



Be Clear on Cancer: Local skin cancer campaign, 2014

Caveats: This summary presents the results of the metric on emergency presentations. This is one of a series of metric summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation about the campaign is not included here as this requires a full evaluation of all the metrics. The full evaluation will be part of the final campaign report which will be published in due course. These metrics should not be considered in isolation.

Emergency Presentations

The campaign

A local skin cancer campaign ran from 16 June 2014 to 27 July 2014 in parts of the South West Strategic Clinical Network (SCN): Devon, Somerset and Cornwall.

The campaign's key message was:

- 'A change to a mole isn't the only sign of skin cancer – if you notice any unusual or persistent changes to your skin go to your doctor.'

Metric: Proxy for Emergency Presentations

The Hospital Episode Statistics (HES) derived emergency presentation metric is calculated from inpatient data and uses the methodology set out in the cancer outcomes metric specification.¹ It measures the proportion of diagnoses with melanoma skin cancer that first presented as an emergency.

Data were extracted on the 19 October 2016 for persons admitted in 2013 and 2014, in South West SCN, with primary diagnosis of melanoma skin cancer (ICD-10 C43). Numbers do not include persons diagnosed via other routes, for example outpatient or general practice settings.

For each month, the proportion was calculated as the number of first inpatient admissions with melanoma skin cancer presenting through an emergency route, divided by the total number of first inpatient admissions with melanoma skin cancer, multiplied by 100. Binomial confidence intervals were calculated using the Wilson score method. Results for the campaign year (2014) were compared with the previous year (2013).

¹ Public Health England. Indicator Specification: Proportion of cancer admissions diagnosed for the first time via emergency presentation. 2015.

Key messages

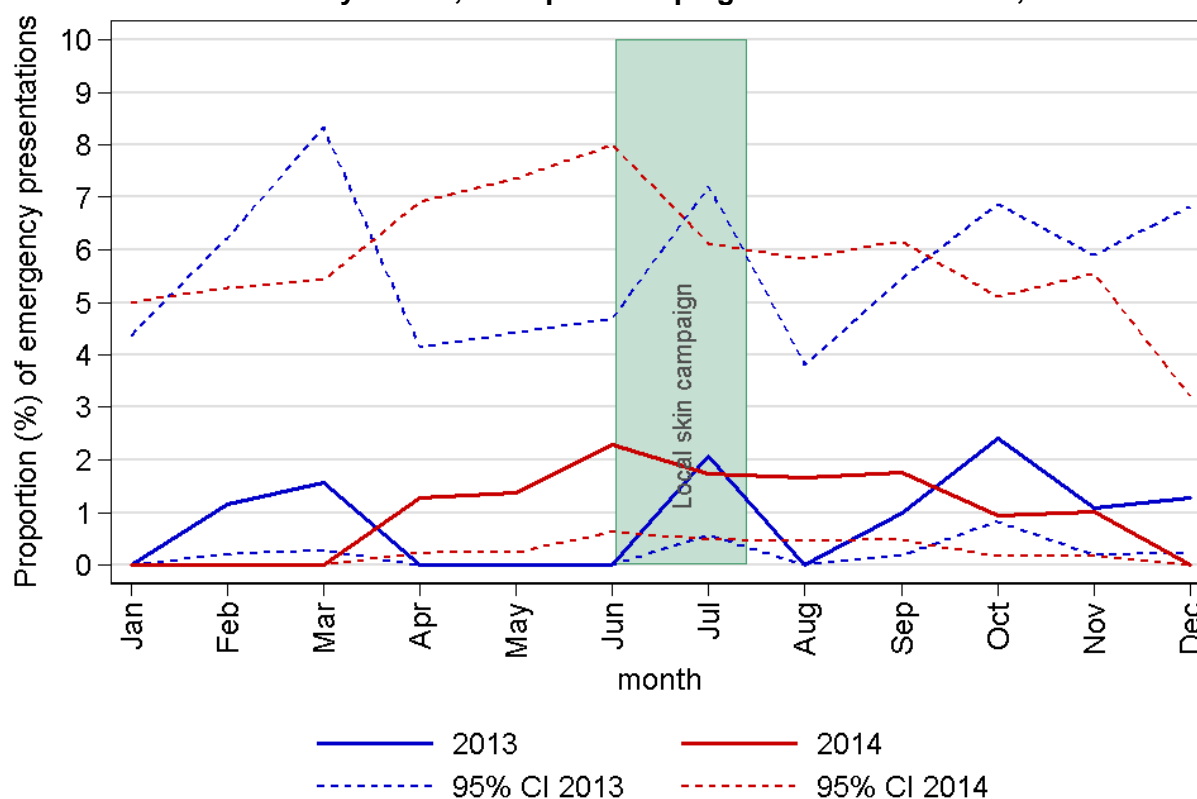
Based on the proxy measure, there was no significant change in the proportion of melanoma skin cancers diagnosed through emergency presentation in South West England for the campaign year 2014 compared to 2013.

Results

There were 1,074 persons with melanoma skin cancer admitted in 2013 and 10 were diagnosed through emergency presentation. In 2014, there were 1,118 and 12 respectively.

There were no significant differences in the proportions of melanoma cancers diagnosed via emergency presentation in South West SCN in 2014 compared to 2013 (Figure 1). The proportions of patients with melanoma skin cancer diagnosed via emergency presentation during the local skin campaign period were 2.3% in June and 1.7% in July compared to 0% and 2.1% for the same two months in 2013.

Figure 1: Proportion of emergency presentations and 95% confidence intervals for melanoma skin cancer by month, local pilot campaign – South West SCN, 2013 & 2014



Local skin campaign period 16 Jun - 27 Jul 2014

Source: NCRAS Cancer Analysis System & the PHE Admitted Patient Care HES database

Conclusions

There were no significant differences in the proportions of patients with skin cancer diagnosed via emergency presentation for the local campaign year 2014 compared with 2013.

Other metrics being evaluated include the Cancer Waiting Times referrals, conversion and detection rate, 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/