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Anaesthesia and perioperative care research priorities setting partnership: an update

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Notwithstanding its unwieldy title, the aim of this 'priority setting partnership' (PSP) is straightforward: to achieve a general consensus about the foremost priorities for future research in anaesthesia and perioperative medicine. In the context of anaesthesia staking its claim to lead the emerging specialty of perioperative medicine, this is a pivotal moment for such an exercise, and one that will help shape the anaesthetist's future role as a perioperative physician.

Methodology

The PSP is overseen by the James Lind Alliance (JLA), a non-profit organisation with experience of running over 20 PSPs in other disease areas. Since April 2013, the JLA has been a division of the NIHR's Evaluation, Trials and Studies Coordinating Centre, and its role is to ensure objectivity, with transparent decisions made by group consensus at every stage. The ethos of all PSPs is to involve 'stakeholders' as widely as possible: this means patients, carers, and the wider public (the 'consumers' of what anaesthetists do) as well as clinicians (the 'providers' of anaesthesia and perioperative healthcare) – in other words, a deliberate move away from the traditional model of research being driven primarily by academic clinicians.

For anaesthesia and perioperative care, 'consumers' – anyone who's ever had an operation requiring an anaesthetic themselves, or looked after someone following surgery – clearly covers a large chunk of the population. The range of clinicians on the provider side is similarly diverse, since it includes anyone involved in caring for patients at any stage of the perioperative process (i.e. before and after, as well as during the surgical hospital admission).

Reflecting this wide range of stakeholder interests, the PSP is managed by a Steering Group comprising 12 representatives from various partner organisations representing either 'provider' or 'consumer' interests. Having an experienced JLA adviser (Leanne Metcalf) to guide the process helps ensure consensual decisions are made with all interests fairly represented.

Progress so far

Following acceptance by the JLA of the NIAA's application to conduct a research priorities exercise, the PSP began in late 2013. The first step was to identify relevant stakeholders. Following an awareness-raising meeting and after contacting a wide range of groups representing patients, carers, and healthcare professionals involved in perioperative care, we have engaged over 40 'partner' organisations – including all the anaesthetic subspecialist societies, trainee networks, organisations representing other relevant professional groups (GPs, ODPs, surgeons, nurses etc), plus around 20 patient and healthcare consumer groups.

The second stage was to seek ideas for future anaesthesia and perioperative medicine research from these stakeholders, which we did by means of an online survey during June-July 2014. Respondents could submit up to three suggestions, with a box for further explanation where needed. In total, we received 1,422 suggestions from 623 survey respondents, of whom 62% described themselves as healthcare professionals, 72% as patients or carers, and 25% as members of the public who knew people who'd undergone surgery or anaesthesia. (These percentages add up to over 100% because respondents were able to tick as many as applied to them, and many identified themselves as all three.)

Since the survey closed, responses have been collated and classified to identify recurring themes and suggestions. The task now is to distil those 1,422 responses into a more user-friendly shortlist of 50-100 'summary' research questions.

Ongoing work

The shortlisting process – streamlining 1,422 survey responses into a much smaller number of representative

research questions – is currently in progress, and involves several steps of classifying the raw responses by theme or subspecialist area, followed by literature reviews to identify existing or prior research work to remove any questions that have in fact been 'fully answered' already. However, given the usual caveat at the end of most published research that 'more high-quality research is needed', we don't anticipate finding many topics on which there is nothing further to learn.

This shortlist will then be subject to ranking by as wide a range of stakeholders as possible – again, using an online survey which will be live from February until the end of March 2015. This is effectively **your chance to influence future research directions** in anaesthesia and perioperative medicine: so regardless of whether you completed the original survey, please remember to visit the NIAA website www.niaa.org.uk/PSP and have your say about what you think are important research priorities!

The highest-ranked 25–30 questions from this 'interim prioritisation' will go through to a face-to-face 'final prioritisation meeting', at which stakeholder representatives – again, reflecting a range of patient, carer and clinician interests – will use Delphi methodology to arrive at a list of the 'top ten' research priorities for anaesthesia and perioperative care.

How does this affect me?

Whether or not you're involved in anaesthetic research, the direction of future research is likely to feed through to clinical practice. Several interesting themes have already emerged from the survey data which have direct implications for all anaesthetists. Some examples include the possible long-term effects of anaesthesia on cognitive function (particularly in the elderly and children); whether there are meaningful benefits of regional over general anaesthesia; and the anaesthetist's role in preparing patients for surgery in terms of education, aerobic fitness, and nutrition (or weight loss) to improve postoperative outcomes. Other suggestions have clear implications for the structures and processes involved in delivering perioperative care, and in the current financial climate any means of streamlining the perioperative process, or hastening patient recovery, is likely to receive attention.

All of which means that the eventual 'top ten' research priorities may affect your practice in the future. It is also desirable that anaesthetists should engage with future developments in the profession. For both these reasons, I urge you to add your views on ranking future research priorities at www.niaa.org.uk/PSP. For further information, please see the aforementioned website or contact: anaesthesiapsp@niaa.org.uk.