

Protecting and improving the nation's health

Be Clear on Cancer: Second national blood in pee awareness campaign, 2014

Caveats: This summary presents the results of the metric on urgent GP referrals for suspected cancer. 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.

Urgent GP referrals for suspected cancer

The campaign

The second national blood in pee awareness campaign ran from 13 October 2014 to 23 November 2014 in England.

The campaign's key message was:

 'If you notice blood in your pee, even it's just the once, tell your doctor.'

Key messages

The second national blood in pee awareness campaign appears to have led to an increase in the number of urgent GP referrals for suspected urological cancers.

Metric: Urgent GP referrals for suspected cancer

This metric considers whether the second national blood in pee awareness campaign had an impact on the number of urgent GP referrals for urological cancers, often referred to as two week wait (TWW) referrals. It uses data from the National Cancer Waiting Times Monitoring Data Set, provided by NHS England, presented by month first seen. As a previous wave of the blood in pee campaign ran nationally in 2013, the analysis compares the campaign and post—campaign period (October to December 2014) with the same three months in 2012.

Results

There is a clear increasing trend in the number of urgent GP referrals for suspected cancer, with a peak in referrals following the first national blood in pee awareness campaign in October to November 2013 (Figure 1). Comparing October to December 2014 with the same months in 2012, there was a 34% increase (p<0.001) in the number of urgent GP referrals for suspected urological cancers in England, from 36,551 to 49,105 referrals. In comparison, to consider the impact of the long-term increasing trend in urgent GP referrals for suspected cancer, there was a 24% increase over the same period in referrals for suspected head and neck cancers. There were increases for both males and females, and for all age groups.

20,000 18,000 16,000 14,000 Number of referrals 12,000 10,000 Second national campaign 8,000 First national campaign 6,000 4,000 2,000 Apr-2012 -May-2012 -Jan-2013 -Feb-2013 -Mar-2013 -Apr-2013 -May-2013 -Jun-2013 -Jul-2013 -Aug-2013 -Sep-2013 -Oct-2013 -Nov-2013 -Sep-2012 -Oct-2012 -Apr-2014 -May-2014 -Jul-2012 -Aug-2012 -Nov-2012 -Dec-2013 -Feb-2014 Dec-2012 Jun-2014 vug-2014 Sep-2014 Oct-2014 Jov-2014 **Jar-2014**

Figure 1: Monthly number of urgent GP referrals for suspected urological cancers, January 2012 to December 2014, England

Conclusions

The second national blood in pee awareness campaign appears to have had an impact on the number of urgent GP referrals for suspected urological cancers. When comparing October to December 2014 with October to December 2012, there was a 34% increase in these referrals.

Other metrics being evaluated include emergency presentations, conversion and detection rates, 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; 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

PHE publications gateway number: 2017093

Published: June 2017

2