Journal of Health Services Research & Policy

Loss associated with subtractive health service change: the case of specialist cancer centralisation in England Black GB, Wood V, Ramsay A, et al.

Online Supplement 1

Table S1. Changes to local and specialist surgical sites during the centralisation

	Sites that never provided specialist surgical activity (local)	Sites that lost specialist surgical activity (local)	Sites that were selected as specialist centres (specialist)
Prostate/bladder	8	3	1
Renal	2	8	1
Oesophago-gastric	9	1	1+1 ^a

^aA single site was recommended for specialist OG surgery; however, a further site continued to provide OG surgery with the expectation that it would be consolidated over time. This has not yet happened at the time of publication.

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Table S2. Standards and resources expected of a local and specialist centre (populated through discussions with clinical collaborators)

	Local units	Specialist centres
Leadership		Named leader who takes responsibility for system-wide collaborative working, and manages relationship to local units.
Multidisciplinary team composition	Local MDT ^a with membership as per peer review measures, e.g.: Clinical nurse specialist Surgeon Oncologist Palliative care representative MDT coordinator Radiologist Histopathologist Relevant disciplines e.g. dietician, clinical psychology.	 Specialist MDT with additional members to local MDT including: Specialist surgeons Specialist oncologists Other specialists e.g. Specialist Allied Health Professionals, interventional radiologists providing advanced tumour staging techniques and nonsurgical treatment options Clinical trials nurses
Diagnostics available	Computed tomographyMagnetic resonance imagingUltrasound	 Nuclear medicine Positron emission tomography techniques Image-guided biopsy techniques
Treatment options available	 Radiotherapy (where available) Chemotherapy (if provided) Cancer-specific therapies e.g. palliative endoscopy Benign surgery Follow-up care 	 Radiotherapy Chemotherapy Cancer-specific therapies e.g. palliative endoscopy, hormone therapy, non-surgical tumour ablation (e.g. cryotherapy, radiofrequency ablation, HIFU etc) Full spectrum of surgical procedures including minimally invasive surgical techniques and complex benign cases Full spectrum of intervention radiology including ablation and embolisation
Specialist workforce	 Dedicated oncology clinical nurse specialist Chemotherapy pharmacist 	 Specialist anaesthetists Surgical outreach from the centre for post op follow up
Education and training	Training for all professional members in specialist content	 Training for all professional members in specialist content Offers simulation training in new surgical techniques Conducts training in delivery of systemic therapy
Trials and research	 Carry out prospective audit of service and publish transparent outcomes data Participation in network audit programme and National Audits Access to clinical trials and research nursing 	 Take full part in all relevant clinical trials Ensure all patients asked at first appointment if they would consider being entered into a clinical trial. Entry into trials offered at first decision to treat appointment – after histology and CT is available Carry out prospective audit of service and publish transparent outcomes data Tissue biobanking

^aMDT = multidisciplinary team