

Anaesthesia and Perioperative Care Priority Setting Partnership



SUMMARY RESULTS

The Anaesthesia and Perioperative Care Priority Setting Partnership (PSP) is an initiative commissioned by the NIAA to identify important topics for future research and help direct the future research agenda.

Why was this PSP needed?

The rationale behind the PSP was simple: research budgets are finite, and research funders need to demonstrate the impact of their research. This entails not only producing academic publications, but also choosing topics for research funding that are important and relevant to clinicians and patients. This PSP's aim was to identify those topics for anaesthesia and perioperative care, and was the largest consultation exercise conducted within the specialty to date.

Who was involved?

We sought input from a broad range of stakeholders – patients, carers, and clinicians. Those who contributed:

- 45 partner organisations (20 patient representation groups; 25 professional societies) affiliated
- ➤ 12 Steering group members, all volunteers from partner organisations
- ➤ 623 respondents to our first 'ideas-gathering' survey (62% clinicians, 49% patients, 48% carers or relatives of patients)
- 1,718 respondents to our second 'prioritisation' survey (81% clinicians, 28% patients, 36% carers or relatives of patients)
- 23 partner organisations' representatives participated in the Final PSP Workshop



How did the process work?

The PSP was overseen by the **James Lind Alliance**, a body within NIHR that gives a voice to patients, carers and clinicians in identifying and prioritising research topics. The steps involved:

- 1) Inviting partner organisations
- 2) 'Ideas-gathering' survey asking respondents to nominate up to 3 research suggestions
- 3) Classifying and refining those ideas into 'summary' questions, and checking whether any had already been answered by existing research
- 'Prioritisation' survey asking respondents which of the summary questions they considered the ten most important
- 5) Final workshop, where partner representatives considered the 25 most popular questions, and used Delphi consensus methods to agree a final 'Top Ten' research priorities



What were the results?

- ➤ 1,476 suggestions were received in the first survey
- These were distilled into 92 'summary' questions (none of which had been adequately answered by existing research)
- ➤ The 25 questions that received the most votes in the prioritisation survey went through to the final workshop. The final top ten were chosen from these 25.



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THE TOP TEN PRIORITIES FOR ANAESTHESIA AND PERIOPERATIVE CARE RESEARCH

- What can we do to stop patients developing chronic pain after surgery?
- How can patient care around the time of emergency surgery be improved?
- What long-term harm may result from anaesthesia, particularly after repeated anaesthetics?
- What outcomes should we use to measure the 'success' of anaesthesia and perioperative care?
- How can we improve recovery from surgery for elderly patients?
- For which patients does regional (local) anaesthesia give better outcomes than general anaesthesia?
- What are the effects of anaesthesia on the developing brain?
- > Do enhanced recovery programmes (fast-track surgery to speed up patient recovery) improve short and long-term outcomes?
- How can pre-operative exercise or fitness training, including physiotherapy, improve outcomes after surgery?
- How can we improve communication between the teams looking after patients throughout their surgical journey?

(The questions of particular relevance to the Oesophageal Patients' Association are highlighted in bold)

What other questions not in the Top Ten might also be of interest to the OPA?

The full list of 92 'summary' questions, including the 25 questions ranked highest by the survey respondents, can be viewed on the NIAA website.

Questions of relevance to the OPA might include:

- ➤ How can anaesthetic technique and perioperative care help reduce the risk of cancer recurrence?
- What are the risks and benefits of epidural and spinal injections for major abdominal surgery?
- How can patient education programmes improve outcomes after surgery?
- What should be discussed with patients before surgery, and what is the best setting for this discussion?
- Does post-operative intensive care improve outcome in high risk patients after major surgery?

What happens to the results?

The goal is to maximize the impact of the priorities on the future research agenda. The PSP's success ultimately depends on turning research priorities into tangible research outputs. Strategies include:

- Publications in academic journals to communicate the results to the research community.
- Presentation of results to funding bodies within the NIAA Research council, the RCoA and AAGBI
- External funding bodies, (e.g. NIHR's HTA programme, Medical Research Council, and the Wellcome Trust), will be approached
- All suggestions received will be uploaded to the UK DUETs researchers' database
- All survey respondents who provided an email address will be sent a results summary

Thank you for your involvement in supporting the PSP and please contact us if you want to find out more!

'Bringing patients, carers and clinicians together to identify and prioritise treatment uncertainties'