



Be Clear on Cancer: Fourth national blood in pee campaign, 2018

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

GP attendances

The campaign

The fourth national blood in pee campaign ran from 19 July 2018 to 16 September 2018 in England.

The core campaign message was:

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

Key message

The fourth national blood in pee campaign appears to have had an impact on the number of GP attendances for blood in pee.

Metric: GP attendances

This metric considers whether the campaign had an impact on the number of 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 March 2017 to 24 March 2019. 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 177 to 116 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 (30 April 2018 to 22 July 2018), a ten-week campaign period (23 July 2018 to 30 September 2018) and a twelve-week post-campaign period (1 October 2018 to 23 December 2018). It compared the average number of GP attendances per practice per week during these periods in 2018 with the same periods one year earlier, in 2017.

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

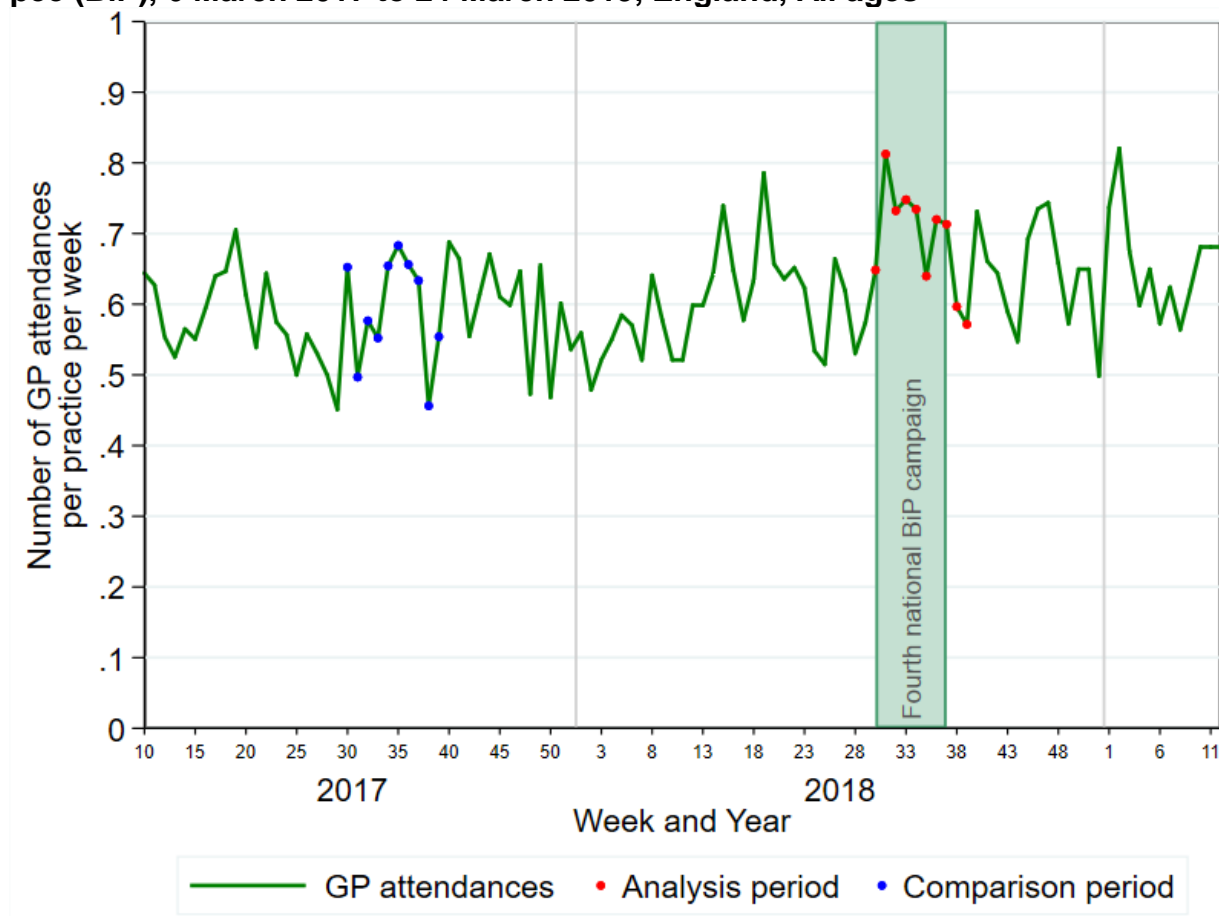
Results

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).

During the 2018 campaign period, the number of attendances for people of all ages for blood in pee increased significantly by 17.1%, when compared with the same period in 2017 (from 0.59 visits per practice per week in 2017 to 0.69 visits per practice per week in 2018, $p=0.002$). Changes in the number of GP attendances for blood in pee for the pre-campaign and post-campaign periods, in comparison with the same periods in 2017, were not statistically significant.

Results for the control symptom (back pain) showed a significant decrease (5.1%), from 9.3 visits per GP practice per week in 2017 to 8.8 visits per practice per week during the 2018 campaign period ($p<0.001$).

Figure 1: Average number of GP attendances, per practice per week, for blood in pee (BiP), 6 March 2017 to 24 March 2019, England, All ages

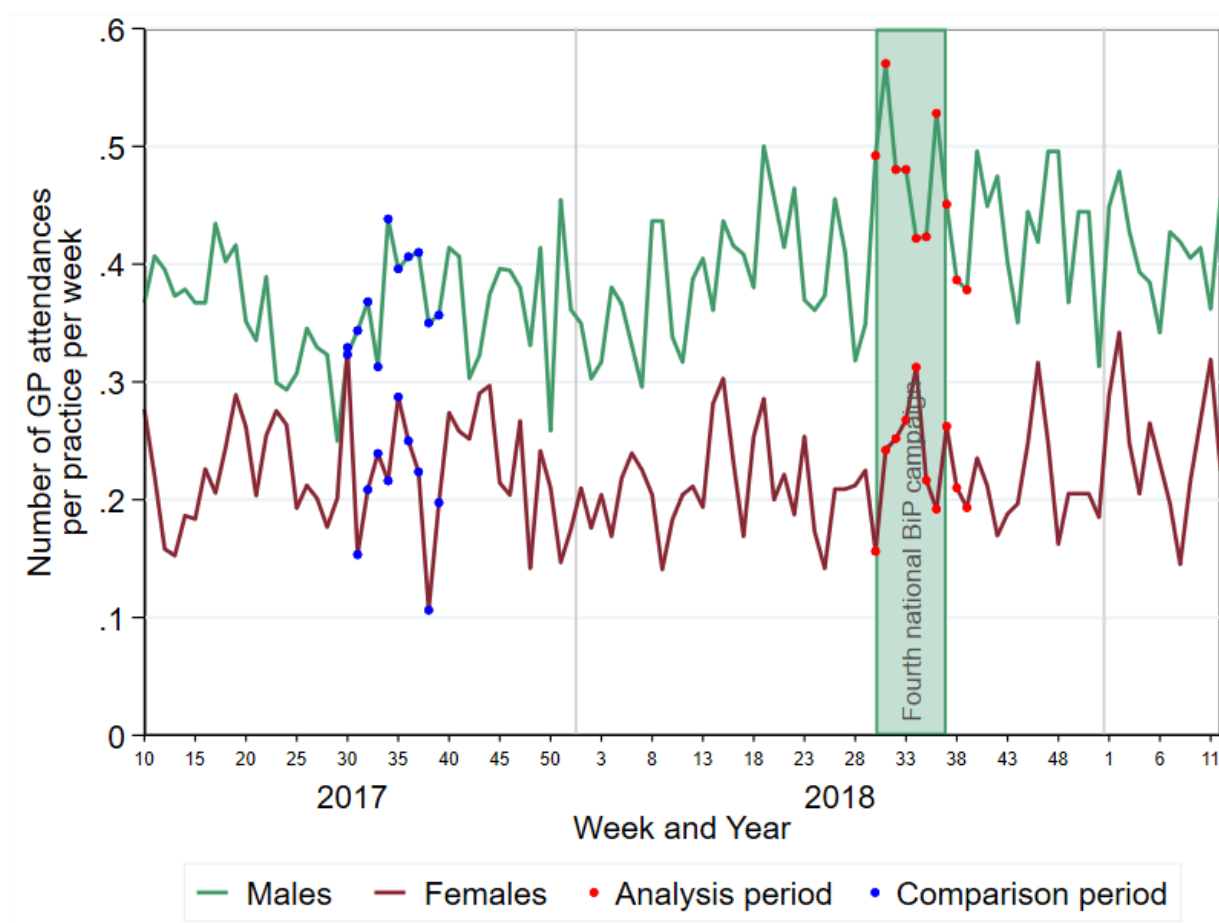


Source: The Health Improvement Network

During the 2018 campaign period, for people aged 50 and over, the number of attendances for blood in pee increased significantly by 13.6%, from 0.44 visits per practice per week to 0.50 visits ($p=0.028$). In comparison, there was a 4.9% significant decrease in attendances per week for the control symptom ($p=0.008$).

The largest proportional increases in the number of attendances for blood in pee were observed for people aged under 50, and 50 to 59 years. For these age-groups, there were statistically significant increases of 27.6% (0.15 to 0.19 visits per practice per week) and 28.7% (0.09 to 0.11 visits per practice per week), for persons aged under 50, and 50 to 59 years respectively, comparing the 2018 campaign period to the same period in 2017. In comparison, there were 5.2% and 4.1% decreases in attendances per week for the control symptom, for persons aged under 50, and 50 to 59 years respectively.

Figure 2: Average number of GP attendances by sex, per practice per week, for blood in pee (BiP), 6 March 2017 to 24 March 2019, England, All ages



For males, there were significant increases in the number of GP attendances for blood in pee during all three time periods, however the largest proportional increase was during the campaign period (24.8%) with smaller increases during the pre-campaign (20.1%) and post-campaign (18.7%) periods, in comparison with the same periods in 2017.

Conclusion

There was a statistically significant increase in the number of GP attendances for blood in pee, particularly for males and persons aged between 50 and 59, which appears to be above the long-term trend and above that of the control symptoms.

The fourth national blood in pee campaign appears to have had an impact on the number of GP attendances for blood in pee.

It is worth noting that in the same year that the campaign was run, two high-profile public figures announced their prostate cancer diagnoses. The increase in the number of GP attendances for blood in pee for males during the pre-campaign, campaign, and post-campaign periods may be related to the media coverage of the prostate cancer diagnoses for these two public figures. However, the increase in the number of GP attendances for blood in pee for males appears to be particularly heightened during the campaign period.

Other metrics being evaluated include urgent GP referrals for suspected cancer, cancers diagnosed from an urgent GP referral, cancers diagnosed in the Cancer Waiting Times data, diagnostics in secondary care, 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/