More than 40% of cancer patients not seen by specialist in two weeks

Rebecca Coombes *London*

More than 40% of patients who go on to receive a diagnosis of cancer are not having their referrals classed as "urgent" by their GPs, with the result that they are not being seen by a specialist within two weeks, a report from the National Audit Office says.

In a survey in 2004 of 4000 patients in England with breast, lung, bowel, or prostate cancer—a repeat of a poll carried out in 2000—the watchdog body found that some types of patient are likely to be referred more quickly than others.

Patients with breast cancer were seen the quickest, with 70% seeing a specialist within two weeks. Patients with prostate cancer were the slowest to be seen, with 68% failing to get an urgent referral.

Bowel cancer patients also had long waits, with 20% waiting between one and three months from referral before seeing a specialist.

The Department of Health has a target that all patients who are given an urgent referral for suspected cancer by their GP should

be seen by a specialist within two weeks. Although this target is being met in 99% of cases, many people with cancer are still not being referred urgently, said the audit office. According to the findings of its survey, more than 40% of patients who turn out to have cancer had still waited more than two weeks from GP referral to see a specialist, and 20% waited for more than a month.

The report says these differences may reflect the fact that some cancers are harder to spot. It can be difficult, for example, for GPs to separate symptoms of bowel cancer from those of other conditions.

However, the audit office painted a broadly positive picture of patients' experiences. For example, two thirds of patients said the care from their GP was "very good," and more than 90% of patients considered they were told bad news with suitable sensitivity.

Nevertheless, gaps in service remained. Prostate cancer patients in particular reported a worse experience than other cancer patients. They were less

positive about referral times, about discussion of side effects and of how treatment had gone, and about having a named nurse in charge of care.

James Gostick, an audit manager, said that the health department's guidance on prostate cancers was still settling in and called for all patients to have access to a urological cancer nurse specialist.

He said, "Prostate cancer services have not been developed as quickly as some in the past. Their guidance came out in 2002, some years after guidance for other major cancers, so we expect to see improvement in coming years."

Patients in London were less positive about their care than patients in other parts of the country, although they have better survival rates and lower mortality. Forty per cent of cancer patients in London did not receive any written information, and 40% were not given information on relevant support groups.

The survey found that almost two thirds of patients were in pain while receiving hospital treatment, slightly less than in 2000. Fifteen per cent said they did not think staff had done everything they could to reduce pain. □

Tackling Cancer: Improving the Patient Journey is at www.nao.org.uk

Breast cancer detection rates increase but coverage varies

Lynn Eaton *London*

New methods of screening for breast cancer have led to an increase in the number of cancers detected in England, according to latest statistics from the Department of Health. But the data show that there is still wide geographical variation in the proportion of eligible women who have been screened in the past three years.

In 2003-4, the number of breast cancers detected increased by more than 14% compared with 2002-3. Of the 1.4 million women screened in England in 2003-4, 11 227 had cancer detected and treated compared with 9848 in 2002-3.

Nearly half of the cancers detected in the past year were smaller cancers that could have been picked up only through screening. Most (1.2 million) of the women screened were aged 50-64, and these women had nearly 8400 of the diagnosed cancers.

The Department of Health puts the increase in detection rates down to better screening methods, which now include two views of the breast instead of just one. Since December 2004, 95% of units have been using this technique.

The government spent an extra £11.4m (\$21.9m; €16.5m) on improving equipment and has invested a further £11.5m extending the programme to women aged 65-70.

The health secretary, John Reid, said, "We know that detecting cancer early helps save lives. Nearly half of these [cases] wouldn't have been detected at all without screening."

At 31 March 2004, coverage

(the proportion of eligible women who have been screened at least once in the previous three years) was 74.9% for women aged 53-64 who were resident in England. Coverage was substantially lower in London (64%), however, in part because of the transitory nature of the population, say officials.

In 247 of the 303 primary care organisations, coverage was 70% or higher, but in eight primary care organisations it was lower than 50%.

Four primary care organisations with coverage below 50% were in southwest England. Torbay in South Devon had the lowest coverage at 27.4%. This was due to difficulties recruiting radiologists and radiographers, said Julietta Patnick, director of the NHS Cancer Screening Programmes.

"We have fully supported South Devon in recruiting staff, and a new South Devon service was phased in from July 2004, reaching full capacity in

November 2004. We have been assured that South Devon will have caught up with the backlog by this time next year, and people will be back to their usual three year cycle of screening.

"We offer our apologies to women whose screening cycle has been delayed. If a woman is concerned about her risk of developing breast cancer or her symptoms, we do advise that she talk to her GP."

The national programme offers free breast screening every three years to women aged 50-70. Women aged 70 and older are not automatically called for screening but can arrange appointments if they wish.

By the end of 2003-4, about 40% of local breast screening units were inviting older women and full coverage is expected by 2005-6. □

Breast Screening Programme, England: 2003-04 is available at www.dh.gov.uk/assetRoot/04/10/40/35/04_035.pdf