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Peer support – head and neck cancer

Submission date 26/02/2026	**Recruitment status** Recruiting	[_] Prospectively registered [_] Protocol [_] Statistical analysis plan [_] Results [_] Individual participant data [X] Record updated in last year
Registration date 27/02/2026	**Overall study status** Ongoing	
Last Edited 27/02/2026	**Condition category** Cancer	

Plain English summary of protocol

Background and study aims
We aim to improve support services for people diagnosed with head and neck cancer (HNC). The number of people
treated for HNC is increasing. About a third have anxiety or depression (also known as emotional distress) which is
bad enough to require professional support. Emotional distress reduces quality of life and can make living with
symptoms of HNC worse. Many have long-term and complex difficulties with altered appearance, speaking, eating,
and drinking difficulties, leaving them very isolated.
Some people with HNC do not wish to engage with professional services to help reduce emotional distress. A wider
range of care and support must be available. Peer support is one option; it involves people with a similar condition
providing social, emotional, or practical support to others. This form of support has been beneficial in other cancer
groups. Peer support could improve mental health, provide access to help closer to home and reduce healthcare use.
Little is known about the best way to set up a peer support service. Multiple perspectives are required including HNC
patients, local and national healthcare providers, social care providers, and cancer charities. Developing a better
understanding of how to design and organise a peer support service is the primary aim of this project

Who can participate?
1. Head and neck cancer patients aged 18 years and over
2. Carers and relatives of head and neck cancer patients
3. Health and social care providers who are working in the NHS in HNC care provision

What does the study involve?
There are three interlinked studies.
Study 1. Interviews with HNC patients and carers/relatives of people with HNC. These interviews will focus on people's experience, knowledge and ideas about peer support.

Study 2. Interviews with health and social care providers who work with people with HNC. Interviews will focus on their experience, knowledge and attitudes about peer-to-peer support.
Study 3. A series of three workshops involving patients, carers/relatives, and health and social care professionals to bring together the information obtained in studies 1 and 2 to develop a peer-to-peer support service that could be evaluated in future research.

What are the possible benefits and risks of participating?
We do not anticipate any major risks. It is possible that people may become upset when talking about your experiences. The researcher can direct you to further support and help if you need it. We hope this study will benefit future patients, health and social care professionals involved in peer support services. We cannot promise that anyone participating will benefit directly, but many people find that taking part in studies like this is useful because they can air their views and reflect on things.

Where is the study run from?
Institute of Population Health, University of Liverpool (UK)

When is the study starting and how long is is it expected to run for?
October 2025 to September 2026

Who is funding the study?
National Institute for Health and Care Research (NIHR) (UK)

Who is the main contact?
Dr Peter Fisher; plfisher@liverpool.ac.uk

Contact information

Type(s)
Public, Principal investigator, Scientific

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Additional identifiers

Study information

Scientific Title
Peer-to-peer support for people with head and neck cancer

Acronym
HOPE HNC

Study objectives
This project aims to co-develop a prototype HNC peer support intervention for subsequent evaluation by:
1. Exploring patients' and relatives'/carers' perspectives on receiving and providing peer support across the patient journey
2. Exploring health and social care professionals' perspectives on delivery of peer support
3. Synthesising this information, and co-creating a peer support intervention, for future testing

Ethics approval required
Ethics approval required

Ethics approval(s)
approved 18/09/2025, West of Scotland REC 3 (West of Scotland Research Ethics Service Admin Building, Level 2 Gartnavel Royal Hospital 1055 Great Western Road, Glasgow, G12 0XH, United Kingdom; +44 (0)207 104 8000; ggc.wosrec@nhs.scot), ref: 25/WS/0129

Primary study design
Observational

Secondary study design
Qualitative research; cross sectional study

Study type(s)

Health condition(s) or problem(s) studied
Head and neck cancer

Interventions
This 16-month qualitative study has three interlinked studies, each of which contributes to the overall aim of developing a peer-to-peer support model.

Study 1: patient and relatives'/carers' perspectives of peer-to-peer support
We aim to recruit approximately 20 patients and 10 relatives/carers.
Participants will be recruited via local NHS Trusts, existing Patient Research Forum contacts, and social media, e.g., local and national HNC charities and support groups.

Participants will be interviewed about their experiences and views of peer-to-peer support. Interviews will last for
approximately 45 minutes. Participants will be offered the option of remote (e.g., video calls, telephone calls or in-person interviews) at their preferred location depending upon their personal requirements.

Study 2: healthcare and social care providers' perspectives of peer-to-peer support.
We aim to recruit approximately 20 health and social care providers who will be recruited

through adverts and an email sent by the PI at the study site, publicity campaigns, adverts through professional websites and forums, social media and newsletters. The Postdoctoral Research Associate (PRDA) contact details will be provided on all materials. Potential participants will be sent a participant information leaflet via post/email. Interviews with staff will be conducted either face-to-face or over the telephone/teleconference. Participants will be interviewed about their experiences and views of peer-to-peer support.

Study 3: co-production workshops to develop the model of a peer-to-peer support intervention. Patients and family members, health and social care professionals who participated in the interviews, and advisory group members will be invited to participate in the co-design workshops. We aim to recruit approximately 30 participants. A series of three 3-4-hour workshops adapting the format and delivery for underserved HNC patient groups (e.g., those with speech difficulties) will be conducted. Feedback from the project management group and PPI group will inform the delivery and frequency of these workshops, which will remain flexible to need. Participatory methods will be used to empower and promote consensus-building for developing the prototype. Over the course of the three workshops, participants will consider the nature of peer support, what does good peer-to-peer support look like and how a peer support service might operate within the head and neck cancer treatment pathway

Participants will begin to develop potential content and to consider ‘what does good peer-to-peer practice look like?’ and 'the group will be supported to develop the intervention, engaging with the potential solution(s) and corresponding materials (considering outputs/evaluation, timing and presentation of service, outcome measures, implementation mechanisms, and their flexibility according to context).

Workshop 3: The group will examine the prototype solution, the need for any adaptations and provide final feedback.
By the end of study 3, full consideration will be given to the potential barriers and facilitators to implementing the
service and any corresponding materials.

Intervention Type
Other

Primary outcome(s)
1. A model of a peer-to-peer support service measured using a qualitative synthesis at the completion of the series of interlinked studies

Key secondary outcome(s))

Completion date
30/09/2026

Eligibility

Key inclusion criteria
HNC patients:
1. HNC patients who are considered medically stable by their clinical care team
2. Aged at least 18 years old
3. Have a sufficient written and spoken English to be able to participate in interviews, workshops and provide informed consent

Relatives/carers of HNC patients:
1. Have supported an individual through a diagnosis of HNC and associated treatment
2. Aged at least 18 years old
3. Have sufficient written and spoken English to be able to participate in interviews, workshops and provide informed consent

Healthcare and social care providers:
1. Involved in HNC care provision
2. Aged at least 18 years old

Healthy volunteers allowed
Yes

Age group
Mixed

Lower age limit
18 years

Upper age limit
99 years

Sex
All

Total final enrolment
0

Key exclusion criteria
Patients:
1. Do not have capacity to provide informed consent

Relatives/carers:
2. Do not have capacity to provide informed consent
3. Carers themselves who have a diagnosis of HNC

Healthcare and social care providers:
4. Are not involved in HNC care provision

Date of first enrolment
15/10/2025

Date of final enrolment
22/04/2026

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Mersey Care NHS Trust at Aintree Hospital
C/o University Hospital Aintree
Fazakerley Hospital
Lower Lane
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L9 7AL

Study participating centre
University of Liverpool
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Sponsor information

Organisation
University of Liverpool

ROR
https://ror.org/04xs57h96

Funder(s)

Funder type

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
Not expected to be made available