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To: Primary Care Trusts Chief Executives

Copy: Cancer Networks

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Dear Colleague

PROMOTING EARLIER DIAGNOSIS OF CANCER

1. This letter seeks bids for Department of Health (DH) funding to run local pilot campaigns to promote cancer symptom awareness and early presentation to the GP of those with persistent symptoms which could be cancer.

Background

2. You will be aware that:
 - England's cancer survival rates are generally improving but that, generally speaking, they lag behind those in comparable countries (as shown, for instance, by recent results from the International Cancer Benchmarking Partnership)
 - the Government has highlighted the need to improve cancer survival rates – *Improving Outcomes – a Strategy for Cancer*, published in January of this year, aims to save 5,000 lives per year by 2014/15, to bring us in line with the European average in terms of cancer survival rates
 - it is generally agreed that the main reason for poorer survival rates in England is that more cancers are diagnosed at a later stage, when curative treatment is no longer possible (although there are also

treatment issues, particularly around radical treatment for fit older people).

3. The Improving Outcomes Strategy therefore put a major focus on tackling late diagnosis in cancer. There are three main aspects to the proposed approach:
 - making the public aware of symptoms and helping them to overcome the various barriers to presentation at the GP
 - supporting GPs in assessing when people ought to be referred on the two week suspected cancer pathway
 - giving GPs better access to key diagnostic tests so that, where the two week wait pathway is not appropriate but there are symptoms which require investigation, this can be done easily.
4. The new Strategy assessed the costs of delivering the above over the next four years at £450m, and that sum is being made available in NHS baselines for this period. This letter is about the first bullet in paragraph 3. A range of other work is under way to help with delivery of the other two bullets, but all aspects of the approach need of course to be integrated.
5. Last year, DH, working with the National Cancer Action Team, cancer charities and a range of NHS and professional representatives, piloted regional bowel cancer symptom awareness campaigns and funded 59 local projects to promote earlier diagnosis of lung, breast and bowel cancer. We are now evaluating the regional pilots and early indications are that there has been a positive response to the campaign. We expect to have a full evaluation of the local projects, which are running to variable timescales, towards the end of the year.

Provisional plans for this year

6. Provisionally we are planning to:
 - roll out nationally the bowel cancer symptom awareness campaign, using the *Be Clear on Cancer* brand. This would probably involve an autumn campaign, using TV and other media, and using very similar messaging to that used in the previous regional pilots (a copy of the poster is at Annex A). We are awaiting further evaluation data before moving forward on this
 - take learning from successful local lung cancer symptom awareness campaigns to develop regional pilots which focus on lung cancer symptom awareness, using the creative look and feel of *Be Clear on Cancer*. Work is underway to look at the options
 - run a series of local pilots to improve earlier diagnosis of cancer in relation to other cancers and symptoms. **This letter is about inviting bids for that element of the campaign work.**
7. Last year, we focussed the funding on bowel, breast and lung cancers, as these are the cancers where we could save the largest number of lives.

But we are not going to manage to save an additional 5,000 lives if we focus on these tumour sites alone. This year, therefore, we want to trial local activity:

- to achieve earlier diagnosis of people with oesophagogastric cancer, which is the next cancer in terms of the largest number of deaths that could be avoided each year
- about taking action on “blood in urine”- the symptom common to kidney and bladder cancers
- to target women over the age of 70 who might have symptoms of breast cancer, given this is an area where survival rates are particularly poor.

8. We would expect to fund about 20-25 projects each with budgets of about £100,000 each.

Criteria for receiving funding

9. Last year, we developed the *Be Clear on Cancer* brand for campaigns to encourage earlier presentation with the symptoms of breast, bowel and lung cancer. So that we can maximise value for money and have a consistent message, we wish to maintain this brand for the campaigns this year, and so will be developing centrally, creative materials for the local projects. We are working with cancer experts to advise on the key messages. We will fund social marketing campaigns only if bidders are going to use the centrally produced materials.
10. We are also happy to consider funding approaches to achieve earlier presentation other than through traditional social marketing campaigns, if bidders are interested in different approaches, such as local community activity that might involve volunteers or outreach. However, the intervention should apply to one of the categories outlined in paragraph 7 or to bowel or lung cancer.
11. We expect the projects to run from January to March 2012, with preparation well in advance. From our experience, we know that it takes time to get campaigns up and running. We also want to encourage the NHS to continue to build on the capacity and expertise developed over the last years in this area. We believe that any NHS organisation which has recent experience of running earlier diagnosis campaigns and the staff resources in place will be in a better position to pick up and run with new work this year. We are therefore setting as a criterion for successful bids for funding that there is evidence of recently running and evaluating early diagnosis campaigns.
12. We will also welcome bids that propose working in collaboration with other NHS, public sector or independent sector organisations.
13. We are planning to secure a central resource to assist local projects and we would expect successful bidders to work with that resource.

14. We are assuming that bids for funding will focus on only one of the areas set out in paragraph 7.

15. Other criteria for funding are:

- the funding is only for work to achieve earlier diagnosis of symptomatic patients, not for screening
- the majority of the project should be delivered by March 2012
- projects will need to agree to provide progress reports in early December 2011 and the end of May 2012
- evidence is required of senior sponsorship within the PCT and the Cancer Network, of a GP clinical champion and a secondary care clinical champion
- target audiences should be appropriate for the different areas to be targeted
- the project must agree to participate in the evaluation processes that will be set out centrally.

16. We wish to have a balance of local pilots across the areas set out in paragraph 7, as well as a spread of projects across the country, although the quality of the bids will be the most important factor in making decisions about allocating funding.

Process issues

17. A form is attached for you to submit your proposal (Annex A).

18. If you have any queries about any aspects of this process, please email Jennifer.Benjamin@dh.gsi.gov.uk.

19. All applications must be received by 4 August 2011. DH may need to come back to seek clarification on some matters during August, so it would be helpful to have contact details of people who are around then. DH plans to agree the allocations of the budget by 6 September. The aim is that approved bidders will receive their agreed money by mid-September.

We look forward to receiving your proposal.

Yours sincerely



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Deputy Director
Cancer, Cardiovascular, End of Life Care and Dermatology