

22 March 2012

Gateway reference number 17417

Professor Sir Bruce Keogh  
NHS Medical Director

To: Chief Executives, NHS Trusts, NHS Foundation Trusts,  
PCTs

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Copy: SHA Cluster Directors of Performance and Cancer  
Leads, Cancer Network Directors,

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Dear Colleague

### **National campaign to promote awareness and earlier diagnosis of lung cancer**

I am writing to tell you about our plans to run a national campaign designed to achieve earlier diagnosis of lung cancer.

The campaign will run from 8 May to 30 June 2012 and follows the successful pilot in the East and West Midlands in October last year.

While cancer survival rates in this country are improving, the gap in cancer survival rates between England and comparable countries persists. Lung cancer survival rates are particularly low in this country and there is evidence that this relates to patients in this country tending to have more advanced disease at diagnosis. It has been estimated that 1300 lives could be saved each year if survival from lung cancer in England matched the best in Europe. Health economic analyses undertaken during the development of the Cancer Outcomes Strategy (January 2011) indicated that additional investment in earlier diagnosis is likely to be highly cost effective. For that reason, our focus remains on achieving earlier diagnosis of cancer and funding of over £450m has been put into PCT baselines over a 4-year period to support earlier diagnosis – to meet the costs of additional tests and additional treatment.

### **National lung cancer awareness campaign**

The aims of the national campaign are to:

- improve public knowledge of the symptoms of lung cancer
- reduce barriers to presentation by encouraging people to see their GP earlier; and
- create awareness and understanding that early diagnosis increases the chance of curative treatment and therefore better survival outcome.

The campaign will be featured on national TV and radio and in the press. There will be face-to-face events to help extend the reach of the campaign. The key message for the lung cancer campaign will be that patients who have had a **cough for three weeks or more should tell their doctor**. This is consistent with the NICE referral guidelines for suspected lung cancer. We will evaluate the effectiveness of the campaign in terms of increased levels of awareness of the key symptom amongst the target audience of C1/C2DE adults 55+, increased presentations to GPs, more referrals to secondary care (for chest xrays and CT scans and also using the two week urgent referral pathway)

and more cancers diagnosed and at an earlier stage.

### **Evidence from the lung cancer pilot**

Research from the pilots shows:

- 94% of the public and 87% of GPs agreed that it is important that ads like the *Be Clear on Cancer* ones are shown
- there was a significant increase in the number of people who, without prompting, identified a persistent or prolonged cough as a symptom of lung cancer and in the number of people agreeing that “a cough for three week or more that doesn’t go away” is “definitely a warning sign” of lung cancer
- among GPs in the pilot region, 67% reported they had seen one or more patients presenting with a persistent cough they thought might be lung cancer following the campaign, compared with 59% before the campaign
- a 23% increase in the number of people attending primary care with the relevant symptoms, equating to an additional 2.4 visits per practice per week (data from 35 practices)
- in a sample of 25 providers in the pilot region preliminary analysis of radiology data shows
  - a 15.8% increase in chest CT scans with the majority (80%) of tests carried out in the target age group (an additional 1,244 scans in October – December 2011 compared with the same period last year)
  - a 16.4% increase in chest X-rays with the majority (60%) of tests carried out in the target age group (an additional 13,401 scans in October – December 2011 compared with the same period last year)

### **Preparing primary and secondary care**

As part of this work, based on the pilot in the Midlands, we have been modelling the potential impact of a national campaign on secondary care. If the results of the regional pilot are replicated nationally and the impact is sustained over a year we could expect:

- the volume of chest x-rays to increase by 168,000 (0.8% of total x-ray activity in the NHS),
- the number of chest only CT scans to increase by 23,000 (0.6% of total NHS activity)

This shows that, against usual trends in chest X-rays and CT scans, the level of increase in overall demand for these tests is not a major pressure on secondary care services. We will be sharing the results of this modelling with the NHS very shortly.

However, professional support for these campaigns is critical and we need to ensure that providers are aware of the campaign plans and prepare early for any increase in demand. There will be a number of communications at a national level to key professional groups and bodies and we have asked Cancer Networks to support local engagement in preparation for the campaign.

In addition, the DH cancer policy team has invited SHA clusters and the cancer networks to a series of meetings where there will be an opportunity to hear and discuss

in more detail the plans for the national lung campaign and the anticipated impact of a national lung cancer campaign on primary and secondary care services.

There are three meetings scheduled:

- London on 26 March from 10.00 – 1.00pm and then at 2.00 – 5.00pm
- Leeds on 30 March from 1.00 – 4.00pm

The cancer team would be very happy to send the slide pack from the meetings to anyone who is interested but cannot attend. For further information about these meetings, please contact Lee Scott on [lee.scott@dh.gsi.gov.uk](mailto:lee.scott@dh.gsi.gov.uk).

After the bowel cancer awareness campaign, which is due to finish at the end of March, this lung cancer awareness campaign will be the second *Be Clear on Cancer* national campaign. We are also developing further proposals to fund local activity to support the national campaign to increase its reach and impact. This will be part of a larger programme of local activity to improve early diagnosis of cancer in 2012/13. This programme is subject to Cabinet Office approval but we will be writing out to Cancer Networks shortly with more details of the provisional plans.

We are keen to do all we can to engage primary and secondary care clinicians in this campaign, to give it the best possible chance of tackling late diagnosis of lung cancer. I would be grateful if you could bring this letter to the attention of the relevant departments, particularly the radiology departments and respiratory physicians in your trust.

Should you have any suggestions for further support, please contact Jennifer Benjamin at the Department of Health ([jennifer.benjamin@dh.gsi.gov.uk](mailto:jennifer.benjamin@dh.gsi.gov.uk)).

Best wishes

Yours Sincerely

A handwritten signature in black ink that reads "Bruce Keogh". The signature is written in a cursive style and is underlined with a single horizontal stroke.

Professor Sir Bruce Keogh  
NHS Medical Director