

# Signposts for improving cancer survival rates in Wales

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The findings of a new in-depth study of cancer could pin-point ways to improve cancer survival rates in Wales.

The results of the latest International Cancer Benchmarking Partnership (ICBP) study revealed today in the *BMJ Open* is the first to show that GP's readiness to investigate for [cancer](#) – either directly or by referral to secondary care – correlates with cancer survival. In addition, the survey reveals that GPs in the UK and within Wales, were less likely in an on line survey using examples of clinical cases, to refer or investigate patients with possible cancer symptoms when they first present, compared with the other countries in the study: Australia, Canada, Denmark, Norway and Sweden.

The fact that the UK lags behind in the cancer 'tables' has been acknowledged, but what has been less well understood is why exactly this is the case. Having suggested a correlation between GP readiness to investigate symptoms during a first GP visit and cancer survival, the survey (ICBP Module 3) does not find any hard factors which account for the differences in referral or investigation rates. Cultural or philosophical differences could account for why UK GPs were more likely than their peers to wait until a second or third consultation before referral or testing. Readiness to refer or investigate is one of a number of factors that differ between countries with different [cancer survival](#).

The average GP sees hundreds if not thousands of patients with potential cancer symptoms per year - yet fewer than eight of these patients will

have cancer- the task is to spot the correct patients for referral. Recent referral guidelines have helped people with classic symptoms to be seen more quickly, but for less typical symptoms, the decision to refer is not simple. In fact, there are few symptoms that could not be classified as possible symptoms for one type of cancer or another. A possible explanation therefore could be that UK GPs act as 'gate-keepers'; making sure that the NHS provides value-for-money while also not overburdening potentially healthy individuals with the risks and anxiety related to unnecessary tests.

Professor Richard Neal from Bangor University who led the study for Wales said:

"The findings from this study are incredibly helpful in our continuing efforts to understand the factors that might help to improve the early diagnosis of cancer in Wales. My view is that if we can find ways of getting some GPs to refer or investigate patients with potential cancer symptoms just that little bit earlier, this is likely to improve our patients' chances of survival. GPs' access to diagnostic investigations in Wales is poorer than in most other countries, and there are longer times for tests and test results, and poorer access to specialists for advice regarding investigations and referrals. These are all areas that can be improved on. However, we need to be clear that these findings are somewhat preliminary, and we do not know whether they translate to clinical practice or will be replicated in other studies".

Dr Ian Lewis, Director of Research at Tenovus Cancer Care, added: "The survival rates for cancer in Wales and the UK still lag behind many other countries in Europe and around the world, and we know that late diagnosis is a major contributor to this disparity.

"For the majority of cancer patients the GP is their first port of call when they first experience symptoms making this a crucial step in

diagnosing cancer early enough for it to be treated successfully.

"We are pleased to have helped support this very important piece of research which clearly highlights areas that need to improve if we are going to improve [survival rates](#) here in Wales".

One solution may be to change the culture within GP practice and GP training to encourage more targeted testing, to increase the rate of earlier diagnosis.

A study of the results also reveals where small incremental changes could be introduced in the system, which might speed up cancer detection. For example, average waiting time for test results for upper gastro-intestinal endoscopy are over a week and a half, hence speeding up the return of results to the GP could reduce overall diagnostic times. Encouraging and improving access for GPs to pick up the phone and call a specialist for advice or feedback could also assist in identifying possible cases earlier. As well as poor results for average waiting times for tests and [test results](#), Wales, along with other UK countries also scores poorly on direct access to investigations.

The prevention and early diagnosis of cancer has been a National Clinical Priority for General Practice in Wales since April 2014. This has engaged GP teams to review cases of lung and gastrointestinal cancer to identify opportunities for service improvement. The ICBP analysis provides valuable learning to inform this work'

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Provided by Bangor University

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