



Dr Terry Bowley

Bowel cancer: How GPs can continue to support the campaign

We need your ongoing help with earlier diagnosis of cancer.

What is Be Clear on Cancer?

Be Clear on Cancer aims to improve early diagnosis of cancer by raising awareness of symptoms and encouraging more people to see their GP earlier.

The Department of Health reviews the latest evidence and engages with experts to establish which tumour types to focus on. It tests campaigns locally and regionally, before they are rolled out more widely. Be Clear on Cancer has promoted bowel and lung cancer at a national level. It has also been used in local and regional pilots to raise awareness of other cancers, including breast, bladder and kidney cancers.

What activities will be taking place and when?

A national campaign will run on TV and radio from 28 August until the end of September, again highlighting the symptoms of **blood in poo or looser poo for 3 weeks or more**. As this is a 'reminder' campaign, there will be less advertising than in January to March 2012, when 94% of the target audience were likely to have seen the TV advert 16 times. This time, 82% are likely to see the advert 10 times.

Three areas of England will also pilot different approaches to keep the campaign running until mid-March 2013.

Who is the campaign aimed at?

Men and women from lower socioeconomic groups over the age of 55 and their key influencers, such as friends and family.

Why does the campaign say three weeks when NICE Guidelines state six weeks?

There is no intention to change the NICE criteria as part of this campaign.

It is hoped that this shorter timescale will encourage people with potentially serious symptoms to go and see their GP promptly. GPs will of course need to exercise their clinical judgement. Not every patient who presents to their GP with these symptoms should be referred using an urgent two-week referral. Standard outpatient referral and/or straight to test referrals may also be appropriate for some patients.

How will the campaign improve detection and survival rates?

Professor Sir Mike Richards, National Cancer Director, explains: "We have always recognised that we won't solve the problem of low cancer survival rates overnight. Achieving earlier diagnosis of cancer is complex and, as well as improving treatments and access to diagnostics, it's important to keep running these campaigns to sustain the public's awareness of the key symptoms and to promote earlier presentation to primary care services. Early results from Be Clear on Cancer are encouraging - we're seeing positive changes in the target audience in terms of raised awareness and a manageable increase in attendances in primary care and urgent GP referrals."

Initial findings following the first national campaign earlier this year include:

- Statistically significant increases in the public's unprompted awareness of blood in poo (27% to 42%) and looser poo (10% to 23%);
- Increase in urgent referrals to hospitals compared to the same period in the previous year – more than 85% of the referrals were in people aged over 50.

Data on numbers of cancers diagnosed and staging are to follow as these become available. Results from the regional pilot are available now.

Supported by

More about bowel cancer

- Around 34,000 people are diagnosed with bowel cancer in England every year and around 13,200 people die from the disease
- Over 93% of bowel cancer patients diagnosed with the earliest stage of disease survive five years compared with less than 7% of those diagnosed with advanced disease
- An estimated 1,700 deaths from bowel cancer could be avoided each year if survival rates matched the best in Europe

‘During the last campaign, we found practice team meetings were perfect for getting everyone up to speed on the activities and discussing what we were all doing to prepare for any extra appointments or queries. As GPs, we’re the ones who decide on the best course of action for an individual patient, but it takes every member of the team to get that patient to the point where they’re sitting in my consultation room talking to me about their concerns and possible symptoms.’

Dr Terry Bowley, GP

Bowel cancer reminders

You might find it helpful to keep these reminders easily accessible throughout the campaign.

Bowel cancer symptoms

These can include (either alone or in combination):

- Rectal bleeding
- A persistent change to normal bowel habits
- Abdominal pain or tenderness
- Right lower abdominal mass or palpable rectal mass (intraluminal and not pelvic)
- Weight loss
- Unexplained iron deficiency anaemia

Screening and surveillance

This campaign focuses on symptomatic cancer, but it is also an ideal opportunity to encourage any patients aged over 60 to return their screening kit. The [NHS Bowel Cancer Screening Programme](#) will notify you when invitations are being sent out in your area.

Remember, if a patient presents with symptoms, it's reasonable to make an urgent two-week referral in accordance with NICE guidelines, even if they have just returned their screening kit or have recently had a negative result.

You may have a few patients with concerns about family history. You can direct them to local genetics clinics or signpost to [more information](#).

Assessment and referral

There's lots of information to support you with this early diagnosis activity, including the [NICE referral guidelines](#), an [online educational tool](#) by NICE/BMJ Learning, and [Primary Care Risk Assessment Tools](#).

Your [Cancer Network](#) has a GP lead and can give you further information relating to your local area.

What to expect

GP attendance data for the first national campaign will follow soon, but the 2011 regional pilot resulted in an average of one additional patient with relevant symptoms per practice per week. You may not have an initial rush of patients, but see more coming through a few weeks into the campaign.

What about the impact on secondary care?

Cancer Networks are working with local providers to prepare for any increases in demand. Following the first national campaign, urgent referrals increased and [initial analysis](#) shows an increase in colonoscopy and flexible-sigmoidoscopy. But, there was no overall impact on long waits or length of time on the waiting list for either test.

Three things you can do:

1 Be mindful. The campaign may prompt people who have previously ignored their symptoms to come along to your surgery. But they may be embarrassed, not find it easy to communicate their symptoms or worry they're wasting your time.

2 Make the most of available support. Visit the [NAEDI website](#) to access a range of resources, such as [Direct access to diagnostic tests for cancer: best practice referral pathways for general practitioners](#).

3 Encourage your colleagues to support the campaign. Practice managers, receptionists and nurses all have an important role to play. There's a separate factsheet for practice teams. Ensure they are briefed and supportive of the campaign.

Find out more

- Visit www.naedi.org/beclearoncancer for more information for health professionals
- The public-facing website for Be Clear on Cancer is www.nhs.uk/bowelcancer
- Visit www.bowelcanceruk.org.uk