Clever Collaboration: Delivering Studies Better Together

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Background

The Oncology and Haematology Clinical Trials (OHCT) conduct a large number of complex clinical trials. The nature of these studies requires the specialist departments of Guy’s and St Thomas’ NHS Foundation Trust to play a prominent role in performing a wide range of study investigations. As a result the multidisciplinary OHCT research teams are routinely working with these departments to deliver studies safely and efficiently to patients.

With the drive from the UK Government for NHS sites to improve initiating and delivering clinical trials (Department for Business Innovation and Skills, 2011), in addition to recruiting to time and target, there is particular focus on study set up strategies to prevent any costly bottlenecks to trial activation.

This poster demonstrates the collaborative work between the OHCT research teams and the Trust’s specialist departments which were developed to ensure that studies are feasible and efficiently set up in addition to patient pathways being completed safely.

Using various methods and assessing the data produced, areas of improvement to current collaboration were identified and implemented.

Method

To explore the relationship between OHCT and the specialist department a questionnaire was distributed to 5 specialist departments with 2 responding. The survey contained questions relating to the participant’s knowledge and experience of setting up a study with the OHCT. Those approached were encouraged to rank their responses between unsatisfactory, satisfactory, good and very good and had the opportunity to add their own comments as free text.

A fishbone diagram was used to investigate the cause and effects of bottlenecks in service delivery. Identification of the sources of these issues facilitated discussion between collaborating departments and highlighted areas to consider when developing process maps.

When constructing the process map, relevant stakeholders from the collaborating departments recorded their local activities and practices. This also included feedback on any internal governance including relevant milestones.

Through unstructured interviews with the OHCT and specialist departments stakeholders identified the need to further clarify activities during study conduct. From this a Collaborative Agreement was constructed which identifies who does what when for each specific study.

Results

Feedback from the questionnaires indicated a positive relationship between the OHCT and the specialist departments (scoring was consistent between departments: good for assessing study feasibility, very good for ensuring the financial viability of the study and good for timely set up). Comments identified that set up services provided by the OHCT such as financial oversight is particularly helpful as delegated study related activities can often be missed from budgets. By confirming this prior to study conduct avoids time being spent securing these funds at a later time which can be difficult and time consuming for the specialist department. Results however, also suggested a need to have a more “robust interaction with the OHCT during the set up stage to ensure good study delivery and consistent trial conduct.”

This information was used to construct a fishbone diagram to identify the varied reasons for inconsistencies noted in the questionnaire. The brainstorming session identified that collaborating departments had differing priorities (e.g. goal incongruence and cultural paradigms) in addition to the absence of written agreements between departments and ambiguous processes being in place.

The results of the fishbone diagram indicated a need to have an agreed written reference tool, this took the form of a process map. By constructing a process map, allocated roles were clearly associated to activities, and their delivery had to be within agreed timelines. These timelines aimed to provide guidelines for specific activities so that the are compatible with NCRI metrics relating to set up. This approach also facilitated existing local practices (e.g. study greenlight, capability and capacity review) to be incorporated into the agreed collaborative process.

Feedback from the interviews helped develop the Collaborative Agreement. Comments include the need for an agreement between the collaborating departments that would be completed during study set. The simple one page form assigns responsibilities within each department, clarifying who will be conducting study related activities and when, for each specific study. This pre-emptive work aims to avoid any delays during study conduct which could occur through clarifying workloads and discussing on how best to proceed.

Discussion

The relationship between specialist departments and research teams is unique, with each individual group having differing priorities and infrastructure. The aim of the activities discussed were to establish clear shared goals to overcome the initial goal incongruence and ambiguous processes that were found.

The outcome was the development of agreed and specific process maps and Collaborative Agreements between the OHCT and each specialist department which encompass feasibility, activity costs and operational governance. As these processes have recently been implemented the impact on performance metrics is outstanding. Initial feedback indicates by clearly defining study logistics (who does what by when) provides clear guidance. This prevents any potential obstructions during trial conduct, enabling activities to be completed within agreed milestones.

The robustness of this collaborative work is very much dependent on continuously testing these processes after implementation in order to assess if they are fit for purpose. This is achieved by requesting feedback from those involved and updating the agreements and processes to reflect these comments. This stakeholder engagement underpins the sustainability of introducing these new processes and like with any changes to current activities within organisations it can take time to embed this adjustment to working practice.

The aim is by investing in the time to create and complete these processes should drive smooth delivery of studies that require collaboration of both the research teams and specialist departments.

References: