

383: RADIOTHERAPY SERVICES: EVALUATION OF PATIENT PREFERENCES AND PRIORITIES.

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Objective:

As part of the Irish National Cancer Strategy⁽¹⁾, the Department of Health and Children and cancer service providers are formulating a strategy for the provision of future radiotherapy services. This project was commissioned in order that future service developments would be sensitive to patient needs, preferences and priorities.

The research aimed to determine the priorities and preferences for care of radiotherapy service users in Ireland.

Methods:

A random sample of male and female patients over 18 years, representing all major cancer groups who had completed their first course of radiotherapy within 3 months of the focus group sessions were eligible to participate in the study. Seven focus groups were held at various locations around the country and were made up of 5-10 participants in each case, with a total of 48 participants in all. Following ethics committee clearance, each attending consultant sent out a letter inviting eligible patients to participate in the study. In the focus groups, patients were prompted to discuss the best and worst aspects of their experience of the radiotherapy service, to arrange service dimensions in a hierarchy of importance and to make recommendations on future radiotherapy services. Responses were recorded by two facilitators using a tape-recorder and written notes.

Results:

Results were analysed for consensus and minority opinions, themes, patterns and categories.

Priorities for care identified included; “Highest Level of Professional Care”, “Getting Information about my Illness”, “Communication”, “Waiting Time from Diagnosis to Radiotherapy Treatment”, “Distance to Travel for Radiotherapy Treatment”, and “Support Services for me and my Family”

Best aspects of the service included; “hospital staff” singled out by a significant majority of all focus groups for commendation. “Hospice and home care” were singled out for praise by the palliative group. Others were pleased to be “treated in a dedicated facility with people with a similar illness”. “Hostel facilities” for patients and family were praised at the Dublin hospital.

The worst aspects of care included “radiotherapy machines breaking down frequently”, “inadequate communication between doctor and patient, between members of the treatment team and between hospitals providing treatment”. In addition, patients were dissatisfied with the “lack of information about illness/progress”, unavailability of convenient, comfortable “transport” for those travelling long distances, lack of convenient “car parking” at the hospitals and “waiting (one’s turn) in hospital for treatment”.

Suggestions for service improvement included improving communication between doctors and patients, other hospitals and general practitioners as well as in the area of providing information to patients about their illness and treatment, and “anything” to alleviate the transport issue for patients travelling long distances.

Conclusions:

The qualitative work allowed service users to identify and explore aspects of the service they considered important and to rate the service they received. In addition, patients made recommendations for service improvements. To validate the focus group findings, we have distributed a detailed questionnaire to a larger sample of radiotherapy service users to explore issues raised at the focus group. Combining research methods is deemed effective because weaknesses in one research method are compensated for by the counter-balancing strengths of the other.