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'Blood in Pee': How NHS trusts can prepare for the new national campaign

A national NHS campaign to raise awareness of blood in urine as a symptom of bladder and kidney cancers will launch this autumn. We need your help to diagnose cancer earlier.

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, to bring survival rates in England up to the average for Europe. In line with this, there are indicators in the NHS Outcomes Framework on cancer survival rates. *Be Clear on Cancer* is one of a number of actions to support the NHS to improve survival rates, by tackling late diagnosis through raising awareness of symptoms and encouraging more people to see their GP earlier.

What is the main message of the new campaign?

The message for the public is: **If you notice blood in your pee, even if it's 'just the once', tell your doctor.**

When will national 'Blood in Pee' activity be running?

Adverts will appear on TV, radio and in the press across England from 15 October to 20 November 2013. There will also be events in public places, like shopping centres, and a letter and leaflet will be sent to people in key areas across England.

Who is the campaign aimed at?

Men and women **over the age of 50** from lower socioeconomic groups, and their friends and family.

Why run a campaign focused on the symptom blood in urine?

It's a key symptom of 80% of bladder cancers and over half of kidney cancers. 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?

Three local pilots in 2012 have shown encouraging results:

- 23% increase in 2 Week Wait (2WW) referrals for suspected urological cancer in the pilot area*
- Total cystoscopy figures for 18 PCTs covered by the local pilots indicate a 5.9% increase compared with the same months in 2011
- 5.3% increase in the number of bladder or kidney cancers diagnosed following a 2WW urgent referral for suspected urological cancer within the pilot area

Results from a regional pilot, which ran from January to March 2013, have also been positive:

- The percentage of respondents saying they would see the GP the same day if they noticed any changes to pee or bladder habits significantly increased from 18% to 27%; this was particularly the case for men, where the increase was from 21% to 32%
- Knowledge of blood in urine as a definite warning sign of kidney/bladder cancer significantly increased amongst the target audience from 41% to 65%; this increase was seen in both men and women
- 28% increase in 2 Week Wait referrals for suspected urological cancer*

*Pathway covers several urological cancer types in addition to kidney and bladder

What impact will the national 'Blood in Pee' campaign have on GP practices and urgent referrals?

The regional and local pilots suggest GPs are likely to see more people coming to their practices with the symptom of blood in their urine, but experience of previous campaigns suggests this should be manageable.

In one of the local pilots, the increase across 17 specifically targeted GP practices equated to a maximum of around one extra patient per practice every two weeks. During the national bowel campaign, which ran from January to March 2012, the number of extra visits across 355 practices also equated to approximately one additional patient with relevant symptoms per practice every two weeks.

Key bladder and kidney cancer facts

- Each year around 16,600 people in England are diagnosed with bladder and kidney cancers – around 15,600 of those diagnosed are aged 50 and over
- If the number of people in England who survived bladder and kidney cancers for five years matched the best in Europe, around 1,000 deaths could be avoided each year

How will the 'Blood in Pee' campaign impact on diagnostic services?

An increase in 2 Week Wait (2WW) referrals was seen in the regional pilot area over the short term. Based on this, the anticipated impact of the national campaign will equate to **6 extra referrals per hospital per week** on average. NHS England has also modelled the likely impact on cystoscopy activity and estimates that **an average hospital trust should plan for 5 additional cystoscopy referrals per week**. The analysis also showed a rise in ultrasounds and CT scans during the regional pilot campaign period earlier this year.

The North of England Cancer Network looked at the possible impact on demand for a range of diagnostic tests and treatment ahead of the regional pilot campaign. The local NHS team assumed a 25–30% increase in demand on services over the campaign period.

Anecdotal feedback suggests this estimate was about right, although there was variation across the pilot area in terms of both how many people visited their GPs with the symptom, and pressure on specialist clinics. The local team also noted that the campaign caused a steady increase in demand, rather than a sudden spike, and that this lasted up to three months after the campaign had finished.

'Diagnostic teams that provide tests such as cystoscopy examinations and CT scans have a vital role to play in supporting the earlier diagnosis of bladder and kidney cancer. I am fully supportive of this campaign and urge NHS trusts to plan appropriately. We need to be able to manage increases in the number of patients using services when the campaign is taking place, as well as after it, and alongside the pressures of the winter period. This will help make sure patients are diagnosed as quickly as possible and get the treatment they need.'

Professor Erika Denton, National Clinical Director for Diagnostics, NHS England

How will the campaign impact on other secondary care services?

An increase in referrals and diagnostic tests is likely to result in additional patients needing treatment too. During the months immediately after the regional campaign, NHS England saw an increase in the number of patients being treated for urological cancer after being referred via 2WW. Make sure colleagues responsible for performing procedures and patient admissions are aware of the campaign and work with them to plan the necessary resources to meet any increased demand ahead of time.

'During the 'Blood in Pee' pilot, all organisations receiving urgent referrals for investigation of haematuria noted an increase in workload. Interestingly, both visible haematuria which would reflect patient awareness, and non-visible haematuria which suggests raised awareness amongst healthcare professionals. Additional diagnostic clinics were required to keep up with demand and a significant challenge was to treat new diagnoses in a timely manner, as inpatient bed capacity pressures were also prevalent during this period in our area. It is still early days on evaluation data and we look forward to seeing if the extra referrals translated into new cancers diagnosed.'

Jo Cresswell, Consultant Urological Surgeon at South Tees NHS Foundation Trust

Three things you can do

1 Brief colleagues. Let service managers, multi-disciplinary teams, clinicians and staff in specialist haematuria or urology clinics know about the campaign and when it's running. Make sure they are prepared to see more patients during the campaign, and after it too. If your trust doesn't have one of these specialist clinics, think about all the different members of staff and teams that need to be informed about the campaign.

2 Consider capacity. It's vital to plan for increases in urgent GP referrals, as well as cystoscopy examinations, CT scans and ultrasounds. Plan for extra sessions at specialist clinics – all NHS trusts in the North of England needed to provide extra clinics to meet the 2 Week Wait cancer waiting time standard. Take a look at activity levels for your trust for the same period last year (October to December 2012). Use this data to try and anticipate what a 25–30% increase might look like across services.

3 Make the most of available support. Work with your local Strategic Clinical Network and Clinical Commissioning Groups to plan for the potential impact of the campaign. A [letter](#) about the campaign was cascaded to trusts via NHS news with more information about its aims and background. Get further details and resources on the [NAEDI website](#).

Find out more

- Visit naedi.org/beclearoncancer/bloodinpee for more information for health professionals
- Direct members of the public to nhs.uk/bloodinpee