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To: All Trust Chief Executives
All Primary Care Trust Chief Executives

Copied to:

NHS Foundation Trust Chief Executives
Cancer Network Directors
Strategic Health Authority Cancer Leads
Strategic Health Authority Directors of Performance

Dear Colleague

CANCER EARLY DIAGNOSIS CAMPAIGNS

I am writing to let you know about our plans for the rest of 2012/13 to run campaigns to promote earlier diagnosis of cancer.

Background

As you know, the Government has set out an ambition to halve the gap between the survival rates in the best countries in Europe compared with the survival rates in England, by 2014/15. This has been estimated as saving an additional 5,000 lives per year. It is generally agreed that a major cause of our lower survival rates is later diagnosis of cancer, and so we have been focussing much of our effort on improvements in screening and early diagnosis of symptomatic cancer.

Funding was put into PCT baselines for this Spending Review to meet the additional costs of the extra tests and treatments that would be needed to deliver earlier diagnosis of symptomatic cancer. To support the NHS, we have run a range of campaigns to raise public awareness of symptoms which could be cancer, and to urge those with persistent symptoms to present promptly to their GP We have tested these campaigns at local and regional level, and run national bowel and lung campaigns. We are evaluating all the campaign work and putting this evaluation into the public domain as soon as possible.

The NHS needs of course to prepare for the campaigns, and so we have at all stages given primary and secondary care services advanced notice about our plans and provided support for them. For example, before the national bowel cancer campaign we provided projections about likely increased demand for endoscopy and Cancer Networks have provided support for GPs.

Results from the national bowel campaign that ran at the end of January to March 2012

We are still receiving a range of data to assess the impact of the national bowel campaign earlier this year, however an analysis of the number of urgent GP (two week wait) referrals for colorectal cancer and endoscopy activity (source: DMO1) shows:

- there was an increase in the number of two week wait referrals for suspected colorectal cancer in February and March 2012. This increase was against an underlying trend in increasing referrals numbers;

- two week wait referrals for suspected colorectal cancer increased by around 50% in those regions which had not previously been involved in the pilot campaigns;

- the East of England (which was one of the two pilot regions) observed a 48% increase in two week wait referrals for suspected colorectal cancer but the increase in the other region (South West) was only 5.5%;

- the large majority (80%) of the extra referrals were in the 50+ age range;

- a statistically significant increase in activity for both colonoscopy and flexible-sigmoidoscopy when comparing April-January 2011-12 and February-April 2012. There was a growth in demand in 2011, which was largely reflected in an increase in the number of patients waiting at least four weeks. The growth in demand from February 2012 is reflected in an increase in activity; and

- at a national and SHA level there has been no overall impact on long waits for symptomatic patients for colonoscopy and flexible-sigmoidoscopy tests. There has been little additional impact in regions that were in the bowel cancer awareness pilot.

Plans for the rest of 2012/13

It has always been recognised that we need sustained effort to deliver earlier diagnosis of cancer and we want to keep running these campaigns so the key messages become well embedded. So we plan to repeat the national bowel cancer campaign from 28 August for 4 weeks. This will be a ‘low weight’ campaign, ie less TV advertising than before and it will finish before the winter.

We also want to make sure that we run campaigns that work and so we will be testing different campaign approaches. After the one month national campaign in August/September, we will extend it with further advertising in specific areas of the country (with a suitable break to avoid any pressure over Christmas) and test out the

impact of a sustained campaign. We will also be funding a range of community engagement work again in specific regions of the country, in order to test out the impact of local level non advertising work compared with paid for advertising. The relevant Cancer Networks who have agreed to either host or run these campaigns will work with their commissioners and providers to help prepare as necessary.

In addition, from January to mid-March 2013, we will be running regional pilots of our previously tested local campaigns on blood in urine and on breast cancer symptoms in women over 70, and will be testing some local campaign activity for ovarian cancer and for a "constellation" of symptoms, so that we can see the scope to tackle late diagnosis of cancer more generally, rather than running site-specific campaigns. Again, the relevant Cancer Networks will work with their local commissioners and providers on these pilots. These campaigns are part of a national partnership programme to improve outcomes, including support for primary care, access to diagnostics, and contributions by national charities and professional organisations.

A summary of the campaigns and the Cancer Networks regions where they will run is attached for your information.

Preparation for the repeat national bowel campaign in August/September

We know from the previous national campaigns that the extra attendances at GP surgeries are quite manageable, but that the referrals on to secondary care can result in significant pressure. As reported above, early data from the national bowel campaign does show an overall increase in activity (both referrals to secondary care and endoscopy activity) however the impact second time round might be less acute as seen by the reduced increases in referrals in one of the original pilot regions. In addition, there will be a reduced level of TV advertising in the repeat campaign and we know that TV is the key medium for driving up activity. Nevertheless, it is important that NHS commissioners and providers plan for the additional demand on secondary care services and continue to review this part of the cancer pathway.

For more information or if you have any queries, please contact Jennifer Benjamin in the DH Cancer Policy Team (jennifer.benjamin@dh.gsi.gov.uk).

Yours sincerely

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National Clinical Director for Cancer