



Department
of Health



Public Health
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To:

Clinical Commissioning Group Clinical Leads
Strategic Clinical Network Associate Directors
Local Authority Chief Executives
Directors of Public Health
Foundation Trust Chief Executives & Medical Directors
Trust Chief Executives & Medical Directors

Cc:

NHS England Regional Medical Directors
Regional Directors
Clinical Commissioning Group Accountable Officers
Directors of Commissioning Operations
Cancer Waiting Times Taskforce (NHS England & NHS Improvement)

31 March 2016

Dear Colleague

Forthcoming national Be Clear on Cancer respiratory symptoms awareness campaign

We are pleased to announce that following the national Be Clear on Cancer “blood in pee” symptom awareness campaign we are planning to run the next symptom awareness campaign in July and August. This will focus on respiratory symptoms; further details are given below but this will be the first time a national campaign is focussed more broadly than cancer. We would like to ask you to cascade this information locally.

National respiratory symptoms campaign

1. This campaign will focus on the symptoms of a persistent cough and inappropriate breathlessness. Key messages are still to be finalised, but are likely to be around: ‘If you get out of breath doing things you used to be able to do, tell your doctor’ and ‘If you’ve had a cough for three weeks or more, tell your doctor’. Provisional timings for the campaign are early/mid-July to mid/end-August.
2. The campaign will target those aged 50 and over. Promotional plans are likely to include TV, radio, press, online and out of home advertising and a programme of supporting PR activity.
3. The decision to run a campaign on respiratory symptoms is based on positive evidence from the evaluation of the previous campaigns for lung cancer and

breathlessness (as a symptom of chronic obstructive pulmonary disease, heart disease and a range of other conditions).

Lung cancer: first national campaign (May to June 2012)

4. The results show that in the months surrounding the first national lung cancer campaign, there were an estimated 700 additional cancers diagnosed compared to the same period in the previous year.
5. During this time, approximately 400 more people had their cancers diagnosed at an earlier stage and around 300 additional patients had surgery as a first treatment for diagnosed lung cancer which gives them the best chance of prolonged survival.

Lung cancer: second national campaign (July to August 2013)

6. Findings to date show that the second national lung cancer campaign appears to have resulted in increases in the number of two week referrals for suspected lung cancer, with a 30% increase in July-September 2013 compared to the same months in 2011, and compared to a 26% increase in two week referrals for other suspected cancers.
7. Tracking research following the second national lung cancer campaign shows that spontaneous knowledge of the key campaign symptom of a persistent cough increased significantly to a higher level than after the first national campaign (22% after the second national campaign, up from 15% after the first national campaign).

Lung cancer: third national campaign (March to April 2014)

8. The monthly numbers of two week referrals for suspected lung cancer were above the general trend for April and May 2014, following the third national lung cancer campaign, particularly for April.

Breathlessness campaign: regional pilot (February to March 2015 – East of England)

9. The breathlessness campaign was piloted first at a local level and then at a regional level, to see what scope there was to achieve earlier diagnosis of a range of conditions, particularly lung and heart disease but also other conditions such as anxiety.
10. Findings from research on the regional breathlessness campaign showed that:
 - there were significant increases in spontaneous knowledge of what breathlessness could be a sign of:
 - lung disease, up from 50% pre-campaign to 60% post campaign
 - heart disease, up from 42% pre-campaign to 52% post campaign
 - of those people who recalled seeing advertising, when asked to describe the main message, 59% in the pilot region spontaneously mentioned “to encourage people to see their GP if they are getting out of breath”. This increased from 43% at the pre-campaign stage. Similarly there was an increase in people mentioning that

getting out of breath could be a sign of something more serious, up to 44% from 34%

11. The direct impact of the campaign was challenging to assess from the clinical metrics. Analysis of a number of metrics, for example echocardiograms, referral to Improving Access to Psychological Treatment services and attendance at first outpatient appointments resulting from GP referrals, indicated that the campaign may have been effective in increasing the volume of diagnostic activity/treatment, although not all increases observed can be attributed to the campaign given a number of factors. We are working with the National Cancer Registration and Analysis Service to review and strengthen the evaluation going forward.

2016 campaign - rationale

12. There were 37,453 new cases of lung cancer reported in 2014. One-year survival for lung cancer remains low at 30.3% and latest 'Routes to diagnosis' data indicate that 37% of lung cancers are diagnosed through the emergency routes. We know that one-year relative survival for those diagnosed by emergency presentation is lower at 13% compared to 43% for those diagnosed via the two week referral pathway. With the challenge of current lung cancer survival rates, the evidence that is available and the current priority to improve early diagnosis of cancer, there is a strong case for repeating the lung cancer campaign.
13. Figures for 2014/15 show that there are just over 1 million people registered in England with chronic obstructive pulmonary disease (COPD) and around 1.8 million with coronary heart disease. The breathlessness campaign is focussed not only on achieving earlier diagnosis of these conditions which could result in premature mortality, and where earlier diagnosis could make a difference, but also on earlier diagnosis improving the quality of life of people living with long-term conditions such as COPD. Combining the lung cancer and breathlessness campaigns aims to achieve a greater impact on both fronts.

2016 campaign - potential impact

14. GP attendance data for the first national lung campaign in 2012 showed that more people with a persistent cough went to their GP. When looking at the period May to July 2012 compared with May to July 2011, the number of patients aged 50+, presenting with a persistent cough went up 64% – the equivalent of around 3.1 additional visits per practice per week. More patients were referred for a chest x-ray by a GP during the first month of the campaign compared to the month prior to the campaign – up 20%.
15. The first national lung cancer campaign saw an increase of 32% in two week referrals for suspected lung cancer in the campaign months, compared with the same period in the previous year. We expect there to be an increase in two week referrals for suspected lung cancer as a result of this campaign too. In 2012, two week referrals for suspected lung cancer peaked in July, approximately two months after campaign activity started, but the number was still within the limits of what is expected – it equated to approximately 1.5 extra referrals per hospital, per week.

16. Evaluation of metrics related to the second and third national lung campaigns (which took place from July to August 2013 and March to April 2014) are ongoing. Interim evaluation reports, containing available tracking research information for the second national campaign and analysis of two week referrals and related diagnoses for both second and third national campaigns, will be published in the coming months. Final evaluation reports will be published when analysis of all metrics has taken place.

Preparations

17. As with previous campaigns, NHS England will be working with Strategic Clinical Networks to help ensure the NHS is prepared for this campaign, whilst Public Health England will work with local authorities and other stakeholders.
18. Further information will be provided in advance to help the NHS prepare for and support the campaign, including planning for a possible increase in demand for services. Briefing sheets and further information will be posted on the [NAEDI website](#).
19. Campaign materials such as posters and leaflets are being developed and will be available from the Public Health England Campaign Resource Centre (CRC). Please [sign up](#) to receive e-mail updates on campaigns. For more information, or if you have any queries, please email the Partnerships team at partnerships@phe.gov.uk.
20. Please share this information with colleagues and local teams to enable them to put plans in place to help promote the campaign locally, and ensure that services are ready to respond.
21. Finally, we would like to thank you once again for your support of Be Clear on Cancer campaigns and look forward to working with you to deliver the respiratory symptoms campaign.

Yours sincerely



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