

Cancer prevention assignment



**ASSIGN
BUSTER**

This assignment will look specifically at lung cancer as a health issue, both locally within the Hammersmith and Fulham Primary Care Trust (H&FPCT) and nationally. This work will briefly outline the impact and probable causes of lung cancer in the H&FPCT and suggest an initiative and strategic plan to help challenge this issue. From research previously carried out in relation to lung cancer and its causes, this assignment will discuss the difficulties and problems that could arise while trying to implement the suggested proposal.

A needs analysis will be considered relating to the evidence based implementation problems of the proposal, which will firstly take into account, current provisions for lung cancer awareness and the effectiveness of these provisions, secondly, what the public view as cancer related health needs, and finally the national and local considerations in relation to health and cancer prevention. These key points will mould the prioritization basis for implementation procedures of the chosen cancer prevention strategy.

This assignment will lastly look at the role of the nurse and other health care professionals and the impact that the chosen strategy will have on them and their work. H&FPCT is a prime example for an area in need of guidance and preventative information about lung cancer. Smoking causes nine out of ten lung cancer cases in the UK, and is the second most common type of cancer (Cancer Research UK: 2007.) In H&FPCT alone one in three people smoke (Annual Public Health Report: 2005. Forty-seven thousand residents of the H&FPCT are aged 16-29 (National Statistics: 2001) and it can be seen that nationally forty percent of smokers started smoking under the age of sixteen (H&F Public Health Report: 2006.) It could be suggested that this is the main target group for addressing lung cancer awareness and promoting health.

Government has identified this problem and recently this year introduced new legislation stating that it is now illegal to sell or buy tobacco products under the age of eighteen.

This law was launched on October 1st 2007, and businesses breaking these laws can be fined up to ? 2500, they can also be fined ? 1000 for failing to display a sign stating that they do not sell tobacco products to people under the age of eighteen (DirectGov: 2008.) Smoking nationally and within H&FPCT is prevalent in the un-employed and underprivileged. Nationally in 2003, 30% of men and 20% of women who were classed as in long term unemployment were smokers, a rise of 4% in men and 6% in women from 2001 (National Statistics 2001. According to H&F District Council (2002) there were 4425 residents that were unemployed and claiming benefits, this seems like a small figure initially with an estimated population of 171. 400 residents in 2006 (Wikipedia 2007,) but this statistic only relates to the number of residents who claim benefits, the reality is that the number of individuals in the borough that are homeless vastly outweighs the number of residents claiming benefits. In 2002 alone there were 7389 names on the housing register for H&F borough (H&F District Council 2002. This proportion of the public as a whole, e. g. the homeless and the unemployed locally and nationally, seem to be the population that the government forgot when implementing there recent smoking campaigns. Government decided to implement new laws making it illegal to smoke in bars, pubs, employment premises and public enclosed spaces, if an individual is claiming benefits or homeless, when and how would they be in the circumstances to break these laws?.

This is why it could be suggested that this proportion of the UK public could be a target for campaigns and government funded medical support to help tackle the ever growing disease that is lung cancer. From the evidence that is available it could be suggested that a mobile screening unit would be beneficial to the H&F PCT. Screening for lung cancer is a very difficult and varied process. Previous research has found that chest radiography and sputum cytology was unsuccessful in detecting early stage lung cancer but that a spiral CT scan could help diagnose lung cancer in the early stages (Ellis, J et al 2001.) BodySCAN.

MD (2007) state that, ' A CT spiral scan is a painless procedure in which a special computerized tomography imaging machine rotates rapidly around the body, taking over one hundred pictures in sequence. The scan is so sensitive that it's possible to detect nodules that are too small to be seen on a conventional x-ray, which make it an excellent tool in lung cancer screening'. BodySCAN. MD (2007) also state that, ' The CT spiral scan is cost effective due to the fact that with repeat screenings false positives were uncommon and that 83% of diagnosed lung cancers were detected at an early enough stage to be curable'.

There does seem to be some research that debates this fact, mainly in the USA where CT spiral scans have been used for some time, in Toronto 850 individuals were screened for lung cancer, in 25% of these screenings something suspicious was found but only 2% of the 25% were found to have lung cancer which equates to a high rate of false positives (CBC News 2005.) CT spiral scans have proved effective in many countries over the 30 years they have been available, and the question must be raised as to why it

has taken until recently for the British government to take action on this matter and develop proposals for randomised trials?.

There are currently 31 GP practices available in the H borough that provide NHS care with over 190. 000 patients registered at these practices (H Public Health Report 2005: 9.) By the end of 2000 there were 2470 diagnosed cases of lung cancer with a survival rate of only 9. 5% in men, and 6. 35% in women (Trust Board Meeting 2003: 36.) Currently the survival rate from lung cancer is minimal, less that one in ten people diagnosed with lung cancer are still alive within five years (H Public Health Report 2006. Lives could be potentially be saved by introducing a mobile CT spiral scan, if the mobile scan visited each of the GP practices in the H borough, and stayed for the duration of two days twice a year then this would accumulate to 124 days a year. This idea would be beneficial to individuals who do not feel at ease in hospital environments, also those who may find it difficult to attend hospital appointments such as the elderly, disabled, homeless and those who are in full time employment. A complete mobile screening unit would be costly but could be cost effective.

Smoking related treatment cost the NHS ? 3. 14 million a year and take up 35 beds a day in hospital (Public Health Report 2006: 31.) At the end of 2007 there was a surplus of ? 6. 2 million in the hospital budget (H PCT Board Meeting 2007,) this money could potentially cover the initial cost of a mobile CT spiral screening unit. There could be barriers that may hinder implementing such a strategy into the H borough, these barriers could be wide and varied from the cost of the unit to cultural beliefs.

One of the main issues that could hinder the uptake of this screening proposal, and current screening procedures, is that the public may not be aware of the services that are available to them. Doctors and community nurses must play an effective role in relaying information to the public. Simple marketing procedures such as mail shot information into homes, display sheets presented in day centres, doctors surgeries, job centres, supermarkets, local papers and half way houses, all of these simple ideas will promote lung cancer screening and in turn increase survival rates through an increased number of screenings.

The main principles to help prevent cancer are to stop smoking, eat healthy, drink healthy, stay healthy, be sun smart and looking after number one (Cancer Research UK 2007). The public seem to have a very limited knowledge on the basic principles and changes in lifestyle to help prevent cancer. (Hairon, N: 2007) states that according to a recent survey by Cancer research UK (2005) only 5% of the population could name four out of the six basic cancer prevention principles, only 77% could name two or fewer of the six principles.

Due to this lack of knowledge it could be recommended that local and national government should make increasing awareness of cancer risk factors a priority. This can currently be seen being implemented into the public lifestyle, supermarkets are pushing the ' five a day' fruit and vegetable campaign, many celebrities are using their skills to promote a healthier lifestyle for children and adults, and cigarette packets now contain a warning message on every packet. These are just a few of the many ways government is trying to help the public help themselves.

The main strategy of lung cancer prevention that H seem to be involved in presently are smoking cessation clinics, these clinics helped 3108 people in the Hammersmith and Fulham borough stop smoking for at least four weeks between April 2003 and March 2006. Taking these figures into consideration an expected 3605 residents are hoped to quit the habit over the next two years using the same services (H 2006.) These clinics were developed in 2003 and are designed to provide individual support to individuals or groups stop smoking.

The clinics aim to provide residents life skills to help them improve their lifestyle and stay healthy by quitting smoking. H are presently incorporating a varied form of these cessation clinics into local schools, thus increasing awareness in the young residents of the borough and encouraging them not to smoke. The present stop smoking campaigns seem to be having a positive affect and recent statistics published by (National Statistics 2006) show that smoking has declined in the majority of age groups.

The smallest decrease was in the 16-24 age range with a drop from 48% to 32% from 1974 to 2004, the largest decrease was in the 50-59 age range with a drop from 51% to 24% from 1972 to 2004. To conclude this assignment it can be seen that Hammersmith and Fulham PCT is a prime example of a young and ethnically diverse borough, with varying extremes of wealth and poverty. There is a huge percentage of both men and women that are current and long term smokers, and lung cancer survival rate are at a long term low.

Some method of intervention, and screening is promptly required, although previous case studies into early lung cancer detection have proven unsuccessful, it can be seen through valid research that spiral CT scans seem to have a much more positive effect on early diagnoses and survival rates. Money and NHS time are both readily available, and government are putting together plans for randomised CT scan trials, which is a positive drive for both H and the United Kingdom as a whole.

In recent years the effects of smoking have been forcefully pushed onto the British public, various legislation and smoking laws have all been recently introduced all hoping to increase smoking awareness within the British public, but is this enough?. Some still say that government is not taking lung cancer as seriously as other more socially accepted cancers such as breast cancer, some say that there should be a complete smoking ban and tobacco sales should be illegal, but what kind of rebound affect would this have on the British economy.

One fact is for certain, many more people will die from lung cancer in the not to distant future, there are ways we can help, mainly through increasing early diagnosis of the disease by implementing the technology we already have into lung cancer screening. REFERENCE LIST BodySCAN. MD (2007) Body Scan Methods-CT Scans [online] Available From http://www.bodyscan.md/spiralct_scanning.html (Accessed December 17th 2007) Cancer Research UK (2007) Lung Cancer Risks and Causes [online] Available From <http://www.cancerhelp.org.uk/help/default.sp?page=2962> (Accessed December 13th 2007) CBC News (2005) Screening Detects Lung Cancer Earlier, Benefits Unclear [online] Available From <http://www.cbc>.

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