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Original Article

Hospital Choice in Cancer Care: A Qualitative Study

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Abstract

Aims: There is limited evidence about how patients respond to hospital choice policies, the factors that inform and influence patient choices or how relevant these policies are to cancer patients. This study sought to evaluate hospital choice policies from the perspective of men who received treatment for prostate cancer in the English National Health Service.

Materials and methods: Semi-structured interviews were undertaken with a purposive sample of 25 men across England. Fourteen men had chosen to receive treatment at a cancer centre other than their nearest. Interviews were recorded and analysed concurrently with data collection.

Results: Men highlight that the geographical configuration of specialist services, the perceived urgency of the condition and the protocolisation of treatment pathways all limit their choice of a specialist treatment centre. Diseases such as cancer appear not to be well suited to the patient choice model, given the lack of hospital-level outcome data. Men instead use proxy measures of quality, leaving them vulnerable to influence by marketing and media reports. Men wishing to consider other treatment centres need to independently collect and appraise complex treatment-related information, which creates socioeconomic inequities in access to treatments. A positive impact of the choice agenda is that it enables patients to 'exit care' not meeting their expectations.

Discussion: Policy makers have failed to consider the organisational, disease-specific and socio-cognitive factors that influence a patient's ability to choose their cancer treatment provider. Valid comparative hospital-level performance information is required to guide patients' choices, otherwise patients will continue to depend on informal sources, which will not necessarily improve their health care outcomes.

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Introduction

Hospital choice policies have been introduced across several high-income health care systems, including the English National Health Service (NHS), on the assumption they will improve the quality, equity and efficiency of health care delivered, while empowering patients to personalise their care and create a more responsive health care system [1,2].

Despite these policies being introduced over a decade ago, there is very little evidence about how they are experienced by patients [3–14]. Concerns have been raised

about the extent to which all patients are able to conform to the model of the health care user underpinning choice policies, as the extent to which patients can be active and sophisticated in their choice decisions depends on them having access to relevant information, and being able and willing to appraise that information and use it for their decision-making [15,16]. This study takes a qualitative approach to examine whether choice policies are working as they were intended in the English NHS, using prostate cancer as a case study.

There are several reasons to question whether hospital choice policies are relevant to cancer patients. For example, the current commitment to 'centralising' cancer services to fewer hospitals reduces the availability of hospitals and on average will increase travel times to alternative hospitals [17]. Nevertheless, results from a

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recent quantitative study in the English NHS have shown that up to a third of men who have radical surgical treatment for prostate cancer are responsive to these policies and prepared to 'bypass' their nearest specialist centres for their treatment [18]. Even for radical prostate cancer radiotherapy, about 20% of men are prepared to bypass their nearest centre [19].

We sought to investigate this further by analysing and comparing in-depth personal accounts from men with prostate cancer who decided to seek treatment at a more distant hospital as well as from men who received their treatment locally. Areas of enquiry included men's interaction with and experience of the health service prior to receiving treatment, their perception of the provision of hospital choice, the factors that informed and influenced their eventual treatment location and the impact of a cancer diagnosis on their decision-making.

Materials and Methods

Our qualitative study forms part of a larger mixed-methods research programme designed to evaluate the role of hospital choice policies for patients diagnosed with prostate cancer. Findings from the quantitative analyses have influenced the sampling framework and the topic guide for the semi-structured interviews. Similarly, the quantitative analyses have provided the relevant context to enable us to interpret the results of this study at both the individual and health system level [18–21].

Recruitment

Participants were selected from a UK-based prostate cancer support group that is the focal point for 55 local support groups in England. Members were approached through the eight regional leads of these support groups. These leads sent out the information sheets and consent forms and requested that interested members forward their contact details to the study team.

The study adopted a non-probabilistic, purposive sampling approach to generate a sample that was 'theoretically informed', with the key sampling dimension comprising the NHS region of residence and whether or not men had decided to bypass their nearest hospital for their radical prostate cancer treatment. This sampling framework was chosen for two reasons. First, work to date has shown inequity in the availability of some prostate cancer services in the English NHS and geographical variation in the configuration of cancer centres (particularly when London is compared with the other three regions) [22]. Therefore the aim was to recruit a minimum of five men from each NHS commissioning region: (1) North of England, (2) Midlands and East of England, (3) London and (4) South of England. Second, our quantitative study has shown that about one in three men diagnosed with prostate cancer who had radical treatment between January 2010 and December 2014 bypassed their nearest provider for cancer surgery and one in five for radiotherapy [18,19]. It was

therefore intended that approximately half of the study sample would include men who had chosen an alternative cancer treatment provider.

Data Collection

Twenty-five semi-structured interviews were undertaken between March 2016 and August 2016 by AA, a medically qualified researcher. A topic guide (Appendix) was informed by an in-depth appraisal of the patient choice literature and the specialist knowledge available within the study team.

Data Analysis

The analysis was undertaken by AA, with support from CD. Transcripts were uploaded to Nvivo 11, which was used for data management, and a thematic content analysis of the interviews undertaken. The first five interviews were analysed inductively and coded systematically. Using a constant comparison method [23], codes continued to be modified iteratively during the analysis of interviews. A coding framework was developed, applied and refined as necessary. In line with our iterative data collection and analysis approach, the emergence of significant themes prompted further sampling to ensure that individuals from groups whose views may enhance or disprove emerging theory were included [24]. This iterative process continued until data saturation was achieved.

Ethics

The study received approval from the London School of Hygiene and Tropical Medicine Research Ethics Committee. All participants reviewed and signed a written consent form prior to the interview. Each interview was recorded and anonymised using coded patient identifiers to protect participant confidentiality.

Results

Twenty-five men agreed to participate. They had all received radical treatment for non-metastatic prostate cancer in the previous 5 years. Their characteristics are outlined in Table 1. Four broad themes emerged from the data, which inform and influence a patient's decision to consider and travel to alternative hospitals or to stay with their local providers. The data also allow an exploration of the nature of the choices patients were being expected to make and to what extent and in what way patients want to be given these choices.

Theme 1 – Context of Diagnosis: Urgency and Trust

Nearly all men in our sample presented with either urinary symptoms or an abnormal blood test. At the time of the initial general practitioner referral their sole concerns were timeliness and convenience in getting to appointments and

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