

Criteria	English Study	Italian Study	Inference
	Reference XXXX	Reference XXXX	
How radiotherapy services are commissioned and provided	Services commissioned by many small CCGs, and provided by limited number of large providers	Services commissioned by limited number of (large) statutory regions, and provided by many (small) providers	Likely to result in greater patient flow and less self-sufficiency in Italy
Cultural expectations	Service quality monitored by central agency (CQC); Broadly similar quality services across country; Patient choice available but effectively limited	Service quality varyingly monitored by regions; Variations in service quality across country; Patients able to travel for care and do so	Variations in service quality in Italy likely to result in greater patient flow as patients travel to access best quality care; Choose and Book arrangements in England limited to preferred providers and so constrain patient flows
Definition of the base areas	Used catchment areas determined by patient flows	Used statutory regions	Catchment areas created using patient flow data and will change as patient flows change; therefore more likely to result in greater self-sufficiency
Data used	Comprehensive data on all patients treated for radiotherapy for a whole year	Data limited to inpatients and day cases who received radiotherapy for six month period	Absence of related outpatient data in Italy means observed patterns could be different if comprehensive data available
Analyses undertaken	<i>NdiG</i> analyses undertaken	<i>NdiG</i> analyses undertaken	No differences in approach
Research Results	A great deal of self-sufficiency found, with most patient flow in London and South East	Limited self-sufficiency, with great deal of patient flow	There is greater patient flow and less self-sufficiency in Italy; highlighted by fact 18.4% of inpatients and day cases crossed more than one regional boundary

Table 1 Summary of comparisons between the two research studies