

RESPECT-21

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

PROJECT NEWSLETTER No. 9

June 2018

Welcome to the ninth RESPECT-21 newsletter, updating you on how our study is progressing and what the team have been doing.

Highlights this month:

- **Talking to patient groups about our work**
- **The project team ‘out and about’ at conferences**
- **Meet the team:** This month we talk to Steve Morris and Mariya Melnychuk, who are looking at the impact of changes on clinical outcomes, delivery of care, and patient experience.

SHARING OUR FINDINGS

Talking to patient groups – can we visit you?



We were really pleased that, after reading about our research in a recent newsletter, a Clinical Nurse Specialist got in touch and asked us to go and **speak with patient groups** she works with. This is exactly what we were hoping to do! So on 5th June, our researcher Viki Wood went along to the Penile cancer support group at UCLH and gave a short presentation about our research. Members of the group had lots of questions about why the changes to services are happening, and were interested to hear about the research project.

Currently we are arranging to **visit more patient groups** in both London and Greater Manchester. If you **belong to a patient group, work with a patient group, or know of a group** that might like to hear from us, **please do get in touch** – we would be delighted to hear from you!

Conferences

This summer, several of the team will be out presenting our findings at **conferences**. In June, **Caroline Clarke** will be presenting at the **Health Economists’ Study Group (HESG) meeting** at Bristol University, on how to calculate the costs of a major reorganisation of services such as the cancer surgery services reorganisation in London.





Also, next month in July, many members of the RESPECT-21 team will be going to the **Health Services Research UK (HSRUK)** conference in Nottingham.

- **Caroline Clarke** will be discussing the costs of implementing change.
- **Cecilia Vindrola** will be talking about the experiences of staff in London who work in hospitals which stopped providing specialist cancer surgery services.
- **Catherine Perry** will be presenting on the efforts to centralise specialist cancer surgery services in Greater Manchester.

We will let you know all about how these events went in our next newsletter!

PROGRESS UPDATE

We have successfully requested an extension to the project from our funder (National Institute for Health Research) until August 2019, so we can follow the changes in London for a little longer, to see how they continue to work over time and how they adapt to new challenges.

Sarah Darley, a Manchester-based colleague, has left the team to take up a new post, also in Manchester. She will however continue to contribute to writing up our findings. We would like to thank her for her contributions to the project, and wish her well in her new role!

The Qualitative team is continuing to conduct interviews and observations in London and Greater Manchester. We have updated our sampling strategy to make sure that we are including a wide range of people, and we are intending to complete this phase of our work this Autumn.

- In **London** we have carried out 78 interviews with people involved in planning and implementing the changes (including hospital staff, commissioners, and patient organisations) and have observed 61 meetings related to the planning, oversight and provision of specialist cancer surgery services.
- In **Greater Manchester** we have carried out 43 interviews with people involved in planning and supporting the centralisations and have observed 91 meetings.

The 'outcomes' team (see '**Meet the team**', below!) have been busy requesting data on the impact of centralisation on the delivery, outcome, and patient experience of specialist cancer surgery services.

Finally, our health economists have been looking at documents and speaking with change leaders to understand the cost of planning and implementing changes in London and Greater Manchester.

MEET THE TEAM

In this issue we meet Professor Steve Morris and Dr Mariya Melnychuk, who are studying the impact of centralisation on delivery, outcome, and experience of specialist cancer surgery services.

Steve and Mariya are looking at the impact of the changes on:

- **Patient outcomes**, such as likelihood of dying, length of hospital stay, whether patients have to go back into hospital, and complications after surgery.
- **Delivery of care processes**, for example waiting times for surgery, and number of procedures per surgeon per year.
- **Patient experience**, including choice of treatment, access to services, and communication.

To do this, Steve and Mariya will be looking at national information sources, including hospital activity data, national audits, and the National Cancer Patient Experience Survey. The analysis will focus on changes to specialist OG and urology cancer surgery services in the London Cancer area only, as the changes in Greater Manchester are yet to be implemented.



Prof Steve Morris

I am a health economist based at University College London. I have a Bachelor's degree in Economics and Philosophy from the University of Nottingham, a master's degree in Health Economics from the University of York, and a PhD in Economics from City University London. Before I came to UCL I worked in the Health Economics Research Group at Brunel University (where I was a Reader), Imperial College Business School (Senior Lecturer), and the Department of Economics at City University London (Lecturer). I live in a small village in rural Cambridgeshire with my wife and two children, both girls, aged 13 and 15. My wife is a primary school teacher.

What is your favourite part of this project?

It may sound a bit strange, but I really enjoy running statistical analyses on large datasets, like we are planning to do for RESPECT-21. These analyses will be quite exciting because we will have an opportunity to use some interesting econometric techniques (e.g., synthetic controls) on what should be a really good dataset. Also, the findings have the potential to be influential.

What do you think will be the most challenging?

Going through the process of obtaining these data is exceedingly tiresome!

What advice would you give to someone wanting to start a career in Applied Health Research?

I would say 'good choice' and my advice is to 'go for it!' Think about whether you are interested more in qualitative or quantitative research and then get a qualification in a related area. There is a huge demand for this type of research, and there are many different career pathways that it is possible to take, depending on where your interests lie. This research can be really influential, impacting on services, and on population health. In my own discipline, health economics, there is a huge shortage of people and we are always in demand – so I always tell anyone who will listen that they ought to become a health economist. At the moment my daughters are not convinced.

What are your interests and hobbies when you aren't busy conducting research?

I am chair of the Local Governing Body of the local secondary school near to where I live; this takes up a lot of my time outside of work. I also like running, and try to run 2-3 ultramarathons a year (I cannot run very fast, but I can run a long way!). Next up is the Brecon Beacons Ultra in November. I also like to watch Nordic noir on the TV and running vlogs on YouTube.



Dr Mariya Melnychuk

I am an Associate Researcher in Health Economics at UCL, based in the Research Department of Applied Health Research. I hold an MSc in Economic Analysis from Universitat Autònoma de Barcelona, an MSc and a PhD in Quantitative Economics from the University of Alicante. My research interests are primarily in public health economics and quantitative evaluation of health interventions. Currently I am involved on a broad range of projects, including evaluating service reconfigurations of stroke and specialist cancer surgery, models of generalist and specialist care in smaller acute hospitals, estimating the cost of child maltreatment and disability, and the role of financial incentives in retirement decisions.

What is your favourite part of this project?

Designing and running the Discrete Choice Experiment and quantitative analysis of outcomes.

What do you think will be the most challenging?

Accessing and analysing the quantitative data from different sources, interpreting it, and capturing the true effects of the reconfiguration on patients' outcomes.

What advice would you give to someone wanting to start a career in Applied Health Research?

Contact us. There are so many interesting topics to discuss and projects to collaborate on - it is much more fun to do it together!

What are your interests and hobbies when you aren't busy conducting research?

Travelling and diving.

PROJECTSUMMARY

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

The RESPECT-21 research team are studying the proposed changes focusing on changes to bladder and prostate, kidney and oesophago-gastric (OG) pathways.

We are using various 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 the London and Greater Manchester service centralisations.
- 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 the implications for future reorganisation.

PROJECT PUBLICATIONS

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

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

The paper is available to read online from this link:

<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. *British Journal of Surgery* (2018).

	<p>The paper is available to read online from this link: http://onlinelibrary.wiley.com/doi/10.1002/bjs.10761/full</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). The paper is available to read online from this link: https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4137-8</p>
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DISCLAIMER	<p>The views and opinions expressed therein 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>
FURTHER INFORMATION	<p>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:</p> <ul style="list-style-type: none"> ① Prof Naomi Fulop, Chief Investigator n.fulop@ucl.ac.uk ① Dr Angus Ramsay angus.ramsay@ucl.ac.uk, tel 020 3108 3239 <p>Please visit the RESPECT-21 project website for the latest news and links:</p> <p> https://www.ucl.ac.uk/dahr/research-pages/RESPECT_21</p> <p> We are on Twitter! Please follow us on @Respect21Cancer</p> <p>Find out more about the service centralisations we are studying here:</p> <p> http://www.londoncancer.org/</p> <p> http://www.gmcancer.org.uk/</p>
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