News: Government has lost "credibility on public health" for inaction on cigarettes and alcohol, campaigners say (*BMJ* 2013;346:f3024)

Sarah Wollaston: from GP to MP

The doctor turned politician tells **Krishna Chinthapalli** about working in parliament and why she believes her party made a huge mistake dropping its commitment to a minimum unit price for alcohol

"I'm the same person, but when you change your initials from GP to MP, just that one letter, the biggest shock is the change in how people feel about you," says Sarah Wollaston, the Conservative MP for Totnes, in Devon. "The difference is that as a GP people are inclined to trust you and like you until proven otherwise, whereas as an MP people are inclined to mistrust you until proven otherwise."

Four years ago, Wollaston, a mother of three, was working as a GP in Devon and had attended no political party events. Despite this, she stood as a candidate for the 2010 general election. She knew then that trust would be a key asset, "In the current atmosphere of cynicism and mistrust of politicians, I hope the electorate of Totnes will vote for someone they feel has real life experience, can appreciate their needs and whom they can trust. Doctors are still the most trusted profession," she wrote.

She was chosen to be the Conservative candidate ahead of two experienced local politicians and went on to win her parliamentary seat with 46% of the vote. Soon afterwards, the Health and Social Care Bill dominated the healthcare agenda. When she applied to join the bill committee, Wollaston was told she would have to support the government's proposals fully and as she could not do so was excluded. Instead she opted for a role of scrutiny on the health select committee, elected by fellow MPs. "My main concerns with the original writing of the bill were with its complexity as I felt clinically led commissioning could be introduced without the scale of reorganisation proposed, and that there was too much emphasis on competition and not enough on integration." Even now, she says the NHS regulator Monitor is "very clear that there are too many clinical commissioning groups putting things out to tender when in fact Monitor would be supporting them to integrate."

"You see how the power and lobbying of the drinks industry works first hand here in parliament"

However, she also thinks that there are too many statements about the NHS coming out of Westminster. "One of the best things about the act was saying that we try to get the day to day political interference out of the NHS. Whether that's actually happened I think is a very pertinent point. It is now incumbent on the medical profession and NHS England to come up with their own solutions. At the moment it still feels that all the power is in the Department of Health, but it's increasingly moving to NHS England, and the relationship will change over time."

One of the issues dearest to her is that of the harmful effects of alcohol, which she highlighted both during her election campaign and in her maiden parliamentary speech. Now she has seen her party drop minimum unit pricing for alcohol from its agenda. "I feel very disappointed, I do feel that public health was removed from the priority list. The greatest advances in public health are very often unpopular at the time. The ban on smoking in public places, for example, but few would now want to go back to sitting in a restaurant surrounded by smokers. I think that would have been the case with minimum unit pricing, but you see how the power and lobbying of the drinks industry works first hand here in parliament."

Lynton Crosby, the Conservative party election strategist, has links with the industry, and Wollaston wonders about his influence on moving minimum unit pricing down or off the agenda. "When it comes to alcohol, its price, availability, and marketing are the three big factors, whereas the industry would like us to believe that it's all about education. There can't be many doctors who are unaware of the devastating impact of alcohol. The government says it wants to do something to sort out pressures on emergency departments and the inappropriate use of casualty. Well, I would say here's something it could do."

Ability to influence

Despite policy setbacks, the "much greater pressure and scrutiny," and missing being a clinician and teacher, Wollaston has no regrets about becoming an MP.

"A point that was often made to me during the election campaign, and still is now, is that you achieve far more and help more people by being a doctor. But, for example, I was one of those persuading the government for a pause in the [passage of the] Health and Social Care Bill, as a member of the select committee I have the opportunity to hold various institutions to account, as well as to put ideas forward. Outside medicine, looking back at the Syria vote, I'll always feel glad to have helped to stop the headlong rush to military conflict. That's an example of parliament at its best—to hold the executive to account sometimes."

For her part, she will keep doing just that. Only last week she used her blog to call on the government to focus on introducing standardised packaging for cigarettes instead of backtracking and trying to regulate less harmful electronic cigarettes, prompting one reader to call her "an honourable politician."[1] Her constituents do not seem to mistrust her after all.

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1 Wollaston S. A tale of two products. 7 November 2013. www.drsarah.org.uk/sarah%27s-blog/.

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How many new cancers are diagnosed in A&E?

And what conclusions about general practitioners' performance can be drawn from these statistics? It's more complicated than the newspaper headlines might have us believe, finds **Margaret McCartney**

On 18 October, NHS England London tweeted, "Did you know? A third of cancer diagnoses are still only made in A+E [accident and emergency]." A few days earlier, the Teenage Cancer Trust had released a report that concluded that "over a third of young people with cancer" are diagnosed through admission to emergency departments.[1]

Last year, there was widespread media coverage when the National Cancer Intelligence Network, part of Public Health England, reported findings[2] that led to headlines such as the BBC's "'Too many' cancers only diagnosed in A&E, study suggests."[3] The article reported Jane Maher, chief medical officer at the charity Macmillan Cancer Support, as saying, "It is appalling that so many cancer patients are still diagnosed through emergency admissions. It can be more difficult to spot cancer symptoms in older people who have other health conditions but this does not excuse such a high number of people being diagnosed in this way."[3]

The NHS England tweet was incorrect and was later clarified. It used the same fraction of "a third" as data publicised by the Teenage Cancer Trust, which it had taken from its own annual survey. This found that of 300 young patients with cancer, 111 (37%) had had their condition diagnosed when visiting an emergency department. However, of these, only 29 (9.6%) had not been referred by their general practitioner.[4]

Research from the NHS North West Cancer Intelligence Service, published earlier this year, used hospital episode statistics to find that 24% of diagnoses of cancer in children and young adults were made at emergency presentations.[5] The proportion was the same for the population overall. Of these, a third (8%) are in patients who have been admitted by their GP; the remainder are in patients who have attended emergency departments—but some will also have been sent by their GP.[6]

Additionally, a paper using data from the general practice research database integrated with hospital episode statistics found the proportion to be lower still, at 13.9% of cancers being first diagnosed at emergency admission.[7]

This is confusing because the Teenage Cancer Trust's press release seemed to implicate GPs for not acting sooner, and Cancer Research UK told the BBC that some people are diagnosed in emergency departments because they "could be slipping through the net as symptoms may be dismissed as 'the usual aches and pains' or 'old age.'"[3] However, GPs may have been trying to access investigations as quickly as possible for the patient by referral to the emergency department.


Mail Online

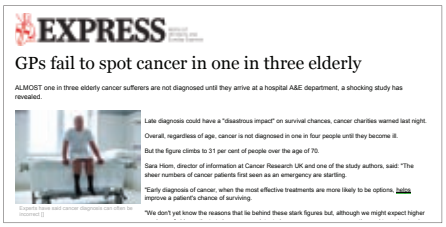
After £450m boost, GPs are still failing to spot cancer: Quarter of patients forced to visit three times before a referral

- **Nearly one in ten patients saw their GP five or more times before being referred to hospital**
- **Cancer survival rates lower in Britain than other European countries**

By Sophie Borland

PUBLISHED: 00:58, 6 September 2012 | **UPDATED:** 07:45, 6 September 2012

A quarter of people who go on to be diagnosed with cancer have to go to their GP at least three times before being referred for a hospital test, a major report shows.


EXPRESS

GPs fail to spot cancer in one in three elderly

ALMOST one in three elderly cancer sufferers are not diagnosed until they arrive at a hospital A&E department, a shocking study has revealed.

Late diagnosis could have a "disastrous impact" on survival chances, cancer charities warned last night.

Overall, regardless of age, cancer is not diagnosed in one in four people until they become ill.

But the figure climbs to 31 per cent of people over the age of 70.

Sara Hiom, director of information at Cancer Research UK and one of the study authors, said: "The sheer numbers of cancer patients first seen as an emergency are startling.

"Early diagnosis of cancer, when the most effective treatments are more likely to be options, helps improve a patient's chance of surviving.

"We don't yet know the reasons that lie behind these stark figures but, although we might expect higher

"The category of emergency admissions comprises both admission to hospital by the GP and the patient going to the emergency department—and that patient may have gone there because the GP told them to do so"—Greg Rubin

Greg Rubin, a professor at the University of Durham who researches the diagnosis of cancer in primary care, told the *BMJ*, "On the whole, emergency presentations are associated with worse outcomes—there is evidence for that in colorectal and lung cancers. But the category of emergency admissions comprises both admission to hospital by the GP and the patient going to the emergency department—and that patient may have gone there because the GP told them to do so."

"Emergency presentation is seen as a bad thing, but we need to be more sophisticated in understanding why people present in an emergency and not assume that the GP got it all wrong," said Rubin.

Although symptoms of some cancers, such as breast lumps and pigmented lesions, are relatively straightforward to identify, others are far more difficult. GPs sometimes get the diagnosis wrong or make it later than they might have.

"But we don't understand what is happening. Some people come to see their doctor for the first time with a symptom and are sent [to hospital] as an emergency. Some people will be having tests done in primary care, and in the process, be sent into hospital as an emergency. And in some cases, there will have been a missed initial diagnosis and the patient will need an emergency admission," said Rubin.

As it stands, the data are relatively crude and require further understanding rather than the blame mongering of the *Daily Express* ("GPs fail to spot cancer in 1 in 3 elderly")[8] or the *Daily Mail* ("GPs are still failing to spot cancer").[9]

Many research reports make an additional inference that symptoms later found to be related to cancer and which have taken more than three GP consultations before referral are undesirable and indicative of less good care.[10] Rubin said, "Overall, we have found that GPs are very good at detecting cancer; 75% of patients with cancers are referred after the first or second consultation." However, cancers with vaguer symptoms are less easy to diagnose quickly. Many GPs have been taught the "three strikes and out" rule—that is, if unexplained symptoms persist after the third appointment, referral should be considered.

Rubin agrees with this approach, particularly for children and young people, but also thinks that diagnoses of cancer after the third consultation shouldn't necessarily be considered poor care.

It is easy to run media campaigns for awareness and "earlier diagnosis." It's far harder to work out what is going on, where the delays are, and how to support GPs who are balancing one set of uncertainties and potential for harm against another. The NHS has recognised that openness is essential. But with complex statistics and a failure to properly explain them to the public, we risk turning an opportunity to understand and improve into a blame game.

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References are in the version on bmj.com

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