Lessons from the Detect Cancer Early (DCE) Programme in Scotland
Results from a mixed-methods evaluation

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CRUK 5th Biennial Early Diagnosis Research Conference
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1. The Detect Cancer Early (DCE) Programme

Launched in 2012 (initially focusing on breast, lung and bowel cancers) with the aim to improve overall 5-year cancer survival in Scotland.

Public awareness and behaviour influencing strategy

Social marketing campaigns; public relations; field marketing and partnership

Objectives:
1. Improve informed consent and screening participation
2. Raise public awareness of screening and early signs and symptoms of cancer
Public awareness and behaviour influencing

• Priming campaign
• Breast cancer signs and symptoms
• Bowel cancer screening
• Lung cancer signs and symptoms
• Breast cancer screening
• wee c; #getchecked
• Survivors

Television, radio, outdoors, bus stops, roadshows and other engagement events, case studies…

Call to action and sense of humour
2. Evaluation methods (1)

- Aims: assess DCE processes and outcomes (2012-2015) and provide recommendations for policy
- Guided by the MRC Framework for process evaluation of complex interventions\(^1\) – study context, implementation and mechanisms of impact

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**Study 1**

Developing and refining the evaluation

- Semi-structured interviews with 9 DCE stakeholders
- Documentary analysis

**Study 2 DCE evaluation**

- Process evaluation
- Outcome evaluation

2015-2017

2018

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2. Evaluation methods (2)

**Outcome evaluation (Jan-Oct/18)**

**Documentary analysis (n=159)**
- Policy documents and other Health Intelligence data
- Reports from TNS, Carat, Consolidated PR and the Leith Agency

**Time trends analysis**
- Customised data on requested replacement bowel screening kits

Data reported in charts, tables and boxes; use of descriptive statistics

**Process evaluation (Jan-Jul/18)**

**Semi-structured interviews (n=25)**
- Purposive sample; direct recruitment
- Face-to-face or telephone interviews

**Online Questionnaire (n=53)**
- Pre-tested with professionals
- Available at Online Surveys©
- Indirect recruitment

Framework analysis (interviews), descriptive and inferential statistics and content analysis (questionnaire)
3. Evaluation results

Outcome evaluation: were DCE objectives met?
- Campaign evaluations (external)
- Impact on breast consultations
- Impact on screening and other help-seeking behaviour

Process evaluation: key themes
- Impact on workload
- Communication
- Measuring impact
Campaign evaluations (external)

Before and after-analyses and attitudinal tracking with representative sample

- Increased awareness of screening, cancer signs and symptoms
- Important to continue with campaigns in the long-term, issues with wear out and message fatigue
- Attitudinal tracking show positive changes over time, but barriers to help-seeking persist

Statement: You can’t survive cancer so what’s the point in worrying about the early signs and symptoms of it - Significant increase in total and strong disagreement

Statement: I worry about wasting the doctor’s or GP’s time unless my symptoms are clearly serious – significant decrease in disagreement
Breast consultations, impact on screening and other help-seeking behaviour

51.1% increase in women consulting when comparing campaign period with the same months in the previous year, but no impact on diagnoses

Source: ISD Scotland. GP consultations for breast symptoms. September to November 2012 Publication date – 26 March 2013

• No noticeable impact on breast nor bowel cancer screening uptake
Request for bowel screening kits: marked increase since first campaign (over 5,000 extra kits/year)

Source: Created with data provided by the Scottish Bowel Screening Centre in Dundee.
Theme: impact on workload

• Impact on breast services highlighted in the process evaluation, especially by secondary care doctors - no information for lung

• Bowel: increase in reminder letters, helpline calls, emails, requested and returned kits, lab test time

• Frustration when no more cancers were diagnosed or services were “overwhelmed” with the worried well seeking reassurance

• Concerns about wasting scarce resources, overdiagnosis and overtreatment, and delays for those who needed access

“Big increase in worried well. No change in cancer diagnosis but increased delays for all” Breast Surgeon, NHS Lothian
Theme: communication

• Stakeholders wished that there had been more timely communication of when campaigns would commence to allow for better planning.

• Some reported uncertainty on the rationale for some campaigns; and on whether they were targeting the right people.

• Some believed that more information sharing would have improved sense of ownership and responsibility for campaigns, and enhanced engagement.

“Whilst supporting clinical early detection of breast cancer and the importance of women being aware of signs and symptoms the only way to detect early impalpable disease is through mammographic screening and DCE should have emphasised that.” Medical Radiologist, NHS Greater Glasgow & Clyde.
Theme: measuring impact

• Challenging due to data not being available in time, incomplete data, and issues with IT systems
• Unmeasured confounders
• Acknowledgement that behaviour change takes time and measuring long-term changes is difficult
• Recognition of a gap between knowledge, intention and action
• Different views on success and the importance of “soft” outcomes

“I sometimes got the impression that the English campaign, the way they reported it in the media and the success seemed to have a greater connection of data points than we did” Interview participant, ID 14
4. Take home messages

• Outcome data shows increase in awareness and in help-seeking behaviour, but evidence on improvements in cancer outcomes is limited – process evaluation shed light on why this may have been the case

• Based on the Scottish experience, issues to consider when developing similar strategies include:

  How do we ensure that we reach the right populations instead of the worried well? Do we need different ways to target populations at risk? Do we need to change the way diagnostic services are provided?

  Should we be trying to measure more “soft” outcomes and/or more long-term changes?

  Could we be sharing more knowledge across the UK and beyond, not only in terms of successful strategies but also in terms of overcoming challenges?
Thank you for listening!
Any questions?

Acknowledgements

• Cancer Research UK for the bursary
• The Scottish Government (especially Nicola Barnstaple, David Linden and Diane Primrose)
• The University of Edinburgh
• The Scottish Bowel Screening Programme (especially Bob Steele and Audrey Irvine)
• Evaluation steering group (Andrew Thompson, Peter Murchie, Ruth Jepson and Tom Haswell)
• Study participants; workshop participants; other DCE stakeholders and the DCE Programme Board
• North Cancer Alliance (NCA) (former NOSCAN), SCAN and WOSCAN; the Scottish Cancer Coalition; the Scottish Primary Care Cancer Group

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