



## Be Clear on Cancer: Second national respiratory symptoms campaign, 2017

**Caveats:** This summary presents the results of the metrics on outpatient attendances. This is one of a series of summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign incorporating a full evaluation of all the metrics is published separately. These metrics should not be considered in isolation.

### Outpatient attendances

#### The campaign

The second national respiratory symptoms campaign ran from 18 May 2017 to 31 August 2017 in England.

The core campaign 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

There was no clear evidence to suggest that the second national respiratory symptoms campaign had an impact on the number of outpatient attendances to cardiology, respiratory medicine, and general medicine.

#### Metric: Outpatient attendances

This metric considers whether the second national respiratory symptoms campaign had an impact on the number of outpatient attendances for men and women aged 50 years and over, and for all ages combined, seen under cardiac and respiratory services (namely: cardiology, respiratory and general medicine).

Data was taken from the Hospital Episode Statistics (HES) dataset held by Public Health England. The analysis period was defined as the start of the campaign (week 22 of 2017) to 2 months after the end of the campaign (week 43 of 2017). The numbers of outpatient attendances per week in the analysis period were compared with the same weeks in 2015<sup>1</sup>. The campaign was considered to have had a possible impact if there was a statistically significant<sup>2</sup> difference in the number of attendances between the two periods which was not in line with the long-term trend. A comparison group of outpatient attendances for

<sup>1</sup> 2015 was used due to the first national respiratory symptoms campaign which ran from July to October 2016.

<sup>2</sup> The likelihood ratio test was used to evaluate significance.

gastroenterology was used as this was not expected to have been impacted by the campaign messages.

## Results

During the analysis period the numbers of attendances for cardiology, respiratory and general medicine specialties showed a statistically significant increase of 7.0% ( $p < 0.001$ ) for people aged 50 years and over, and 5.9% increase ( $p < 0.001$ ) for people of all ages, when compared with the same period in 2015. However, there appears to be an increasing long-term trend in the number of these outpatient attendances.

When each specialty was considered separately, a statistically significant difference in the numbers of attendances was observed when comparing the analysis period in 2017 to the same period in 2015:

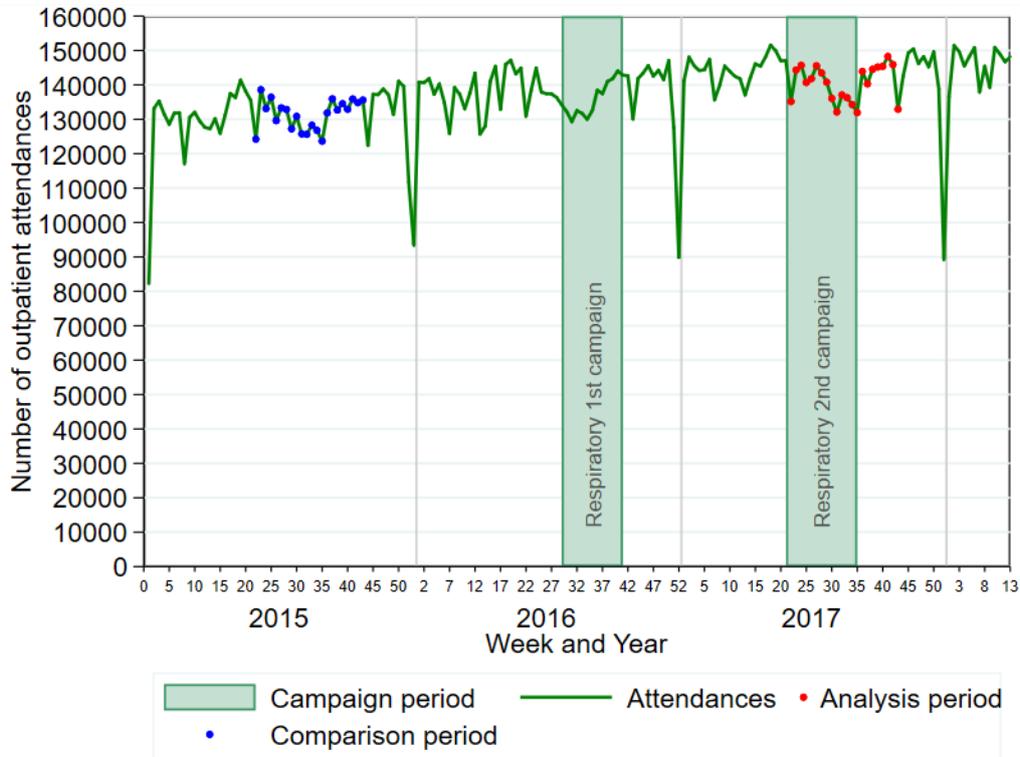
- For cardiology, there was an 13.7% ( $p < 0.001$ ) increase in the number of attendances for people aged 50 years and over and 13.5% ( $p < 0.001$ ) increase for people of all ages
- For respiratory medicine, there was an 21.3% ( $p < 0.001$ ) increase in the number of attendances for people aged 50 years and over, and 20.3% ( $p < 0.001$ ) increase for people of all ages
- In contrast, for general medicine, there was an 6.9% ( $p < 0.001$ ) decrease in the number of attendances for people aged 50 years and over and 7.0% ( $p < 0.001$ ) decrease for people of all ages

However, each of these results seem to be in line with the long-term trends.

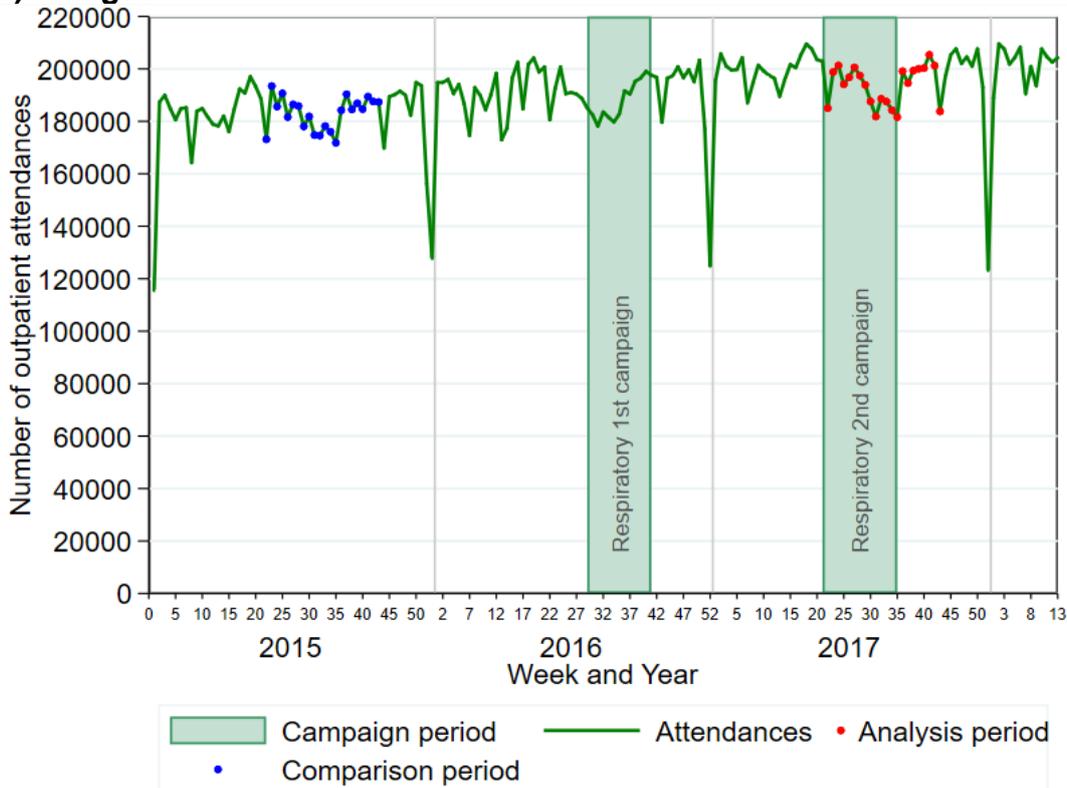
Results for the comparison group based on outpatient attendances at gastroenterology medicine showed a statistically significant increase of 19.6% ( $p < 0.001$ ) for people aged 50 years and over and 18.5% ( $p < 0.001$ ) for people of all ages.

**Figure 1: Number of outpatient attendances at cardiology, respiratory and general medicine in January 2015 to March 2018, England a) 50 and over b) All ages**

**a) 50 and over**



**b) All ages**



## Conclusions

There was a statistically significant increase in the number of outpatient attendances to cardiology, respiratory medicine, and general medicine specialties combined although this is in line with the long-term trend. There was also an increase in attendances at gastroenterology (control specialty).

There was no clear evidence to suggest that the campaign had an impact on the number of outpatient attendances to cardiology, respiratory medicine, and general medicine.

Other metrics being evaluated include Cancer Waiting Times referrals, conversion and detection rate, numbers of cancers diagnosed, stage at diagnosis and one-year survival.

## 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 (for example 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 (for example symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (for example urgent GP referrals for suspected cancer), compared to disease metrics (for example incidence, stage at diagnosis, and survival).

Find out more about Be Clear on Cancer at:

[www.ncin.org.uk/be\\_clear\\_on\\_cancer](http://www.ncin.org.uk/be_clear_on_cancer)

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