Clinical Oncology (2008) **20:** 184–190
doi:10.1016/j.clon.2007.11.006

Original Article

When Would You Like to be Treated? — A Short Survey of Radiotherapy Outpatients

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ABSTRACT:
Aims: **To determine whether patients undergoing radiotherapy would choose to attend appointments for a course of treatment scheduled outside the normal working day and working week.**
Materials and methods: **A survey of radiotherapy outpatients was conducted on two single days in late 2005 and early 2006. There were four departments in the first cohort and five in the second cohort. Departments were selected from across the UK and were chosen to reflect both city centre and out of town locations. Six of the nine departments were working extended hours at the time of the survey. The second cohort received a modified questionnaire that included two additional questions relating to appointments at weekends.**
Results: **In total, 471 and 332 questionnaires were returned by the first and second cohorts, respectively. For all age groups, 9.00 am to 12.00 pm was the most preferred time for treatment. Outside the normal working day, the 8.00–9.00 am interval was the most selected, being chosen by 23.4% of respondents. Overall, 32.8% ($n = 260$) of respondents would attend a reasonable appointment time outside the normal working day and 10.7% ($n = 85$) were unsure. On Saturdays, 39.3% ($n = 130$) would attend and 11.5% ($n = 38$) were unsure. For Sundays, 31.1% ($n = 103$) would attend and 10.9% ($n = 36$) were unsure.**
Conclusions: **There is sufficient support from patients for attendance outside the normal working day to ensure appointment slots would not go unfilled during a moderate extension to the working day. However, the percentage of patients that would attend varied between departments. This demonstrates the need for local evaluation of patient preference before the introduction of extended working hours. Calman, F. *et al*. (2008). *Clinical Oncology* 20, 184–190**

Key words: Outpatients, patient choice, radiotherapy, survey

Introduction

Radiotherapy facilities have typically been able to provide cancer patients with prompt access to treatment through appointment hours based around the normal 9.00 am to 5.00 pm, 5 day working week. However, increasing demands on the service have meant that many departments have implemented sustained extended hours working in order to be able to adhere to the good practice waiting time targets of the *NHS Cancer Plan* [1].

For the department that is struggling to meet demand, a longer working day brings the immediate possibility of an increase in capacity. For patients there is the benefit of more choice of appointment times, which will cause the least disruption to their daily commitments during treatment. Radiotherapy treatment is non-invasive and the side-effects tend to be minimal, such that otherwise healthy patients are usually able to continue their normal lifestyle. In contrast to other outpatient services, radiotherapy requires daily attendance and a course of treatment usually lasts between 3 and 6 weeks. The opportunity to receive treatment outside the normal working day may be attractive to younger, fitter patients and particularly to those who wish to continue working during treatment. Patient choice is a current Government priority in the development of services. It is therefore essential to predict and to prepare for the way in which service users will shape the future delivery of healthcare to fit their needs.

The difficulties of staffing treatment equipment through a significantly extended day have already been outlined [2]. It has also been shown that efficient use of radiographers increases as the overlap between two shifts decreases [3], i.e. as the working day gets considerably longer. However, there is only value in extending the working day if there are patients willing to attend during those additional hours. There are very few communications that look at patients' readiness to come outside of normal working hours. Furthermore, it has been shown that patients were often not consulted by departments before the adoption of extended working hours [2].

This survey of patients was part of a wider project that considered extended working hours in radiotherapy in the UK [2] and provides further detail on the patient data presented briefly in the original paper.

0936-6555/08/200184+07 $35.00/0

Methods

Two patient questionnaires were distributed as part of the extended hours working survey [2]. The first was administered at four inner city radiotherapy departments, all of which were regularly working an extended day. The questionnaire was one page long and comprised eight multiple choice questions (see Appendix 1).

The second questionnaire was distributed to departments serving large towns and rural areas. Two of the five departments were regularly working extended days. Of the remaining three, two had short-term experience of extended hours working and one had never used extended days. The second questionnaire was developed from the first and included two additional questions relating to patient preference for Saturday and Sunday appointments. The final results represent responses from departments in all four nations in the UK. All had participated in our earlier survey [2] and had expressed an interest in helping to compile the patient survey.

Every radiotherapy outpatient who attended each of the centres on the day of survey in December 2005 (first cohort) and January 2006 (second cohort) was asked to complete the questionnaire. The survey was issued on a single, full day to prevent duplication by patients attending for treatment on consecutive days. Patients were given a questionnaire by a member of their radiotherapy team while they waited for treatment. The questionnaire was self-administered. Care was taken to assure patients that participation was voluntary and that all responses were anonymous and would not be used to decide the patient's own future appointments.

Data collected from all nine departments were summarised and expressed collectively using means where results from all departments were pooled. Ranges are given that express the individual minimum and maximum results from departments.

Results

The first and second questionnaires were completed by 471 and 332 outpatients, respectively. A breakdown of returns by department can be seen in Table 1. The number of returns by age group can be seen in Table 2. Only 11 patients were included in the under 30 years age group and they have been excluded from further analysis because they were not felt to be representative.

On the day of the survey, 93.7% ($n = 739$) had appointments between 9.00 am and 5.00 pm, in spite of the fact that six out of the nine departments had declared that they were working an extended day. Forty-nine respondents had been appointed outside the normal working day, with only 5.0% seen before 9.00 am and 1.3% appointed between 5.00 and 6.00 pm. No respondents had appointments after 6.00 pm. A mean of 60.4% (range 31.8—77.6%) of respondents in each department stated that they had not been able to choose the time of their appointments, and 7.2% (range 3.2—13.0%) were unsure.

Table 1 — Departments participating in the patient survey

Radiotherapy department	Experience of extended hours working	Number of returns
Questionnaire 1		
Department A	Working extended hours	91
Department B	Working extended hours	64
Department C	Working extended hours	95
Department D	Working extended hours	221
Questionnaire 2		
Department E	Previous short-term use	69
Department F	No experience	23
Department G	Previous short-term use	75
Department H	Working extended hours	69
Department I	Working extended hours	96

Table 2 shows the mode of transport to the radiotherapy appointment. Most of the respondents travelled by car, either self-driven or driven by a relative or friend. Patient transport services were used by a mean of 21.6% of respondents, individual department responses varying between 4.4 and 47.1%. There was a negative correlation between age and using their own car. This is in contrast to a positive correlation in the use of patient transport services. The 50—59 years age group showed the highest percentage travelling with a relative or friend (36.3%).

Figure 1 shows the approximate one-way journey times to radiotherapy appointments. Although overall 30—45 min was the most common duration, typically 31.8% (minimum 11.0%, maximum 51.0%) of respondents in each department had a journey time of less than 30 min. A journey of more than 1 h was travelled by a mean of 19.3% (minimum 2.1%, maximum 42.9%).

Figure 2 shows the preferred times for radiotherapy appointments. Most patients in all age groups wanted to attend between 9.00 am and 12.00 pm. Outside the normal working day, the 8.00—9.00 am interval was the

Table 2 — Respondents by age group and method of transport

Age interval	Total number (%)	Own/ friend's/ relative's car (%)	Hospital transport (%)	Public transport/ taxi (%)	Cycled/ walked (%)
Under 30 years	11 (1.4)	63	27	0	0
30—39 years	28 (3.5)	67.8	17.8	14.2	0
40—49 years	102 (12.7)	64.7	18.6	13.7	3
50—59 years	161 (20.1)	64.5	21.1	12.4	1.2
60—69 years	261 (32.5)	58.2	28.3	10.7	1.5
70 years or over	237 (29.5)	46.8	35	11.8	1.6
Not specified	3 (0.4)				