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To: Trust Chief Executives
Clinical Commissioning Group Leaders
Directors of Public Health

Copied to: NHS Foundation Trust Chief Executives
Strategic Clinical Network Directors
PHE Centre Directors

Dear Colleague

Be Clear On Cancer - looking ahead to 2013/14

1. We are writing to:
 - let you know about our provisional plans for 2013/14 for campaigns to promote earlier diagnosis of cancer
 - update you on key evaluation results from some of the campaigns to date.
2. In order to support earlier diagnosis of cancer and improve survival rates, the Department of Health has been running a series of *Be Clear on Cancer (BCOC)* campaigns since 2010/11 - to improve public awareness of the symptoms of cancer and to urge people with these symptoms to present promptly to their GP. Details of all the campaigns, and a brief summary of their evaluation results, are set out in Annex A.

Going forward 2013/14

3. Public Health England will take the lead on the design and execution of the *BCOC* campaigns from 1 April, working in partnership with the Department of Health and the NHS Commissioning Board.

National lung cancer reminder campaign – July 2013

4. Based on the evidence from the 2011 regional pilot and the 2012 national lung cancer awareness campaign, the plan is to repeat the national campaign

from the beginning of July 2013. Initial results from the national 2012 campaign showed:

- statistically significant increases in unprompted awareness of cough/hoarseness (41% to 50%) and persistent/prolonged cough (12% to 15%) amongst the target audience
 - an increase of approximately 30% in two week wait referrals for suspected lung cancer in the campaign months, compared with the same period in the previous year, with the bulk of additional referrals in the over 50s. The increase was greatest in July (45.8%), the month after the campaign had ended.
5. Data on cancers diagnosed and staging are not yet available following the national campaign, but analysis of national lung cancer audit data following the regional lung campaign, piloted in the Midlands region at the end of 2011, has shown some encouraging results:
- Trusts within the campaign area saw a 14% increase in lung cancer cases (excluding mesothelioma) diagnosed for the period October to December 2011 compared with the same period in the previous year, whereas there was only a 4.7% increase in Trusts outside the pilot area
 - significantly more small cell lung cancers (SCLC) staged as “limited” and a trend towards earlier stage at diagnosis of non-small cell lung cancer (NSCLC) - these results were not seen in the non-campaign Trusts
 - campaign Trusts also saw a statistically significant increase in surgical resections which was not replicated in the non-campaign Trusts.
6. Results from our awareness tracker following the bowel cancer reminder campaign, which ran August-September 2012, suggest that running reminder campaigns can further enhance cancer symptom awareness and there is evidence of building brand awareness. We therefore want to build on the success of the previous lung cancer campaign activity by running a top-up campaign.
7. The national reminder lung campaign will include TV, radio and press advertising. We will continue to use the previous messaging: *if you have had a cough for 3 weeks or more, then tell your doctor*. We will probably run BCOC events in venues such as shopping centres, as for previous campaigns. Strategic Clinical Networks and local authorities might wish to run additional local activity (materials to help run such community engagement activity are available on the [NAEDI webpages](#)).

Other national and regional activity

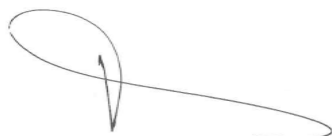
8. We are looking also to run a further national campaign in autumn 2013 and two regional campaigns in early 2014. The decision on which campaigns will be run will be taken once we have further evaluation data from this year's campaigns, but we would expect:

- the national one to be a scaling up of either the blood in urine or breast cancer in women over 70s regional campaigns or another reminder bowel campaign
 - the regional campaigns to be either the Know4sure (ie based on four key cancer symptoms), ovarian or oesophago-gastric cancer campaigns.
9. We plan to decide on the autumn campaign early in June and the regional campaigns later in the Summer. We are not planning to develop any new campaigns in 2013/14, ie there will not be any further local pilots. We will write to you again as the campaigns and exact dates are finalised.

Preparations

10. We are keen to review the impact of the campaigns so far and gain feedback from key stakeholders who have been involved. We are therefore holding meetings and phone calls over the coming months to ensure this valuable information is captured and to help inform the programme going forward.
11. We are also running two “briefing” events for 2013/14 in the second half of April, invitations to which have already been sent out. At those events, we will present projections about likely increases in presentations to GPs, requests for X-rays and use of the urgent suspected cancer pathway as a result of the lung cancer campaign planned for July. In due course, we will also provide projections for the other campaigns running in the next financial year.
12. Following the events, NHS Improving Quality (the new service improvement organisation within the NHS Commissioning Board) will work further with Strategic Clinical Networks to help ensure the NHS and local authorities are prepared for the forthcoming campaigns.
13. For more information, or if you have any queries, please contact Karen Iles in the DH Public Health Team (Karen.iles@dh.gsi.gov.uk).
14. Finally, we would like to thank you for your support with BCOC campaigns to date and look forward to working together in delivering the 2013/14 programme.

Yours sincerely



Dr Felicity Harvey
Director General, Public Health
Department of Health



Professor Sir Mike Richards
Director for Reducing Premature Mortality (Domain 1)
NHS Commissioning Board



Professor Kevin Fenton
Director for Health and Wellbeing
Public Health England

Annex A

Past and current *Be Clear on Cancer (BCOC)* campaigns

2010/11

Local pilots

BCOC breast, bowel and lung materials developed centrally and piloted locally (variable timescales) – 50% of the local pilots used the BCOC materials

Regional pilot

Bowel - January to March 2011

2011/12

Local pilots

- Blood in pee – Jan to March 2012 (3 pilots)
- Breast cancer 70+ – end 2011 to April 2012 (7 pilots)
- Oesophagogastric – April to July/August 2012 (7 pilots)
- Lung – March to August 2012 (1 pilot)

Regional pilot

Lung - Oct to Nov 2011

National campaign

Bowel – January to March 2012

2012/13

Local pilots - January to March 2013

- Ovarian - Anglia and Essex, Thames Valley, Yorkshire and NE Yorkshire and Humber, North Trent
- Cancer symptoms/Know4sure - North Central London and North East London, Lancashire and South Cumbria and Greater Manchester and Cheshire, Central South Coast

Regional pilots - January to March 2013

- Breast 70+ regional pilot (Central TV region)
- Blood in pee regional pilot (Borders and Tyne Tees TV region)

National campaigns

- Lung – May to June 2012
- Bowel reminder (lower level of media activity) – August to Sept 2012

Reminder regional extensions to national bowel campaign

- Bowel extension central media only (Yorkshire TV region) - August to mid-March 2013
- Bowel extension community engagement (collaborative 1 - Lancashire and South Cumbria, Greater Manchester and Cheshire, Merseyside and

Cheshire; collaborative 2 – North Central London and North East London) – late autumn 2012 to mid-March 2013)

Results

Key findings from our national campaigns demonstrate the success of the Be Clear on Cancer campaigns, for example the first national bowel cancer awareness campaign ran from January to March 2012 and contributed to:

- a significant increase in recall of key symptoms of bowel cancer - unprompted awareness of blood in stools (27% to 42%) and loose bowel motions (10% to 23%)
- a 29.3% increase in attendances to general practice (a measure of behaviour change) amongst patients over 50 with the campaign related symptoms. The number of attendances by men reporting campaign-related symptoms during the campaign period increased by 37.3%, compared with 21.9% for women. In terms of age profile, women visiting for directly linked symptoms had an older age profile than did men
- an increase of 40% in two week wait referrals for suspected lower gastrointestinal cancer between February and April 2012 compared with the same period in 2011, with the increase maintained at 40% to June 2012. The large majority (85%) of the referrals in the campaign months were in the over 50 age range
- a drop in conversion rate (referrals subsequently diagnosed with cancer) for the period February to April 2012 compared to the same period in 2011 (5.9% to 4.7%), but a small increase in the detection rate (proportion of treated cancers diagnosed through the two week wait pathway) for March to May 2012, from 36% to 38%
- a significant increase in activity for both colonoscopy and flexible-sigmoidoscopy coinciding with the timing of the campaign, and while there was no overall impact at a national level on long waits, some providers have reported challenges in managing local demand for endoscopy services.

Bowel reminder campaign awareness evaluation:

- a significant increase in recall of key symptoms of bowel cancer - unprompted awareness of blood in stools (32% to 44%) and loose bowel motions (14% to 25%), indicating a fall in awareness levels between national campaigns but not to the level of the pre first national campaign tracker, and additional improvements in awareness associated with repeat activity
- prompted logo recognition at 41% at post (compares with 29% at post survey of first national bowel campaign, and 39% at post survey of national lung)
- an increase of 29% in two week wait referrals for suspected lower gastrointestinal cancer in Sept-Oct 2012 compared with the same period in 2011.