

How can we improve care for patients recovering from acute pancreatitis following discharge from hospital?

Submission date 11/06/2026	Recruitment status Recruiting	☐ Prospectively registered ☒ Protocol
Registration date 27/07/2026	Overall study status Ongoing	☐ Statistical analysis plan ☐ Results
Last Edited 27/07/2026	Condition category Digestive System	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol

Background and study aims

Acute pancreatitis is a common condition that causes inflammation of the pancreas and leads to thousands of hospital admissions in the UK each year. Although most people recover enough to leave hospital, many continue to experience health problems after discharge. These can include difficulties with digestion, problems controlling blood sugar, anxiety, depression, and ongoing pain. Some people also return to hospital after they have been discharged.

At present, there is no standard approach to follow-up care after acute pancreatitis in the UK. The PANORAMA study aims to understand what support people need after leaving hospital, how current care pathways are working, and how care could be improved. The researchers also want to identify which patients are most likely to need additional support or further healthcare after discharge. Findings from the study will be used to develop recommendations for future care pathways.

Who can participate?

Different parts of the study involve different groups of people:

1. People aged 16 years or over who have experienced acute pancreatitis and received care through the NHS
2. Family members or carers of people who have experienced acute pancreatitis
3. Healthcare professionals involved in caring for patients with acute pancreatitis, including hospital doctors, specialist nurses, allied health professionals and GPs
4. Patients currently in hospital with acute pancreatitis who are due to be discharged and are able to give informed consent

The study is recruiting participants from across the United Kingdom.

What does the study involve?

The study is made up of five linked work packages (WP).

In WP1, patients, carers and healthcare professionals will be invited to complete a survey about their experiences and views of care after discharge from hospital.

In WP2, some patients and carers will be invited to take part in a virtual interview lasting up to 1 hour. Participants will discuss their experiences after leaving hospital and describe what they think could improve care.

In WP3, healthcare professionals will take part in similar interviews to explore their experiences of supporting patients after acute pancreatitis and their views on how care could be improved.

In WP4, patients who are about to be discharged from hospital after acute pancreatitis will be asked to complete questionnaires about their quality of life, mental health, digestive health and healthcare use. These questionnaires will be completed at discharge and then again after 7 days, 28 days, 3 months and 6 months. Each questionnaire session may take up to 30 minutes.

In WP5, selected patients, carers and healthcare professionals will be invited to attend a workshop to discuss the study findings and help develop recommendations for improving care after acute pancreatitis.

What are the possible benefits and risks of participating?

Participants may not receive any direct medical benefit from taking part. However, their experiences and opinions could help researchers understand how care after acute pancreatitis can be improved. The findings may help shape future services and support for patients recovering from this condition.

The risks of participation are expected to be low. Some people may find it upsetting to discuss their experiences of illness during interviews. If a participant becomes distressed, the interview can be paused or stopped, and information about support services can be provided. Participants in the questionnaire study who report signs of severe mental distress or risk of self-harm will be advised to seek help from NHS 111 or their GP.

Where is the study run from?

The study is sponsored and led by the University of Birmingham and is being conducted in collaboration with NHS hospitals across England and Scotland. Participant data will be managed through secure systems hosted by the University of Birmingham.

When is the study starting and how long is it expected to run for?

July 2026 to September 2027.

Who is funding the study?

The study is funded by the National Institute for Health and Care Research (NIHR).

Who is the main contact?

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Contact information

Type(s)

Public, Scientific

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Additional identifiers

Integrated Research Application System (IRAS)

349680

Central Portfolio Management System (CPMS)

64883

National Institute for Health and Care Research (NIHR)

165210

Study information

Scientific Title

oPtimising post-dischArge care pathways after acute paNcreatitis: evaluatiOn of health seRvice utilisAtion, outcoMes

Acronym

PANORAMA

Study objectives

1. Develop conceptual framework for a 'gold-standard' post-hospital discharge pathway (WP1)
2. Explore patient experience of post-hospital discharge care (WP2)
3. Explore clinician approaches to post-discharge care (WP3)
4. Describe real-world pathways experienced by patients after hospital discharge (WP4)
5. Identify groups at highest risk of use of health care services (WP2&4)
6. Co-produce interventions for post-discharge care pathways (WP5)

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 13/05/2026, South Central - Oxford B Research Ethics Committee (2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; no telephone number provided; oxfordb.rec@hra.nhs.uk), ref: 26/SC/0148

Primary study design

Observational

Secondary study design

Cohort study

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Acute pancreatitis

Interventions

There are 5 Work Packages (WP). These are complementary and intended to inform aspects of the final WP5 (see study summary graphic).

WP1: Survey

In order to ensure that themes addressed in the interviews cover all relevant aspects of post discharge care, we will undertake a short initial survey. This will recruit 20-40 from each group of patients/carers, secondary care clinicians (surgeons/gastroenterologists), nursing and allied health professionals, and general practitioners. The survey captures key demographic data, and asks participants to consider what opportunities exist to improve care after discharge, up to 6 months after acute pancreatitis.

WP2: Patient interviews

A topic guide has been prepared and will be refined with information from WP1. We will invite people with lived experience of acute pancreatitis to take part in a virtual interview of up to an hour.

People can register an interest in participation following links from posts on social media and through interest groups, charities, and the NIHR Be Part of Research registry. They will be asked to complete a short expression of interest form. The research team will review expressions of

interest and aim to recruit people with a range of experiences by looking at age, gender, ethnicity, geographical region, and whether pancreatitis was related to gallstones.

When an appropriate participant is found, they will be contacted and the study further discussed with them. Should they wish to proceed, a digital consent form will be completed and a meeting arranged. The meeting will be conducted by a non clinical, experience qualitative researcher, and will be conducted by virtual meeting.

The interview will explore experience of post-discharge care after pancreatitis, and what the participant feels might improve this. Should the participant become distressed, the interview will be paused, and terminated if necessary. Signposting to resources such as charities will be undertaken.

Participation is complete at the end of the interview. The recording will be transcribed, and then dual coded by two researchers. A theoretical framework of post discharge needs will be developed using a thematic analysis approach. This will provide the patient perspective on post-discharge care.

WP3: Clinician interviews

A topic guide has been prepared and will be refined with information from WP1. We will invite clinicians who care for people with acute pancreatitis to take part.

People can register an interest in participation following links from posts on social media and emails through specialist clinical associations. They will be asked to complete a short expression of interest form. The research team will review expressions of interest and aim to recruit people with a range of experiences by looking at clinical role, and geographical region.

When an appropriate participant is found, they will be contacted and the study further discussed with them. Should they wish to proceed, a digital consent form will be completed and a meeting arranged. The meeting will be conducted by a non clinical, experience qualitative researcher, and will be conducted by virtual meeting.

The interview will explore experience of post-discharge care after pancreatitis, and what opportunities there are to improve this. This will explore ideas around clinical reasoning and assessment of disease and patient recovery.

Participation is complete at the end of the interview. The recording will be transcribed, and then dual coded by two researchers. A theoretical framework of post pancreatitis health risks and pathway opportunities will be developed. This will provide insight into clinical reasoning and priorities.

WP4: Cohort study

This will recruit people who are due to be discharged from hospital following an episode of acute pancreatitis drawing from several hospitals around the UK. Participants can be approached during their recovery and recruited up to the day of hospital discharge. This is supported by posters in the clinical area, a participant information sheet, and a short video.

If a participant consents, they will complete a set of questionnaires on the day of discharge. These relate to quality of life, mental health, and impact of disease on digestion. These are repeated at day 7, 28, 3 months, and 6 months. There is an additional questionnaire about alcohol use at baseline. We will ask about health service use at 28 days, 3 months, and 6 months post discharge.

Participants will receive reminders to complete by email, sms, or post. All post discharge contact is with the central research team. The questionnaires may take up to 30 minutes to complete.

If a participant responds to mental health questionnaires indicating high risk of self harm, they will be contacted and advised to seek help via 111 or their GP.

This WP will provide data on health utilisation in the 6 months following discharge. It will provide novel data on the development of anxiety or depression, general quality of life, and patient reported symptoms of pancreatic exocrine insufficiency. We will use these data to construct models to allow us to stratify people who are most likely to use health care services following acute pancreatitis.

WP5: Implementation workshop

People who have shown interest in participation in previous WP will be invited to express interest in participating in a workshop to discuss the findings of the study. We will use purposive sampling to identify those to invite to the workshop. A PIS will be provided to those selected to participate, and consent secured.

This will continue until we have a minimum of 20 participants, 10 of whom are patients or carers, and the remainder a mix of health care professionals with roles in care of acute pancreatitis.

We will present the findings of the study to the whole group. We will then break off into smaller groups to discuss key themes. It is not yet clear what these are, but they may include dietary intervention, mental health support, stratified follow-up, pain management.

Smaller groups of 4-5 participants including patients and clinicians will discuss a single theme. A facilitator will lead this, using a 'so what, now what' framework. This will encourage reflection, contextualising findings, and encouraging participants to share ideas on how to address these challenges.

We will take field notes on the discussions and compile a list of 'recommendations to change practice' and 'recommendations for further research'. These ideas and reflections will be presented back to the wider group for comment.

We will share this list with policymakers, clinicians, patients, and researchers to influence future care.

Data will be held on secure servers. Expression of interest and cohort data including PROMS will be captured on REDCap hosted at the University of Birmingham. This is encrypted and password protected, using two factor authentication.

Intervention Type

Other

Primary outcome(s)

1. WP1: Identification of the opportunities that exist to improve care after discharge from hospital following acute pancreatitis measured using survey of stakeholders to identify the key features and characteristics that define a 'good' follow-up pathway for patients with AP. Qualitative content analysis using a thematic approach until saturation is reached (40 patients/ carers, 40 clinicians)

2. WP2: Commentary describing the experiences of participants (patients and their carers) following discharge from hospital with acute pancreatitis measured using purposive selection of candidates completing an EoI to maximise sampling across collected descriptors (sex, ethnicity, aetiology, region), followed by semi-structure interviews (informed by analysis of WP1) and qualitative thematic analysis at Following analysis of WP1 to run concurrently with WP3 and WP4

3. WP3: Commentary describing the experiences of NHS clinicians with responsibilities for the care of patients with AP measured using purposive selection of candidates completing an EoI to maximise sampling across collected descriptors (sex, ethnicity, aetiology, region), followed by semi-structure interviews (informed by analysis of WP1) and qualitative thematic analysis at following analysis of WP1 to run concurrently with WP2 and WP4

4. WP4: Patient demographics, Patient co-morbidities, Prior diagnosis of mental health issues, Disease aetiology and inpatient treatment, Clinician planned follow-up on discharge measured using patient records at baseline

5. WP4: Alcohol usage measured using AUDIT-C PROM at baseline

6. WP4: Patient quality of life measured using EQ-5D-5L PROM at discharge, 7 days, 30 days, 3 months, 6 months

7. WP4: Patient anxiety measured using GAD-7 PROM at discharge, 7 days, 30 days, 3 months, 6 months

8. WP4: Patient depression measured using PHQ-9 PROM at discharge, 7 days, 30 days, 3 months, 6 months

9. WP4: Patient endocrine insufficiency score measured using PEI-Q PROM at discharge, 7 days, 30 days, 3 months, 6 months

10. WP4: Healthcare utilisation following discharge measured using Healthcare Utilisation PROM at 30 days, 3 months, 6 months

11. WP5: Identification of opportunities to implement the findings from WP1-4 measured using data from WP1-4 will be triangulated to identify commonalities and differences. These analyses will form the basis of discussions in a one-day stakeholder workshop. Rolfe's Co-reflective model 'What?, So What?, Now What?' will be used as a framework to identify opportunities to amend post-discharge pathways for patients following hospitalisation with acute pancreatitis at the end of analysis of preceding WP1-4

Key secondary outcome(s)

Completion date

30/09/2027

Eligibility

Key inclusion criteria

WP1: Any lived experience of adult acute pancreatitis care in NHS as patient or carer, clinician providing NHS care to patients with acute pancreatitis in secondary or primary care.

WP2: Adults (or their carers) with experience of acute pancreatitis care in the NHS within the

preceeding six months. Ideally have a conversational standard of English, but translation can be arranged.

WP3: Clinicians (surgeons, gastroenterologists, specialist nurses, allied health professionals, GPs) providing NHS care to patients with acute pancreatitis.

WP4: People currently admitted to hospital for acute pancreatitis who are due to be discharged. Must be able to consent to participate.

WP5: Any lived experience of adult acute pancreatitis care in NHS as patient or carer, clinician providing NHS care to patients with acute pancreatitis in secondary or primary care.

Minimum age of participants in any work stream is 16 years old, and participants may be up to 100 years old.

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

16 Years

Upper age limit

100 Years

Sex

All

Total final enrolment

0

Key exclusion criteria

WP1: Must be able to complete survey in English

WP2: Must have experienced care as an adult

WP3: Non UK clinical practice

WP4: Unwilling to consent; no capacity to consent

Date of first enrolment

17/06/2026

Date of final enrolment

30/09/2027

Locations

Countries of recruitment

United Kingdom

England

Scotland

Study participating centre

University Hospitals Birmingham NHS Foundation Trust

Queen Elizabeth Hospital

Mindelsohn Way

Edgbaston

Birmingham

England

B15 2GW

Study participating centre

Somerset NHS Foundation Trust

Trust Management

Lydeard House

Musgrove Park Hospital

Taunton

England

TA1 5DA

Study participating centre

Leeds Teaching Hospitals NHS Trust

St. James's University Hospital

Beckett Street

Leeds

England

LS9 7TF

Study participating centre

Manchester University NHS Foundation Trust

Cobbett House

Oxford Road

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M13 9WL

Study participating centre

York and Scarborough Teaching Hospitals NHS Foundation Trust

York Hospital

Wigginton Road

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YO31 8HE

Study participating centre
Liverpool University Hospitals NHS Foundation Trust
Royal Liverpool University Hospital
Prescot Street
Liverpool
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L7 8XP

Study participating centre
Oxford University Hospitals NHS Foundation Trust
John Radcliffe Hospital
Headley Way
Headington
Oxford
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OX3 9DU

Study participating centre
NHS Lothian
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Edinburgh
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EH1 3EG

Study participating centre
South Warwickshire University NHS Foundation Trust
Warwick Hospital
Lakin Road
Warwick
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CV34 5BW

Study participating centre
University Hospitals Bristol and Weston NHS Foundation Trust
Trust Headquarters
Marlborough Street
Bristol
England
BS1 3NU

Study participating centre
Nottingham University Hospitals NHS Trust
Trust Headquarters
Queens Medical Centre
Derby Road
Nottingham
England
NG7 2UH

Study participating centre
Maidstone and Tunbridge Wells NHS Trust
The Maidstone Hospital
Hermitage Lane
Maidstone
England
ME16 9QQ

Study participating centre
Gloucestershire Hospitals NHS Foundation Trust
Cheltenham General Hospital
Sandford Road
Cheltenham
England
GL53 7AN

Study participating centre
Torbay and South Devon NHS Foundation Trust
Torbay Hospital
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Torquay
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TQ2 7AA

Study participating centre
Greater Glasgow and Clyde
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow
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G12 0XH

Study participating centre

North Bristol NHS Trust

Southmead Hospital
Southmead Road
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Bristol
England
BS10 5NB

Study participating centre

University Hospitals of North Midlands NHS Trust

Newcastle Road
Stoke-on-trent
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Study participating centre

University Hospitals of Derby and Burton NHS Foundation Trust

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Derby
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DE22 3NE

Study participating centre

Forth Valley

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Scotland
FK9 4TS

Study participating centre

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AB15 6RE

Sponsor information

Organisation
University of Birmingham

ROR
<https://ror.org/03angcq70>

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet	WP2 (Carer) version 1.1	11/05/2026	22/06/2026	No	Yes
Participant information sheet	WP2 (Patient) version 1.1	11/05/2026	22/06/2026	No	Yes
Participant information sheet	WP3 (Healthcare) version 1.1	11/05/2026	22/06/2026	No	Yes
Participant information sheet	WP4 version 1.1	11/05/2026	22/06/2026	No	Yes
Participant information sheet	WP5 (Carer) version 1.1	11/05/2026	22/06/2026	No	Yes
Participant information sheet	WP5 (Healthcare) version 1.1	11/05/2026	22/06/2026	No	Yes
Participant information sheet	WP5 (Patient) version 1.1	11/05/2026	22/06/2026	No	Yes
Protocol file	version 1.1	11/05/2026	22/06/2026	No	No