

Protecting and improving the nation's health

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

Caveats: This summary presents the results of the metric on GP 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.

GP attendances

The campaign

The second national respiratory symptoms campaign ran from 18 May 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.'

Metric: GP attendances

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

Data on GP attendances for respiratory symptoms (cough, breathlessness, other respiratory symptoms, both individually and combined) and a control symptom (back pain) were sourced from The Health Improvement Network (THIN) database for the period 5 January 2015 to 31 December 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

Key message

There is no clear evidence to suggest whether the second national respiratory symptoms campaign had an impact on the number of GP attendances for respiratory symptoms.

week (ranging from 324 to 130) was also extracted¹, to enable the calculation of the average number of attendances per practice per week.

Analysis considered three sixteen-week periods: a pre-campaign period (30 January 2017 to 21 May 2017), a campaign period (22 May 2017 to 10 September 2017) and a post-campaign period (11 September 2017 to 31 December 2017). It compared the average number of attendances per practice per week during these periods in 2017 with the same periods two years earlier, in 2015².

Results

For all ages combined, during the 2017 campaign period, the combined number of attendances for all respiratory symptoms decreased, by a statistically significant 1.6% (p=0.017), from 18.2 to 17.9 visits per practice per week compared with the same period in 2015 (Figure 1). In comparison, results for the control symptom (back pain) also showed a statistically significant decrease of 12.9% (p<0.001) from 10.5 visits per GP practice per week in 2015 to 9.1 visits per GP practice per week during the 2017 campaign period (Figure 1). For individual symptoms over the same period, there were statistically significant decreases in GP attendances for breathlessness (11% decrease, p<0.001, Figure 2) and other respiratory symptoms (9.9% decrease, p=0.039, Figure 2) but no statistically significant change for cough (1.3% increase, p<0.094, Figure 1).

Similarly, the target age group of patients (age 50 years and over) showed a 4.1% decrease (p<0.001) to 9.2 visits per GP practice per week during the 2017 campaign period, from 9.6 visits per GP practice per week during the same period in 2015.

By sex, age groups and socioeconomic groups, the only statistically significant increase during the campaign period in the number of GP attendances for all respiratory symptoms was for the least deprived <u>Townsend quintile</u> (4.0% increase, p=0.014).

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

² Data was not compared to the same period in the previous year (2016) as data for this period may be affected by the first national respiratory symptoms campaign which ran from 14 July 2016 to 16 October 2016.

Figure 1: Average number of GP attendances per practice per week for all respiratory symptoms, cough, and the control symptom (back pain), 5 January 2015 to 31 December 2017, England, all ages

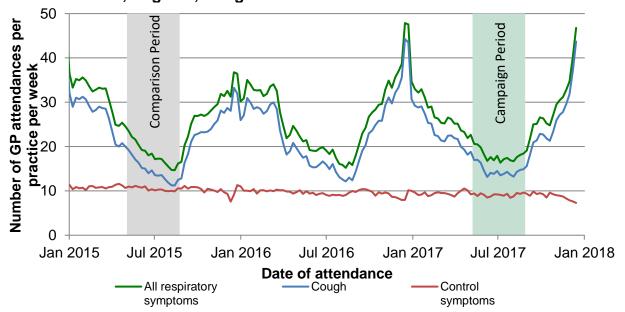
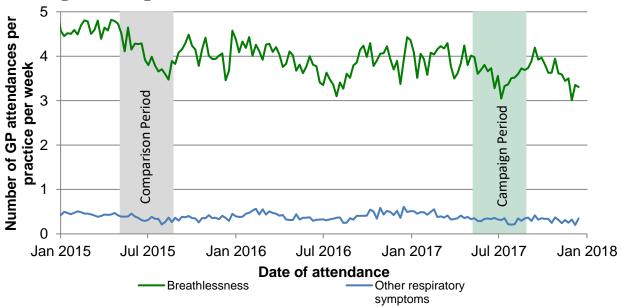


Figure 2: Average number of GP attendances per practice per week for breathlessness and other respiratory symptoms, 5 January 2015 to 31 December 2017, England, all ages



Conclusions

There was a statistically significant decrease in the number of GP attendances per practice per week for respiratory symptoms, however there was a larger statistically significant decrease observed for the control symptom of back pain.

There is no clear evidence to suggest whether the second national respiratory symptoms campaign had an impact on the number of GP attendances for respiratory symptoms.

Other metrics being evaluated include emergency presentations, the number of urgent GP referrals for suspected cancer, conversion rates, numbers of cancers diagnosed, and early stage at diagnosis.

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 and early stage at diagnosis).

Find out more about Be Clear on Cancer at: www.ncin.org.uk/be_clear_on_cancer
www.nbs.uk/be-clear-on-cancer/