



Naming and shaming not the best way of improving early detection and survival rates of cancers

It has been widely reported in the national media that the Government is proposing to introduce a system of naming and shaming GPs who fail to diagnose cancer.

The reasons given for this are:

- 1) the variation across the country in the rate of detection of cancer
- 2) The NHS lagging behind other countries in the early detection of cancer - which GPs are partly to blame for.

As is often the case, the situation is not quite as simple as that.

In the UK approximately 330,000* people are diagnosed annually with cancer. The 4 most common cancers are bowel, lung, breast and prostate, which count for over 50% of all cases of cancer.

About 50% of adult cancer patients diagnosed in 2010-2011 in England and Wales are predicted to survive 10 or more years. The figures are better for prostate (84%) breast (78%) and bowel (58%) but significantly worse for lung (7%).

People who present with cancer frequently present with complex symptoms that are not typical of particular cancers. Therefore even with the best performing GP it would be expected that a person would see their GP at least 2-3 times before a diagnosis is made.

Take bowel cancer, if a person presents with weight loss, passing blood in their stools and with persistent loose stools, one would have a high index of suspicion that the patient had bowel cancer. Yet some patients present with little or no symptoms and the first present is a bowel obstruction and hence it is not surprising that some patients will present at A/E with an undiagnosed cancer.

GPs are not perfect and will occasionally get it wrong but we do try our best.

A recent publication from the Commonwealth Fund, an American based Health Think Tank, has stated that the NHS is the best performing of all health care systems in the western world. The NHS outperforms the USA, Canada and many European countries. One of the major reasons for this is the NHS's system of general practice.

It should be remembered that the life expectancy in the UK is greater than in the USA despite the fact the USA spend nearly 3 times as much per person on healthcare than the UK does.

Despite the significant increases in funding the NHS received during the period 2000 – 2007, the UK still spends less per person than France, Germany, Japan and the USA**.

USA \$8,300 per person, 17.7% of GDP***.

Canada \$4,300 per person, 11.2% of GDP

Germany \$4,500 per person, 11.3% of GDP

France \$4,200 per person, 11.6% of GDP

UK £3,400 per person, 9.4% of GDP

General practice is currently facing significant challenges, with more GPs looking to leave the profession than GPs being trained to replace them.

Many are leaving early due to unacceptable workload pressures and constant negative media campaigns blaming GPs for everything that goes wrong in the NHS. This latest attack will cause more good GPs to consider leaving the profession.

If there are variations in detection we need to look openly and honestly for the reasons for those and address them. Naming and shaming will not necessarily identify those who are the worse and risks naming good GPs who have done nothing wrong.

What can be done to improve the early detection and survival rate for cancers?

Patients:

There are national screening programmes for breast, cervical and bowel cancer yet the uptake rate varies between 50 and 80%. If invited please take up the offer of the screening test it could save your life.

Reduce your risk of cancer by giving up smoking if you are a smoker, this is the major risk factor for many cancers.

If you have symptoms and are concerned that you have cancer discuss these with your GP and tell him or her that you are concerned that you have cancer.

GPs

Practices should look at their practice detection rate and review each new case to see if there are any lessons to learn.

Bodies such as the Cancer Network have representatives from hospitals, general practice and cancer experts. The LMC has been working with the Network to improve the GPs knowledge and to try and increase early detection by improving access to information, investigations and the appropriate hospital based clinician.

Hospitals

There needs to be much better access to investigation which are available within 1 – 2 weeks rather than months which is currently the case. This requires increased investment.

To reassure your readers there is already a system whereby a patient can be “fast tracked” by a GP to a hospital clinic if they suspect the patient has cancer. This is well established and works well locally.

Government

They need to invest more in general practice and more in the availability and range of diagnostic tests which are accessible to diagnose cancer, such as colonoscopy, MRI and CT scans.

Over the past 40 years cancer survival rates have doubled. The reason given for this is early detection and better treatments.

More needs to be done to improve detection and survival rates and GPs must be central to this.

I would suggest that naming and shaming is not necessarily being the best way of improving early detection and survival rates.

Yours faithfully

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Notes to Editor:

* Data published in 2014 by Cancer UK ** Latest data available is 2011 *** Gross Domestic Product

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