Research team to look at effect of major reorganisation of cancer surgery

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Researchers are to evaluate the effect of having fewer hospitals delivering specialist cancer surgery services. Centralisation of such services has just started this month in London and will start in Manchester in December.

The study will be conducted by the same team that evaluated stroke services in London and Manchester. The results of that study, published in *The BMJ* in 2014, convinced Manchester to move to the centralised model used in London.

The new study will look at changes in specialist cancer surgery services across north and northeast London and west Essex (an area covering 3.2 million people) and across Greater Manchester (3.1 million people). The two areas are ahead of the rest of the country in moving to reduce the number of hospitals that provide specialist surgery for patients with prostate, bladder, kidney, and oesophagus and stomach cancers.

The research will consider how the centralisations were planned and implemented and the effects of the changes on the organisation and delivery of care, clinical outcomes, patients' experiences, and cost effectiveness. The study will also analyse the preferences of patients, professionals, and the general public for changes of this kind.

The research team, from University College London and Manchester University, has been awarded £1.2m (£1.7m; $1.9m) over three and a half years by the health services and delivery research programme of the NHS National Institute for Health Research.

In the London areas under scrutiny the number of hospitals offering surgery for prostate and bladder cancer will be reduced from four to one, for renal cancer from nine to one, and for oesophagogastric cancer from three to two. In Manchester the number of hospitals offering surgery for prostate and bladder cancer will be reduced from five to two, renal cancer eight to two, and oesophagogastric cancer three to two.

Naomi Fulop, professor of healthcare organisation and management at University College London and the study leader, told *The BMJ*, “We will look at the implications for patients in terms of travel time. They will travel to a specialist centre for their surgery and then back to their local hospital for follow-up care, so there are important questions about the acceptability of this to patients.

“There are also questions about continuity of care. The proposal is for an integrated care pathway, so we will be looking to see how that works in practice.”


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