Common Hand and Wrist Conditions: Creation of UK Research Priorities defined by a James Lind Alliance Priority Setting Partnership

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For which topic were research priorities identified?
common conditions affecting hand and wrist

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

Why was it conducted at all?
Although most common hand conditions are rarely life or limb threatening, they represent a significant burden of morbidity to the individual and society in general. Historically, the priorities of researchers and academics do not necessarily align well with those of patients and front-line clinicians. Patient and public involvement (PPI) in research has emerged as a method of addressing this imbalance.

What was the objective?
to determine the top research priorities for common conditions affecting the adult hand and wrist

What was the outcome?
a list of 10 research questions

How long did the research prioritization take?
March 2016 - November 2017

Which methods were used to identify research priorities?
JLA method

How were the priorities for research identified exactly?
Step 1: setting up PSP: steering group determined exact scope, wider partnership was established. Step 2: collecting uncertainties: via survey, main question for patients/carer was: What question(s) about the management of your hand or wrist condition(s) would you like to see answered by future research?, main question for clinicians was: What question(s) about the management of Common Conditions Affecting the Hand and Wrist would you like to see answered by future research?, participants could submit up to five uncertainties or questions, almost 900 questions submitted. Step 3: data processing: submissions collated, out-of-scope removed, similar questions combined, whenever possible submissions framed using PICO format, resulting in 59 research priorities submitted by stakeholders, additionally literature was reviewed to collect further uncertainties, 8 research priorities identified by extensive and systematic review of published research uncertainties were added, rigorous check against evidence: all uncertainties confirmed as true uncertainties, resulting in longlist of 67 uncertainties. Step 4: interim ranking: via survey, three stages: participants were asked to shortlist all questions they considered important to them, then to select a top 10 from shortlist, and then to rank their top ten, totals for clinicians and patient/carers were summated separately, separate prioritization lists for each group were created, the lists were then combined to ensure equal influence from both groups, resulting in shortlist of 30 uncertainties. Step 5: final prioritization: workshop: participants were asked to shortlist top 30 before workshop, series of small and large group discussions with nominal group technique, uncertainties were ranked, participants decided to not prioritize the specific order of the top 10

Which stakeholders took part?
Patients and their carers, and clinicians. Survey: 889 participants: 120 patients, 4 carers and 152 clinicians (42 hand surgeons with orthopaedic background, 15 hand surgeons with plastic surgery background, 18 hand therapists with occupational therapy background, 10 hand therapists with physiotherapy background, 3 nurses, 6 occupational therapists, 10 physiotherapists, 5 plastic surgeons, and others). Interim ranking: 261 participants: 59% clinicians, 41% patients or carers. Workshop: 12 clinical members (4 orthopaedic hand surgeons, 4 plastic hand surgeons, 2 occupational therapy and 2 physiotherapy hand therapists) and 8 patients.

How were stakeholders recruited?
For the steering group, the clinical members were recruited from the BSSH Research Committee. The remainder of the Steering Group were selected to represent as many facets of the specialty of hand surgery as possible. Patient representatives were selected from the practices of the clinical members of the steering group. The survey was distributed in paper format through the Steering Group's and Partner organization's networks and online via the PSP website. Social media (Twitter/Facebook/LinkedIn) and email campaigns were used to further publicise the surveys. Interim ranking was promoted via the PSP website and distributed personally to respondents who had provided contact information in survey 1. For the workshop, attendees were selected purposefully to ensure a spread of patient participants' conditions and a variety of surgical and therapy subspecialties were represented.

Were stakeholders actively involved or did they just participate?