Following the success of the first national lung cancer campaign, we need your help to continue to improve early diagnosis of cancer.

What is Be Clear on Cancer?
Be Clear on Cancer aims to improve early diagnosis of cancer by raising awareness of key symptoms and encouraging people to see their GP earlier.

The first national lung cancer campaign was in 2012 and was followed by a ‘reminder’ campaign in July – August 2013.

How does Be Clear on Cancer help the NHS deliver improved outcomes?
In January 2011, ‘Improving Outcomes: A Strategy for Cancer’ set out the ambition to prevent 5,000 deaths from cancer per year by 2014/2015, bringing survival rates in England up to the average for Europe. In line with this, there are indicators in the NHS Outcomes Framework 2013 to 2014 on cancer survival rates. Be Clear on Cancer is one of a number of actions to support the NHS to improve survival rates.

What activities will be taking place and when?
Adverts will run on TV, radio and in the press from 10 March – 30 April 2014, highlighting the symptom of a persistent three-week cough, in line with NICE guidelines.

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

Although tobacco is by far the biggest cause of lung cancer, the adverts don’t mention smoking; previous lung cancer awareness projects have revealed that leading on a smoking message can delay people from going to see their doctor. But information being provided for GPs does highlight that smokers and ex-smokers are at higher risk.

Have previous campaigns shown positive results?
Results to date for lung cancer activity indicate that Be Clear on Cancer is successfully changing levels of public awareness:
- As a result of the 2012 campaign, there was statistically significant increases in unprompted awareness of cough/hoarseness (41% pre-campaign to 50% post-campaign) and persistent/prolonged cough (12% pre-campaign to 15% post-campaign).

There are also early indications that clinical outcomes are improving. These are some of the statistically significant findings following the first national lung campaign in 2012, comparing the campaign period with the same time the previous year:
- An increase of 9.1% in the number of lung cancer cases diagnosed in patients first seen for lung cancer during the months surrounding the Be Clear on Cancer lung cancer campaign. This equates to around 700 people;
- An increase of 3.6 percentage points for the proportion of non small cell lung cancers (including carcinoid tumours) diagnosed at an early stage (stage I and II). This is approximately 400 more people. There was also a significant decrease in the proportion of people diagnosed at a late stage;
- An increase of 2.3 percentage points for the proportion of patients receiving surgical resection as a first definitive treatment – around 300 additional patients receiving potentially life-saving treatments.

Source: National Lung Cancer Audit. Data provided by HSCIC

However, despite these promising results, there is still a great deal of potential to improve lung cancer survival in England. This is why Public Health England is running the lung cancer campaign again.

naedi.org/beclearoncancer/lung
What impact will the campaign have on GP practices and chest X-ray referrals?
With this being a ‘reminder’ campaign, the frequency and intensity of the adverts will be less than when it first ran in 2012.

GP attendance data for the first national lung campaign showed that more people with a persistent cough went to their GP:
• When looking at the period May – July 2012 compared with May – July 2011, the number of patients aged 50+ presenting with a persistent cough went up 64% – the equivalent to around 3.1 additional visits per practice, per week;
• More patients were referred for a chest X-ray by a GP during the first month of the campaign compared to the month before the campaign – up 20%.

Will urgent GP referrals increase as a result of the campaign?
The 2012 national lung cancer campaign saw an increase of 32% in two week wait referrals for suspected lung cancer in the campaign months, compared with the same period in the previous year. We expect there to be an increase in urgent GP referrals as a result of this campaign too. In 2012, two week wait referrals peaked in July, just after the campaign had finished, but the number was still within the limits of what is expected – it equated to approximately 1.5 extra referrals per hospital, per week.

‘When referring patients with possible symptoms, we want to be confident that they will be seen quickly, knowing that we’ve made sure there is plenty of capacity within our local trusts. Good communication with secondary care colleagues is critical to this. Like last time, we’re working together to plan for any extra demand, so the resulting impact will be manageable. We all want the same thing – for patients to be diagnosed as soon as possible so they receive the best possible treatment.’
Henry Choi, Sunderland Clinical Commissioning Group Cancer Lead and GP Executive

How many extra CT scans are likely to be needed?
To help you plan for any changes in demand during this campaign, you may find it useful to refer back to your local data from May – July 2012, when the first national lung cancer campaign took place. Looking at national data from this time period, there was an 8% rise in GP-referred chest and/or abdomen CT scans per working day in May 2012 compared with April 2012 (the month prior to the campaign).

How will the campaign impact on secondary care?
In 2013, Department of Health analysts looked at the period June to November 2012 to assess what impact the campaign may be having on lung procedures. They found that there was around 30 extra lung operations or interventional procedures per week across England. 70 extra lung excisions (E54) and 50 extra procedures for lung cancer (E59), such as needle biopsy or aspiration biopsy of lesion of lung performed across England each month from June until November 2012.

Will there be an impact on any other departments?
The National Cancer Intelligence Network’s ‘Routes to Diagnosis’ work shows that 38% of lung cancer patients first present as emergencies, compared to 23% across all cancers.

Emergency admissions for lung cancer have been falling over the past few years and this will improve patient outcomes. It is hoped that the Be Clear on Cancer prompt to ‘tell your GP’ will support this trend of a reduction in emergency presentations for lung cancer.

Two things you can do to support the ongoing lung cancer campaign:
1 Brief colleagues and make the most of available support. Service managers, multi-disciplinary teams and clinicians all need to be aware that this campaign is running and that they are likely to see increases in demand for their services. Work with your Strategic Clinical Network and local Clinical Commissioning Groups to support your planning.

2 Capacity planning. It’s vital that you continue to plan for any increases in urgent GP referrals for chest X-rays, requests for CT scans, two week wait referrals and lung operations. Take a look at your trust’s activity levels and outcomes during and after the May – July 2012 campaign to identify trends.

Find out more
• Visit naedi.org/beclearoncancer/lung for more information for health professionals
• The public-facing website is nhs.uk/lungcancer