

Examining preferences for centralizing cancer surgery services

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Centralization of cancer surgery services aims to reduce variations in quality of care and improve health outcomes for patients, but it can also increase travel demands on patients and families. In a recent *BJS (British Journal of Surgery)* study of patients, health professionals, and members of the public, individuals were willing to travel longer to have better care and outcomes: on average, 75 minutes longer to reduce their risk of complications by 1 per cent, and over 5 hours longer to reduce the risk of death by 1 per cent. Findings were similar across groups in the study.

The study included 206 [patients](#), 111 [health professionals](#), and 127 members of the public in England.

"Our findings suggest that people are willing to travel longer if it means having better care and better outcomes. But, if services are not linked with better care and outcomes, people prefer to be treated by their local hospital," said senior author Professor Stephen Morris, of University College London, in the UK. "When planning changes of this kind, it is vital that improvements in care and outcomes are at the heart of proposals."

More information: L. Vallejo-Torres et al, Discrete-choice experiment to analyse preferences for centralizing specialist cancer surgery services, *British Journal of Surgery* (2018). [DOI: 10.1002/bjs.10761](#)

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