

Protecting and improving the nation's health

Be Clear on Cancer: First national blood in pee campaign, 2013

Caveats: This summary presents the results of the metric on GP attendances. This is one of a series of metric summaries that will be produced for this campaign, each focusing on a different metric. A comprehensive interpretation of the campaign is not included here as this requires a full evaluation of all the metrics. The full evaluation will be part of the final campaign report which will be published in due course. These metrics should not be considered in isolation.

GP attendances

The campaign

The first national blood in pee campaign for awareness of kidney and bladder cancers ran from 15 October to 20 November 2013 in England.

The campaign's key message was:

- 'If you notice blood in your pee, even if it's just the once, tell your doctor.'

Metric: GP attendances

This metric considers whether the campaign had an impact on the number of people aged 50 and over attending a GP with visible blood in pee (macroscopic haematuria).

Data on GP attendances for blood in pee and control symptoms¹ was collected from 265 practices² for nine defined periods between August 2011 and January 2014. These periods were the eight week pre–campaign period (20 August 2013 to 14 October 2013), the six week campaign period³ (15 October 2013 to 25 November 2013) and the eight week post–campaign period (26 November 2013 to 20 January 2014), and the same weeks in the previous two years.

Data was adjusted to account for bank holidays and the number of weeks in each period.

Key messages

The 2013 campaign appears to have led to an increase in the number of GP attendances recorded for blood in pee during the campaign period, and possibly in the following months.

This increase was seen in those aged under 50 as well as in the target age group (50 and over).

¹ These were: headache or migraine; knee, shoulder or neck pain and; urinary tract infection.

² Organised by local commissioning groups, these practices volunteered to provide data for this project in return for a fixed payment. Compared to all practices nationally, practices submitting data had a similar age-sex population structure but a slightly less deprived population.

³ The campaign ran from 15 October to 20 November 2013 but for analysis purposes the campaign period is defined as 15 October to 25 November 2013.

Results

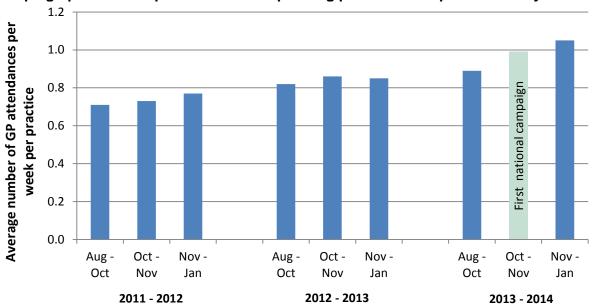
During the 2013 campaign period there were 1,576 attendances for blood in pee amongst people aged 50 and over. This was significantly higher than the average number of attendances for all other periods combined (1,329.9 attendances after adjustment, p<0.001).

The average number of attendances at GP practices per week per practice for blood in pee during the campaign period was 16% higher (statistically significant, p<0.001) than during the corresponding period in 2012 (0.99 compared with 0.86 attendances per week per practice, Figure 1). The number of attendances was even larger in the post–campaign period at 1.05 attendances per week per practice. In comparison, there was a smaller, but significant 6% increase (p<0.001) in the average number of attendances per week per practice for control symptoms for the campaign period (10.93) compared to the same period in 2012 (10.27).

When comparing the 2013 campaign period to all the other eight periods combined, there was also a statistically significant (p<0.001) increase in the number of attendances for blood in pee in those aged under 50. For this age group, there was a statistically significant 34% increase in attendances during the campaign period compared with the corresponding period in 2012 (p<0.001), indicating that the campaign impacted on younger people as well as those aged 50 and over.

Similarly, there were also increases in the number of attendances for blood in pee for both sexes, with a larger increase for men of 23% (p<0.001) compared to 10% for women (p=0.059), for those aged 50 and over (only statistically significant for men).

Figure 1: Average number of GP attendances for blood in pee per week per practice (adjusted for bank holidays) for people aged 50 and over during the pre, live and post campaign periods compared with corresponding periods in the previous two years



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Conclusions

There was a statistically significant increase in the number of GP attendances for blood in pee, for those aged 50 and over, during and following the first national blood in pee awareness campaign. This increase was also observed in those aged under 50.

Other metrics being evaluated include urgent GP referrals for suspected cancer, numbers of cancers diagnosed, stage at diagnosis and one-year survival. A full evaluation report will be published on the campaign metrics when all of the results are available.

Considerations

In general, cancer incidence is increasing which may have an impact on trends over time for this and other metrics, and so the results must be considered with these underlying trends in mind.

Where the results are statistically significant there is some evidence for an impact of the campaign, although underlying trends and other external factors (eg other awareness activities, changing referral guidance) may also affect the results.

Campaigns are more likely to have a greater impact on metrics relating to patient behaviour (eg symptom awareness and GP attendance with relevant symptoms) and use of the healthcare system (eg urgent GP referrals for suspected cancer), compared to disease metrics (eg incidence, stage at diagnosis, and survival).

Find out more about Be Clear on Cancer at: www.ncin.org.uk/be_clear_on_cancer www.nhs.uk/be-clear-on-cancer/