discussed

<table>
<thead>
<tr>
<th>Cancer</th>
<th>Number of conversations</th>
<th>Percentage of total conversations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel</td>
<td>1829</td>
<td>39%</td>
</tr>
<tr>
<td>Skin</td>
<td>2339</td>
<td>50%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>499</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td>4667</td>
<td>100%</td>
</tr>
</tbody>
</table>

The results show in up to 59% of the interactions more than one cancer was discussed, with 11% of the conversations relating to an unspecified cancer. This may be unspecified due to poor completion of the data collection form or because the conversation was about another cancer rather than bowel or skin.
Age and sex of members of the public proactively approached

The results above show that the right target audiences were approached indicating the positive impact of the training sessions. The profile shows a greater number of females as expected as they are the main users of pharmacy, however in respect of bowel cancer in the older age groups the difference is not so marked.

Different methods of engaging the public —
The project team wanted to assess the effectiveness of different approaches in initiating a conversation:

The results show that use of leaflets and posters are effective in helping to open a conversation and that the combination of age range, OTC sale and symptoms also have a significant impact especially for bowel cancer which shows a higher proportion of conversations initiated through these more proactive routes.
8.2 Raising awareness and acceptability to the public of the campaign

Key objectives
- To determine the value to the public of the information provided and its impact in terms of raising awareness;
- To assess the public perception of discussing cancer symptoms in a community pharmacy and about health messages in general.

Assessed by
- Patient feedback gained via the patient feedback cards

When verbal information was given to a member of the public their feedback about the service was sought by offering a tick box card for the person to fill in and return. (See Appendix 1c)

The questions were designed to
- a) Gauge the value to the public of the information provided
- b) Determine if the objective of the project in raising awareness of cancer symptoms is met
- c) Assess the acceptability to the public of community pharmacy as a route for health promotion messages, in particular cancer awareness

The number of patient feedback cards completed was variable with some pharmacies achieving a high level of return whilst others did not receive any responses. Overall 75% of participating pharmacies submitted at least one feedback card, the average return rate being 9 cards. (Range 0 to 71).

A total of 604 patient feedback cards were returned, this represents feedback in respect of 22% of the total conversations about cancer with the public.

Responses to the questions

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

<table>
<thead>
<tr>
<th>Poor</th>
<th>Average</th>
<th>Good</th>
<th>V. Good</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>18 (3%)</td>
<td>91 (15%)</td>
<td>240 (40%)</td>
<td>249 (42%)</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>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin cancer?</td>
<td>533 (96.4%)</td>
<td>20 (3.6%)</td>
</tr>
<tr>
<td>Bowel cancer?</td>
<td>439 (93.4%)</td>
<td>31 (6.6%)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>92.7%</td>
</tr>
<tr>
<td>No</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Response</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>97.5%</td>
</tr>
<tr>
<td>No</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

The results show a very positive response from the public which is further evidenced by comments received, shown below.
The small difference in the perception of discussing cancer by comparison to other health topics suggest that, in respect of the small number of people who feel uncomfortable discussing cancer in a community pharmacy during this project, it is not the proactive approach to delivery of healthcare messages per se, rather it is dependant on the public’s perception of the topic. This is very positive for future campaigns as the public becomes used to community pharmacy being more involved in wider clinical service.

Additional comments made by the public:
Finally there was the option for the public to write any other comments. Following a recent large scale patient questionnaire completed in one PCT locally in the last year there was an expectation that the public may raise the issue of insufficient privacy when discussing a potentially sensitive topic such as cancer, however the responses received did not support this expectation. The comments received are shown below.

- Very friendly.
- Very informative staff.
- Lovely lady, Kim. Always very helpful and knowledgeable.
- Great service.
- Very information staff. I am now more aware to self check.
- Pharmacist concerned and checked if I had done the bowel cancer test.
- Convenient and helpful.
- Excellent service.
- Nice to see pharmacy doing awareness.
- Very useful information.
- I would have no qualms about asking for advice.
- Nice short to the point. Always had excellent service from Hockley Pharmacy.
- Find it scary to hear about cancer.
- Schools should get invited.
- Very helpful, informative and approachable staff who provided excellent advice.
- Prepared to speak to GP about cancer.
- Really good idea with the T shirts on the staff.
- The staff in this chemist are second to none! Good idea.
- This pharmacy is approachable on most issues. Very attentive and helpful staff.
- Very approachable, very helpful.
- Very informative. Made me feel very relaxed and not embarrassed to ask questions.
- Very helpful advice.
- Very easy to deal with. Staff and Pharmacist are always so helpful.
- Nice to be able to talk away from other customers.
- Well done. Good campaign.
- Excellent, Good campaign.
- Pleased that it is being discussed in pharmacy. No problem with getting advice about cancer.
- Very good.

8.3 Onward referral to a GP by the pharmacist

<table>
<thead>
<tr>
<th>Key Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>- To increase the early diagnosis of cancer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The number of informal referrals recorded</td>
</tr>
</tbody>
</table>
In order to minimise inappropriate referrals to GPs all suggestions that a person should seek further advice from their GP practice were made by the pharmacist. There was no formal referral process and we do not have any record of whether patients counselled to seek further advice did indeed visit their GP.

161 informal referrals were recorded, this represents 6% of the interactions with the public. The breakdown with respect to type of cancer is as follows:

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>Number of informal referrals</th>
<th>Referrals as a percentage of conversations about that cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel</td>
<td>96</td>
<td>5.2%</td>
</tr>
<tr>
<td>Skin</td>
<td>59</td>
<td>2.5%</td>
</tr>
<tr>
<td>Unspecified</td>
<td>10</td>
<td>2%</td>
</tr>
</tbody>
</table>

The data captured also enabled a breakdown showing the number of informal referrals split by age/sex:

![Number of informal referrals to GP practices by age band and cancer type]

This suggests that, as expected, people presenting with symptoms that may be indicative of bowel cancer tend to be, though not exclusively, in the 50+ age group.

8.3.1 Case Studies

Two of the pharmacies provided further information relating to people they had referred to the GP.

Patient 1
A lady, approximately 55 years of age. The pharmacist had previously noted a lesion or skin discolouration on the patient's face just above her lip and had tried to open a conversation but the person was reluctant to talk about it citing that she was too busy. However during the month of the campaign this lady approached the pharmacist, having seen the leaflets and promotional material. The pharmacist advised the lady to see her GP, who subsequently diagnosed with a skin melanoma and this patient is now receiving treatment.

Patient 2
A gentleman, about 70 years old. The pharmacist noted a visible patch of skin discolouration that may need further investigation and approached the patient explaining that as part of the campaign pharmacies were looking out for signs of skin lesions that might need further investigation or monitoring by the GP and suggested that the gentleman should visit his GP to make sure there is nothing untoward about the skin discolouration.

Patient 3
A gentleman aged 54. A regular visitor to the pharmacy for OTC purchases but without any long term conditions requiring prescriptions. The gentleman had frequently purchased OTC medicines for a variety of gastrointestinal symptoms. At this visit to the pharmacy, to purchase some Imodium, the pharmacist took the opportunity to ask some extra questions about his symptoms and on discovering that the patient was experiencing alternating bouts of constipation and diarrhoea advised him to see his GP. The pharmacist also wrote a note for the patient to take to the GP.
Establishing a baseline
There is no baseline with which to compare activity as no similar project has been run on such a large scale. Therefore this project establishes the baseline in respect of leaflet distribution, proactive interaction and pharmacy participation should a similar project take place in the future.

Measurable outputs that fall outside the time limit of this project
- The number of referrals to secondary care or GPwSI regarding cancer or suspected cancer compared with the same period from the previous year.
- The rate of return of bowel screening kits issued by the national bowel screening programme measured against the same time period last year or the national average.

Outside the scope of this project but could be evaluated from the data collected
- Data comparison with the PCT campaigns

10. Discussion and Summary

The main aim of the project was to raise public awareness of symptoms associated with skin and bowel cancer to improve early diagnosis or prevention. During the month of the campaign 8869 information leaflets were distributed and 4667 conversations took place in pharmacies about cancer.

Six percent (161) of these interactions resulted in the pharmacist advising the person to see their GP because they had one or more symptoms that may be indicative of cancer.

The national bowel screening programme has been evaluated as being cost effective with a diagnosis rate of 2%, so if only a third of those people identified as needing to see their doctor are subsequently diagnosed with early cancer then the diagnosis rate would equal that of the national programme.

One of the funded options for pharmacies was to create an eye catching window display for the duration of the project. This is a tried and trusted method for attracting the attention of the public and the project team considered this to be an effective marketing option for the project. Thirty four pharmacies created window displays delivering key messages to members of the public passing by.

The availability of clear concise training delivered at the right level was a key factor in the success of this campaign, receiving a high importance rating from pharmacists in respect of their willingness to participate in the project. The feedback from the training sessions indicates that the content and structure of the training sessions met, or even exceed, the expectations of the pharmacies in supporting the cancer awareness campaign.

The training element was a significant cost and represented a large administrative workload in organisation of the content, speakers, venues etc. but had a demonstrable benefit both in terms of actual learning and the support of the delivery of the project.

The continuation of the aims of the project can be assured by the large number of pharmacy staff who are trained, competent and confident as a result of participation in this campaign. The key health messages embedded as part of this project, especially with respect to the link of cancer symptoms and OTC medicines will not be forgotten and could be extended to include other medicines that may be associated with different cancer symptoms, for example, cough mixtures and lung cancer.

Of the cards returned feedback from members of the public was exceptionally positive. Overall the public response shows confidence in the ability of pharmacies to communicate this type of health message even though the topic may be considered sensitive, or perhaps not the sort of health advice the public are used to receiving in community pharmacies.
As previously noted the motivation and ability to participate in initiatives such as this project is significantly influenced by the pharmacy business policies and priorities. Those pharmacies that are part of a large
multiple may need to seek permission from senior managers or head office before being allowed to participate, whereas the smaller companies based locally are able to reach a quick decision. The results from the project give an indication of the motivating factors for those pharmacies who did participate. It may be advisable for future projects to consider alternative incentives and enablers to encourage those who did not take part this time.

The project adopted a wide range of approaches to attract the attention of the public and to overcome the reluctance in starting a conversation about cancer. The results showed that this multi-stranded approach worked well with posters and leaflets to gain the attention of people visiting or passing by the pharmacy, prompting them to seek further advice or to expect the pharmacy team to supply unsolicited information.

11. Conclusion

The main objective of this project was to ascertain if Community pharmacy was an appropriate setting to deliver key messages for raising the awareness and early detection of cancers. It was important to understand if pharmacy assistants were able to take onboard the training and gain an understanding of the key issues pertaining to skin and bowel cancer. More important was understanding, if pharmacy teams were able to effectively relay that message to the public, without causing alarm through initiation of discussions using the information materials provided.

The project also looked to understand if pharmacy teams were motivated by such a project and if the public felt comfortable in discussing such issues in a pharmacy setting. Finally the project looked to understand the trigger prompts for initiating engagement with the public.

It is clear with over 4,500 conversations being audited through the project that awareness of skin and bowel cancer has been raised across Essex. The Feedback and output from the training and the project has identified that pharmacy teams with appropriate education and motivation are keen and capable of taking on such projects even on sensitive issues such as cancer. Pharmacists and medicines counter assistants clearly identified that their knowledge of skin and bowel cancer had increased through the project, and most importantly they had increased confidence in approaching members of the public with regards to these issues. The data also highlights that MCA were able to identify and approach appropriate patients in relation to both cancers. The majority of discussions relating to bowel cancer were with people over the age of 50 whilst skin cancer was discussed with a broader age group. It was also interesting to note that links to purchases of over the counter medicines were effectively made by counter staff to initiate discussions. However, the major prompt for discussion was the leaflets and quiz developed by the steering group.

Although a formal referral mechanism was not included within the scope of this project, pharmacists were able to use their clinical judgment to refer patients to their GP through their normal mechanisms. Through this process 161 referrals were made of which we are aware of at least one case of cancer having been detected.

The feedback from the public has been very positive with over 92% reporting that they are comfortable in discussing issues such as cancer in a pharmacy setting with the pharmacy team. The outputs from the project clearly indicate that if managed and resourced appropriately, pharmacy is an ideal setting for the delivery of key public health campaigns.
11.1 Did the project meet its objective?

The project fully met its primary objective of raising awareness of skin and bowel cancer. The project has also recognised the secondary benefit of providing the start of a framework for engagement with community pharmacies and successful implementation of public health campaigns.

Right thing done in the right way (training, payment)= positive outputs

11.2 Follow on actions

Formal referral to GP – availability of a formal referral process may expedite patients presenting to their GP but it may also have a detrimental effect on the acceptability of this sort of campaign (refer to GP patient satisfaction survey)

Repeat this campaign – this project has demonstrated the reach of community pharmacy in raising awareness of cancer and provided a baseline data set for activity. If funding becomes available it would be possible to repeat this campaign and, taking into account findings from this project, increase the range of pharmacies and deliver the key messages to an even wider population.

Long term impact - to measure the long term impact concerning a reduction in deaths due to the earlier detection and prevention of cancer is currently not feasible within the duration or funding of this project but could be done over a longer time period.

Other cancers – using this project template community pharmacy could be used to raise awareness of other cancers building on the skills that the counter assistants have learnt during this project,

e-learning - the project acknowledges the importance of carefully designed training in supporting health campaigns and recognises that, for a variety of reasons, very few public health campaigns are implemented within community pharmacy with such training support. In order to increase the reach of the training and to reduce the cost and administrative burden development of an e-learning module will be considered as the next step following this project. It is recommended this is used to complement face to face training particularly for counter staff who found the interaction and exchange of ideas with colleagues to be of great value. The E-learning module would also be an excellent reference tool to have within the pharmacy, particularly for new staff.

12. Learning for the future

12.1 Training

- Using experienced trainers from a pharmacy body that is nationally recognised for their training expertise has led to high levels of uptake. Provision of backfill costs for up to three medicines counter assistants per pharmacy produced excellent results and sent a positive message to pharmacists. A total of eight half day training sessions were offered in four separate locations to cover the whole network area, this seems to have been the right number.

- Two pharmacist evenings were held, both were well attended and possibly a third meeting would have been beneficial, with a slightly larger geographic spread.

However the following constraints were taken into account when deciding to only hold two meetings

- the availability of cancer specialist nurses and expert patients who are vital to the success of the training
- costs associated with holding an extra meeting

12.2 Geographic spread and participation

- Pharmacies self selected to join this project and uptake was approximately 30%, the results as shown on the map in section 8.1.1 show that there were some gaps in the distribution of
participating pharmacies which were particularly noticeable in rural areas where there was only one pharmacy. Future projects should consider how to try harder to ensure uptake in areas where there is only one pharmacy in a neighbourhood identify appropriate incentives to encourage participation.

- Similarly there was not a very good uptake from pharmacies within supermarkets. Given that their customers may represent a different demographic to those people visiting a small community pharmacy, added to the extremely high footfall and extended opening hours, supermarkets are an ideal location to reach out to the mass public. It is disappointing that so few supermarkets participated in this campaign and it is recommended that future projects should consider what may encourage participation from this section of the market in order to maximise reach to the public.

12.3 Test the audits and data gathering forms
The project schedule did not allow time for testing the audit forms in practice. When the data was submitted it was noted that there were a few improvements that could have been made to ensure:

- the questions were clear and unambiguous to the people filling in the answers
- the data was easily collated from the forms onto a spreadsheet with the minimum of manual tallying up required at the end of the project

Future projects should allow time (at least a month) to test the audit in practice, including collating and interpreting the data.

12.4 Window displays
General comments from the pharmacies indicate that more material to make a window display would have been welcomed although some pharmacies did make their own very imaginative window displays using other props with the posters provided.

To get the most benefit future projects could investigate having larger custom made posters or banners manufactured that are easy to use in larger windows. Also look at obtaining other things such as balloons which can be very effective in windows. The Production of T shirts by one pharmacy was well received.

12.5 Number of leaflets to supply
The pharmacies made good use of leaflets, many of them ran out of the initial allocation. Future projects should probably start with an initial supply of 100 leaflets of each type.

12.6 Timing of the campaign
The timing of the campaign was good, after Easter and completed before the end of May half term break, with training provided the week before the campaign started to put newly learned skills into practice straight away.

As it was at the start of a new financial year meant that the PCTs were open to suggestions about aligning the campaign with the first of the mandatory six per year.

The only downside was the announcement of an election, the impact of which was that PCT communications departments were reluctant to issue any press releases for fear of breaking the strict rules imposed on them in respect of election purdah.

12.7 Better integration of paperwork and data collection with PCT campaigns
The data collection sheets used for the PCT were, in some instances, collecting the same data, but with less detail, as the project. Future joint projects should give consideration as to how data could be obtained and shared to prevent unnecessary duplication in the pharmacy.
12.8 Collaboration with other organisations
The project team became aware of both advantages and disadvantages in collaborating with Beating Bowel Cancer which should be taken into account if another joint campaign was developed.

Advantages
- national press release and news coverage
- Charitable organisations have excellent public facing promotional material
- good communications links, not a political organisation so no election purdah
- the potential to share data collected
- the collaboration with RPSGB in producing the excellent and concise ‘practice guidance’ for pharmacists and the ‘till prompt’ for medicines counter assistants.

Disadvantages
In this instance Beating Bowel Cancer already had the distribution of posters and leaflets organised via pharmaceutical wholesalers. This distribution method was not successful in reaching all pharmacies within the ECN within the timescales of this project. In future, even though the cost may be greater the distribution method must be more reliable, particularly for short term campaigns. The distribution of the skin cancer leaflets, via the post from the project office was far more effective and the direct supply to pharmacists attending the training evening of the skin quiz was even more successful.

There were also two fortuitous links
The Centre for Pharmacy Postgraduate Education (CPPE) was running a series of practice workshops on cancer and had just published a new distance learning workbook entitled ‘Cancer: in relation to pharmacy practice’
The April issue of Pharmacy Professional featured a CPD article ‘Skin cancer basics for pharmacy’.

12.9 Patient feedback
Patient feedback is vitally important and the responses received provided a good overview, but the requirement to participate in this element needs to be stronger by making it a mandatory element of the service specification with a minimum number of patient feedback cards.

13. The Project Steering Group

Netty Wood Lead Pharmacist, Essex Cancer Network
Ash Pandya CEO Essex LPC
Jane Newman Project Manager
Mahesh Sodha 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 Nurses
Elizabeth Dust Skin Cancer Specialist Nurse
14. References

2 South West Essex Cardiovascular Disease Risk Assessment Project October-December 2008 Authors: Henna Ali, Jananezrany Kanapathy, Parmpreet Marway
3 Number of new cases and rates of malignant neoplasms UK 2004, Cancer Research UK
5 CancerStats incidence UK February 2008 Cancer research UK
6 stage 0,1 and 1IA
7 Scottish intercollegiate guidelines network. Cutaneous melanoma. A national clinical guideline 2002
8 Pharmacy in England. Building on strengths – delivering the future
9 The National Health Service (Pharmaceutical Services) Regulations 2005
10 Community pharmacy use; market research report: www.dh.gov.uk

15. Appendices

Appendix 1. Posters and leaflets used for the campaigns

- Display posters
  - ‘Don’t hide your symptoms behind closed doors’ from beating Bowel Cancer (endorsed by the RPSGB). A3 and A4 size posters.
  - ‘Sunburn fades’ from Cancer Research UK. A3 size
- Display leaflets
  - ‘Don’t hide your symptoms behind closed doors’ from beating Bowel Cancer
  - ‘Detecting skin cancer – spot the symptoms early’ from Cancer Research UK
  - ‘Sunbeds – your health under the spotlight’ from Cancer Research UK
- To hand out (Developed specifically for this project, designed by the project team).
  - The ‘Sun quiz’ Question sheet and answer sheet
  - Patient feedback cards
Appendix 1a

Are you SunSmart?

Test your knowledge, try our quiz and enter the free draw

Answer the questions below, give the tear off slip to one of the pharmacy assistants to get the answer sheet and you will be entered into the free draw.

1. Most skin cancers are caused by ultra violet radiation which can be found in:
   a) sunlight
   b) sunbeds

2. At what time of day is the summer sun most damaging to your skin?
   a) 9am – 11am
   b) 11am – 3pm
   c) 3pm – 11pm

3. Is sunscreen alone adequate for sun protection?
   a) Yes
   b) No

4. Is it beneficial to use a sunbed prior to a holiday abroad?
   a) Yes
   b) No

5. Vitamin D is essential for healthy bones and we can get vitamin D from sunlight. Do you think that by sitting and lying in the sun will make your bones stronger?
   a) Yes, the more the better
   b) It can’t do any harm
   c) No, We do not need to sit in the sun for this

6. Which of the following may be signs of skin cancer?
   a) A mole or patch of skin that changes in size, shape or colour over weeks or months
   b) A new growth or sore that will not heal
   c) A spot mole or sore that itches or hurts
   d) A mole or growth that bleeds, crusts or scabs

kea

Name_______________________________________________

Address including postcode (so that we can contact you if you win a prize)
_________________________________________________
__________________________________________________

Pharmacies in Essex are keen to find out if members of the public like to discuss topics such as skin cancer awareness with pharmacy staff or to have leaflets and information available. To gather this information, we would like to telephone a small sample of people who enter this free draw. If you consent to be contacted, please write your telephone number here
__________________________________________________

33
Appendix 1b

Are you SunSmart?

Quiz Answers

1. Most skin cancers are caused by ultra violet radiation which can be found in:
   a) Sunlight
   b) Sunbeds
   
   Answer: Both of them. They both give radiated ultra violet light which causes skin damage that can develop into skin cancer.

2. At what time of day is the summer sun most damaging to your skin?
   a) 9am – 11am
   b) 11am – 3pm
   c) 3pm – 11pm
   
   Answer: b. Sunshine during the summer months is most damaging during the middle part of the day. Shelter should be sought especially at these times.

3. Is sunscreen alone adequate for sun protection?
   a) Yes
   b) No
   
   Answer: b. Sunscreen does not give total protection from the sun and should be used alongside clothing, a hat and shade.

4. Is it beneficial to use a sunbed prior to a holiday abroad?
   a) Yes
   b) No
   
   Answer: b. The UV rays from sunbeds can be 10 – 15 times higher than the midday sun.

5. Vitamin D is essential for healthy bones and we can get vitamin D from sunlight. Do you think that by sitting and lying in the sun will make your bones stronger?
   a) Yes, the more the better
   b) It can’t do any harm
   c) No, we do not need to sit in the sun for this
   
   Answer: c. We can get enough vitamin D to keep our bones healthy just from minimal sun exposure.

6. Which of the following may be signs of skin cancer?
   a) A mole or patch of skin that changes in size, shape or colour over weeks or months
   b) A new growth or sore that will not heal
   c) A spot mole or sore that itches or hurts
   d) A mole or growth that bleeds, crusts or scabs
   
   Answer: Any of these may be signs of skin cancer. If you have any of these then seek medical advice.
Appendix 1c

PATIENT FEEDBACK CARD
Raising Awareness of 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 awareness of the symptoms of;
   a. Skin Cancer
      YES ☐ NO ☐
   b. Bowel Cancer
      YES ☐ NO ☐

4. Would you feel comfortable in asking for further health advice in the pharmacy?
   YES ☐ NO ☐

Any other comments....

Please hand this card to a member of the pharmacy team
Thank You For Completing This Form
**Practice Guidance: Bowel Cancer**

December 2008

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 advising on suspected, or diagnosed, bowel cancer has been prepared in the Royal Pharmaceutical Society’s Practice Division in conjunction with the charity Beating Bowel Cancer.

---

**Practice Points for Pharmacists**

What are the symptoms of bowel cancer?

- Not everyone will have symptoms and the symptoms may vary. The most common higher risk symptoms to look out for:
  - A persistent change in bowel habit especially going more often or looser for several weeks.
  - Bleeding from the anus without any obvious reason.
  - Abdominal pain, especially if severe.
  - A definite palpable right-sided abdominal mass.
  - Unexplained iron-deficiency anaemia.

These symptoms, when occurring for the first time, and higher risk criteria for fast-track clinic referral, under the two week standard. Below are also lower risk symptoms which can be treated and watched by the GP for up to 3 months:

- Rectal bleeding with anal symptoms.
- Transient changes in bowel habits.
- Abdominal pain without other higher risk symptoms.1

**Background for pharmacists**

- The national contractual frameworks for pharmacy include requirements for pharmacists to promote public health messages.
- Bowel cancer is the UK’s second biggest cause of cancer deaths.
- With the rollout of screening, bowel cancer education and awareness is high priority.
- New treatments for bowel cancer are resulting in more community care requirements.

What is bowel cancer?

Bowel cancer is a disease of the large bowel (colon) or rectum. It is also sometimes called colorectal or colon cancer. It is the second largest cause of cancer deaths in the UK.

Most cancers start with wart-like growths, known as polyps, on the wall of the gut. Polyps are very common as we get older – 1 in 10 people over 60 have them – but most polyps do not turn to cancer. If potentially cancerous polyps can be found at an early stage, they can be removed painlessly without the need for an operation.

Sometimes bowel cancer may spread to other parts of the body such as the liver or lungs.

How great is the problem?2

- Most people do not get bowel cancer. Of those who do get the disease, 90% survive if it is caught early.
- It is the second largest cause of cancer deaths in the UK, killing around 50 people every day.
- In 2005 there were 36,766 new cases of large bowel cancer registered in the UK. In 2006 there were 15,957 deaths from bowel cancer in the UK.
- Bowel cancer affects men and women equally, and in 5 bowel cancer cases are under the age of 60 years.
- Of all those diagnosed with bowel cancer, around 50% are expected to live for more than 5 years after they are diagnosed.

What are the causes of bowel cancer?3

It is not known precisely what causes most bowel cancers, and in many cases there are no obvious causes. However, diet, lifestyle and family history are recognised risk factors that demonstrate a person’s chances of developing bowel cancer.

Family history

- Bowel cancer is not automatically inherited.
- In the UK, approximately 5-10% of all people diagnosed with bowel cancer have a family history of the disease.1

Can you prevent bowel cancer?4

People can take active steps to improve their lifestyle and reduce the risk of developing bowel cancer. The following advice is given:

- Eat a healthy diet. This means eating lots of fruit and vegetables (the recommended 5-a-day), wholegrain foods and fish, less fat and less red and processed meat.
- Take regular exercise and try to maintain a healthy weight.
- Stop smoking.
- Cut back on alcohol.
- Know your body and how it usually functions so that you recognise changes in your bowel habits.

When should a patient be referred?5

When any of the higher risk symptoms appear persistently for more than four to six weeks a patient should be referred. It is important to remember that most symptoms do not turn out to be cancer. However, it is essential that any symptoms are investigated, as early diagnosis is key to a successful recovery from bowel cancer – the longer symptoms are left, the worse the outcome is likely to be. Consideration should be given to the side effects of other medicines the patient is taking as these may be similar to the symptoms presented in bowel cancer.

Screening for bowel cancer

An NHS Bowel Cancer Screening Programme is now being rolled out nationally and will achieve nationwide coverage by the end of 2009. Bowel cancer screening aims to detect bowel cancer at an early stage (in people with no symptoms), when treatment is more likely to be effective. It has shown to reduce the risk of dying from bowel cancer by 16%.6

Bowel cancer screening can also detect polyps. These are not cancers, but may develop into cancers over time. They can easily be removed, reducing the risk of bowel cancer developing. The NHS Bowel Cancer Screening Programme offers screening every two years to all men and women aged 60 to 69. All those people in this age bracket, who are registered with a GP in England, will receive a screening kit via the post. They are required to take three stool samples, and post these back to a local PCO.

Support

Bowel cancer patients will generally fare better if they are looked after by a Multi-Disciplinary Team (MDT). This will include a colorectal nurse specialist who specialises in this type of disease and who will be available to provide information and support. A stoma care nurse should also be on hand for people with a stoma, and should offer home visits.

---

**Notes:**

1. People diagnosed with bowel cancer can have a family history of the disease.

2. Most people do not get bowel cancer. Of those who do get the disease, 90% survive if it is caught early.

3. It is the second largest cause of cancer deaths in the UK, killing around 50 people every day.

4. In 2005 there were 36,766 new cases of large bowel cancer registered in the UK. In 2006 there were 15,957 deaths from bowel cancer in the UK.

5. Bowel cancer affects men and women equally, and in 5 bowel cancer cases are under the age of 60 years.

6. Of all those diagnosed with bowel cancer, around 50% are expected to live for more than 5 years after they are diagnosed.

---

**References:**

1. Cancer Research UK 2005

2. Cancer Research UK

3. EPIC (European Prospective Investigation into Cancer and Nutrition)


6. Royal Pharmaceutical Society of Great Britain


Don’t hide your symptoms behind closed doors

Talk to your doctor about problems with your bottom or bowels.

Bowel cancer is Britain’s second biggest cancer killer but over 90% of cases can be cured if diagnosed and treated in time.

If you have noticed the following symptoms occurring for 4 to 6 weeks, you should visit your doctor.

- A persistent change in bowel habit, especially going more often or more diarrhoea like stools
- Bleeding from the bottom without any itching
- Abdominal pain, especially if severe

www.beatingbowelcancer.org    Tel: 08450 719300

© Beating Bowel Cancer 2006
The SunSmart campaign is funded by the UK Health Departments. Cancer Research UK registered charity no. 1089464. April 2009.
Further information

For more about how to be SunSmart, please see our ‘Being SunSmart’ leaflet or visit Cancer Research UK’s SunSmart website www.sunsmart.org.uk

For more about cancer visit our patient information website www.cancerhelp.org.uk click on ‘specific cancers’ then ‘melanoma skin cancer’ or ‘skin cancer (not melanoma)’.

If you want to talk in confidence about cancer, call our information nurses on freephone 0808 800 4040.

Our health messages are based on scientific evidence. Find out more at www.cancerresearchuk.org/health

You can order our full range of leaflets free online at www.cancerresearchuk.org/leaflets

About Cancer Research UK
Cancer Research UK is the world’s leading charity dedicated to finding out how to prevent, diagnose and treat cancer. If you would like to support our work, please call 020 7121 6699 or visit www.cancerresearchuk.org

Together we will beat cancer

Ref: ED003B. April 2009.
Registered charity no 1089464.

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.

The most serious type of skin cancer is called malignant melanoma, also known as melanoma. Other types of skin cancer are called non-melanoma. Non-melanomas are by far the most common skin cancers.

Most of the information in this leaflet is about melanoma. When skin cancer is caught early, treatment is simpler and more effective. The leaflet also provides information about other types of skin cancer. They are much less dangerous than melanoma but still need early treatment.

What causes skin cancer?
The main cause of skin cancer is too much ultra violet radiation (UVR), from the sun or sunbeds.

Where can skin cancer start?
The most common sites for melanoma are the leg in women, the back in men and the face in older people. But a melanoma can grow anywhere, sometimes on the sole of the foot, or on the buttocks.

Other types of skin cancer often affect areas that catch the most sun such as the head, neck, shoulders or arms.

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 skinned with lots of moles 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 melanoma may not look the same
Border Edges of a melanoma may be irregular; blurred or jagged
Colour The colour of a melanoma may be uneven, with more than one shade
Diameter Many melanomas are at least 6mm in diameter; the size of a pencil eraser

Other signs of skin cancer
• a new growth or sore that will not heal
• a spot, mole or sore that itches or hurts
• a mole or growth that bleeds, crusts or scabs

Any change in a mole, freckle or normal patch of skin that occurs quickly, over weeks or months, should be taken seriously.

Does skin cancer spread?
Melanoma and some other skin cancers will spread to other parts of the body if left untreated. Some skin cancers spread more quickly than others. It is essential to see your doctor as soon as you notice any changes.

What will happen at the doctor’s?
If your doctor has any concerns you will be referred to a hospital specialist. If your specialist thinks you might have skin cancer it will be removed in a simple operation under local anaesthetic. The skin will then be examined, if it is skin cancer you may be given treatment and invited to attend regular check-ups.

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, or a family history of skin cancer are most at risk.
Appendix 2. The training programmes

Medicines Counter Assistant Training programme

Outline

Your role is to:

- Be aware of OTC sales and how patients might have symptoms of early cancer or pre-cancerous conditions without realising
- Know when to refer to the pharmacist
- Display posters and leaflets prominently in the pharmacy for at least the month of the campaign
- Proactively approach patients for the month of the project, hand out leaflets as appropriate, record what was done on the audit form, encourage patients and public to complete the skin awareness quiz
- Adopt this into your everyday practice, not just for the duration of the campaign

Programme:
Intro (15mins)
Aim and objectives (15mins)
Skin Cancer Awareness (15 mins)
Approaching patients – who and how (45 mins)
BREAK (15 mins)
Bowel Cancer Awareness (15 mins)
Approaching patients – who and how (45 mins)
Using the audit form (10 mins)
What next? (10 mins)
Summary, evaluation & close (10 mins)

Some of the training sessions were supported by cancer specialist nurses who delivered the presentation on their particular specialism and were available to answer extra questions and help facilitate the subsequent exercise on approaching patients. Due to their other clinical commitments nurses were not available for all the sessions but the feedback from those they did attend was very positive.

A training workbook was developed to be used in association with the workshop. It contained
- Exercises and activities to support the workshop
- Post workshop activities to help transfer learning into action
- Details of further resources available for learning and for patients
Appendix 2a

Medicines Counter Assistant Training Feedback summary:
138 completed feedback forms were received.

Key to questions asked:
1. Was it clear what you should expect from the training?
2. How clear was the presentation?
3. How do you rate the enthusiasm of the facilitators
4. How useful was the ‘skin cancer’ session
5. How useful was the ‘bowel cancer’ session
6. Was there sufficient time allowed to consider the scenarios
7. How do you rate the overall usefulness of the training

They were also asked if they were more likely, the same or less likely to speak to customers about skin or bowel cancer

88% said overall the training was excellent.
96% said they are now more likely to speak to a customer about skin or bowel cancer.

Written comments
These are a few of the comments given by attendees. A fuller list is included in appendix two.

What did you enjoy most in the training?
• The content was well thought out and allowed for a basic understanding of the topics. There should be more of these
• The opportunity to learn about/ ask questions relating to subject that up until now I would not have spoken to customers about
• It’s nice to approach the public with more confidence
• All of the training was really good and helped with what we will do back at the pharmacy
• Both ladies were friendly and enthusiastic and spoke about subjects clearly, with no medical jargon I might not have understood
• Everyone interacted well as it was a small group
• Information given by the two specialist nurses in the subjects
• The professional manner of the facilitators. How friendly and easy to talk to
• Treated as professionals
• The presentation was easy to understand even though there was a lot of information
• Feeling comfortable; and feeling like I’ve got more confidence now to talk to customers on these subjects

What suggestions do you have for future improvements to the training?
• Further training on more topics
• Skin nurse would have been good. Also would be really good to have a nurse to our pharmacy to bring awareness i.e. a few hours one morning
• It was good to have a nurse to talk to, perhaps ensure one is available for every session
• Scenarios were a little bit repetitive
• Less workbook questions & more teaching

Do you have any other comments about the training or the service?
• Very interesting training day. Thank you
• Enjoyed the chance to come. What’s the next campaign!? 
• Need more leaflets and posters for both skin and bowel cancer
• Really enjoyable and interesting. Pitched at the right level
• They were all very friendly and made it easier to remember the information
• Yes I enjoyed it and definitely will use everything I have learnt back in the pharmacy, and to be more aware of different symptoms

In summary - many of the support staff had never been to anything like this before and most of the comments show that they gained a lot from the session. It is important to manage the expectations of the pharmacy managers, this training was aimed at MCAs so the more experienced, particularly dispensers and ACTs sometimes found it a little basic (reflected in the comments about repetition), however they may not have been the right people to attend particularly as it will be harder for them to deliver on the campaign in the pharmacy.

All the sessions went well but to get maximum benefit a group of 10 to 20 each time would give the best opportunity for interaction.
Appendix 2b

Feedback form used:

NPA Cancer Awareness Support Staff Training - Feedback

For each of the following please rate on a score from 1 – 5, where 1 is very poor and 5 is excellent.

<table>
<thead>
<tr>
<th></th>
<th>Very Poor</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was it clear what you should expect from the training?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How clear was the presentation?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How do you rate the enthusiasm of the facilitators</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How useful was the 'skin cancer' session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How useful was the 'bowel cancer' session</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Was there sufficient time allowed to consider the scenarios</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How do you rate the overall usefulness of the training</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

When you are back working in the pharmacy what is the likelihood of you speaking to a customer about skin or bowel cancer compared to before?

More likely [ ]  The same [ ]  Less likely [ ]

What did you enjoy most in the training?

What suggestions do you have for future improvements to the training?

Do you have any other comments about the training or the campaign?

Written comments-

What did you enjoy most in the training?

- The content was well thought out and allowed for a basic understanding of the topics. There should be more of these
- Discussing scenarios, getting new ideas for questions
- Learning more about symptoms to help customers and my family
- Learning more about both sessions and all the symptoms
- The interaction and suggestions from other groups. The fact we were able to hold discussions amongst our group
- All the facts that I was not aware of – this will help me to help others
- Learning new info plus the variety of listening then reading then writing – wasn’t boring 😊
- Listening to other people’s ideas
- Gives me a good idea of how to approach the problem – which is obviously larger than people think. It’s nice to approach the public with more confidence
- Learning about skin cancer + bowel cancer. Feeling more confident with the subjects
- Learning how to approach the customer on what is still quite a ‘taboo’ subject. Learning more about the symptoms and related symptoms
- Able to share other people’s ideas
- Both ladies were friendly and enthusiastic and spoke about subjects clearly, with no medical jargon I might not have understood
- Just having the extra knowledge to feel more confident in my job
• Treated as professionals. If we can help anybody making our job worthwhile. Making us more aware. Improving knowledge. Relaxed atmosphere
• Relaxed atmosphere – meeting new people with the same goals. Different ideas on how to approach patients
• Realising what we are being asked to do. We are already doing a lot of it, therefore feel confident enough to go back and follow it through
• Learning the symptoms of illnesses and how to broach the subjects with customers
• All of it
• Explained clearly and in detail giving me more confidence to speak to customers about cancers. Coffee & chocolate biscuits

What suggestions do you have for future improvements to the training?

• Skin nurse would have been good. Also would be really good to have a nurse to our pharmacy to bring awareness i.e. a few hours one morning
• More visual photos etc on skin cancer awareness. Could we have skincare nurse in pharmacy to look at peoples moles etc
• More visual photos of skin cancer
• More literature that we can take away from the course
• Would have been nice to have spoken or listened to a bowel cancer consultant or nurse, seen some examples of stages of bowel cancer or skin cancer. Bit gruesome but may hit home!
• Scenarios were a little bit repetitive
• Over a longer period of time so it is easier for ALL members of staff to attend so their shifts could be covered. Or attending the pharmacies themselves to speak to every member of staff.

Do you have any other comments about the training or the service?

• As a manager of a Boots store I find these sessions very useful in encouraging the team in campaigns which help our patient’s awareness of their health. It allows for better use of the PCT campaigns
• Advertising material at the training – could be more prominent. More staff to show more detail – like a roadshow – not just leaflets
• Brilliant idea, looking forward to next sessions
• Very informative and interesting
• Enjoyed the chance to come. What’s the next campaign!?
• Very enjoyable and learned a lot. Would come again
• Just that ovarian cancer can have similar symptoms, bloating, tiredness etc
• Quite repetitive
• There should be more on other subjects
• I feel I can inform patients, family & friends now about awareness
• Pharmacies should be advised to send more staff
• Yes I enjoyed it and definitely will use everything I have learnt back in the pharmacy, and to be more aware of different symptoms
Appendix 2c

Pharmacist Training Outline

Agenda:
7:30pm Netty Wood: Introduction and overall look at ECN
7:45pm Colorectal Nurse
8:00pm Colorectal Patient experience
8:15pm Skin Nurse
8:30pm Skin Patient experience
8:45pm Jane Newman: Packs, audit and processes for project
9:00pm Jane (with all speakers available): General discussion/Questions
9:30pm Close

Appendix 2d - Feedback reports from Community Pharmacist training evenings

Pharmacists Training Evenings Feedback – Combined Summary

For each of the following please rate on a score from 1 – 5, where 1 is Very Poor and 5 is Excellent.

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Poor</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>How useful was the Skin Cancer Awareness session?</td>
<td>0</td>
<td>2</td>
<td>9</td>
<td>43</td>
<td>22</td>
</tr>
<tr>
<td>How useful was the Bowel Cancer Awareness session?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>How do you rate the overall usefulness of the training?</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>How did you rate the venue and its facilities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

What did you enjoy most in the training?

Numerous positive comments were made about the nurses and patient talks/presentations and understanding the signs, prognosis and knowing that if caught early can be curable. And also to hear life experiences from people directly involved in Bowel Cancer.

Good feedback on speakers and level of presentations, providing concise and relevant information.

Hearing about the success case with regard to bowel cancer. It is nice to hear about those who have actually gone through the process 4
Patient talk was amazing 3
Refreshing
Nurses and patients talks 4
The talk by the gentleman who was involved in the setting up and running of the bowel cancer group
The various presentation which refresh my memory
The ability to bring patients along to talk about their experiences
Informative
Patients stories and experience 24
Signs and symptoms of all the cancers 4
Empowering patients
Quick, informative, useful
What did you find the most useful in the training?

Majority of feedback was around learning more about signs and symptoms of skin and bowel cancer and what to do about them.

Pharmacists were encouraged that support staff who are going to deliver the service would received special training and funding.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Symptom</th>
<th>Involving the staff who are going to deliver the service with a special training day (and with funding)</th>
<th>Short and sharp message</th>
<th>Nurse Training</th>
<th>More and clearer information on what symptoms to look out for bowel and skin cancer</th>
<th>Talk on bowel cancer by nurse</th>
<th>Patients experiences and first hand symptoms explanation</th>
<th>I found the whole event useful, I can’t pinpoint a specific part</th>
</tr>
</thead>
</table>

What suggestions do you have for future improvements to the training?

Administration arrangements, including to receive literature prior to the training, more planning and preparation and notes to take away after including, summary of useful supporting links e.g. websites and contact details for support groups.

Individual comments included, involvement of audience to stimulate more discussion, more information about OTC products potential bowel cancer patients may purchase

| More literature prior to the meeting | A little more information about OTC products potential bowel cancer patients may purchase | Bullet point summary at useful supporting links e.g. websites, contact details for support groups etc | Maybe consultant to talk and explain clinical issues | Coloured handouts so it is easy to look at the graphs | Would have preferred a more local venue (e.g. Chelmsford) | Nurse spoke on a really good level – Often Dr, Specialist or Consultants are too medical in their language | More time on necessary paperwork to return |

Do you have any other comments about the training or the service?

The training was quite informative and timely for the summer
Found the comments by the patients very interesting
Had a rewarding evening – thank you
I would like more info on what staff are being taught, they will come and ask me what was meant by a certain point and without being there or given the same info won’t know what they are referring to
Excellent presentation
Let’s try and get some more public health campaigns sponsored with training
Baseline Audit

This questionnaire should be filled in before the 13th April 2010 and handed in at one of the pharmacist training evenings

Date: ______________________

Name of Person Completing Questionnaire

Pharmacy Name And Address

Cancer awareness and perceptions prior to the project

For the pharmacist

1. Please rate your awareness of bowel cancer
   Rate 1 (minimal) - 5 (maximal)  1  2  3  4  5
   Signs and symptoms (and possible causes)  
   Link with OTC purchases  
   Risk factors  
   The national screening programme  

2. Please rate your awareness of skin cancer
   Rate 1 (minimal) - 5 (maximal)  1  2  3  4  5
   Prevention - sunscreens, cover up, wear a hat  
   Sun bed use and skin cancer risk  
   Other risk factors  
   Signs & Symptoms  

2. Rate how easy you find it to start a conversation with customers/patients about
   Rate 1 (minimal) - 5 (maximal)  1  2  3  4  5
   Diet, exercise, stopping smoking  
   Referral of patients with serious symptoms to the GP  
   Prevention of skin cancer  
   Bowel cancer signs & symptoms awareness  

In the last 12 months have you undertaken any training on bowel cancer? If so, please tell us what you did :-

For pharmacy staff (question one or two of your team and record a consensus opinion)

1. Please rate your awareness of bowel cancer
   Rate 1 (minimal) - 5 (maximal)  1  2  3  4  5
   Signs and symptoms  
   Link with OTC purchases  
   Risk factors  
   The national screening programme  

2. Please rate your awareness of skin cancer
   Rate 1 (minimal) - 5 (maximal)  1  2  3  4  5
   Prevention - sunscreens, cover up, wear a hat  
   Sun bed use and skin cancer risk  
   Other risk factors  

3. Rate how easy you find it to start a conversation with customers/patients about
   Rate 1 (minimal) - 5 (maximal)  1  2  3  4  5
   Diet, exercise, stopping smoking  
   Referral of patients with serious symptoms to the GP  
   Prevention of skin cancer  
   Bowel cancer signs & symptoms awareness  

Final Audit  
This questionnaire should be completed and returned to the LPC Office before the 1st June 2010

Date: ______________________

<table>
<thead>
<tr>
<th>Name of Person Completing Questionnaire</th>
<th>Pharmacy Name And Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cancer awareness and perceptions after the project

For the pharmacist

1. Please rate your awareness of bowel cancer
   Rate 1 (minimal) - 5 (maximal)  
   Signs and symptoms (and possible causes) 
   Link with OTC purchases 
   Risk factors  
   The national screening programme

2. Please rate your awareness of skin cancer
   Rate 1 (minimal) - 5 (maximal)  
   Prevention - sunscreens, cover up, wear a hat 
   Sun bed use and skin cancer risk 
   Other risk factors  
   Signs & Symptoms

3. Rate how easy you find it to start a conversation with customers/patients about
   Rate 1 (minimal) - 5 (maximal)
   Diet, exercise, stopping smoking 
   Referral of patients with serious symptoms to the GP 
   Prevention of skin cancer 
   Bowel cancer signs & symptoms awareness

In the last 12 months have you undertaken any training on bowel cancer? If so, please tell us what you did :-

4. Do you feel the pharmacy is the right environment to raise conversations about cancer awareness?  
   No   Yes

5. How easy did you find it discussing early signs and symptoms of cancer with people?  
   Rate 1 (minimal) - 5 (maximal)

   (tick the 3 most important)
   Availability of training
   Payment
   Alignment with PCT public health campaign
   Alignment with a national campaign
   This sort of health message is of value to my customers
   Support from my employer
For pharmacy staff (question one or two of your team and record a consensus opinion)

1. Please rate your awareness of bowel cancer
   Rate 1 (minimal) - 5 (maximal)       1  2  3  4  5
   Signs and symptoms
   Link with OTC purchases
   Risk factors
   The national screening programme

2. Please rate your awareness of skin cancer
   Rate 1 (minimal) - 5 (maximal)       1  2  3  4  5
   Prevention - sunscreens, cover up, wear a hat
   Sun bed use and skin cancer risk
   Other risk factors

3. Rate how easy you find it to start a conversation with customers/patients about
   Rate 1 (minimal) - 5 (maximal)       1  2  3  4  5
   Diet, exercise, stopping smoking
   Referral of patients with serious symptoms to the GP
   Prevention of skin cancer
   Bowel cancer signs & symptoms awareness
   Signs & Symptoms

4. Do you feel the pharmacy is the right environment to raise conversations about cancer awareness?
   No     Yes

5. How easy did you find it discussing early signs and symptoms of cancer with people?
   Rate 1 (minimal) - 5 (maximal)       1  2  3  4  5

6. Do you feel overall that patients appreciated this service?
   No     Yes

For the whole pharmacy team

1. Do you think leaflets and posters are a good way of initiating active participation with the public?
   Rate 1 (minimal) - 5 (maximal)       1  2  3  4  5

2. Do you feel this was a worthwhile campaign?
   Rate 1 (minimal) - 5 (maximal)       1  2  3  4  5

3. Will you continue to talk to patients about skin and bowel cancer once this campaign has finished?

4. In order to help us understand what to include in future campaigns of this nature please tell us what was the one thing that helped you the most in making this campaign effective.
Appendix 3c  Patient contact data collection form

Raising awareness of skin and bowel cancer to promote early detection - data collection form

Please record details of conversations that you have with patients and customers in the table below.

<table>
<thead>
<tr>
<th>Patient profile</th>
<th>Leaflet given</th>
<th>Did you talk to the patient as a result of (tick all that apply)</th>
<th>Did they ask about</th>
<th>Did you refer them to anyone</th>
</tr>
</thead>
<tbody>
<tr>
<td>estimate approx. age range</td>
<td></td>
<td></td>
<td>bowel</td>
<td>skin</td>
</tr>
<tr>
<td>1</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>□</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>under 30</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>30-49</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>50-69</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>70+</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Male</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Female</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Pharmacy Name and Address

Please give all members of the public that you talk to about cancer awareness a card with details of where they can contact to provide feedback.
Appendix 3d Outline of data collected on payment claim (page 1)

Payment Claim Form
Raising awareness of skin and bowel cancer

All documentation must be completed and submitted with this form by 1st June 2010

Send to: 17 Clematis Tye
           Springfield
           Chelmsford
           Essex CM1 6GL

Document Submission Checklist
1. Data collection sheets – record of conversations and consultations with the public
2. Skin cancer sun quiz entry drawn to go forwards to the prize draw
   (Note: pharmacy staff are exempt from participating in the prize draw)
3. The project finish audit sheet
4. Patient feedback cards
5. Fill in the payment claim overleaf

Numbers of Leaflets Supplied to the Public During This Campaign

It is really important that we gather this information
Note – the starting numbers entered are the number of leaflets distributed from beating bowel cancer and the PCT. If you have ordered extra leaflets or have any others that you use you will need to amend the figures.

<table>
<thead>
<tr>
<th>Type of leaflet</th>
<th>Number to start with</th>
<th>Number remaining</th>
<th>Number given out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel cancer leaflet ‘Don’t hide your symptoms behind closed doors’</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin cancer leaflet ‘Detecting skin cancer’</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunbed leaflet / SunSmart leaflet</td>
<td>10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any other related leaflets that you have used

<table>
<thead>
<tr>
<th></th>
<th>Number handed out</th>
<th>Number of entries received back</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin cancer sun quiz free draw entries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each pharmacy will start with 50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have any general comments about the campaign then please write them in the space below:
Appendix 4  Feedback received from pharmacies at the end of the campaign

Appendix 4a  General comments about the campaign:

Extremely important promotion considering pathology of the conditions.

Quiz free draw entries is good idea of promoting the awareness of skin or bowel cancer campaign. Excellent campaign. Customer appreciated. Staff - a good learning curve.

Very well organised. Excellent idea to focus for a limited time. Motivated staff. Weather was against us on skin cancer, would work now!

Very well run and organised campaign with great support for training & promotional material. Good way to go for further campaigns with major health issues.

Prepare a bowel cancer quiz similar to the skin cancer one could be beneficial.

In general, I thought it was a worthy, well run campaign. Possibly it could have been promoted in the local papers and local radio.

A very good campaign, more display material would help.
Being pro-active certainly helps to target customers. Very successful, also we will promote it at Plumbrow School on 26th June. Very time consuming.

Very good, need to do it often. Dismayed with shortage of Bowel Cancer leaflets. Should be a longer period and ongoing not fixed period survey.
The campaign went very well. For the future, involving the mass media eg. TV, radio, newspaper etc would help increase the impact.

Appendix 4b

When asked to provide one thing that helped the most in making the campaign effective, the following responses were received:

Sununsafe questionnaires - opened up conversations with customers.

The leaflets especially for skin cancer, the pictures of how moles change and what to look for. The leaflet Don't Hide your Symptoms. This was good because there isn't too much to read (that may put off customers) main points stand out.

The materials given to hand out to the public acted as a conversation starter and enabled us to go through it with them. As well as them being able to go away with the information and speaking to others about it.

Customers are interested in doing the quiz which could start off conversations.

The course. Also the quiz helped as it made it fun.
Very clearly explained.

Training.
Having some sort of prop - teddy bear etc would help.

Training and case studies were good.

Having training so we had the up to date current information which would be the same across the health sector. Leaflets were a great help for the customers too.

The fact that this campaign was running alongside PCT public health campaign meant staff were not inundated with information and leaflets to give out.

The training given motivated us to participate
Quiz started conversation
Posters/leaflets highlighted service
Information leaflets to give to patients.
Competition
Training, Case studies and payment
Good support material.

The leaflets and posters were helpful as a conversation starter

The information leaflets available to us. The training which was given beforehand made us aware of connecting possible problems to regular use of OTC products.

Quizzes about sun smart

Personal experiences revealed at the training session

Training and support materials.
Sun quiz opened up the dialogue to help with asking other questions.

Attending the training and having the nurses available was good. More stickers on OTC products allowing patients to ask questions.

Training day.

Campaign materials provided were excellent. All pharmacies could be provided with bowel screening kits. We got T shirts printed which was a good conversation starter with customers.

Quiz was interactive. Alignment with national campaign was helpful. Data collection forms, if simple are useful.

Leaflets, as it was a lot easier for a patients to take and then ask the patient if they require any further advice.

Leaflets with photographs.
Leaflets to back up training.
Training
Leaflets were useful and a vehicle to start a discussion.

Support from LPC and PCT provided excellent material
Appendix 5 Acknowledgements

Netty Wood  Lead Pharmacist, Essex Cancer Network
Ash Pandya  CEO Essex LPC
Jane Newman  Project Manager and pharmacist
Mahesh Sodha  Community Pharmacist, Colecross Pharmacy
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
Elizabeth Dust  Skin Cancer Specialist Nurse
Jacqueline Joels  Colorectal Cancer Specialist Nurse
Joanne Glover  Colorectal Cancer Specialist Nurse
Helen Rhodes  National Pharmaceutical Association
Tonia Morton  National Pharmaceutical Association
Elaine Dove-Dixon  Office Manager, Essex LPC Project Office
Angela Culeton  Office Administrator, Essex LPC Project Office
Tara MacDowell  Beating Bowel Cancer
Kate Philipson  Beating Bowel Cancer
Cancer Research UK
Appendix 6 Photographs of window displays
A selection of the photos of window displays and use of the posters 

Lloyds Hamlet Court, Westcliff On Sea

Hockley Pharmacy, Hockley

Lloyds Hamlet Court, Westcliff On Sea

Village Pharmacy, Doddinghurst

Lloyds Hamlet Court, Westcliff On Sea
Shadforth’s, Chelmsford

Shadforth’s, Chelmsford

Shadforth’s, Ingatestone

Noak Bridge Pharmacy, Basildon