

RESEARCH PRIORITY SETTING



You might assume that the research carried out into a particular condition addresses the issues of most interest to patients. The people who make decisions about research probably

know what issues mean the most to patients, and proceed accordingly, right? Maybe not. There is evidence to suggest a gap between what doctors think matters most and the opinions of their patients. Of course, medical and scientific experts have insights that patients can't be expected to share, and some research should be dedicated to those subjects. But there is a risk that research does not have the opportunity to ask the questions that patients want answers to. This is significant. Aside from the fact that important issues might be neglected, there might be adverse effects when the outcomes of research are applied to policy and treatment: there is a risk that the evidence that informs decision-making might be at odds with the experience of patients. There is growing interest in "priority setting" that allows patients to contribute to the kind of research that takes place. You will find some more information on this subject on the following pages.

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OXFORD BLOOD GROUP SUPPORTS NEW DEVICE FOR BONE MARROW BIOPSY

Oxford Blood Group members have contributed to the forthcoming introduction of a new bone marrow extraction device at OUH. The device is going through the approvals process at the moment. As part of this process, our group provided feedback on why this matters from the patient-experience point of view: it should mean less distress, better quality samples and better chance of keeping to time in clinic - reduced delays mean calmer doctors and happier patients.



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We also commented on how the device should be described in the patient information. The committee remarked on the importance of our contribution, and praised the report's author, Dr Faye Sharpley, for taking the time to consult patient groups.

PRIORITIES FOR HODGKIN LYMPHOMA RESEARCH IN OXFORD

**OLSG**

Oxford Lymphoma Study Group

The Oxford Lymphoma Study Group is a recently established forum for researchers with an interest in lymphoma. It will bring

together researchers across OUH NHS Trust and Oxford University. Lymphoma lead, Dr Graham Collins, is keen to ensure that people with experience of lymphoma are involved with the group, and that the work of the group is guided by what matters most to patients. With these objectives in mind, we organised a meeting of people who had been treated for Hodgkin lymphoma to discuss research priorities for that disease subtype.

With a diagnosis you step on to a well-oiled conveyor belt that transports you from diagnosis, through treatment and (more and more) on to recovery and living long term with the after effects of that treatment. A lot of time, things are being done to you or for you. At times, I felt very impotent. Family and friends give blood to 'replace' the many pints of blood and platelets I received, but what can I do to give back as a former patient? This is my chance. Thank you.

There is growing acknowledgement that, in many areas of medicine and health care, there is a significant difference between what patients think is important and what researchers tend to prioritise. And the culture that surrounds the funding of research - in particular the allocation of public funding - is increasingly insistent that researchers answer questions that matter most to people who live with the condition in question.

Guests were asked to use coloured sticky notes to write down ideas and issues that, in their own experience, would benefit from more research. We then grouped these ideas into themed subheadings, and discussed potential topics for further investigation.

I enjoyed meeting other people with HL experience- one doesn't meet many. It was interesting to hear about future & ongoing research and also to feel that we as patients can have some input into future planning.

Sure enough, it soon became clear that the priorities expressed in the room were not the same as the priorities of many clinicians and scientists. Much current research in Hodgkin lymphoma places emphasis on treatments. There is particular interest in testing new drugs in addition to standard chemotherapy.

But our discussion concentrated on the bigger picture: the things that happen before and after treatment. We talked about cause and prevention, quicker diagnosis, and the need for better psychological support. When talking about treatments, our group emphasised treatment toxicities and the need to better understand who needs more intensive treatment. Decision making and information were also a concern.

The discussion raised issues about how we might define 'lymphoma research' and the work of the Oxford Lymphoma Study Group. It suggested that a lot of the research of interest to patients might be done by people other than doctors and scientists: psychologists, sociologists, people who study human systems or technology. The evening raised lots of food for thought, and marked the beginning of what we hope will be a long and fruitful collaboration.



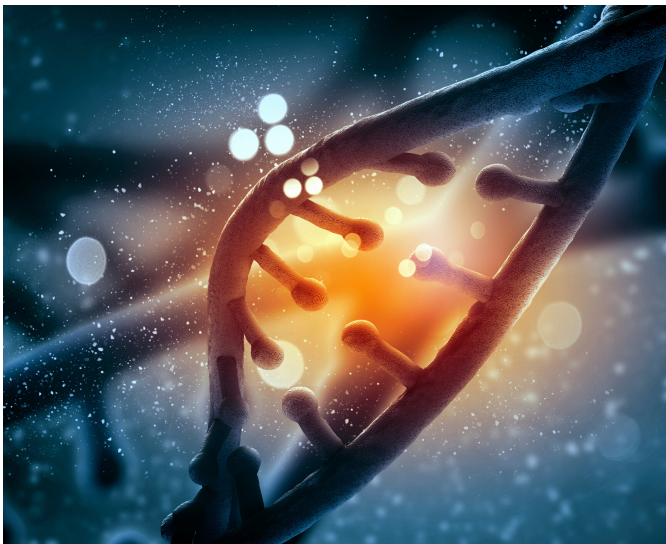
INPUT INTO NEW RESEARCH STUDY: PREDICTING OUTCOMES OF STEM CELL TRANSPLANT IN RELAPSED FOLLICULAR LYMPHOMA

Group members recently commented on a research proposal for a lymphoma study led by Dr Toby Eyre in advance of his application for research funding. If the study goes ahead, it will use new laboratory and scanning techniques to identify which people with relapsed follicular lymphoma might benefit from a stem cell transplant. This will help future patients and their doctors to make better informed decisions about high intensity treatments.

"Many thanks to all who provided feedback for the REFLECT trial BloodWise Grant proposal and application. Your contribution was hugely valuable. A report of patient feedback was compiled and included within the application. Those assessing the grant application will carefully and rightly scrutinise patient feedback about this study; making your contribution invaluable. Your contribution is likely to help the application compare favourably with other competing applications for funding." Dr Toby Eyre

"transformative" input on clinical trial information

Group members were asked to review a patient information document for a forthcoming trial for people with acute myeloid leukaemia. At a recent meeting of Oxford Biomedical Research Centre haematology researchers in Oxford, Professor Paresh Vyas shared his thoughts about our work with colleagues. He said that our feedback was 'absolutely fantastic' and that the sponsors, Celgene, had described our input as 'transformative.' The trial sponsors have made considerable changes to the PIS as a result of our input, and they have agreed to share the revised version with us. Professor Vyas encouraged colleagues to bear us in mind for similar support in the future, and extends his sincere thanks to all those who contributed. With many thanks again to those of you who took part in this work: your attention and effort was much appreciated. Here's hoping the document will be much improved!



WHOLE GENOME SEQUENCING: INFORMATION FOR PEOPLE WITH BLOOD CANCER

In April 2020, the NHS is planning to launch a new genetic test in which the complete sequence of DNA of a patient is read to help understand the causes of genetic disease and improve and inform treatment for cancer.

The Oxford Blood Group contributed to the review of patient information and consent forms produced for patients who will be offered this test, which includes an offer to share clinical and genomic data for use in research.

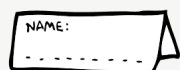
*"Feedback from the group will be sent to the NHS England Genomics Programme to help with refining the final versions of the forms prior to go live. It will also be used to shape the way patients are approached locally and how training is delivered to ensure healthcare professionals have good information about the issues that are most important to patients. **We are very grateful to the group members who have taken the time to provide such insightful feedback to help the new service set out on the right foot.**"*

Dr Jude Craft, Programme Lead, Oxford NHS GMC, Oxford Medical Genetics Laboratories

WHAT HAVE WE BEEN UP TO?

SICKLE CELL DISEASE RESEARCH: SETTING PRIORITIES AT AN INTERNATIONAL CONFERENCE

In October, a group of people with Sickle Cell Disease (SCD) from all over the world visited London to attend ASCAT 2019, a major international conference on SCD and Thalassaemia. Noemi, Catriona and our colleague, SCD and red cell CNS Sandy, were lucky enough to attend the conference and spend a few hours working with the group to talk about research priorities. The plan was to introduce the idea of priority setting, come up with some ideas, and then discuss them to see whether we could reach consensus on a 'top ten.' The group would then rejoin the conference to share the priorities with a room full of experts.



Step **One**: introductions



Step **Two**: Presentation: What is priority setting, and why does it matter?



Step **Three**: Have a think. What questions would you like research to answer? What problems do you have that you would like research to fix? Then write your thoughts on a post-it note



Step **Four**: put your post it notes on "the wall"

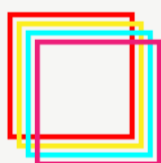


There were 28 people in the room from all corners of the globe, aged 8 - middle age, all people with SCD or parents of someone with SCD. It was a challenging brief: only a few hours to try and achieve an agreed list of ten, with people we hadn't met until that day, who might not have done anything similar before.

We devised a ten step plan for the session - outlined in the illustrations. The steps were in some ways a miniature version of the James Lind Alliance model (see page 7). We knew it wouldn't be possible to come up with precise research questions, but our aim was to agree topics or issues of concern that would serve as headings to guide the future formulation of research questions and objectives. We ended up with scores of notes, which we grouped into 5 themes, with 42 research topics agreed at the end.

Delegates were then given 10 sticky notes, and asked to vote for their top ten topics.

It did feel like we were taking a step into the unknown - would it work? Could we get people to agree? Or would it turn into a shouting match? In the end, we needn't have worried. People had plenty to say, lots of ideas, and were lively and enthusiastic about the project. We did run out of time, and we could have talked things out for hours more, but the end result was a top ten that everyone felt ownership of.



Step **Five**: we organise the ideas into 'themes'



Step **Six**: we discuss and agree research topics for each theme



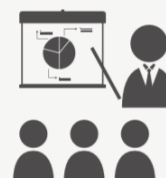
Step **Seven**: You are given "100 million dollars" (in 10 post-it notes!)...



Step **Eight**: You have to decide which research topics will get your 100 million



Step **Nine**: We tally up and reveal the Top 10



Step **Ten**: Prepare and present your work to the conference delegates

There were a couple of things that made it work: firstly, the delegates created the wall of questions themselves, and collectively agreed the topics under each theme. And they were then asked to take responsibility for allocating resources - an imagined £100 million - having to decide which important issues would not make the final cut, a choice that was difficult for many in the room.

The "wall" of ideas, themes and topics (right)



Casting the votes (left)



The top 10 (right) and presenting to the conference (below)



The top ten revealed an interest in a huge range of issues that went way beyond the physical treatment of SCD, taking in politics, diversity and the experience of racism. Like the lymphoma priorities discussed earlier, this list of topics suggests that "research" should be very broad and interdisciplinary if it is to meet the priorities of those who live with SCD.

SCD TOP TEN RESEARCH TOPICS

Lived experience and the SCD research agenda



OUTCOMES OF A PRIORITY SETTING WORKSHOP WITH SCD PATIENTS AND CARERS, ASCAT 2019

- 1 How can we find a universally available cure for sickle cell disease?
- 2 How can we improve quality of life for people living with sickle cell disease?
- 3 What are the implications of sickle cell disease for work and education? How do we advise people, employers and schools?
- 4 How do we manage acute pain to prevent hospitalisation?
- 5 How does staff diversity or lack of diversity affect the way patients experience racism, discrimination and stigma?
- 6 How do we harness the political agendas to improve care for sickle cell disease?
- 7 How can we optimise pregnancy for mother and baby in sickle cell disease?
- 8 What complementary therapies work in sickle cell disease, including CBD oil and cannabis?
- 9 How do we manage chronic pain?
- 10 What is the impact of a comprehensive care team on outcomes for people living with sickle cell disease?



There are campaigns afoot to encourage the organisers of medical conferences to make more effort to invite patients to conferences, make them feel welcome and try to present research in language understandable to a lay person. The feeling is that no research happens without patients, and that people who live with a condition have every right to hear what efforts are being made on their behalf. What we achieved at ASCAT felt like an important contribution to these efforts. But it was much more than just ensuring that patients felt welcome: this was about people with lived experience generating the content for the conference, making medical experts listen, and challenging the assembly to do things differently. It felt disruptive, empowering and exciting, and like a celebration of the power of patient experience.

For more information about the group, or to unsubscribe, email OxfordBloodGroup@ouh.nhs.uk

WHAT HAVE WE BEEN UP TO?

"15 STEPS CHALLENGE" IN HAEMATOLOGY OUTPATIENTS

A '15 Steps Challenge' is a simple quality improvement initiative that looks at first impressions of a clinical environment. The name came from a comment made by a parent of a child with a chronic illness, who required repeated admissions to hospital. The parent observed that she could tell what kind of care her daughter would receive 'within 15 steps' of going onto a new ward. This observation inspired NHS England to develop a quality improvement tool that considers what it's like to visit a clinical environment for the first time.



the team take a look at the signage...

In November of 2019, two members of the Oxford Blood Group and three members of staff from the haematology department visited the outpatients department. We visited one morning and one afternoon to compare different times of day. Our visit included the journey from the car park to clinic, and we started from two different car parks to see what is like for people coming from different directions. We produced a report of our observations and suggestions, which were grouped according to what would be achievable in the short term, and what would need larger scale investments across the hospital estate. On the whole, the outpatients team deliver a friendly and welcoming service that feels professional and very supportive. Many of the difficulties we observed were to do with access via the old hospital buildings, and the wider issue of signage across the Churchill site.

Nonetheless, there were a few suggestions about how to improve first impressions for patients. Our findings were shared with senior colleagues, and we have already agreed to move ahead with a few improvement projects.

'It was a very valuable exercise for me to do as a clinical staff member, as it offered me an insight into just how difficult it must be for patients to find their way through the hospital, with the stress of a clinic appointment also weighing on their minds'.

Lou Cowan Clinical Trials Practitioner

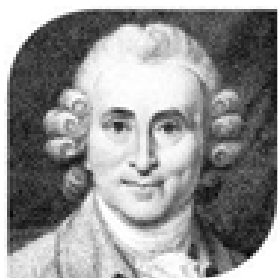
things to work on in the short term:

- welcome & guidance for people coming to outpatients for the first time
- improve signage and use of screens to provide more relevant information in outpatients area
- explore potential for volunteers in outpatients

for the longer term:

- improve signage to cancer and haematology outpatients from old Churchill buildings
- improve footpath access from Car Park 5
- better, more accessible toilet provision
- easier access to refreshments for people in outpatients

THE JAMES LIND ALLIANCE: INFLUENCING THE RESEARCH AGENDA?



James Lind Alliance

Priority Setting Partnerships

James Lind was an 18th Century Naval physician, who is believed to have conducted the first clinical trial when he tested the use of citrus fruits to prevent sailors getting scurvy. In the spirit of promoting research that is relevant to its target population, the James Lind Alliance was established in 2004 to bring patients, carers and clinicians together, in Priority Setting Partnerships. These partnerships identify questions that need to be answered about a particular condition, and come up with a collectively agreed 'Top 10' research questions. The aim is to change the way research funding is granted to ensure attention to the needs of patients. Since its foundation in 2004 it has helped produce top ten research questions for multiple diverse conditions, from acne to womb cancer via cellulitis, Lyme disease and Parkinson's. The method takes a considerable length of time, and requires participants to make a significant commitment in terms of time and resources. So, does it work?

A recently published review of the JLA set out to examine whether or not JLA partnerships have changed research into their respective conditions. The short answer is: sometimes. The authors found that JLA partnerships do have positive outcomes on organisational cultures (see figure 1). These 'collateral benefits' come in addition to a shift in research funding towards the issues that matter most to patients, carers and healthcare professionals.

However, translating the top ten into funded research projects is more complicated. The review identified obstacles to implementation of the 'Top 10s' and suggested factors that influence - for better or for worse - the impact of JLA partnerships.

One of the issues is the prevailing culture and influence of research funding organisations. Those PSPs that more clearly align with the objectives of

+ve impacts of JLA method:

- expanding involvement in research for individual patients
- improved reputation and status for researchers
- changes to clinical practice
- new partnerships between organisations
- improved internal collaborations
- improved relationships between funders and researchers

Figure 1: positive impacts of JLA process

research funding organisations, and those that engage with funders from the outset, are - unsurprisingly - more likely to translate their work into funded research. Historically, those PSPs that dealt with questions about treatment, and explicit research questions that could be tested in clinical trials, were more likely to implement the 'Top 10.' But those that produce questions in conflict with funding priorities, and those that identify research areas that cut across multiple illness groups, find it harder to demonstrate an impact on research funders.

This raises troubling questions and challenges. Are funders and researchers using JLA PSP priorities to endorse what they have already planned to do? How willing are research institutions to change in line with what patients want? And how do we define "research"?

There is clearly more to do to challenge the cultures of research. As many of the issues that are important to patients will not be questions that can be answered in a laboratory or a clinical trial, there is a need for greater exploration of inter-disciplinary research across academic boundaries. There have also been calls for patient-led institutes of research, to support, promote and facilitate rigorous research driven by patient experience. It may be beyond the power of individual PSPs to bring about the wholesale cultural shift required to genuinely change the national research agenda in favour of patients. Addressing deeply embedded beliefs and values is likely to require action from a wide range of stakeholders.



Are you a researcher in haematology? Want some help with PPI?



Get in touch with Noemi & Catriona at
OxfordBloodGroup@ouh.nhs.uk

Care Opinion: online anonymous feedback pilot in lymphoma service

There are multiple ways to leave feedback about hospital care. But most of what people think is not recorded anywhere. Everyone who is treated in the NHS has some opinion about the quality of their care, but only a very tiny proportion of people leave formal feedback. Recently, much attention has been paid to anonymous online platforms that allow people to share their thoughts about their experience. Research indicates that most people use these platforms to share positive experiences, to express gratitude, to reassure other patients, and to promote good quality care. The lymphoma service at OUH has recently been promoting a service called Care Opinion. Established for 15 years, Care Opinion is a not-for-profit organisation that is free to users and visible to everyone. It helps the lymphoma team to hear directly from patients, in 'real time' and to respond to them direct. It is designed to avoid the type of 'corporate' third-party response that many people find very impersonal. It is also mediated, which means that responses are viewed before they are posted to ensure that content is appropriate and useful.

"It was a difficult time for me to go through and Care Opinion allowed me to control the speed and words rather than be rushed through Q&As or tick box scenario where things don't quite fit."

why is this good for staff?

- It helps us to learn what we are doing well and what we need to improve on. At present, most of what our patients think is not recorded anywhere, which means we can't learn from patient experience.
- It provides us with 'real time' information about the quality of our service instead of information that might be months old.
- It generates lot of valuable data about the experience of our patients

why is this good for patients?

- It allows you to respond anonymously, in your own words and in your own time.
- It is not like a questionnaire – it allows you to tell us whatever you want to tell us about your experience.
- It allows you to send your feedback direct to the people who look after you instead of someone outside the team.
- It means you get a prompt and personal response to your feedback - we will aim to respond within 5 working days or less.
- It allows you to share your feedback with other patients and future users of the service.
- It allows you to let us know about things that we can do better, as well as what we are doing well.

"The fact I did not have to give my name made it a lot easier to provide feedback. I find it hard to do it in person. I would like it to make changes."



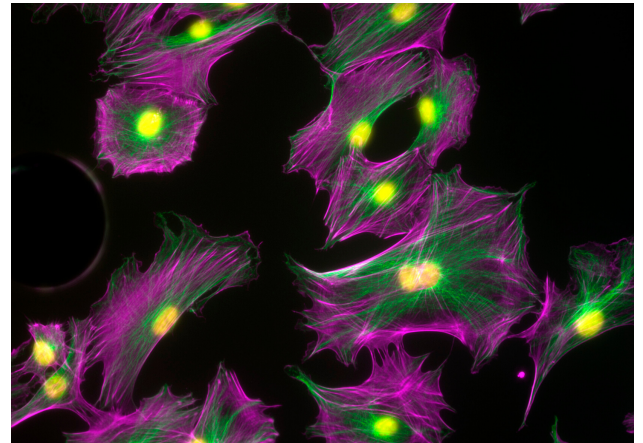


Spotlight on Oxford Haematology Research

Pre-clinical study able to regrow bone in myeloma model

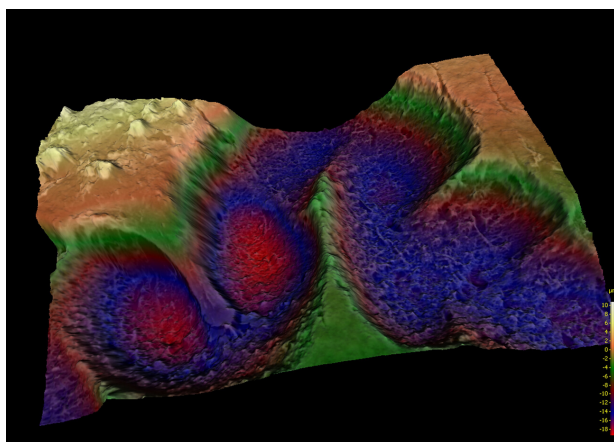
One of the biggest difficulties for people living with multiple myeloma is the problem of bone damage. But Oxford-led research offers hope for future patients.

Multiple myeloma is a bone marrow cancer that affects mature antibody-producing white blood cells. People with myeloma suffer from bone pain, fractures and osteoporosis. These symptoms can be managed and limited, but not reverted. Bone damage results from the cancer's ability to manipulate some of the important cells in the bone marrow. These cells form the structure and support on which the blood cells can grow and develop.



Osteoblasts, Credit: Kevin Mackenzie, University of Aberdeen

In a healthy individual, a delicate equilibrium exists: Osteoclasts are able to break down bone as part of healthy bone development and healing. Osteoblasts have the opposite function and are activated when new bone is required. The fine balance between these two activities allows for bone mass to be maintained, whilst allowing for the body to respond to different circumstances.



Osteoclast pit,

Credit: Kevin Mackenzie, University of Aberdeen

In people with myeloma, the inflammation caused by the cancer disrupts this delicate balance, leading to excessive osteoclast activity and reduced osteoblast function- the result is overall excessive bone breakdown. Current treatments are able to limit, but not reverse, this bone damage.

NEW THERAPEUTIC TARGET

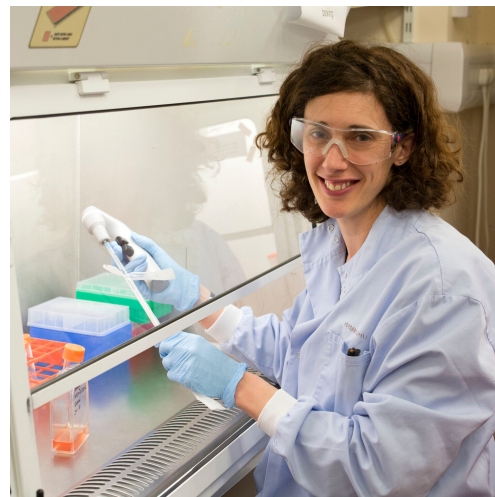
The researchers looked at individual bone-lining cells in myeloma-bearing mice and compared them with healthy mice. They looked at exactly what proteins the cells produce. In the myeloma-bearing mice, the team found an

unexpected increase in a package of proteins that are involved in telling a cell how to act (these are called the bone morphogenetic protein or BMP proteins). Luckily, some drugs already exist which can block this package of proteins, so the team investigated whether blocking them could have a beneficial effect on bone loss.

For more information about the group, or to unsubscribe, email OxfordBloodGroup@ouh.nhs.uk

Oxford haematology researchers, Dr Sarah Gooding and colleagues, found that not only did blocking these BMP signalling proteins slow down the damaging osteoclast activity (preventing further bone loss) but this also led to improving the activity of osteoblasts, restoring bone mass by tipping the balance back into the correct direction. The paper also describes the mechanism by which BMP signalling inhibition may have these positive effects.

"Although we have medicines in the clinic that inhibit osteoclast activity, and drugs such as anti-sclerostin antibodies which activate osteoblasts are in trial, there are no current therapies which have both these activities, as has been shown to be the case with BMP inhibitors here. Such a therapy could have powerful bone-building potential, which is needed in the devastating bone damage caused by myeloma. However, the safety of such an approach in the context of cancers needs further investigation."



Dr Sarah Gooding

This work suggests a more hopeful future for people living with myeloma. However, it is still very early days. There is always a time lag between early biological studies such as this one which was carried out in mice, and clinical trials for patients. Nevertheless, the power of this study is that it has focused on bone disease and shown that it is possible to reverse the imbalance between bone destruction and bone formation in myeloma.



For more information about haematology research in Oxford, visit the following:

Oxford Centre for Haematology:

<https://www.rdm.ox.ac.uk/about/our-clinical-facilities-and-mrc-units/och>
@OxfordHaem

Oxford Biomedical Research Centre: Haematology and Stem Cells

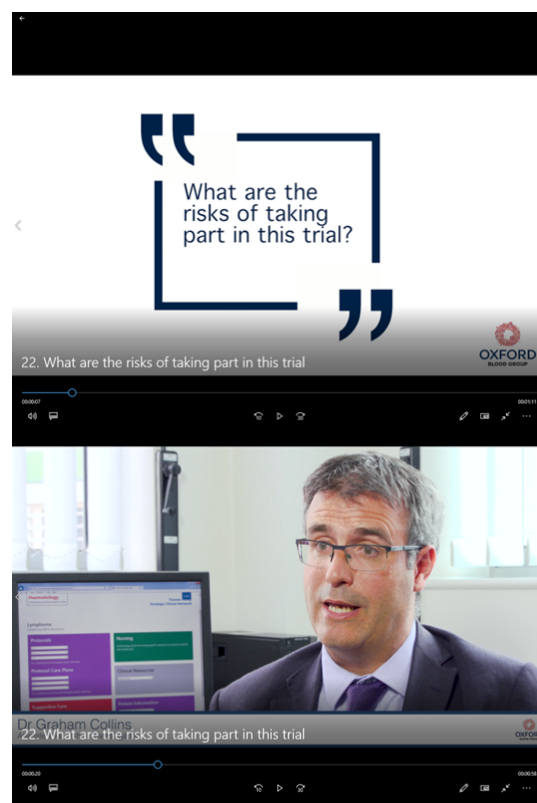
<https://oxfordbrc.nihr.ac.uk/research-themes-overview/haematology-and-stem-cells/>

UPDATES AND FEEDBACK ON OUR ACTIVITIES

Patient Information Videos for Clinical Trials

Some of our members recently helped with the design of a series of information videos to accompany a Patient Information Sheet for a lymphoma clinical trial. The aim of the project is to complement the written information, and provide a format that might be more accessible to patients, to help support informed consent to trial participation.

The films are now being approved by the trial Research Ethics Committee, and we hope will soon be available to potential trial participants. Dr Collins would like to do the same for future trials, and group members are already at work on the next set of questions to film. We hope that this will become a more routine approach to informing clinical trial participants.



opportunities coming up:

priority setting workshops

We will be planning more priority setting workshops - like those described in this newsletter - for each of our disease groups. Please get in touch if you would like to take part.

Putting patients on the podium: Worcester College 29 - 30th of June

Last year, we invited people with lymphoma to speak to an audience of junior doctors at a Lymphoma Management Course. Four people took to the podium, to tell the consultants of the future what matters most from a patient perspective. We would like to do the same again this year.



If you have experience of lymphoma, and would like to take part, please email Catriona at the email address below.

and lastly...

We are an involvement and engagement group for anyone with experience of a haematological illness. Your experience gives you a perspective that can be valuable in research and service improvement.

But, we need our professional colleagues and researchers to get involved with us too - so get in touch with any project that would benefit from involving patients.

