



Research Article

Skin Cancer Prevention in the UK: The Role of Nursing Associates, Policy, and Public Health Strategies

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Abstract

Background: Skin cancer poses a significant and growing global public health challenge, with Ultraviolet Radiation (UVR) identified as the primary preventable cause. In the UK, rising incidence rates underscore the urgent need for effective, multi-faceted prevention strategies. **Objective:** This article reviews the current landscape of skin cancer prevention in the UK, examining international and national policy frameworks, public health initiatives, and the critical role of Nursing Associates (NAs), within the broader context of nursing professionals, in advancing preventive care. **Methods:** A narrative review of current literature, policy documents from bodies such as the World Health Organization (WHO), National Institute for Health and Care Excellence (NICE), and the UK government, and evidence on interventions led by Nursing Associates was conducted. **Findings:** Evidence confirms that 80–85% of skin cancer cases are attributable to UVR. Preventive strategies are more cost-effective than early detection or treatment alone. The UK's approach integrates legislative action (The Sunbeds (Regulation) Act 2010), school-based education, and public health campaigns. However, health inequalities and economic barriers, such as sunscreen affordability, persist. Within this context, Nursing Associates are pivotal. Through health education, Motivational Interviewing (MI), and initiatives like Making Every Contact Count (MECC), they empower patients to adopt sun-safe behaviours, facilitate early detection, and address care inequities. **Conclusion:** Nursing Associates are essential to reducing skin cancer incidence. By embedding evidence-based prevention into practice and education, they significantly improve health outcomes. Future efforts must focus on strengthening education for Nursing Associates, addressing policy gaps, and evaluating the long-term impact of interventions led by Nursing Associates to fully embed sun safety into preventive healthcare.

Keywords: Skin Cancer Prevention; Ultraviolet Radiation; Melanoma; Nursing Associate Role; Patient Education; Public Health Policy; Sun Safety; Health Inequalities; Motivational Interviewing; Primary Prevention.

Introduction

Skin cancer is a significant and preventable public health challenge, with over 80% of cases in the UK linked to Ultraviolet Radiation (UVR) [1,2]. Despite a robust policy landscape—including advocacy from the World Health Organization (WHO) for sun-safe behaviours, UK legislation like The Sunbeds

(Regulation) Act 2010, and national public health campaigns [3-5]-incidence rates of melanoma continue to rise, with 16,700 new cases and 2,333 deaths annually [6]. This indicates a critical gap between high-level strategy and effective implementation at the individual level. Furthermore, persistent health inequalities, driven by socio-economic factors and misconceptions about risk, mean that preventive messages often fail to reach the most vulnerable populations [7]. While policies provide the framework, their success hinges on being delivered by trusted healthcare professionals who can translate public health guidance into personalised, actionable advice for diverse individuals. This

short communication aims to critically examine the pivotal and expanding role of Nursing Associates (NAs), within the broader context of nursing professionals, in bridging this implementation gap and advancing skin cancer prevention within the UK's public health system. Nursing Associates, a distinct role regulated by the Nursing and Midwifery Council (NMC), are uniquely positioned to deliver preventive care in community and primary care settings, complementing the work of registered nurses and other nursing professionals [8,9].

Methods

A narrative literature review was conducted to synthesise evidence on skin cancer prevention strategies and the role of Nursing Associates within the UK context [10,11]. The search was performed using electronic databases, including PubMed, CINAHL, and Google Scholar, to identify relevant peer-reviewed articles, policy documents, and grey literature from governmental and health organisations [12]. Search terms included combinations of: "skin cancer prevention," "melanoma," "ultraviolet radiation," "UV reduction," "Nursing Associate," "nursing role," "motivational interviewing," "Making Every Contact Count," "public health policy," "United Kingdom," and "health inequalities" [13]. The inclusion criteria focused on literature published within the last 5 years (2020–2024), with a specific emphasis on UK policy frameworks, economic analyses, and evaluations of interventions led by Nursing Associates [14]. Seminal papers and key policy documents outside this timeframe were included for contextual purposes [15]. The synthesis of this literature forms the basis for the analysis and recommendations presented [16].

The Pivotal Role of Nursing Associates in Prevention

Nursing Associates are a safety-critical profession built on four pillars: clinical practice, education, research, and leadership [17]. In the context of skin cancer, Nursing Associates are uniquely positioned to lead preventive efforts [18].

Education and Health Promotion

Guided by the Nursing and Midwifery Council (NMC) Standards (2018), which emphasise health promotion, Nursing Associates educate patients on sun safety, early detection, and prevention measures like sunscreen use and self-examinations [19]. By tailoring this education, they directly address health inequalities and empower individuals to reduce their risk [7].

Facilitating Behavioural Change

Motivational Interviewing (MI) is an evidence-based technique that Nursing Associates can employ to promote sun-safe behaviours. MI effectively facilitates behavioural change by enhancing intrinsic motivation and self-efficacy, helping patients overcome

ambivalence and adopt sustained protective practices [20].

Making Every Contact Count

The Making Every Contact Count (MECC) approach enables Nursing Associates to integrate brief, opportunistic preventive interventions into routine patient interactions. Evidence indicates that such cumulative interventions can significantly improve preventive behaviours [21]. Supported by pathways like "Everyday Interactions" and aligned with the Office for Health Improvement and Disparities' All Our Health (AOH) framework, MECC ensures that sun safety advice becomes a routine, cost-effective component of care, reaching diverse populations [22,23].

Addressing Health Inequalities

Despite progress, significant health inequalities persist. Socio-economic disparities, misconceptions about risk in darker-skinned populations, and barriers related to gender and disability contribute to inequities in prevention and treatment [7]. Vulnerable groups, including younger individuals and those with limited healthcare access, face heightened risks [24].

Innovative solutions are crucial to bridge this gap. Tele-dermatology, Patient-Initiated Follow-Up (PIFU), and optimized referral pathways can improve access to timely care for underserved populations [25]. Economic interventions, such as removing Value Added Tax (VAT) on high-factor sunscreen, could encourage wider use and potentially save the National Health Service (NHS) £128 million annually in treatment costs [26]. A critical policy gap remains the lack of integration of solar radiation risk within the UK's climate change adaptation strategies, which currently focus on heat management without addressing UV exposure [27].

Discussion

Synthesising Policy and Practice for Prevention Led by Nursing Associates

The preceding sections describe a comprehensive policy infrastructure for skin cancer prevention in the UK, from international directives to local school programs. However, policies alone are insufficient without effective implementation at the point of care. This is where the role of Nursing Associates transitions from being supportive to being fundamental. The critical discussion lies in how the described policies and frameworks directly enable and depend on the practice of Nursing Associates, and the evidence for the interventions they employ [3–5,18].

Nursing Associates as the Conduit from Policy to Patient

The myriad of strategies—from the World Health Organization's (WHO) global advocacy to local council regulations—risks remaining abstract to the public without consistent, credible

reinforcement in healthcare settings. Nursing Associates, operating across primary care, community, and public health, act as the essential conduit [18,19]. For instance, a national sunbed ban for minors is a blunt instrument; but a Nursing Associate using Making Every Contact Count (MECC) can explore a teenager's motivations for tanning, provide tailored education on the legislation's intent, and offer alternative strategies for healthy skin appearance, thereby addressing the root of the behaviour. Similarly, while the National Health Service (NHS) provides online sun safety guidance, it is the Nursing Associate in a general practitioner (GP) surgery or dermatology clinic who can translate this into actionable, personalised advice for an outdoor worker or a parent, making national policy relevant to an individual's context [20].

Critical Analysis of Evidence-Based Interventions by Nursing Associates

The promotion of MECC and Motivational Interviewing (MI) is not merely a suggestion but a strategic alignment with evidence on effective behaviour change. The strength of MECC in skin cancer prevention lies in its opportunistic and cumulative nature. Unlike a one-off public health campaign, repeated, brief conversations with Nursing Associates can normalize sun safety, gradually shifting patient attitudes and habits. The evidence bases for MECC, while broader, shows that such low-intensity interventions are cost-effective and feasible within time-pressed clinical environments [21]. Similarly, the application of MI represents a move beyond simple information-giving. Providing facts about UV risk is necessary but often insufficient to change deeply ingrained behaviours like sunbathing or forgoing sunscreen. MI provides a structured, evidence-based [20] method to navigate patient ambivalence. For example, a patient may express a desire to protect their skin but also a strong desire for a tanned appearance. MI equips the Nursing Associate to explore this dissonance collaboratively, strengthening the patient's own motivation and commitment to change, rather than meeting resistance with direct confrontation.

Addressing Barriers to Implementation

Despite the clear rationale, significant barriers threaten the effective integration of these preventive roles. First, workload and time constraints are pervasive. Embedding MECC and MI requires a shift in practice that may be challenging amidst existing clinical demands. This necessitates organisational support, including protected time for training and a cultural shift that values preventive interactions as highly as reactive care. Second, there is a need for standardised education and training. Confidence in discussing sun safety and proficiency in MI cannot be assumed. As outlined in the conclusion, pre- and post-registration curricula

must systematically include dermatological prevention and communication skills. Without this foundational training, the potential of the Nursing Associate role will not be realised. Finally, addressing structural barriers is paramount. A Nursing Associate can be highly skilled in MI, but if a patient cannot afford the Sun Protection Factor (SPF) 30+ sunscreen being recommended, the intervention fails. Therefore, advocacy by Nursing Associates must extend beyond the consultation room to support policy changes, such as the removal of Value Added Tax (VAT) on sunscreen [26], that make healthy choices accessible [27-32]. The success of prevention led by Nursing Associates is inextricably linked to broader political and economic decisions that address the health inequalities highlighted in Section 4.

Conclusion and Recommendations

Skin cancer prevention is a clinical and public health priority demanding a proactive, integrated approach. Nursing Associates, as part of the broader nursing profession, are essential in bridging the gap between policy, education, and practice. The discussion confirms that their role is not just to deliver messages, but to interpret, personalise, and leverage evidence-based techniques to facilitate genuine behavioural change. To fully leverage their potential and reduce the growing burden of skin cancer, the following steps are critical:

Education: Education for Nursing Associates must evolve to include structured, evidence-based training in UV protection, early detection, and health communication techniques like Motivational Interviewing (MI) within pre-registration and Continuing Professional Development (CPD) curricula.

Policy: Sustained investment is needed to integrate sun safety into wider public health and climate adaptation frameworks. Policies must address economic barriers, such as Value Added Tax (VAT) on sunscreen, and mandate equitable access to UV protection resources.

Practice: Sun safety advice should be consistently embedded within holistic, person-centred care through the widespread adoption of Making Every Contact Count (MECC) and the Office for Health Improvement and Disparities' All Our Health (AOH) frameworks, with institutional support to overcome workload barriers.

Research: Future studies must evaluate the long-term effectiveness of interventions led by Nursing Associates and explore the integration of digital tools (e.g., UV apps, tele-dermatology) into their practice to reach underserved populations. Advancing skin cancer prevention requires a unified, multi-sector effort. By strengthening education, enhancing policy support, and expanding the evidence base for practice, Nursing Associates can

lead a transformative shift towards embedding sun safety into the foundation of preventive healthcare.

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