# Regional & National Public Awareness Campaigns

Mick Peake & Jennifer Benjamin

**Cancer Network Workshop for
Lung Clinical & Nursing Leads
19 April 2012**

International Cancer Benchmarking Partnership: Comparative 5 yr relative survival 1995 - 2007
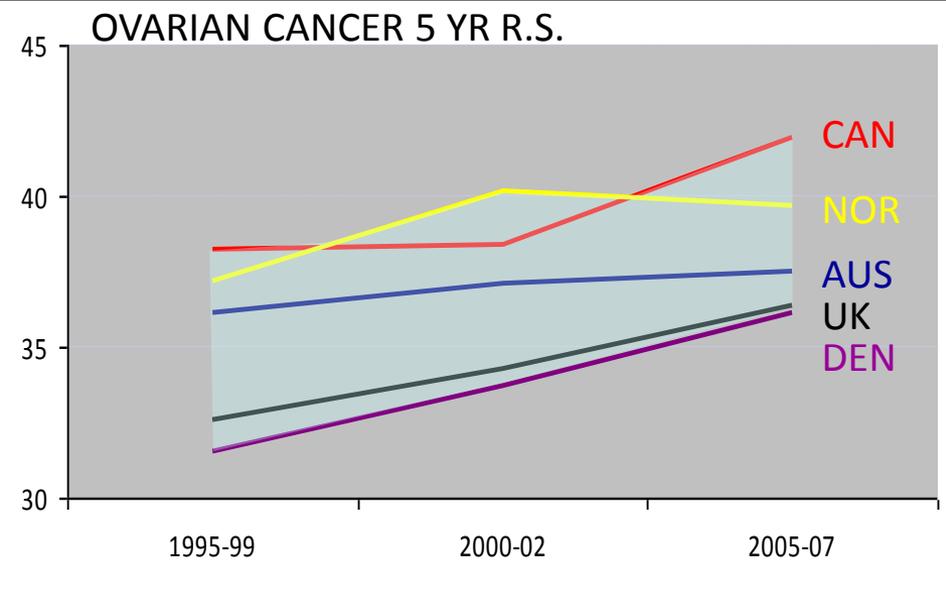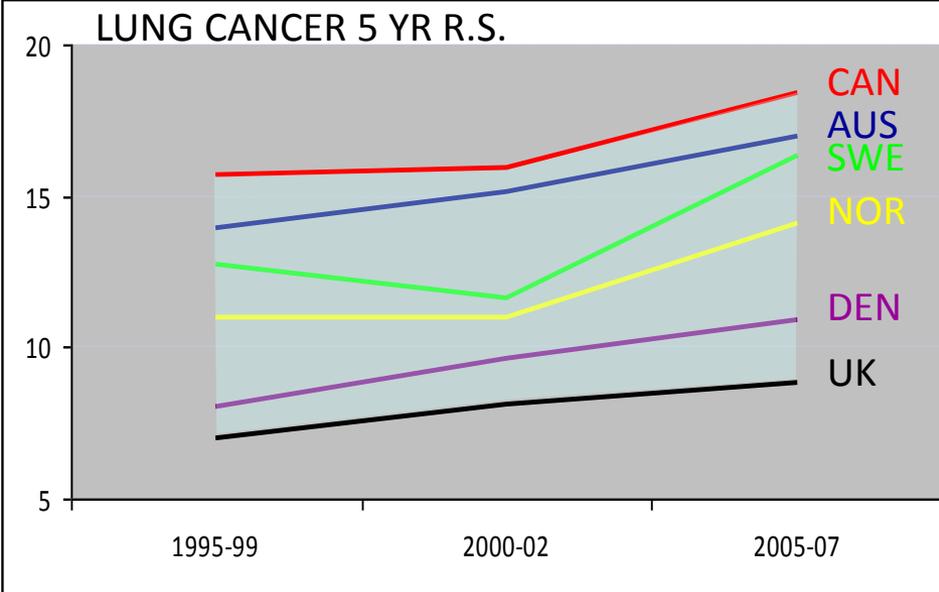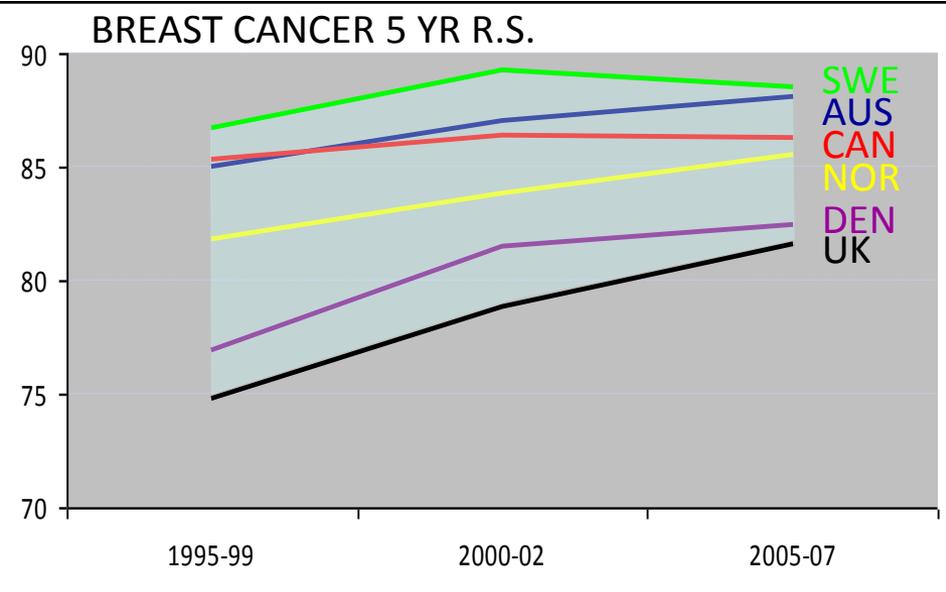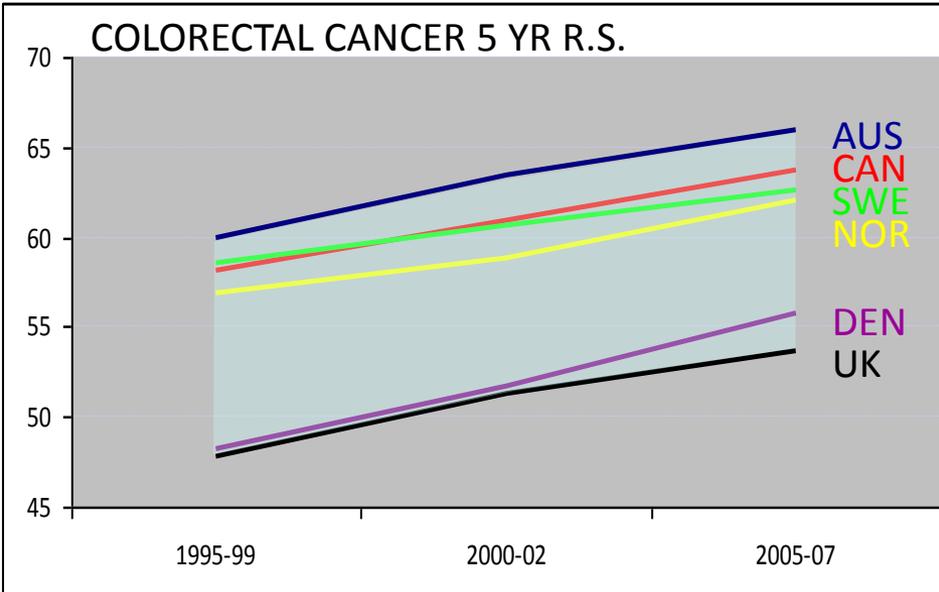
'Avoidable deaths' pa if survival in England matched the best in Europe

Breast	**~ 2000**	Endometrial	250
Colorectal	**~1700**	Leukaemia	240
Lung	**~1300**	Brain	225
Kidney / Bladder	**~990**	Melanoma	190
Oesophagogastric	**~950**	Cervix	180
Ovary	~500	Oral/Larynx	170
NHL/HD	370	Pancreas	75
Myeloma	250		

[NB Prostate has been excluded as survival 'gap' is likely to be due to differences in PSA testing rates.]
Data derived from Abdel-Rahman et al, BJC Supplement December 2009c

3

Follow-up interval: 0–1m

Holmberg et al. Thorax, 2010;65:436-441

Follow-up interval: 1–2y

Excess deaths per 100 person-years vs *Age Group*

Legend: England, Norway, Sweden

Holmberg et al. Thorax, 2010;65:436-441
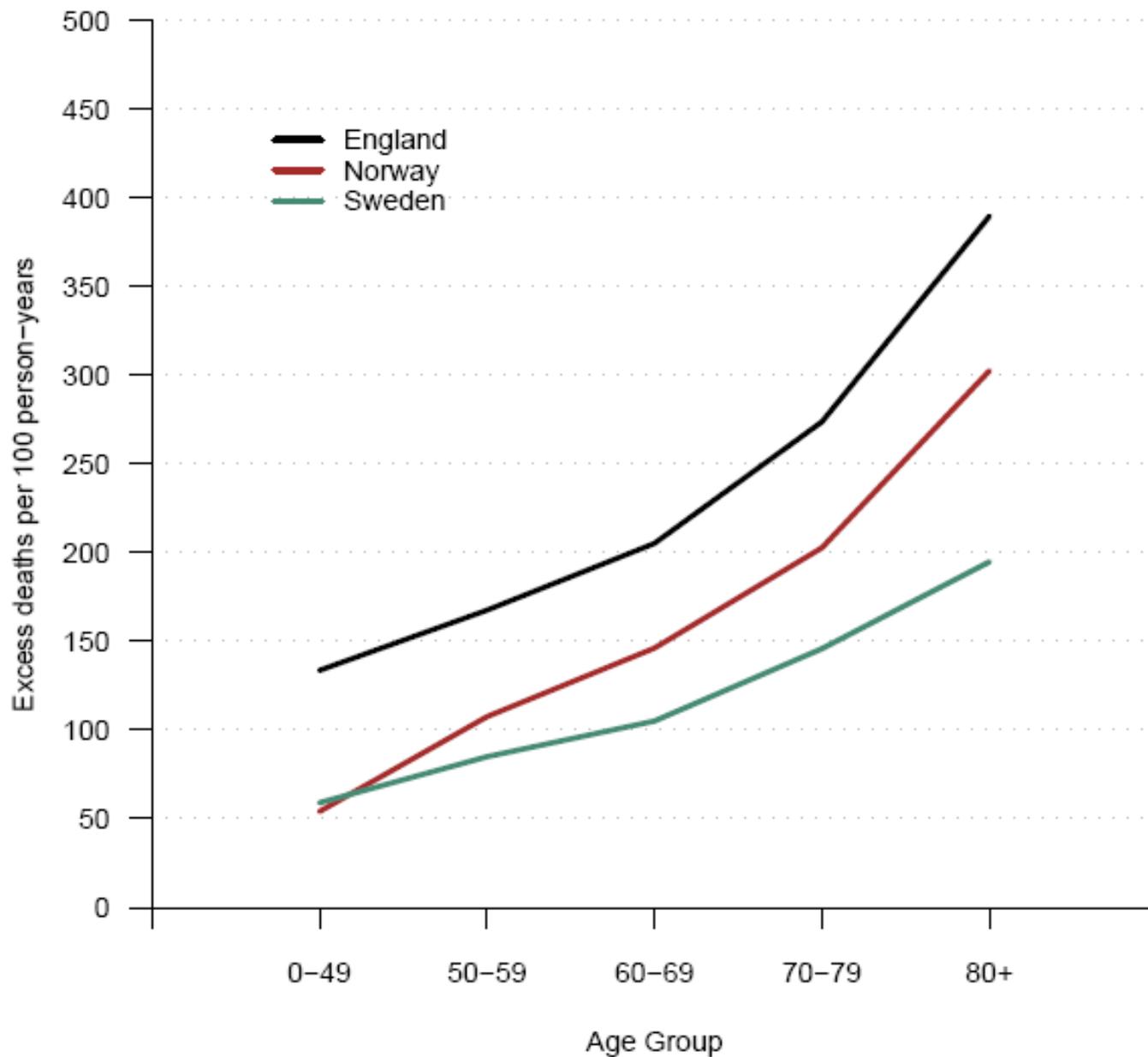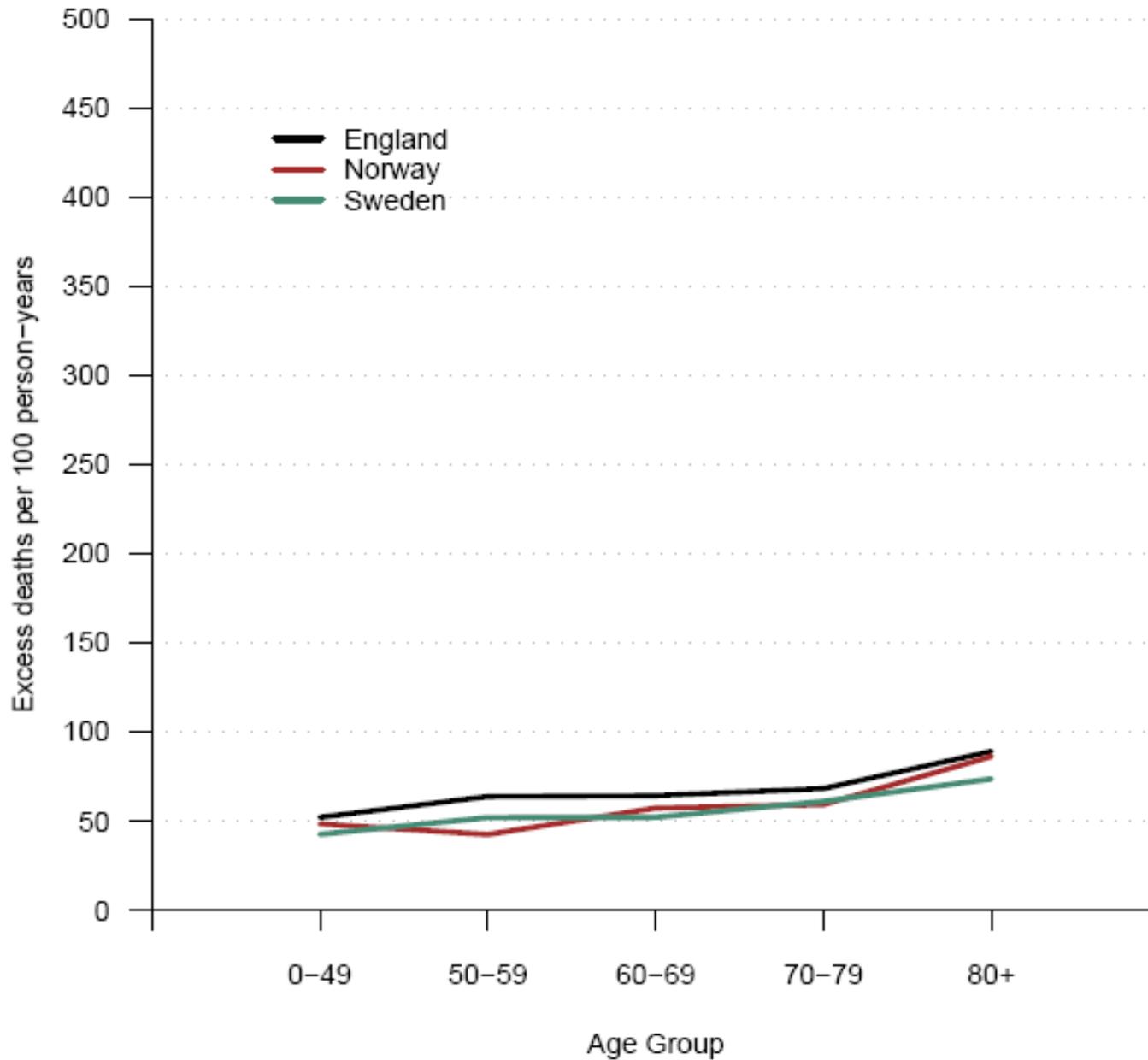
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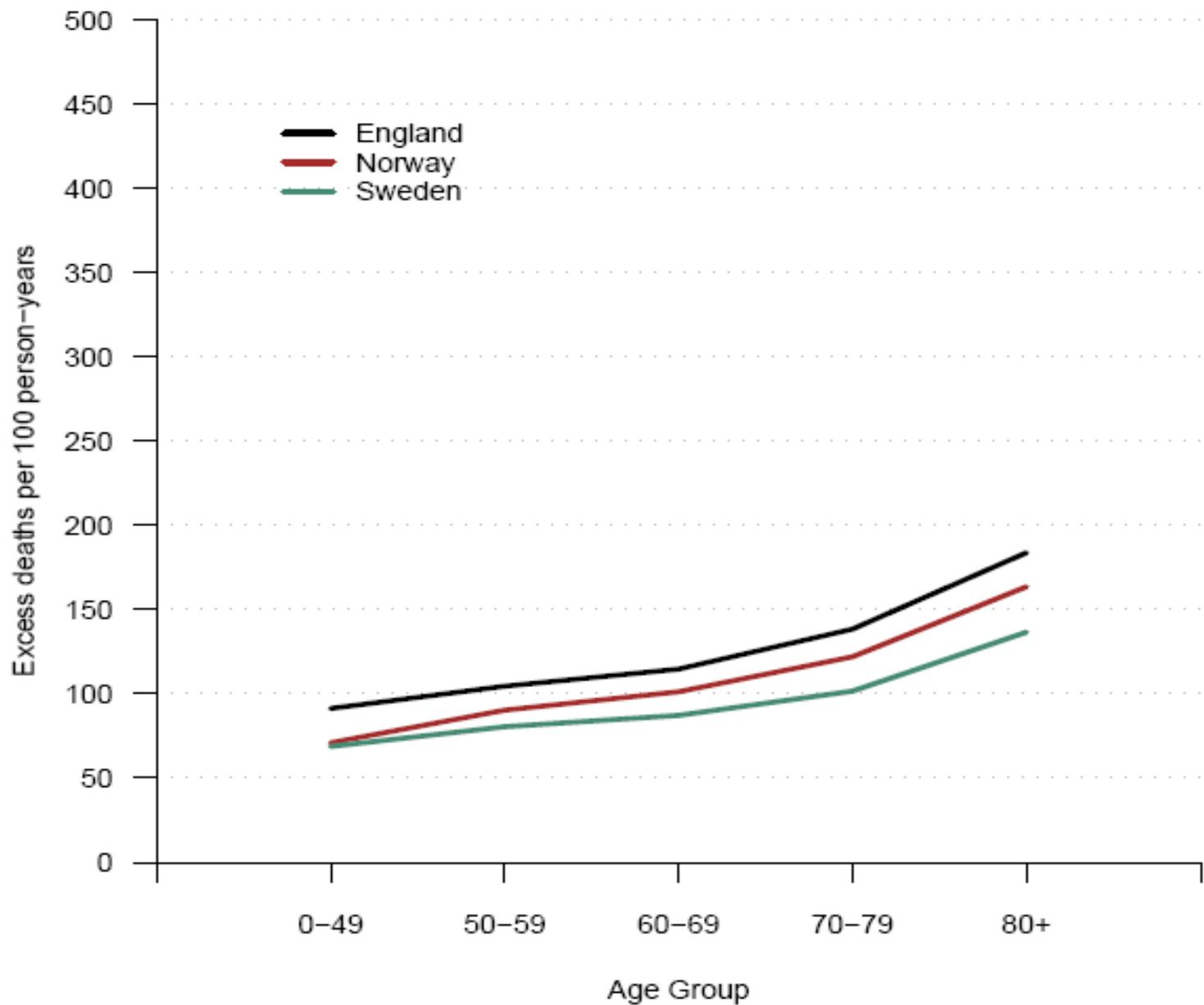
NCIN: 'Routes to Diagnosis'

All Persons	Death Certificate Only	Emergency presentation	GP referral	Inpatient elective	Other outpatient	Screen detected	Two Week Wait	Unknown	Total	Number of patients
Acute leukaemia	0%	57%	17%	4%	14%		3%	4%	100%	2,551
Bladder	0%	18%	28%	2%	15%		32%	4%	100%	7,665
Brain & CNS	0%	58%	17%	4%	14%		1%	6%	100%	4,147
Breast	0%	4%	12%	0%	9%	21%	42%	12%	100%	34,232
Cervix	0%	12%	25%	2%	16%	14%	16%	13%	100%	2,085
Chronic leukaemia	1%	30%	30%	2%	12%		10%	16%	100%	2,869
Colorectal	1%	25%	24%	4%	15%		26%	6%	100%	27,903
Kidney	1%	24%	29%	1%	18%		20%	6%	100%	5,172
Larynx	0%	12%	32%	1%	21%		31%	3%	100%	1,583
Lung	1%	38%	20%	1%	13%		22%	5%	100%	29,420
Melanoma	0%	3%	29%	1%	11%		41%	16%	100%	8,117
Multiple myeloma	0%	38%	27%	1%	15%		13%	6%	100%	3,145
Non-Hodgkin's lymp	0%	28%	30%	2%	17%		16%	7%	100%	7,777
Oesophagus	1%	21%	21%	10%	17%		25%	4%	100%	6,001
Oral	0%	6%	28%	1%	30%		26%	9%	100%	3,062
Other	1%	36%	25%	2%	15%		14%	7%	100%	27,730
Ovary	1%	29%	22%	1%	15%		26%	6%	100%	5,012
Pancreas	1%	47%	18%	2%	12%		13%	6%	100%	5,989
Prostate	0%	9%	38%	3%	16%		20%	14%	100%	28,362
Stomach	1%	32%	21%	7%	16%		17%	5%	100%	5,841
Testis		10%	14%	2%	16%		48%	10%	100%	1,569
Uterus	0%	8%	31%	1%	16%		35%	8%	100%	5,733

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23% of all cancers first present as an emergency

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38% of lung cancers first present as an emergency

Relative one year survival: by cancer type

Malignant registrations, South West 2007, excluding multiples and DCOs

Cancer type	GP/OP referral (+TWW)		Emergency		Other route		EUROCARE
	Relative Survival	95% CIs	Relative Survival	95% CIs	Relative Survival	95% CIs	Relative Survival
Acute leukaemia	39.7	(28.1 - 51)	39.4	(32.9 - 45.8)	40.4	(29 - 51.5)	
Bladder	78.3	(74.6 - 81.5)	34.0	(27.3 - 40.8)	79.2	(73.2 - 84)	85.3
Brain & CNS	68.4	(60.1 - 75.4)	34.0	(29.1 - 38.9)	60.6	(53.6 - 66.8)	39.1
Breast	97.7	(96.8 - 98.4)	50.8	(44.4 - 56.9)	98.2	(97.5 - 98.8)	95
Colorectal	**84.5**	**(82.7 - 86.2)**	**48.4**	**(45.2 - 51.5)**	**79.5**	**(76.9 - 81.9)**	**74.7**
Kidney	81.1	(76.8 - 84.7)	24.0	(18.4 - 30)	72.4	(66.1 - 77.7)	74.7
Lung	**39.8**	**(37.4 - 42.3)**	**8.9**	**7.6 - 10.3)**	**32.4**	**(29.1 - 35.7)**	**36.1**
Multiple myeloma	83.6	(76.8 - 88.5)	53.1	(46.5 - 59.2)	73.0	(63.7 - 80.3)	70.5
Non-Hodgkin's lymphoma	86.6	(83.2 - 89.3)	43.7	(38.1 - 49.1)	80.9	(76 - 84.9)	73.1
Oesophagus	43.8	(38.9 - 48.6)	22.4	(16.7 - 28.7)	45.5	(39.5 - 51.4)	36.3
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Stomach	49.1	(43.1 - 54.8)	17.7	(13.3 - 22.8)	47.6	(41 - 54)	44.1

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Emergency admissions: 8.9% alive at 1 year

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> **GP referrals:**
> **39.8% alive at 1 year**

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Chest x-ray referral rates from GP practices in Leeds 2008-2009

Chest X-ray referral rates from GP practices in Leeds 2008-2009

y-axis: CXRs per 1,000 population per year
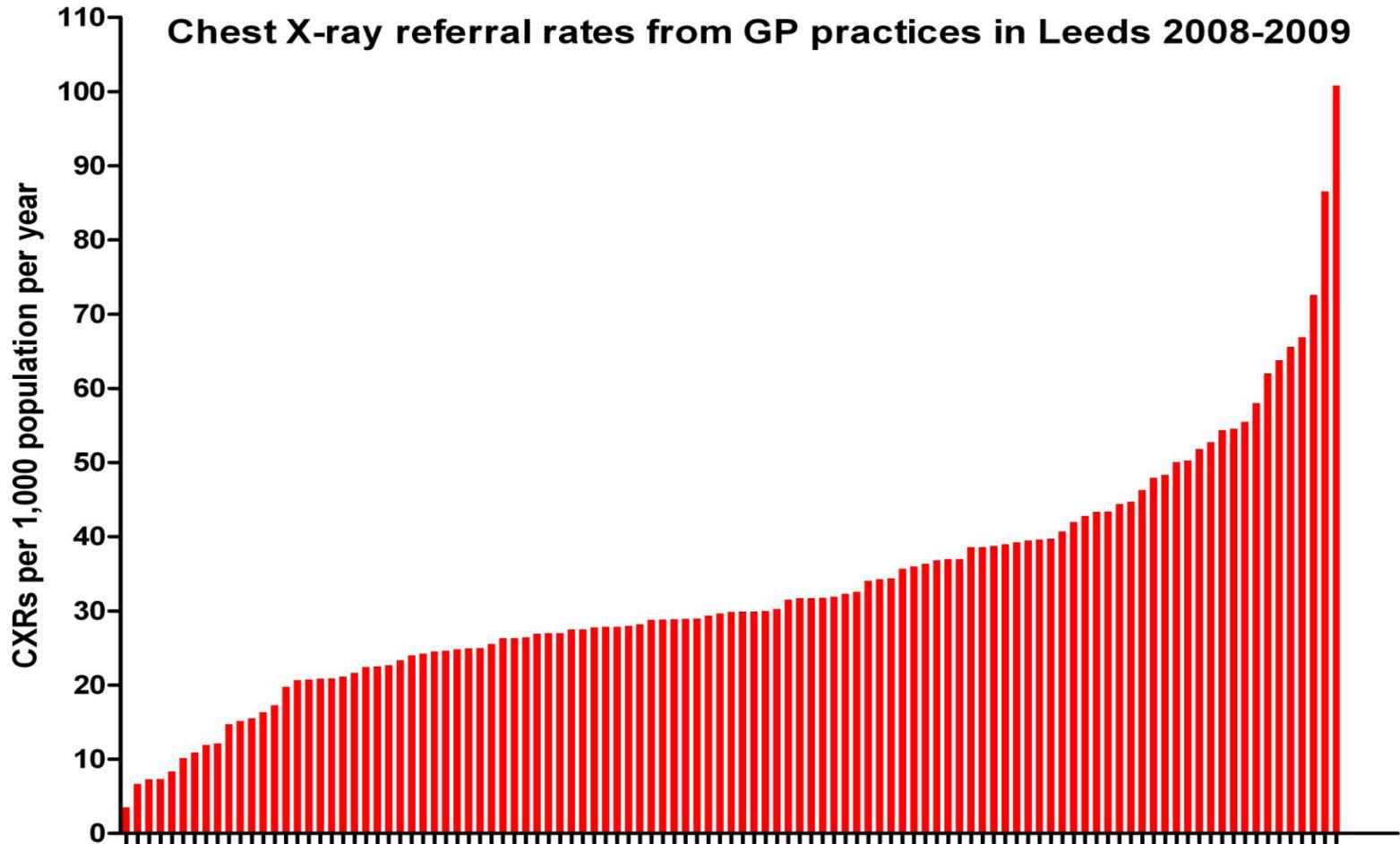
**Source: Dr Matthew Callister, Leeds**

Age-sex Standardised Urgent GP Lung Referral Ratios, England by GP Practice, April 2010-March 2011

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Urgent GP Lung Referral Ratio

Statistically significant

England
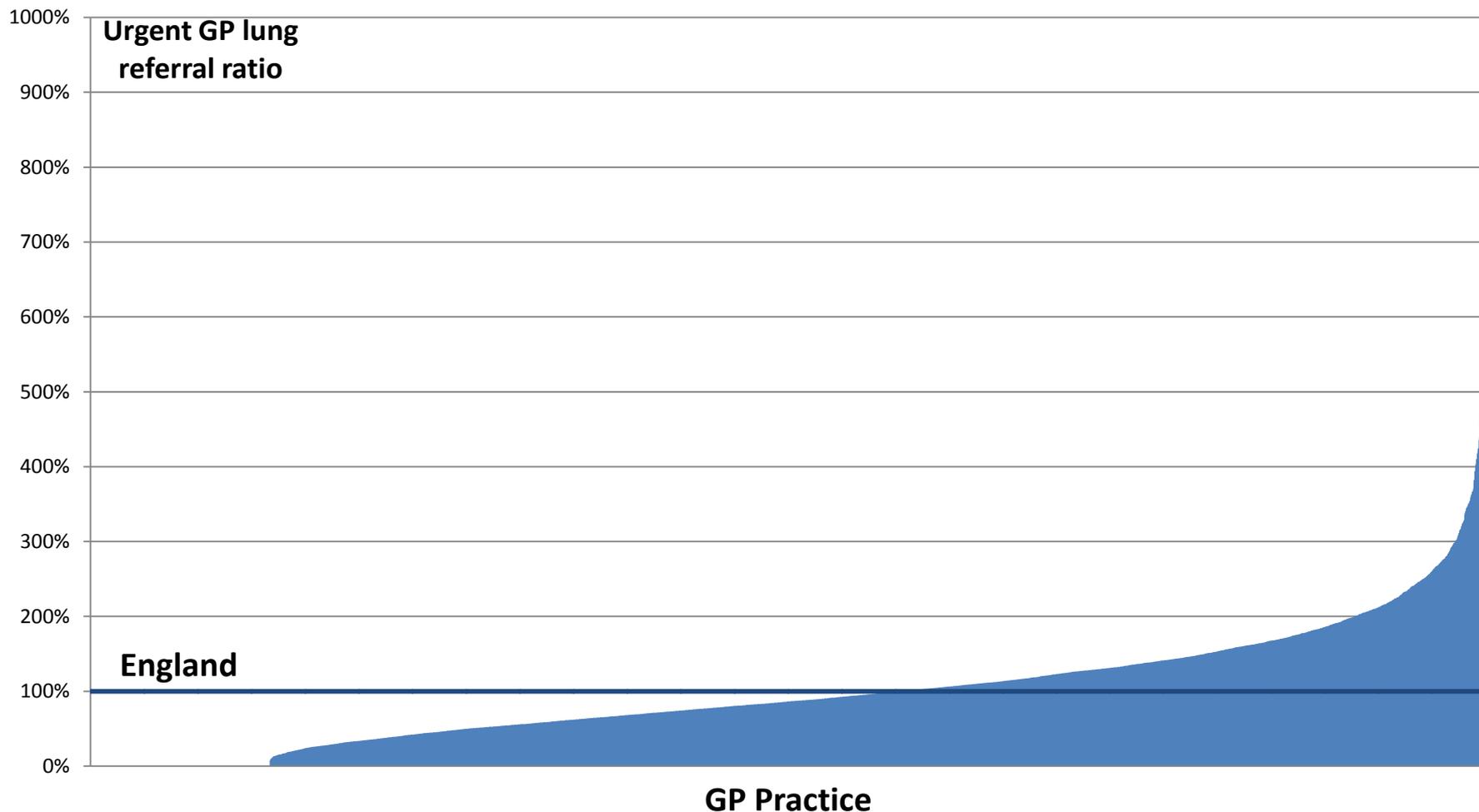
GP Practice

Source: Trent Cancer Registry (Carolynn Gildea) based on DH Cancer Waiting Times data

Cancer patient experience survey

Saw GP less than three times before referral

- Breast: 92%
- Colorectal / Lower Gastro: 70%
- Lung: 66%
- Prostate: 77%
- Brain / CNS: 65%
- Gynaecological: 71%
- Haematological: 62%
- Head and Neck: 75%
- Sarcoma: 60%
- Skin: 90%
- Upper Gastro: 67%
- Urological: 81%
- Other: 59%
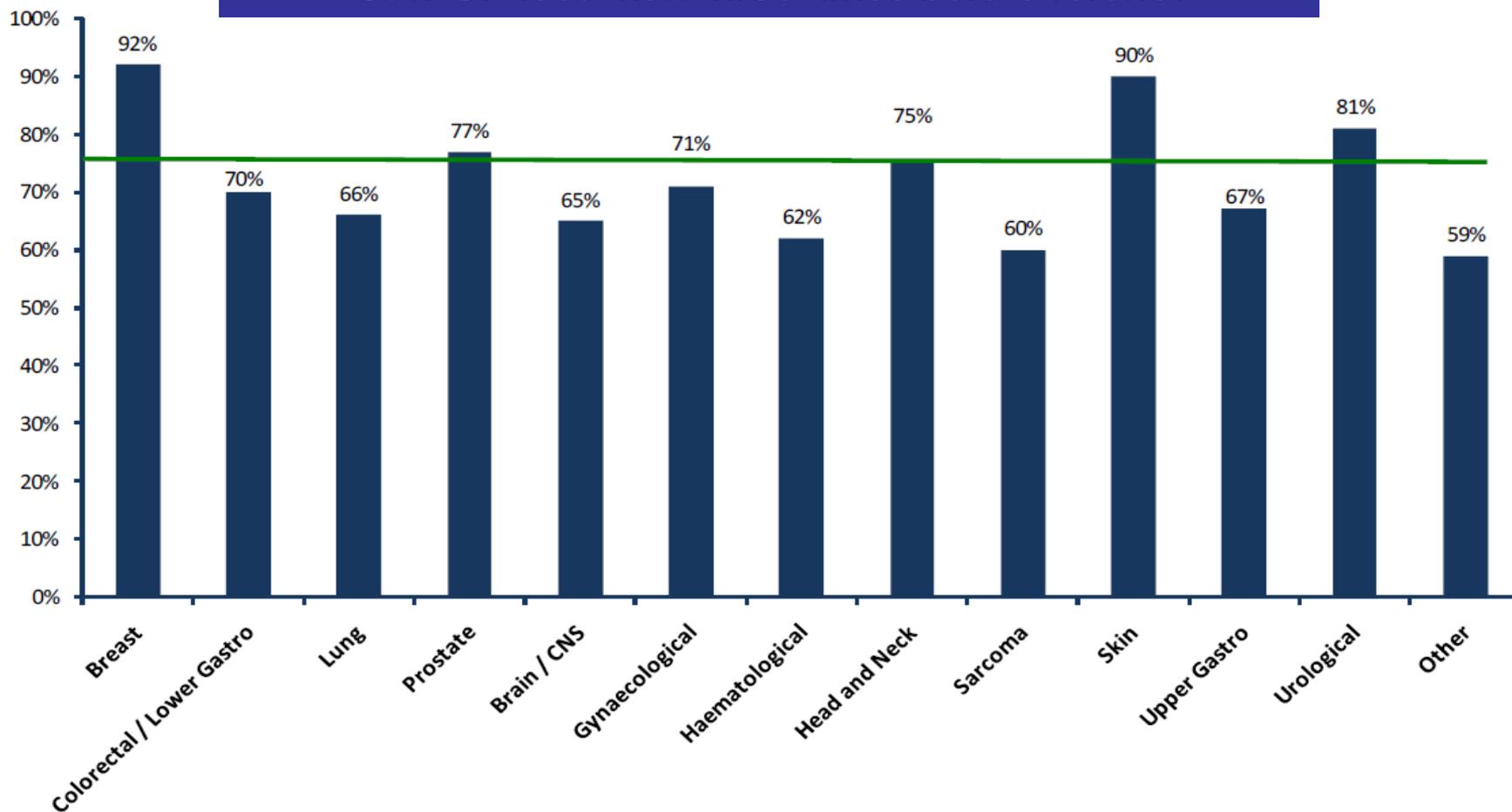
Policy

Improving Outcomes: A Strategy for Cancer (Jan 2011)

- Sets out the Government's ambition to save an additional 5000 lives p.a. by 2014/15. This would bring survival in England up to the average for Europe.
- £450 million over this Spending Review period to support work to improve earlier diagnosis.

The Operating Framework for the NHS 2012/13

- Expects the NHS to implement IOSC and ensure patients have timely access to diagnosis and treatment.
- Expects less than 1 per cent of patients to wait longer than six weeks for a diagnostic test.

Details of funding from the Cancer Outcomes Strategy Impact Assessment

The following sums have been allocated for promoting awareness and early diagnosis, including additional costs of diagnostic tests and treatment:

- 2011/12 - £33m
- 2012/13 - £136m
- 2013/14 - £146.7m
- 2014/15 - £198m

This funding is going into NHS baselines – on the basis that the NHS will use the money to improve survival rate through earlier diagnosis i.e. it takes account of the additional tests needed.

National Awareness and Early Diagnosis Initiative (NAEDI)

- **Raising public awareness of cancer symptoms and encouraging earlier presentation**

- **Optimising clinical practice and systems**

- **Improving access to diagnostics**

- **Research, monitoring and evaluation**

Awareness campaigns

- Prioritising cancers by number of "avoidable deaths".

- Local testing → regional pilots → national campaigns.

- *Be Clear on Cancer* campaigns from 2010/11.

- Builds on local interventions since 2008.

Pilot Lung Cancer Campaign Strategy

- **Target audience:**
- 50+/55+ (incidence of lung cancer)
- C2DE (more likely to delay presenting)

- **Communication channels:**
- Regional TV, press and radio
- Regional radio and press channels targeting Asian communities
- Pharmacy bags and GP TV screens
- Paid-for digital search
- PR
- 10 x Face-to-face events delivered in partnership with the British Lung Foundation

Pilot Lung Cancer Campaign Strategy

- **Objectives**
- Raise awareness that coughing for 3 weeks or more can be a symptom of lung cancer
- Encourage those with symptoms to visit GP, to increase presentations
- Increase number of lung cancers diagnosed at an earlier stage

- **Timing and location**
- 5 week campaign which ran from 10 October to 13 November 2011 in the East and West Midlands (and bordering areas)

Pilot Lung Cancer Campaign - Print

Lung Campaign Evaluation Metrics

DH **Department of Health**

NAEDI 2012/13

DATA	RATIONALE	SOURCE	CONSTRAINTS	TIME LAGS
Public awareness	To assess campaign effectiveness in raising awareness of symptoms	National pre and post tracking research; GP telephone survey		2-3 months
Presentations at GP	To assess campaign effectiveness in prompting behaviour change	GP Read codes	Significant costs to scale up nationally; different IT systems; variable use of Read codes	Minimum 3 months
2WW referrals	To assess any changes in GPs' referral patterns	Cancer Waiting Times	Note that Chest X-rays will be the primary referral route from primary care	Monthly
Chest X-rays	To assess any changes in GPs' diagnostic requests	Local trusts systems	Locally derived source	Bespoke data collection
Chest CT scans	To assess any changes in diagnostic investigations in secondary care	Local trust systems	Locally derived source	Bespoke data collection
Performance Status	Indicator of treatment decision	LUCADA	Time lag	8 months
Staging data	To assess whether any down-staging is occurring	LUCADA/Registries	Time lag; completeness	8 months
Diagnoses	To assess whether more cancers are being diagnosed	LUCADA/Cancer Waits	Time lag	8 months
One year survival rates	To assess whether campaign ultimately is improving survival	Registries; NCIN	Inevitable time lag involved	12-15 months

Lung Cancer tracking research: Pilot results

- Campaign cut through the general "noise" of all cancer advertising in the pilot region with a significant increase in those who recalled any cancer publicity mentioning a focus on "lung" (an increase of 30 percentage points in the pilot regions).

- Campaign recognition was high with 70% of the public in the East and West Midlands claiming to have seen any of the advertising material.

- Campaign has had most impact on self efficacy, particularly in raising knowledge levels and confidence in knowledge of signs and symptoms

  – there was a significant increase in the number of people who, without prompting, identified a persistent or prolonged cough as a symptom of lung cancer and in the number of people agreeing that "a cough for three week or more that doesn't go away" is "definitely a warning sign" of lung cancer

- Campaign was overwhelmingly believed to be an important one with 94% of the public and 87% of GPs in the pilot region agreeing that it is important that ads like this be shown.

Summary

Objective

To consider the impact of the 'Be Clear on Cancer' lung awareness campaign on patients visiting their GP with the symptoms highlighted in the campaign.

Evaluation results

- Attendances for cough symptoms increased following the launch of the campaign and **continued for four weeks after the end of the campaign**.

- For the 35 practices included in the analysis, there were **670 more attendances** for patients (aged 30+) with cough symptoms during the evaluation period – **an increase of 23%**.

- The increase in activity was driven by attendances for patients with a cough – the **key symptom directly referred to in the TV and radio campaigns and on posters**.

- Attendances increased for patients from the **age of 30 through to 85**, but tailed off for the 85+.

- The impact for each practice is equivalent to an **average of 2.4 additional visits** per practice per week.

Radiology data

- Used GP requested chest x-rays (and chest CT scans)

- Collected radiology data from a sample of trusts:
  - 37 trusts approached for data (33 in pilot region and 4 outside as a control)
  - 25 trusts in the intervention area provided data
  - 3 control trusts provided CT data, 2 provided chest x-ray data

- All trusts were asked to provide the following data:
  - GP requested chest x-ray
  - CT scans for thorax +/-abdomen
  - 1 June – 31 December 2010 to act as a control
  - 1 June – 31 December 2011.

Radiology data – Chest x-ray

- Period of analysis: October-December 2010 and October-December 2011

- Number of chest x-rays across 25 **intervention** trusts **increased by 16%** (from 81,811 in Oct-Dec 2010 to 95,212 in Oct-Dec 2011).

- Most of this increase (over 60% of the additional x-rays) were in the **over 50's** age group. There was a slightly smaller increase in male x-rays compared with female x-rays.

- Number of chest x-rays in the **control** trusts increased by **almost 15%** (from 4,785 in Oct-Dec 2010 to 5,499 in Oct-Dec 2011).

- Differences not statistically significant.

Radiology data - CT

- Period of analysis: October-December 2010 and October-December 2011

- Number of CT scans across 25 **intervention** trusts increased by **over 15%** (from 7,853 in Oct-Dec 2010 to 9,097 in Oct-Dec 2011)

- Most of this increase (over 80% of the additional scans) are in the **over 50's** age group.

- Number of CT scans in the **control** hospitals increased by **less than 9%** (from 1,324 in Oct-Dec 2010 to 1,439 in Oct-Dec 2011)

- Differences not statistically significant

2 Week Wait Referral data

- Source: Trent Cancer Registry, October to December 2011 compared with the same period in 2010

- Intervention PCTs: East and West Midlands and control was the rest of the country

- This measure is focussed on the core area of the activity and we know that some of the periphery areas may have seen the campaign and will be counted in the 'control'

- Pilot trusts: 29.6% increase

- Control trusts: 9.6% increase

National Lung Cancer Campaign Strategy

- **Objectives**
- Raise awareness that coughing for 3 weeks or more can be an early sign of lung cancer
- Encourage those with symptoms to visit GP, to increase presentations
- Increase number of lung cancers diagnosed at an earlier stage

- **Timing and location**
- 8 week campaign to launch Tuesday 8th May 2012 and run until end of June

- **Creative approach**
- Same approach as used in the pilot campaign

Implications for the NHS

Primary Care (GPs, Practice Staff and Pharmacists)

- Anticipate a manageable increase in attendance of patients with relevant symptoms - ~ increase of 2.4 extra patients per week per practice from start of campaign.

- Estimate ~163,000 nationwide.

- Primary Care resources produced by Cancer Research UK.

- Cancer Networks will be actively working with local GPs on the campaign plans and impact.

- Working with Professional Bodies to promote the campaign e.g. RCGP, MDU.

Potential impact of a national campaign

These results have been scaled up to national level, to assess the likely impact of a national campaign. *Due to the small scale of the dataset, particularly the control group, the results should be treated with caution when used to assess the likely impact of a larger campaign on other NHS providers.*

If the results of the regional pilot are replicated nationally and the impact is sustained over a year we could expect:

Increase in volume of chest x-rays by 168,000 (0.8% of total x-ray activity in the NHS),

Increase in the number of chest CT scans by 23,000 (0.6% of total NHS activity)

Additional cost burden:

£7.2m for x-rays (DH unit cost estimate: £40)

£2.4m for CT scans (average tariff (non-mandatory) direct access CT scan for one site only: £104)

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Potential impact of a national campaign

Impact on an average trust:
The table below illustrates the possible activity and cost implications for an average trust over a year:

	Average no. 2010/11	Possible increase	Additional tests	Unit cost (£)	Additional cost (£000s)
Chest x-rays	51,999	2%	1,040	40	41.6
Chest only CT scans	1,427	10%	143	104	14.8

Implications for the NHS

Secondary Care: Radiology, Respiratory physicians, Histopathologists, NHS Managers)

- **Letter from Bruce Keogh**, NHS Medical Director, in March informing the NHS about plans for the campaign.
- Letter from Jane Allberry, Deputy Director for Cancer, in March, asking SHA Cancer Leads and Cancer Network Directors to start preparing for the campaign.
- Cancer Networks will be actively working with secondary care community to prepare for the campaign.

Cancer Network – Clinical Engagement

NAEDI 2012/13

- Cancer Networks building experience
  - Local, regional and national interventions
  - Growing number of cancers, plus integrated approaches
  - Clinical leads – secondary care, GP, public health - & teams
- Detailed feedback from learning sets, events and regional bowel pilot
  - Give clinicians the big picture.
  - Give precise information about exactly what is happening nationally and locally.
  - Spread the information as widely as possible.
  - Use clinicians to sign communications.
  - Communicate regularly without bombarding clinicians.
  - Share emerging practice, research and evaluation

Thank You