

About the Priority Setting Partnership

The James Lind Alliance (JLA—www.jla.nihr.ac.uk) is a non-profit making initiative serving to bring together patients, carers and frontline clinicians to identify and prioritise research uncertainties through a Priority Setting Partnership (PSP). A PSP highlights to funding bodies those research topics which are most important to patients and clinicians alike.

In 2015, the British Society for Surgery of the Hand (BSSH) Research Committee discussed the historic difficulties in funding and performing large scale research in hand surgery, particularly given the huge scope of the specialty across both plastic and orthopaedic surgery parent specialties. The BSSH decided to fund a PSP in April 2015.

The Steering Group and Scope of the PSP

The PSP was managed by a Steering Group comprising clinicians and patients who had first hand experience of common conditions affecting the hand and wrist. Clinicians were selected to ensure representation from both plastic and orthopaedic surgery parent specialties, as well as hand therapists. Patients were purposefully sampled to ensure a spread of common conditions was represented. The group was independently chaired by the JLA and completed by an information specialist from the Centre for Evidence Based Hand Surgery who facilitated reviewing the current literature.

The scope of the PSP was designed to be broad, encompassing the common, everyday conditions affecting the adult hand. The Steering Group felt that many of these conditions were often treated on the basis of anecdote rather than evidence.

The PSP partnered with over 30 other organisations and groups and was chaired by an independent JLA adviser.



Initial Survey / Checking Uncertainties

A survey was designed asking both clinicians and patients/carers which questions about common hand and wrist conditions they would like to see answered by future research. Almost 900 questions were submitted and subsequently collated into 59 research priorities.

An additional 8 research priorities were identified by an extensive and systematic review of published research uncertainties from Cochrane reviews and NICE/SIGN evidence based guidance.

The 67 longlisted research priorities were then rigorously checked against the evidence base, greatly facilitated by the HandSRev database of systematic reviews, mapped by topic and developed by the Centre for Evidence Based Hand Surgery. This confirmed that all 67 priorities were “uncertainties” as defined by the JLA.

Interim Priority Setting

The longlisted uncertainties were distributed for prioritisation to all respondents to the initial survey and publicised further by all partner organisations. Each respondent selected and ranked their own top 10 uncertainties.

Ranking results from 261 individuals (41% patients/carers and 59% clinicians) were combined to rank the longlist. The top 30 uncertainties from this exercise, which included the top 10 priorities for both clinicians and patients, were shortlisted and taken forward to the final priority setting workshop.

Funded by:

BSSH
The British Society for
Surgery of the Hand

Final Workshop

The final workshop was held on 23rd May 2017 and attended by 12 clinicians and 9 patients - again purposefully sampled. Through a series of small and large group discussions facilitated by a group of JLA advisers, the uncertainties were ranked to identify the top 10 unanswered research priorities concerning common conditions affecting the hand and wrist, omitting a final numerical ranking owing to the diversity of conditions covered.

With support and
guidance from:


**James
Lind
Alliance**
Priority Setting Partnerships

What methods are most accurate, user friendly and demonstrate the best clinical utility in measuring patient reported outcomes in common hand conditions?

What interventions/treatments will have the most positive effect following nerve injury?

In patients with Dupuytren's disease, what techniques give the best results in terms of function, recurrence and cost?

Regarding patient and cost benefits, which interventions (for example movement preserving surgeries such as joint or cartilage replacement, fusion operations permanently stiffening the joint and novel therapies) give the best results in the treatment of painful joints in the hand/wrist?

In the treatment of common hand conditions, such as peripheral nerve compression syndromes (for example carpal tunnel syndrome), ganglia or arthritis of the fingers/thumb/wrist, do surgical interventions have a demonstrable benefit in patient reported outcome when compared with non-surgical methods or placebo (sham) surgery?

THE TOP 10

In no order of priority

Which patients with acute ligament injuries to the wrist or chronic wrist/distal radio-ulnar joint (the joint on the little finger side of the wrist) instability benefit from surgical treatment rather than from non-surgical methods?

Which hand/finger/thumb injuries would benefit from surgical intervention over hand therapy or no formal treatment, considering both functional outcome and societal cost?

Can scar/fibrosis formation be manipulated to improve results following hand surgery/trauma?

Which hand therapy techniques enable the most efficient return to full function following surgery or injury?

What are the most effective non-surgical methods for treating early arthritis in the hand and fingers?

Next Steps for Research Funders:

This work will allow research funders to prioritise their attention to those common hand conditions which matter most to patients, their carers and the frontline clinicians who treat them. These priorities can be tackled together with the BSSH.

Supported by

Oxford Biomedical Research Centre

Next Steps for Researchers:

The Top 10 as well as the longlist of prioritised uncertainties map out a framework for future clinical research in common hand conditions. All of these topics have a demonstrable need for answers in the future.

Next Steps for the BSSH:

This PSP delivered a wealth of information, not least concerning aspects of common hand conditions not related directly to clinical treatments. This provides further evidence for the directed research of basic science and epidemiology which underpins many of the conditions we treat.

For more details see bit.ly/bssh_jla