

**Physiotherapy1 Priority Setting Partnership**

**PROTOCOL 5th April 2017**

**1. Purpose of the PSP and background**

The purpose of this protocol is to set out the aims, objectives and commitments of the Physiotherapy Priority Setting Partnership (PSP) and the basic roles and responsibilities of the partners therein. It is recommended that the Protocol is reviewed by the Steering Group and updated on at least a quarterly basis.

The James Lind Alliance (JLA) is a non-profit making initiative, established in 2004. It brings patients, carers and clinicians together in Priority Setting Partnerships (PSPs). These partnerships identify and prioritise uncertainties, or ‘unanswered questions’, about the effects of treatments that they agree are the most important. The aim of this is to help ensure that those who fund health research are aware of what really matters to both patients and clinicians. The National Institute for Health Research (NIHR – [www.nihr.ac.uk](http://www.nihr.ac.uk)) funds the infrastructure of the JLA to oversee the processes for priority setting partnerships, based at the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), University of Southampton.

The Chartered Society of Physiotherapy (CSP) regularly undertakes projects to identify the priorities for physiotherapy research. The last exercise was in 2010 and identified priorities in four areas of physiotherapy, musculoskeletal, cardiorespiratory, neurology and health and wellbeing. Within each area, there was considerable overlap of priorities. Key priority themes are summarised below, for further details see

<http://www.csp.org.uk/physio-journal/98/3/chartered-society-physiotherapys-identification-national-research-priorities-phy>

|  |  |  |  |
| --- | --- | --- | --- |
| Musculoskeletal | Neurology | Cardiorespiratory | Health and Wellbeing |
| Adherence | Best Practice | Service provision | Physical activity |
| Dosage | Dosage | 7 day working | Collaborations |
| Cost Effectiveness | Self management | Quality of life | Behaviour change |

Findings from 2010 demonstrated that in addition to questions about specific interventions, physiotherapy research priorities also need to address how physiotherapy is delivered and cost effectiveness. The CSP’s approach to updating physiotherapy research priorities will therefore take a broader approach, encompassing clinical practice, service delivery, workforce development and policy within the UK. Person-centred physiotherapy is an overriding priority and therefore involvement of patients and carers in the project as equal partners is important and a key reason for undertaking the project as a JLA Partnership.

Physiotherapy is a very ambitious topic for a JLA partnership, particularly when taking account of different service delivery models, workforce development opportunities, policy drivers and the imperative to demonstrate the productivity and value of physiotherapy. The scope will include physiotherapy for any injury, illness or disability, in any setting for people of all ages. Physiotherapy for animals is excluded from the scope.

Discussion and workshops have been undertaken amongst lead CSP staff in Practice and Development, Policy and relevant CSP committees. Consideration of current key priorities within UK healthcare policy and the strategic objectives for the CSP for 2017-2020 led to the development of some specific parameters which will provide more clarity about the scope of this PSP. These are:

## Promoting patient and public partnerships

## Uncertainties about collaborative approaches to ensuring that patients, carers and service users have a voice in how services are designed and delivered, also, patients as leaders and/or experts

## Developing and sharing models of good practice for reducing the burden on secondary care

Uncertainties about interventions and models of care that reduce avoidable hospital admissions, length of stay in hospital and readmission, also, physiotherapy delivered in Accident & Emergency and as part of paramedic services

* Putting physiotherapy at the heart of improving the health of the population

## Uncertainties about interventions and models of care that promote physical and mental health and well being and prevent illness and injury

## Supporting innovative, effective and sustainable healthcare

## Research exploring innovative ways of working, including the use of skills, resources and technology and development of integrated care pathways

## Promoting good practice in primary care for people with multiple morbidities

## Research that explores workforce models and new models of care for people with multiple conditions, in particular, frail older people

Implementation planning, demonstration of impact, outcome and value, including health informatics, apply across all these parameters.

The Physiotherapy PSP is a new type of JLA partnership, therefore, the scope and protocol will be kept under regular review and may be modified as necessary according to the data submitted in the survey.

The CSP Charitable Trust is supporting the costs of undertaking the project as a James Lind Alliance PSP.

**2. Aims and objectives of the Physiotherapy PSP**

In line with the James Lind Alliance approach,

The aim of the Physiotherapy PSP is to identify the unanswered questions about physiotherapy from patient, clinical, research, education, managerial and policy perspectives and then prioritise those that patients and clinicians agree are the most important.

The objectives of the Physiotherapy PSP are to:

* Work with patients, clinicians, researchers, educators, managers and policy makers to identify uncertainties about physiotherapy
* Work with patients and clinicians to agree by consensus a prioritised list of those uncertainties for research, including a ranked list of approximately ten top uncertainties
* To publicise the results of the PSP and process
* To take the results to research commissioning bodies to be considered for funding

**3. The Steering Group**

Physiotherapy representatives have been appointed in consultation with relevant CSP committees and networks. Patient and carer representatives have been appointed by approaching national patient organisations and charities and on recommendation from steering group members.

The Physiotherapy PSP will be led and managed by the following:

Patient and carer representatives:

* Bethany Bateman, British Lung Foundation
* Heather Goodare, Cochrane Consumer Network
* Jonathan Harvey
* Sarah Westwater-Wood

Clinical representative/s:

* Elizabeth Gray Chair, Association of Paediatric Chartered Physiotherapists (APCP
* Amber Lane Consultant Physiotherapist
* Caroline Griffiths Vice Chair, Chartered Physiotherapists in Mental Health (CPMH)

Clinical Research:

* Billy Fashanu Consultant Physiotherapist

Research Representative:

* Karen Barker (also manager representative)

Education Representatives

* Fidelma Moran Chair, CSP Northern Ireland Board
* Brenda O’Neill (alternate for Fidelma Moran)
* Jackie Waterfield Chair, CSP Education Committee

Manager Representative

* Stephanie Best Leaders and Managers of Physiotherapy Services Professional Network/

CSP Welsh Board

Student Representative

* Sean Paul Carrol CSP Student Representative / Glasgow Caledonian University

CSP Charitable Trust Representative

* Ian Wellwood (also research representative)

The Partnership and the priority setting process will be supported and guided by The James Lind Alliance (JLA)

* Katherine Cowan

Only the patient and carer and clinical representatives will take part in the prioritisation

The Steering Group will agree the resources, including time and expertise that they will be able to contribute to each stage of the process. The JLA will advise on this.

**4. Partners**

Organisations and individuals will be invited to be involved with the PSP as partners. Partners are groups or individuals who will commit to supporting the PSP by disseminating the PSP survey and helping the PSP to gather questions and uncertainties of practical clinical importance relating to thephysiotherapy. Partners represent the following groups:

* People who have had physiotherapy
* Carers of people who have had physiotherapy
* Physiotherapists and physiotherapy support workers
* Other healthcare professionals with clinical experience of physiotherapy
* Researchers undertaking physiotherapy research
* Physiotherapy educators
* Managers of physiotherapy services
* Providers and purchasers of physiotherapy services
* Physiotherapy policy makers
* Funders of physiotherapy research

It is important that all organisations which can reach and advocate for these groups should be invited to become involved in the PSP. The JLA Adviser will take responsibility for ensuring the various stakeholder groups are able to contribute equally to the process.

**Exclusion criteria**

Some organisations may be judged by the JLA or the Steering Group to have conflicts of interest. These may be perceived to adversely affect those organisations’ views, causing unacceptable bias. As this is likely to affect the ultimate findings of the PSP, those organisations will not be invited to participate. It is possible, however, that interested parties may participate in a purely observational capacity when the Steering Group considers it may be helpful.

**5. The methods the PSP will use**

This section describes a schedule of proposed stages through which the PSP aims to fulfil its objectives. The process is iterative and dependent on the active participation and contribution of different groups. The methods adopted in any stage will be agreed through consultation between the Steering Group members, guided by the PSP’s aims and objectives. More details can be found in the Guidebook section of the JLA website at [www.jla.nihr.ac.uk](http://www.jla.nihr.ac.uk) where examples of the work of other JLA PSPs can also be seen.

**Step 1: Identification and invitation of potential partners**

Potential partner organisations will be identified through a process of peer knowledge and consultation, through the Steering Group members’ networks. Potential partners will be contacted and informed of the establishment and aims of the Physiotherapy PSP and may be invited to attend and participate in an initial stakeholder meeting if this is being arranged.

**Step 2: Initial stakeholder meeting / awareness raising** [[1]](#footnote-1)

The initial stakeholder meeting / awareness raising will have several key objectives:

* To welcome and introduce potential members of the Physiotherapy PSP
* To present the proposed plan for the PSP
* To initiate discussion, answer questions and address concerns
* To discuss the scope of the PSP
* To identify those potential partner organisations which will commit to the PSP and identify individuals who will be those organisations’ representatives and the PSP’s principal contacts
* To discuss the communication plan
* To establish principles upon which an open, inclusive and transparent mechanism can be based for contributing to, reporting and recording the work and progress of the PSP.

**Step 3: Identifying uncertainties**

The main method of submitting uncertainties will be by electronic survey. Needs of those with disabilities or learning difficulties will be considered in the design.

Each partner will identify a method for soliciting from its member’s questions and uncertainties of practical clinical importance relating to physiotherapy. A period of 3 months will be given to complete this exercise.

The methods may be designed according to the nature and membership of each organisation, but must be as transparent, inclusive and representative as practicable. Methods may include membership meetings, email consultation, postal or web-based questionnaires, internet message boards and focus group work.

Existing sources of information about physiotherapy uncertainties for patients and clinicians will be searched. These can include question-answering services for patients and carers and for clinicians; research recommendations in systematic reviews and clinical guidelines; protocols for systematic reviews being prepared and registers of ongoing research.

The starting point for identifying sources of uncertainties and research recommendations is NHS Evidence: [www.evidence.nhs.uk](http://www.evidence.nhs.uk).

**Step 4: Refining questions and uncertainties**

The Steering Group will need to have agreed exactly who will be responsible for this stage – the JLA can advise on the amount of time likely to be required for its execution. The JLA will participate in this process as an observer, to ensure accountability and transparency.

The consultation process will produce “raw” unanswered questions aboutphysiotherapy. These raw questions will be assembled and categorised and refined by Rachael Summers into “collated indicative questions” which are clear, addressable by research and understandable to all. Similar or duplicate questions will be combined where appropriate.

Systematic reviews and guidelines will be identified and checked by Rachael Summers to see to what extent these refined questions have, or have not, been answered by previous research. Sometimes, uncertainties are expressed that can in fact be resolved with reference to existing research evidence - i.e. they are "unrecognised knowns" and not uncertainties. If a question about physiotherapy can be answered with existing information but this is not known, it suggests that information is not being communicated effectively to those who need it. Accordingly, the JLA recommends strongly that PSPs keep a record of these 'answerable questions' and deal with them separately from the 'true uncertainties' considered during the research priority setting process.[[2]](#footnote-2)

Uncertainties which are not adequately addressed by previous research will be collated and recorded on a template supplied by the JLA by Katherine Cowan. This will demonstrate the checking undertaken to make sure that the uncertainties have not already been answered. This is the responsibility of the Steering Group, which will need to have agreed personnel and resources to carry this accountability. The data should be submitted to the JLA for publication on its website on completion of the priority setting exercise, taking into account any changes made at the final workshop, in order to ensure that PSP results are publicly available.

**Step 5: Prioritisation – interim and final stages**

The aim of the final stage of the priority setting process is to prioritise through consensus the identified uncertainties relating to physiotherapy. This will be carried out by eligible members of the Steering Group and the wider partnership that represents patients and clinicians.

* The interim stage, to proceed from a long list of uncertainties to a shorter list to be discussed at the final priority setting workshop (e.g. up to 30), may be carried out over email or online, whereby organisations consult their membership and choose and rank their top 10 most important uncertainties. There are examples of how other PSPs have achieved this at [www.jla.nihr.ac.uk](http://www.jla.nihr.ac.uk) in the Key Documents of the [Anaesthesia and Perioperative Care PSP](http://www.jla.nihr.ac.uk/priority-setting-partnerships/anaesthesia-and-perioperative-care) section and the [Childhood Disability PSP](http://www.jla.nihr.ac.uk/priority-setting-partnerships/childhood-disability) section.
* The final stage, to reach, for example, 10 prioritised uncertainties, is likely to be conducted in a face-to-face meeting, using group discussions and plenary sessions.
* The methods used for this prioritisation process will be determined by consultation with the partner organisations and with the advice of the JLA Adviser. Methods which have been identified as potentially useful in this process include: adapted Delphi techniques; expert panels or nominal group techniques; consensus development conference; electronic nominal group and online voting; interactive research agenda setting and focus groups.

The JLA will facilitate this process and ensure transparency, accountability and fairness. Participants will be expected to declare their interests in advance of this meeting.

**6. Dissemination of findings and research**

**Findings and research**

It is anticipated that the findings of the Physiotherapy PSP will be reported to funding and research agenda setting organisations such as the NIHR and the major research funding charities. Steering Group members and partners are expected to develop the prioritised uncertainties into research questions, and to work to establish the research needs of those unanswered questions to use when approaching potential funders, or when allocating funding for research themselves, if applicable.[[3]](#footnote-3)

**Publicity**

As well as alerting funders, partners and Steering Group members are encouraged to publish the findings of the Physiotherapy PSP using both internal and external communication mechanisms. The Steering Group may capture and publicise the results through descriptive reports of the process itself in Plain English. This exercise will be distinct from the production of an academic paper, which the partners are also encouraged to do. However, production of an academic paper should not take precedence over publicising of the final results.

**7. Agreement of the Steering Group**

**Signed by the Steering Group**

The undersigned agree to follow the Physiotherapy Priority Setting Protocol.

[Insert name and organisation]

………………………………………………………………………………………………

Date: ………………………………………..

[Insert name and organisation]

………………………………………………………………………………………………

Date: ………………………………………..

[Insert name], The James Lind Alliance

………………………………………………………………………………………………

Date: ………………………………………..

1. PSPs will need to raise awareness of their proposed activity among their patient and clinician communities, in order to secure support and participation. Depending on budget this may be done by way of a face-to-face meeting, or there may be other mechanisms by which the process can be launched. [↑](#footnote-ref-1)
2. Steering Group members should insert information on how they intend to do this. [↑](#footnote-ref-2)
3. Add further detail here about how and where the priorities will be developed and researched. [↑](#footnote-ref-3)