NIHR Workshop on Surgery Research
9 February 2012 - Royal College of Surgeons

The Royal College of Surgeons, http://www.rcseng.ac.uk/ who govern the profession of surgery, held a workshop on 9 February, This was a high flying day with academic celebrities everywhere you looked. I stood in for Maggie and I'm very glad I went - Maggie missed a treat.

The purpose of the workshop, introduced by Professor Dion Morton (Professor of Surgery, School of Cancer Sciences at the University of Birmingham) was two fold:

1. To provide the surgical research community with an opportunity to hear about existing sources of research funding.
2. To help researchers prepare for future funding opportunities.

And to give advance notice of the Government announcement of a themed call for surgical research to address the evaluation of technology-driven implanted or implantable medical devices, surgical procedures or surgical services – posted on 13 February.

The afternoon started off with an introduction from Dion telling the assembly that this is an important time for clinical surgery research. There is a real opportunity to deliver improved clinical care via a new initiative whereby NIHR are offering funding to increase the number of surgical RCTs from the rather low 16 or so which took place in 2009, almost the lowest number recorded by the different health specialities.

Dion pointed out that surgery cures more cancers than any other medical intervention, and that new techniques have improved survival and patient outcomes enormously in the last few years. As an example, he cited the changes in the way bowel resections are now performed, where the patient goes home after a couple of days in hospital, with two smallish incisions, rather than a major incision hopefully healed after weeks in hospital.

We heard that surgical skills are many fold, but standards of surgery vary across the country, and research is needed to find out which procedures are best for patients. For example, said Dion, gastric band or gastric bypass – which is better for the patient? We don't know, and we need to find out.

Professor Jane Blazeby (Professor of Surgery & Honorary Consultant Upper GU Surgeon) took the next session, and spoke about the research path for a new or changed intervention, going from feasibility study and piloting, to development, evaluation, and implementation. Then she opened the Pandora's box of 'consent'.

Research on patients of course, can only be done with fully informed consent, which can be a problem for surgeons. Patients all too frequently say "well, what do you think is best for me, doctor?", and a surgeon always has views, clinical equipoise being difficult to maintain. Also, in trials, surgeons cannot be blinded. So should consent for an RCT be obtained by the research nurse who provides a buffer between the patient and doctor? The consensus of opinion was that it's not what you say, it's also the way that you say it that persuades patients to volunteer for surgical trials.

Andy Barton, of RDS Plymouth (specialist in Project Management and Survey Methods), gave an overview of the application process. He suggested the first call about a project should be to the RDS, who help researchers develop high quality research proposals for funding, and how to put in decent grant applications. Team brokering is an important part of this process, and the role of the RDS is to offer advice and support. However, the only training done by RDS is how to get funding, but not to forget to include training in the budget! For the surgeons, Dion pointed out that there is a huge amount of support they are not tapping into and that RDS will tell them *where to get the money*.

Dr Jonathan Gower of the Comprehensive Local Research Network (CLRN) discussed how local CLRN management teams can give advice about (among many topics) patient numbers, consent rates, resources required, and perform ongoing study overviews. They can identify national and local blocks to studies, and unblock them, and that while the structure is relatively new, support is being standardised.

Professor Jonathan Michaels (Professor of Clinical Decision Science of Sheffield University Department of Health Economics and Decision Science), asked "what makes a good NIHR application" and put forward some key messages: is the research question within the remit of the themed call and the specific NIHR program being applied to? Is the question important? How will patients benefit? Will it be of benefit to the NHS? Is it feasible? Are the methods appropriate? Is the sample size sufficient for reliable statistics to be gathered? Is there a clear trajectory into patient benefit? And after that, to consider whether qualitative or quantitative methods are needed, does the research team have sufficient experience? Roles and responsibilities need to be clearly defined and a budget drawn up with accurate costings. Is the project realistic and will it deliver value for money, and how will the funds be accounted for? In short, apply standard project management techniques. The last message here though was extremely important – *that patients must be involved in the process right from the start*. There ***must*** be PPI.

Professor Michaels also highlighted some pitfalls, such as inconsistencies within proposals particularly regarding sample sizes, terminology, and language which cannot be understood by lay people (us), and not enough detail on the health issues or demonstration of benefits. For the many of us who read research proposals on a regular basis, this provides a useful checklist of points to look for.

The next session was given by Professor Tom Whalley CBE (Director, NIHR Evaluation, Trials and Studies and Director of the HTA Programme). He briefed the assembly about the general decline in clinical research in surgery due to service demands and the lack of expertise which have led to lack of information to govern practice. But, he pointed out, there is huge professional enthusiasm for more research. To build on this, the NIHR are making a themed call for applied research in surgery. Topics will include surgical procedures, alternatives to surgery, patient safety and experience, devices, organisation of services, and pretty well anything connected with surgery. There is scope for collaboration with industry, which is one of the core funding objectives. The aim is to facilitate research which is important to patients, (here we are at the centre of things again), so he recommended to engage a patient, engage collaborators, and submit an outline before May 25 (but after 23 February). The final funding decisions will be made in March 2013.

To conclude, Peter McCulloch (Clinical Reader in Surgery at Nuffield Department of Surgical Sciences) an award holder, gave the fund holder's point of view. He said his talk was going to be titled 'How was it for you', but was persuaded by NIHR to adopt a more sober tone. His speciality is Quality, Reliability, and Patient Safety.

The short question and answer panel was joined by Professor Martin Utley, Director of the Clinical Operational Research Unit. (Who used to work in particle physics. I would imagine he has a very interesting CV.)

The audience was reminded that when the research proposal form asks for how PPI has been incorporated into the study, patients as subjects of study is *not* what is meant!

In summary, the sessions were short, informative, and the value of patient and public involvement was stressed throughout, to back up the NIHR requirement that studies must now have such involvement right from the start. The last session was a Panel of experts, answering questions from the floor. Despite (as asserted by Dion) that surgeons have 'the eyes of eagles, the hearts of lions, and the hands of ladies', it seems that some find the prospect of working with patients and the public somewhat daunting. The Panel were asked how patients could be 'trained to be effective contributors to research'. Mr Matt Costa, Associate Clinical Professor in Orthopaedics, gave the topic some thought before replying. His answer was that the training had been his rather, and that the experience had been extremely valuable and had added much to the project. Matt Costa recommended that patients were brought into research studies right at the start, and made part of the research team. Another tip was to start small to ensure success and build on that.

As patient advocates, we need to remember that for a researcher, it may be the first time that (s)he has worked with patients in this way. There must sometimes be a deal of apprehension at working with people who until now have been thought of as being passive recipients of treatment. Surgeons are highly trained, and very expert in their chosen field. It must be difficult to see what patients can add to the surgeon's skills. As patients, and members of the public, perhaps, we can ask the difficult questions: is the research worth doing in the first place? And how can we make the result of this procedure a better experience for you the surgeon, and me the patient – to the benefit of us all.

The sessions were:

Session One: Research in Surgery
Challenges and Opportunities in Surgical Research
Engaging and Supporting Surgical Research

Session Two: Developing Surgical Research
An Introduction to the NIHR programmes
What makes a good NIHR application
Case Studies: NIHR funded surgical research
Panel Discussion and Questions

Clips of the talks can be seen at http://www.youtube.com/NIHRtv
The presentations can be found here:
http://www.nihr.ac.uk/research/Pages/Surgery_Workshop.aspx

Some of the academic celebrities:

Dion Morton http://www.birmingham.ac.uk/staff/profiles/cancer/morton-dion.aspx

Jane Blazeby http://www.uhbristol.nhs.uk/for-clinicians/consultant-profiles/professor-jane-blazeby
Andy Barton http://www.rds-sw.nihr.ac.uk/stafflist.htm
Jonathan Gower http://www.crncc.nihr.ac.uk/about_us/ccrn/ccrn_contacts
Peter McCulloch http://www.nds.ox.ac.uk/about-nds/staff-listing/peter-mcculloch
Jonathan Michaels http://www.shef.ac.uk/scharr/sections/heds/staff/michaels_j
Tom Whalley http://www.hta.ac.uk/contact/tomwalley.shtml
Martin Utley http://www.ucl.ac.uk/operational-research/the_team/#martin

The work they do – samples

http://www.hqip.org.uk/assets/NCAPOP-Library/NCEPOD-full-report-Are-we-there-yeta-review-of-childrens-surgeryEmbargoed-copy.pdf

NCEPOD report highlights concerns over chemotherapy
http://www.ucl.ac.uk/operational-research/or-news-publication/2

Jacqui Gath for ICPV
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