



How NHS services can prepare for the ongoing national bowel cancer campaign

We need your continued help with earlier diagnosis of cancer.

How does Be Clear on Cancer help the NHS deliver improved outcomes?

The Department of Health's 'Improving Outcomes: A Strategy for Cancer' set out the ambition to prevent 5,000 deaths from cancer per year by 2014/2015, bringing survival rates in England up to the average for Europe. In line with this, there are indicators in the NHS Outcomes Framework on breast, bowel and lung cancer survival rates. Be Clear on Cancer is one of a number of actions to support the NHS to improve survival rates, by tackling late diagnosis through raising awareness of symptoms and encouraging more people to see their GP earlier.

Is there support for Be Clear on Cancer?

When surveyed after the first national campaign, 92% of the public and 89% of GPs believed it was important that 'ads like this are shown'.

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 2012, 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. However, there will be a break from 23 November to 7 January 2013 to avoid putting additional pressure on services at an already busy time of year.

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.

Will urgent GP referrals increase as a result of the campaign?

During the first national campaign, there was a 41.6% increase across England in urgent GP referrals for suspected bowel cancer compared with the same period in the previous year.

However, it's important to keep in mind that the increase varied a lot across SHAs, and that the two areas that had piloted the campaign in 2011 experienced lower levels of increase: East of England saw an increase of 27.8%, whilst the South West saw a 5.5% increase.

We are continuing to monitor the available data. Remember, there will be less advertising this time, so the increase may not be the same.

When will my trust see an increase in urgent GP referrals?

It's difficult to say, as the impact differs across the country. You may not notice the effect of the campaign straight away – you might see more referrals coming through a few weeks into the activity.

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More about bowel cancer

- **Around 34,000 people are diagnosed with bowel cancer in England every year, more than 30,000 of whom are 55 and over**
- **Around 1,700 deaths could be avoided each year if bowel cancer survival rates were as good as the best in Europe**

‘Ahead of the last campaign, we looked carefully at our capacity and planned how we were going to meet any extra demand on endoscopy services. We monitored referrals and, using this information, forecast possible impact on our local services. By working closely with our neighbouring NHS Trusts, we were able to prepare for and manage the impact of additional referrals from GPs.’

Ann Blake, Acting General Manager, East and North Hertfordshire NHS Trust

How will this impact on endoscopy services?

Before the first national campaign earlier this year, the Department of Health modelled the impact of a range of factors (e.g. age extension of bowel cancer screening and increased testing of symptomatic patients) on the demand for endoscopy. The conclusion was that the NHS needed to plan for a year on year increase of around 10% – 15% (i.e. around 120,000 more lower GI endoscopies each year) for five years.

Following the national campaign, 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.

How many extra colonoscopies and flexible-sigmoidoscopies are likely to be needed for the ‘reminder’ campaign?

A review of March 2012 activity showed that, nationally, there were around 7,000 additional colonoscopies and around 2,500 additional flexible-sigmoidoscopies compared to March 2011. The activity varied across SHAs.

For the national ‘reminder’ activity the Department of Health estimates that the average sized trust should plan to be able to offer 20 extra diagnostic colonoscopies per month from August 2012 to meet the anticipated growth in demand.

Colonoscopy is a key diagnostic test for patients presenting symptomatically with bowel cancer. The colonoscopy rate in England (8 per 1,000 population) is low compared to other countries, including neighbouring Scotland where rates are 12 and Australia where rates are 22 per 1,000 population.

Who is funding the additional endoscopy tests?

In 2012/13, £136 million has been put into PCT baselines for promoting awareness and early diagnosis, including additional costs of diagnostic tests and treatment.

Will there be any impact on other services?

This campaign focuses on symptomatic cancer, but you may see a change in screening uptake.

Is the campaign improving detection and survival rates?

We intend to look at the numbers of cancers diagnosed, staging and, in future, survival rates following the first national campaign, but these data are not yet available. It will take time for this information to come through, but we will continue to update NHS teams. Results from the regional pilot are available now. We need to sustain the campaign in advance of getting detailed information about impact, as continued activity is essential for bringing about behavioural change.

Three things you can do

- 1 Brief colleagues.** Service managers, multi-disciplinary teams and clinicians all need to be aware of this campaign and when activities are running in your area. Ensure everyone is briefed and prepared for an increase in activity.
- 2 Capacity planning.** It's vital that you plan for any increases in urgent GP referrals, colonoscopies and flexible-sigmoidoscopies, and prepare for any additional clinics or sessions that might be required. Take a look at your trust's activity levels during and after the January – March 2012 campaign to identify trends and anticipate the possible impact.
- 3 Make the most of available support.** Your local Cancer Network has information on the current bowel campaign and their clinical leads will be able to support you in planning for any potential impact of these activities. They might be able to support you to work with other trusts in your area to help meet demand.

Find out more about Be Clear on Cancer

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