

# RESPECT-21

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

PROJECT NEWSLETTER No. 10

October 2018

Welcome to our tenth RESPECT-21 newsletter!

## Highlights this month:

- New RESPECT-21 **website**
- Sharing our findings at **conferences** across the country
- **Progress** with qualitative and quantitative data collection
- **Meet the team:** two of our clinical experts, **John Hines**, from London and **David Shackley**, from Greater Manchester.

## We have a new website!

Read about our latest findings, accessible summaries, and newsletters  
– and learn more about our team!

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

This summer, several of the team presented at conferences.

### JUNE

**Caroline Clarke attended the Health Economists' Study Group (HESG) meeting at Bristol University to present her paper on how to analyse the costs of a major reorganisation of services such as the cancer surgery services reorganisation in London. The implications were discussed by Dr Rachel Meacock from the University of Manchester, an expert in policy evaluation.**



### Sharing our findings:

### Conferences

Caroline said: "This was a very detailed and useful discussion led by Rachel, plus input from people working in the NHS and in-service evaluation and related research across the country."



**JULY**

The team also presented at the **Health Services Research UK (HSRUK)** conference in Nottingham.

- **Caroline Clarke** – backed by a poster - on how to analyse the costs of implementing changes of this kind.
- **Cecilia Vindrola** presented on the staff experience in London hospitals which have stopped providing specialist cancer surgery services.
- **Catherine Perry** presented on factors that have influenced efforts to centralise specialist cancer surgery services in Greater Manchester.

Our audiences at all of the conferences were really engaged, asking questions and offering thought-provoking insights. ***We will be drawing on these as we continue to develop our work!***

**WATCH THIS SPACE!**

Our **Qualitative** team continues to conduct interviews and observations in London and Greater Manchester. Fieldwork in Manchester is due to be completed towards the end of Autumn, while fieldwork in London will be completed around February 2019.

Progress to date:

- **London** - 91 interviews with people involved in planning and implementing the changes (including hospital staff, commissioners, and patient organisations) have been completed, and we have observed 63 meetings related to the planning and oversight of the centralised services.
- **Greater Manchester** - 55 interviews with people involved in planning and implementing the changes have been completed and we have observed 99 meetings.

Our **Outcomes** team has requested national data to analyse the impact of the changes. We will use these data to study the impact on delivery of care, patient outcomes, value for money, and patient experience of specialist cancer surgery services.

- National audit data from the British Association of Urological Surgeons on how specialist surgery is provided for bladder, prostate and kidney cancers has now been received.
- We will shortly be receiving 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).

Our **health economists** have been looking at documents and speaking with change leaders at various sites across London to understand the costs of planning and implementing the changes.

In this issue, we meet two clinical experts who are part of our team:

- **John Hines**, a Urological Surgeon from London Cancer
- **David Shackley**, a Urological Surgeon from Greater Manchester.

**PROGRESS UPDATE**

**MEET THE TEAM**



### **John Hines**

I am a consultant urological surgeon with an interest in urological malignancy and I have sessions at UCLH and Bart's Health. I have been a consultant for 20 years and did my post-graduate training in Liverpool, Birmingham and London. Since 2012 I have been the Urology Pathway Director for London Cancer. Before that I was the Urology Director in the north east London Cancer Advisory Board.

As the Pathway Director, I led the re-organisation of major urology cancer surgery in north east and north central London and west Essex. This work was part of a pan-London initiative to improve outcomes for our patients, which at the time lagged behind the rest of the UK and the rest of the developed world.

### ***How did you become involved in RESPECT 21?***

I was asked to become one of the investigators as I had developed and led the urology re-organisation.

### ***What is your role and what qualities do you bring to the RESPECT 21 study?***

I am a senior clinician and a clinical co-investigator on the study.

Being the senior clinician involved in formulating the way urological cancer services are delivered to the London Cancer area puts me in a unique position to help guide the rest of the research team about the clinical reasoning informing the reconfiguration of services. This allows the 'right' questions to be asked by the RESPECT-21 team. The challenge now is to pass on what I have learned from RESPECT-21 to other clinical teams involved in service re-design.

### ***What have you learnt so far from your involvement in RESPECT 21?***

Being a clinical co-investigator really has made me stop and think about the changes that the NHS commissioned on the recommendations that the Urology Pathway Board made to improve the service. A huge effort was made to consult widely before we configured our recommendation, and we were 'certain' we had got it right, but the scientific way RESPECT-21 has analysed the impact of the service change has given an added depth to the whole process for me and allowed me to reflect in a way that would not have been possible without RESPECT-21. The methods used by RESPECT-21 are very different from the kind of analysis a clinician would usually make, and the different perspective has given me insight in another dimension.



### **David Shackley**

I have been a consultant Urological Surgeon at Salford Royal since 2005 with my main clinical interests being renal cancer and stones. Quickly I developed an interest in medical education and healthcare management and have held many regional and national roles in recent years including Clinical lead in cancer at Manchester Academic Health Science Centre (MAHSC; 2014-), Clinical co-lead for the National Cancer Vanguard (2015-18) and various educational roles including the National Urology Specialist Advisory Committee (SAC) (2010-15).

Currently and since 2013, I have been the Medical Director of Greater Manchester Cancer which is the organisation coordinating cancer care across Greater Manchester and Eastern Cheshire, from prevention, screening, primary care through to secondary care and hospice/palliative care. This has led to the formation of a dedicated regional cancer plan (2015-20) which is now in the delivery phase with dedicated funding. I lead the team charged with delivery of the Greater Manchester cancer plan.

***How did you become involved in RESPECT-21?***

It was in my capacity as a regional medical leader in cancer where we often have discussions with colleagues in London, and trying to unravel how we transform cancer services especially in urology and oesophago-gastric (OG) cancers that the opportunity came up to be involved as a co-investigator in RESPECT-21. It was clear there needed to be better understanding of how we deliver major system change –an area with comparatively very little research to date.

***What is your role and what qualities do you bring to the study?***

My role is to bring together the clinical expertise and help with clinical and patient input into this process. As a system leader who has tried to encourage clinicians to lead system transformation, I have some learning to share but I am as keen as others to develop a clearer model for implementing major system change.

***What have you learnt so far from your involvement in RESPECT-21?***

I have learnt a lot through being involved with the study including developing a deeper awareness that patients are prepared to travel more for the best care than was otherwise appreciated. Involving patients more in studies (in addition to shaping the actual system change) is a fantastic development and I think we need to listen more to what patients and the public want from their health service and try to accommodate their wishes. One of the main frustrations has been the slow nature of transformation of our services in Greater Manchester and this has impacted the study but we need to accept this is ‘real life’ and learn from it nonetheless. RESPECT-21 has implications across all healthcare and it is exciting to be part of it.

**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 (OG) 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). The paper is free to read and download 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). The paper is free to read and download from this link: <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). The paper is free to read and download from this link: <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.

**FURTHER INFORMATION**

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](http://www.uclh.nhs.uk/londoncancer)
-  Greater Manchester Cancer: <http://www.gmcancer.org.uk/>

**NEXT NEWSLETTER: JANUARY 2019**

Please share this newsletter with anyone who you think would be interested in our work.

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