

RESPECT-21

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

PROJECT NEWSLETTER No. 13

September 2019

Welcome to our thirteenth RESPECT-21 newsletter

Highlights this quarter:

- **Quantitative data:** request to access important data has been approved!
- **Meet the team:** Afsana Bhuiya, Chief Medical Officer, University College London Hospitals (UCLH) Cancer Collaborative

PROGRESS UPDATE

Our **Qualitative** researchers are working on a new analysis, comparing the ways in which changes have been made in Greater Manchester and London.

Our **Outcomes** team's application for the 2017 National Cancer Registration and Analysis Service (NCRAS) data was approved in August! The data will be used to analyse the impact of the changes on delivery of care, patient outcomes, value for money, and patient experience of specialist cancer surgery services. The team have begun work on their preliminary analysis.

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 autumn on the costs of implementing the London Cancer changes. The team are also working on cost-effectiveness analyses using this cost analysis and the national datasets with input from the Outcomes team.

NOW MEET a new member of our team, **Dr Afsana Bhuiya**, Joint Chief Medical Officer at the NCEL Cancer Alliance

MEET THE TEAM



I am a GP in Islington and have been practising there since 2011. I am also interim joint-CMO for the NCEL Cancer Alliance (formerly known as UCLH Cancer Collaborative). I have been working for the Alliance since 2015 and have been responsible for conceiving and running several projects in primary care to improve the quality of care for cancer patients. I developed a guide to quality coding and safety netting and I have produced and rolled out the Electronic safety netting toolkit for primary care that is nationally available on the electronic health record system EMIS Web.

I studied medicine at Imperial College London. I have previously worked for the RCGP as author and reviewer of online education modules. I have been an Islington CCG governing body board member and a clinical lead on their integrated digital care record project. I have a continued

interest in education and quality improvement and have recently taken on a role as a GP appraiser.

Tell us about your new role as Chief Medical Officer at NCEL Cancer Alliance.

This is a joint role with my co-CMO Prof. Muntzer Mughal. We were both appointed as interim CMO's in January 2019 as the alliance went through a governance review. We have joint leadership oversight on many key priority areas like earlier diagnosis of cancer and improved pathway care for patients. We joint chair our clinical leadership meetings for the pathway directors and have been trying to improve communication channels between primary and secondary care. My particular lead areas are on the 'pre-hospital' and 'post-hospital' patient pathway and I have detailed oversight on the primary care interface and projects that involve primary care engagement. There are a number of projects that map to improve the experience and outcomes for patients such as optimising referral pathways and quality of referrals to improving the transition of cancer care in hospital to the community.

Another crucial aspect of this work is about striving for excellent relationships and communication with our stakeholders and partners and tailoring our message for different audiences. The job requires high levels of influencing, networking, listening and compromising in order to drive change. We have a strong relationship with our academic partners who we work with in doing clinical research or help us in research the changes we have implemented.

What excites you the most about being in this role?

Identifying real life improvement initiatives within a complex pathway is interesting and when this results in an innovative initiative, it is even more so. We have a very skilled and motivated team at the alliance and I enjoy working with them towards particular solutions. Finally, being able to form and shape strategies in cancer care and realising the potential of such strategies.

The Alliance has rolled out some impressive projects for our population, such as Qfit for symptomatic patients and the SUMMIT lung screening trial for earlier lung cancer detection.

What are some of the challenges?

Communication and stakeholder engagement is a core part of the alliance work and actually incredibly challenging due to the nature of the large number of stakeholders to involve and involve at the right level.

Internal workforce and staff turnover are other challenges that put risk to project working. Finally, by far the biggest challenge, is understanding the population we cover and what interventions would be of most benefit for a diverse and mobile population.

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

I was invited to participate as Joint-CMO for the Alliance.

What have you enjoyed the most about being involved?

I have only very recently been involved in the project, but prior to this have had oversight on the project aims and outputs a part of the alliance leadership. The study is reviewing a very complex change over a large footprint. I am pleased to see that the preferences of those involved from patients to health care professionals are captured. Overall the impact on outcomes and care will be really invaluable.

	<p>What do you think the impact of the study (and the reorganisations, in general) will be on patient care moving forward?</p> <p>I think it will be positive in the long run. We see and hear from service providers on the ground about improved clinical outcomes and opportunities to provide new and innovative solutions that arise from centralisation. The study will only formalise and consolidate the early findings and give reassurance to the system that the efforts were well worth it. I liked the fact that the study looks at considering implications for future changes and hope that processes like this can be optimised to its best to ensure all stakeholders feel involved and convinced about the changes.</p>
<p>PROJECT SUMMARY</p>	<p>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.</p> <p>We are using various methods to study changes in the way specialist cancer surgery services are organised and provided in London and Greater Manchester.</p> <p>The RESPECT-21 research team are studying the proposed changes focusing on bladder and prostate, kidney and oesophagogastric pathways.</p> <p>We are studying:</p> <ul style="list-style-type: none"> • 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.
<p>PROJECT PUBLICATIONS</p>	<p>To date, we have published the following papers from our work:</p> <p>Fulop NJ, et al. Reorganising specialist cancer surgery for the twenty-first century: a mixed methods evaluation (RESPECT-21). <i>Implementation Science</i> (2016) (Study protocol). FREE DOWNLOAD: https://implementationscience.biomedcentral.com/articles/10.1186/s13012-016-0520-5</p> <p>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</p> <p>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</p> <p>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 (BMC): Cancer</i> (2018). FREE DOWNLOAD: https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4137-8</p>
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<p>DISCLAIMER</p>	<p>The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the Health Services and Delivery Research Programme, NIHR, NHS or the Department of Health and Social Care.</p>
	<p>To find out more about RESPECT-21, or tell us what you'd like to see next time, please</p>

FIND OUT MORE

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Visit the RESPECT-21 project website for the latest news and links:

- ① <http://www.research.mbs.ac.uk/hsrc/respect-21>

Find out more about the service centralisations we are studying here:

- ① London Cancer: <http://www.uclh.nhs.uk/londoncancer>
- ① Greater Manchester Cancer: <https://gmcancer.org.uk/>

NEXT NEWSLETTER: December 2019

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