
**Manchester City Council
Report for Resolution**

Report To: Health and Well Being Overview and Scrutiny Committee - 4
March 2010

Subject: Don't Be A Cancer Chancer Campaign, Manchester 2009.

Report of: Acting Director of Public Health (Director of Manchester Joint
Health Unit) and Public Health Consultant, NHS Manchester.

Summary:

To provide members of the committee with a full report in respect of the evaluation of the third Manchester "Don't Be A Cancer Chancer Campaign". The campaign was run city wide from 23rd March – 30th April 2009.

Recommendations :

- i) To note the report.
 - ii) To note and comment upon recommendations and next steps.
-

Wards Affected: All

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Background documents (available for public inspection):

None

**“ DON'T BE A CANCER CHANCER ”
MANCHESTER 2009
CAMPAIGN EVALUATION**

1.0 Executive Summary

This summary provides an overview of the Manchester, Spring 2009, Don't Be A Cancer Chancer (DBACC) Campaign.

The campaign was the third DBACC campaign delivered by Manchester City Council and NHS Manchester. The campaign was delivered as part of Manchester's work with the Greater Manchester and Cheshire Cancer Network and project managed by Manchester Joint Health Unit. The campaign ran from 23rd March to 30th April 2009, following a stakeholder launch event at Wythenshawe Forum on the 24th March 2009.

For the first time ever, the campaign was delivered across the whole city. Particular focus was placed upon the following wards:
Charlestown, Higher Blackley, Moston, Crumpsall, Miles Platting & Newton Heath, Gorton North, Gorton South, Burnage, Sharston. Woodhouse Park, Northenden and Wythenshawe.

The budget for the project was £90,000. The contract to deliver the specialist social marketing elements of this campaign was awarded to McCann Erickson.

The distribution of material was made possible by establishing north, central and south Manchester distribution networks, led by three individuals and involving partners and volunteers. This approach worked really well and is a model that we would seek to build upon for future campaigns.

We feel that we learnt a great deal about how to manage a city wide project, but one of our key findings, as reflected in the recommendations, is that we do need to do more work to improve delivery of this campaign in some BME communities. This impression supports some recent research carried out by McCann Erickson on behalf of the network.

In terms of evaluating outcomes, although we could see “on the ground”, that engagement, dissemination of information and interest from members of the public was excellent, it proved more difficult to gather quantitative feedback.

We tried to gather information from GPs about presentations at primary care level during and after the campaign, but current issues around Swine Flu unfortunately hindered this.

We gathered information about numbers of referrals through the urgent “two week”/HSC05 system, in respect of bowel, breast and lung symptoms for Pennine, Central and South Acute Trusts. The outcome was complex and complicated by a number of other factors, but certainly did not contradict the possibility of our campaign having some impact.

Finally, information about the effectiveness of the social marketing aspect of the campaign, in terms of coverage achieved and how recognisable the campaign was amongst members of the public was extremely positive.

This report concludes with recommendations and our intended next steps.

2.0. Recommendations

- The main recommendation from this report is that work around prevention and early diagnosis of cancer should continue in Manchester. In respect of bowel, breast and lung cancer, the Don't Be A Cancer Chancer campaign is well received and recognised by the public and should be developed and used again. The findings are, unsurprisingly, that after 3 successful campaigns, some changes might be needed to refresh the message and improve delivery, but the core elements of the Manchester 2009 campaign were a success and should be retained.
- Further work is needed to address the issue of effective delivery of this campaign into BME communities. From research carried out by the National Cancer Intelligence Network and desktop research conducted by McCann Erickson, on behalf of the Greater Manchester and Cheshire Cancer Network, we know that there is a particular problem around the effectiveness and acceptability of the existing campaign in those communities. However, we do need to caution against making too many generalisations and need to drill down further into what we think are the issues, what works, what doesn't work and what solutions there may be in terms of doing this important cancer prevention work effectively in those communities. We would recommend that this further research be done before attempting to run further campaigns in Manchester.
- We may need to consider the way that we position the media campaign at least, in order to achieve greater interest from the media. One suggestion has been that this might be achieved by repositioning the campaign as an annual event, for example, rather than having a "launch" for each campaign. In considering changes to the branding, we do need to balance that with the fact that the messages are generally very well received by the public and the high levels of recognition and the awareness generated from that, shouldn't be lost.
- Systems to track and evaluate the impact of the campaign versus presentations and new cancer diagnosis need to be enhanced. In particular:
 - To record basic information from people who we speak to at road shows (with their consent and subject to appropriate protocols).
 - Improving engagement with GP practices and developing a simple system to monitor increased presentations of bowel, breast and lung symptoms at primary care during and after campaigns. This system should be designed to evaluate the impact on the target audience by enabling an analysis of possible cancer presentations by age, gender, ethnicity and partial postcode.
 - To monitor referrals for lower G.I (bowel), breast and lung symptoms through the two week referral system for the target age group.
 - To monitor referrals coming through breast clinics and Rapid Access Lung clinics for the target age group.

- To monitor new diagnosis for bowel, breast and lung cancer for the target age group.

All of the above information would be needed for the three acute trusts operating in Manchester. We acknowledge that the above represents something of a “wish list” because current information gathering systems are not as sophisticated as we would like.

- Road shows should be repeated, but possibly with an expanded brief, so that requests for information can be followed up properly. We feel that it is essential that NHS health professionals are present at all road-shows.
- To ensure that concerns expressed by some Manchester residents, i.e. that it is difficult to get an appointment with their GP, and also issues around slow referrals to hospital and late diagnosis, are heard and acted upon, NHS Manchester should continue to use its patient engagement programme, “Talking Health”, as a means of communication with local residents. Information about “Talking Health” and the Manchester Patient Liaison and Advocacy Service (PALS) should be available at future DBACC events to offer support to concerned residents. NHS Manchester should use individual feedback, alongside information from the 2009 GP survey, in order to continue to improve access to, and quality of, GP care. NHS Manchester should also develop its work on the “Manchester Standard” (a framework for local GP services) and the NHS Constitution to ensure effective and efficient referral of suspected cancer symptoms and monitor practice via the Manchester Programme Board.
- Wherever possible, given financial constraints around planning, a schedule of campaigns should be established for Manchester and Greater Manchester to give more time for improved planning and coordination. However, we should use and build upon the distribution networks that we established in 2009.

3. Next Steps

- The Greater Manchester and Cheshire Cancer Network (DBACC subgroup), are to commission a major piece of research into how to better take the campaign into BME communities. The research project will cover Manchester, Bolton, Heywood, Middleton and Rochdale. The fact that the research will cover an area larger than Manchester alone, means that outcomes will be more accurate and representative. Further more, should a research outcome be that the campaign needs to be delivered in a different way, there can be consistency across the region, in keeping with the current regional approach. We plan to have completed this work by April /May 2010.
- Manchester City Council and NHS Manchester hope to deliver a further DBACC campaign in the latter part of 2010. Details are unconfirmed but we will take outcomes of the BME research to inform how that campaign is delivered.

J.Jerram. DBACC 09 Project Manager Mcr Joint Health Unit. MCC. Jan 2010

**“ DON'T BE A CANCER CHANCER ”
MANCHESTER 2009
CAMPAIGN EVALUATION REPORT**

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1.0 Executive Summary

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2.0 Introduction

The Don't Be A Cancer Chancer (DBACC) campaign is a targeted social marketing campaign aimed at those people in our communities who are aged over 50 and who are thought to be most “at risk” of developing certain kinds of cancer. The intention of the campaign is to raise awareness of the possible signs and symptoms of three major cancers, which are colorectal (bowel) cancer, breast and lung. The campaign seeks to take away the fear that cancer is a killer and encourage the notion that it can be treated effectively, when diagnosed early.

A campaign icon and strap line contains the simple message “**catching it early could save your life**”, which effectively sums up the ethos of the programme. The campaign itself is hard-hitting and designed to engage with the target audience in a way to encourage action. However, the DBACC campaign is not just about what we say, but where, when and how we say it.

The campaign talks to people in an open way, in “normal” language and in places, and at times when they would least expect to receive a health message. It uses provocative and unexpected imagery to reach the target audience, including ambient media, such as fake betting slips and beer mats to get the key messages across. The first Don't Be A Cancer Chancer campaign was launched in Harpurhey (north Manchester), Atherton (Wigan) and Hollingwood (Oldham) in 2007. In spring 2008, Manchester and Wigan took the programme forward once more, running further campaigns in north Manchester and borough wide across Wigan.

Evaluation and Feedback from the Manchester element of the spring 2008 campaign suggested that not only was it popular amongst members of the public, but also effective. Consequently, the Executive Member of Manchester City Council's Health and Well Being Overview and Scrutiny Committee gave the “green light” for a third

phase of the campaign, this time across key target areas *throughout* the city of Manchester.

The campaign was project managed by Manchester Joint Health Unit under the guidance of a steering group led by David Regan, Director of Manchester Joint Health Unit and Acting Director of Public Health for NHS Manchester. The campaign was delivered in conjunction with partners named within this report. This report seeks to document the design, delivery and outcomes of the third “Don’t Be A Cancer Chancer” (DBACC) campaign, which ran throughout the city of Manchester from 23rd March 2009 to 30th April 2009.

2.1 Background

At some point in their lives, very many people in Britain will be affected, either directly, or indirectly, by cancer. Almost one in four people die from the disease, and cancer is the biggest causes of premature death for people aged under 75 in England. Unfortunately, the number of people contracting cancer continues to increase as our population ages and incidence is predicted to increase by around a third between 2001 and 2020.

Cancer accounts for approximately 25% of deaths in Manchester, i.e. around 1000 deaths per year. Lung Cancer accounts for around 7% of these deaths. Most cancers, with the exception of breast cancer, are strongly associated with deprivation. Cancer is therefore an area of significant health inequality for the city and a priority area in respect of public health prevention work.

Early death from cancer in Manchester remains well above the England average. **Manchester has been set a target to reduce the death rate from all cancers in people aged under 75 by at least 20% by 2010.** (1996 baseline).

In general, the earlier a cancer can be diagnosed, the greater the chance of successful management and reduced mortality. Late diagnosis is the major factor contributing to poor cancer survival rates in England. By the time people identify that they have symptoms, survival chances are often poor, so early diagnosis is vital and has been a priority for the work of the Manchester Versus Cancer Alliance.

The Don’t Be a Cancer Chancer Campaign was developed in collaboration with the Manchester Versus Cancer Alliance, which is made up of representatives from an alliance of organisations from across Greater Manchester.

Don’t Be A Cancer Chancer campaign aims to increase awareness of the symptoms of colorectal, breast and lung cancers, in turn encouraging people to present at their GP as soon as they detect symptoms, thereby increasing “early” detection rates. Don’t Be A Cancer Chancer campaigns have, to date, been targeted at parts of the population who are known to be disproportionately affected by cancer. This campaign is therefore especially relevant to Manchester.

For the three most common cancers, early detection is known to have the following impact on survival:

- For bowel cancer, you are almost twice as likely to be cured if it is spotted early
- For lung cancer, you are three times as likely to be cured if caught before the cancer spreads
- 95% of breast cancer patients are cured if their cancer is spotted early and has not spread
- 80% of patients who have breast cancer can be cured even the cancer has spread beyond the breast tissue itself, but this figure falls dramatically if the cancer spreads further

*Source: The Christie – Mcr versus Cancer Alliance)

Social marketing is increasingly being recognised in terms of its potential to improve people's health and reduce inequalities. Indeed, the government white paper "Choosing health: Making Healthy Choices Easier" flags up the value of taking a stronger social marketing approach towards health improvement activity.

The Department of Health Cancer Reform Strategy, December 2007, notes that the amount of research done around interventions which "promote awareness of cancer symptoms and encourage behaviour change in relation to cancer" is very limited and that very few robust studies have been undertaken to assess the effectiveness of such interventions. However, there were several notable examples of awareness campaigns and pilot programmes to encourage help-seeking behaviour. One of these 'notable examples' is the 'Don't be a Cancer Chancer' symptom awareness campaign, originally developed on behalf of the Manchester Versus Cancer Alliance by McCann Erickson Communications House.

Therefore, the opportunity to deliver a third campaign in Manchester was welcomed by all partners, in particular, because it afforded the opportunity to be able to reach further, geographically, into the city's communities and to hopefully have as beneficial impact as has been seen in other campaigns. The work around the Cancer Prevention Strategy is ongoing and this campaign also gave us the opportunity to test the brand and messages in more diverse communities, in particular some BME communities, where we believed that the DBACC message might not be as effective. If that was indeed found to be the case, this campaign would, we hoped, provide insight into the reasons why and thus drive further work to address that issue.

3.0 Audience Segmentation

One of the innovative features of this campaign, is that by commissioning a commercial communications house (i.e. an advertising and marketing agency), we hoped to use some of the techniques *usually* adopted by advertisers to make us buy their products, to instead, cause people to change their behaviour in a way that is beneficial to their well-being.

McCann Erickson state that, "Prior to developing the DBACC campaign our objective was to improve early cancer detection by focussing on target consumers; to understand them and why they didn't present earlier to their GP. The insight generation work that we completed found a number of factors contributed to the undesired behaviour. We know that our target audience are not engaging with the

health service in relation to cancer, hence the high early death rates as a result of late presentation”.

Research by the Manchester Versus Cancer Steering Group (DBACC) sub group suggested that some people were actually aware that they had symptoms, but had not sought medical help because they;

1. Were aware of symptoms, but unaware that symptoms could be cancer. They believed symptoms to be normal, or that they would heal themselves and they were not motivated to see their GP
2. Believed that they may have a symptom, but ignored the symptom for fear that they would die. They would rather ‘stick their head in the sand’
3. Were not aware that they had a possible cancer symptom

Furthermore, research suggests that messages driven through the healthcare environment simply will not cut-through to the intended audience. We need to raise public awareness, educate and motivate in places where the audience are, but where they would not expect to receive messages about their health.

The Manchester 2009 campaign was to be run in accordance with protocols laid down by the Christie and the Manchester Versus Cancer Alliance. In effect, what this means is that the messages must be delivered according to tried and tested social marketing methodology and in particular, we should not aim to cover too big a geographical area, because in doing so, the message becomes so diluted as to be ineffective. To do the latter would represent poor value for money, or, in other words, it would be a waste of money.

It was a key objective of the Manchester 2009 campaign to target socially disadvantaged audiences (the group classified for social marketing purposes as C2DE), both male and female, aged over 50. However, we had a budget of £90,000. We were advised that in order to “saturate” the whole city with the campaign messages, in the density which would be effective (as outlined above), would cost far more than this. Therefore, although we did run a city-wide campaign, we targeted some of what is known as the “ambient” literature and messages, into the neediest communities where our “C2DE” /aged over 50 years residents were most likely to live.

We used a commercial segmentation tool called MOSAIC to identify the target audience in categories known as;

- D. Ties of the community
- G. Municipal Dependency
- H. Blue Collar Enterprise
- Twilight Subsistence.

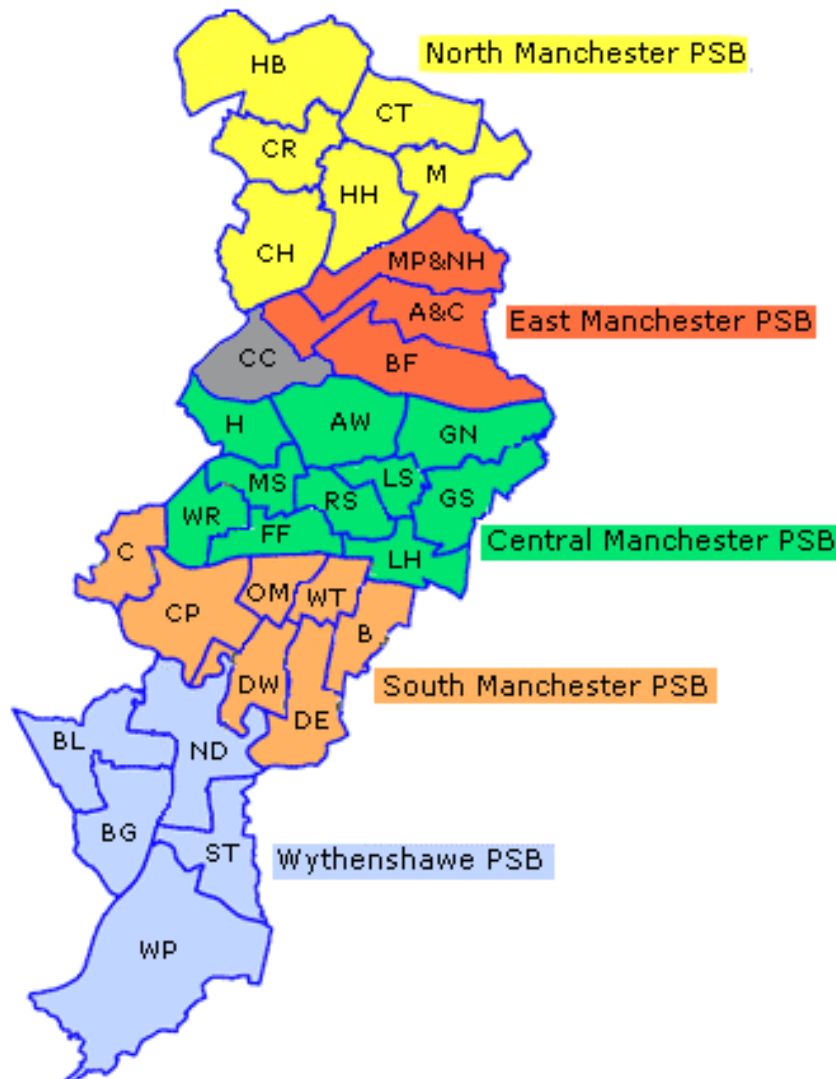
The Head of Health Intelligence for NHS Manchester mapped the incidence of C2DE and cross-referenced with the above groups *and* areas of highest cancer prevalence for the three types cancer that we were addressing and found that they overlapped

almost exactly. We therefore chose the areas where incidence of bowel, breast and lung cancers were highest. We chose our boundaries as political wards for administrative purposes and limited the number where “intense” activity would take place to that which meant that the campaign would still be effective (as outlined above).

The wards chosen for the campaign were therefore (please see map below);

- **Charlestown (CT), Higher Blackley (HB), Moston (M), Crumpsall (CR) - (North Public Service Board (PSB))**
- **Miles Platting & Newton Heath (MP&NH) - (East Manchester PSB)**
- **Gorton North (GN), Gorton South (GS) - (Central PSB)**
- **Burnage (B) - (South PSB)**
- **Sharston (ST), Woodhouse Park (WP) and Northenden (ND) - (Wythenshawe PSB)**

MAP of Manchester showing target wards



4. 0 Contract Tendering

The fact that the budget for this campaign was £90k meant that we put the contract to out to tender.

Although McCann Erickson originally designed the Don't Be A Cancer Chancer Campaign, the intellectual property rights are owned by the Manchester versus Cancer Alliance and so imagery could be used by the successful agency. A project brief was written by the Project Manager at Manchester Joint Health Unit and Edna Boampong (Greater Manchester Public Health Network). The document was sent to four agencies/organisations in mid January 2009 with a deadline to respond by the end of January. Of the four agencies contacted, three submitted bids and one declined to do so.

The tendering process was carried out by members of the Don't be a Cancer Chancer sub group, which is lead by David Regan, Acting Director of Public Health, NHS Manchester and Director of Manchester Joint Health Unit. Bids were considered on the basis of both cost and quality.

The contract was awarded to McCann Erickson who came mid range, in terms of cost, but whose bid demonstrated the greatest awareness of the Manchester "market" and who offered the best value in terms of what would be delivered. (N.B. records and minutes of the tendering process are available). Once appointed, a detailed project plan was finalised.

5. 0 Implementation

The project brief specified that there should be a project launch to which the press, elected members of Manchester, Directors from Manchester City Council and NHS Manchester, relevant staff and some members of the public would be invited.

Throughout the life of the campaign, there would be various types of multimedia message, such as billboards on main roads in the city, smaller billboards at bus-stops, press articles, a feature at a Manchester City football match – all of which could be booked through the usual commercial channels.

Alongside this commercial campaign, would be the dissemination of lots of types of posters, cards and novelty items, all spreading the Don't Be a Cancer Chancer message. There were essential three "executions", one highlighting the symptoms of breast cancer, one lung cancer and one bowel cancer.

We wanted the latter to reach into communities into the places where "locals" went – i.e. shops, their pubs, community centres, libraries, hairdressers' shops, bingo halls etc. To get this right (and not just put materials in places that "professionals" thought would be appropriate), we wanted to use people working on the ground in those areas and even volunteers. The distribution network that we subsequently set up, proved absolutely essential in terms of achieving this, but also in terms of getting huge quantities of materials out across Manchester within extremely short timescales. There was some learning from this and will be discussed further later in this report.

5. 1 Launch

Prior to the public launch a stakeholder event was held to ensure that local GPs, health visitors, elected members and all secondary referrers were involved and well equipped to manage queries and demand through the treatment pathway.

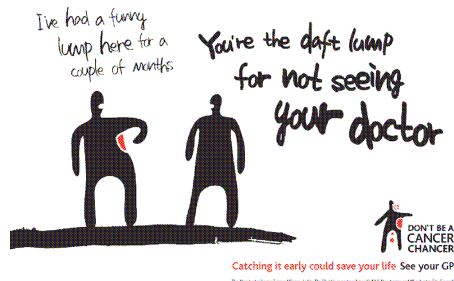


Title	w/c March 23 rd 2009	w/c March 30 th 2009	w/c April 6 th 2009	w/c April 13 th 2009	w/c April 20 th 2009
The Advertiser (North & East Manchester)	x	X	x	x	x
South Manchester Reporter	x	x	x	x	x

Media

5.2 Media/Press Advertising

At the core of the media campaign was press advertising in two titles; North & East Manchester Advertiser and the South Manchester Reporter. These local titles are well consumed by the aged 50+ "C2DE" target audience and five insertions, of three-consecutive half page ads (lung/breast/generic executions) were placed.



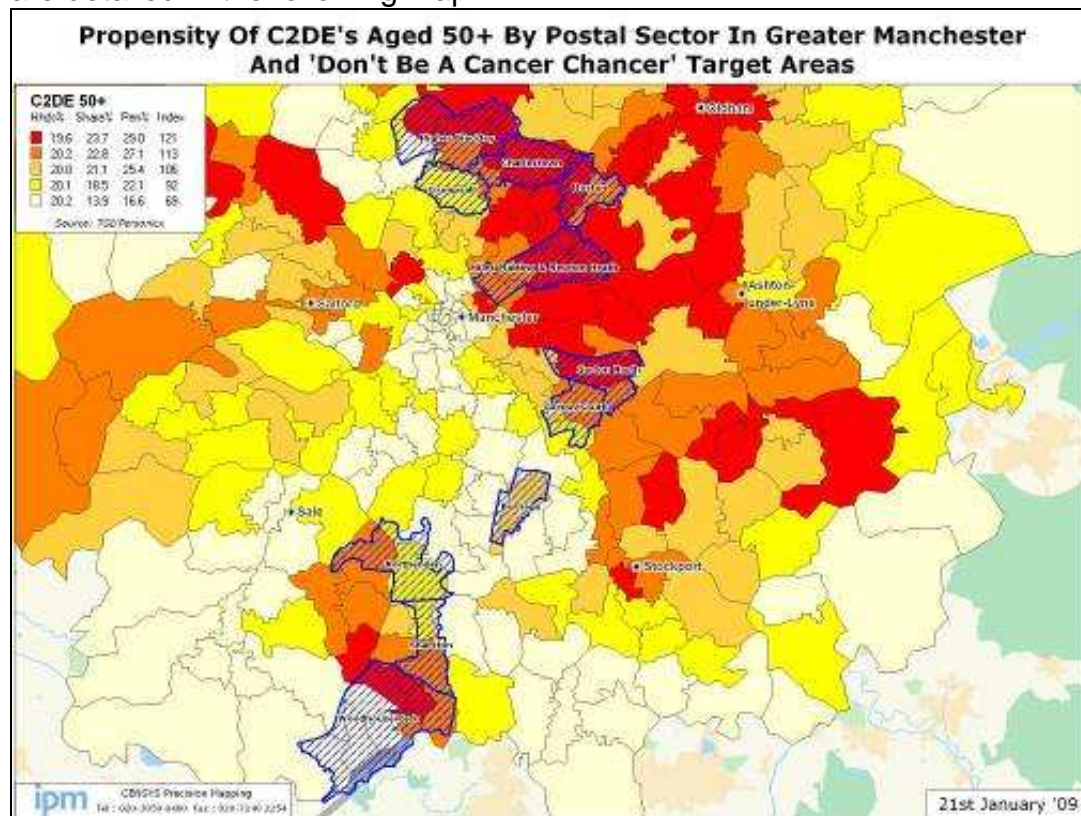
Press activity was intended to deliver high visibility, high impact and high penetration of the core campaign messages. This was supplemented by a targeted door-to-door drop of A5 leaflets to households in postal sectors where a higher than average number of people aged over 50 live. The door drop activity coincided with launch week and leaflets were delivered to 52,000 homes.



In addition to this press and door drop activity, a mix of "ambient" and outdoor media was selected.

TGI and Personix are industry tools used to help to understand and profile our target audience. They were used by McCann Erickson to better identify precise "hot spots" in terms of where our target audience live. Within these areas we then located poster sites.

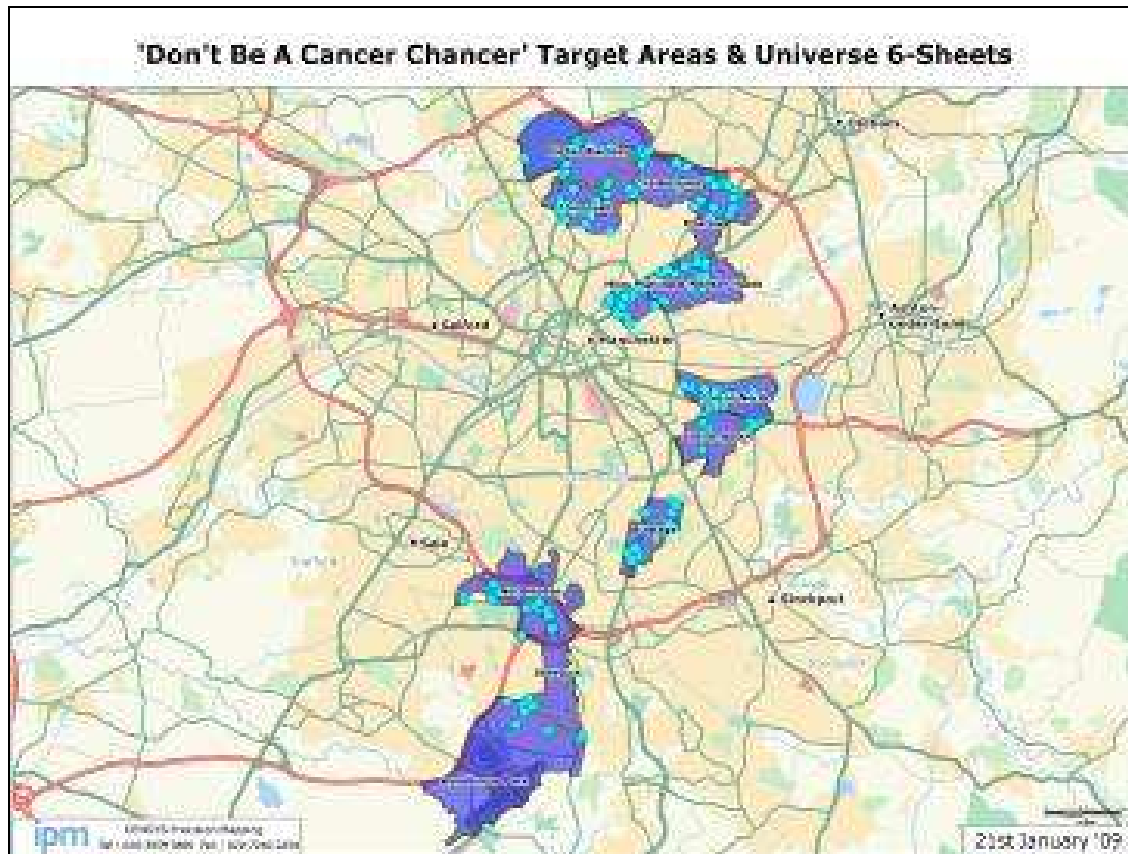
Demonstration of how our target wards appear in terms of target audience hotspots are detailed in the following map.



The map above illustrates the likelihood of postal sectors to occupy people aged 50+. The red areas are those areas most likely to house people aged 50+. In order to purchase media we examined these hotspots and ran additional advertising.

“Index grading” and “index profiling” are tools used in marketing to help to buy media. McCann Erickson looked at peoples’ attitudes, behaviour and travel patterns to profile audiences. Using “index profiling” data, every 6 sheet (a poster size), was given an “index grading” to optimise where advertising sites were purchased. This reduced “wastage” by buying those specific sites that which had a higher propensity to be seen by people from our target audience.

McCann Erickson applied this “modelling” and an initial two-week campaign of 61X 6-sheet sites selected from those depicted on the following map were purchased. Strong use of 6-sheet posters formed the basis of the outdoor media campaign to target both pedestrian and traffic audiences. Similar mapping techniques enabled us to plot where the most targeted 48-sheet sites would be. Suitably targeted 48-sheet posters were not available in some target wards (Woodhouse Park, Sharston and Northenden) and where it was not possible to site a 48-sheet poster in the target ward for the second burst of poster activity, 6-sheets will be used instead. Eight 48-sheet posters and six 6-sheet posters were utilised in the second two weeks of the campaign period.



Excellent quality and distribution across the required target areas was achieved:

- 94% of all roadside sites bought were illuminated
- 90% of all roadside sites bought were head-on (industry average is 40%)
- Average OTS (opportunity to see, 000s) of sites bought was 146 (industry average is 139)
- Total Contacts (000s) of sites bought was 62 (industry average is 58)

6-sheet roadside



48-sheet roadside



Previous experience of the DBACC campaign and subsequent evaluation has informed us that the use of ambient media works particularly well in terms of reaching and messaging to our target audience.

5. 3 Road Shows

We wanted to run road shows as they had been effective in past campaigns and gave us an opportunity to ensure that information was received and that health professionals had the opportunity to talk to people from target communities and audiences. The ideal scenario would have been, we felt, that the team could have arranged the road shows in-house and that they be exclusively staffed by health professionals from NHS Manchester, Manchester Community Health e.g. Health Trainers, volunteers and officers from Manchester Joint Health Unit. However, given existing heavy staff commitments, the timescales proved too tight for this to be possible. The Project Management team therefore took a pragmatic approach and asked McCann Erickson to help to organise road shows for us and to recruit promotional staff. These staff were to be assisted by health care professionals and staff from the Joint Health Unit as often as was possible.

McCann Erickson coordinated Supermarket visits and the project management team organised local market sessions. Venues did not charge a fee.

We took sites at supermarkets and markets across the patch. The roadshow was run on 9 dates and 18 venues, these included; Tesco Burnage, Gorton Market, Tesco Gorton, Harpurhey market and ASDA Harpurhey. The road show was staffed by an experienced promotional team, plus NHS Manchester and Manchester City Council employees.

The objective of the road show was be to take the campaign messages to the heart of the community and to create 'noise' and high visibility for the campaign. At the locations we took a stand/placed DBACC banners. The stand/banner attracted attention and generated public interest and so messages could be disseminated via leaflets and other give-a-ways.

People were sign-posted to their GP if suspicious symptoms were mentioned and reassurance was offered that it is OK and right to get yourself checked out.

Date	Time	Market	Time	Supermarket
Wednesday 1st April	9am - 12pm	Arndale market (non-food side)	1pm - 5pm	Tesco Burnage
Thursday 2nd April	9am - 12pm	Gorton market	1pm - 5pm	Tesco Gorton
Friday 3rd April	9am - 12pm	Harpurhey market	1pm - 5pm	ASDA Harpuhey
Wednesday 8th April	9am - 12pm	Newton Heath market	1pm - 5pm	Tesco Burnage
Tuesday 14th April	9am - 12pm	Wythenshawe market	1pm - 5pm	ASDA Wythenshawe
Wednesday 15th April	9am - 12pm	Tesco Cheetham Hill	1pm - 5pm	B & Q Cheetham Hill
Thursday 16th April	9am - 12pm	Gorton market	1pm - 5pm	Tesco Gorton
Friday 17th April	9am - 12pm	Harpurhey market	1pm - 5pm	ASDA Harpuhey
Wednesday 22nd April	9am - 12pm	Newton Heath market	1pm - 5pm	Tesco Burnage

The response received at the road shows was excellent and this was a great opportunity for us to engage face-to-face with our audience. Materials were well received and indeed, at Newton Health Market, all of the hundreds of goody bags were given out!



Interesting feedback was received from members of the public. It was evident that cancer touches many people's lives and many people wanted to talk with us, became emotional and tried to give us donations (the latter were obviously not accepted).



5.4 Manchester City Football Club

Manchester City Football Club was the only large club in the city able to assist with the campaign. This was disappointing, as we had intended to try to use the two main Manchester clubs and is something we would need to resolve in future if trying to use sport as a way to educate the public.

McCann Erickson worked with the football club to promote the campaign during one of their home games that fell during the campaign period;

<p>Sat 18 Apr 15:00</p>	<p>Barclays Premier League</p>	<p>West Bromwich Albion</p>
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Activity included:

- Leafleting in executive boxes and stadium
- Placed advertisement in the programme
- Generated and placed editorial for programme
- Placed A3 posters in the toilets and in the food/drink area

Programme editorial

City joins battle against cancer in Manchester

City Council executive member Alex Williams MBE helped to launch a campaign to encourage people to recognise cancer symptoms in Manchester last month. The Manchester Don't Be A Cancer Chancer campaign to encourage people to seek early signs of breast, bowel and lung cancer to their GP with the main message that "Catching it early could save your life".

The campaign seeks to engage with the local community to encourage people over the age of 50, who may obtain a call to their GP to seek medical attention earlier if they suspect the first signs of lung, breast or bowel cancer, such as a persistent cough, unusual breast lump or mole, bleeding (bleeding from).

The campaign will be an across Manchester in the first of April, with the Don't Be A Cancer Chancer stickers set to sell market stalls and supermarkets over the coming months to raise awareness of the symptoms of cancer. The stickers will carry the further message to reinforce the key "Catching it early could save your life" message.

Manchester City v West Bromwich Albion

5.5 Distribution of Materials

The lead in time for this campaign was relatively short and therefore the Project Management team decided that the only way to distribute the majority of materials would be to utilise existing networks of staff and volunteers, some of whom had been involved in previous campaigns and also to use professional contacts to request help from some teams who hadn't been involved before, such as Neighbourhood Wardens.

The willingness of teams to help us was critical to the success of the pilot. There was some initial frustration that we had not notified them of our intention to run a campaign sooner, but when we explained that we had not actually known ourselves and why, they did come "on board" and the distribution of massive amounts of materials couldn't have been achieved without them.

The main partners for distribution purposes were;

- South Manchester Healthy Living Network (including their volunteers), who distributed in the south of Manchester.
- ZEST, which distributed in the north of Manchester.
- Patty Doran – Macmillan Partnership Information Project Manager (Manchester Library Information Services).

assisted by;

- Public Health Development Service
- North Manchester Wardens (funded by Northwards Housing).

Each of the identified target areas have a variety of core establishments and a visible centre to the community. Community Workers volunteers were enlisted by the agencies named above to support the campaign in each respective geographical area. The extra resources that these agencies brought to the campaign was invaluable, but equally important, was their detailed local knowledge of the communities where they operate.

In brief, we used a central warehouse in Eccles to hold of the campaign materials. McCann Erickson and the project management team at Manchester Joint Health Unit then arranged delivery of materials to the three main agencies named above. They held materials in north, central and south Manchester respectively and managed and arranged distributions locally.

Some promotional support, arranged by McCann Erickson, was used in north Manchester where there seemed to be greater issues in terms of staff capacity to assist.

The following items were distributed across the target wards, in libraries, newsagents, bingo-halls, bookmakers, sandwich bars, hairdressers, shopping centres, bars, cafes and post-offices.

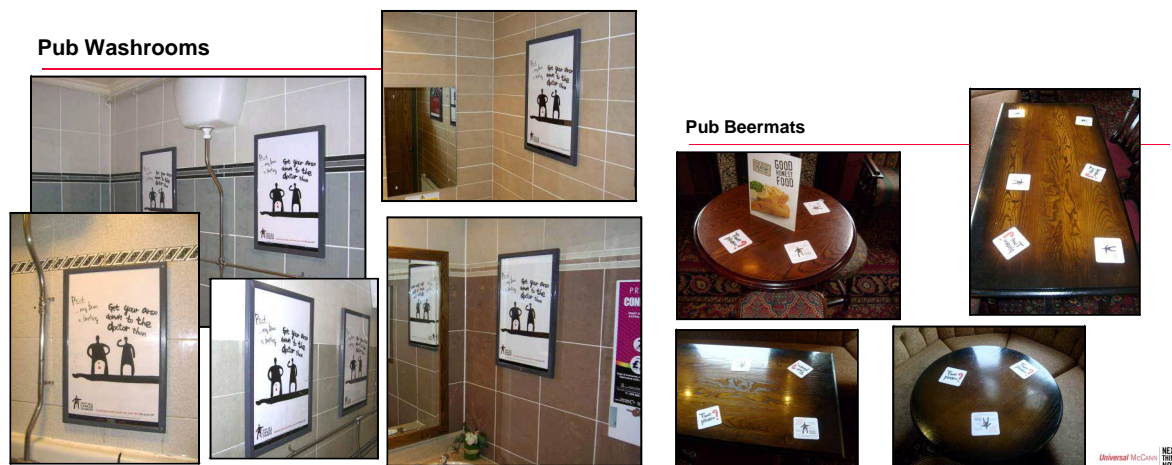
3000 pens
8800 A3 posters

- 110,000 A5 leaflets
- 1100 found cards
- 11000 betting slips
- 9000 bookmarks
- 5472 bingo dabbers
- 11,000 beer mats
- 5700 goody bags
- 2750 tent cards
- 5700 packs Uncle Joes mint balls
- 5700 handy pack tissues

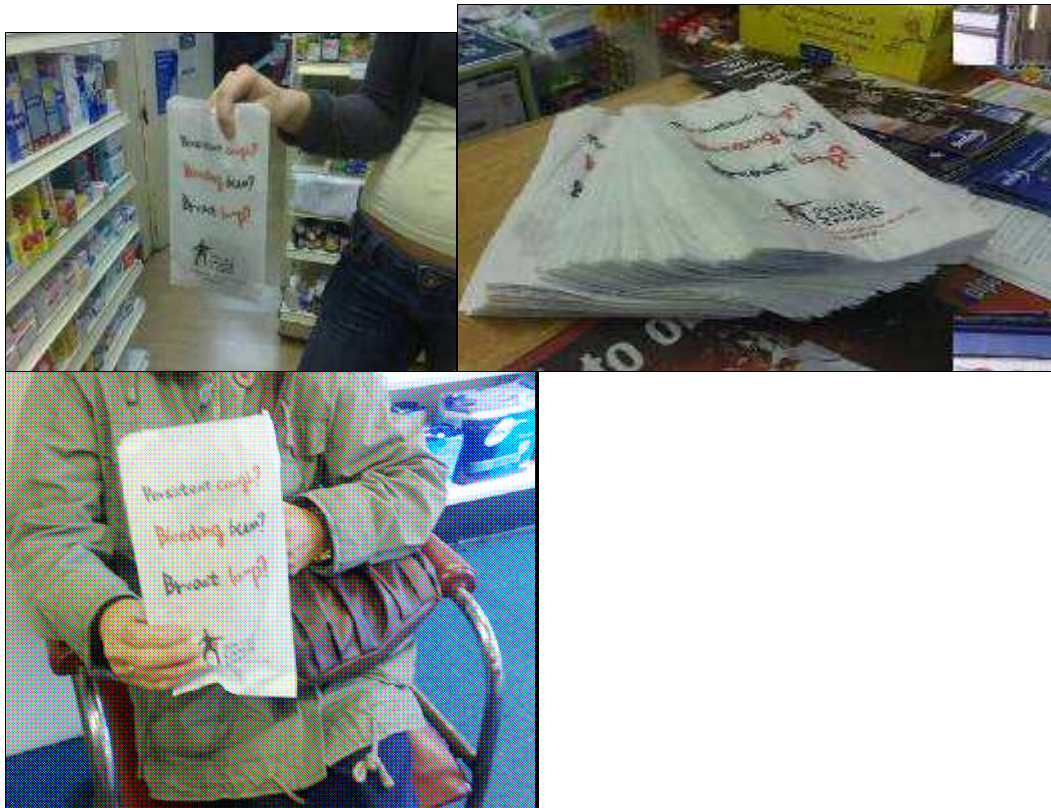
The managers of the teams involved in distribution were regarded as a “distribution team” and met on several occasions. This included a “debrief” meeting where detailed information was taken from each area and each agency. This revealed some extremely useful information, which should be used in the start up phase of any future planned projects.

Distribution of pharmacy bags to pharmacies and posters and beer mats to pubs was made via an experienced distribution house. Public houses will not always take promotional items unless the brewery has received payment and they are contracted to do so and so by paying for distribution we were guaranteed a presence in at least 40-50 venues across the target areas. The media company were briefed to target ‘local pubs’ frequented by our 50+ target audience, rather than those establishments popular with a younger audience.

A total of 120 pub washroom posters and 50,000 beer mats were sited:



And 40,000 pharmacy bags were distributed at over 40 local independent pharmacies:



A4 Clings (i.e. statically charged plastic flyers that temporarily stick to a variety of surfaces) were distributed. These posters (i.e. the “cough, cough” execution) were posted by a media company around pubs, cafes, bingo halls and shopping centres and were placed near the smoking areas where our 50+ target audience are likely to frequent. 2750 clings (250 per target ward) were placed during the campaign period.

Clings



6. Feedback/Lessons Learnt From Implementation

6.1 Launch

The launch event was very well organised and looked great. It generated great interest from members of the public who were passing. The goody bags were very well received. The event did not feel “exclusive” and definitely generated a positive response. The press did not attend the launch because they said that this was not a new campaign and referred to the fact that “Don’t Be A Cancer Chancer” had been launched before.

6.2 Press Coverage and Local Newsletters

The PR Campaign was coordinated by McCann Erickson’s PR team. Unfortunately, coverage was less than we’d hoped for due to a lack of interest from the local press. The Joint Health Unit, McCann Erickson and NHS Manchester tried to find and develop local case studies and survivor stories as a “hook” for local press, but this proved to be too difficult within the timeframe of the project.

6.3 Road shows

The two road show staff did an excellent job, were committed to the subject area and knowledgeable.

The Project Manager and Account Director from McCann Erickson went out on several occasions in total to quality check the road shows and were impressed and heartened by the response from general public who really did want to engage with staff about cancer related issues. Some told very personal stories, or asked medical questions (which were not answered by promotional staff). Some people related negative stories about friends and relatives who, in their opinion, had not received adequate help from GP’s. Such stories are challenging for staff to listen to and we had to be, and were, extremely careful about how stories like the latter were received and responded to, in the absence of all of the relevant information. However, in terms of feedback for the project, it would be remiss not to mention the fact that anecdotal stories were told on numerous occasions about how difficult it can be to get an appointment with a GP, how people had to make repeat visits to a GP before being sent for tests, which, subsequently, confirmed that a patient did have cancer.

There were some areas of learning in respect of the road show. For example, the goody bags and “freebies” proved to be a really good talking point and an effective way in engaging people in conversation, in order to be able to give information. However, the popular freebies, such as pens and sweets ran out fairly quickly, so we would suggest ordering larger quantities of these items in future.

The majority of dates had support from at least one or more health care professional, but partner support could have been better coordinated by having a single point of contact and by changes to the road show schedule being communicated better.

In general, given the speed with which the road shows were set up, they were a great success and present an opportunity to give information, written and verbal. To hundreds of people

6.4 Manchester City Football Club

It would appear that arranging publicity at football matches is more difficult than might be imagined – possibly due to issues with sponsors? This meant that Manchester United were unable to assist us when approached by McCann Erickson. Manchester City gave significant space for an article in their match day programme and messages were displayed on digital displays during one football match.

Reports from colleagues who attended the match indicated that the promotional staff that were employed were not particularly visible before and after the game. This probably indicates that we did not employ enough for a ground the size of the Manchester City stadium. However, when we queried this, it was also revealed that ground staff had locked materials in an office so that when promotional staff ran out at a key time, they had to wait for their stocks to be replenished.

We had hoped, as per the initial project plan, that players might be able to wear Don't Be A Cancer Chancer t-shirts for their warm up. Again, this proved to be not possible, possibly due to sponsorship issues.

The match day programme was probably the most visible and worthwhile element of this piece of promotional work, given that many fans buy a programme and read it. So we do acknowledge and thank Manchester City Football Club for that.

6.5 Distribution of Materials

The teams used as named above, were invaluable and were the right people to inform distribution of materials locally. Much detailed feedback is available from the distribution debrief meeting and this is available as an appendix.

The general consensus was that the planning of the distribution of materials needs to start as soon as is possible. Being innovative about using teams such as the Neighbourhood Wardens, was a good idea. The wardens felt that in helping us, they had also been able to talk to groups within the community that they would normally find difficult to engage, so they would be happy to be involved in future campaigns. Because of the short lead in time for this campaign, Account Manager from McCann Erickson had to order promotional materials before full information was available about distribution options. This resulted in some materials being left over. A review of the types and quantities of the materials ordered would be useful for future campaigns.

The distribution team worked well together and suggested that from their learning, a “campaign plan” for Manchester could be drawn up, including separate plans for distribution, GP engagement and evaluation and listing key contacts. This would save much time for future campaigns and would mean that the campaign could be potentially rolled out by any one.

7.0 Evaluation Of Outcomes

7.1 Information from NHS Manchester.

The campaign appears to have been a success in terms of engaging members of the public and disseminating information into non clinical settings.

However, ultimately, what we need to evaluate is whether, as a result of this campaign, more people presented at their GP with symptoms and whether, as a consequence of that, more people were referred with “query cancer” issues via the HSC05/ two week referral system. It would be useful to know whether this resulted in an increased number of cases of cancer being diagnosed, although arguably, if the objectives of DBACC are to increase awareness of symptoms and the number of people seeing their doctor with symptoms that *could* be related to cancer, then the diagnosis element is possibly not as relevant to evaluation of the campaign.

We expected from previous campaigns that establishing cause and effect would be difficult in Manchester, not least because of the complexity of health provision in the city, i.e. the number of hospitals. It would always be difficult to ascertain a direct link between the Don't Be A Cancer Chancer campaign and a “presentation” because of the number of possible other influences on a patient. However, in PCT areas where there is one hospital, it might have been reasonable to deduce that any significant increase in the number of two week referrals and/or new diagnosis of any stage cancer during, or shortly after the campaign, might be attributable, at least in part, to the campaign. Tracking this information however, was extremely difficult for Manchester, in particular given the timeframe of the project.

7.1.1 GP Feedback

A letter was sent by NHS Manchester to all GPs prior to the campaign starting. GPs were contacted after the campaign to seek their views and feedback about any impact that the campaign had upon people coming to see them either with symptoms, or seeking advice. Unfortunately, at the time of writing this evaluation, GPs felt unable to respond because of the increased work load in 2009 as a consequence of Swine Flu. Obviously, this lack of feedback is disappointing. We did however contact Dr. Petula Chatterjee, who works for the Greater Manchester and Cheshire Cancer Network and who is also a practising GP in Wythenshawe. Dr Chatterjee stated, “As a jobbing GP, I cannot say I have noticed an impact on presentation of symptoms by my patients and added, “Presentation at primary care is a complex area”

7.1.2. Analysis of Two Week (Suspect Cancer) Referrals

It has also proved extremely difficult to assess whether there was any increase in the number of people being referred to hospitals with symptoms suspicious of bowel, breast and lung cancer during and after the DBACC campaign. Similarly, it was not possible to gather data about the number of new confirmed diagnoses of any of these cancers during, or after, the campaign. It goes almost without saying, that making these assessments in the 50 + C2DE target audience alone, was impossible. There are a number of difficulties relating to the number of acute trusts (and hospitals) in Manchester, the various referral pathways and consequently, the

number settings in which a new diagnosis could be made. Perhaps the most fundamental difficulty is caused by the current systems for recording the type of data that we would like.

Therefore, we accept that there are unfortunately limitations to the quantitative evaluation that we are able to carry out for this campaign. The data that we have been able to obtain, is around referrals through the two week/HSC05 system for bowel, breast and lung symptoms for the Pennine, Central and Acute Trusts in Greater Manchester.

The Greater Manchester and Cheshire Cancer Network were able to provide us with information below about the numbers of people seen in South Manchester, Central Manchester and Pennine Acute trust hospitals under the two week (HSC05) referrals systems in relation to suspected breast, lower GI (i.e. bowel) and lung cancer. Referrals and are recorded and reported on a full calendar month basis. The campaign ran from 23rd March 2009 – 30th April 2009. We wanted to try to compare two week referrals for the period of the campaign, plus three months - i.e. 23rd March 2009 to end July 2009 – with the same period in 2008.

Although we could have extrapolated figures by one week, we decided not to do so because in some cases the referral numbers were so low as to mean that extrapolating the figures by one week (to cover the precise dates during which the campaign ran) might have been meaningless.

This comparison was complicated by the fact that a DBACC campaign was run in north Manchester in 2007 and 2008, which would mean that the comparison would be not entirely genuine on the Pennine footprint (not to mention the fact of course that the Pennine Acute Trust covers Fairfield, North Manchester, Rochdale and Oldham hospitals).

The data is as follows, we have added a column to show % variation in referral between 2008/9

Two Week Wait Standard - Total referrals seen during period

Trust:	South Manchester		%Variance
Period:	April - July 08	April - July 09	
Suspected breast cancer	542	627	plus 16%
Suspected lower GI cancer	176	218	Plus 24%
Suspected lung cancer *	37	36	Minus 3%
South Manchester Total	755	881	

* Suspected lung cancer - patients attend the 24hr rapid access clinic at the hospital rather than be referred on a 2

week wait referral

Trust:	Central Manchester		
Period:	April - July 08	April - July 09	
Suspected breast cancer **	0	0	N/A
Suspected lower GI cancer	121		minus 16%
Suspected lung cancer	46	31	minus 33%
Central Manchester Total	167	31	

** Suspected breast cancer - the hospital does not accept breast 2 week wait referrals

Trust:	Pennine Acute		
Period:	April - July 08	April - July 09	
Suspected breast cancer	799	534	minus 33%
Suspected lower GI cancer	475	519	plus 9%
Suspected lung cancer	199	220	plus 10.5%
Pennine Total	1473	1273	

NB.% variance rounded up/down

Analysis.

A statistical analysis of the significance of these results has not been carried out. A number of issues need to be noted before any analysis or comment can be made:

- ii) There was a DBACC campaign in the north of Manchester in 2008 (which affects the comparison).
- iii) The Pennine Acute Trust takes in a number of hospitals, only one of which is within the boundary of NHS Manchester, i.e. North Manchester General Hospital.
- iv) The two week referral process is not the only way that new cancer patients are seen. Many diagnoses are made in other ways. For example, one of the issues around late diagnoses in Manchester (and England generally), is that many diagnosis are made as a consequence of admission to Accident and Emergency departments with symptoms related to primary and more advanced cancers. Poor access to GPs (or people not being registered with a GP) would also ironically increase the diagnosis through other routes and could mean that the numbers of new cases coming

- through the two week referral process appears lower. So the above analysis is not the whole picture.
- v) Many Manchester patients with symptoms which could be related to lung cancer are referred through the Rapid Access Referral System (same, or next day). Therefore, the two week referral data for lung cancer is not an accurate picture. Indeed, a fall in the number of two week referrals for lung cancer could mean that fewer people presented with symptoms suspicious of lung cancer, *or*, that services that respond to such symptoms have actually improved because more people have been referred the Rapid Access Referral System. Therefore, the lung data which we have is not really of use in its present limited form.
 - vi) This data is for all age groups. Better analysis of the effectiveness of the DBACC campaign would be an analysis of variance in two week referrals for the target audience i.e. C2DE/over 50s.

Given all of the issues above, it would be misleading to use the limited data above to draw any firm conclusions about the impact of the 2009 campaign. However, some interesting observations can be made, which ideally would be worthy of further investigation.

- i) Excluding lung cancer referrals, the greatest variation in referrals was seen in south Manchester. We *could* suggest that this might reflect the fact that this is the first time that DBACC has been rolled out in south Manchester.
- ii) The Pennine Acute data is skewed by the number of hospitals which that area takes in, but we might have expected a smaller variation than south Manchester, because DBACC was run in north Manchester in 2007 and 2008. Both issues make the Pennine Acute data fairly useless to this evaluation in its current form.
- iii) The central Manchester data is also difficult to interpret, but interestingly, there is no increase in the number of two week referrals for the only cancer for which we have genuine information, i.e. lower GI cancer. In fact there is a 16% reduction. This is interesting because we did not focus resources into this area of the city. Furthermore, this area of the city has a high density of BME communities, where any DBACC messages which are seen, may not be well received, for a variety of reasons - so we could speculate that this is reflected in the above figures. However, it would be wrong to categorically claim that the reduction in lower G.I. cancer referrals reflected the fact that no DBACC campaign ran in this area in 2009, but it does suggest that further investigation may need to be carried out. We would like to ascertain whether the figures mean that there are lower numbers of new cases, lower numbers of presentation at GPs, or just lower numbers of two week referrals. We have also sought more information about suspect breast cancer referrals.

In conclusion we can say, at a most simplistic level, that *something* caused an increase in referrals in south Manchester between 2008 and 2009. We would hope that the DBACC campaign might be a factor within what is likely to be a complex set of reasons for this.

7.2 Social Marketing Outcomes

McCann Erickson used a company called POSTAR to evaluate the effectiveness of outdoor media. For this campaign POSTAR calculated that based on where media was placed, approximately one third of our target audience would have seen the DBACC material an average of 4 times. Because POSTAR only calculate using national averages, McCann Erickson estimate that the true number of people in the target audience who would have seen the campaign would have been even greater. The campaign therefore reached 562,000 adults 55+ and provided a total of 2,329,000 relevant contacts.

This is an excellent result considering that this is based on a national POSTAR reading. This means that we will actually have achieved a much higher coverage and frequency figure in the area where the campaign was actually bought. Finally, in summer 2009 a survey into awareness of all types of cancer campaigns within Manchester found that there were very high levels of awareness of the Cancer Chancer message. Without any prompting, 16% of a sample of 440 individuals (interviewed in the street), stated that they had seen the Don't Be A Cancer Chancer Message.

8 Recommendations

- The main recommendation from this report is that work around prevention and early diagnosis of cancer should continue in Manchester. In respect of bowel, breast and lung cancer, the Don't Be A Cancer Chancer campaign is well received and recognised by the public and should be developed and used again. The findings are, unsurprisingly, that after 3 successful campaigns, some changes might be needed to refresh the message and improve delivery, but the core elements of the Manchester 2009 campaign were a success and should be retained.
- Further work is needed to address the issue of effective delivery of this campaign into BME communities. From research carried out by the National Cancer Intelligence Network, and desktop research conducted by McCann Erickson on behalf of the Greater Manchester and Cheshire Cancer Network, we know that there is a particular problem around the effectiveness and acceptability of the existing campaign in those communities. However, we do need to caution against making too many generalisations and need to drill down further into what we think are the issues, what works, what doesn't work and what solutions there may be in terms of doing this important cancer prevention work effectively in those communities. We would recommend that this further research be done before attempting to run further campaigns in Manchester.
- We may need to consider the way that we position the media campaign at least, in order to achieve greater interest from the media. One suggestion has been that this might be achieved by repositioning the campaign as an annual event, for example, rather than having a "launch" for each campaign. In considering changes to the branding, we do need to balance that with the fact that the messages are generally very well received by the public and the high levels of recognition and the awareness generated from that, shouldn't be lost.

- Systems to track and evaluate the impact of the campaign versus presentations and new cancer diagnosis need to be enhanced. In particular:
 - To record basic information from people who we speak to at road shows (with their consent and subject to appropriate protocols).
 - Improving engagement with GP practices and developing a simple system to monitor increased presentations of bowel, breast and lung symptoms at primary care during and after campaigns. This system should be designed to evaluate the impact on the target audience by enabling an analysis of possible cancer presentations by age, gender, ethnicity and partial postcode.
 - To monitor referrals for lower G.I (bowel), breast and lung symptoms through the two week referral system for the target age group.
 - To monitor referrals coming through breast clinics and Rapid Access Lung clinics for the target age group.
 - To monitor new diagnosis for bowel, breast and lung cancer for the target age group.
 - All of the above information would be needed for the three acute trusts operating in Manchester. We acknowledge that the above represents something of a “wish list” because current information gathering systems are not as sophisticated as we would like.
- Road shows should be repeated, but possibly with an expanded brief, so that requests for information can be followed up properly. We feel that it is essential that NHS health professionals are present at all road-shows.
- To ensure that concerns expressed by some Manchester residents, i.e. that it is difficult to get an appointment with their GP, and also issues around slow referrals to hospital and late diagnosis, are heard and acted upon, NHS Manchester should continue to use its patient engagement programme, “Talking Health”, as a means of communication with local residents. Information about “Talking Health” and the Manchester Patient Liaison and Advocacy Service (PALS) should be available at future DBACC events to offer support to concerned residents. NHS Manchester should use individual feedback, alongside information from the 2009 GP survey, in order to continue to improve access to, and quality of, GP care. NHS Manchester should also develop its work on the “Manchester Standard” (a framework for local GP services) and the NHS Constitution to ensure effective and efficient referral of suspected cancer symptoms and monitor practice via the Manchester Programme Board.
- Wherever possible, given financial constraints around planning, a schedule of campaigns should be established for Manchester and Greater Manchester to give more time for improved planning and coordination. However, we should use and build upon the distribution networks that we established in 2009.

9 Next Steps

- The Greater Manchester and Cheshire Cancer Network (DBACC subgroup), are to commission a major piece of research into how to better take the campaign into BME communities. The research project will cover Manchester, Bolton, Heywood, Middleton and Rochdale. The fact that the research will cover an area larger than Manchester alone, means that outcomes will be more accurate and representative. Further more, should a research outcome be that the campaign

needs to be delivered in a different way, there can be consistency across the region, in keeping with the current regional approach. We plan to have completed this work by April /May 2010.

- Manchester City Council and NHS Manchester hope to deliver a further DBACC campaign in the latter part of 2010. Details are unconfirmed but we will take outcomes of the BME research to inform how that campaign is delivered.

Completed January 2010. Manchester Joint Health Unit & NHS Manchester.