



Be Clear on Cancer: Regional oesophago-gastric campaign, 2014

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

A regional oesophago-gastric (OG) cancer awareness campaign ran from 10 February 2014 to 9 March 2014 in the North of England Strategic Clinical Network.

Two key messages were promoted:

- 'Having heartburn, most days, for 3 weeks or more could be a sign of cancer – tell your doctor.'
- 'If food is sticking when you swallow, tell your doctor.'

Metric: GP attendances

This metric considers whether the campaign had an impact on the number of people aged 50 and over living in the campaign area attending a GP with the target OG symptoms¹.

Data on GP attendances for target OG symptoms, related OG symptoms² and control symptoms³ was collected from 265 practices⁴ (52 in the campaign area, with the remaining 213 outside this area acting as a control group) for nine defined periods between December 2011 and May 2014. These were the eight week pre-campaign period (16 December 2013 to 9 February 2014), the four week campaign period (10 February 2014 to 9 March 2014) and the eight week post-campaign period (10 March 2014 to 4 May 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 message

The 2014 campaign may have led to a small, but not statistically significant, increase in the number of GP attendances recorded with target oesophago-gastric symptoms.

¹ Target OG symptoms were indigestion or heartburn and; problems with swallowing.

² Related OG were oesophageal reflux or dyspepsia; painful swallowing or dysphagia; abdominal, epigastric, subcostal or retrosternal pain and; inflammation of the oesophagus, stomach or duodenum (oesophagitis, gastritis and duodenitis).

³ Control symptoms were headache or migraine; knee, shoulder or neck pain and; urinary tract infection.

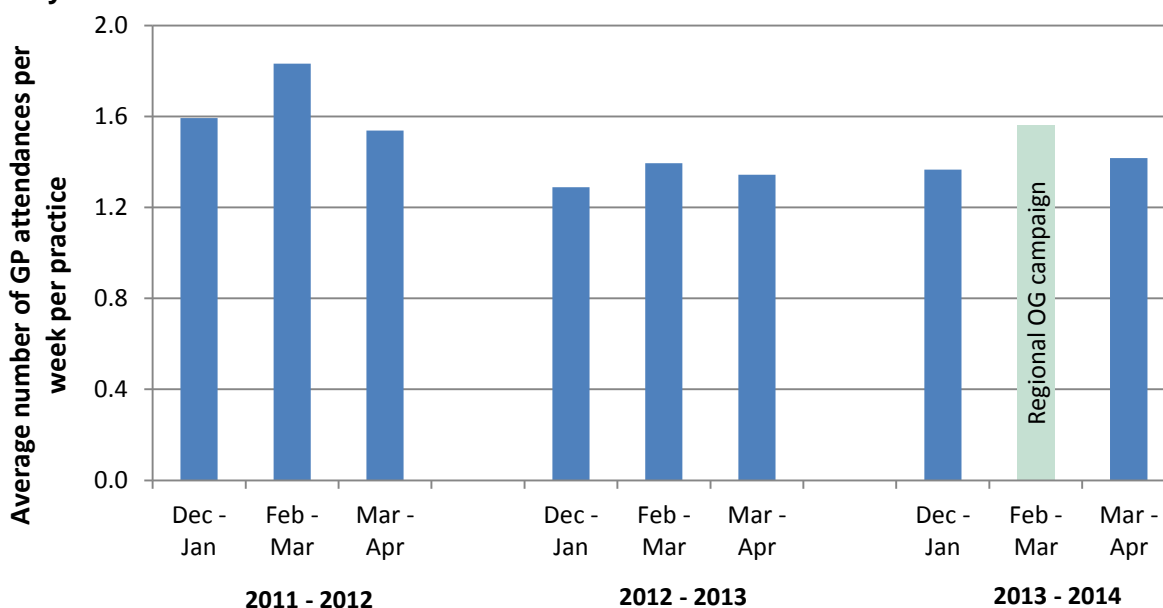
⁴ Organised by local commissioning groups, these practices volunteered to provide data for this project in return for a fixed payment. Compared to all practices nationally, practices submitting data had a similar age-sex population structure but a slightly less deprived population.

Results

The number of attendances for target OG symptoms during the campaign period (325 attendances) was not statistically significantly different from the average during all the other periods combined (302.3 attendances after adjustment, $p=0.36$).

For people aged 50 and over in the campaign area, the number of GP attendances for target OG symptoms per week per practice was slightly higher during the campaign period than in the same weeks in 2013 but lower than in 2012. Comparing the campaign period to the corresponding period in 2013, there was a 12% increase (not statistically significant, $p=0.158$) in the average number of attendances for target OG symptoms per week per practice (from 1.39 to 1.56, Figure 1). Over the same period, there was a statistically significant 14% increase ($p=0.003$) in average attendances for related OG symptoms in the campaign area for those aged 50 and over.

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



However, comparing the campaign period to the corresponding period in 2013, the increase in the average number of attendances for target OG symptoms in the campaign area (12%) contrasts with decreases both for the control area (4% decrease in target OG symptom attendances, non-significant, $p=0.894$) and for control symptoms (1% decrease in attendances in the campaign area, non-significant, $p=0.68$), which may suggest an impact of the campaign.

When comparing the campaign period with the corresponding period in 2013, the increase in attendances for target OG symptoms was larger for those aged under 50 (31%, statistically significant, $p=0.005$). It was also larger for females rather than for males (17%, $p=0.133$) compared to 5%, $p=0.700$), for those aged 50 and over, both not statistically significant).

Conclusions

There was a small, but not statistically significant, increase in the number of GP attendances recorded for target OG symptoms, for those aged 50 and over living within the campaign area, during the regional oesophago-gastric cancer awareness campaign.

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/