



Be Clear on Cancer: National oesophago-gastric cancer campaign, 2015

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 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.

GP attendances

The campaign

The national oesophago-gastric (OG) cancer campaign ran from 26 January 2015 to 22 February 2015 in England.

The campaign's key message was:

- 'Having heartburn, most days, for three weeks or more, tell your doctor.'

With a secondary message of:

- 'Food sticking when you swallow, tell your doctor.'

Metric: GP attendances

This metric considers whether the campaign had an impact on the number of people attending a GP with the target symptoms which were heartburn (dyspepsia), food sticking (dysphagia) and both symptoms combined.

Data on GP attendances for dyspepsia, dysphagia and a control symptom (back pain) were sourced from The Health Improvement Network (THIN) database for the period 01 October 2012 to 28 June 2015. The data was grouped into weeks and adjusted to account for bank holidays. Data was also extracted on the number of GP practices submitting data to THIN each week (which decreased from 421 to 277 practices over the period considered¹), to enable the calculation of the average number of attendances per practice per week.

Analysis considered three periods, a twelve week pre-campaign period (03 November 2014 to 25 January 2015), a six week campaign period (26 January 2015 to 08 March 2015) and a twelve week post-campaign period (09 March 2015 to 31 May 2015); it compared the average number of GP attendances per practice per week during these periods in 2014/15 with the same periods two years' earlier, in 2012/13².

Key messages

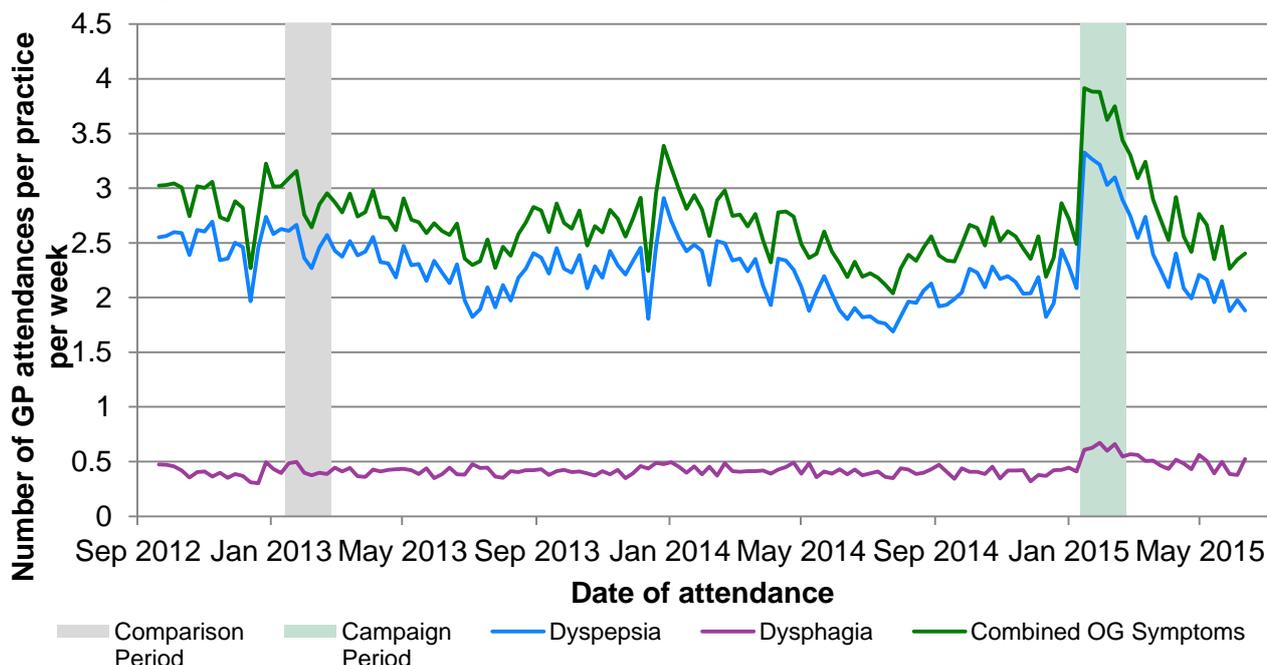
The 2015 campaign appears to have led to a statistically significant increase in the number of GP attendances recorded with the target symptoms of dyspepsia and dysphagia, for people of all ages and those aged 50 and over.

Results

During the 2015 campaign period, the combined number of attendances for symptoms of dyspepsia and dysphagia (combined OG symptoms) showed a statistically significant increase of 28.8% ($p < 0.001$), from 2.91 visits per practice per week to 3.75 visits per practice per week, when compared with the same period in 2013 (Figure 1). In comparison, results for the control symptom (back pain) showed a small decrease which was not statistically significant (1.3% decrease, $p = 0.208$), from 11.00 visits per GP practice per week in 2013 to 10.86 visits per practice per week during the 2015 campaign period. The combined number of GP attendances for dyspepsia and dysphagia remained higher in the weeks just after the campaign, but appeared to return to their pre-campaign levels within 12 weeks.

For dyspepsia, during the 2015 campaign period the number of attendances increased by 26.1% (statistically significantly, $p < 0.001$) from 2.49 visits per practice per week in 2013 to 3.14 visits per practice per week in 2015. For dysphagia, the number of attendances increased by 46.2% (statistically significantly, $p < 0.001$) from 0.42 attendances per practice per week in 2013 to 0.62 attendances per practice per week in 2015.

Figure 1: Average number of GP attendances, per practice per week, for dyspepsia, dysphagia and both symptoms combined (OG symptoms), 1 October 2012 to 28 June 2015, all ages



The increase in the combined number of GP attendances for symptoms of dyspepsia and dysphagia during the campaign, when compared with the same period two years earlier, was larger for men than for women (44.6% for men compared to 18.0% for women, both statistically significant, $p < 0.001$).

For people aged 50 and over, there was a statistically significant ($p < 0.001$) increase of 33.9% in the combined number of attendances for dyspepsia and dysphagia during the campaign, when compared with the same period two years earlier.

Conclusions

There was a large, statistically significant, increase in the number of GP attendances for the target symptoms (dyspepsia and dysphagia) during and following the first national campaign for oesophago-gastric cancers.

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 behavior (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/

¹ Compared to all practices nationally, these practices had a similar age-sex population structure, but a less deprived population on average.

² Data was not compared to the same period in the previous year (2013/14) as data for this period may be affected by the regional OG campaign which ran in the North East region from 10 February 2014 to 9 March 2014.