



Be Clear on Cancer: First national respiratory symptoms campaign, 2016

Caveats: A comprehensive interpretation about the campaign is not included here as this requires a full evaluation of all the metrics. The full evaluation of each campaign is published as a final report incorporating the results of all the metrics.

GP attendances

The campaign

The first national respiratory symptoms campaign ran from 14 July 2016 to 16 October 2016 in England.

The campaign's two key messages were:

- 'If you've had a cough for three weeks or more, it could be a sign of lung disease, including cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'
- 'If you get out of breath doing things you used to be able to do, it could be a sign of lung or heart disease, or even cancer. Finding it early makes it more treatable. So don't ignore it, tell your doctor.'

Key message

The first national respiratory symptoms campaign may have had a small impact on the number of GP attendances for respiratory symptoms.

Metric: GP attendances

This metric considers whether the campaign had an impact on the number of people attending a GP with a cough, breathlessness or other respiratory symptoms.

Data on GP attendances for respiratory symptoms and a control symptom (back pain) were sourced from The Health Improvement Network (THIN) database for the period 30 March 2015 to 12 February 2017. The data was grouped into weeks and adjusted to account for bank holidays. Information on the number of GP practices submitting data to THIN each week (which decreased from 288 to 159 practices over the period considered¹) was also extracted, to enable the calculation of the average number of attendances per practice per week.

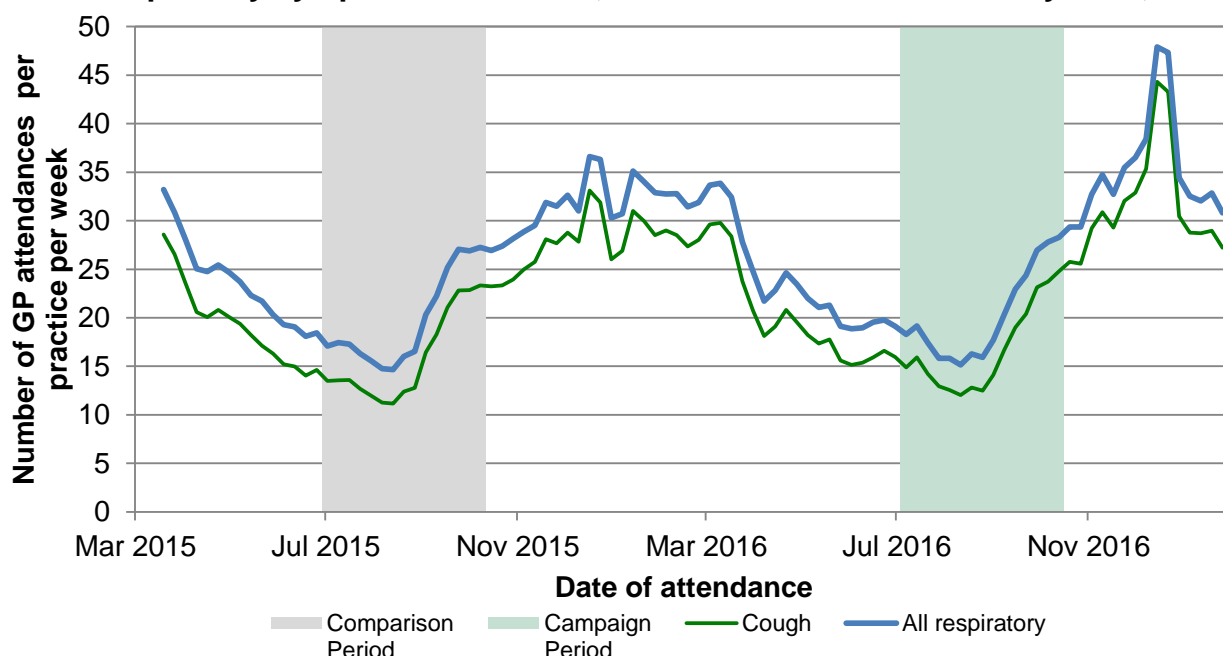
Analysis considered three periods; a fifteen week pre-campaign period (4 April 2016 to 17 July 2016), a fifteen week campaign period (18 July 2016 to 30 October 2016) and a fifteen week post-campaign period (31 October 2016 to 12 February 2017). It compared the average number of GP attendances per practice per week during these periods in 2016/17 with the same periods one year earlier, in 2015/16.

Results

The numbers of GP attendances per practice per week with a cough and for all respiratory symptoms combined (cough, breathlessness and other respiratory symptoms) exhibit a seasonal trend, with lower numbers in summer and higher numbers in winter, peaking during

the post-campaign period (Figure 1). There were no notable changes from these seasonal trends during the campaign period.

Figure 1: Average number of GP attendances, per practice per week, with a cough and for all respiratory symptoms combined, 30 March 2015 to 12 February 2017, all ages



Source: The Health Improvement Network

During the campaign period in 2016, the combined average number of GP attendances per practice per week for all respiratory symptoms showed a statistically significant increase of 2.6% ($p < 0.001$) per practice per week for people of all ages, when compared with the same period in 2015. In comparison, results for the control symptom (back pain) showed a decrease of 8.6% ($p < 0.001$) in the average number of GP attendances per practice per week over the same period. There was a larger change in the combined average number of GP attendances for all respiratory symptoms for the post-campaign period, compared to 2015/16 (11.9%, $p < 0.001$); this may reflect a larger, and earlier, winter peak in attendances.

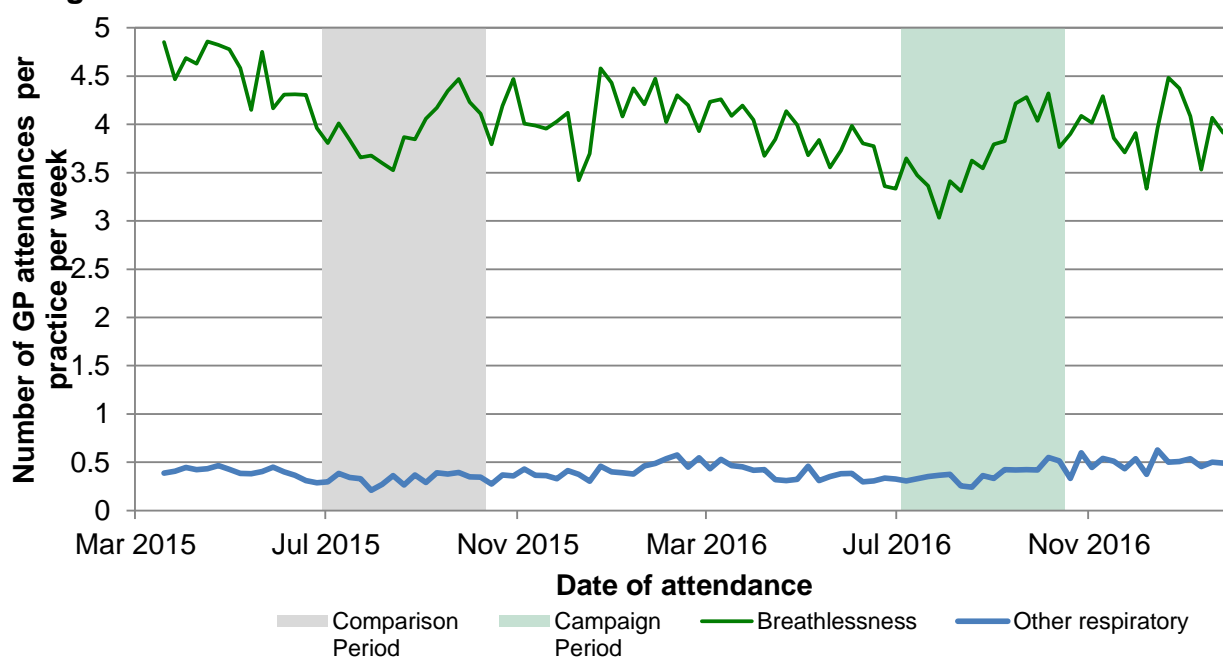
For cough, for the campaign period in 2016, there was a statistically significant 5.1% ($p < 0.001$) increase in the average number of GP attendances per practice per week for people of all ages when compared with the same period in 2015. There was a larger increase of 14.6% ($p < 0.001$) in the average number of GP attendances per practice per week during the post-campaign period.

The average number of GP attendances per practice per week for breathlessness also exhibits a seasonal trend, along with a slowly decreasing trend since March 2015 (Figure 2). There are only small numbers of attendances for other respiratory symptoms.

For breathlessness, there was a decrease of 6.1% ($p < 0.001$) in the average number of GP attendances per practice per week for people of all ages during the campaign period in 2016, when compared with the comparison period in 2015. For other respiratory symptoms, for the campaign period in 2016, there was a 13.4% ($p = 0.006$) increase in the average number of GP

attendances per practice per week for people of all ages when compared with same period in 2015. There was a larger increase of 28.3% ($p < 0.001$) in the average number of GP attendances per practice per week during the post-campaign period when compared with the comparison period in 2015/16.

Figure 2: Average number of GP attendances, per practice per week, for breathlessness and other respiratory symptoms, 30 March 2015 to 12 February 2017, all ages



Source: The Health Improvement Network

For people aged 50 and over, during the campaign period in 2016, there was no statistically significant change (-1.2%, $p = 0.16$) in the combined average number of GP attendances per practice per week for all respiratory symptoms (cough, breathlessness and other respiratory symptoms) when compared with the same period in 2015. In comparison, results for the control symptom (back pain) showed a statistically significant decrease of 7.6% ($p < 0.001$). During the post-campaign period, there was a statistically significant increase of 15.0% ($p < 0.001$) in the combined average number of GP attendances for all respiratory symptoms.

Conclusions

The first national respiratory symptoms campaign may have had a small impact on the number of GP attendances for respiratory symptoms. There were statistically significant increases in attendances for all respiratory symptoms combined, and cough for people of all ages, for the campaign period compared to the same period in 2015. However, these changes were small and appeared similar to the existing trend. Over the same period, there were no statistically significant changes for these symptoms for those aged 50 and over.

Other metrics being evaluated include the number of urgent GP referrals for suspected cancer, numbers of cancers diagnosed, stage at diagnosis and one-year survival. A full evaluation report will be published on the campaign metrics when all of the results are available.

Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics, and so the results must be considered with these underlying trends in mind.

Where the results are statistically significant there is some evidence for an impact of the campaign, although underlying trends and other external factors (eg other awareness activities, changing referral guidance) may also affect the results.

Campaigns are more likely to have a greater impact on metrics relating to patient behaviour (eg symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (eg urgent GP referrals for suspected cancer), compared to disease metrics (eg incidence, stage at diagnosis, and survival).

Find out more about Be Clear on Cancer at:

www.ncin.org.uk/be_clear_on_cancer

www.nhs.uk/be-clear-on-cancer/

¹ Compared to all practices nationally, these practices had a similar age-sex population structure, but a less deprived population on average.