



Be Clear on Cancer: Third national blood in pee campaign, 2016

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

GP attendances

The campaign

The third national blood in pee campaign ran from 15 February 2016 to 31 March 2016 in England.

The campaign's key message was:

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

Metric: GP attendances

This metric considers whether the campaign had an impact on the number people visiting a GP to report the symptom of visible blood in pee (macroscopic haematuria).

Data on GP attendances for blood in pee and a control symptom (back pain) were sourced from The Health Improvement Network (THIN) database for the period 6 October 2014 to 10 July 2016. The data was grouped into weekly samples and adjusted to account for bank holidays. Information on the number of GP practices submitting data each week (which decreased from 327 to 194 practices over the period considered¹) was also extracted, to enable the calculation of the average number of attendances per practice per week.

Analysis considered three periods; a twelve week pre-campaign period (23 November 2015 to 14 February 2016), a nine week campaign period (15 February 2016 to 17 April 2016) and a twelve week post-campaign period (18 April 2016 to 10 July 2016). It compared the average number of GP attendances per practice per week during these periods in 2015/16 with the same periods one year earlier, in 2014/15.

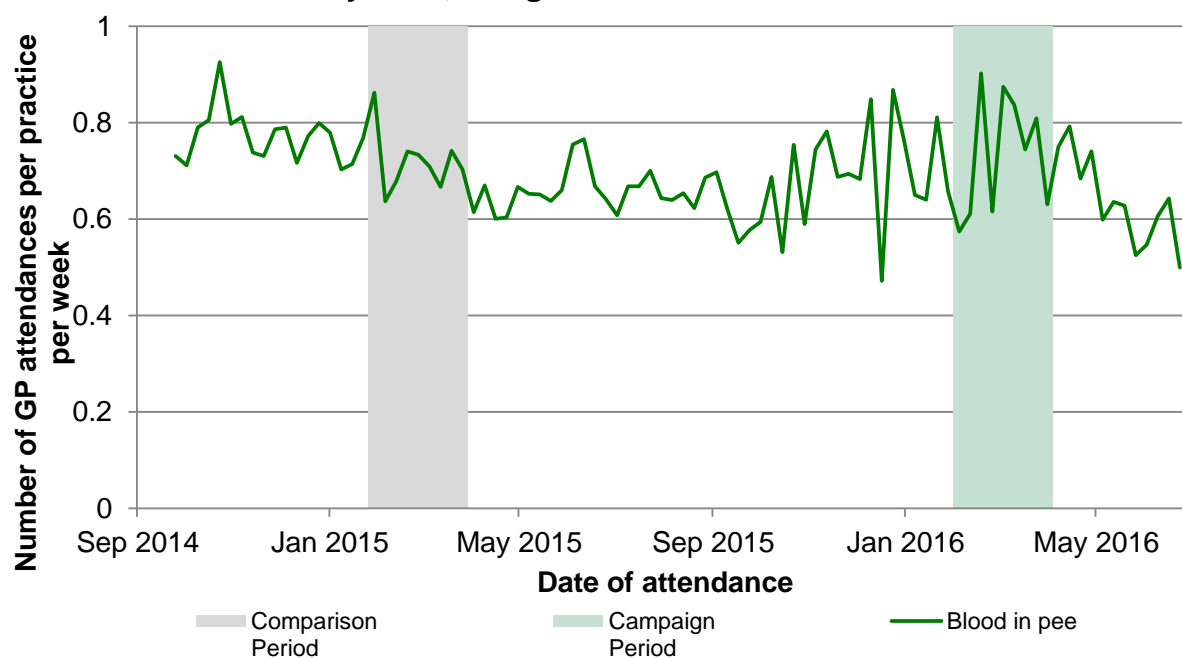
Results

The trend in the average number of GP attendances per practice per week for blood in pee shows variability before and during the third national blood in pee campaign (Figure 1).

Key message

The 2016 campaign does not appear to have had an effect upon the number of GP attendances for blood in pee, for people of all ages or those aged 50 and over.

Figure 1: Average number of GP attendances, per practice per week, for blood in pee, 6 October 2014 to 10 July 2016, all ages



Source: The Health Improvement Network

During the 2016 campaign period, the number of attendances for people of all ages for blood in pee symptoms slightly increased by 1.9%, when compared with the same period in 2015 (from 0.72 visits per practice per week in 2015 to 0.73 visits per practice per week in 2016), but this change was not statistically significant ($p=0.61$). Changes in the number of GP attendances for blood in pee symptoms for the pre-campaign and post-campaign periods, in comparison with the same periods in 2015/16, were not statistically significant.

In comparison, results for the control symptom (back pain) showed a statistically significant decrease (7.2% decrease, $p<0.001$), from 10.8 visits per GP practice per week in 2015 to 10.0 visits per practice per week during the 2016 campaign period.

During the campaign period the number of attendances for people aged 50 and over for blood in pee symptoms slightly decreased by 1.0%, from 0.52 visits per practice per week to 0.51 visits, but this was not statistically significant ($p=0.83$).

Conclusions

There were no statistically significant changes in the number of GP attendances with blood in pee symptoms during the third national blood in pee campaign, in comparison to the same period in 2015.

Other metrics being evaluated include the number of urgent GP referrals for suspected cancer, 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/

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