Department of Health

Room 504
Richmond House
London SW1A 2NS

August 2011

Gateway Ref: 16390

To: All Trust Chief Executives

CAMPAIGNS TO PROMOTE EARLIER DIAGNOSIS OF CANCER

You will be aware that the Government has set out its ambitions to improve cancer survival rates, particularly through tackling late diagnosis of cancer. This letter sets out plans for campaigns this year to encourage earlier diagnosis, so that you can begin to prepare for them.

A brief background note on the scope to improve survival rates through earlier diagnosis, the funding for the earlier diagnosis work, the results from the regional pilots of the bowel campaign and support for improving endoscopy productivity is at Annex A. If you would like further background information or have any queries, please contact Jennifer.Benjamin@dh.gsi.gov.uk.

National bowel cancer symptom awareness campaign

The Government plans to run a national bowel cancer symptom awareness campaign for 8 weeks from the end of January 2012. We are writing to you in advance of the campaign to ensure that you have plenty of time to prepare for the additional activity. In particular, you will need to prepare for an increase in two-week wait urgent referrals for suspected bowel cancer, with a consequential increase in demand for endoscopy and pathology services. This is against a background of an expected upward trend in lower GI endoscopy, which should lead to a fall in incidence of bowel cancer (through polyp detection) and improved survival.

At the end of January this year, we piloted a campaign to raise awareness of bowel cancer symptoms and to encourage people with persistent symptoms to see their GP earlier. This campaign ran in the South West and the East of England for 7 weeks.

We have been very pleased with the results of the trial campaign. The evaluation shows that:

- the public became much more aware of the symptoms of bowel cancer
- the public were very supportive of Government campaigns of this kind
- in the areas where we assessed presentations to the GP, there was an increase of about 50% of people with relevant symptoms, with the majority of these in the over 50 age group
- across the two regions, there was an increase of about 34% in lower GI two-week wait referrals compared with the same period in the previous year - with some Trusts having a 100% increase in referrals in the short term. Not surprisingly, there was also a significant impact on endoscopy services. Activity peaked in March and from April to May there was a subsequent decline.

We will have to wait until October for full Cancer Registry data on additional diagnoses of cancer and the stage at diagnosis but, because the results we have so far are very positive, we wish to start preparing for a national campaign.

We will again use advertisements on television, on the radio, and in the press, and a range of associated activities such as face-to-face events in shopping centres and local services providing leaflets. We have reviewed the messaging from the trial campaign and agreed that we should continue with this - the message to the public is that if you have blood in your poo or looser poo for more than 3 weeks, then your doctor wants to see you. As before, we will also reassure people that the chances are that these symptoms are nothing to worry about but that, if they have bowel cancer, finding it early makes it more treatable. We will also be providing additional information to GPs to prepare them for people presenting with the symptoms of possible bowel cancer and to support them in taking the appropriate action.

We have learned a lot from the pilot campaign, particularly around the need for secondary care to prepare for an increase in referrals and in demand for endoscopy and pathology services. Although we talked to providers in the two pilot regions about the potential for likely increases, because they were pilots, we could not give detailed information about the likely size of the increase and we did not give as much notice as we now know was needed to plan for increases.

On the basis of the pilot trials, we believe that secondary care needs to plan for at least a 50% increase in two-week wait referrals for suspected bowel cancer during the period of the campaign. Again as before, we expect the numbers to peak in March 2012, and then to reduce considerably during April and May. The impact on primary care of the trial campaign seemed very manageable - evidence suggests that practices will see an additional three patients each month.

Annex A shows the increase in colonoscopies in March 2011 compared with March 2010, in the pilot regions and in the rest of the country. The NHS is experiencing a general increase in demand for both colonoscopies and flexisigmoidoscopies, and will continue to do so over the next few years, because of:

- the age extension to the bowel cancer screening programme and the increase in patients requiring colonoscopic surveillance
- plans to introduce flexisigmoidoscopy bowel screening at aged 55
- the drive for earlier diagnosis of symptomatic bowel cancer
- the switch from barium enema to colonoscopy as the more appropriate diagnostic test.

We are in the process of doing more detailed modelling work, but it seems likely that the demand for lower GI endoscopy will increase by about 5-10% year on year for at least the next five years. Although, therefore, the focus of this letter is on preparing for a brief peak in demand as a result of the bowel cancer campaign next January, there needs to be a sustainable increase in capacity. (There is some information about improving productivity in Annex A.)

For the trial campaign, we worked with the relevant SHAs and Cancer Networks to prepare primary and secondary care, and we plan to do the same for the national rollout. Meetings are to be set up in September to kick off joint working and to identify what support primary and secondary care would find most helpful.

Local and regional pilot campaigns

Last year we funded a range of local projects to promote early diagnosis of breast, lung and bowel cancers. This year, we are planning to trial local campaigns focussing on oesophagogastric cancer, the symptom of blood in urine (which is particularly relevant to kidney and bladder cancers) and breast cancer in women over the age of 70. An invitation to PCT chief executives to bid for funding to run campaigns in these areas was sent out on 28 June (http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_127937).

Those successful in bidding for funding for local pilots will be working with all interested parties in their localities, for example to make sure that the relevant secondary care clinics are prepared for additional referrals.

Separately, we want to explore the feasibility of developing a set of generic (non-cancer specific) symptom messages to trial we are also investigating running a regional lung cancer symptom awareness campaign.

Conclusion

We plan to run a national bowel campaign from the end of January for 8 weeks in order to encourage prompt presentation of people with the relevant symptoms and CEs are asked to ensure that secondary care is ready to handle the likely increase in referrals.

Professor Sir Bruce Keogh
NHS Medical Director

Annex A

Background

Improving survival rates through earlier diagnosis

1. Cancer is common (over 250,000 new cases each year in England) and the incidence is rising due to demographic changes. Cancer services and outcomes (survival and mortality) have improved over the past 10–15 years. Despite this, survival for many cancers remains poor in comparison with that observed in other developed countries with comparable health systems (eg Australia, Canada and Sweden).

2. The main reasons for late diagnosis of cancer are:

   - poor symptom awareness among the public
   - delays in seeking help when someone becomes aware of persistent symptoms – this is for a variety of reasons, including embarrassment, fear at a diagnosis of cancer and worry about wasting the doctor's time
   - delays in referral from primary care on to secondary care
   - insufficient access to some diagnostic tests and delays in reporting.

3. The Coalition Government published *Improving Outcomes – a Strategy for Cancer* in January of this year. This sets out its plans to improve outcomes for patients, particularly in terms of improving survival rates. Late diagnosis is now widely accepted to be the major factor underlying the poor survival rates in this country. It is estimated that 5,000 deaths could be avoided within five years of diagnosis if survival in England matched the European average and 10,000 if we achieved the level of the best. The Coalition Government has set out its ambition to reach the European average by 2014/15, primarily through extensions to the screening programmes, earlier diagnosis of cancer and improvements in treatment, particularly in radiotherapy capacity.

4. Set out below is an analysis of the avoidable deaths per year by tumour site if England matched the European best survival rates:

Breast	2000	Myeloma	250
Bowel	1700	Endometrial	250
Lung	1300	Leukaemia	240
Oesophagogastric	950	Brain	225
Kidney	700	Melanoma	190
Ovary	500	Cervix	180
NHL/HD	370	Oral/Larynx	170
Bladder	290	Pancreas	75

Funding for earlier diagnosis

5. The Strategy was accompanied by over £750 million additional funding over 4 years. Over £450 million of that sum was designed to support earlier diagnosis – this sum has been calculated to cover additional testing and treatment costs. Initiatives to promote earlier diagnosis are likely to be highly cost-effective (eg

preliminary health economic work indicates that the costs are likely to be £2000 to £6000 per QALY). The Impact Assessment for the Strategy sets out the assumptions used in our modelling work about additional tests and treatment.

Further information about evaluation of the bowel cancer regional pilots

6. The evaluation so far has shown that:

- there were high levels of campaign awareness and increased understanding of the signs and symptoms of bowel cancer. Campaign recognition was high at 80% in South West England and 72% in East of England, television led the way in terms of awareness, recall and recognition and the campaign was overwhelmingly believed to be an important one (96% of the public and 89% of GPs).
- 96% of the people surveyed thought that it was important for the Government to run campaigns to raise awareness of cancer symptoms.
- in both regions more people went to see their GP with bowel cancer symptoms and there was about a 50% increase in people over the age of 50 with the symptoms used in the campaign.
- comparing urgent GP referrals for suspected lower GI cancers in Q4 2009/10 and Q4 2010/11 there was a 34.4% increase in the number of patients seen. Some trusts at the heart of the relevant TV areas saw a doubling of referrals during the campaign period.
- the table below sets out the change in the number of colonoscopies and in the number waiting more than 6 weeks for a colonoscopy in the two trial regions, and across the country, in March 2011, compared with March 2010. Although some areas saw a reduction, overall there is a general upward trend. As can be seen, the biggest increase was in the South West, with an increase of 22% in colonoscopies.
- the data we have so far does not show an increase in the number of cancers diagnosed or change in stage of diagnosis. We need to wait until October for all cancer registrations in the relevant period to be recorded.
- on the basis of research into the lives saved by a flexisigmoidoscopy screening programme, ie for investigating asymptomatic patients, we can estimate the minimum number of bowel cancers prevented and lives saved as a result of the additional endoscopies carried out during the regional pilots. At least 23 additional bowel cancers may have been prevented by the campaign because potentially cancer causing polyps will have been discovered and removed, and 14 lives will have been saved by diagnosing the cancers earlier.

Colonoscopy activity and waiting list:

	Activity change			Size of waiting list change		
	Mar-10	Mar-11	change	Mar-10	Mar-11	change
North East	1,634	1,652	1%	1,120	1,144	2%
North West	3,873	4,186	8%	2,840	3,909	38%
Yorkshire and the Humber	3,761	3,970	6%	2,534	2,774	9%
East Midlands	2,181	2,420	11%	1,439	1,746	21%
West Midlands	2,957	2,925	-1%	2,082	2,374	14%
East of England	2,852	2,972	4%	2,588	3,106	20%
London	4,208	3,945	-6%	4,176	4,320	3%
South East Coast	2,710	2,620	-3%	2,338	2,682	15%
South Central	2,051	2,187	7%	1,555	1,839	18%
South West	2,974	3,622	22%	2,274	3,004	32%

Source DM01 Commissioner Based Monthly Statistics

Preparing for the increase in demand for lower GI endoscopy services

7. Colonoscopy rates have increased by 38% over the last 3 years, but England still has lower rates than other countries, such as Canada and Australia, and there is a significant variation within the country. Countries with higher colonoscopy rates have seen a significant decrease in incidence. This is thought to be due to polyp removal, preventing cancer. The age extension to the bowel screening programme is, as expected, increasing demand for colonoscopy and the Government is committed to introducing flexisigmoidoscopy screening, which will lead to increased demand for colonoscopy as well as flexisigmoidoscopy.

8. There is good evidence that services can operate more productively if available tools to manage demand, deliver efficient booking and monitor efficiency are applied rigorously. The Joint Advisory Group on Gastrointestinal Endoscopy has developed a productivity assessment tool which is available at www.grs.nhs.uk against which services can self score and monitor progress with productivity.