

Greater Manchester Cancer

Clinical Pathway Boards The University of Manchester







Reorganising specialist cancer surgery for the 21st century: a mixed methods evaluation

PROJECT NEWSLETTER No. 12

June 2019

Welcome to our twelfth RESPECT-21 newsletter

Highlights this month:

- Dissemination: Hear a first-hand account from one of our researcher's recent presentations to a
 prostate cancer support group
- Qualitative data collection is complete!
- **Meet the team**: Muntzer Mughal, Chief Medical Officer, University College London Hospitals (UCLH) Cancer Collaborative

Angus Ramsay: Presenting the RESPECT-21 Study to APPLE ((Association of Prostate Patients in London and Essex)



I attended the APPLE support group on Monday, 11th March, in Ilford's stunning Fullwell Cross Library. From the outset, Jane (the organiser) and the APPLE members made me feel very welcome over coffee, biscuits, and conversation.

SHARING OUR FINDINGS

This was my first visit to APPLE, therefore I wanted to give people an overview of our whole project, and the context for this work. In addition, I discussed our findings on what patients, the public, and professionals think about centralising specialist cancer surgical services. Finally, I ran through some of the research we will be able to share in the near future.

The group had kindly made our talk the main focus of the evening: this meant we had the space to stand back and discuss issues raised by the research in some depth. Several members felt our survey covered a lot of the issues they had been thinking about when they were deciding what to do about their surgery; some described how they prioritise the experience of care in a specialist centre over the 'hassle' of getting there; others asked about how we might strengthen our focus on carers in our research.

Finally, I was really pleased that the group are enthusiastic for us to come back to discuss further findings later in the year: I look forward to doing so!

Our **Qualitative** researchers in Greater Manchester and London have completed data collection! They carried out over 200 interviews and observed nearly 200 meetings to better understand the cancer reconfigurations. Thanks to researchers Cecilia Vindrola, Catherine Perry, Viki Wood, Sarah Darley, and Georgia Black for all their efforts! Work will now shift to focus on further analysis, including a comparison of the ways the changes have been made in Greater Manchester and London.

PROGRESS UPDATE

Our **Outcomes** team has requested national data to analyse the impact of the changes and study the impact on delivery of care, patient outcomes, value for money, and patient experience of specialist cancer surgery services. While most of the necessary data have been obtained, the team still needs to request 2017 NCRAS data to complete the analysis which became available in May - later than anticipated. Application for this data is currently in progress. Cleaning and assessment of the data we have received in preparation for analysis is currently underway.

The delays in receipt of the 2017 data meant that we had to request a **no-cost extension** from the funder. This has been approved and we expect the new end date for the study to be September 2020.

In addition to supporting these requests for national datasets, our **health economists** have been working on a cost analysis and will submit a paper this summer on the costs of implementing the London Cancer changes. The team are also planning cost-effectiveness analyses using this cost analysis and the national datasets with input from the Outcomes team.

NOW MEET a member of our team, Muntzer Mughal, Joint Chief Medical Officer at UCLH Cancer Collaborative



MEET THE TEAM I am an Upper GI Surgeon and Honorary Clinical Professor at UCL. I qualified and trained in Manchester and worked at the Lancashire Teaching Hospitals Foundation Trust for 20 years until 2010 and led the centralisation of oesophagogastric (OG) cancer surgery in the Lancashire & South Cumbria Cancer network in 2007. I moved to UCLH to head the OG surgical service in 2011 and was appointed Pathway Director for the OG Cancer Tumour Board within London Cancer shortly afterwards. As part of this role, I led the reconfiguration of OG cancer surgery in North Central and North East London in 2014. I have also led on multi-disciplinary teams (MDT) improvement within the UCLH Cancer Collaborative in the last three years, working with NHS England on MDT streamlining.

Tell us about your new role as Chief Medical Officer at UCLH Cancer Collaborative. I share the role with Dr Afsana Bhuiya. We were both appointed as interim CMOs in January 2019 pending a governance review of the UCLH Cancer Collaborative. Although we have joint responsibility for overarching responsibilities such as early diagnosis, faster treatment and better outcomes, my main focus is Pathway Boards and rare cancers that fall within Specialised Commissioning.

What excites you the most about being in this role?

As a cancer surgeon, I worked to improve outcomes for my patients with OG cancer. As CMO, working with Pathway Directors and Primary Care to improve early diagnosis, and access to faster and more effective treatments, we can make improvements in cancer care at scale.

What are some of the challenges?

Early diagnosis is a challenge requiring public education to recognise symptoms of cancer, encourage screening uptake, speedy access to diagnostics and research into finding biomarkers enabling diagnosis at a pre-symptomatic stage. Faster treatment requires adequate capacity, infrastructure and manpower. All of these require adequate funding with competing demands from other equally deserving areas in the NHS.

How did you come to be involved with the RESPECT-21 Study?

I was invited to participate through my role as OG Cancer Pathway Director involved in the reconfiguration of cancer services.

What have you enjoyed the most about being involved?

Learning about the methodology and the rigour with which the impact of the reconfigurations is being assessed.

What do you think the impact of the study (and the reorganisations, in general) will be on patient care moving forward?

Reconfigurations are a divisive issue and I hope that the RESPECT-21 Study, by examining and assessing the impact objectively, will help us understand whether the benefits of the reconfigurations, which formed the basis of the case for change, have been realised. It will also be interesting to understand the downsides as well the lessons learnt on how to do this better.

North Central and North East London and West Essex (population 3.2 million) and Greater Manchester (population 3.1 million) are working to reduce the number of hospitals providing specialist surgery for a range of cancers.

We are using various methods to study changes in the way specialist cancer surgery services are organised and provided in London and Greater Manchester.

PROJECT SUMMARY

The RESPECT-21 research team are studying the proposed changes focusing on bladder and prostate, kidney and oesophagogastric pathways.

We are studying:

- Preferences of cancer patients, healthcare professionals, and the public in relation to changes of this kind.
- Key processes of implementing the London and Greater Manchester changes.
- The impact of the changes on care processes and outcomes.
- The cost and cost-effectiveness of the changes.
- The impact of the changes on staff and patients.
- Finally, we will consider the implications for future changes of this kind.

PROJECT PUBLICATIONS

To date, we have published the following papers from our work:

Fulop NJ, et al. Reorganising specialist cancer surgery for the twenty-first century: a mixed methods evaluation (RESPECT-21). *Implementation Science* (2016) (Study protocol).

	FREE DOWNLOAD: https://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0520-5
	Vallejo-Torres L, et al. Discrete choice experiment to analyse preferences for centralising specialist cancer surgery services. <i>British Journal of Surgery</i> (2018). FREE DOWNLOAD: http://onlinelibrary.wiley.com/doi/10.1002/bjs.10761/full
	We also have an at a glance summary of this paper, available from this link: http://www.research.mbs.ac.uk/hsrc/portals/0/docs/respect-21-at-a-glance.pdf
	Melnychuk, M, et al. Centralising specialist cancer surgery services in England: survey of factors that matter to patients and carers and health professionals. <i>BioMed Central</i> (BMC): Cancer (2018). FREE DOWNLOAD: https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4137-8
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FIND OUT MORE	Visit the RESPECT-21 project website for the latest news and links:
	http://www.research.mbs.ac.uk/hsrc/respect-21
	Find out more about the service centralisations we are studying here:
	London Cancer: http://www.uclh.nhs.uk/londoncancer
	Greater Manchester Cancer: https://gmcancer.org.uk/

NEXT NEWSLETTER: September 2019

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