

How GPs can prepare for Be Clear on Cancer

Following a successful regional Be Clear on Cancer bowel cancer campaign pilot, the Department of Health will be launching a national bowel cancer awareness campaign from 30 January 2012. The campaign will run until the end of March.

Further information, including patient resources and information about bowel cancer incidence and mortality, is available at:

www.bowelcanceruk.org.uk/be-clear-on-cancer-bowel.

Q What is the Be Clear on Cancer campaign?

A Be Clear on Cancer is a Department of Health campaign which aims to improve early diagnosis of cancer by raising the public's awareness of the symptoms of cancer and encouraging people to see their doctor earlier. The Be Clear on Cancer bowel campaign is the first national Government campaign to raise awareness of the early signs and symptoms of bowel cancer. Advertisements will feature on national TV, radio and press; there will also be online activity and advertising on local buses and public events across the country.

The campaign encourages people who have **blood in their poo or loose poo for more than 3 weeks** to see their doctor.

Q Who is the campaign aimed at?

A The campaign will target men and women from lower socioeconomic groups over the age of 55 and their key influencers, such as friends and family.

Q Why is the campaign focusing on blood in poo or looser poo as key symptoms?

A The chosen symptoms were based on clinical expert advice. Evidence also shows that loose stools and rectal bleeding are the most common symptoms in people diagnosed with bowel cancer. Keeping the message simple is important for any health campaign to be effective. The campaign uses the term 'poo' as everyday language helps people feel comfortable when discussing symptoms with their GP.

Q How will the campaign improve detection and survival rates?

A In England, it is estimated that around 1700 deaths from bowel cancer could be prevented each year if survival rates matched the best in Europe¹. If diagnosed early, bowel cancer is highly treatable but only 9% of patients in the UK are diagnosed at the very earliest stage of the disease².

Q Will GP practices be inundated with people as a result of the campaign?

A Evidence from the bowel cancer awareness pilot that launched in January 2011 showed that the impact on primary care was very manageable. There was a 48% increase in the number of people over 50 who visited their GP with the relevant symptoms. This equates to one additional patient per practice per week.

Q How does the 3 week period relate to the NICE guidelines on referral?

A The Department of Health recognise that the "3 week" timescale is shorter than the NICE Guidelines for urgent GP referrals for suspected bowel cancer, which refer to patients exhibiting relevant symptoms for 6 weeks. What we want to ensure is that people with potentially serious symptoms go and see their GP promptly - GPs will of course exercise their clinical judgement about the appropriate handling for the individual patient.

1. Richards, M A, *British Journal of Cancer* (2009) 101, S125–S129. www.bjcancer.com, *The size of the prize for earlier diagnosis of cancer in England*

2. Cancerresearchuk.org/type/bowel-cancer/treatments

Q Should GPs refer on all patients with the symptoms identified by the campaign?

A GPs should continue to follow locally agreed protocols for urgent referrals for a suspected cancer based on NICE referral guidelines. Again, GPs will exercise their own judgement about the best way to manage patients who present with the key symptoms. Standard outpatient referral and/or straight to test referrals may also be appropriate for some patients. We also recognise that the great majority of those presenting and referred on to secondary care will not have bowel cancer; the fact that they may well have other conditions that require health care interventions will create additional demand for services.

Q Can secondary care cope with the additional demand?

A The pilot bowel cancer campaign resulted in a 32% increase in urgent GP referrals for suspected bowel cancer across both pilot regions over a 6 month period and this led to increases in colonoscopy activity and colonoscopy waiting times. The Department has estimated the likely increase in demand on secondary care services and have asked trusts to prepare, particularly their endoscopy services, for this. Funding has been put into PCT baselines for this. Close co-operation with secondary care within your health community is vital to ensure the campaign benefits are maximised.

We recognise that we are not going to be able to solve the problem of late diagnosis of bowel cancer with a single campaign; long-term and sustainable activity is needed to deliver major improvements.

How can I prepare for the campaign?

There are likely to be people who will visit the surgery who previously may not have considered their symptoms to be serious or were embarrassed about talking about their symptoms or even worried about wasting the doctor's time. We are keen that when patients visit their practice, they are made to feel welcome and allowed to openly discuss their symptoms.

There is available support.

More information resources, including information about the RCGP/NCAT National Audit of Cancer Diagnosis in Primary Care, are available at Bowel Cancer UK's website at:

www.bowelcanceruk.org.uk/be-clear-on-cancer-bowel.

Bowel Cancer UK can be contacted on **020 7381 9711** or by visiting their website: www.bowelcanceruk.org.uk. There is also a Bowel Cancer Support Service: Freephone **0800 8 40 35 40**.

Your Cancer Network has a GP lead and can also give you further information relating to your local area.

Ensure your colleagues are aware of the campaign.

Practice nurses, receptionists and practice managers all have an important role to play in this campaign.