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

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

Acknowledgements

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