Increased survival means increasing roles for primary care after cancer diagnosis

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Morgan et al point out that cancer survival rates in the UK are improving.1 It is timely to consider the roles that GPs play following a cancer diagnosis. We would like to report highlights from a workshop (Cancer in Primary Care International Network [Ca-PRI] annual scientific meeting, Edinburgh, 2017), which explored the roles of GPs following a cancer diagnosis in the Netherlands, Canada, the UK, and Australia, and showcased current improvement initiatives and research.

Internationally, the roles that GPs play in cancer care are expanding,2 but GP input during treatment and survivorship phases is highly variable within and between countries.3 In the UK, a formal cancer care review is remunerated under the current GP contract, but there is evidence that the review is often unstructured, and is perceived to be of limited use.4 Lack of standardised approaches in primary care following a cancer diagnosis are problematic not only because of the dramatic increase in cancer prevalence, but also because of the increasingly chronic nature of the disease and the high prevalence of comorbid diseases. Consequently, more cancer patients and their partners consult their GPs more frequently over longer periods of time.5 There is a political and professional will to provide comprehensive, cost-effective care following a cancer diagnosis, and a sense that primary care is uniquely placed to contribute to this.

Indicators include improving patient–professional communication, shared decision making, and continuity of primary care after a cancer diagnosis;6 developing guidelines to standardise survivorship care (and promoting adherence to existing guidelines); developing specific primarycare-based behavioural and lifestyle interventions to improve outcomes in cancer survivors; improving primary/secondary care communication; and developing digital systems to support clinical information exchange, patient self-management, for example, the ‘OncoKompas’,7 and to improve recurrence detection, for example, the ASSICA melanoma intervention.8

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