

Priorities for Future Intensive Care Research in the UK: Results of a James Lind Alliance Priority Setting Partnership

Reay et al. (2014)

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For which topic were research priorities identified?

intensive care

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Despite continuing research in the UK and internationally, there remain many unanswered questions about the prevention, diagnosis and treatment of severe illness and the care of the critically ill. To achieve the greatest impact from finite funding, it is essential to identify priorities within intensive care research. To date, the research agenda has largely been determined by medical researchers and scientists, but there is a growing expectation that patients, multidisciplinary clinical staff (as opposed to clinical researchers) and the public should be involved in identifying clinical research priorities.

What was the objective?

to identify and prioritize unanswered questions about adult intensive care that are important to people who have been critically ill, their families, and the health professionals who care for them

What was the outcome?

a list of 12 research topics

How long did the research prioritization take?

March 2013 - June 2014

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 established, stakeholders and partner organizations identified. Step 2: identification of uncertainties: survey asking: What do we need to find out about treating people in intensive care to promote survival and improve life during or after a critical illness?, 1210 suggestions submitted. Step 3: data processing: responses collated, refined, checked against evidence, resulting in 153 uncertainties, to reduce the list steering group agreed that suggestions must have been identified from at least two sources (patients, relatives, clinicians or the literature), resulting in list of 37 topics. Step 4: interim ranking: survey with 37 topics, participants were asked to rate the importance of each uncertainty, resulting top 19 potential research topics. Step 5: final prioritization: workshop: in advance participants were sent list of topics, during workshop participants were asked to identify their highest and lowest priorities (top three and bottom three to initiate discussion, series of small group and plenary discussions with nominal group technique, post-workshop review prompted steering group to return a topic to prioritized list which had received very strong support in second survey, resulting in 12 research priorities with top 3 ranked

Which stakeholders took part?

People who have been critically ill, their families, and the health professionals who care for them. Survey: 484 participants: 86% clinicians, 208 nurses, one third medical staff and allied health professionals. Interim ranking: 513 participants: 12% patients or family members. Workshop: members of the steering group and interested participants.

How were stakeholders recruited?

UK-based organizations with direct involvement in the care of critically ill patients and individuals with experience of adult intensive care, whether as patients, relatives or healthcare professionals, were invited to participate in the project. Invitations to participate were facilitated by correspondence with the project partners and UK NHS intensive care units (with prior agreement from the relevant NHS Trusts' Research and Development departments). Survey 1: Support groups (eg, ICU steps) publicised the survey via their newsletters, websites, and presentations at support meetings. Clinicians leading ICU follow-up clinics were asked to provide attendees with brief information about the project and a copy of the participant information sheet and survey. REC-approved posters were also displayed in relative waiting areas in participating ICUs (with prior agreement from the NHS). organizations representing eligible clinicians publicised the survey via membership publications, links to the survey on their websites, membership mail sheets and presentations at meetings. Posters were displayed in staff areas in participating ICUs (with agreement from the NHS Trusts) and ICU-based research coordinators were encouraged to utilise alternative methods for identifying suggestions (eg, email consultation or group work) which they could then submit online on behalf of their ICU teams.

Were stakeholders actively involved or did they just participate?