

RESPECT-21

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

PROJECT NEWSLETTER No. 11

February 2019

Welcome to our eleventh RESPECT-21 newsletter

Highlights this month:

- **SURVEY** - Help us determine how, where, and to whom we should disseminate our study results.
- **Dissemination:** the Greater Manchester team has been busy helping spread the word about RESPECT-21
- **Progress** with qualitative and quantitative data collection
- **Meet the team:** study collaborators **Kathy Pritchard-Jones** and **Claire Levermore**

SURVEY

How best to broadcast study results to the widest audience? We'd love to hear what you think by completing the survey below. It should only take 5-10 minutes to complete.
<https://www.surveymonkey.co.uk/r/VXDQRTM>

DISSEMINATION

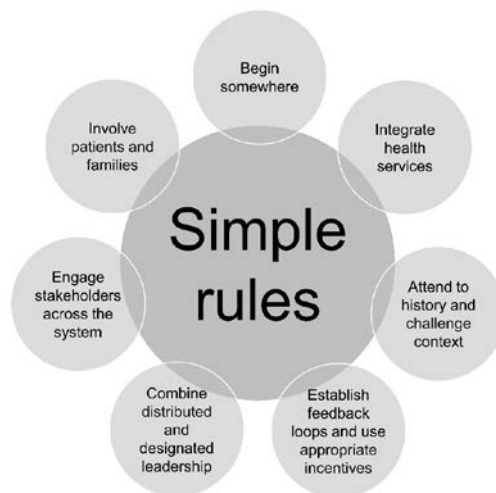
Launch of Centralised Oesophago-gastric (OG) Cancer Surgery Services in Greater Manchester

The new single site surgical services for OG cancer in Greater Manchester officially launched the week of 3 December! Our collaborators, Ruth Boaden and Catherine Perry, were invited to a launch event where the RESPECT-21 study was mentioned and the team thanked for their work. Sarah Price (Executive Lead for Population Health and Commissioning at the Greater Manchester Social Care Partnership) noted during her presentation that the study was a good learning opportunity for those involved in the Greater Manchester reorganisation. The photograph below shows Sir David Dalton (Group Chief Executive of the Northern Care Alliance), members of the Greater Manchester Transformation Unit (including Director Leila Williams), members of the OG cancer surgery service team, including Mr Jonathan Vickers who was clinical lead for the service transformation, Sarah Price, and Catherine Perry.



Greater Manchester Cancer Conference

Catherine Perry and Ruth Boaden presented a poster at the Greater Manchester Cancer Conference on 26 November 2018. The poster was entitled 'Challenges in reconfiguring specialist cancer surgery services'. A number of people, including health professionals and patients and carers expressed interest and asked questions about it. **For more, go to:** <https://bit.ly/2QSIr3r>



Learning from Greater Manchester Cancer

On 4th December team members Ruth Boaden and Catherine Perry were invited to take part in the *NHS Transformation Unit Greater Manchester Cancer Lessons Learned Event*. Catherine helped plan the event while Ruth presented early findings on how factors, like attending to history, establishing feedback loops, and involving patients and families (among others) impacted progress of change in Greater Manchester.

The event was structured around the key themes that emerged from RESPECT-21's early analysis of the Greater Manchester changes. Reactions were all positive,

especially from those currently involved in planning reconfigurations.

Greater Manchester Outreach to Patient Groups

On 21 November, Catherine Perry gave a presentation to an OG cancer support group at Wythenshawe Hospital. A lot of important points came from patients and carers including worry about loss of expertise when surgeons decide not to transfer to the new specialist centre. Attendees also noted that continuity of care and the ability to see the same surgeon was an important aspect to consider when planning a centralised service.

On 23 November, Catherine Perry gave an informal talk to an OG support group from Manchester Royal Infirmary. There was general interest in the study and why service centralisations happen.

PROGRESS UPDATE

Our **Qualitative** team has continued to conduct interviews (with hospital staff, commissioners, patient organisations, and others) and observations (of activities related to the planning and oversight of the centralisations) in London and Greater Manchester.

Fieldwork in **Greater Manchester** is now complete as planned - a total of 95 interviews and 108 observations were conducted.

In **London**, fieldwork continues – so far a total of 99 interviews and 64 observations have been completed. We are still collecting data (as agreed in our extension), and should be finished by the end of February 2019.

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.

- We received national audit data from the British Association of Urological Surgeons (BAUS) on how specialist surgery is provided for people with bladder, prostate and kidney cancers as well as national data on care delivery, patient outcomes, and patient experience of specialist surgery for bladder, prostate, and OG cancers from the National Cancer Registration and Analysis Service (NCRAS) for 2014-2016.
- We will be requesting 2017 NCRAS data when it becomes available.

In addition to supporting these requests for national datasets, our **health economists** have been continuing to develop their analysis of the costs of planning and implementing the changes.

NOW MEET two members of our team who provide expertise on planning and implementation of the London Cancer changes:

- **Kathy Pritchard-Jones**, Programme Director and Chief Medical Officer at UCLH Cancer Collaborative; co-investigator on RESPECT-21
- **Claire Levermore**, Head of Operations for the SUMMIT Study at UCLH; collaborator on RESPECT-21

MEET THE TEAM



Kathy Pritchard-Jones

I have been Chief Medical Officer for leading transformation in cancer care and outcomes for the population of North Central and North East London and West Essex since 2011. By taking advantage of planning services for a population of 3.5 million, it has been possible to introduce new ways of partnership working between the 11 hospitals in our system. My mantra has always been that improvement is not about who is currently better or worse compared to national benchmarks, but rather how can we be even better by working together differently so that we can match or exceed international gold standards for our whole population. Where there are differences, we need to seek to understand them in order to improve.

Alongside being Chief Medical Officer for the University College London Hospitals (UCLH) Cancer Collaborative (previously *London Cancer* from 2011-16), I am also Cancer Programme Director for UCL Partners Academic Health Science Network, that extends into Essex and Herts. Prior to these roles, I was professor of childhood cancer biology/consultant paediatric oncologist at The Institute of Cancer Research/Royal Marsden Hospital. My specialist interest is children's kidney cancer (principally Wilms tumour) in which I continue to lead biomarker research and clinical trials.

As of Jan 2019, I have stepped down as Chief Medical Officer and am delighted that two excellent leaders from specialist surgical (Prof Muntzer Mughal) and primary care (Dr Afsana Bhuiya) backgrounds have been appointed for the year ahead. I have moved to become Chair of the Cancer Collaborative and will be focussing my research efforts in our Centre for Cancer Outcomes, to improve utility of routine health care data for cancer outcomes research.

Q: How did you become involved in RESPECT-21?

A: When I saw the call from NIHR in 2014 asking for "Research into organisation of surgical services for the 21st century", I immediately saw the opportunity for a rigorous evaluation of the specialist cancer surgical reconfiguration work we were about to embark upon. Therefore, I approached Prof Naomi Fulop from UCL, whom I knew had led an evaluation of reconfiguration of stroke services in London and Manchester, to ask if she'd be interested in applying. The timing was right to consider working jointly with Manchester and I was delighted when leading academics in both cities joined forces to create the RESPECT-21 proposal. The rest is history, or at least, work in progress!

Q: What do you like most about participating in the RESPECT21 study?

A: I like being a participant in the research team, together with patients, and knowing that we'll end up with an independent evaluation of the benefits to patients and the health care system of the radical changes we've made to cancer surgical services in our area. Change can be hard for staff and patients, so it's important to be able to show the effort was worth it in terms of improved clinical outcomes, patient experience and creating sustainable, high quality clinical teams.

Q: What have you learned so far from your involvement in RESPECT21?

A: I've learned a great deal about research methods for measuring impacts of organisational change on patients and the NHS at a large scale and over time. I've seen from reviewers' comments on some of the first papers submitted for publication that outside the UK, people assume our "national" health service is much more integrated than it actually is. I've been reassured to learn that our patients' priorities for improvement are very much aligned with those of the clinical experts who treat them. I've also learned that it's harder to engage with opinions of the general public about what they'd like cancer services to provide when they've not needed to use them.

Q: What do you think the impact of the study will be on patient care moving forward?

A: I expect the results of the RESPECT-21 study to be very important evidence for the wider NHS and Health Education England on the benefits of bringing clinical experts together into higher volume teams. In London, we've already seen that this allows services to offer 7 days a week, round the clock specialist care and advice that is improving patient outcomes, shortening their stay in hospital and attracting the best of the next generation of health care professionals to come and train here.

Claire Levermore

I am currently Head of Operations for the SUMMIT Study working at UCLH. The SUMMIT Study will be the largest ever UK lung cancer screening study seeking to detect lung cancer early amongst at-risk Londoners and supports development of a new blood test for early

detection of cancer. My main responsibilities are to set up study sites, contracts, finances, communications, and working with commissioners and Trusts in the sector.

Q: How did you become involved in RESPECT 21?

A: I asked to be involved! This was for several reasons--while working for UCL Partners I was part of the team that wrote the Case for Change. I was the project manager working with the tumour-specific pathway boards which were part of the reconfiguration. Finally, I transferred to UCLH and was responsible for the organisation and movement of some of the cancer specialities.

Q: What do you like most about participating in the RESPECT21 study?

A: It is an interesting study. I am learning a great deal. I like reading and contributing to the papers and understanding if and how the work we did is making a difference on outcomes.

Q: What have you learned so far from your involvement in RESPECT 21?

A: How important it is to study changes in healthcare in order that this learning is disseminated to others.

Q: What do you think the impact of the study will be on patient care moving forward?

A: It will be useful to understand the positives and negatives of centralising services and exactly what outcomes are impacted and how. Of course, it will be incredibly useful learning for our sector and others.

PROJECT SUMMARY

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.

The RESPECT-21 research team are studying the proposed changes focusing on bladder and prostate, kidney and oesophago-gastric 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. *British Journal of Surgery* (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. *BioMed Central (BMC): Cancer* (2018).
FREE DOWNLOAD: <https://bmccancer.biomedcentral.com/articles/10.1186/s12885-018-4137-8>

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DISCLAIMER

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.

FIND OUT MORE

To find out more about RESPECT-21, or tell us what you'd like to see next time, please contact:

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

- 📄 <http://www.research.mbs.ac.uk/hsrc/respect-21>
- 📄 We are on Twitter! Please follow us on [@Respect21Cancer](https://twitter.com/Respect21Cancer)

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

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

NEXT NEWSLETTER: May 2019

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