

RESPECT-21

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

PROJECT NEWSLETTER No. 3

July 2016

Welcome to the third RESPECT-21 newsletter, where we update you on how our study is progressing, and tell you about the team.

- This month, we are launching our **survey of cancer patients, healthcare professionals, and members of the public on how cancer services should be organised** (called a 'Discrete Choice Experiment'): read on to find out more, including how you can take part.
- Also, please see below for the first in a new series called '**Meet the Team**' - this month, we shine the spotlight on Neil Cameron, a co-investigator and one of our patient representatives.

 Finally, we are now on Twitter: @Respect21Cancer - please follow us!

You can find out more about the study at the end of the newsletter

This month, RESPECT-21 is launching its survey to find out how different groups - cancer patients, healthcare professionals, and members of the public - think cancer services should be organised (called a 'Discrete Choice Experiment' (DCE)). Professor Steve Morris and his team (pictured) have spent the last few months consulting with healthcare professionals, cancer patients and members of the public to develop the survey.



**SURVEY ON
HOW CANCER
SERVICES
SHOULD BE
ORGANISED
(DISCRETE
CHOICE
EXPERIMENT)**

Respondents are asked to choose between one of two cancer surgery centres for a cancer operation. The options vary according to factors like the risk of complications from surgery, how long the journey to the hospital will take, and whether the team at the hospital performs lots of similar operations.

The survey should take no more than 25 minutes to fill in and can be completed online. All responses will be handled securely, kept strictly confidential and anonymous, and stored in line with the Data Protection Act 1998.

We would love to hear your views:

- **If you are a healthcare professional** caring for patients with oesophagus and stomach, kidney, prostate or bladder cancer, you can access the online survey here: www.dch16a.quality-health.co.uk
- **If you are a member of the public**, you can access the online survey here: www.dcg16a.quality-health.co.uk

We want to get a wide range of perspectives, so would be grateful if you would please share this newsletter with your colleagues and wider networks.

Neil Cameron: Co-investigator and Service user Representative

Background:

- Neil has over 40 years experience as an IT Executive in large global organisations. He has held various board positions in commercial and non-commercial organisations including but not limited to: Non Executive Director Which? Ltd, Board Member E-Skills UK (UK government sector skills council for technology), Advisory board member - HP Global, SAP International, Cisco Europe, Kleiner Perkins Caufield Byers. Neil was also Chairman and founding partner of Active7 sports management.
- Currently Neil works on consultancy/advisory assignments and is an associate of SHM Ltd. a specialist “boutique” consultancy in the field of organisational behaviour.
- Neil joined the Urology Board of London Cancer in 2012.



**MEET THE
TEAM**

What attracted me to the study?

- I am extremely keen to be part of a process that reviews the achievements of pathway redesign, validates the underlying assumptions and can deliver to the NHS models for change that can both improve quality of outcomes and control/reduce costs.

What will I bring to this study?

- Experience of challenge and review
- Strong project management leadership - I have sponsored/led many multi country, multi disciplined, multi billion pound projects/programmes of change
- I am a current patient (have had a radical nephrectomy at Royal Free and medical oncology and radiotherapy at Barts) and can therefore speak to the realities of treatment pre- and post- pathway changes.

What are my views on the study so far?

- Difficult to comment as this is my first involvement with an “academic” study. It feels well run/managed with clear roles and definitions. Happy with the very neutral stance on the outcomes of the study.
- The need to run with a number of participants being remote, always makes project meetings a challenge.

PROGRESS UPDATE

We have started data collection where possible in London and Manchester. To date, we have carried out 34 interviews with NHS and non-NHS employees and have conducted non-participant observations of 26 Governance and Service level meetings. In Greater Manchester we have also carried out 11 informal meetings with stakeholders involved in planning and supporting the centralisations and 19 informal observations.

Our Research Strategy Group (RSG) met in June for the third meeting. The RSG brings together co-investigators, researchers, study collaborators and other stakeholders – including three patient representatives and nine clinicians. Members of the RSG continue to make valuable contributions to our work including the Discrete Choice Experiment. Our first Study Steering Committee (SSC) meeting will be in October 2016. The SSC will provide valuable advice on all appropriate aspects of the research.

We obtained ethical approval for the Discrete Choice Experiment and have almost finished obtaining local R&D permissions, which allow us to conduct research in NHS settings.




PROJECT SUMMARY

The RESPECT-21 study is analysing changes in specialist cancer surgery services across North Central and North East London and West Essex (3.2m population) and across Greater Manchester (3.1m population). Both areas are working to reduce the number of hospitals providing specialist surgery for a range of cancers. We are focusing on changes to bladder, prostate, kidney, and oesophago-gastric pathways.

We are using a range of research methods to study changes in the way specialist cancer surgery services are organised and provided in London and Greater Manchester. We will assess key processes in London and Manchester service centralisation. We will also look at the impact on care processes and outcomes, and the cost and cost-effectiveness of the changes. The impact on staff and patients will be explored, and we will study people's preferences in relation to centralisation. Finally, we will consider what lessons can be learned for future centralisations.

FURTHER INFORMATION

If you'd like to know more about RESPECT-21, or have ideas about what you'd like to see in this newsletter, please contact

-  Prof Naomi Fulop, Chief Investigator (n.fulop@ucl.ac.uk)
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-  Dr Angus Ramsay (angus.ramsay@ucl.ac.uk, tel 020 3108 3239)

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



https://www.ucl.ac.uk/dahr/research-pages/RESPECT_21



We are now on twitter! Please follow us on @Respect21Cancer

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



<http://www.londoncancer.org/>



<http://www.manchestercancer.org/>

FUNDING

This project is funded by the National Institute for Health Research Health Services and Delivery Research Programme (project number 14/46/19)

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NEXT NEWSLETTER: October 2016

Please forward this newsletter to anyone who you think would be interested in our work.

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