

Protecting and improving the nation's health

Be Clear on Cancer: First national oesophago-gastric cancer campaign, 2015

Caveats: This summary presents the results of the metric on diagnostics in secondary care. 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.

Diagnostics in secondary care

The campaign

The first national oesophago-gastric cancer campaign ran from 26 January 2015 to 22 February 2015, in England.

The campaign's key message was:

<u>Key messages</u>

There was no statistically significant change in the number of X-rays and endoscopies carried out during or following the first national oesophago-gastric cancer campaign, when compared with the same period in 2014.

- 'Having heartburn, most days, for 3 weeks or more could be a sign of cancer – tell your doctor.'

Metric: Diagnostics in secondary care

This metric considers whether the first national oesophago-gastric cancer campaign had an impact on the number of imaging tests conducted by the NHS. These include X-rays and endoscopies conducted for suspected oesophago-gastric cancer and other medical conditions.

The data on the total number of X-rays and endoscopies conducted for suspected oesophago-gastric cancer and other medical conditions was obtained from the Diagnostic Imaging Dataset (DID) held on NHS Digital's iView system (<u>http://content.digital.nhs.uk/iview</u>). The data contains details of referrals by GPs, consultants and other referral types.

This metric compares the difference in the monthly number of X-rays and endoscopies between the analysis period of January to April 2015 and the comparison period of January to April 2014.

Results

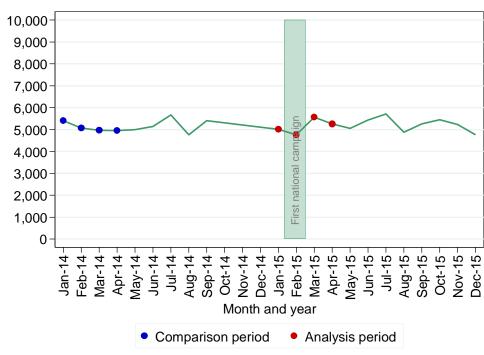
Comparing the months of January to April 2015 with January to April 2014 there was a 1.0% increase in the number of X-rays and endoscopies for individuals aged 50 and

over, and a 4.4% increase in the number of X-rays and endoscopies in all ages combined (Table 1). However, the changes in the number of X-rays and endoscopies were not statistically significant. Figure 1 shows that the trend in the number of X-rays and endoscopies was fairly stable from January 2014 to December 2015.

Table 1: Number of X-rays and endoscopies in January 2014 to April 2014 and January2015 to April 2015, England

Tests	Age group	January 2014 to April 2014	January 2015 to April 2015	Percentage change
Number of	50 and over	20,395	20,605	1.0
imaging tests	All ages	29,605	30,925	4.4

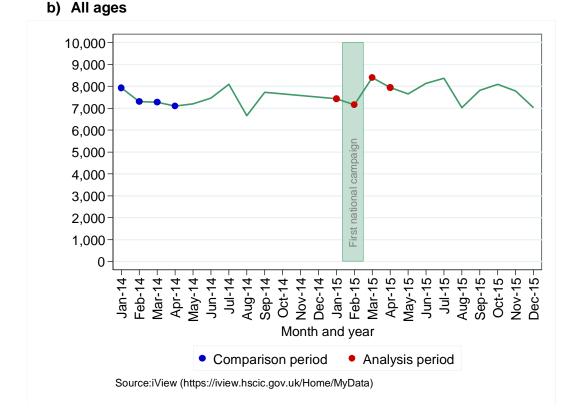
Figure 1: Monthly number of X-rays and endoscopies in January 2014 to December 2015, England a) 50 and over b) All ages



a) 50 and over

Source:iView (https://iview.hscic.gov.uk/Home/MyData)

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Conclusions

The first national oesophago-gastric cancer campaign did not appear to have an impact on the number of X-rays and endoscopies carried out, for people aged over 50 or for all ages.

Other metrics being evaluated include the Cancer Waiting Times referrals, 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, 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: <u>www.ncin.org.uk/be_clear_on_cancer</u> <u>www.nhs.uk/be-clear-on-cancer/</u>