

Manchester Versus Cancer Alliance:

‘Don’t be a Cancer Chancer’; how a colloquial message of hope empowered people to save their own lives.

EXECUTIVE SUMMARY**In a nutshell...**

This paper tells how a small budget social marketing campaign saved lives in Greater Manchester with a positive message about cancer.

By creating hope instead of fear ‘Don’t be a Cancer Chancer’ altered the way that a population reacted to the early signs of breast, lung and bowel cancer.

Despite the notorious difficulties in successfully evaluating the true effects of public health campaigns, the evidence overwhelmingly suggests that ‘Don’t be a Cancer Chancer’ has empowered its audience to successfully identify and act proactively when faced with the early symptoms of cancer.

SECTION 1: CONTEXT**Some damning statistics**

Cancer is the leading cause of death in the UK for people under 75, responsible for 38% of all mortalities and killing 125,000 Britons each year^{1, 2}.

Figure 1: Biggest causes of premature death for people ages under 75 in England in 2005

Disease	Percentage
Cancer	38%
Circulatory	28%
Respiratory	9%
External (Accidents, Suicides, Homicides)	7%
Digestive	6%

Figure 1: Mortality figures¹

40% of these deaths are accounted for by three cancers; breast cancer, lung cancer and bowel (colorectal) cancer³.

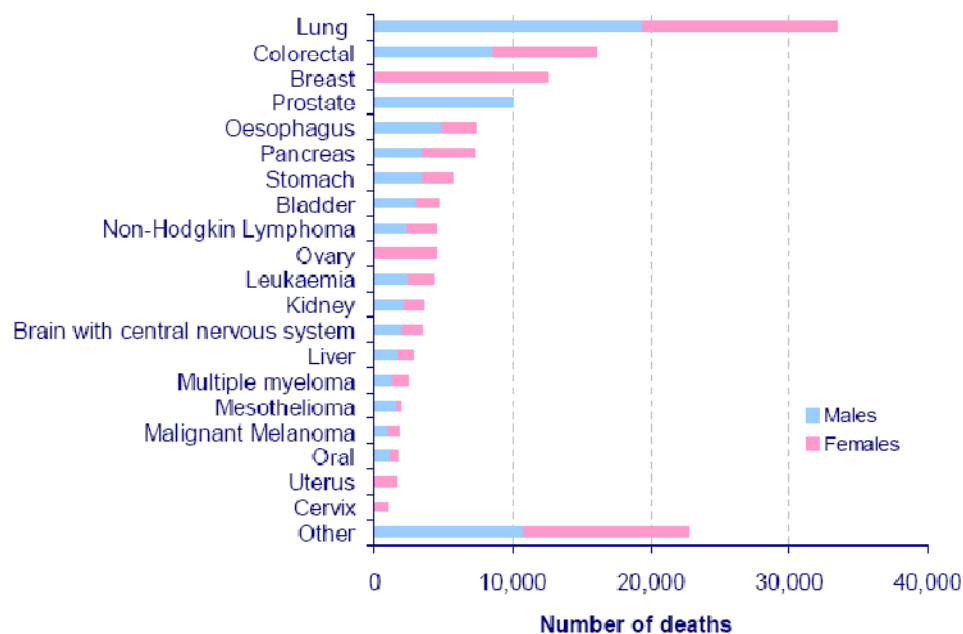


Figure 2: Main cancer killers ³

Despite high spends on healthcare, UK survival rates for these cancers are low ^{1,2}. Late diagnosis is a major contributor factor to the death toll ² and there are major inequalities in incidence and death rates between rich and poor ⁴.

"...the poor are still far more likely to get cancer than the rich, and their chances of survival are lower too".

Alan Milburn: *The National Cancer Plan foreword*

'There are a number of reasons for these inequalities in cancer.... Lower awareness of the symptoms of cancer in some social groups, later presentation to GPs, lower uptake of screening services and unequal access to high quality services also play a role.'

The National Cancer Plan: 2000

Figure 3: Inequalities in cancer survival ⁴

A chilling Northern predicament

Within Manchester huge socio-economic inequalities and poor awareness and understanding drive some of some of the highest death rates in the UK ^{5,6}.

Of the 7,000 cancer-related deaths in Greater Manchester each year, around 500 could be saved through the earlier presentation of symptoms ².

'Unfortunately we witness the results of people being diagnosed late. Five hundred lives is the equivalent of a jumbo jet full of local people crashing every year. This is a local tragedy that we can do something about.'

Caroline Shaw: Chief Executive, The Christie

Figure 4: A local tragedy⁷

Early diagnosis is key

Just by seeing a GP with the early symptoms of cancer individuals can increase their chances of survival by up to three times⁸.

- 95% of Breast cancers are treatable if found early⁸.
- Lung cancer is three times more likely to be cured if caught before it spreads⁸.
- Bowel cancer is twice as likely to be cured if caught early⁸.

"People need to become more aware of the signs and symptoms of cancer and need to go to the doctors if they are concerned. The earlier you are seen, the better the chances of survival."

Dr Ian Watson: Oldham GP and National primary care lead for cancer partnership

Figure 5: The role of the GP

SECTION 2: DEFINING THE PROBLEM

People needed to be educated with vital and potentially lifesaving facts.

A local rallying cry

Recognising the seriousness of the problem within Manchester, a number of key cancer and public sector bodies within the North West came together to form the Manchester Versus Cancer Alliance (MVCA) in March 2007⁹.

United, the Alliance vowed to take the problem of late presentation beyond the hospital doors, to tackle this local tragedy head on.

A local revolution had begun.

A mighty task

Rome wasn't built in a day and similarly all problems could not be tackled at once.

The first task for the MVCA was to develop a campaign driving early presentation of symptoms of the three main cancer killers.

Alliance members agreed that the following symptoms would be the focus of the campaign:

- Persistent coughs: Lung

- Rectal bleeding: Bowel
- Unusual lump: Breast

Focusing the mind

The MVCA defined three core objectives for their ambitious project;

1. To **educate** the population about the signs and symptoms of the three main cancer killers; colorectal breast and lung cancer.
2. To drive **recognition** and early **presentation** to GPs for those experiencing these symptoms.
3. To **address the inequalities** seen in cancer survival rates by targeting messaging at an older and lower social grade audience in Manchester (C2DE 50years +) ¹⁰.

SECTION 3: THE BARRIERS

To be successful the campaign needed not only to change attitudes but critically to drive true behavioural change.

You can lead a horse to water...

We suspected that a lack of awareness of key symptoms may be the least of our problems.

Focus groups ¹¹ substantiated these concerns and confirmed that there was much more to do than merely teach our audience to successfully recognise the symptoms of the three cancers;

1. **'I don't want to know'**: For our audience, cancer represented a death sentence. Even when recognised there was often a fear driven delay between finding a symptom and approaching the GP.
2. **'It's probably nothing anyway and I don't want to make a fuss'**: The audience were often more concerned about 'worrying the GP' than the importance of getting checked out.
3. **'Don't lecture me'**: There is a clear and outright rejection of traditional, lecturing public health campaigns.

Evicting the fear factor

Historically public health campaigns have been information-based with many carrying messages of fear to shock their target audiences into action.

But our audience was already frightened and this fear meant that they were stuck in a deadly and self perpetuating cycle.

"The treatment may remove the pain or slow the disease down, but once cancer is there in your body it's very bad. It will cause death or a very poor quality of life....you can't hide from that really"

Research Respondent: Unravel research 2007

Figure 6: A fearful audience

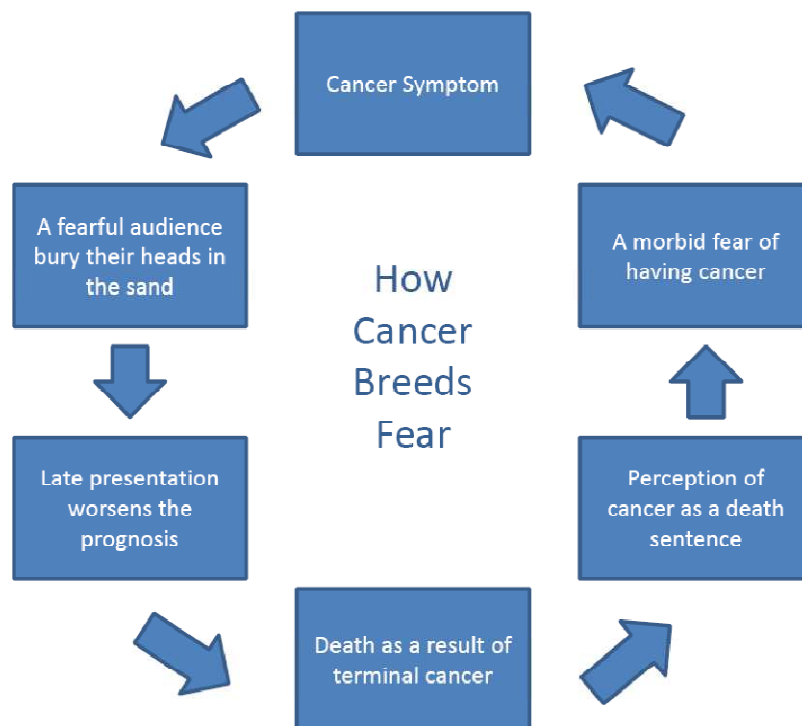


Figure 7: A vicious cycle

Our audience needed to be armed with knowledge and information that dispelled these fears and gave a motivating message of hope about survival not death.

Only this would shake the population out of their inertia, breaking the cycle of fear and allowing those experiencing symptoms to present early enough to save their own lives.

Not all cancers come with a big C

Figure 8: The insight that would change behaviour

SECTION 4: CAMPAIGN DEVELOPMENT

The key messages

Alongside the key insight there were three key messaging platforms;

- **Education:** Rectal bleeding, persistent coughs and lumps may be symptoms of cancer.
- **Call to action:** See your GP should any of these symptoms present.
- **Motivation:** Detecting cancer early can significantly improve your chances of survival.

Finally and critically we needed to talk to the audience on their level, a lecturing tone wouldn't cut the mustard.

SECTION 5a: THE CAMPAIGN CREATIVE STRATEGY

The birth of a great idea

The creative idea had a big job to do;

- To be hard hitting enough to shake the audience into action, whilst delivering a positive rather than negative message.
- To educate about symptoms whilst avoiding clinical or medical jargon.
- To deliver a clear and direct call to action but to avoid lecturing tones.
- To give the audience hope whilst clearly communicating an urgency to act.

The 'Don't be a Cancer Chancer' icon encapsulated all of these messages into one simple yet memorable visual as well as visualising about key symptoms.

Engagingly colloquial, this hard hitting yet motivational concept delivered a true message of survival and hope, whilst reminding the audience not to take a risk with their own life.

Importantly 'Don't be a Cancer Chancer' was specifically designed to work for a Northern accent where 'Chancer' is pronounced with a 'Northern twang'. It's 'Jackie Chan' not 'Jackie Charn'.



Figure 9: The iconic logo

The development of the campaign

The 'Don't be a Cancer Chancer' icon and line were incorporated into four hard-hitting visuals, one for each type of cancer.

'Don't be a Cancer Chancer' was teamed with the line 'catching it early could save your life', adding a motivation to act and building on the message of hope within the icon.

Finally the call to action to 'see your GP' drove the message home.



Figure 10: The campaign

Following a small-scale pilot¹², the first full rollout of the campaign was in Ashton Leigh & Wigan Primary Care Trust (ALWPT) in January-March 2008.

SECTION 5b: MEDIA ENGAGEMENT STRATEGY

Shaking the audience out of their reverie

Key to saving lives is not what you say but how and when you say it.

The media strategy needed;

1. To provide a hard-hitting campaign with a high penetration into the target audience, **forcing raised awareness** of the main symptoms of the three cancers.

2. To target the audience at the **point of symptom** to prevent those most at risk from ignoring the message/burying their heads in the sand.

A media challenge

Rather than the tight budgets usually associated with regional social marketing campaigns, in this instance the budget was relatively robust¹³.

Even so this was not a simple campaign; the challenges for the media were threefold;

1. To reach a specific and **socially disadvantaged audience** who historically do not respond to health messaging.
2. To deliver to this audience within tight **geographical boundaries** (see [appendix 1](#)¹⁴).
3. To deal with and deliver this **uncomfortable message** both appropriately and effectively.

These challenges drove the development of a truly original media plan which redefined the boundaries between traditional media, ambient and PR (see [appendix 2](#)).

Innovative use of traditional media

With four key local press titles¹⁵ it is possible to reach the vast majority of the Wigan Borough population, particularly our audience (see [appendix 3](#)). Consecutive half page colour ads created standout and forced the audience to take note.

Used within the tight geographical constraints, door drops 48 and 6 Sheets allowed flexibility to target the most deprived wards¹⁶ (see [appendix 4, 5](#)) within the borough.



Figure 11: Outdoor media

The Wigan bus network is strong and heavily used by our target audience. Streetliners, bus tickets and indoor panels were all used in order to maximise cut through.

Many media campaigns would stop here. Two things forced us to work harder;

1. There simply wasn't a large enough media repository within Wigan to use the budget without total campaign overkill in outdoor media and press.
2. We could have paid for all of the media that we wanted and had incredible reach but traditional media alone could not help us to be a part of the everyday life in a way that could genuinely save lives.

Working harder

We wanted to get closer to our audience and their day-to-day lives, closer to the points at which they were experiencing symptoms, where traditional media just cannot reach. We wanted to be a part of the real conversations that people have around health and life in general.

Pubs, social clubs, doctors' surgeries, pharmacies and bingo halls, the everyday places where our audience could be found were heavily targeted with an innovative and hard-hitting range of media, a mix of clings, pharmacy bags and bar media¹⁷.



Figure 12: Ambient media

Alongside this, free media placement was distributed by PCT health trainers and promotions staff into launderettes, bingo halls, newsagents, health centres, hairdressers and barbers¹⁸.



Figure 13: Free distribution channels

The team, galvanised by a lifesaving message, delivered the campaign right into the day-to-day lives of the audience, delivering a hard hitting and poignant message that just could not be ignored.

But just in case anyone slipped through the net...

A comprehensive PR campaign was the last part of the jigsaw.

- A 'Don't be a Cancer Chancer' battle bus was deployed into the 8 most deprived wards in Wigan¹⁹. Complete with a team of healthcare professionals and promotional staff²⁰, the bus encouraged positive conversation about cancer and distributed yet more innovative materials²¹.
- Wigan Athletic Football Club, and manager Steve Bruce supported the campaign; players wore campaign T-shirts, support material featured in match programmes²², on scoreboards²³, in tannoy announcements²⁴ and a pitch banner was placed on the centre circle prior to matches during the campaign period²⁵.
- Activity was supported with media relations specifically timed to drive the target audience to visit the bus and to raise awareness of the campaign.



Figure 15: The stakeholder launch

The chief executive and Chair of ALWPCT, the regional director of Public Health in the North West and regional broadcast and local press attended who said that it was the best launch event that they had ever attended²⁶.

A website²⁷ was developed to educate and engage key stakeholders, particularly local GPs about the campaign (see [appendix 6](#)), url details were sent out prior the stakeholder launch. The reaction was positive and GPs felt that the campaign had struck the correct tone.

The phraseology of the campaign was good-gives them the confidence to go and see their GP. Previous other campaigns can just be scaremongering.

GP respondent: Unravel Research2008

Figure 16: GP feedback

SECTION 6a: PR RESULTS

Results of the PR campaign

Over 3,000 bags were handed out to members of the public and many individuals spoke to the promotional team and healthcare professionals;

"We spoke to a lot of people throughout the 'Don't be a Cancer Chancer' Roadshow, many of whom were concerned that they or a family member were experiencing early symptoms of cancer. We directed them to the onboard specialists and local doctors we had working alongside us and also recommended they visit their GP immediately. It was an extremely effective way of reaching those with little confidence to confide in their GP's and those who may otherwise have just ignored these symptoms."

Rachel Tiago: Promotion team & roadshow leader

Figure 17: Promotion team feedback

Campaign coverage was gained on radio²⁸ and Channel M²⁹, with Sky Sports showing the pitch banner during live coverage of a game³⁰. Alongside this strong press coverage was seen in the regional press titles and websites (see [appendix 7](#)).



Figure 18: Channel M coverage

As Wigan is a deprived area, the advertising value equivalent of the coverage is relatively low. However these papers have incredible reach (see [appendix 2](#)), thus the editorial value of these pieces is extremely high.



Figure 19: Newspaper coverage

Overall coverage amounted to 1.5 M opportunities to see (OTS). That's 4.9 OTS for each member of the Wigan Borough population³¹.

SECTION 6b: AWARENESS

Exciting preliminary results

Clearly more than a clever creative idea, a nifty media strategy, high PR coverage and a happy set of stakeholders is needed to demonstrate the success of 'Don't be a Cancer Chancer'. So here are the real numbers.

Pre and post campaign analysis³² (see [appendix 8](#)) showed that, when prompted, 51% of respondents had seen some form of the campaign (see [appendix 9](#)³³).

Of those who recalled the campaign, 42% spontaneously recalled the posters, 15% had seen at least one part of the ambient materials and 23% had interacted with either the battle bus or promotional team.

74% of respondents understood when prompted that the key to beating cancer was to catch it early and this number rose to 81% in the 50-59 audience.

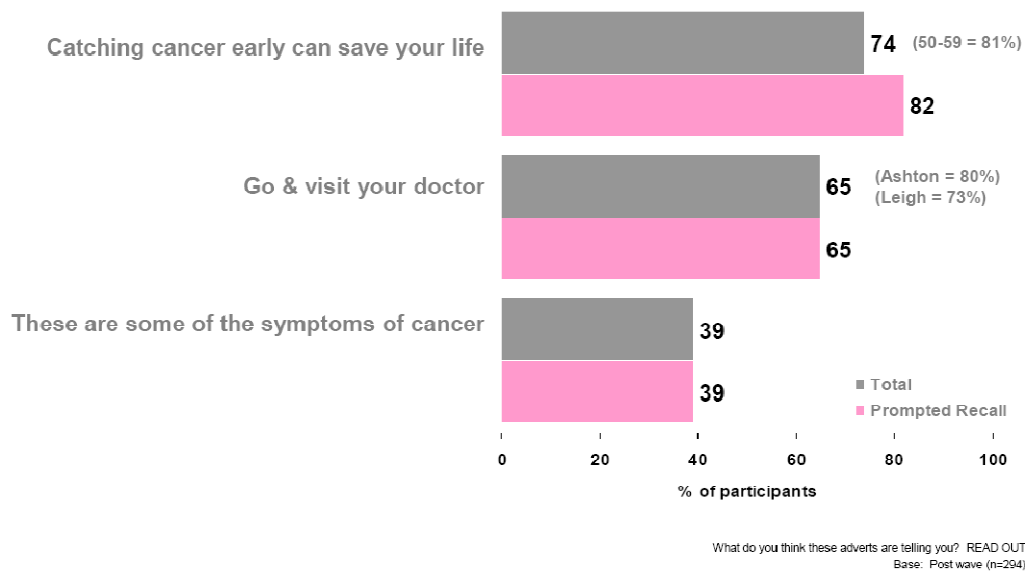


Figure 20: What is the campaign saying?³³

Unprompted, 76% of respondents knew that the call to action was to go to your GP if you were worried.

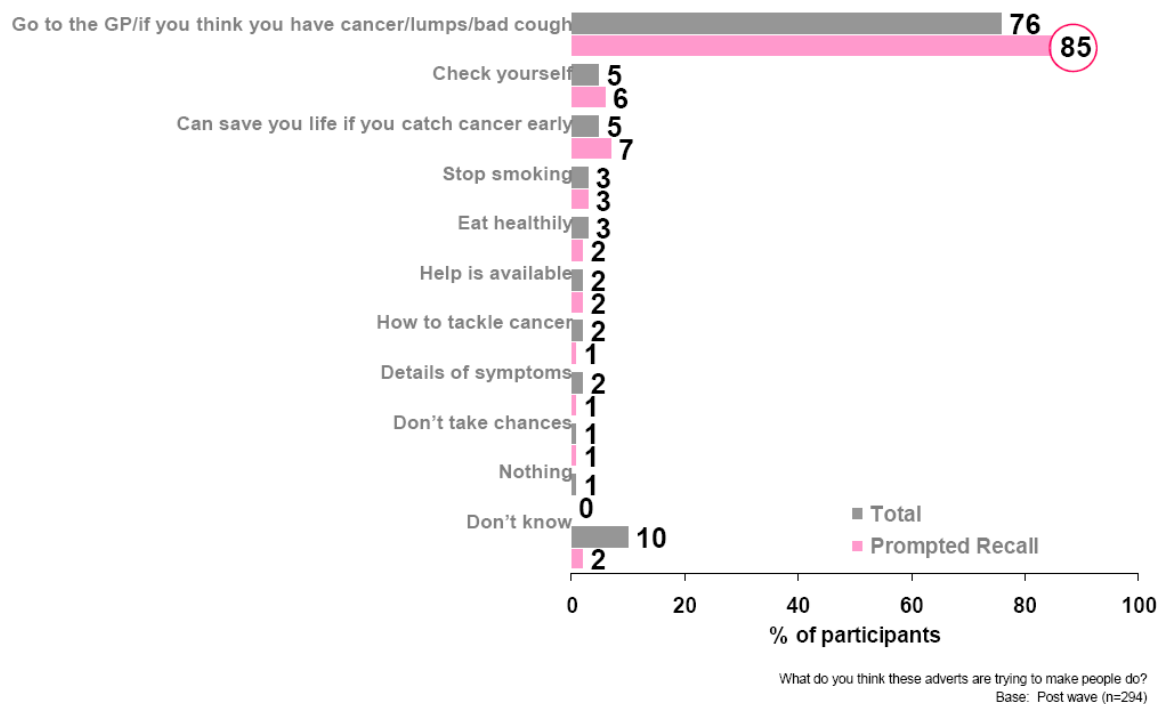
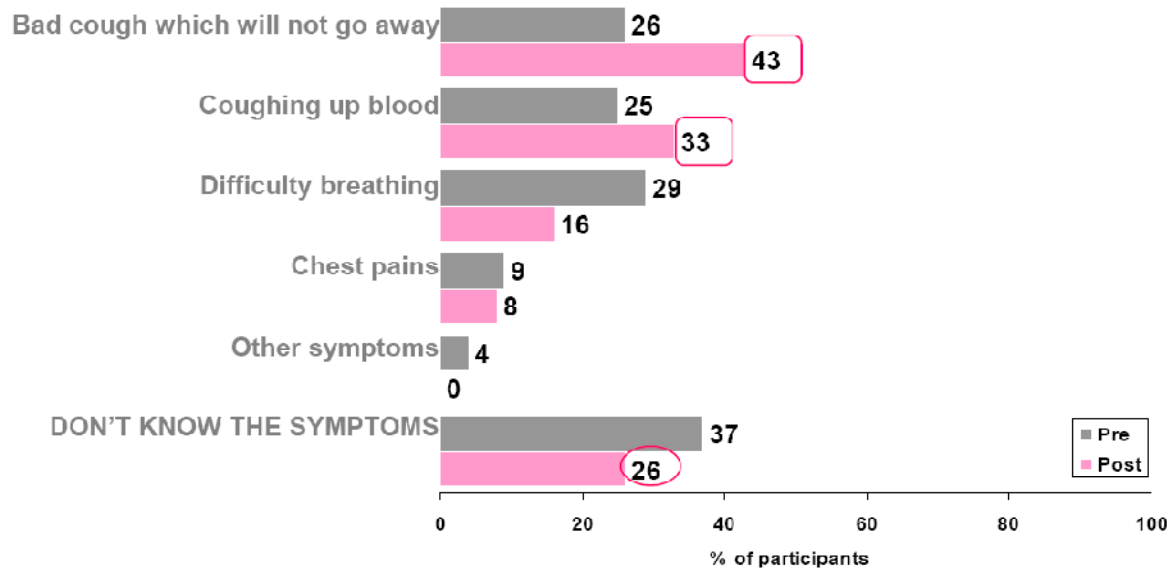


Figure 21: Post campaign perceptions of call to action³³

Significantly, the levels of awareness of what symptoms to look for had also changed.

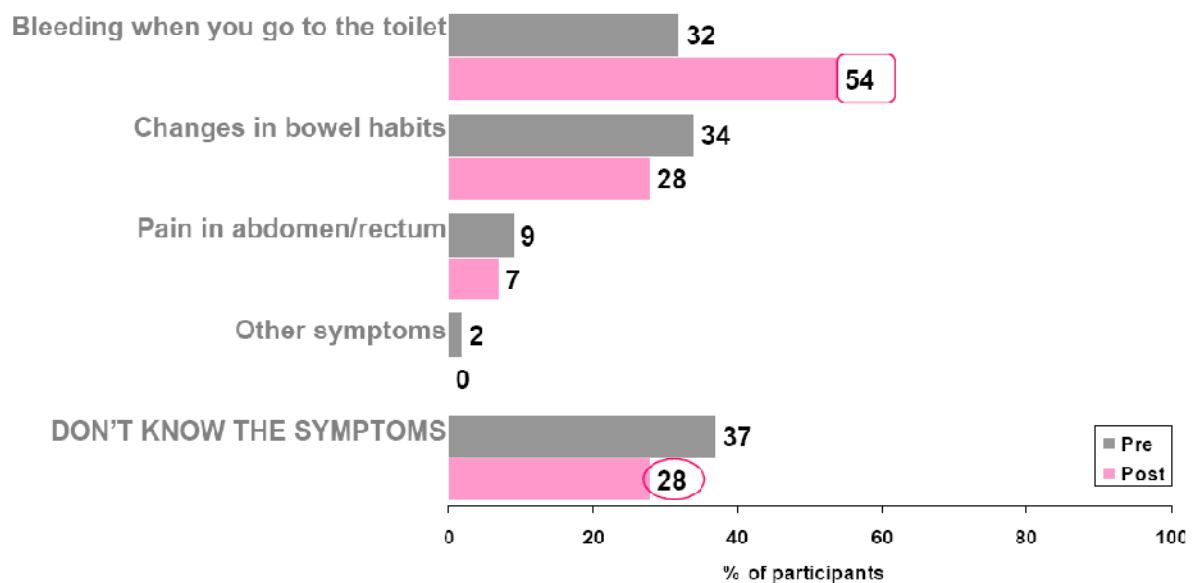
Unprompted, 43% of respondents recognised a persistent cough as a symptom of lung cancer and 33% knew that coughing up blood was a symptom, a rise of 65% and 32% respectively. The number of respondents who didn't know any symptoms of lung cancer dropped 11% points to 26%.



Do you know was the symptoms of lung cancer are? UNPROMPTED
Base: Pre = 322; Post = 204

Figure 22: Lung Cancer symptom awareness³³

Unprompted, 54% of respondents understood that bleeding from the bum was a symptom of bowel cancer, an increase of 69%. The number of respondents who didn't know any symptoms of bowel cancer dropped 9% points to 28%.



Do you know was the symptoms of bowel cancer are? UNPROMPTED
Base: Pre = 322; Post = 264

Figure 23: Bowel Cancer symptom awareness³³

No significant difference was seen between the two waves for breast cancer symptom awareness with an increase of only 2% to 88% awareness that a lump in the breast is a key symptom. However the public awareness of breast cancer symptoms was already high as media coverage for this is prevalent.

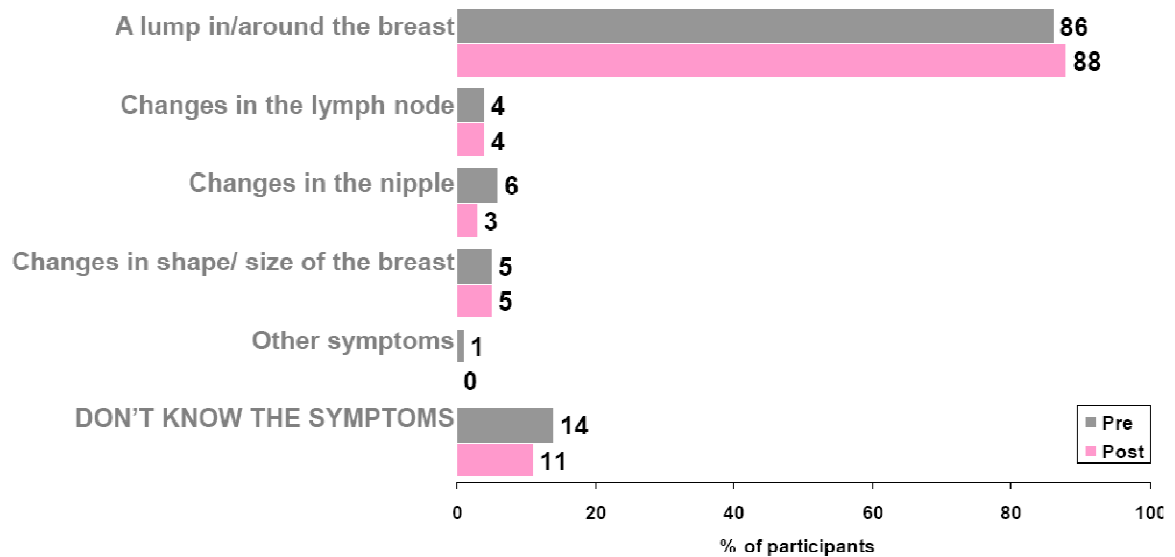


Figure 24: Breast Cancer symptom awareness³³

7 in 10 respondents claimed that the adverts would have made them visit their GP if they were experiencing symptoms.

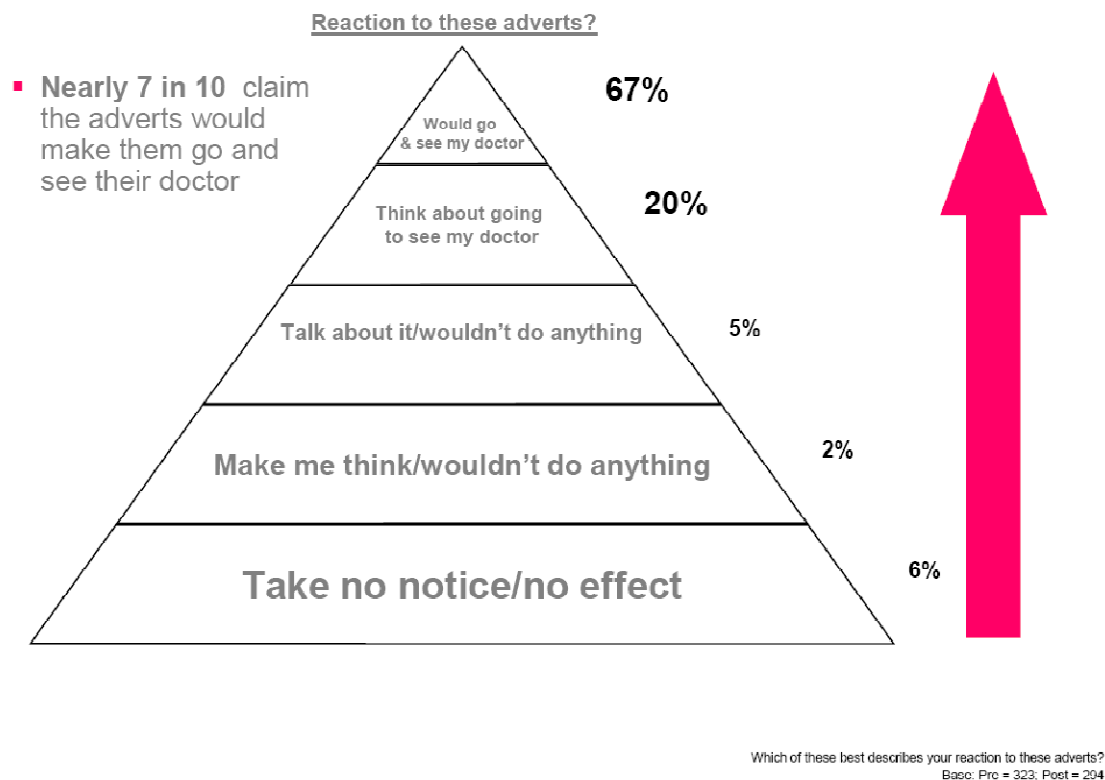


Figure 25: Laddering of response³¹

That response makes 'Don't be a Cancer Chancer' a true success story;

"In my 20 years in research this is one of the most effective campaigns I have ever evaluated"

Alison Gilbertson: Director of Unravel Research & Planning

Figure 26: Researcher Opinion

Finally, whilst conducting research into another campaign, the research company repeatedly heard how effective the audience thought the Cancer Chancer campaign had been;

"What you want to do is something like they did for that cancer campaign. Something no frills like that one which I thought was very good"

Research respondent: Unravel Research 2008

Figure 27: Unprompted audience opinion

SECTION 6c: BEHAVIOUR

A real change in behaviour

During the campaign period referrals to the Wroughtington, Wigan and Leigh Infirmary (WWL) for Breast, Colorectal and Lung cancers increased by 20% year on year (YOY)³⁴.

This amounted to an increase of 644 referrals Jan-May 2008 when compared with the same period in the previous year.

Cancer	07	08	Number	Percentage
Breast	1312	1590	278	↑ 21.2%
Colorectal	1405	1676	271	↑ 19.3%
Lung	507	602	95	↑ 18.7%
Total	3224	3868	644	↑ 20%

Figure 28: 2007 vs 2008 referral data³⁵

Men and women responded in equal measure.

GP referrals

A 20% increase was certainly exciting but how could we tell that this was anything to do with our campaign? To do this we needed to scrutinise the numbers more closely.

Referrals by GP, the campaign's recommended referral route, increased by 55% YOY³⁵. The increase in GP referrals was significantly more than the general increase. GP interviews confirmed that referral rates had increased as a direct result of the campaign.

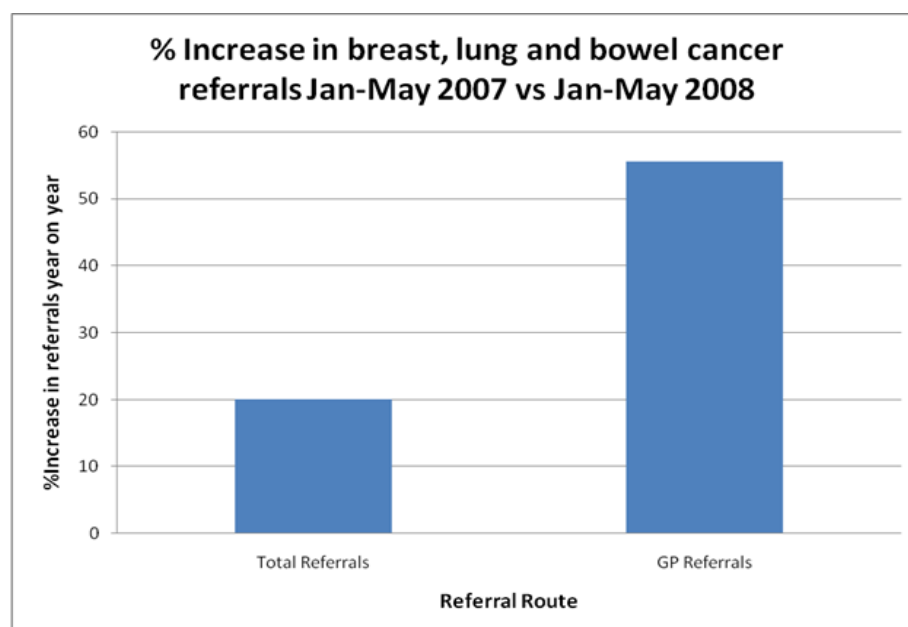


Figure 29: referrals by GP

'I had three referrals as a direct impact of the campaign- this is a significant number as this is a small practice, usually we make about 6 referrals a year.'

GP respondent: Unravel Research 2008

Figure 30: GP report

These interviews also confirmed that despite an increase in referrals, there was no perception amongst GPs that their practices were inundated with patients presenting inappropriately.

Working harder with those most at risk

For those aged 55+ the YOY increase in referrals was 30%³⁵. Clearly the campaign was working harder within the at-risk target audience.

In 2007, only 37% (1186) of referrals for the three main cancers came from the 8 most deprived wards in the borough¹⁹. In 2008 this increased to 45% (1751) of all cancer referrals, a 48% increase in referrals from these wards.

	Jan/ May 07	Jan/ May 08	Increase (number)	Increase (percentage)
Atherton	127	145	18	↑ 14%
Bryn	236	332	96	↑ 41%
Douglas	178	200	22	↑ 12%
Ince	0	9	9	N/A
Leigh West	180	240	60	↑ 33%
Pemberton	95	119	24	↑ 25%
Wigan Central	248	374	126	↑ 51%
Worsley Mesnes	122	332	210	↑ 172%
Total	1186	1751	565	↑ 48%

Figure 31: Year on year referrals for deprived wards³⁵

Not only had the media plan successfully reached the target audience, the campaign was empowering disadvantaged communities to act to save their own lives and successfully bridging the inequality gap.

Did 'Don't be a Cancer Chancer' actually save lives?

Overall, 26 more cases of cancer were diagnosed in 2008 when compared with the same period in 2007^{35, 36}.

By identifying 26 more cancers we can confidently say that we have certainly made a difference to the lives of 26 people from the disadvantaged communities that 'Don't be a Cancer Chancer' aimed to help.

Did it save lives? "There is a strong case to say that it did," says Ms Simpson "and that was the aim. If we could let people know about what they should be looking for and doing about it, it could save their life".'

Marilyn Simpson: Director of Social Marketing ALWPCT

Figure 32: A strong case ³⁶

The seal of approval

Following the pilot ¹², 'Don't be a Cancer Chancer' was recognised in The Department of Health Cancer Reform Strategy 2007³⁷.

'there are several notable examples of awareness campaigns and pilots which encourage help seeking behaviour: The 'Don't be a Cancer Chancer' symptom awareness campaign....is using striking campaign messages in places such as supermarkets, pubs and bingo halls around Greater Manchester, encouraging people to go to their GP if they are worried about possible symptoms.'

Gordon Brown: NHS Cancer Reform Strategy 2007

Figure 33: High praise

Summary

This paper clearly shows how just a little bit of hope can go a long way in reducing late cancer diagnosis in disadvantaged communities.

'Don't be a Cancer Chancer' has changed the way that a community thinks and behaves around the subject of cancer, clearly demonstrating its power to save lives.

26 more cancer diagnoses are only the very beginning.

Footnotes

1. Source: Cancer reform strategy 2007.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081006

2. Source: Daniels, R, Simpson, M. 2008: The development of a local cancer awarenesss campaign. Journal of Healthcare Communications **Volume 1, 4**

3. Source: Office for National Statistics, Mortality Statistics: Cause England & Wales, 2005. Vol. DH2 No.32. 2006: TSO.

4. Source: The NHS Cancer Plan: a plan for investment a plan for reform. (2000)

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009609

5: Source: The North Western Cancer registry figures 2007

6. Source: The NHS Cancer Plan: a progress report.(2005) House of Commons Committee of Public Accounts. Twentieth Report of Session 2005–06.

<http://www.publications.parliament.uk/pa/cm200506/cmselect/cmpubacc/791/791.pdf>

7. Taken from a speech made at the Manchester Versus Cancer concert (2006)

8. Source: The Christie: <http://www.christie.nhs.uk/mvc/figures.aspx>

9. The Manchester Versus Cancer Alliance was formed in March 2007 and is comprised of; The Christie Hospital, in partnership with the NHS (Hospitals and Primary Care Trusts), local authorities and supporters.

10. Due to the high levels of health inequalities seen in Manchester, the high levels of cancer prevalence within the lower social grades and the fact that these cancers most commonly affect individuals over 50 years old, a C2DE 50 years + audience was identified.

11. KTW research agency carried out 2 focus groups with 10 people in Greater Manchester (C2DE 50 years +).

12. A pilot campaign run in three Greater Manchester wards demonstrated prompted recall of 1/3rd of respondents with 75% of respondents clearly understanding the call to action and 69% claiming that they would see their GP if they experienced a symptom.

13. The total media and PR budget for Jan-March was, £300,000.

14. Source: <http://www.wigan.gov.uk/Contacts/MapsOfTheBorough.htm>

15. Lancashire Evening Post, Manchester Evening News, Wigan Observer, Wigan Reporter (see [appendix 1](#)).

16. A ward is a district of a Primary Care Trust.

17. Bar media included beer mats, washroom and urinal panels and mirror stickers.
18. Health trainers and promotions staff distributed: Posters, found notices, knicker stickers in launderettes, tent cards, tissue boxes, toilet roll, bingo daubers, sweets and leaflets.
19. The 8 most deprived wards in Wigan are: Atherton, Bryn, Douglas, Ince, Pemberton, West Leigh, Wigan Central and Worsley Mesnes.
20. The team on the battle bus included GPs, consultants, cancer nurses, health trainers and promotions staff. These individuals were on hand to provide information and advice although no examinations or referrals could be made by these staff.
21. The bus gave out campaign-branded jute bags containing; toilet rolls, tissues, cough sweets and bingo daubers along with a leaflet about the campaign.
22. The match day programme on 9th March 2008 included a full page advert and editorial coverage of the campaign.
23. Scoreboards on 9th March 2008 included a short message 'Catching it early could save your life' and website detail.
24. Tannoy on 9th March 2008 with a short message 'Catching it early could save your life' were broadcast during half time.
25. The pitch banner was placed on the pitch prior to the match on 9th March 2008.
26. Anecdotal evidence from Marilyn Simpson: ALWPCT Social Marketing Director.
27. Cancer Chancer: <http://www.cancerchancer.com/>
28. 30 second slots on Wish FM were gained for free and used to promote 'Don't be a Cancer Chancer' during the campaign period.
29. Channel M: News (21st March 2008) (Channel M is a local TV station).
30. Sky Sports 1: Ford Super Sunday Pre match build up. Wigan Athletic vs Arsenal (9th March 2008)
31. The Health profile for Wigan (2008) shows the population of the borough to be 305,500 <http://www.apho.org.uk/resource/view.aspx?RID=50215&SEARCH=wigan>. With 1.5M opportunities to see this can be calculated at 4.9 opportunities for each member of the population.
32. Pre and post analysis was carried out in Wigan using street interviews with 300 people within the Target audience (C2DE 50 years +) in each wave.
33. Figures provided with kind permission from Alison Gilbertson: Unravel Research & Planning
34. Referrals for breast, lung and bowel cancers Jan-May 2007 versus Jan-May 2008 were examined. Although the campaign ran Jan-March 2008 we expected some time lag in referral times between

GP visit and first hospital appointment. Five months instead of three months of data were examined in order to allow for this.

35. Source: 'Don't be a Cancer Chancer' Evaluation; Presented to the Ashton Leigh & Wigan Primary Care Trust Board, December 2008.

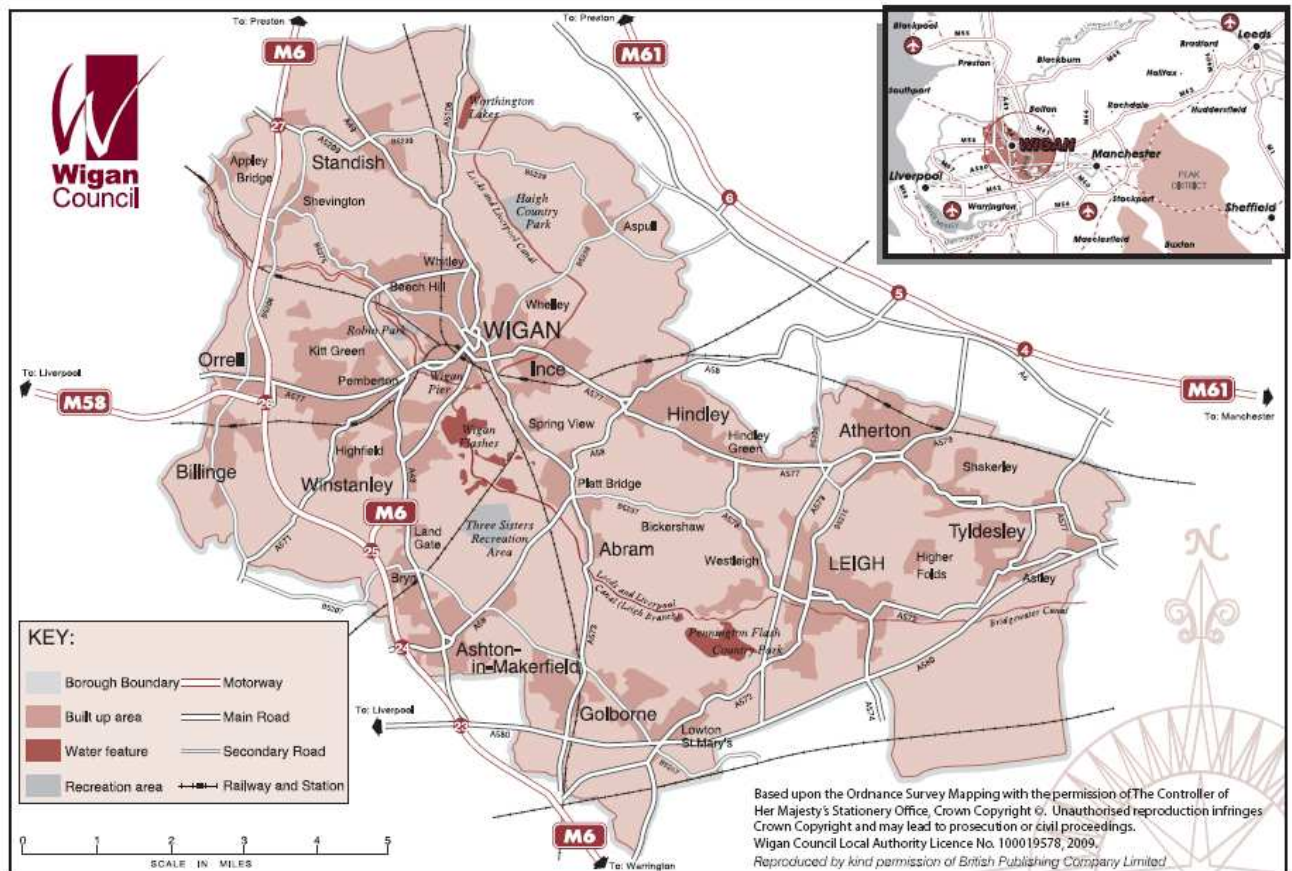
36. Source: HSJ 16th April 2009

37. Source: NHS Cancer reform strategy (2007). Pg 51.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081006

Appendix

Appendix 1: The Wigan Borough



Appendix 2: Media Schedule

Media		Type	W/C Date																																																							
			18-Feb							25-Feb							03-Mar							10-Mar							17-Mar							24-Mar							05-May													
			M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S	S							
			18	19	20	21	22	23	24	25	26	27	28	29	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	5	6	7	8	9	10	11							
LOCAL PRESS																																																										
Lancashire Evening Post (Wigan Edition)																																																										
Wigan Observer	Weekly Paid - Tue																																																									
Wigan Reporter	Weekly Free - Thu																																																									
Leigh Reporter	Weekly Free - Wed																																																									
Lancashire Evening Post (Wigan Edition)	Daily Paid																																																									
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48 Sheets	16 Panels / 16 Panels																																																									
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90 Sheets	2 Panels																																																									
Bus Rears	40 Buses																																																									
Bus Streetliners (single deck slides)	40 Buses																																																									
Bus Headliners (interiors)	200 Buses																																																									
Bus Tickets - cost includes production	1,134,000 Tickets																																																									
AMBIENT MEDIA																																																										
Pharmacy Bags - not includes production	75,000 Bags																																																									
Pub Washrooms	9 Panels																																																									
Pub Beermats	75,000 Beermats																																																									
Pub Mirror Stickers	90 Stickers																																																									
Cings	2,000 Cings																																																									
DOOR TO DOOR																																																										
Newshare - All households (see notes)	110,872 leaflets																																																									
PR ACTIVITY																																																										
Battle Bus tour & leaflets	7 events around Borough																																																									
Football activity	Wigan - IIR																																																									
Stakeholder Launch																																																										

Appendix 3: JICREG readership figures for Townships in Wigan Borough

JICREG

Newspaper Readership Report

for the location

Ashton In Makerfield

JICREG data as at 01/01/2009

Demographic Profile of the area:

Total aged 15+: 22845								Total households: 11843						
Total men	Total women	Total aged 15-24	Total aged 25-34	Total aged 35-44	Total aged 45-54	Total aged 55-64	Total aged 65-74	Total aged 75+	Total ABC1	Total C2DE	Total AB	Total C1	Total C2	Total DE
11207	11638	3635	3230	4267	3910	3917	2440	1546	12128	10617	4972	7156	5559	5256

Readerships:

Newspaper	Type	Freq	Tabloid Pages	TSR	Ad %	Total AIR	Area AIR	Area AIR %	Circ	RPC	Total Weekly Reach	Men	Women	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75+	AB	C1	C2	DE	Paid %
LANCASHIRE EVENING POST	F	E	0	27		91254	1595	8.95	687	2.3	196957	798	798	200	280	218	287	300	197	112	244	288	463	584	
MANCHESTER EVENING NEWS	C	E	0	27		379824	798	3.48	405	2.0	929999	423	375	141	146	151	127	102	87	43	138	277	141	241	
St Helens Star	F	W	0			114880	1721	7.50	1155	1.5		826	895	224	218	328	310	327	190	123	341	543	446	392	
Wigan Observer	F	W	0			46149	2821	12.29	1055	2.8		1382	1439	388	340	519	543	539	329	185	617	858	782	584	
Wigan Reporter	F	W	0			98770	14008	6.05	9550	1.5		6671	7307	1707	1942	2728	2455	2550	1842	993	2921	4407	3557	3123	

JICREG data as at 01/01/2009

Titles in UPPERCASE have [actual research](#)

Titles with underlined circulation figures have amended circulation since the current JICREG data update (click the circulation figure for details)

JICREG reports only include information on [JICREG subscribers](#).

JICREG readership data are based on circulation breakdowns provided by publishers, and JICREG is not responsible for the accuracy of these breakdowns.

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JICREG

Newspaper Readership Report

for the location

Wigan

JICREG data as at 01/01/2009

Demographic Profile of the area:

Total aged 15+: 73000								Total households: 38854						
Total men	Total women	Total aged 15-24	Total aged 25-34	Total aged 35-44	Total aged 45-54	Total aged 55-64	Total aged 65-74	Total aged 75+	Total ABC1	Total C2DE	Total AB	Total C1	Total C2	Total DE
36970	37530	11700	10867	13922	11623	11171	8387	6920	34462	39048	13662	20780	18840	22208

Readerships:

Newspaper	Type	Freq	Tabloid Pages	TSR	Ad %	Total AIR	Area AIR	Area AIR %	Circ	RPC	Total Weekly Reach	Men	Women	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75+	AB	C1	C2	DE	Paid %
LANCASHIRE EVENING POST	F	E	0	27		91254	11154	15.18	4676	2.4	196957	5619	5535	1437	2073	1626	1779	1821	1453	964	1535	2002	2833	4785	
MANCHESTER EVENING NEWS	C	E	0	27		379824	1858	2.63	888	3.1	929999	985	873	323	360	362	273	215	208	117	251	572	304	721	
Wigan Observer	F	W	0			46149	27317	37.17	10004	2.7		13384	13923	3674	3622	5189	4718	4676	3468	2201	6278	7684	7006	7451	
Wigan Reporter	F	W	0			98770	36126	49.15	25061	1.4		17198	18928	4438	5185	7216	5994	5943	4443	2307	7099	10870	8640	9517	

JICREG data as at 01/01/2009

Titles in UPPERCASE have [actual research](#)

Titles with underlined circulation figures have amended circulation since the current JICREG data update (click the circulation figure for details)

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Demographic Profile of the area:

Total aged 15+: 38795								Total households: 20550						
Total men	Total women	Total aged 15-24	Total aged 25-34	Total aged 35-44	Total aged 45-54	Total aged 55-64	Total aged 65-74	Total aged 75+	Total ABC1	Total C2DE	Total AB	Total C1	Total C2	Total DE
18891	19904	6272	5816	7370	6014	5853	4081	3389	17047	21748	6465	10582	9137	12811

Readerships:

Newspaper	Type	Freq	Tabloid Pages	TsR	Ad %	Total AIR	Area AIR	Area AIR %	Age	RPC	Total Weekly Reach	Men	Women	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65-74	Age 75+	AB	C1	C2	DE	Paid %
LANCASHIRE EVENING POST	P	E	0	27		91254	462	1.8	17	2.6	196857	231	231	60	88	71	77	76	62	38	37	62	120	243	
Leigh Journal	F	W	0			88898	27603	71.15	19284	1.4		13052	14551	3481	4029	5478	4429	4477	3182	2629	4400	7597	6840	8768	
Leigh Reporter	F	W	0			87899	28228	75.84	20428	1.4		13820	15408	3684	4271	5800	4688	4739	3368	2878	4882	8051	7244	9271	
MANCHESTER EVENING NEWS	C	E	0	27		979824	1672	4.06	785	2.1	929999	929	729	279	295	319	229	194	189	104	199	457	258	880	
Wigan Observer	P	W	0			48148	395	1.32	145	2.7		192	203	56	51	76	71	66	44	31	53	98	110	137	

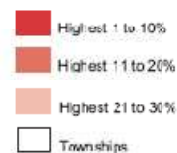
JICREG data as at 01/01/2009

Titles in UPPERCASE have [actual research](#)

Titles with underlined circulation figures have amended circulation since the current JICREG data update (click the circulation figure for details)

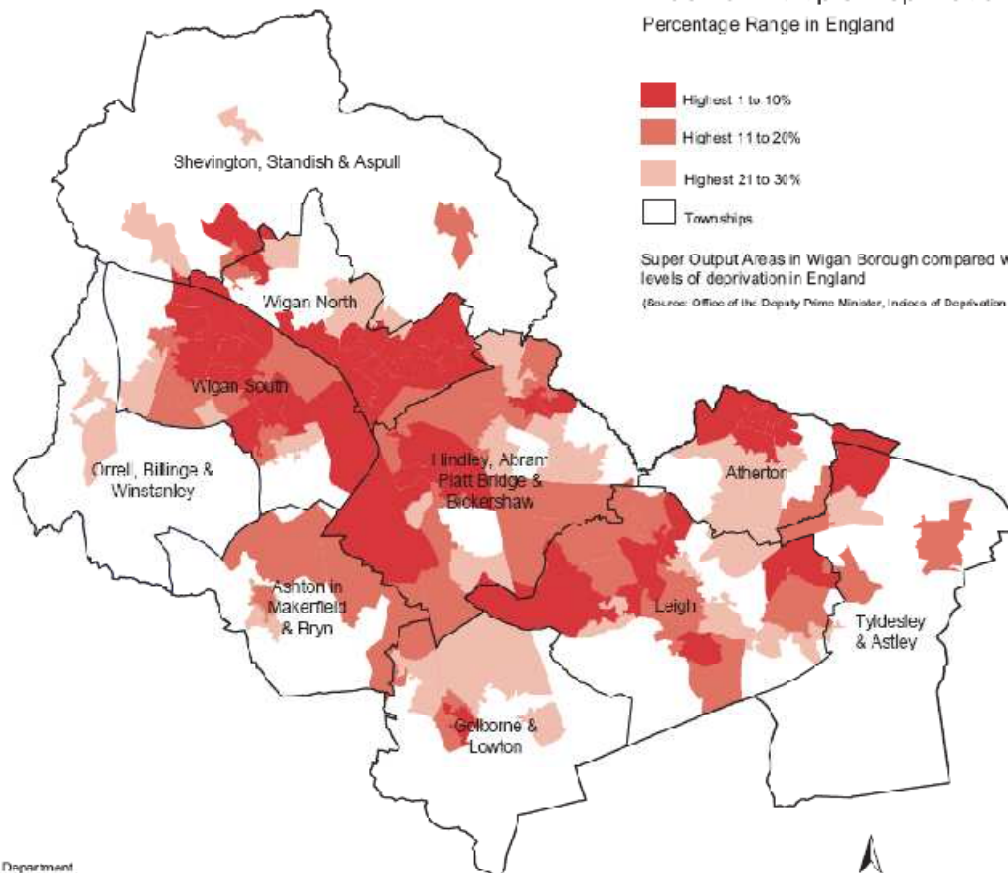
JICREG reports only include information on [JICREG subscribers](#).

JICREG readership data are based on circulation breakdowns provided by publishers, and JICREG is not responsible for the accuracy of these breakdowns.

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Percentage Range in England

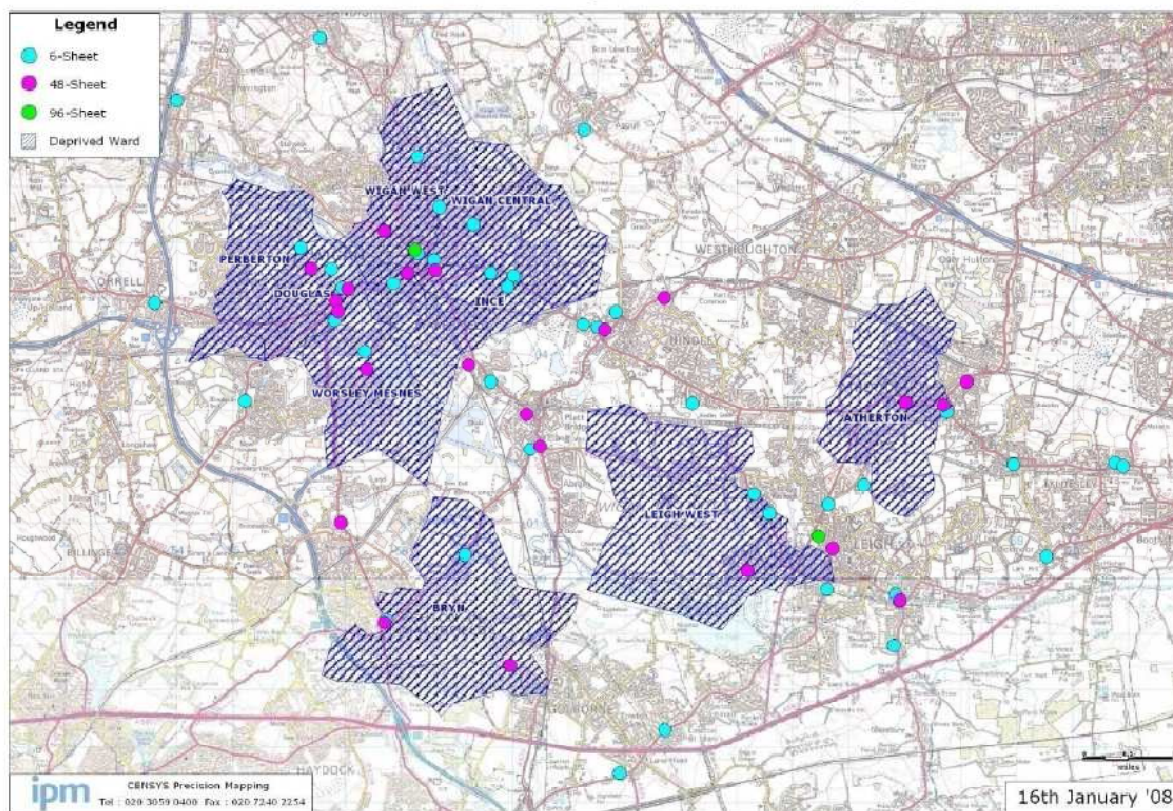
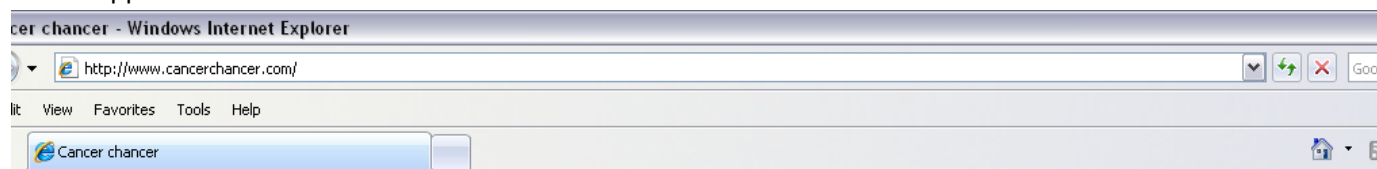
Super Output Areas in Wigan Borough compared with the highest levels of deprivation in England

(Source: Office of the Deputy Prime Minister, Indices of Deprivation 2004)



Appendix 5: Outdoor media sites overlayed onto key deprived areas

Potential NHS Primary Care Trust Campaign

Appendix 6: www.cancerchancer.com

The Campaign
Cancer, the facts
the patient
Press/Events
Links

DON'T BE A CANCER CHANCER

Catching it early could save your life

The 'cancer chancer' campaign promotes greater awareness of the signs of 3 major cancers – lung, breast and bowel.

Many people are unaware that a persistent cough, an unusual lump or bleeding from the bum may be symptoms of cancer. Or people ignore these symptoms (because they are scared that they may be sinister) and do not go and see their GP.

In Wigan Borough around fifty people each year will lose their lives as a result of presenting to their GP late with cancer symptoms. The sooner people with possible cancer symptoms are referred to hospital the better their chances are.

Ashton, Leigh and Wigan Primary Care Trust will be running the campaign throughout Wigan Borough in February and March to help people recognise symptoms and act appropriately by encouraging them to see their GP as early as possible.

It means precious time saved in trying to save lives.

[Click here to view the accessible version of this website](#)

The Manchester Versus Cancer Alliance. Led by the Christie in partnership with Ashton, Leigh and Wigan Primary Care Trust, the local authority and supporters.



Appendix 7: Media coverage and circulation

Media Coverage & Circulation

Date	Publication	Cutting Title	Circulation
19.02.08	Bolton News (Main)	Cancer bus' hits the road	33,287
21.02.08	Wigan Reporter (Main)	Trust's 'don't be a chancer' message in cancer battle	61,751
23.02.08	Wigan Evening Post (Main)	Cancer must get no chance'	9,355
23.02.08	Wigan Evening Post (Main)	A higher chance of survival	*
26.02.08	Wigan Courier	PCT's campaign against cancer	32,400
01.03.08	Borough Life	Spotting signs could mean survival	130,000
09.03.08	Lactics Magazine	Steve Bruce helps kick-start 'Don't be a cancer chancer' campaign	25,023
13.03.08	Wigan Reporter (Main)	Sport is backing health campaign	61,751
16.03.08	Lactics Magazine	Don't be a cancer chancer	25,023
18.03.08	Wigan Courier	Bruce backs Cancer Chancer campaign	32,400
24.03.08	Wigan Warriors Magazine	Warriors help battle cancer in Wigan	25,023
26.03.08	Wigan Evening Post (Main)	Norma's back to normal after cancer	9,355
27.03.08	Wigan Reporter (Main)	Norma's cancer crusade	61,751
Total			507,119

Online

Date	Website	Title
21.02.08	www.wrightwiganleigh.nhs.uk	Don't be a cancer chancer
22.02.08	www.channelm.co.uk	Beat Cancer
22.02.08	www.channelm.co.uk	Don't be a cancer chancer!
22.02.08	www.channelm.co.uk	Beat Cancer
22.02.08	www.channelm.co.uk	Cancer chancer in Wigan
23.02.08	www.wigantoday.net	Health drive targets cancer
23.02.08	www.lep.co.uk	Health drive targets cancer
23.02.08	www.wiganworld.co.uk	Cancer chancer battle bus
27.02.08	www.leighjournal.co.uk	Cancer battle bus in service
27.02.08	www.thisislancashire.co.uk	Cancer battle bus in service
26.03.08	www.wigantoday.net	Norma's back to normal after cancer

Broadcast

Date	Channel	Show
21.03.08	Channel M	News
09.03.08	Sky Sports 1	Ford Super Sunday - Pre Match Build Up Wigan Athletic vs Arsenal

Appendix 8: Pre and post campaign sample

	Pre Wave (%)	Post Wave (%)
C2	36%	27%
D	29%	26%
E	35%	48%
50-59	35%	38%
60-69	37%	35%
70+	19%	27%
Male	48%	49%
Female	52%	51%
White/British	97%	98%
Asian/Asian British	1%	1%
Black/Black British	-	1%
Ashton	32%	37%
Leigh	36%	35%
Wigan	32%	28%
TOTAL	322	294

Appendix 9: Prompted recall of campaign

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Prompted Recall (Post Wave)

- When prompted, **over half** claimed to have seen the campaign

