Priority Setting Partnership - Early Osteoarthritis of Hip and Knee

Notes from Second Steering Group Meeting, June 3rd 2015

Present:

- Sue Banton (SB), Patient Representative
- David Beard (DB), Director of Surgical Interventions Trials Unit and Professor of Musculoskeletal Science, NDORMS, University of Oxford
- Elena Benedetto, PSP Data Manager, NDORMS, University of Oxford
- Mark Bovey (MB), Acupuncturist and Research Manager for the British Acupuncture Council
- Sally Crowe (SC), James Lind Alliance Chair
- John Dickson (JD), Community Specialist in Rheumatology & Clinical Manager for the NICE OA Management Guidelines
- Bob Green, Patient Representative
- Becky Harmston (BH), Patient Representative
- Tracey Howe (TH), Professor of Rehabilitation Sciences, Glasgow Caledonian University
- Will Jackson (WJ), Consultant Knee Surgeon, NOC, Oxford University Hospitals Trust
- Jan Lawrence (JL), Chartered Society of Physiotherapists
- Julia Newton, Consultant in Rheumatology/Sport and Exercise Medicine, Oxford University Hospitals Trust
- Fraser Old (FO), NOC Network Steering Group
- Andrew Price (AP), Consultant Knee Surgeon, NOC; Professor of Orthopaedic Surgery, NDORMS, University of Oxford; NIHR Oxford Biomedical Research Unit; & British Association for Surgery of the Knee (Funding Partners)
- Sandra Regan (SR), James Lind Alliance Project Manager, NIHR Oxford Biomedical Research Centre
- Jenny Watson (JW), Surgical Care Practitioner, Sheffield Teaching Hospitals; representative of the Arthroplasty Care Practitioner’s Association (ACPA)
- Fiona Watt (FW), Consultant Rheumatologist, NOC; and Senior Lecturer, University of Oxford
- Elspeth Wise (EW), General Practitioner involved with NICE OA Management Guidelines and Arthritis Research UK OA Clinical Studies Group by ‘phone, for part

Apologies:

- Sion Glyn-Jones (SGJ), Consultant Hip Surgeon, Nuffield Orthopaedic Centre (NOC) and Professor of Orthopaedic Surgery, NDORMS, University of Oxford
- Tony Andrade (TA), Consultant Hip Surgeon, Reading
- Paul Monk, NIHR Academic Clinical Lecturer in Orthopaedic Surgery, NDORMS

Item Actions

1. Welcome

- Sally welcomed everyone to the meeting; re-introductions were made; and the Minutes of the January meeting were approved. One action was brought forward, the Final Workshop design, which will become clearer as the data is unpacked.
- Elements of outstanding administration were identified and resolved, concerning biographies, declarations of interest, and signing the protocol.

B/f - 2. SC/SR to consider Final Workshop design

1. SR to obtain EW signature to protocol
2. Partnership process

- Sally reminded the SG of the process and the timeline: we have completed the survey, and categorised the contributions. The main focus of the meeting is to identify similar questions; later, there will be a need to work with the language and structure of the questions in order for them to be more user and research-friendly, as well as to check the existing evidence base in order to understand which are true uncertainties.

3. Survey results

- Tracey gave an overview of the social media campaign that had been implemented. In addition to the Twitter and Facebook activity that other members of the SG had initiated, she: tweeted to 3000 followers of the Musculoskeletal Elf; provided link to survey through the Musculoskeletal Elf blog (3,500 views); and shared the link via 50 Facebook sites. She had previously circulated a report to the SG. AP suggested that tracking the social media activity with survey peaks (or not) might be an interesting line of evaluation.

- Sandra referred the SG to a handout showing the demographics of respondents. Discussion considered that: the circa 50:50 split between patients/carers and professionals was good; the circa 60% professional response being physiotherapists was in keeping with the pathway of disease progression; more Sports and Exercise Medicine consultants completed the survey than the results show, which is likely to be a limitation of (a) allowing respondents to skip questions, and (b) people self-classifying as another type of professional because they e.g. may also be GPs; and that there may be an issue of some NHS Trusts not allowing access to Survey Monkey, which would be another limitation.

- In response to a query, Sally highlighted that a good response is one where there aren’t any obvious gaps in questions that we would expect to come through this sort of exercise, and this will become clearer as we engage with the data.

- Elena presented on the structure of the Access database that she has constructed to manage the data, and the categorisation that had been applied using the Health Research Classification System top-level codes following the guidance of the data sub-group that met in May. Each respondent has a unique i.d, as does each question, and the database structure allows these to be linked as well as to track the questions as they go forward through the process of combining, formatting, and being checked against the evidence base.

- There were 217 respondents and a total of 1210 questions, 43 of which were brought forward from the PSP on Hip and knee replacement for OA. 162 were considered as out of scope - which the SG will discuss at this meeting - and the remainder have been grouped for discussion according to the HRCS category.

- Discussion, and a review of the out of scope questions, concluded that: (i) it would be interesting to see whether the spread of patient/carer vs professional responses differed across the HRCS codes; (ii) although Categories 1 and 2 are concerned with Underpinning Research and Aetiology and not Treatment, some questions may link to interventions and therefore they should be reviewed by the SG to decide which, if any, are in scope; (iii) questions considered to be out of scope, but that fit around which advice to...
give to 'whom, when and how' should remain in scope, as should questions around service delivery because people with early OA enter the care pathway at different stages; (iv) the categorisation is simply a process for organising the data, therefore a pragmatic approach can be taken.

4. Data work
   • The SG reviewed the Out of scope questions and made decisions about which to bring back into the dataset.
   • They then worked in small groups with different categories to identify similar questions.

5. Conclusion
   • Sally thanked everyone for their input, and highlighted that this work by the SG is crucial to the partnership, as it takes advantage of the wealth of experience contributed by members, and provides guidance for Elena going forward.

6. Next meetings
   • Data sub-group teleconference in July to review the work done following this meeting
   • Full SG in September to finalise the longlist for interim voting
   • Final workshop December

5. EB to amend the database following these activities

6. SR to communicate on dates