Frequently Asked Questions: Super-SNAP1: Cancellations

1. **Is this research, audit or service evaluation?**  
   It is a service evaluation. The HRA decision tool outcome is [here](https://www.niaa-hsrc.org.uk/Super-SNAP1-Study-Documents#pt)
2. **What information governance or other regulatory approvals are required?**  
   None. We are not seeking identifiable data or sensitive information about individual patients. The clinical director for anaesthesia/theatres/surgery should be aware, as should the local audit lead.
3. **Will patient consent be required?**  
   No - please see above
4. **Is the study on the NIHR portfolio?**  
   No - as it is not a research study.
5. **Can trainees participate? Can they join the associate PI scheme?**  
   Yes! We really want trainees and all health professionals who are willing and able to help to be able to do so. However, there is no associate PI scheme opportunity with this study as it is a service evaluation, not research.
6. **Who will our hospital data be shared with? Who 'owns' the data?**  
   The data submitted will be seen and analysed by a small team from UCL, the University of Nottingham and the Health Services Research Centre at the Royal College of Anaesthetists. The names and affiliations of all those who will be involved in analysis ('the study team') can be found [here](https://www.niaa-hsrc.org.uk/Super-SNAP1-Cancellations-Project-Team#pt). When we have analysed the data, reports will be shared for the purpose of academic publication and also to inform NHS England and devolved administrations of the findings. However, all information shared with these organisations will be aggregated results, not individual hospital findings. No individual hospital data will be available to anyone outside the study team.
7. **How long will each questionnaire take?**  
   We have piloted the study in one hospital so far, and will do so in a few more before we launch. **The questionnaires are really quick.**
   * Elective patient cancellation questionnaire: less than 2 minutes per patient
   * Emergency patient timeliness survey: less than 2 minutes per patient
   * Overall list activity questionnaire: 2-5 minutes at the end of the list
   * Overall site activity questionnaire (local leads or their designates only): 5-10minutes once on each of the two days of the study
8. **Who should complete each questionnaire?**
   * The elective patient cancellation questionnaire should be completed by an anaesthetist or surgeon associated with the operating list that the patient was cancelled from. It is possible that cancellations the day before surgery might require some input from your hospital's operations (Ops) team.
   * The emergency surgery timeliness questionnaire should be completed by one of the anaesthetist responsible for the patient.
   * The overall list activity questionnaire should be completed by one of the anaesthetists associated with the list, at the end of it.
   * The overall site activity questionnaire should be completed by the Super-SNAP local lead for each day of the study, or someone they have delegated to.
9. **How do we access the data entry portal?**  
   We will send links to all the questionnaires to enable rapid online data entry. This can be done on desktop computers, phones or tablets
10. **Will my hospital or Trust be named in reports?**  
    No. We want to collect hospital names and site details to be able to understand if different problems are faced by different parts of the country or different types of hospital. However, no individual site data will be published.
11. **Can I be linked to any data which I enter?**  
    No. But we will ask local coordinators to send us a list of local collaborators after the study has finished, so that we can thank you by listing you as a collaborator in any research papers which come from the study.
12. **My colleagues and I are all really fed up and this is another unnecessary burden. Why should we bother to do this?**  
    We know that everyone working in the NHS, and perhaps particularly in theatres, anaesthetics, surgery and critical care, are having a very difficult time at the moment. This is one of the reasons why we want to do this study. By describing the scale of the challenges facing the system, and identifying variation between regions and/or different types of hospital, we hope to inform NHS policy and forward thinking about how we handle elective recovery while hospitals and critical care units remain so busy with emergency work, and there are such problems with hospital discharge.  
    We have tried really hard to make the study as simple as possible but still able to capture important information. We are really grateful for your support. If you want to talk about it, or vent frustrations (politely!) please do get in touch at [supersnap1@rcoa.ac.uk](mailto:supersnap1@rcoa.ac.uk).
13. **Do I include cases performed under local anaesthetic?**  
    Yes, please include any surgical or interventional procedures performed under local anaesthetic taking place in theatres e.g. cataract surgery
14. **Do I include interventional pain procedures performed by an anaesthetist?**  
    Yes, please include any pain procedures occurring in an operating theatre whether there is additional anaesthetic support or not.
15. **Which forms should I complete if the whole elective list is cancelled?**  
    If an entire elective operating list is cancelled, please complete Form 1 for each patient that has been cancelled. Each site should also complete a Form 4 which will capture data on any unplanned empty sessions. You do not need to complete a Form 2 if the entire elective operating list is cancelled.
16. **Will I be able to access my own hospital's data?**  
    Yes, we will be able to provide you with hospital level data after data collection has closed and after 'cleaning' the data provided.

Thanks for all your support!

Ramani, Iain, Elly, Martha, Andrew, Emira, Justin, Laura, Karen, Christine, Jose, Sharon, and Sarah