



Original Article

Organisation of Prostate Cancer Services in the English National Health Service



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Abstract

Aims: The National Prostate Cancer Audit (NPCA) started in April 2013 with the aim of assessing the process of care and its outcomes in men diagnosed with prostate cancer in England and Wales. One of the key aims of the audit was to assess the configuration and availability of specialist prostate cancer services in England.

Materials and methods: In 2014, the NPCA undertook an organisational survey of all 143 acute National Health Service (NHS) Trusts and 48 specialist multi-disciplinary team (MDT) hubs across England. Questionnaires established the availability and location of core diagnostic, treatment and patient-centred support services for the management of non-metastatic prostate cancer in addition to specific diagnostic and treatment procedures that reflect the continuing evolution of prostate cancer management, such as high-intensity focused ultrasound (HIFU) and stereotactic body radiotherapy.

Results: The survey received a 100% response rate. The results showed considerable geographical variation with respect to the availability of core treatment modalities, the size of the target population and catchment areas served by specialist MDT hubs, as well as in the uptake of additional procedures and services. Specifically there are gaps in the availability of core radiotherapy procedures; high dose rate and low dose rate brachytherapy are available in 44% and 75% of specialist MDTs, respectively. By comparison, there seems to be a relative 'over-penetration' of surgical innovation, with 67% of specialist MDTs providing robotic-assisted laparoscopic prostatectomy and 21% HIFU. There is also evidence of increased centralisation of core surgical procedures and regional inequity in the availability of surgical innovation across England.

Conclusions: The organisational survey of the NPCA has provided a comprehensive assessment of the structure and function of specialist MDTs in England and the availability of prostate cancer procedures and services. As part of the prospective audit, the NPCA will assess the effect of the availability of prostate cancer services on access regionally and subsequent outcomes of care according to evidence-based guidelines.

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Key words: Centralisation; clinical audit; geographical inequality; health services; prostate cancer

Introduction

Cancer services in the National Health Service (NHS) continue to be developed. In the 1990s, it was recognised that cancer services were fragmented and poorly organised

[1]. In response, complex curative treatment services were concentrated on fewer clinicians within hospitals and these were required to work together in multidisciplinary teams (MDTs). Also, a new geographical configuration was established, with local cancer units referring complex or rare cancer conditions to a regional specialist MDT [2,3].

A specialist prostate cancer MDT can be considered as a hub made up of one or more specialist centres coordinating services for the referring local cancer units. Many of the prostate cancer centres also provide services for other urological

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malignancies, such as bladder and renal cancer. Through this set-up, all newly diagnosed patients should have access within their area to the full range of services required for comprehensive high-quality cancer management.

In 2014, the National Prostate Cancer Audit (NPCA) (www.npca.org.uk) [4,5] undertook an organisational survey of NHS cancer units and centres providing care for prostate cancer patients in England and Wales to describe the services they provide. The survey examined the pattern of regional coordination and assessed the availability of core diagnostic, treatment and patient-centred support services. It also looked at the availability of specific additional diagnostic and treatment procedures that reflect the continuing evolution of the management of patients with this condition. Here we present the survey results for England only. The results for Wales will be published separately.

Materials and Methods

Two questionnaires were developed by the NPCA for the organisational survey. The first questionnaire was directed at all NHS providers of prostate cancer care (including both local cancer units and cancer centres) in England with specific questions about the availability of diagnostic and therapeutic procedures and support services. The second questionnaire was only directed at specialist MDTs. This questionnaire aimed to obtain information about the regional coordination of curative treatment services and the availability of specialist expertise.

The prostate cancer lead for each provider was identified and the survey was delivered electronically. Non-responders were contacted by e-mail and telephone until a 100% response rate was achieved. During the analysis of the data, results were clarified with each prostate cancer lead when necessary. The results presented in this paper reflect the pattern of services as of December 2014, but the results for named providers, which are being updated periodically, can be found on the NPCA's website (www.npca.org.uk/reports).

For the purpose of this organisational survey, a prostate cancer centre was defined as an NHS unit that provides specialist curative (or radical) prostate cancer treatments (surgery and/or radiotherapy services). We assessed the availability of core procedures and services in diagnostic, treatment and patient-centred domains (Table 1). These core services were chosen as they are included in national and international guidelines for the management of non-metastatic prostate cancer [6–8].

Within the patient-centred domain, the provision of a joint specialist uro-oncology clinic was also included. This clinic enables patients who are considered to be candidates for radical treatment to meet both urologists and oncologists at the same clinic visit – either as a joint consultation or separate consultations – to discuss treatment options. It is a measure of service quality according to the English National Peer Review Programme for cancer services [3].

The survey also assessed the availability of specific additional procedures, including transperineal template

Table 1

List of core and additional procedures and services

Core diagnostic procedures:
• Magnetic resonance imaging
• Multiparametric magnetic resonance imaging
• Isotope bone scan
Additional diagnostic procedures
• Template biopsy
• Choline positron emission tomography
Core treatment procedures
• Radical prostatectomy (open or laparoscopic)
• External beam radiotherapy
• Intensity-modulated radiotherapy
• High dose rate brachytherapy
• Low dose rate brachytherapy
Additional treatment procedures
• Robotic-assisted laparoscopic prostatectomy
• High-intensity focused ultrasound
• Cryotherapy
• Stereotactic body irradiation
Patient-centred support services
• Sexual function services
• Continence services
• Counselling services
• Joint specialist uro-oncology clinic

biopsy, choline positron emission tomography imaging, robotic-assisted laparoscopic prostatectomy, high-intensity focused ultrasound (HIFU), cryotherapy and stereotactic body irradiation. These additional procedures are currently not considered to be part of standard practice according to most national and international guidelines, but there is growing evidence supporting their use for particular indications [9–15].

A colour coding system was developed to categorise specialist MDTs according to the availability of core procedures and services in the geographical area they cover [16]. This also accounted for services provided by external providers that, although outside of this area, provide selected specialist services to Trusts within the specialist MDT hub. Specialist MDTs that have all core procedures or services available within a particular domain were given a green colour, those not having one core procedure or service available an amber colour, and those not having two or more core procedures or services available a red colour. The availability of specific additional diagnostic and treatment services was graded green if at least one was available and red if none were available.

The specialist MDTs were subsequently ranked according to this colour coding system, with the highest weight assigned to the availability of core diagnostic procedures, followed by the availability of core treatment procedures and then followed by the availability of patient-centred services. Similar colour coding systems have been used for public reporting of national UK survey data [3,17,18]. Further ranking was based on the number of additional diagnostic and treatment procedures available.

At the time of the survey, the 30 English NHS cancer networks that were responsible for coordination and

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