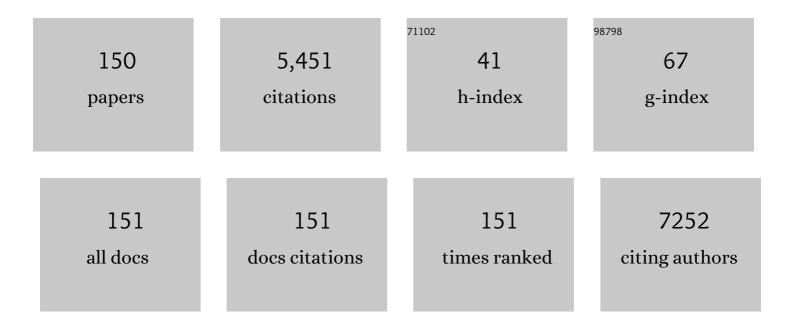
## Gary A Abel

List of Publications by Year in descending order

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#	Article	IF	CITATIONS
1	Variation in number of general practitioner consultations before hospital referral for cancer: findings from the 2010 National Cancer Patient Experience Survey in England. Lancet Oncology, The, 2012, 13, 353-365.	10.7	362
2	The effect of physical multimorbidity, mental health conditions and socioeconomic deprivation on unplanned admissions to hospital: a retrospective cohort study. Cmaj, 2013, 185, E221-E228.	2.0	212
3	Common patterns of morbidity and multi-morbidity and their impact on health-related quality of life: evidence from a national survey. Quality of Life Research, 2015, 24, 909-918.	3.1	186
4	ls polypharmacy always hazardous? A retrospective cohort analysis using linked electronic health records from primary and secondary care. British Journal of Clinical Pharmacology, 2014, 77, 1073-1082.	2.4	159
5	Sexual Minorities in England Have Poorer Health and Worse Health Care Experiences: A National Survey. Journal of General Internal Medicine, 2015, 30, 9-16.	2.6	156
6	Prevalence of polypharmacy in a Scottish primary care population. European Journal of Clinical Pharmacology, 2014, 70, 575-581.	1.9	151
7	Diagnosis of cancer as an emergency: a critical review of current evidence. Nature Reviews Clinical Oncology, 2017, 14, 45-56.	27.6	142
8	Socio-demographic inequalities in stage of cancer diagnosis: evidence from patients with female breast, lung, colon, rectal, prostate, renal, bladder, melanoma, ovarian and endometrial cancer. Annals of Oncology, 2013, 24, 843-850.	1.2	130
9	Presenting symptoms of cancer and stage at diagnosis: evidence from a cross-sectional, population-based study. Lancet Oncology, The, 2020, 21, 73-79.	10.7	123
10	Measures of promptness of cancer diagnosis in primary care: secondary analysis of national audit data on patients with 18 common and rarer cancers. British Journal of Cancer, 2013, 108, 686-690.	6.4	122
11	Adjusted indices of multiple deprivation to enable comparisons within and between constituent countries of the UK including an illustration using mortality rates. BMJ Open, 2016, 6, e012750.	1.9	118
12	Symptoms and patient factors associated with diagnostic intervals for pancreatic cancer (SYMPTOM) Tj ETQq0 298-306.	0 0 rgBT /0 8.1	Overlock 10 T 114
13	Factors affecting patients' trust and confidence in GPs: evidence from the English national GP patient survey. BMJ Open, 2013, 3, e002762.	1.9	111
14	Diagnosing cancer in primary care: results from the National Cancer Diagnosis Audit. British Journal of General Practice, 2018, 68, e63-e72.	1.4	110
15	Reducing emergency admissions: are we on the right track?. BMJ, The, 2012, 345, e6017-e6017.	6.0	99
16	Drivers of overall satisfaction with primary care: evidence from the English General Practice Patient Survey. Health Expectations, 2015, 18, 1081-1092.	2.6	98
17	Gender inequalities in the promptness of diagnosis of bladder and renal cancer after symptomatic presentation: evidence from secondary analysis of an English primary care audit survey. BMJ Open, 2013, 3, e002861.	1.9	93
18	Typical and atypical presenting symptoms of breast cancer and their associations with diagnostic	1.9	92

18	intervals: Evidence from a national audit of cancer diagnosis. Cancer Epidemiology, 2017, 48, 140-146.	1.9

#	Article	IF	CITATIONS
19	Variation in promptness of presentation among 10,297 patients subsequently diagnosed with one of 18 cancers: Evidence from a National Audit of Cancer Diagnosis in Primary Care. International Journal of Cancer, 2014, 135, 1220-1228.	5.1	76
20	The diagnostic performance of CA125 for the detection of ovarian and non-ovarian cancer in primary care: A population-based cohort study. PLoS Medicine, 2020, 17, e1003295.	8.4	73
21	Using ROC Curves to Choose Minimally Important Change Thresholds when Sensitivity and Specificity Are Valued Equally: The Forgotten Lesson of Pythagoras. Theoretical Considerations and an Example Application of Change in Health Status. PLoS ONE, 2014, 9, e114468.	2.5	73
22	Symptoms and patient factors associated with longer time to diagnosis for colorectal cancer: results from a prospective cohort study. British Journal of Cancer, 2016, 115, 533-541.	6.4	69
23	Relationship Between Clinical Quality and Patient Experience: Analysis of Data From the English Quality and Outcomes Framework and the National GP Patient Survey. Annals of Family Medicine, 2013, 11, 467-472.	1.9	67
24	Investigating the relationship between consultation length and patient experience: a cross-sectional study in primary care. British Journal of General Practice, 2016, 66, e896-e903.	1.4	64
25	Evaluation of telephone first approach to demand management in English general practice: observational study. BMJ: British Medical Journal, 2017, 358, j4197.	2.3	62
26	Variation in â€~fast-track' referrals for suspected cancer by patient characteristic and cancer diagnosis: evidence from 670 000 patients with cancers of 35 different sites. British Journal of Cancer, 2018, 118, 24-31.	6.4	60
27	ACE Inhibitor and Angiotensin Receptor-II Antagonist Prescribing and Hospital Admissions with Acute Kidney Injury: A Longitudinal Ecological Study. PLoS ONE, 2013, 8, e78465.	2.5	58
28	Variation in reported experience of involvement in cancer treatment decision making: evidence from the National Cancer Patient Experience Survey. British Journal of Cancer, 2013, 109, 780-787.	6.4	56
29	Assessing communication quality of consultations in primary care: initial reliability of the Global Consultation Rating Scale, based on the Calgary-Cambridge Guide to the Medical Interview. BMJ Open, 2014, 4, e004339.	1.9	56
30	Case management for at-risk elderly patients in the English integrated care pilots: observational study of staff and patient experience and secondary care utilisation. International Journal of Integrated Care, 2012, 12, e130.	0.2	53
31	Inequalities in reported cancer patient experience by socioâ€demographic characteristic and cancer site: evidence from respondents to the <scp>E</scp> nglish <scp>C</scp> ancer <scp>P</scp> atient <scp>E</scp> xperience <scp>S</scp> urvey. European Journal of Cancer Care, 2015, 24, 85-98.	1.5	52
32	Do English patients want continuity of care, and do they receive it?. British Journal of General Practice, 2012, 62, e567-e575.	1.4	51
33	Do Differential Response Rates to Patient Surveys Between Organizations Lead to Unfair Performance Comparisons?. Medical Care, 2016, 54, 45-54.	2.4	51
34	The Association between Fatalistic Beliefs and Late Stage at Diagnosis of Lung and Colorectal Cancer. Cancer Epidemiology Biomarkers and Prevention, 2015, 24, 720-726.	2.5	50
35	Emergency diagnosis of cancer and previous general practice consultations: insights from linked patient survey data. British Journal of General Practice, 2017, 67, e377-e387.	1.4	49
36	The accuracy of diagnostic coding for acute kidney injury in England – a single centre study. BMC Nephrology, 2013, 14, 58.	1.8	48

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37	How much of the deprivation gap in cancer survival can be explained by variation in stage at diagnosis: An example from breast cancer in the East of England. International Journal of Cancer, 2013, 133, 2192-2200.	5.1	48
38	Pre-referral general practitioner consultations and subsequent experience of cancer care: evidence from the English Cancer Patient Experience Survey. European Journal of Cancer Care, 2016, 25, 478-490.	1.5	48
39	On the use of IMAGE FUV for estimating the latitude of the open/closed magnetic field line boundary in the ionosphere. Annales Geophysicae, 2008, 26, 2759-2769.	1.6	48
40	Variation in advanced stage at diagnosis of lung and female breast cancer in an English region 2006–2009. British Journal of Cancer, 2012, 106, 1068-1075.	6.4	47
41	Understanding high and low patient experience scores in primary care: analysis of patients' survey data for general practices and individual doctors. BMJ, The, 2014, 349, g6034-g6034.	6.0	46
42	Associations Between Sexual Orientation and Overall and Site-Specific Diagnosis of Cancer: Evidence From Two National Patient Surveys in England. Journal of Clinical Oncology, 2017, 35, 3654-3661.	1.6	44
43	Why do patients with multimorbidity in England report worse experiences in primary care? Evidence from the General Practice Patient Survey. BMJ Open, 2015, 5, e006172-e006172.	1.9	41
44	Diagnostic performance of a faecal immunochemical test for patients with low-risk symptoms of colorectal cancer in primary care: an evaluation in the South West of England. British Journal of Cancer, 2021, 124, 1231-1236.	6.4	41
45	Variations in GP–patient communication by ethnicity, age, and gender: evidence from a national primary care patient survey. British Journal of General Practice, 2016, 66, e47-e52.	1.4	39
46	Prevalence and Benefits of Care Plans and Care Planning for People with Long-Term Conditions in England. Journal of Health Services Research and Policy, 2012, 17, 64-71.	1.7	38
47	Quitting patient care and career break intentions among general practitioners in South West England: findings of a census survey of general practitioners. BMJ Open, 2017, 7, e015853.	1.9	37
48	Impact of investigations in general practice on timeliness of referral for patients subsequently diagnosed with cancer: analysis of national primary care audit data. British Journal of Cancer, 2015, 112, 676-687.	6.4	36
49	Comparison of the International Crowding Measure in Emergency Departments (ICMED) and the National Emergency Department Overcrowding Score (NEDOCS) to measure emergency department crowding: pilot study. Emergency Medicine Journal, 2016, 33, 307-312.	1.0	36
50	Estimating the location of the open-closed magnetic field line boundary from auroral images. Annales Geophysicae, 2010, 28, 1659-1678.	1.6	34
51	Evaluating diagnostic strategies for early detection of cancer: the CanTest framework. BMC Cancer, 2019, 19, 586.	2.6	34
52	The Evaluation of Physicians' Communication Skills From Multiple Perspectives. Annals of Family Medicine, 2018, 16, 330-337.	1.9	32
53	Impact of socioeconomic deprivation on screening for cardiovascular disease risk in a primary prevention population: a cross-sectional study. BMJ Open, 2016, 6, e009984.	1.9	31
54	Does the availability of a South Asian language in practices improve reports of doctor-patient communication from South Asian patients? Cross sectional analysis of a national patient survey in English general practices. BMC Family Practice, 2015, 16, 55.	2.9	30

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55	How do adults with physical disability experience primary care? A nationwide cross-sectional survey of access among patients in England. BMJ Open, 2014, 4, e004714-e004714.	1.9	29
56	Ecological studies: use with caution. British Journal of General Practice, 2014, 64, 65-66.	1.4	28
57	Do difficulties in accessing in-hours primary care predict higher use of out-of-hours GP services? Evidence from an English National Patient Survey. Emergency Medicine Journal, 2015, 32, 373-378.	1.0	28
58	Post-sampling mortality and non-response patterns in the English Cancer Patient Experience Survey: Implications for epidemiological studies based on surveys of cancer patients. Cancer Epidemiology, 2016, 41, 34-41.	1.9	28
59	Pre-referral GP consultations in patients subsequently diagnosed with rarer cancers: a study of patient-reported data. British Journal of General Practice, 2016, 66, e171-e181.	1.4	28
60	Variation and statistical reliability of publicly reported primary care diagnostic activity indicators for cancer: a cross-sectional ecological study of routine data. BMJ Quality and Safety, 2018, 27, 21-30.	3.7	27
61	Cancer diagnoses after emergency GP referral or A&E attendance in England: determinants and time trends in Routes to Diagnosis data, 2006–2015. British Journal of General Practice, 2019, 69, e724-e730.	1.4	27
62	The nature and frequency of abdominal symptoms in cancer patients and their associations with time to help-seeking: evidence from a national audit of cancer diagnosis. Journal of Public Health, 2018, 40, e388-e395.	1.8	26
63	Characteristics of service users and provider organisations associated with experience of out of hours general practitioner care in England: population based cross sectional postal questionnaire survey. BMJ, The, 2015, 350, h2040-h2040.	6.0	25
64	Cancer patient experience, hospital performance and case mix: evidence from England. Future Oncology, 2014, 10, 1589-1598.	2.4	24
65	Cardiovascular polypharmacy is not associated with unplanned hospitalisation: evidence from a retrospective cohort study. BMC Family Practice, 2014, 15, 58.	2.9	24
66	Association Between Prescribing of Cardiovascular and Psychotropic Medications and Hospital Admission for Falls or Fractures. Drugs and Aging, 2013, 30, 247-254.	2.7	23
67	Stage-specific incidence trends of melanoma in an English region, 1996–2015: longitudinal analyses of population-based data. Melanoma Research, 2020, 30, 279-285.	1.2	23
68	Improving patient experience in primary care: a multimethod programme of research on the measurement and improvement of patient experience. Programme Grants for Applied Research, 2017, 5, 1-452.	1.0	23
69	Are emergency diagnoses of cancer avoidable? A proposed taxonomy to motivate study design and support service improvement. Future Oncology, 2014, 10, 1329-1333.	2.4	22
70	Investigating turbulent structure of ionospheric plasma velocity using the Halley SuperDARN radar. Nonlinear Processes in Geophysics, 2007, 14, 799-809.	1.3	21
71	Changing practice as a quality indicator for primary care: analysis of data on voluntary disenrollment from the English GP Patient Survey. BMC Family Practice, 2013, 14, 89.	2.9	21
72	Investigating the meaning of â€~good' or â€~very good' patient evaluations of care in English general practice: a mixed methods study. BMJ Open, 2017, 7, e014718.	1.9	21

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73	Missing data and chance variation in public reporting of cancer stage at diagnosis: Cross-sectional analysis of population-based data in England. Cancer Epidemiology, 2018, 52, 28-42.	1.9	21
74	Associations between diagnostic pathways and care experience in colorectal cancer: evidence from patient-reported data. Frontline Gastroenterology, 2018, 9, 241-248.	1.8	21
75	Identifying and quantifying variation between healthcare organisations and geographical regions: using mixed-effects models. BMJ Quality and Safety, 2019, 28, bmjqs-2018-009165.	3.7	20
76	A retrospective cohort study assessing patient characteristics and the incidence of cardiovascular disease using linked routine primary and secondary care data. BMJ Open, 2012, 2, e000723.	1.9	19
77	Are inequalities in cancer diagnosis through emergency presentation narrowing, widening or remaining unchanged? Longitudinal analysis of English population-based data 2006–2013. Journal of Epidemiology and Community Health, 2019, 73, 3-10.	3.7	19
78	What explains worse patient experience in London? Evidence from secondary analysis of the Cancer Patient Experience Survey. BMJ Open, 2014, 4, e004039.	1.9	18
79	Identifying people at higher risk of melanoma across the U.K.: a primary-care-based electronic survey. British Journal of Dermatology, 2017, 176, 939-948.	1.5	18
80	Diagnostic route is associated with care satisfaction independently of tumour stage: Evidence from linked English Cancer Patient Experience Survey and cancer registration data. Cancer Epidemiology, 2019, 61, 70-78.	1.9	18
81	Concordance with urgent referral guidelines in patients presenting with any of six â€~alarm' features of possible cancer: a retrospective cohort study using linked primary care records. BMJ Quality and Safety, 2022, 31, 579-589.	3.7	18
82	A statistical comparison of SuperDARN spectral width boundaries and DMSP particle precipitation boundaries in the afternoon sector ionosphere. Annales Geophysicae, 2005, 23, 3645-3654.	1.6	17
83	Earlier diagnosis of breast cancer: focusing on symptomatic women. Nature Reviews Clinical Oncology, 2013, 10, 544-544.	27.6	16
84	Understanding negative feedback from South Asian patients: an experimental vignette study. BMJ Open, 2016, 6, e011256.	1.9	16
85	Imaging activity possibly signalling missed diagnostic opportunities in bladder and kidney cancer: A longitudinal data-linkage study using primary care electronic health records. Cancer Epidemiology, 2020, 66, 101703.	1.9	16
86	Do GPs accurately record date of death? A UK observational analysis. BMJ Supportive and Palliative Care, 2020, 10, e24-e24.	1.6	15
87	Predictive values for different cancers and inflammatory bowel disease of 6 common abdominal symptoms among more than 1.9 million primary care patients in the UK: A cohort study. PLoS Medicine, 2021, 18, e1003708.	8.4	15
88	Beyond the ecological fallacy: potential problems when studying healthcare organisations. Journal of the Royal Society of Medicine, 2016, 109, 92-97.	2.0	14
89	Rating Communication in GP Consultations: The Association Between Ratings Made by Patients and Trained Clinical Raters. Medical Care Research and Review, 2018, 75, 201-218.	2.1	14
90	What happens to patient experience when you want to see a doctor and you get to speak to a nurse? Observational study using data from the English General Practice Patient Survey. BMJ Open, 2018, 8, e018690.	1.9	13

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91	Associations between general practice characteristics with use of urgent referrals for suspected cancer and endoscopies: a cross-sectional ecological study. Family Practice, 2019, 36, 573-580.	1.9	12
92	Identifying Ovarian Cancer in Symptomatic Women: A Systematic Review of Clinical Tools. Cancers, 2020, 12, 3686.	3.7	12
93	Identifying opportunities for timely diagnosis of bladder and renal cancer via abnormal blood tests: a longitudinal linked data study. British Journal of General Practice, 2022, 72, e19-e25.	1.4	12
94	Ethnic inequalities in routes to diagnosis of cancer: a population-based UK cohort study. British Journal of Cancer, 2022, 127, 863-871.	6.4	12
95	Seasonal variation in diagnosis of invasive cutaneous melanoma in Eastern England and Scotland. Cancer Epidemiology, 2015, 39, 554-561.	1.9	11
96	Patient Experience Drivers of Overall Satisfaction With Care in Cancer Patients: Evidence From Responders to the English Cancer Patient Experience Survey. Journal of Patient Experience, 2020, 7, 758-765.	0.9	11
97	Prolonged Diagnostic Intervals as Marker of Missed Diagnostic Opportunities in Bladder and Kidney Cancer Patients with Alarm Features: A Longitudinal Linked Data Study. Cancers, 2021, 13, 156.	3.7	11
98	Sociodemographic inequalities in patients' experiences of primary care: an analysis of the General Practice Patient Survey in England between 2011 and 2017. Journal of Health Services Research and Policy, 2021, 26, 198-207.	1.7	11
99	Policies and strategies to retain and support the return of experienced GPs in direct patient care: the ReGROUP mixed-methods study. Health Services and Delivery Research, 2019, 7, 1-288.	1.4	11
100	How Do People With Diabetes Describe Their Experiences in Primary Care? Evidence From 85,760 Patients With Self-reported Diabetes From the English General Practice Patient Survey. Diabetes Care, 2015, 38, 469-475.	8.6	10
101	Language spoken at home and the association between ethnicity and doctor–patient communication in primary care: analysis of survey data for South Asian and White British patients. BMJ Open, 2016, 6, e010042.	1.9	10
102	Associations between diagnostic activity and measures of patient experience in primary care: a cross-sectional ecological study of English general practices. British Journal of General Practice, 2018, 68, e9-e17.	1.4	10
103	The prevalence of chronic conditions in patients diagnosed with one of 29 common and rarer cancers: A cross-sectional study using primary care data. Cancer Epidemiology, 2020, 69, 101845.	1.9	10
104	Association of Self-reported Presenting Symptoms With Timeliness of Help-Seeking Among Adolescents and Young Adults With Cancer in the BRIGHTLIGHT Study. JAMA Network Open, 2020, 3, e2015437.	5.9	10
105	Does changing healthcare use signal opportunities for earlier detection of cancer? A review of studies using information from electronic patient records. Cancer Epidemiology, 2022, 76, 102072.	1.9	10
106	A â€~telephone first' approach to demand management in English general practice: a multimethod evaluation. Health Services and Delivery Research, 2019, 7, 1-158.	1.4	9
107	Pre-diagnostic clinical features and blood tests in patients with colorectal cancer: a retrospective linked-data study. British Journal of General Practice, 2022, 72, e556-e563.	1.4	9
108	Patterns of disease presentation and management in Egyptian primary care: findings from a survey of 2458 primary care patient consultations. BMC Family Practice, 2013, 14, 161.	2.9	8

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109	Clinical excellence: evidence on the assessment of senior doctors' applications to the UK Advisory Committee on Clinical Excellence Awards. Analysis of complete national data set. BMJ Open, 2016, 6, e011958.	1.9	8
110	Predictors of Postal or Online Response Mode and Associations With Patient Experience and Satisfaction in the English Cancer Patient Experience Survey. Journal of Medical Internet Research, 2019, 21, e11855.	4.3	8
111	Advanced stage diagnosis of cancer: who is at greater risk?. Expert Review of Anticancer Therapy, 2012, 12, 993-996.	2.4	7
112	Evaluating Differential Item Functioning in the English General Practice Patient Survey. Medical Care, 2015, 53, 809-817.	2.4	7
113	GPs: working harder than ever. British Journal of General Practice, 2018, 68, 218-219.	1.4	7
114	Impact of the Southwark and Lambeth Integrated Care Older People's Programme on hospital utilisation and costs: controlled time series and cost-consequence analysis. BMJ Open, 2019, 9, e024220.	1.9	7
115	Population trends in emergency cancer diagnoses: The role of changing patient case-mix. Cancer Epidemiology, 2019, 63, 101574.	1.9	7
116	Awareness and use of online appointment booking in general practice: analysis of GP Patient Survey data. British Journal of General Practice, 2020, 70, bjgp20X711365.	1.4	7
117	Workforce predictive risk modelling: development of a model to identify general practices at risk of a supplyâ°'demand imbalance. BMJ Open, 2020, 10, e027934.	1.9	6
118	Medication non-adherence: an overlooked target for quality improvement interventions. BMJ Quality and Safety, 2020, 29, 271-273.	3.7	6
119	Cancer detection in primary care. Lancet Oncology, The, 2012, 13, e325-e326.	10.7	5
120	Integrated research efforts are needed to better understand how to reduce the proportion of patients with cancer who are diagnosed as emergencies. British Journal of Cancer, 2013, 108, 1550-1551.	6.4	5
121	Ranking hospitals on avoidable death rates derived from retrospective case record review: methodological observations and limitations. BMJ Quality and Safety, 2015, 24, 554-557.	3.7	5
122	Primary care use by men with symptoms of possible prostate cancer: A multiâ€method study with an ethnically diverse sample in London. European Journal of Cancer Care, 2021, 30, e13482.	1.5	5
123	Assessing Ethnic Inequalities in Diagnostic Interval of Common Cancers: A Population-Based UK Cohort Study. Cancers, 2022, 14, 3085.	3.7	5
124	Digital Facilitation to Support Patient Access to Web-Based Primary Care Services: Scoping Literature Review. Journal of Medical Internet Research, 2022, 24, e33911.	4.3	5
125	Primary care experience of people with long-standing psychological problems: Evidence from a national survey in England. International Review of Psychiatry, 2011, 23, 2-9.	2.8	4
126	Predictors of the use of orthotopic bladder reconstruction after radical cystectomy for bladder cancer: data from a pilot study of 1756 cases 2004-2011. BJU International, 2013, 111, 1061-1067.	2.5	4

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127	Truancy and teenage pregnancy in English adolescent girls: can we identify those at risk?. Journal of Public Health, 2016, 38, 323-329.	1.8	4
128	The influence of patient case mix on public health area statistics for cancer stage at diagnosis: a cross-sectional study. European Journal of Public Health, 2019, 29, 1103-1107.	0.3	4
129	Seeing the wood and the trees: the impact of the healthcare system on variation in primary care referrals. BMJ Quality and Safety, 2020, 29, 274-276.	3.7	4
130	Mortality alerts, actions taken and declining mortality: true effect or regression to the mean?. BMJ Quality and Safety, 2018, 27, 950-953.	3.7	3
131	Assessing patients at risk of symptomatic-but-as-yet-undiagnosed cancer in primary care using information from patient records. British Journal of Cancer, 2020, 122, 1729-1731.	6.4	3
132	Medication adherence and clinical outcomes in dispensing and non-dispensing practices: a cross-sectional analysis. British Journal of General Practice, 2021, 71, e55-e61.	1.4	3
133	The underlying structure of the English Cancer Patient Experience Survey: Factor analysis to support survey reporting and design. Cancer Medicine, 2022, 11, 3-20.	2.8	3
134	Inflammatory marker testing in primary care in the year before Hodgkin lymphoma diagnosis: a UK population-based case–control study in patients aged â‰90 years. British Journal of General Practice, 2022, 72, e546-e555.	1.4	3
135	Order effects in high stakes undergraduate examinations: an analysis of 5â€years of administrative data in one UK medical school. BMJ Open, 2016, 6, e012541.	1.9	2
136	Reliability of hospital scores for the Cancer Patient Experience Survey: analysis of publicly reported patient survey data. BMJ Open, 2019, 9, e029037.	1.9	2
137	Stage–specific incidence trends of renal cancers in the East of England, 1999–2016. Cancer Epidemiology, 2021, 71, 101883.	1.9	2
138	Associations between general practice characteristics and chest x-ray rate: an observational study. British Journal of General Practice, 2022, 72, BJGP.2021.0232.	1.4	2
139	Response to: Assessing the harms of polypharmacy requires careful interpretation and consistent definitions. British Journal of Clinical Pharmacology, 2014, 78, 672-673.	2.4	1
140	<can (pros)="" accurate="" estimates="" from="" of<br="" outcomes="" patient="" population="" provide="" reported="" surveys="">Pre-Admission Health Status of Emergency Hospital Admissions?. Patient Related Outcome Measures, 2020, Volume 11, 39-48.</can>	1.2	1
141	Could Ovarian Cancer Prediction Models Improve the Triage of Symptomatic Women in Primary Care? A Modelling Study Using Routinely Collected Data. Cancers, 2021, 13, 2886.	3.7	1
142	Guideline interval: A new time interval in the diagnostic pathway for symptomatic cancer. Cancer Epidemiology, 2021, 73, 101969.	1.9	1
143	Morbidity and measures of the diagnostic process in primary care for patients subsequently diagnosed with cancer. Family Practice, 2022, 39, 623-632.	1.9	1
144	Reply: Timeliness, risk communication and patient preferences for investigations or referral. British Journal of Cancer, 2013, 108, 2187-2188.	6.4	0

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145	Role of practices and Clinical Commissioning Groups in measures of patient experience: analysis of routine data. BMJ Quality and Safety, 2021, 30, 173-175.	3.7	Ο
146	Title is missing!. , 2020, 17, e1003295.		0
147	Title is missing!. , 2020, 17, e1003295.		Ο
148	Title is missing!. , 2020, 17, e1003295.		0
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150	Title is missing!. , 2020, 17, e1003295.		0