

Survivors of cancer seeking care continuity and lengthier appointments

Key Findings

- Cancer survivors may accept non-consultant follow-up as long as they receive other benefits.
- Care continuity was sufficient compensation in most types of cancer, along with longer appointments, one-to-one counselling and dietary advice.
- Given practicalities, costs, and the potential to develop continuous care, specialist nurse-led cancer follow-up may be attractive.
- Preferences differed between survivors of different cancers.

What problem was this research addressing?

After completing their primary treatment, most patients with cancer enter structured cancer follow-up aimed at detecting cancer recurrence and monitoring treatment. In the UK, cancer follow-up is largely delivered by consultants (senior secondary care doctors who are fully trained in cancer specialties) supported by registrars (mid-career secondary care doctors training to become consultants). However, as the number of people surviving cancer grows, consultant specialist-led cancer follow-up is becoming increasingly expensive. As follow-up care evolves, it is important to recognise the importance of patient preferences and consider the likely acceptability of new, and potential, models of follow-up for the growing population of cancer survivors.

What this research adds?

We conducted the first study in Britain to assess cancer survivors' follow-up preferences, and the first anywhere to compare preferences of survivors of different cancers.

Methods

We used a discrete choice experiment (DCE) to assess preferences. This method is based on the assumption that a service can be described in terms of attributes (e.g. healthcare provider) and levels (e.g. consultant, registrar/trainee doctor, GP, specialist nurse). It assumes that individuals make trade-offs between the attribute levels presented to them. The attributes and levels (Table 1) were decided using information from a review of the literature and interviews with cancer survivors.

Table 1: Attributes and levels

Attributes	Levels
Health care provider	Consultant; Registrar/Trainee doctor; GP; Specialist nurse
Continuity of care	Not the same person; The same person
Contact mode and place	Face-to-face at hospital; Face-to-face at general practice; Telephone; Videoconferencing/web cam/Skype
Duration of appointments	5 minutes; 10 minutes; 20 minutes; 30 minutes
Frequency of appointments	3 monthly; 6 monthly; 9 monthly; 12 monthly
Length of follow-up	1 year; 2 years; 5 years; 10 years
Counselling	No counselling; Individual counselling; Group counselling; Family counselling
Additional services	No additional services; Personalised information pack about cancer, treatment and late effects; Advice on complementary medicine; Dietary advice

Best practice methods were used to select 32 choice sets (split into two sets of 16 choices to reduce respondent burden). An example choice is shown in Figure 1. Survey responses were received from 668 individuals in north-east Scotland who had survived breast cancer, melanoma, colorectal or prostate cancer.

Figure 1: Example of a choice set

Which of these options would you prefer?
(Please tick one box only)

Option A	Option B
<ul style="list-style-type: none">• GP• Not the same person• Telephone call• A 30 minute appointment• 3 monthly• For 1 year• Counselling for you in a group• Complementary medicine advice	<ul style="list-style-type: none">• Specialist Nurse• The same person• Video call• A 5 minute appointment• 6 monthly• For 2 years• Counselling for family members• Diet and lifestyle advice

The responses provided useful policy information addressing key questions such as: what factors are important to cancer survivors when receiving follow-up? How do respondents trade between attributes (i.e. what would compensate cancer survivors for not seeing their preferred health professional)?

The box below shows some research highlights from the analysis.

Research highlights

- Cancer survivors had a strong preference to see a consultant during a face-to-face appointment.
- However, cancer survivors appear willing to accept follow-up from specialist nurses, registrars or GPs provided that they are compensated by increased continuity of care, longer appointments, dietary advice and one-to-one counselling.
- Type of cancer survived appeared to influence preferences for follow-up, including the healthcare professional providing the care.
- Taking account of costs, our results support research to develop alternative ways of delivering cancer follow-up underpinned by continuity of care, with a specialist nurse-led model perhaps offering most promise.

Policy relevance of the research findings

Overall respondents preferred continuous, face-to-face consultant-led follow-up. There were some important differences in the preferences expressed by survivors of melanoma, breast, prostate and colorectal cancer. Importantly respondents appeared willing to receive follow-up by a specialist nurse, trainee specialist doctor or GP, provided that they were compensated by other changes in their follow-up, notably greater continuity of care. This finding suggests scope to seek more cost-effective ways of delivering cancer follow-up care.

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