



Occupational Therapy Priority Setting Partnership

PROTOCOL May 2019 Version 3

1. Purpose of the PSP and background

The purpose of this protocol is to clearly set out the aims, objectives and commitments of the Occupational Therapy Priority Setting Partnership (PSP) in line with James Lind Alliance (JLA) principles. The Protocol is a JLA requirement and will be published on the PSP's page of the JLA website and also at rcot.co.uk/otpsp. The Steering Group will review the Protocol regularly and any updated version will be sent to the JLA.

The JLA is a non-profit making initiative, established in 2004. It brings people with lived experience of accessing health and social care services, carers¹ and health and social care professionals together in PSPs. These PSPs identify and prioritise the evidence uncertainties, or 'unanswered questions', that they agree are the most important for research in their topic area. Traditionally PSPs have focused on uncertainties about the effects of treatments, but some PSPs, including the Occupational Therapy PSP, have chosen to broaden their scope beyond that to areas of professional practice. The aim of a PSP is to help ensure that those who fund health and social care research are aware of what really matters to people with lived experience of accessing health and social care services, their carers and health and social care professionals together. This project is the first time that people with lived experience of accessing occupational therapy services, their carers and occupational therapists have worked in a partnership to determine the profession's future research priorities. The National Institute for Health Research (NIHR – www.nihr.ac.uk) coordinates the infrastructure of the JLA to oversee the processes for PSPs, based at the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), University of Southampton.

The purpose of the Occupational Therapy Priority Setting Partnership is to define the research priorities for the profession in partnership with people who access occupational therapy services and their carers. The focus of the Occupational Therapy Priority Setting Partnership is on practice-based occupational therapy. 'Occupational therapy provides practical support to empower people to facilitate recovery and overcome barriers preventing them from doing the activities (or occupations) that matter to them. This support increases people's independence and satisfaction in all aspects of life. "Occupation" as a term refers to practical and purposeful activities that allow people to live independently and have a sense of identity.' (RCOT, nd) The World Federation of Occupational Therapists (WFOT) defines occupational therapy as being 'concerned with the broad range of health and social care issues that affect engagement in meaningful occupation'. (Mackenzie, 2018) The breadth of occupational therapy means that it is essential that this project has a well-defined scope with clear boundaries.

Funding for the Occupational Therapy Priority Setting Partnership is being provided by the Royal College of Occupational Therapists (RCOT). RCOT's first statement of research priorities for occupational therapy in the UK '*Building the evidence for occupational therapy: Priorities for research* (COT, 2007) was published in 2007, alongside the third iteration of its Research and

¹ A person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people. (TLAP, nd)

Development Strategy. (White and Creek, 2007) A major RCOT Research and Development Review was launched in June 2017 to inform the development of a new RCOT Research and Development Strategy (due to be published Autumn 2019). It involved various strands of member engagement which provided a clear message that they valued and wanted a revised statement of research priorities for occupational therapy in the UK to sit alongside the new R&D Strategy and to help drive a step-change in the profession's engagement in and with research. Various options were considered by the RCOT to undertake this priority setting project and it was agreed that the James Lind Alliance process offered a robust tried and tested methodology that was well respected by research funders and the wider health and social care research community.

2. Aims, objectives and scope of the PSP

Occupational therapy takes a “whole-person approach” to mental and physical health and wellbeing and enables individuals to achieve their full potential.¹

The aim of the Occupational Therapy PSP is to identify the unanswered questions about Occupational Therapy from the shared perspectives of people with lived experience of accessing occupational therapy services, their carers, occupational therapists and others working in the health and social care environment, and then prioritise those that these groups of people agree are the most important for research to address.

The objectives of the PSP are to:

- work with people with lived experience of accessing occupational therapy services, their carers, occupational therapists and others working in the health and social care environment to identify uncertainties about occupational therapy in the United Kingdom;
- agree by consensus a prioritised list of those uncertainties, for research;
- publicise the results of the PSP and the process; and
- take the results to research commissioning bodies to be considered for funding.

The scope of the project will reflect the scope of occupational therapy practice. The RCOT Scope of Occupational Therapy Practice Briefing, published in 2019, states that ‘any activity that an occupational therapist uses or does therapeutically, in order to enable or enhance occupational performance, may be considered within the professional scope of practice’. (RCOT, 2019)

Initial discussions about the potential scope of the PSP were held at a launch event at RCOT on 4 March 2019. The initial suggestions were refined and agreed by the Steering Group at its meetings in April and May 2019 respectively, however the scope may be refined further as the process progresses and uncertainties are submitted. It was agreed that the scope of the project should encompass:

- perspectives gathered from the four nations of the UK;
- perspectives reflective of the range of practice-based roles contributing to the delivery of occupational therapy services, such as HCPC registered occupational therapists, their assistants, support workers, anyone delivering occupational therapy interventions, occupational therapy students and others working in the health and social care environment;
- occupational therapy practice based within statutory services as well as the private, voluntary and independent sectors;
- physical and mental health and the areas of overlap between them;
- the needs and perspectives of people using occupational therapy services across the full spectrum of age ranges from childhood to end of life, including those at key transition periods in various stages of life; and
- perspectives of people with lived experience of accessing occupational therapy services and their carers about the services, information, assessments, interventions and outcomes provided by those services.

The PSP will exclude from its scope questions about:

- occupational therapy practice outside the UK, although evidence from around the world will be reviewed and considered where it adequately addresses 'unanswered questions';
- specific Government policies across the four nations for health and social care, unless it's an issue that requires the generation of evidence through research to address it;
- the pre- and post-registration education of occupational therapists; and
- services with a commercial interest.

Every effort will be made to ensure that submitted questions that are out of scope are captured and shared with relevant parties that may be able to take them forward. The Steering Group will not prioritise any one condition or area of practice over another. Once the Top 10 research priorities are identified, RCOT's Specialist Sections will be asked to review and work with them with a view to translating them into priority questions directly related to their area of specialist practice.

The Steering Group is responsible for finalising and agreeing the scope of the PSP, and for discussing what implications the scope of the PSP will have for the evidence-checking stage of the process. Resources and expertise will be put in place to undertake this evidence checking.

3. The Steering Group

The Steering Group includes the membership of people with lived experience of accessing occupational therapy services, their carers and occupational therapists², as individuals or representatives from a relevant group.

The Occupational Therapy PSP will be led and managed by a Steering Group involving the following:

People with lived experience of accessing occupational therapy services and carer representatives:

- Clenton Farquharson MBE
- Amy Mary Rose Herring
- Dr Sarah Markham
- Isaac Samuels
- Michael Turner

Consultant occupational therapist representatives:

- Dr Anne Johnson, Bath Centre for Fatigue Services & University of the West of England
- Dr Jenny Preston MBE, NHS Ayrshire and Arran

Academic researcher representatives:

- Dr Edward Duncan, University of Stirling
- Dr Jane Horne, University of Nottingham
- Dr Philip Whitehead, Northumbria University

Practitioner researcher representatives:

- Dr Mary Birken, University College London
- Naomi Gallant, University of Southampton & King's College Hospital NHS Foundation Trust

² Academic researchers are represented on the Steering Group, to advise on the shaping of research questions and to contribute their knowledge of the available evidence-base. They are welcome to participate in the initial survey calling for unanswered questions..

Practitioner representatives:

- Anne Addison, Great Ormond Street Hospital for Children NHS Foundation Trust
- Stephanie Platt, Midlands Partnership NHS Foundation Trust

Centre manager and practitioner representative:

- Veronica McWilliams, Design Innovation and Assisted Living Centre, Northern Ireland

Service manager representative:

- Dr Maria Avantaggiato-Quinn, Northumberland, Tyne and Wear NHS Foundation Trust

Postgraduate student representative:

- Alexander Smith, Cardiff University

Social care representative:

- Dr Michael Clark, London School of Economics and Political Science

RCOT representatives:

- Jenny Mac Donnell, PSP Project Lead
- Dr Sally Payne, Professional Advisor – Children and Young People
- Ruth Unstead-Joss, PSP Project Coordinator
- Dr Gill Ward, Research & Development Manager
- Dr Jo Watson, Assistant Director – Education and Research and PSP Strategic Lead

James Lind Alliance Senior Adviser and Chair of the Steering Group:

- Katherine Cowan, JLA

The Steering Group will agree the resources required to successfully undertake the PSP, including time and expertise that they will be able to contribute to each stage of the process, with input and advice from the JLA Advisor.

4. Partners

Organisations and individuals are invited to be involved with the PSP as partners, particularly those organisations which can reach and advocate for the key groups involved in the PSP. Partners are organisations or groups who will commit to supporting the PSP, promoting the process and encouraging their represented groups or members to participate. Partners represent the following groups:

- people with lived experience of accessing occupational therapy services;
- carers of people with lived experience of accessing occupational therapy services;
- occupational therapists and occupational therapy support workers;
- occupational therapy education, research institutions and knowledge broker organisations;
- providers and purchasers of occupational therapy services;
- policy makers in areas relevant to occupational therapy; and
- managers of occupational therapy services.

Exclusion criteria

Some organisations may be judged by the JLA or the Steering Group to have conflicts of interest. These may be perceived to potentially introduce unacceptable bias to the PSP process. 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 the final prioritisation workshop 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 steps through which the PSP aims to meet its objectives. The process is iterative and dependent on the active participation and contribution of different groups. The methods used in any step will be agreed through consultation between the Steering Group members, guided by the PSP's aims and objectives. More details of the method are in the Guidebook section of the JLA website at www.jla.nihr.ac.uk where examples of the work of other JLA PSPs can 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 Occupational Therapy PSP, and invited to become Partners of the PSP.

Step 2: Awareness raising

Steering Group members of the Occupational Therapy PSP will need to raise awareness of its proposed activity among people with lived experience of accessing occupational therapy services, their carers, occupational therapists and others working in the health and social care environment, in order to secure support and participation. RCOT held a face-to-face launch event on 4 March 2019 to initiate discussion, answer questions and address any concerns. The project team has been, and will continue to be, active in promoting various aspects of the project and raising awareness of it through, for example, presenting to RCOT staff and member groups, writing articles for OTnews, and sharing information on social media, focussing on Twitter with some activity on LinkedIn. Awareness raising has several key objectives:

- to present the proposed plan for the PSP;
- to generate support for the process; and
- to encourage participation in the process.

Step 3: Identifying evidence uncertainties

The Occupational Therapy PSP will carry out an initial consultation to gather uncertainties from people with lived experience of accessing occupational therapy services, their carers, occupational therapists and others working in the health and social care environment. A period of three months will be given to complete this exercise (which may be revised by the Steering Group if required).

The method of consultation must be transparent and inclusive. The Steering Group must try to reach as representative a range of participants as practicable. Methods may include membership meetings, email consultation, postal or web-based questionnaires, internet message boards and focus groups.

Existing sources of information about evidence of uncertainties relating to occupational therapy practice will be searched. This evidence may include the RCOT Professional Practice Enquiry Service; research recommendations identified in scoping and other systematically conducted literature reviews, research reports/literature, practice guidelines and professional documentation; protocols for systematic and scoping reviews being prepared and registers or other details of related research already happening in the UK.

The starting point for identifying sources of uncertainties and research recommendations is NHS Evidence: www.evidence.nhs.uk

Step 4: Refining questions and uncertainties

The consultation process will produce 'raw' questions and comments indicating the areas of uncertainty from the perspectives of people with lived experience of accessing occupational therapy services, their carers, occupational therapists and others working in the health and social care environment. The PSP Information Specialist will categorise and refine these raw questions into summary questions which are clear, addressable by research, and understandable to all. Similar or duplicate questions will be combined where appropriate. Out-of-scope and 'answered' submissions will be compiled separately. The Steering Group, specifically those with experience of robust research procedures, will have oversight of this process to ensure that the raw data is

interpreted appropriately and that the summary questions are worded in a way that is consistent with the raw data and understandable to all audiences. The JLA Adviser will observe all related processes to ensure accountability and transparency.

This work will result in a long list of in-scope summary questions. These are not research questions, as to try to word them as such may make them too technical for a non-research audience. The summary questions will instead be framed as researchable questions that capture the themes and topics that people have suggested.

The summary questions will then be checked against the available evidence to determine whether they have already been answered by research. This will be done by the PSP Information Specialist. The PSP Information Specialist will complete the JLA Question Verification Form, which clearly describes the process used to verify the uncertainty of the questions, before starting prioritisation. The Question Verification Form includes details of the types and sources of evidence used to check uncertainty. The Question Verification Form will be published on the JLA website as soon as it has been agreed to enable researchers and other stakeholders to understand how the PSP has decided that its questions are unanswered, and any limitations of this.

Questions that are not adequately addressed by previous research will be collated and recorded on a standard JLA template by the PSP Information Specialist. This will show the checking undertaken to make sure that the uncertainties have not already been answered. 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.

The Steering Group will also consider how it will deal with submitted questions that have been answered, and questions that are out of scope.

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 about occupational therapy. This will involve input from the people with lived experience of accessing occupational therapy services, their carers, occupational therapists and others working in the health and social care environment. The views of other staff and managers are also important and welcome. We will encourage engagement from as wide a range of people as possible, including those who did and who did not contribute to the first consultation. There will be two stages of prioritisation:

1. Interim prioritisation during which the long list of questions is reduced to a shorter list that can be taken to the final priority setting workshop. This stage will be aimed at a wide audience, and will involve an on-line survey, which can be made available in a hard copy format if required. With the JLA's guidance, the Steering Group will need to consider how best to reach and engage a wide range of people with lived experience of accessing occupational therapy services, their carers, occupational therapists and others working in the health and social care environment in the process, including those whose voices are seldom heard in this type of work. The most highly ranked questions (around 25) will be taken to a final priority setting workshop. In the event that the interim prioritisation does not produce a clear ranking or cut off point, the Steering Group will decide which questions are taken forwards to the final prioritisation.

2. The final priority setting stage will involve a one-day workshop facilitated by the JLA. With guidance from the JLA Advisor and input from the Steering Group, up to 30 people with lived experience of accessing occupational therapy services, carers and occupational therapists will be recruited to participate in a day of discussion and ranking, to determine the top 10 questions for occupational therapy research. All participants will be required to declare their interests. The Steering Group will need to advise on any adaptations required to ensure that the process is inclusive and accessible.

6. Dissemination of results

The Steering Group will identify audiences with which it wants to engage when disseminating the results of the priority setting process, such as researchers, funders of research and the people with lived experience of accessing occupational therapy services and practice communities. They will need to determine how best to communicate the results and who will take responsibility for this. Previous PSPs' outputs have included academic papers, lay reports, infographics, conference presentations and videos for social media.

It should be noted that the priorities are not worded as research questions. The Steering Group will need to discuss how they will work with researchers and funders to establish how to address the priorities and to clarify the research questions that will address the issues that people have prioritised. The dissemination of the results of the PSP will be led by the PSP Strategic Lead, Dr Jo Watson. RCOT's Specialist Sections will be invited to engage with this process, translating them into priority research questions directly related to their area of specialist practice.

The PSP will report back to the JLA about any activities that have come about as a result of the PSP, including funded research, by sending any details to jla@soton.ac.uk.

7. Agreement of the Steering Group

The Occupational Therapy PSP Steering Group agreed the content and direction of this Protocol on 30 May 2019.

References

College of Occupational Therapists (2007) *Building the evidence for occupational therapy: Priorities for research*, London: College of Occupational Therapists.

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