

## GETTING IT

The struggle to improve cancer outcomes across Europe continues. Key ingredients are understood to be patient awareness and readiness to consult, a high index of suspicion among GPs, supported by accurate information about the prognostic significance of symptoms and signs, timely access to investigations, and rapid transition from diagnosis to treatment in secondary and tertiary care.

Historically the UK and Denmark have lagged behind other OECD countries in terms of cancer survival, possibly because of structural similarities in their primary care systems, including a strong gatekeeping element. Now, following the Danish example, the NHS has announced the establishment of 10 rapid access cancer diagnostic centres in pilot sites across England.<sup>1</sup> The centres will each operate in a slightly different way, but essentially patients suspected of cancer, including those without alarm symptoms, will have rapid access to a suite of investigations which will be rapidly reported and acted on, with the potential to avoid patients being shuttled between specialists after negative investigations, or falling through the net altogether. The article by Nicholson and colleagues, using data from the International Cancer Benchmarking Partnership demonstrates considerable variation in the extent to which primary care clinicians take responsibility for following up their patients during the cancer diagnostic process. Their findings emphasise the need for a more consistent, integrated approach to investigations over time.

In another valuable contribution to this month's Journal, Hirst and Lim report on the acceptability and feasibility of text messaging to remind patients with low-risk but potential cancer symptoms to contact their GPs if symptoms persist and remain unexplained. They have christened this 'Txt-Netting' and it is the digital incarnation of safety netting, advocated as a core component of every consultation in general practice by Roger Neighbour in his landmark publication *The Inner Consultation*.<sup>2</sup> In his editorial Neighbour revisits and emphasises the significance of safety netting in the consultation and also cleverly extends the metaphor to add a new perspective to thinking about some of the difficulties that general practice currently faces. Neighbour's view is that many politicians and policy makers making

decisions about the health service simply 'don't get it' when it comes to general practice, and that we have a responsibility to more clearly define and communicate the content and value of what we do. He makes a very appealing suggestion for one way that this might be achieved. I strongly agree with him, and very much hope that the recently-convened group looking at the successor arrangements to the QOF will be able to think very broadly about quality in terms of patient outcomes. Perhaps the financial levers of a system which rewards good performance could encourage developments such as integrated working across practices and even with integrated secondary care pathways, and move away from the practice-based reward systems of the old QOF?

Another past President of the RCGP writes in the Journal this month. Sir Denis Pereira Gray comes, by a different route, to the same conclusions as Roger Neighbour. We are missing an enormous trick if we do not more robustly identify, define, value, and communicate the distinctive content and principles of general practice. For Pereira Gray the focus is on the academic discipline of general practice and its visibility in medical schools and during professional training. It is difficult to argue with his view that we are sleepwalking, at least in some medical schools, towards generic groupings of non-hospital medicine specialties among which general practice becomes practically invisible.

*Life & Times* this month contains a selection of fascinating topics ranging from the moral dilemmas of complementary and alternative medicine, and the social implications of epigenetics and neuroscience. We also publish an interview with the Chair of the GMC, Terence Stephenson, guidance on the health needs of asylum-seeking children, and get a glimpse of primary care in Iran.

Roger Jones,  
Editor

## REFERENCES

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2. Neighbour R. *The inner consultation: how to develop an effective and intuitive consulting style*. 2nd edn. London: CRC Press, 2015.

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