## the skin cancer surgery priority setting partnership (PSP)







Alistair Brown, ST6 Trainee

Aaron Wernham, Consultant Dermatologist, Walsall Manor Hospitals Trust & Worcestershire Acute Hospitals NHS Trust David Veitch, Consultant Dermatologist, University Hospitals of Leicester



skinsurgerytrials.org



#SkinSurgeryPSP



@SkinSurgeryPSP



david.veitch@nhs.net

The Skin Cancer Surgery priority setting partnership (PSP) was established in late 2019 after a successful application to the UK Dermatology Clinical Trials Network (UKDCTN) themed call for skin cancer surgery, and is being funded jointly by the UKDCTN and the British Society for Dermatological Surgery (BSDS).

The Skin Cancer Surgery PSP is being conducted in collaboration with the James Lind Alliance (an organisation funded by the National Institute for Health Research). The JLA uses PSPs to enable clinicians, patients and carers to work together to identify and prioritise evidence uncertainties in particular areas of health and care with the aim of determining future research priorities.

The JLA PSP process results in a Top 10 jointly agreed research priorities. The aim of the Top 10 is to highlight important areas for research, but not necessarily to come up with the specific research questions. This informs researchers and research funders about priorities so that they can make their research as meaningful as possible to the people who need it.

Bringing together all the relevant stakeholders in an area of practice as broad as skin cancer surgery has not been straight forward. However, through hard work and a collaborative effort, the steering group is now extremely well represented with membership from some fantastic and very experienced patients and carers, alongside a broad range of clinicians including representation from Dermatology, Plastic surgery, Oculoplastics, ENT, Maxillo-facial surgery and Primary care from across the UK.

Like many organisations, the skin cancer PSP has been struck with the challenges of COVID-19 this year. The steering group would normally meet in person but in the midst of lockdowns and travel restrictions the group has been meeting virtually using Zoom and has had to adapt to a new process. Fortunately, the group chair Suzannah Kinsella (James Lind Alliance Adviser) has led other PSPs through the virtual process earlier in the year and her leadership has been highly valued. We met for the first time in early September and have met on two more occasions subsequently.

During the first few meetings the group has been introduced to the JLA PSP process, ensured adequate representation of the steering group, and has finalised the survey to be submitted to patients, carers and clinicians.

Perhaps most importantly the group has considered the promotion and distribution of the survey. The success of the process relies upon distribution to as wide an audience as possible. Key to this process has been gathering the support of patient groups, charities and professional bodies as partners who have a vested interest in skin cancer surgery to aid with distribution of the survey.

Organisations who have agreed to partner with The Skin Cancer PSP include:





























The final wording and structure of the survey has now been finalised and it is ready to be distributed. A period of five months will be allocated for survey completion. The 'raw' questions and comments received will be categorised and refined into summary questions which are clear, addressable by research, and understandable to all. Out-of-scope and 'answered' submissions will be compiled separately.



41st EDITION ● WINTER 2020 PAGE 9

## the skin cancer surgery priority setting partnership (PSP)

The final stage of the PSP will be to prioritise through consensus the identified uncertainties about skin cancer surgery. This will involve input from patients, carers and clinicians. There are usually two stages of prioritisation. Interim prioritisation is the stage where the long list of questions is reduced to a shorter list that can be taken to the final priority setting workshop. This is aimed at a wide audience, and is done using similar methods to the first consultation. With the JLA's guidance, the Steering Group will agree the method and consider how best to reach and engage patients, carers and clinicians in the process. The most highly ranked questions (around 25) will be taken to a final priority setting workshop.

The final priority setting stage is generally a one-day workshop facilitated by the JLA. With guidance from the JLA and input from the Steering Group, up to 30 patients, carers and clinicians will be recruited to participate in a day of discussion and ranking, to determine the top 10 questions for research.

The whole process should take somewhere between 12 - 18 months to complete and it is anticipated to reach completion towards the end of 2021. At this point the results will be disseminated through a variety of methods including academic papers, lay reports, infographics, conference presentations and videos for social media. It is very much our hope that BSDS members will be excited by the skin cancer surgery PSP and the enormously important opportunity it provides to help shape research in surgical dermatology over the next decade. To this end we would strongly encourage you to get involved with the process

## **HOW CAN YOU GET INVOLVED?**

- Populate the survey with evidence uncertainties you have noted from surgical practice
- 2 Encourage colleagues involved with skin cancer surgery to do the same
- Encourage patients who have experience of skin cancer surgery to get involved by completing the online survey (paper surveys will also be available to print and send back)

Create a Steering Group
Composed with equal representation of patients, carers and clinicians, this group agrees the plan of action or 'protocol' and takes responsibility for the PSP.

Gather evidence uncertainties
By asking patients, carers and clinicians to respond to a survey asking what questions they have for research,

and by searching existing literature to find evidence gaps.

Summarising the responses gathered

With the help of an Information Specialist, the PSP sorts all the responses and creates summary questions.

This becomes the long list of summary questions.

Evidence checking

The long list of summary questions is checked against existing research evidence to ensure they are true uncertainties. Any questions that have already been answered by research are removed.

Interim Priority setting

To reduce the remaining long list of summary questions to a shorter list so they can be discussed at a workshop, a wide range of patients, carers and clinicians are asked to vote on the most important questions in an interim priority setting survey. This is usually via an online ranking survey.

Workshop

The highest ranked 25-30 questions from the interim priority setting survey are discussed in a workshop of patients, carers and clinicians who together agree the 'Top 10' list of priorities.

Publish and promote Top 10 research priorities

Top 10 is announced and published on the JLA website and promoted to researchers and funders. The PSP works with researchers and funders to further develop the priorities into specific research questions.

Possible publication of full report

or articles about PSP findings

Continue long-term promotion of research priorities

Long-term tracking of impact of PSP





www.bit.ly/SkinPSP

SCAN THE QR CODE OR WEBLINK ABOVE TO ACCESS THE SURVEY



Please email us if you would like patient posters for waiting areas

BS DS HOLL ST 1983 H

41<sup>st</sup> EDITION ● WINTER 2020 PAGE 9