

# Discovering

## **physiotherapy research priorities**

that matter to patients,  
carers and clinicians

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# Forewords

## Jo Jackson, Chair of the CSP Charitable Trust

In its 2015-2019 Research Strategy the Chartered Society of Physiotherapy Charitable Trust (CSPCT) committed to funding and supporting high quality, relevant research to improve the quality of life of people who receive physiotherapy interventions and services. In order to do this it is essential to understand what aspects of physiotherapy need to be researched so that funding can be targeted appropriately. Having supported the work of the Physiotherapy Priority Setting Partnership the CSPCT will benefit from a better understanding of what areas of physiotherapy matter most to patients, carers and physiotherapists. This will then be used to inform how and where we offer support to fund future research activities that will lead to real improvements in physiotherapy provision and have maximum benefit for all.



## Karen Middleton, Chief Executive, CSP

Physiotherapy is constantly evolving and extending its evidence base to demonstrate its role and value in current healthcare. People are living longer, often with more than one long-term condition, care is delivered in more complex ways and there is a much greater emphasis on helping people manage their condition themselves and promoting a healthy lifestyle. To support people to manage multiple conditions and lead active lives, physiotherapy services must continue to adapt, guided by the best available research, in order to continue improving patient outcomes and save healthcare costs.



The Physiotherapy Priority Setting Partnership (PSP) set out with high ambitions, taking a fresh approach focusing not just on specific interventions, but also on how, where and by whom services are delivered, and maximising the impact of new technologies. The new physiotherapy research priorities are built on genuine insight and partnership, with patients, carers and physiotherapists.

These new priorities provide new direction for physiotherapy research, reflecting what matters most to the research users, those receiving and those providing physiotherapy. The challenge now is to achieve engagement from research commissioners and funders, researchers and all physiotherapists. Innovative person-centred research will continue to transform physiotherapy practice and demonstrate its value.

## Katherine Cowan, Senior Adviser, James Lind Alliance

I'm really proud to have chaired the Physiotherapy Priority Setting Partnership (PSP). As a profession-based PSP, it definitely posed a challenge to the traditional condition-based James Lind Alliance (JLA) approach. However, it also offered an opportunity to develop the JLA method, to see how priorities for research could be established for a complex clinical area, involving an incredibly wide range of patients in multiple and diverse settings. I was continually impressed with how the PSP Steering Group and the CSP project team rose to the challenge. They worked together to make considered, accountable and thoughtful decisions, maintaining a commitment to the inclusion of patients, carers and physiotherapy professionals throughout the project. I hope that the top 10 priorities will lead to a wide range of new research and ultimately generate evidence that can help physiotherapists meet the expressed needs of the patients they support.



# Executive Summary

## Introduction

Physiotherapy helps restore movement and function for people affected by injury, illness or disability. Physiotherapists maintain health for people of all ages, helping them to manage their health problems and prevent injury or illness.

Research priorities for physiotherapy are set regularly and there is robust evidence showing that physiotherapy is effective. However, physiotherapy is constantly evolving and adapting to the changing needs of the UK population and health and social care. Advances in technology have a massive impact on physiotherapy treatments as well as how and where they are provided. Physiotherapy research and therefore priority setting need to evolve in line with physiotherapy practice.

What aspects of physiotherapy need to be researched? It is important to have evidence about physiotherapy treatments but the outcome of treatment also depends on how services are accessed and delivered. Long term outcomes for patients and their carers are affected by how well they can self-manage their conditions. Prevention is the key to reducing health problems and the role of physiotherapy in public health is under-researched.

The aim of the Physiotherapy PSP was to identify generic priorities that can be applied to physiotherapy for any injury, illness or disability, in any setting, for people of all ages.

Who should be involved in setting research priorities? Research funders and researchers want to develop evidence that will be used. It therefore makes sense that the users of their research, patients, carers and clinicians, are the key contributors in deciding what is most important.

With this in mind, the CSP set up a James Lind Alliance (JLA) Physiotherapy Priority Setting Partnership (PSP) to identify research priorities for the UK physiotherapy profession.

## Methodology and Results

The JLA Physiotherapy PSP was initiated in January 2018. The partnership was overseen by a steering group and chaired by an independent JLA Adviser. The PSP was supported by 43 partner organisations.

In Stage 1 uncertainties were identified by clinicians, patients and carers, researchers, students, service providers and commissioners using an online survey. Uncertainties focussed on 4 areas of physiotherapy: treatments, self-management, prevention and service delivery. We received 510 responses which identified 2152 uncertainties. Around 50% of the responses were from patients, carers and members of the public.

In Stage 2 coding and thematic analysis were used to develop the uncertainties into 65 similarly themed “indicative” questions. Literature searches confirmed that all 65 questions were unanswered.

In Stage 3 interim prioritisation was undertaken using an online survey. Physiotherapists,



**50%**  
of the  
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members of  
the public

## Executive summary

*(continued)*

patients and carers selected and ranked their top ten questions. The 636 responses were analysed to produce a ranked list of the 65 questions.

In Stage 4 a final prioritisation workshop was held in February 2018. Patients, carers and physiotherapists working in clinical practice discussed the top 25 questions and agreed their top ten research priorities.

### Top 10 physiotherapy priorities

- 1 When health problems are developing, at what point is physiotherapy most/least effective for improving patient results compared to no physiotherapy? What factors affect this?
- 2 When used by physiotherapists, what methods are effective in helping patients to make health changes, engage with treatment, check their progress, or manage their health after discharge?
- 3 What are the best ways to deliver physiotherapy services to meet patients' needs and improve outcomes for patients and services?
- 4 To stop health problems occurring or worsening, what physiotherapy treatments, advice or approaches are safe and effective? Where more than one treatment/approach works, which work best and in what dose?
- 5 What are patients' expectations regarding recovery, how do these compare to physiotherapists' views and, where recovery is not possible, how is this managed?
- 6 How does waiting for physiotherapy affect patient and service outcomes?
- 7 What parts of physiotherapy treatments cause behaviour change or physical improvement?
- 8 What approaches are effective for enabling parents, relations or carers to support physiotherapy treatment or to help patients to manage their own health problem?
- 9 How is patient progress and/or the results of physiotherapy treatment measured? How is service performance measured and checked?
- 10 How can access to physiotherapy be improved for groups who have reduced access?

### Conclusions and next steps

Our physiotherapy research priorities have been agreed using a patient- and clinician-focussed approach. Priorities include clinical practice and treatments, self-management, prevention and service delivery. They are relevant for all areas of physiotherapy encompassing any condition, injury or disability, all ages and settings.

The priorities are areas of uncertainty rather than questions. We are undertaking further work to develop specific research questions for each of the top ten priorities.

Priorities are relevant to all physiotherapy services, for any condition and for all ages

## Executive summary

*(continued)*

We will work collaboratively with research funders and researchers to ensure that evidence is developed in the areas that matter most to patients, carers and clinicians.

We encourage patient and carer representatives and organisations to promote the priorities and support the development of research questions and proposals. The priorities will also be promoted to those involved in commissioning or providing physiotherapy services.



# Introduction

Physiotherapy helps restore movement and function for people affected by injury, illness or disability. Physiotherapists maintain health for people of all ages, helping them to manage their health problems and prevent injury or illness. At the core of physiotherapy is the patient's and their carer's involvement in their care, through education, awareness, empowerment and participation in their treatment.

There is a large amount of evidence demonstrating that physiotherapy is effective. Research priorities for the profession are regularly updated, in the UK most recently in 2010<sup>(1)</sup>. Physiotherapy is constantly evolving and adapting to the changing needs of the UK population and health and social care. Physiotherapy research, and therefore priority setting, need to evolve in line with physiotherapy practice and the scope of the project was developed to reflect this.

Identifying what matters most to the end users of research adds value to research priority setting<sup>(2)</sup>. The James Lind Alliance (JLA) is a non-profit making initiative bringing together patients, carers and clinicians in Priority Setting Partnerships (PSPs) to identify and prioritise the most important evidence uncertainties in different areas of healthcare. The JLA infrastructure is funded by the National Institute for Health Research (NIHR) and coordinated by the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC).

Until recently, JLA PSPs have been condition-specific and focussed on the effects of treatments. However, the scope of some PSPs is starting to broaden. Following discussions with NETSCC JLA research managers in November 2016, it was agreed to establish a JLA Physiotherapy PSP.

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***“The JLA process is very usable and should be taken up by other organisations.”***

Doulla Manolas, workshop participant

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## Aim and objectives

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

### The objectives were 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

# Project Scope

Physiotherapy is an essential component of most areas of healthcare and therefore the scope of the PSP was very broad encompassing physiotherapy for any injury, illness or disability, in any setting, for people of all ages.

Within any area of healthcare, a wide spectrum of evidence is needed, focussing not just on specific interventions but also on how, where and by whom services are delivered and how people can be empowered to prevent and/or manage their health problems. The scope of the PSP included clinical practice, self-management, prevention, service access and delivery, workforce development and relevant healthcare policy within the UK.

## CSP lead staff and relevant CSP committees identified FIVE KEY THEMES within the scope in relation to UK healthcare policy

- Promoting patient and public partnerships
- Supporting innovative, effective and sustainable healthcare
- Developing and sharing models of good practice for reducing the burden on secondary care
- Promoting good practice in primary care for people with multiple morbidities
- Putting physiotherapy at the heart of improving the health of the population

## Two cross-cutting themes were also agreed

- Implementation planning
- Demonstration of impact, outcome and value, including health informatics

The focus was on treatments, self-management, prevention and service delivery





# Methodology

The JLA have established a transparent and rigorous framework of guidelines and methodologies<sup>(3)</sup>. In consultation with the JLA we took a pragmatic approach and developed some of their methods to take account of the very broad scope of the project.

## Establishing and managing the Physiotherapy PSP

The JLA's independent Senior Adviser, Katherine Cowan, oversaw and guided the whole project and chaired all meetings of the Physiotherapy PSP.

## Project Team

The project team were CSP staff and a qualitative researcher, Rachael Summers (RS), contracted to undertake analysis and verification of the submitted uncertainties.

**Gabrielle Rankin:** PSP Leader, CSP Research Adviser

**Fiachra Pilkington:** PSP Co-ordinator from June 2017 CSP Administrator

**Angela Winchester:** PSP Co-ordinator, January – June 2017 CSP Administrator

**Ruth ten Hove:** CSP Head of Research and Development

**Rachael Summers:** Research Consultant, Summers Research Consultancy

**Katherine Jones:** CSP Research Adviser, November 2016 – November 2017

**Jessica Clinkett:** CSP Senior Media Adviser, April – July 2017

**Stuart Keen:** CSP Senior Media Adviser, January – March 2017

## Initial awareness meeting

We held an initial awareness meeting in January 2017 at the CSP London offices to promote the PSP to a wide range of relevant organisations and to discuss potential interest in being involved. This was the first step in recruiting a Steering Group and partner organisations.

## Steering Group

The Steering Group was responsible for overseeing and guiding the activity of the PSP. It helped develop and agree the JLA Physiotherapy PSP Protocol and advised throughout all stages of the project.

### Chair

**Katherine Cowan:** JLA Senior Adviser (Chair)

### Patient and carer representatives

**Bethany Bateman:** British Lung Foundation

**Heather Goodare:** Cochrane Consumer Network, Scotland Representative

**Jonathan Harvey**

**Sarah Westwater-Wood**

### Clinical representatives:

**Elizabeth Gray:** Chair, Association of Paediatric Chartered Physiotherapists

**Amber Lane:** Consultant Physiotherapist

**Caroline Griffiths:** Vice Chair, Chartered Physiotherapists in Mental Health

The Physio-  
therapy  
PSP was  
supported by  
**43**  
partner  
organisations

# Methodology

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## Clinical research representative:

**Billy Fashanu:** Consultant Physiotherapist

## Research representative:

**Karen Barker:** (also manager representative)

**Kate Button:** Wales Representative From June 2017

## 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 March – June 2017

## Student representative

**Sean Paul Carroll:** CSP Student representative, Scotland representative

## CSP Charitable Trust representative

**Ian Wellwood:** (also research representative)

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***“I thoroughly enjoyed the discussions and the diverse opinions from such an assorted range of stakeholders. The process was systematic, open and inclusive. I have learnt a lot from the process and hope that the outcome serves prospective research enthusiasts well in the future.”***

Dr Billy Fashanu, Steering Group member

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Terms of reference of the Steering Group are on the JLA website

<http://www.jla.nihr.ac.uk/priority-setting-partnerships/physiotherapy/>

## JLA facilitators for the final prioritisation workshop

**Katherine Cowan** (workshop chair)

**Toto Anne Gronlund**

**Maryrose Tarpey**

## Partner organisations

The Physiotherapy PSP was supported by 43 partner organisations – 15 universities, 10 CSP professional networks, 8 patient groups, 5 Trusts and commissioning groups, 4 research networks and 1 policy group.

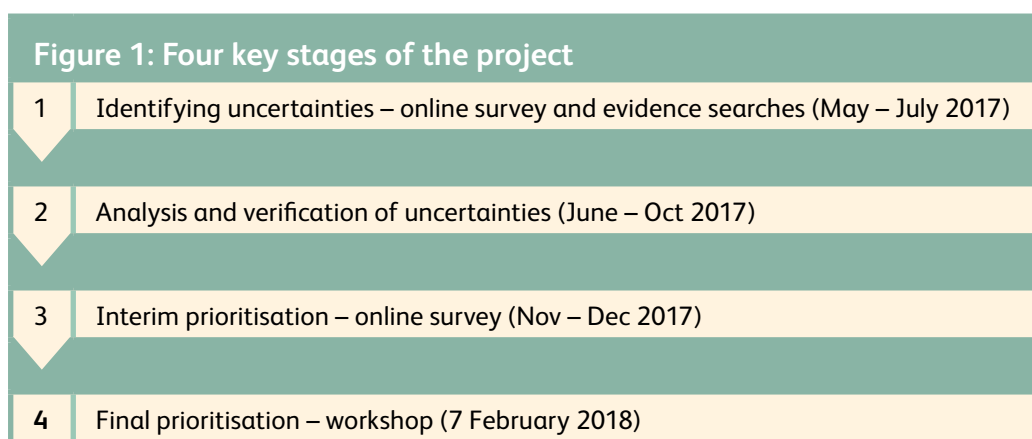
Partners provided ongoing support to the PSP by promoting the project, encouraging their members to take part in each stage and disseminating the findings. For a full list of our partner organisations see appendix 1.

# Methodology

(continued)

## Overview of methodology

The project followed established JLA methodology<sup>(3)</sup>. There were four key stages running from January 2017 until February 2018 (Figure 1).



## Stage 1: Identifying uncertainties

We identified uncertainties using a survey and by searching the evidence.

### Survey

We developed a survey to ask participants what questions they wanted to ask about four different aspects of physiotherapy:

- Helping people to recover and get back to their usual activities
- Helping people to improve their health and prevent disease and injury
- Helping people to manage their condition(s) themselves
- How services are accessed and delivered

Questions could be about any type of physiotherapy service; for any injury, illness, condition or disability; for people of any age.

The last part of the survey asked respondents for information about themselves. Firstly they were asked if they were filling in the survey on behalf of someone else. If they answered yes, they were then asked to answer the demographic questions on behalf of that person.

## Methodology

*(continued)*

### They were asked which statement(s) best described who they were, from the following list

- Member of the public who has received physiotherapy
- Carer, relative or close friend of someone who has received physiotherapy
- Member of the public with an interest in physiotherapy
- Physiotherapist working in clinical practice
- Physiotherapy support worker
- Student physiotherapist
- Physiotherapy researcher
- Physiotherapy educator
- Physiotherapy manager
- Healthcare professional other than physiotherapist (please specify below)
- Other, please specify

We also asked them where they live, their age, gender and ethnic group. Finally, we asked if they were interested in taking part in the prioritisation stage of the project, or if they wanted to be kept informed about the project, and if so, they were asked to provide contact details.

A copy of the survey is on the JLA website

<http://www.jla.nihr.ac.uk/priority-setting-partnerships/physiotherapy/>

The survey was on the CSP website from 11 May until 31 July 2017. A downloadable version was also available, including a Welsh version and paper versions sent on specific request.

The survey was promoted by the project team, Steering Group, partner organisations and the JLA using a press release, e-mail, social media, web posts, newsletters, journals, magazines, meetings and presentations.

### Searching the evidence

Evidence searches for two of the policy themes identified in the scope were undertaken by the qualitative researcher

- 1 Developing and sharing models of good practice for reducing the burden on secondary care
- 2 Promoting good practice in primary care for people with multiple morbidities

For details about the search strategies see appendices 2 and 3

# Methodology

(continued)

## Stage 2: Analysis and verification of uncertainties

### Analysis of uncertainties

All analysis was undertaken by the researcher with checking and discussion carried out as an iterative process by the project team and the Steering Group. All the submitted uncertainties were coded and grouped into broad categories using thematic analysis.

### Development of indicative questions

Uncertainties were analysed in their broad categories. Similar uncertainties were grouped together into indicative questions. The questions were broad so that they were relevant to any type of physiotherapy service, for any injury, illness, condition or disability and for people of any age.

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***“Initially I did not like the way the questions were worded as I found them too vague but I came to realise that as we were setting priorities for the whole of the physiotherapy profession, within all settings and conditions, that you could not have condition-specific priorities. This way the priorities were relevant to all of physiotherapy no matter what area.”***

Suzanne McIlroy, workshop participant

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All indicative questions and the raw data were discussed by the Steering Group and collated/divided where appropriate before revising them into plain English.

### Verifying uncertainties

The JLA defines uncertainty as no up-to-date, reliable systematic reviews of research evidence addressing the uncertainty or, up-to date systematic reviews of research evidence show that uncertainty exists<sup>(4)</sup>.

A search strategy was developed to ensure that the indicative questions had not already been answered (See appendix 4)

## Stage 3: Interim prioritisation

A survey was developed in Survey Monkey ([www.surveymonkey.com](http://www.surveymonkey.com)). Interim prioritisation was undertaken by patients, carers, members of the public and clinical physiotherapists, students, support workers and other health professionals using an online survey.

## Methodology

*(continued)*

### Respondents were first asked to identify which one of these roles they identified with

- Member of the public who has received physiotherapy
- Carer, relative or close friend of someone who has received physiotherapy
- Member of the public with an interest in physiotherapy
- Physiotherapist
- Physiotherapy support worker
- Student physiotherapist
- Healthcare professional other than a physiotherapist

Participants were asked to choose and rank their top 10 priorities from the full list of indicative questions.

Finally we asked respondents where they live, their age, gender and ethnic group. The survey was on the CSP website from 17 November until 18 December 2017.

The survey was promoted by the project team, Steering Group, partner organisations, and the JLA using e-mail, social media, web posts, newsletters, journals, magazines, meetings and presentations.

### Analysis

- Each question was ranked, the question with the highest total score being ranked as the top priority.
- Data for the patient group (patients, carers and public) and for the physiotherapy group (clinical physiotherapists, students, support workers and other health care professionals) was analysed separately to give equal weighting to both groups.
- A combined ranking for each question was then calculated.
- A shortlist of the top 25 questions was used for final prioritisation

### Stage 4: Final prioritisation

We held a final prioritisation workshop at the Chartered Society of Physiotherapy London offices on 7 February 2018. The event was attended by 10 patients, 3 carers and 14 physiotherapists. Participants were selected to represent a wide range of experience in physiotherapy for different specialities and conditions, and delivered in a variety of settings.

## Methodology

*(continued)*

The workshop followed JLA methodology using small group sessions and ranking exercises based on nominal group techniques. Each group was facilitated by JLA Advisers to encourage open discussion and involvement of all participants. The aim of the process was to reach consensus on the top ten priorities and a ranked list of all 25 questions.



***“I enjoyed coming together with specialists and others who received physio. The facilitators were very good, everyone could put forward their viewpoint and there was no peer pressure. We came to the right conclusions at the end and agreed with the outcomes.”***

Doulla Manolas, workshop participant

***“Initially I thought the task was un-doable! However with excellent facilitation and lots of discussion we were able to prioritise the research priorities. I found the input of the patients invaluable. It really brought to life what we were doing and why.”***

Suzanne McIlroy, workshop participant

***“I found the facilitation both engaging and well structured. In terms of the day itself, the opportunity to express ones opinion/ views was easy. The dynamics of the various groups I participated in were both positive and a great mix of Allied Health Professionals and lay persons.”***

Andrea Shelly, workshop participant

# Results

## Stage 1: Identifying uncertainties

### Survey

A total of 645 responses were submitted, of these 510 included research questions. Nineteen (3.7%) of responses had been filled in on behalf of someone else. The 510 responses identified a total of 2152 uncertainties

### Demographics of respondents

#### Type of respondent

Fifty per cent of respondents were patients, carers or members of the public and forty six per cent were physiotherapists working in clinical practice (Table 1).

Table 1: Type of survey respondent	Number	%
Member of public who has received physiotherapy	174	34.1
Carer, relative or close friend of someone who has received physiotherapy	44	8.6
Member of the public with an interest in physiotherapy	36	7.1
Physiotherapist working in clinical practice	234	45.9
Physiotherapy support worker	6	1.2
Student physiotherapist	13	2.5
Physiotherapy researcher	69	13.5
Physiotherapy educator	40	7.8
Physiotherapy manager	26	5.1
Healthcare professional other than physiotherapist	30	5.9
Other, including other healthcare professionals	74	14.5

Respondents were asked to mark the main box(es) that best described themselves. Some respondents, in particular physiotherapists, ticked 2 or more boxes and therefore the total number of responses is greater than 510 and total percentage greater than 100.

### Country of residence of respondents

Just over three-quarters of respondents lived in England (Table 2)

Table 2: Country of residence of respondents	Number	%
England	393	77.1
Northern Ireland	52	10.2
Scotland	25	4.9
Wales	23	4.5

**2152**  
uncertainties  
were  
identified  
from  
**510**  
responses



## Results

(continued)

Table 2: Country of residence of respondents	Number	%
Channel Islands	0	0
Isle of Man	2	0.4
Outside the UK	8	1.6
Did not respond	7	1.3

### Age of respondents

Respondents' ages ranged from 9 to 88 years, with a mean age of 47 (standard deviation 15 years).

### Gender of respondents

Three-quarters of respondents were female (Table 3).

Table 3: Gender of respondent	Number	%
Female	381	74.7
Male	112	22
Prefer not to say	7	1.4
Prefer to self-describe	1	0.2
Did not respond	9	1.7

### Ethnic group of respondents

There was a low response rate from Black, Asian and minority ethnic (BAME) groups despite attempts to increase engagement through networks (CSP BME and diversity network, NHS BME network, Race Equality Foundation) and providing paper copies of the survey and support in some physiotherapy clinics (Table 4).

Table 4: Ethnic group of respondents	Number	%
White	463	90.8
Asian/Asian British	5	1
Black/Black British	5	1
Chinese or other ethnic group	2	0.4
Mixed/multiple ethnic groups	2	0.4
Prefer not to say	23	4.5
Did not respond	10	1.9

# Results

*(continued)*

The number of respondents wanting to be involved in the next stage of the project i.e. a survey prioritising the research questions was 545 (84.5%, including the respondents who had not submitted research questions).

## Evidence searches to identify uncertainties

- |  |  |
|--|--|
| <p><b>1</b> Developing and sharing models of good practice for reducing the burden on secondary care: Seventy two papers were retrieved and from these 37 uncertainties/ research questions identified. See appendix 2</p> | <p><b>2</b> Promoting good practice in primary care for people with multiple morbidities: Eleven papers were retrieved and from these 9 uncertainties/ research questions identified. See appendix 3</p> |
|--|--|

The identified uncertainties were assessed and considered to be already encompassed within those submitted in the survey and the developed indicative questions. Therefore, no additional uncertainties or indicative questions were developed from the evidence searches.

## Stage 2: Analysis and verification of uncertainties

### Analysis of uncertainties

Fifteen categories of uncertainties were developed through a process of coding and thematic analysis. Similar uncertainties within each category were grouped together and developed into indicative questions to encompass their content. The final number of indicative questions was 65.

### The categories and number of indicative questions in each were:

- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>• Access (14)</li><li>• Defining current practice (5)</li><li>• Diagnosis and prediction (2)</li><li>• Effectiveness (13)</li><li>• Feasibility (2)</li><li>• Information provision (1)</li><li>• Measurement /outcome (1)</li><li>• Optimisation (1)</li></ul> | <ul style="list-style-type: none"><li>• Other people's views (1)</li><li>• Physiotherapists' knowledge and training (9)</li><li>• Patient and carer knowledge, experiences, needs and expectations (2)</li><li>• Supporting patient engagement and self-management (7)</li><li>• Service delivery (5)</li><li>• Treatment mechanisms (2)</li></ul> |
|---|--|

Thirty-five uncertainties were considered to be out of scope.

## Results

(continued)

### Verifying uncertainties

The secondary care search identified systematic reviews relevant for 8 of the indicative questions. Fifteen additional searches were undertaken which identified systematic reviews for a further 33 indicative questions. All of the systematic reviews showed that uncertainty existed. Therefore, 41 of the 65 indicative questions were verified as uncertainties. See appendix 4

The researcher and Steering Group discussed the 24 questions which had not been verified and agreed it was highly unlikely that there would be substantial evidence in the form of systematic reviews on any of these topics. Taking this into account and the wide scope of each of the questions, there was consensus that all of the indicative questions were unanswered.

### Stage 3: Interim prioritisation

There were 1,020 responses to the survey, 636 (62%) of these were complete and used in the analyses.

Eighty eight (14%) of responses were from the patient group (Table 5).



Table 5: Survey respondent types and completion rates

Respondent type	Complete responses	Incomplete responses	Total no of responses	% complete
Patients	68	66	134	51
Carers	14	8	22	64
Public	6	14	20	30
Patient group	88	88	176	50
Physiotherapists	490	251	741	66
Support workers	9	8	17	53
Students	44	29	73	60
Other health care professionals	5	8	13	38
Physiotherapist group	548	296	844	65
All groups	636	384	1020	62

Details about the age, gender, ethnic background and location of respondents are in appendix 5

## Results

(continued)

### Ranking of questions

The top 25 questions shortlisted for the workshop are in Table 6 in their combined ranked order. The ranked position for the patient and physiotherapy groups are also shown and the top 10 for each group highlighted.

Combined ranked position	Questions	Patient rank	Physio rank
1	How does the amount of physiotherapy received affect results for patients and services? What are optimal session lengths, frequency and duration of treatment?	1	2
2	What types of exercises, doses and methods of delivery are effective in stopping health problems occurring or worsening?	3	6
3	What are the best ways to deliver physiotherapy services to meet patients' needs and improve outcomes for patients and services?	7	3
4	What do the people who fund services and internal budget holders understand about the role of physiotherapy and how do they make funding decisions?	12	1
5	How does waiting for physiotherapy affect patient and service outcomes?	2	16
6	How is patient progress and/or the results of physiotherapy treatment measured? How is service performance measured and checked?	11	9
7	How well do patients recall physiotherapy advice and to what extent do patients follow this advice?	14	10
=8	What's the availability of physiotherapy services nationally, how does this compare between specialisms, countries, or to documented need? What affects service availability across the UK?	9	18
=8	How can access to physiotherapy be improved for groups who have reduced access?	4	23
10	What parts of physiotherapy treatments cause behaviour change or physical improvement?	=22	5
11	When used by physiotherapists, what methods are effective in helping patients to make health changes, engage with treatment, check their progress, or manage their health after discharge?	20	8

## Results

(continued)

Combined ranked position	Questions	Patient rank	Physio rank
12	What approaches are effective for enabling parents, relations or carers to support physiotherapy treatment or to help patients to manage their own health problem?	=15	14
13	When health problems are developing, at what point is physiotherapy most/least effective for improving patient results compared to no physiotherapy? What factors affect this?	5	=25
=14	When trying to improve patient and service outcomes, what types of exercises, doses and methods of delivery are effective?	25	12
=14	What are patients' expectations regarding recovery, how do these compare to physiotherapists' views and, where recovery is not possible, how is this managed?	18	19
16	What are the physiological effects of different physiotherapy treatments?	=30	7
17	To stop health problems occurring or worsening, what physiotherapy treatments, advice or approaches are safe and effective? Where more than one treatment/approach works, which work best and in what dose?	8	30
18	What methods do physiotherapists use to treat patients, to help them gain skills to manage their condition and to use them in their daily lives?	10	29
19	Do staffing levels and skill mix impact patient and service outcomes? What are the best staffing levels and skill mixes in different areas of physiotherapy and how do these compare to current staffing provision?	39	4
20	How do physiotherapists decide on what their treatment plans include and/or when to refer on? What influences the types of evidence they use?	=22	22
21	What factors predict the onset of health problems, patient responses to physiotherapy or their abilities to make health changes/self-manage? Which patients (if any) are likely to benefit most/least from physiotherapy?	17	28
22	What are patients offered nationally in terms of treatment sessions, appointment times and follow-on care? How is it checked that this is enough?	6	40

## Results

(continued)

Combined ranked position	Questions	Patient rank	Physio rank
23	What training is available to physiotherapists for developing their skills either working with different conditions or using more specialist approaches?	27	24
=24	How are different physiotherapy services provided, staffed and accessed across the UK and what influences this?	35	20
=24	What do patients expect of physiotherapy and understand in terms of remaining healthy, their condition and their role in self-management?	38	17

***“Being involved in this project has been a privilege. To experience the commitment to inclusive working at first hand, where time is given to supporting all contributions, where there is genuine interest in all voices and where the outcome was truly open to be informed by a process of wide consultation has been both enlightening and developmental.”***

Sarah Westwater-Wood, Steering Group member

### Comparison of rankings between the patient and physiotherapy groups

The top 10 for both groups fell within the shortlisted 25 questions. Six of the top 10 from the patient group and seven from the physiotherapy group were in the combined top 10.

Both groups ranked the top three questions in their top 10. The combined top question was ranked top by the patient and second by the physiotherapy group.

*How does the amount of physiotherapy received affect results for patients and services? What are optimal session lengths, frequency and duration of treatment?*

The biggest differences in ranking between the patient and physiotherapy groups were:

*Do staffing levels and skill mix impact patient and service outcomes? What are the best staffing levels and skill mixes in different areas of physiotherapy and how do these compare to current staffing provision? (Patient group rank 39, Physiotherapy group rank 4)*

*What are patients offered nationally in terms of treatment sessions, appointment times and follow-on care? How is it checked that this is enough? (Patient group rank 6, Physiotherapy group rank 40).*

## Results

(continued)

### Stage 4: Final prioritisation

The top question is:

*When health problems are developing, at what point is physiotherapy most/least effective for improving patient results compared to no physiotherapy? What factors affect this?*

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***“The top ten priorities are good but, in my opinion, eleven to twenty five can’t be ignored either. An important one for me has to be number eight, though not so much as an approach, but more as encouragement to self-manage, and how important it is to go beyond physio and find ways that can be enjoyable rather than a chore. These can be cheap enough and affordable if pointed in the right direction.”***

Garry Behnke, workshop participant

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Table 7 lists the top 10 priorities including the theme and number of uncertainties underpinning each priority. A list of the final ranked position of the 65 questions is in appendix 6.

The top 10 fall within six themes: optimisation (top question); access (3 questions); effectiveness (3 questions); patient and carer knowledge, experiences, needs and expectations; supporting patient engagement and self-management; diagnosis and prediction.

When health problems are developing, at what point is physiotherapy most/least effective for improving patient results compared to no physiotherapy?

## Results

(continued)

**Table 7: Top 10 priorities including the theme and number of uncertainties underpinning each priority**

Rank	Priorities	Theme	Number of uncertainties
1	When health problems are developing, at what point is physiotherapy most/least effective for improving patient results compared to no physiotherapy? What factors affect this?	Optimisation	18
2	When used by physiotherapists, what methods are effective in helping patients to make health changes, engage with treatment, check their progress, or manage their health after discharge?	Effectiveness	190
3	What are the best ways to deliver physiotherapy services to meet patients' needs and improve outcomes for patients and services?	Access	255
4	To stop health problems occurring or worsening, what physiotherapy treatments, advice or approaches are safe and effective? Where more than one treatment/approach works, which work best and in what dose?	Effectiveness	34
5	What are patients' expectations regarding recovery, how do these compare to physiotherapists' views and, where recovery is not possible, how is this managed?	Patient and carer knowledge, experiences, needs and expectations	15
6	How does waiting for physiotherapy affect patient and service outcomes?	Access	17
7	What parts of physiotherapy treatments cause behaviour change or physical improvement?	Effectiveness	3
8	What approaches are effective for enabling parents, relations or carers to support physiotherapy treatment or to help patients to manage their own health problem?	Supporting patient engagement and self-management	24
9	How is patient progress and/or the results of physiotherapy treatment measured? How is service performance measured and checked?	Diagnosis and prediction	11
10	How can access to physiotherapy be improved for groups who have reduced access?	Access	22



# Results

*(continued)*

## Summary of the methodology and results

Figure 2 summarises the methodology and results of the 4 key stages.

Figure 2: summary of the methodology and results	
<b>Stage 1:</b> May – July 2017	Identifying uncertainties – online survey
	510 completed responses – 2152 uncertainties
<b>Stage 2:</b> June – Oct 2017	Analysis and verification of uncertainties
	65 indicative questions from 2117 uncertainties, 35 uncertainties out of scope
	All indicative questions unanswered
<b>Stage 3:</b> Nov – Dec 2017	Interim prioritisation – online survey
	65 indicative questions ranked, 25 shortlisted
<b>Stage 4:</b> 7 Feb 2017	Final prioritisation – workshop
	Final ranking of top 25 indicative questions including top 10



# Conclusions

We have used a patient- and clinician-focussed approach to agree physiotherapy research priorities. About half of the uncertainties were identified by patients, carers and other members of the public. Physiotherapists and patients and carers had an equal say in prioritising the uncertainties.

The priorities are relevant for all areas of physiotherapy, for any injury, illness, condition or disability, for people of any age and delivered in any setting. They relate to physiotherapy treatments, how services are delivered, and physiotherapy's role in supporting self-management and prevention.

The priorities highlight broad areas of uncertainty and can be developed flexibly to produce more specific research questions.

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***“For physiotherapy this project has been committed throughout to seeking, listening and acting upon real and relevant voices for the future of our profession. What has emerged I believe is direction for research priorities unshackled by narrowing 19th/20th century health practices. These priorities are future-facing multifaceted open priorities with flex to be nimble and responsive to the reality of health landscapes, optimising individual lives which is the heart of physiotherapy.”***

Sarah Westwater-Wood, Steering Group member

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# Next Steps

***“It has been rewarding being part of a project and seeing colleagues independently consult with and embed the final set of research priorities in their work.”***

Dr Kate Button, Steering Group member

Now that we have prioritised our broad areas of uncertainty we will work with researchers, clinicians, patients, research funders and all our stakeholders to understand each priority in more detail. We will discuss how relevant they are across different areas of physiotherapy so that we can develop specific research questions.

The key purpose of the Physiotherapy PSP was to identify the priorities for physiotherapy research. However, it is also important to disseminate our findings about what matters most to patients about physiotherapy to those who make decisions about how physiotherapy is funded and provided.

## Our next steps include:

- Working with researchers to look at the top 10 priorities in more detail and develop more specific research questions
- Encouraging physiotherapy researchers, including students, to use the priorities in research proposals and funding applications
- Influencing research commissioners and funders to produce evidence that matters to clinicians and patients and is relevant to healthcare policy
- Encouraging patient and carer representatives and organisations to promote the priorities and support the development of research questions and proposals
- Further analysis of the uncertainties submitted by patients, carers and the public to gain more insight into what matters most to them about physiotherapy
- Promotion of the priorities to those involved in commissioning or providing physiotherapy services.

***“I thought working with people with different lived experiences in the final workshop was an incredibly insightful experience. Contribution from people from varied backgrounds and with different perspectives is important when trying to tackle complex issues. I think this is something as a profession we probably don’t do enough in our everyday clinical and service development roles.”***

Orla McCourt, workshop participant

# Get Involved

Please consider helping us make the best possible use of our priorities in the following ways

- Use the priorities and let us know how you are using them
- Tell other people about the priorities
- Let us know if you would like to be involved in developing the priorities in more detail.

## Further Information

More information about the Physiotherapy PSP and updates on how we are using the priorities are available at [www.csp.org.uk/priorities](http://www.csp.org.uk/priorities)

## Stay in touch

Let us know how you are using the priorities by contacting us at [physiopriorities@csp.org.uk](mailto:physiopriorities@csp.org.uk)



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# Acknowledgements

## Partners

Advanced Practice Physiotherapy Network (APPN)

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Association of Chartered Physiotherapists in Cystic Fibrosis (ACPCF)

Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE)

Association of Chartered Physiotherapists in Respiratory Care (ACPRC)

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Healthcare Improvement Scotland

Keele University

King's College London

Manchester Metropolitan

Multiple Sclerosis Society

Muscular Dystrophy UK

National Osteoporosis Society

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Oxford Brookes University

Physiotherapy Research Society

Sheffield Hallam University

South Eastern Trust Local Commissioning Group, Belfast

Stroke Association

UK Physiotherapy Consultants group

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University of East London

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*(continued)*

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