

Research Priorities for the Management of Broken Bones of the Upper Limb in People over 50: A UK Priority Setting Partnership with the James Lind Alliance

Sheehan et al. (2019)

<https://doi.org/10.1136/bmjopen-2019-030028>

For which topic were research priorities identified?

management of broken bones of the upper limb

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Upper limb fractures are very common injuries with distal radius and proximal humerus fractures being the most prevalent. Of these injuries, over 60% of all distal radius and 75% of all proximal humerus fractures occur in people over 50.

What was the objective?

to determine research priorities for the management of broken bones of the upper limb in people over 50, 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?

September 2017 - December 2018

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: collecting research questions: survey asking patients, carers and healthcare professionals what they thought were important questions relating to upper limb fractures in people over 50, 1898 uncertainties submitted. Step 3: data processing: general comments and out-of- scope uncertainties removed, duplicates grouped together, 51 indicative questions formulated, check against literature. Step 4: interim ranking: via survey, participants were asked to rate importance, steering group agreed that 25 indicative questions should be taken forward. Step 5: final prioritization: workshop: small group discussions and small group rankings, plenary consensus

Which stakeholders took part?

People aged 50 and over who have experienced a fracture of the upper limb, carers involved in their care, family and friends of patients, healthcare professionals involved in the treatment of these patients. Survey: 382 participants: 138 healthcare professionals, 174 members of the public. Interim ranking: 209 participants: 102 healthcare professionals, 107 members of the public. Workshop: 20 participants: 7 healthcare professionals (including surgeons, a GP, nurses and allied health professionals) and 13 members of the public (including patients who had suffered an upper limb fracture, carers for patients who had sustained an upper limb fracture and PPI members of the steering group).

How were stakeholders recruited?

The survey was distributed via personal contacts and partner organizations. The latter included relevant healthcare charities, specialist societies and user groups. The survey was advertised in general practitioner surgeries and outpatient clinics via posters and flyers, and paper versions. For the workshop, participants were recruited via an invitation circulated by the steering group members, utilising their partner organizations networks.

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 PPI members and healthcare professionals including medics and allied health professionals. The members were involved in data processing and interim ranking and invited workshop participants.