The effects of improvement in primary care cancer diagnosis

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We’ve probably reached the limit of ‘testing smarter’.....
Of course, here’s what most doctors think about guidelines…..

But they motivate GPs to act…..

• This isn’t just a push (GPs deciding to test more)
• But a pull (specialists were keen to see ‘the right’ patients)
• And patients have always been keen to have cancer identified early
• And GPs feared litigation
• Awareness campaigns augmented the process.

• In effect all roads led to Rome.
In the last decade, two week wait usage increased, and continues to do so

- We passed 1m 2WW appointments/yr in 2011
- It was >1.7m in 2015/6
- An estimated £1bn spent in the UK p.a. on cancer diagnostics.

The black line is England usage, the blue my part of Devon

Source: PHE cancer Services (thanks to Gary Abel)
Imaging is increasing…..

Total number of imaging and radiodiagnostic examinations or tests, by imaging modality, England, 1995-96 to 2013-14

…..and so are endoscopies

Endoscopies per month in England

<table>
<thead>
<tr>
<th>Year</th>
<th>Upper GI</th>
<th>Lower GI</th>
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<tbody>
<tr>
<td>2006</td>
<td>33100</td>
<td>36300</td>
</tr>
<tr>
<td>2016</td>
<td>70000</td>
<td>59900</td>
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Did the 2005 NICE guidance work?

• So far I’ve only shown measures of activity, not measures of outcome.
• Let’s try those….
It’s showing up as fewer emergencies across most, if not all, cancers
And survival is improving

And there is an association between increased GP 2WW use and improved survival
Did the 2015 NICE guidance work?

- It was very popular with GPs, as it had face validity
- It was based on primary care evidence, so few recommendations were wrong
- It was unpopular with some specialists.

It’s very early to tell….

- …It looks as if diagnostic intervals continue to fall, but there is no evidence (yet) of any acceleration of that fall.
- There has been a marked shift in the initial symptom of cancer that appears to prompt diagnosis
- But we can look at one other example – 2011 Ovarian Guidance.
….something’s getting better….

Thanks to Dr Sarah Price, and her CRUK grant!

Summary

• National guidance probably does have an effect in expediting cancer diagnosis
• It may work best if seen to come from a GP source
• It needs implementation, so needs ‘buy in’ from secondary care and Government
• One major impact of identifying WHO warrants testing is to increase demand on diagnostic sources. To increase diagnostic testing further needs a paradigm shift. HOW to test…

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