

Research Priorities for the Management of Complex Fractures: A UK Priority Setting Partnership with the James Lind Alliance

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For which topic were research priorities identified?

complex fractures

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

High-quality research into complex fractures is lacking, this is partly because they are less common and often have concomitant injuries and/or comorbidities. The UK now has the infrastructure to deliver high-quality research in the emergency setting, and so there is a pressing need to determine the research priorities.

What was the objective?

to determine research priorities for the management of complex fractures, which represent the shared priorities of patients, their families, carers and healthcare professionals

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

October 2019 - June 2021: Survey: January 2020 - August 2020. Interim ranking: January 2021 - April 2021. Workshop: June 2021

Which methods were used to identify research priorities?

JLA method

How were the priorities for research identified exactly?

Step 1: Setting up the PSP: Steering group members were recruited from professional and charitable organisations, including patients, doctors, clinical academics and allied healthcare professionals from around the UK. Partner organizations were recruited. Scope and protocol were agreed on. Step 2: collecting research uncertainties: participants were asked respondents to submit their research uncertainties for complex fractures, prompting them to consider early treatment and aspects of recovery up until 12 months from injury. A total of 532 unique research uncertainties were submitted. Step 3: data analysis: After removal of out-of-scope submissions 501 remained. Similar questions were amalgamated into indicative questions. Each indicative question was reviewed for readability and understanding. A literature review was undertaken to ensure each indicative question was a true uncertainty. A total of 78 summary questions were reviewed by the steering group and consolidated to create 58 indicative questions. Step 4: interim ranking: participants were asked to pick their top 10 priorities from the indicative questions. The steering group reviewed the rankings and chose a manageable list of questions to discuss at the final workshop. The steering group reviewed the rankings and based on previous experience of PSP workshops it was agreed that 18 questions would be taken forward. Step 5: final prioritization workshop: Prior to the workshop, participants were sent introductory materials and videos and asked to rank the questions from highest to lowest priority. During the workshop, participants were split into four groups of 7-8 comprising an equal distribution of patient representatives and healthcare professionals. Participants were asked to list their highest and lowest priorities and discuss their rationale. An iterative ranking process continued with participants allocated to new, equally balanced small groups to exchange views, with all participants encouraged to contribute. The group moderators presented the final combined rankings, and the participants reflected on the final consensus priorities.

Which stakeholders took part?

Survey: 158 participants: 26 patients, 7 relatives/carers, 119 healthcare professions. Interim ranking: 136 participants: 80 (58.8%) healthcare professionals, 53 (39.0%) patients and 3 (2.2%) relatives/carers. Workshop: 13 healthcare professionals (including surgeons (n=5), psychologists (n=2), physiotherapists (n=2), orthogeriatricians (n=2), an anaesthetist and an occupational therapist) and 16 patient representatives (14 had personal experience of complex fractures and 2 were relatives/carers). This included 4 healthcare professionals and 2 patient representatives from the steering group.

How were stakeholders recruited?

The survey was disseminated through partner organisations, social media and to patients in hospital wards and clinics. For the interim ranking, the same channels were used. For the workshop, a sampling framework was used to invite and finally select participants from earlier stages of the PSP and additional volunteers from patient organisations. Within the sampling framework age, gender, geography, ethnicity and professional and personal experience were taken into consideration.

Were stakeholders actively involved or did they just participate?



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