Public Health England will be running a national campaign to raise awareness of blood in urine as a symptom of bladder and kidney cancers. We need your continued support to help improve survival rates for these diseases.

How does Be Clear on Cancer help the NHS deliver improved outcomes?
The Be Clear on Cancer campaigns form part of the 2011 'Improving Outcomes: A Strategy for Cancer', which set out the ambition to prevent 5,000 deaths from cancer per year by 2014/15, to bring survival rates in England up to the average for Europe. This ambition is also reflected in the NHS Outcomes Framework and the CCG Outcomes Indicator Set 2014/15, which highlights cancer survival as a key area for improvement under indicator one: preventing people from dying prematurely.

Be Clear on Cancer aims to tackle late diagnosis of cancers through raising awareness of signs and symptoms, and encouraging more people to see their GP earlier.

What is the main message of the campaign?
The message for the public is: If you notice blood in your pee, even if it’s ‘just the once’, tell your doctor.

Who is the campaign aimed at?
Men and women over the age of 50 from lower socioeconomic groups, and their friends and family.

When will national ‘blood in pee’ activity be running?
Advertising will start on 13 October 2014 and will include TV, radio, digital (eg YouTube) and out of home (eg washroom posters). There will also be events in public places, eg shopping centres. TV will run until 9 November, while all other communications will end between 9 and 23 November 2014. Note this campaign will be slightly less intense than the first national ‘blood in pee’ campaign, which ran in autumn 2013.

Why are you re-running the national ‘blood in pee’ campaign?
Early results from the first national ‘blood in pee’ campaign are promising. Despite this, we want to keep the campaign message at the front of people’s minds and there’s still a great deal of potential to improve bladder and kidney cancer survival in England.

Why run a campaign focused on the symptom blood in urine?
It’s the main symptom of bladder cancer and a common symptom for kidney cancer. Yet, only 33% of people know that unexplained bleeding is a sign or symptom of cancer.

What evidence is there to support a national ‘blood in pee’ campaign?
Results from previous ‘blood in pee’ campaigns to date indicate that Be Clear on Cancer is successfully changing levels of public awareness. There are also early indications that clinical outcomes are improving too. Initial evaluation results following the first national campaign show:

- Over 2 in 5 spontaneously mentioned blood in pee as a symptom of bladder or kidney cancer (44% up from 27% pre-campaign)\(^*\)
- 26% increase in two-week wait (2WW) referrals for suspected urological cancer\(^†\)
- From October – December 2012 to October – December 2013, in England, the number of bladder, kidney and urological cancer diagnoses resulting from an urgent GP referral for suspected urological cancers increased by 8.2%, 22% and 14% respectively, with the largest changes seen among those aged 70–79
- From November 2012 – January 2013 to November 2013 – January 2014, the detection rate for urological cancers significantly increased by 2.0 percentage points, from 56% to 58% for England\(^‡\)

\(^*\) Statistically significant
\(^†\) Pathway covers several cancer types in addition to bladder and kidney cancers
\(^‡\) Data supplied by South West KIT based on NCRS data

naedi.org/beclearoncancer/bloodinpee
What impact is the national ‘blood in pee’ campaign likely to have on GP practices?
A moderate increase in GP visits is expected during, and eight weeks following the campaign. This estimate is based on results from the regional ‘blood in pee’ campaign, which ran in the Tyne Tees and Border TV regions from January to March 2013, and saw a 32% increase in GP visits during the campaign, equating to an additional 0.29 visits per GP practice, per week (total of 54 GP practices). The increases were highest around the beginning and end of the campaign. A 29% increase in GP visits was also observed for eight weeks following the campaign, with the largest increase at three weeks, post-campaign.

We expect to see an uplift in GP visits this autumn, yet possibly not as great an increase as the first time the campaign ran in 2013. This insight is based on the performance of other national reminder Be Clear on Cancer campaigns. As for previous reminder campaigns, the advertising to support this campaign will be slightly less intense this year. Please use this information as a guide only and recommend GP practices review their own GP presentation data from October 2013 to February 2014 to help them plan for this upcoming campaign.

What impact is the national ‘blood in pee’ campaign likely to have on diagnostic services?
Based on the first national ‘blood in pee’ campaign (autumn 2013), on average each trust saw:
• an additional 6 urgent referrals for suspected urological cancer via the 2WW pathway
• an additional 2 cystoscopy referrals per week
• approximately 7 more CT referrals per week (1 extra referral per week directly from GPs for CT scans)
• approximately 3 more ultrasounds per week (1 extra referral per month directly from GPs for ultrasounds)

There is likely to be variation in demand for services across England. Also, the impact of the campaign could generate pressure on services during months when your trust already anticipates higher numbers requiring assessment. We therefore recommend that you review your diagnostics data for October 2013 to February 2014 to assess the impact on your trust from the last national ‘blood in pee’ campaign, and use that insight to help you plan accordingly for this year’s activity.

What impact is the national ‘blood in pee’ campaign likely to have on other secondary care services?
An increase in referrals and diagnostic tests is likely to result in additional patients needing treatment too. When comparing cancer waiting times data relating to the first national ‘blood in pee’ campaign (October to December 2013), with the same time the previous year (October to December 2012):
• the conversion rate decreased from 4.2% to 3.6% for bladder cancers, and from 18.3% to 16.6% for urological cancers.

Decreases were a little larger in the regional pilot area (North East of England and North Cumbria). There were no statistically significant changes in kidney cancer conversion rates in any area.

1Data supplied by South West KIT based on NCRS data

Make sure colleagues responsible for performing procedures and for patient admissions are aware of the campaign, and work with them to plan the necessary resources required to meet any increased demand ahead of time.

Three things you can do
1 Brief colleagues. Inform service managers, multi-disciplinary teams, clinicians and staff in specialist haematuria or urology clinics about the campaign and when it’s running. Make sure they are prepared to receive more patients during the campaign, and up to eight weeks following it too. If your trust doesn’t have specialist clinics, think about all the different members of staff and teams that need to be informed about the campaign. Cascade this briefing document to them for their information.

2 Consider capacity. It’s vital to plan for increases in urgent GP referrals, as well as cystoscopy examinations, CT scans and ultrasounds. Review the activity levels your trust experienced for the same period last year (October 2013 to February 2014) and use these data to plan for extra sessions at specialist clinics and to accommodate anticipated demand for diagnostic services and treatments.

3 Make the most of available support. Work with your local Strategic Clinical Network and CCGs to plan for the anticipated impact of the campaign. A letter was cascaded to trusts via NHS news with more information about the aims and background of the campaign. Check the NAEDI website regularly in the run up to the campaign for further information and resources.

Find out more
• Visit naedi.org/beclearoncancer/bloodinpee for more information
• Direct members of the public to nhs.uk/bloodinpee

Key bladder and kidney cancer facts
• 97% of people diagnosed with bladder cancer and 90% of those diagnosed with kidney cancer each year are aged 50+
• It has been estimated that around 1,000 deaths from bladder and kidney cancers could be avoided each year if five-year survival rates matched the best in Europe