



Department
of Health



Public Health
England

NHS
England

Gateway reference: 02229
PHE gateway reference : 2014-332

To:
CCG Clinical Leads
Strategic Clinical Network Associate Directors
Local Authority Chief Executives
Directors of Public Health
Public Health England Centre Directors
Foundation Trust Chief Executives & Medical Directors
Trust Chief Executives & Medical Directors

Cc:
NHS England Regional Medical Directors
Clinical Commissioning Group Accountable Officers
Area Team Directors

18 September 2014

Dear colleague

October 2014 – March 2015 - *Be Clear on Cancer* symptom awareness campaigns

We are writing to update you on the campaign plans, including to:

- provide you with the latest data to help you plan for the national 'blood in pee' reminder campaign running from 13 October to 23 November
- announce the decision to run a national oesophago-gastric cancer campaign from 26 January until the end of February
- update you on a local pilot running in London on prostate cancer in black men from 20 October to 23 November
- alert you to two non-cancer symptom awareness campaigns: a regional breathlessness pilot in the East of England and a local inflammatory arthritis pilot (location to be confirmed)
- highlight the availability of campaign specific briefing sheets for Trusts, GP practices, community pharmacies and others, to help support the campaigns
- ask you to cascade this information locally.

National 'blood in pee' campaign

1. The *Be Clear on Cancer (BCOC)* national 'blood in pee' reminder campaign is running from 13 October to 23 November.

2. The campaign will be targeted at men and women aged over 50. The campaign will run on TV, radio, digital and out-of-home media, and there will also be road show events. The key message of the campaign is: *'If you notice blood in your pee, even if it's 'just the once', tell your doctor'*.
3. The decision to run a 'blood in pee' reminder campaign at a national level is based on positive evidence from the evaluation of the regional campaign and encouraging initial evaluation results from the first national campaign which ran October to November 2013. We reported on changes in symptom awareness and referral activity in our [May 2014 letter](#). We now have additional data from the national 'blood in pee' campaign which demonstrates impact on diagnosed cases. Specifically from October–December 2012 to October–December 2013, in England, the number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers increased by 8.2%, 22% and 14% respectively, with the largest changes seen in those aged 70-79.

National oesophago-gastric cancer campaign

4. The national oesophago-gastric cancer campaign will run from 26 January to the end of February. The campaign is aimed at men and women aged 50 years and over and focuses on key symptoms of oesophageal and stomach cancers.
5. The campaign plans are still to be finalised but are likely to include TV, radio, press, digital and out of home advertising. There may also be road show events.
6. The key message will be: *'Having heartburn, most days for 3 weeks or more, could be a sign of cancer - tell your doctor'*. A second message will be: *'Food sticking when you swallow could be a sign of cancer – tell your doctor'*.
7. The decision to run this campaign was based on the results from the regional campaign which ran in the Northern England Strategic Clinical Network region from February to March 2014. The results provided evidence of a significant impact, showing that, within the regional pilot area, there was a 52% increase in urgent GP referrals for suspected upper GI cancers, for February–April 2014, compared to the same months in 2013. This compares to an increase of 17% in the control area.
8. It is acknowledged that this campaign will impact on endoscopy services. By providing early warning we hope that you can put in place any necessary temporary arrangements to cope with any peak in requirements. Also, to help cope with additional pressures:
 - we will provide information about the learning from the regional pilot with examples of how they managed the extra pressure, particularly around their pathways from primary to secondary care
 - the briefing sheets for primary care will make clear that it is for GPs to use their clinical judgement whether or not the symptoms of a patient require onward referral to secondary care
 - the campaign will run for only four weeks, rather than the normal six weeks.

Local – prostate cancer in black men

9. Prostate cancer in black men (African and African-Caribbean) has been chosen on the grounds that they are at much higher risk of developing the disease. According to Prostate Cancer UK, one in four black men in the UK will develop prostate cancer, compared to one in eight of all men, and recent research from Prostate Cancer UK indicates that the majority (90%) are unaware of this.
10. The prostate cancer pilot will run in the London boroughs of Hackney, Haringey and Newham in North London and Lambeth, Lewisham & Southwark in South London, aimed at African and African-Caribbean men aged 45+.
11. The messaging is being developed and the campaign is expected to run from 20 October to 23 November.
12. The activity will be highly targeted and largely delivered via street teams who can engage directly with the target audience.

Local – inflammatory arthritis

13. A second local pilot using the *Be Clear on Cancer* approach but focusing on a long-term non cancer condition, inflammatory arthritis, is due to run from 2 February.
14. Inflammatory arthritis has been chosen as early diagnosis and treatment are crucial in preventing irreversible disability and organ complications. For rheumatoid arthritis, the condition is estimated to affect over 580,000 people in England and Wales. The 2009 NAO report on *Services for People with Rheumatoid Arthritis* also highlighted that people who may have the condition often delay seeking help from their GP.
15. The message for the pilot campaign will aim to encourage those with key symptoms to visit their GP, so that inflammatory arthritis can be diagnosed earlier and thereby improve the quality of life of those with the condition. A pilot site, to host the campaign, is currently being finalised.

Regional – breathlessness

16. Following a local pilot campaign earlier this year on raising awareness of the symptom of breathlessness, we are planning to take the campaign forward by running it at a regional level. Evaluation of the pilot is still underway, although early findings are positive from follow-up qualitative in-depth interviews with a sample of local GPs and pharmacists and pre and post awareness tracking research among the public.
17. The campaign will again aim to encourage those with inappropriate breathlessness (breathlessness that is disproportionate to the level of activity undertaken ie at rest or on minimal exertion) to go and see their GP, primarily aimed at earlier diagnosis of heart and lung disease, with scope to reduce premature mortality and to improve the quality of life of those living with these conditions.

18. Up-scaling the pilot to a regional campaign will primarily involve introducing TV advertising. Other channels, such as radio, press and out of home advertising, and face to face events, will also be considered. The regional campaign is to run from 2 February for four or five weeks and will take place in the East of England.

Preparations

19. As for previous campaigns, NHS Improving Quality, as part of NHS England, will be working with Strategic Clinical Networks and the London Cancer Networks to help ensure the NHS is prepared for the forthcoming campaigns, whilst Public Health England is working with local authorities and other key stakeholders.

20. Briefing sheets for the campaigns, developed specifically for GPs, nurses, practice managers, NHS trusts, pharmacy teams, local authorities, community groups and volunteers, are being developed to help them prepare for and support the campaigns. You can find the cancer resources on the [NAEDI website](#). The briefing sheets for the breathlessness and inflammatory arthritis campaigns will be distributed locally.

21. Please can you share this information with colleagues and local teams so they can think about how they can work together to help promote the campaigns in your local community and ensure that services are ready to respond.

22. For more information, or if you have any queries, please contact the programme support desk beclearoncancer@nhsiq.nhs.uk

23. Finally, we would like to thank you for your support with the *Be Clear on Cancer* campaigns to date and look forward to working with you to deliver the remainder of the 2014/15 programme.

Yours sincerely



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