Striding Ahead - Setting the Foot Health Research Priorities for the Future

For which topic were research priorities identified?
foot health

In which location was the research priority setting conducted?
Europe - United Kingdom

Why was it conducted at all?
Foot health is essential for being able to walk and move comfortably and safely, maintaining mobility, independent living and enhancing quality of life. However, feet are affected by a wide range of acute and chronic diseases, and even simple changes in foot health can impact on overall health and well-being. At worst, poor foot health can lead to limb amputation and increased mortality rates. There are a wide-range of health professionals involved in the management of foot health. Treatments are also available direct to patients and people wanting to manage their own foot health. However, the foot health research landscape is still embryonic and as a result the evidence base is limited. A key challenge for those interested in improving foot health and the associated evidence base is knowing and understanding which foot health issues to prioritise.

What was the objective?
to identify and prioritize the unanswered questions about diagnosis, treatment and prevention of foot health problems from patient/carers and clinical perspectives

What was the outcome?
a ranking list of 10 research questions

How long did the research prioritization take?
December 2017 - December 2019

Which methods were used to identify research priorities?
JLA method

How were the priorities for research identified exactly?
Step 1: collecting uncertainties via survey that focused on foot health assessment and diagnosis, treatment, prevention and what happens if foot health is ignored, 609 uncertainties identified. Step 2: data processing: thematic analysis: uncertainties grouped together to form 30 indicative overarching questions, list of indicative questions was checked against the evidence base for relevant, up to date systematic reviews and clinical guidelines, all 30 indicative questions were unanswered, each of the indicative questions and their related raw data were discussed by steering group to ensure they reflected the raw questions and so that their language could be refined into plain English. Step 3: interim ranking: survey using online sorting tool, participants were asked to choose and rank their top 10 priorities from the full list of indicative questions, each indicative question then ranked, data for the health professional group and for the patient-carer group was analyzed separately in order to give equal weighting to each group, then combined ranking was derived for each indicative question, shortlist of the top 27 indicative questions composed. Step 4: final prioritization: workshop: participants discussed the 27 indicative questions and collaboratively agreed on final top 10 priorities

Which stakeholders took part?
Patients, caregivers, and clinicians. Survey: 253 participants: 55.7% people with/carers of people with foot problems, 43.5% healthcare or medical professionals and other. Workshop: 7 patients, 1 GP, 8 podiatrists and 1 orthotist.

How were stakeholders recruited?
The first survey was promoted by the project team, the steering group, the partner organizations and the JLA. Promotion was via press release, email, social media, web posts, newsletters and conference presentation. The interim survey was promoted by the project team, the steering group, the partner organizations and the JLA. Promotion was via press release, email, social media, web posts, and newsletters.

Were stakeholders actively involved or did they just participate?
Stakeholders not only participated but were also actively involved in the research prioritization process: They were part of a steering group. The steering group consisted of patients and clinicians. The members oversaw, guided and advised on the activity of the PSP, to develop the PSP protocol and to assist in the recruitment of partner organizations.