



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

Caveats: This summary presents the results of the metrics on inpatient admissions. 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.

Inpatient admissions

The campaign

The second national respiratory symptoms campaign ran from 18 May 2017 to 31 August 2017 in England.

The core campaign messages were:

- 'If you've had a cough for 3 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.'

Key message

There is no clear evidence to suggest that the second national respiratory symptoms campaign had an impact on the number of inpatient admissions for heart disease, COPD or dyspnoea.

Metric: Inpatient admissions

This metric considers whether the second national respiratory symptoms campaign had an impact on the number of inpatient admissions for men and women aged 50 years and over, and for all ages combined, with either heart failure, chronic obstructive pulmonary disease (COPD) or dyspnoea. The number of inpatient admissions for gastrointestinal disease was considered as a control.

The data on the total number of inpatient admissions for 2015 to 2017 was extracted from the Hospital Episode Statistics (HES) dataset held by Public Health England. The analysis period was defined as 2 weeks after the start of the campaign to 2 months after the end of the campaign (29 May 2017 to 29 October 2017), the comparison period was defined as the same weeks in 2015¹. The campaign was considered to have a possible impact if the difference in the number of inpatient admissions between the 2 periods was significant².

¹ 2015 was used due to the first national respiratory symptoms campaign which ran from July to October 2016.

² The likelihood ratio test was used to evaluate significance

Results

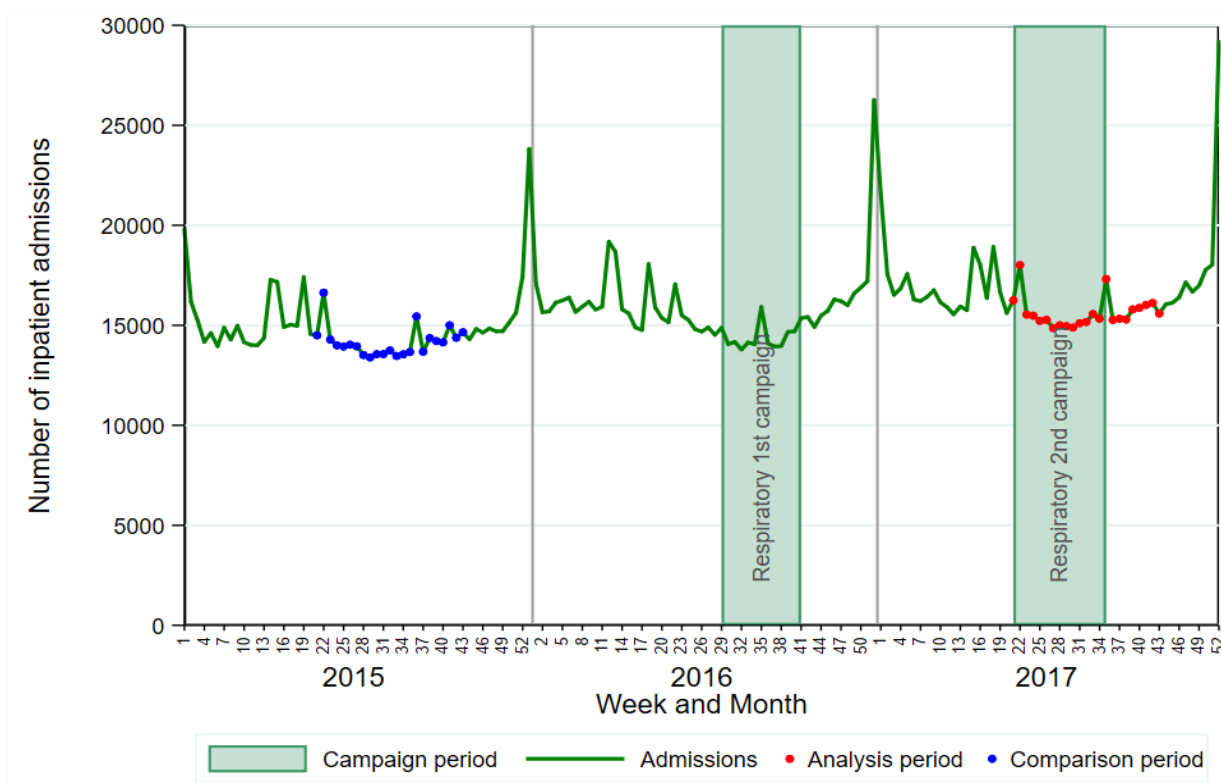
During the analysis period of 29 May to 29 October 2017, the number of inpatient admissions for heart failure, COPD and dyspnoea combined showed a statistically significant increase of 10.2% ($p<0.001$) for people aged 50 years and over and 9.9% ($p<0.001$) for people of all ages, when compared to the same period in 2015 (Figure 1). However there appears to be an increasing long-term trend in the number of inpatient admissions for these conditions.

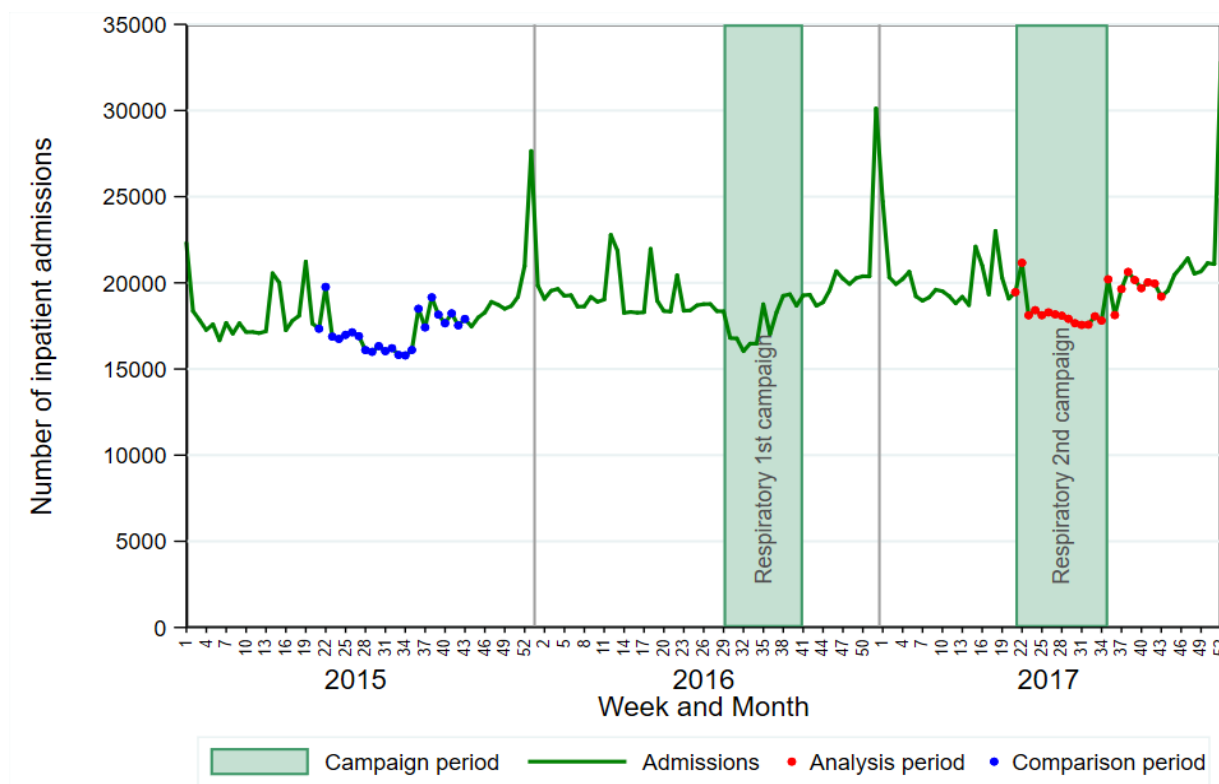
When each condition was considered separately, statistically significant increases in the number of inpatient admissions was observed when comparing the analysis period in 2017 to the same period in 2015:

- For heart failure the number of admissions increased by 9.4% for people aged 50 years and over ($p<0.001$) and 9.5% for people of all ages ($p<0.001$)
- For COPD the number of admissions increased by 11.0% for people aged 50 years and over ($p<0.001$) and 10.9% for people of all ages ($p<0.001$)
- For dyspnoea the number of admissions increased by 7.6% for people aged 50 and over ($p<0.001$) and 7.7% for people of all ages ($p<0.001$)

Results for the control group (gastrointestinal disease), comparing 29 May to 29 October 2017 with the same period in 2015, showed a statistically significant increase of 10.2% ($p<0.001$) for people aged 50 years and over and 10.1% ($p<0.001$) for people of all ages.

Figure 1: Number of inpatient admissions for those with either heart failure, COPD or dyspnoea in January 2015 to December 2017, England
a) 50 years and over



b) All ages

Produced by Public Health England.

Source: Hospital Episode Statistics (HES), NHS Digital. NHS Digital is the trading name of the Health and Social Care Information Centre.

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Conclusion

There was a statistically significant increase in the number of inpatient admissions for heart disease, COPD and dyspnoea, however this was in line with the long-term trend, and there was also a similar increase in the control group.

There is no clear evidence to suggest that the second national respiratory symptoms campaign had an impact on the number of inpatient admissions for heart disease, COPD or dyspnoea.

Other metrics being evaluated include Cancer Waiting Times referrals, conversion and detection rate, numbers of cancers diagnosed, and 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 stage at diagnosis).

Find out more about Be Clear on Cancer at:

- www.ncin.org.uk/be_clear_on_cancer
- www.nhs.uk/be-clear-on-cancer