



Be Clear on Cancer: Local prostate cancer campaign, 2014

Caveats: This summary presents the results of the metric on diagnostics in secondary care. 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 about 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.

Diagnostics in secondary care

The campaign

A local prostate cancer campaign ran from 20 October to 23 November 2014 in six London boroughs (Hackney, Haringey, Newham, Lambeth, Lewisham and Southwark).

The campaign's key message was:

'1 in 4 black men will get prostate cancer. Prostate cancer often has no obvious symptoms. If you are a black man over 45 and want to discuss your personal risk of prostate cancer, visit your GP'

Metric: Diagnostics in secondary care

This metric considers whether the local prostate cancer campaign had an impact on the number of imaging tests conducted by the NHS. These tests will include ultrasound, CT-scan and MRI tests conducted for suspected prostate cancer and other medical conditions.

The data on the total number of ultrasounds, CT-scans and MRIs conducted for suspected prostate cancer and other medical conditions (hereafter referred to as imaging tests) were obtained from the Diagnostic Imaging Dataset (DID) held on NHS Digital's iView system (<http://content.digital.nhs.uk/iview>). The data contains details of referrals by GPs, Consultants and other referral types.

This metric compares the difference in the monthly number of imaging tests between the analysis period of October 2014 to January 2015 and the comparison period of October 2013 to January 2014.

Key messages

There was no statistically significant change in the number of ultrasounds, CT-scans and MRIs carried out during or following the local prostate cancer campaign, when compared with the same period in October 2013.

Results

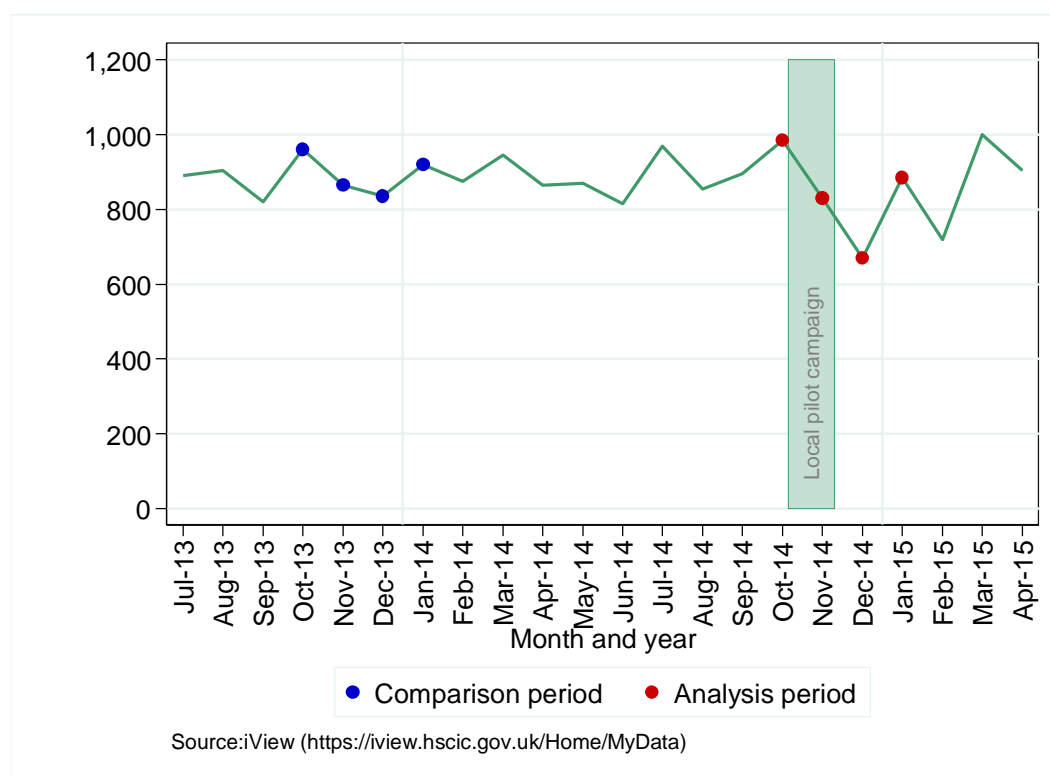
Comparing the months of October 2014 to January 2015 with October 2013 to January 2014, there was a 5.9% decrease in the number of imaging tests for individuals aged 50 and over, and a 8.5% decrease in the number of imaging tests in all ages. However, the changes in the number of imaging tests were not statistically significant.

Table 1: Number of ultrasounds, CT-scans and MRIs in October 2013 to January 2014 and October 2014 to January 2015, London (Hackney, Haringey, Newham, Lambeth, Lewisham and Southwark).

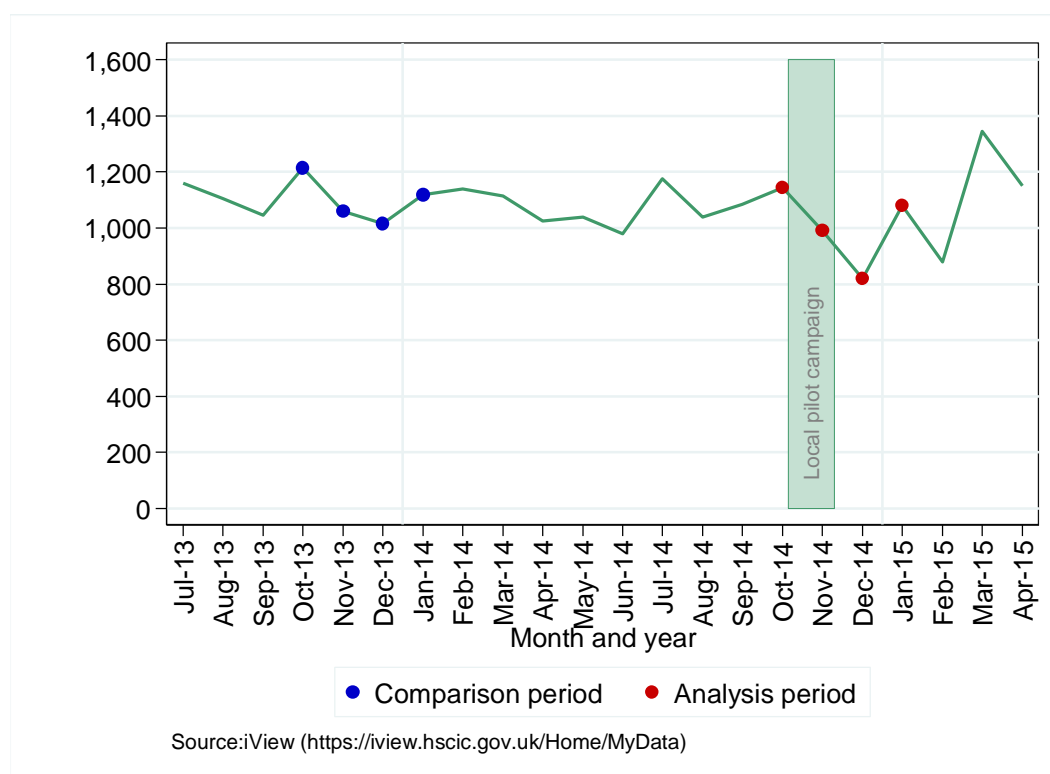
Tests	Age group	October 2013 to January 2014	October 2014 to January 2015	Percentage change
Number of imaging tests	50 and over	3,580	3,370	-5.9
	All ages	4,410	4,035	-8.5

Figure 1: Monthly number of ultrasounds, CT-scans and MRIs in July 2013 to April 2015, London (Hackney, Haringey, Newham, Lambeth, Lewisham and Southwark). a) 50 and over b) All ages

a) 50 and over



b) All ages



Conclusions

The local prostate cancer campaign did not appear to have an impact on the number of ultrasounds, CT-scans and MRIs carried out, for men aged 50 and over or for all ages combined.

Other metrics being evaluated include the Cancer Waiting Times referrals, conversion and detection rates, 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 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/