

Centralising specialist cancer surgery services: what factors matter most to patients, the public, & health professionals?<sup>1</sup>



Research:  
at a glance

## 1. What we knew

Centralising specialist cancer surgery services aims to improve overall quality of care and improve how well people do.

However, it can mean patients and families have to travel further for care.<sup>2</sup>

## 2. What we did

We ran a survey based on a questionnaire with patients & professionals looking at what aspects of such changes matter most to people.<sup>3</sup>

206 patients, 111 health professionals, and 127 members of the public took part.

We presented examples of cancer services for people to choose between. These services differed in a number of ways:

- how long it would take to get to hospital;
- risk of complications or death;
- number of operations carried out per year;
- level of access to cancer specialists.

By looking at which services people chose, we were able to examine which features of cancer surgery services mattered most to people.

## 3. What we found

**Patients, health professionals, and the public all had similar preferences.**

Across the three groups participants preferred:

- Shorter travel times
- Lower risk of death and complications
- Access to centres doing more operations
- Access to a specialist MDT
- Specialist surgeon cover 24/7

**We found that the risk of complications, risk of death, and access to a team of cancer specialists were most important to people.**

Travel time was least important to people, and participants were willing to travel for longer to have better care and outcomes.

## 4. What this means

Our findings suggest that people are willing to travel longer if it means having better care and better outcomes.

If services are not linked with better care and outcomes, people prefer to be treated by their local hospital.

When planning changes of this kind, it is vital that improvements in care and outcomes are at the heart of proposals.



## References

1. Vallejo-Torres L, Melnychuk M, Vindrola-Padros C, Aitchison M, Clarke CS, Fulop NJ, Hines J, Levermore C, Maddineni SB, Perry C, Pritchard-Jones K, Ramsay AIG, Shackley DC, Morris S. Discrete choice experiment to analyse preferences for centralising specialist cancer surgery services. *British Journal of Surgery*. 2018 Mar 7.
2. Fulop N *et al*. Reorganising specialist cancer surgery for the twenty-first century: a mixed methods evaluation (RESPECT-21). *Implement Sci* 11.1 (2016): 155.
3. Melnychuk M, *et al*. Centralising specialist cancer surgery services in England: survey of factors that matter to patients and carers and health professionals. *BMC cancer* 18.1 (2018): 226

## Contact

m.melnichuk@ucl.ac.uk

## Our website

[https://www.ucl.ac.uk/dahr/research-pages/RESPECT\\_21](https://www.ucl.ac.uk/dahr/research-pages/RESPECT_21)

## Acknowledgements

We would like to acknowledge the contribution made to this study by Neil Cameron, one of the patient representatives on this study, who sadly died in May 2017. We also wish to thank Dr. Victoria Wood, Prof. Ruth J. Boaden, Veronica Brinton, Prof. Muntzer M Mughal, and Dr. Sarah Darley for their contributions to the development of this study.

This project was funded by the National Institute for Health Research Health Services & Delivery Research programme (Project number 15/0489).

The views and opinions expressed therein are those of the authors and do not necessarily reflect those of the HS&DR, NIHR, NHS, or the Department of Health.