PLYMOUTH UNIVERSITY PENINSULA
SCHOOLS OF MEDICINE & DENTISTRY

THE COCHRANE COLLABORATION®

'The challenges of engagement' Engaging with patients, patients and priority setting

Thursday 21st March

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Cochrane Agenda & Priority Setting Methods Group

What is a Master Class?

The difference between a normal class and a master class is typically the setup. In a master class, all the students (and often spectators) watch and listen as the master takes one student at a time. **The student** (typically intermediate or advanced, depending on the status of the master) **usually performs a single piece which they have prepared, and the master will give them advice on how to play it**, often including anecdotes about the composer, demonstrations of how to play certain passages, and admonitions of common technical errors**. The student is then usually expected to play the piece again,** in light of the master's comments, and the student may be asked to play a passage repeatedly to attain perfection.

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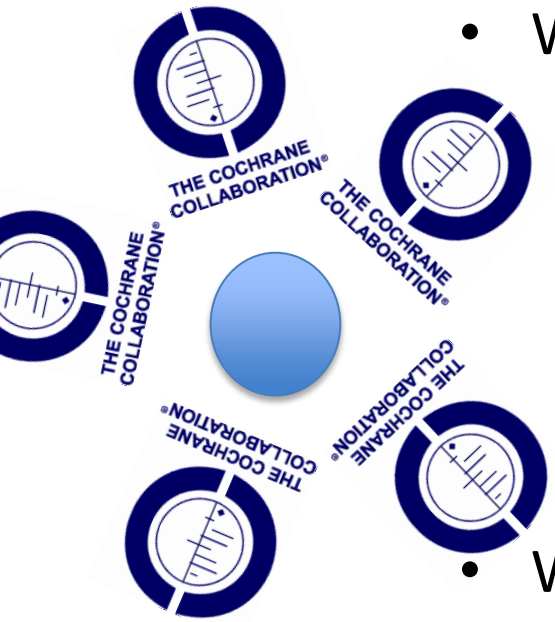
What are we doing today?



- What we are doing? Presentations around
  - To consider and discuss strategic approaches/models to priority setting that engages patients
  - To assess different examples of priority setting and assess the levels of patient engagement
- What are you doing?
  - Working through the hands out on reflecting how our evaluation categories apply to the four case studies that we present. Makes notes about the case studies so that you remember them

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What is Research Priority Setting

- a collective activity for deciding which uncertainties are most worth trying to resolve through research.
- uncertainties considered may be problems to be understood or solutions to be developed or tested; across broad or narrow areas (Sandy Oliver)

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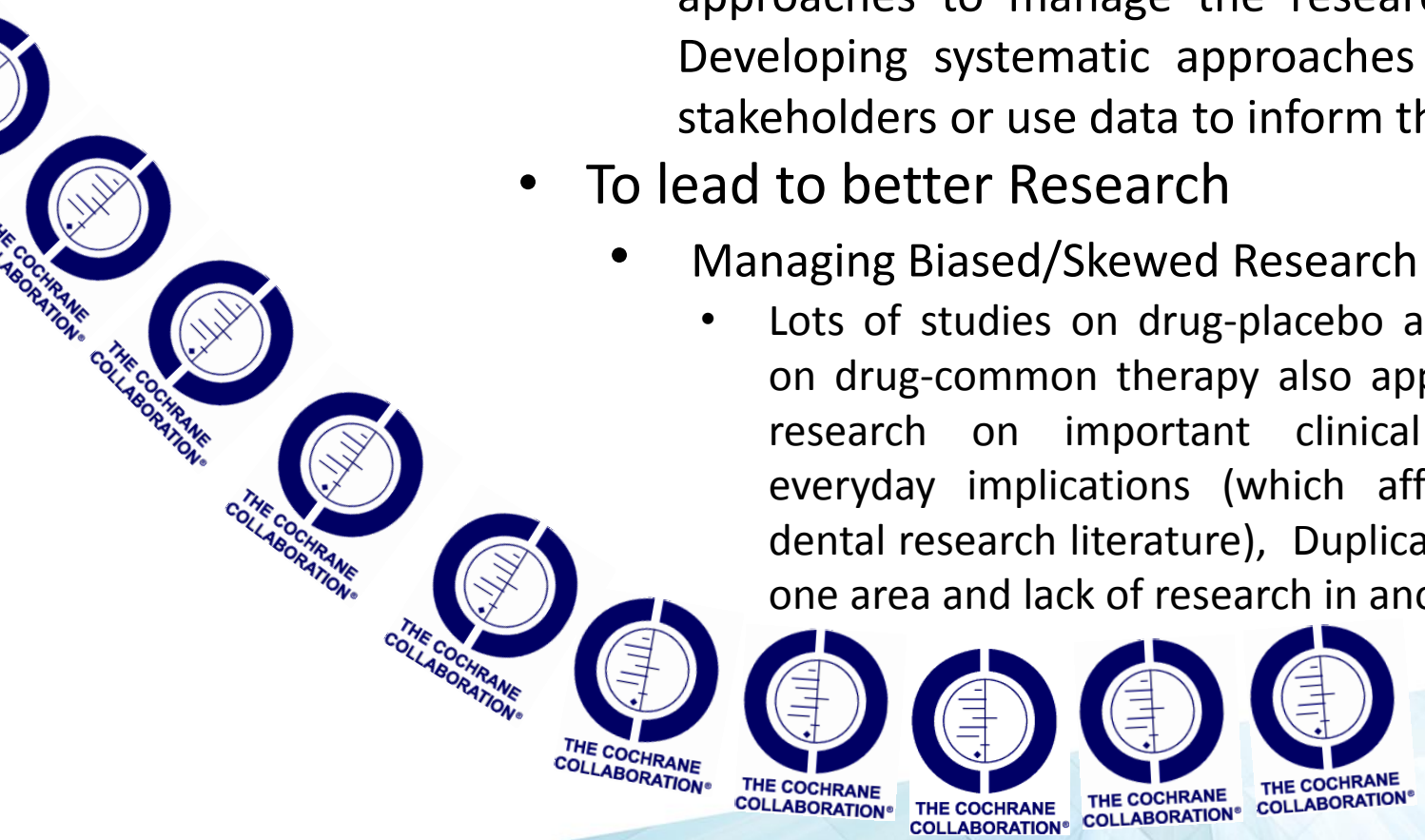
Decision Making & Bias

- As a decision making tool
  - To make more transparent and accountable approaches to manage the research portfolio and Developing systematic approaches to engage with stakeholders or use data to inform the processes
- To lead to better Research
  - Managing Biased/Skewed Research Agenda
    - Lots of studies on drug-placebo and limited studies on drug-common therapy also applies here, Lack of research on important clinical questions with everyday implications (which affects 80% of the dental research literature), Duplication of research in one area and lack of research in another area



Case study 1 Data Driven Approach

Burden of Disease Approach:

- Measuring burden of Disease for example DALYs (disability adjusted life years), QALYs (quality adjusted life years), HEALYs (healthy life years), DALE (disability adjusted life expectancy
- Analysing risk factors
- Comparing our current knowledge on managing these conditions with the risk factor assessment
- Cost effectiveness analysis

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Case study 2 Stakeholder engagement with quantitative ranking

Child Health Priorities

- Setting up the objective conceptual framework on which the project is set up.
- Forming an expert task force that defines common definitions, context, timeline and broad domain of health research and then the health research priorities
- All experts rank the studies based on criteria that are derive from the conceptual framework
- Summary scores of the priorities
- Program Budgeting and marginal analysis

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Case study 3 Organizational structure to support a Research Priority Setting Exercise

PenCLAHRC

- Locality Leads, PenPIG and capacity buidlings workshops
- Online collection question using a web-based question formulation tool
- Stage 1 - executive group prioritisation – 6 locality leads and 7 theme leads prioritising the topics based on transparent criteria
- Evidence synthesis team provides a briefing
- Stage 2 – large stakeholder group meeting with discussions and then voting (three votes 1 point, two votes 2 point)
- Unclear questions/Insufficient information goes back to the preparation team and prioritised in the next session

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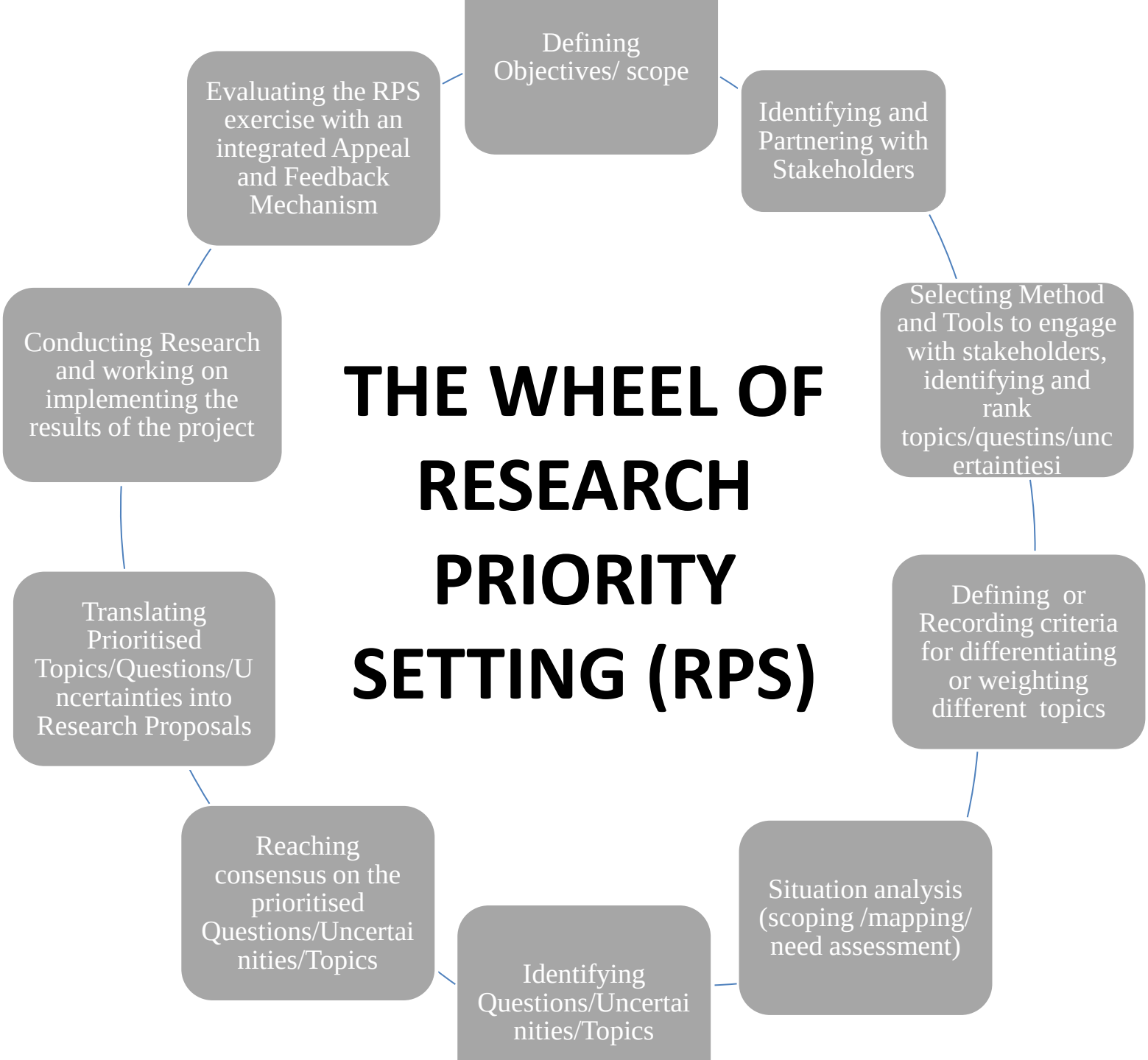
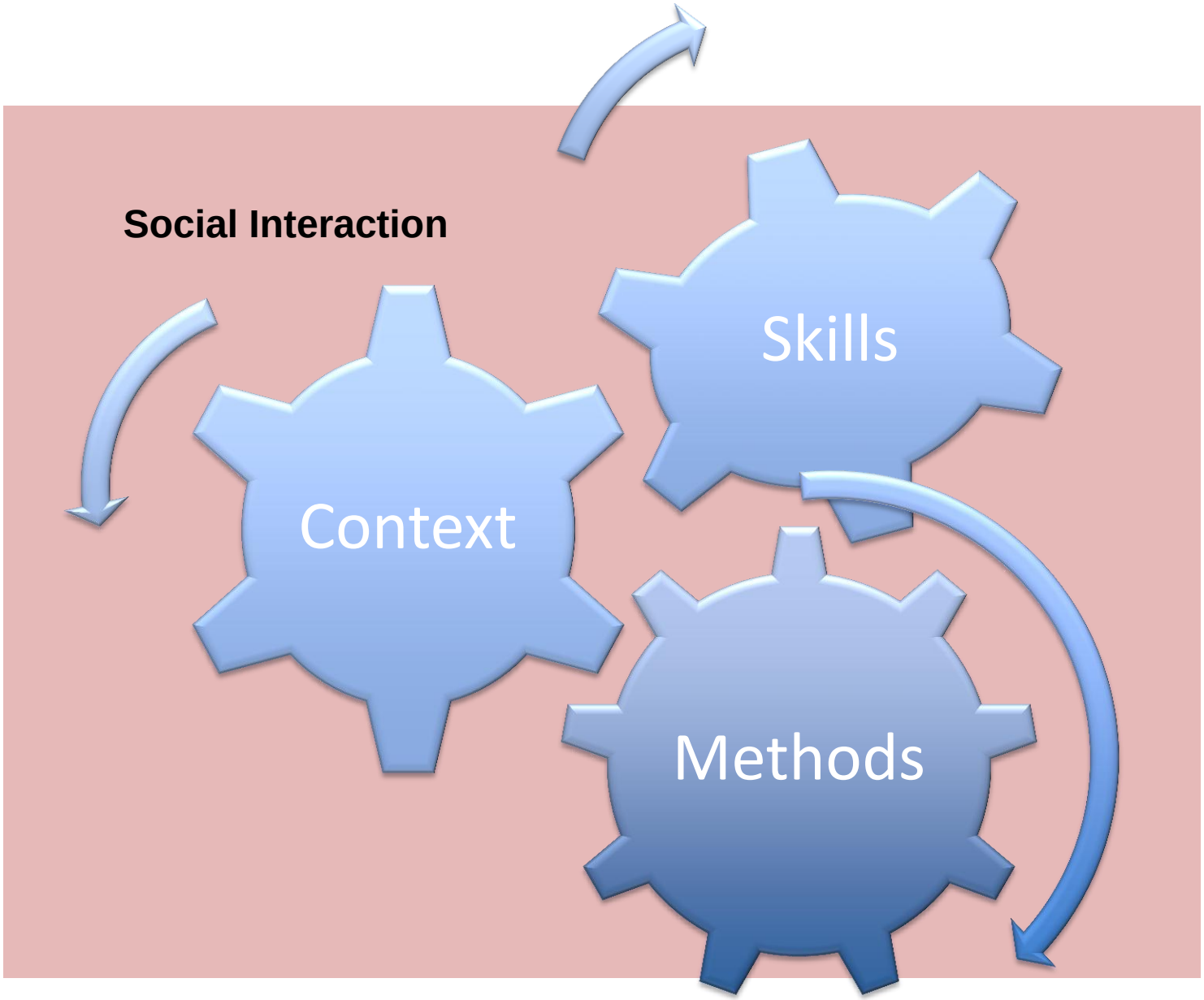
Discussion Question

How can groups in the collaboration build on existing partnerships that have already been established?


THE WHEEL OF RESEARCH PRIORITY SETTING (RPS)
Defining Objectives/ scope
Identifying and Partnering with Stakeholders
Selecting Method and Tools to engage with stakeholders, identifying and rank topics/questins/uncertaintiesi
Defining or Recording criteria for differentiating or weighting different topics
Situation analysis (scoping /mapping/ need assessment)
Identifying Questions/Uncertainities/Topics
Reaching consensus on the prioritised Questions/Uncertainities/Topics
Translating Prioritised Topics/Questions/Uncertainties into Research Proposals
Conducting Research and working on implementing the results of the project
Evaluating the RPS exercise with an integrated Appeal and Feedback Mechanism



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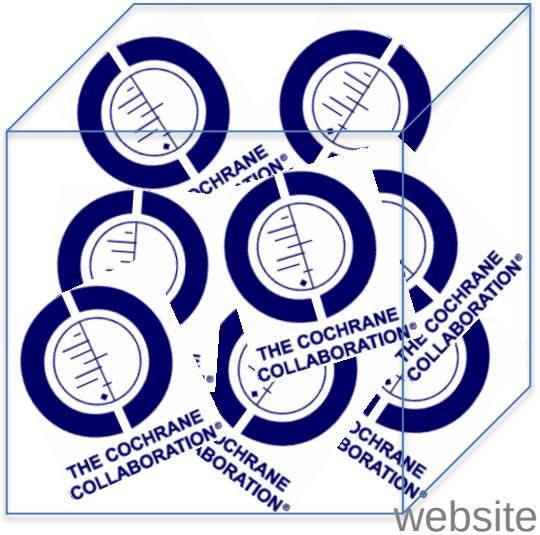
Before Starting a Priority Setting Exercise

Defining the scope/level of RPS
Setting up systems to collect the required data to inform the RPS exercise
Building the group to establish partnerships with stakeholders
Capacity Building
Clarity and transparency of the objectives
Available Resources and timeline
Conceptualizing research question/topic



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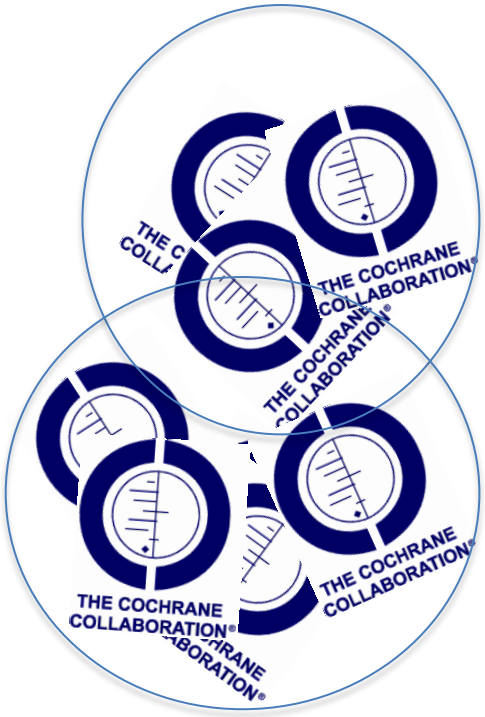

Categorization of Research Priority Setting Exercises

(a) technical assessment (b) interpretive assessment

(a) identifying research topics (b) ranking research topics

(a) Retrospective/gap finding approach (b) fore sighting and visionary approach

(a) Quantitative ranking (c) Building consensus

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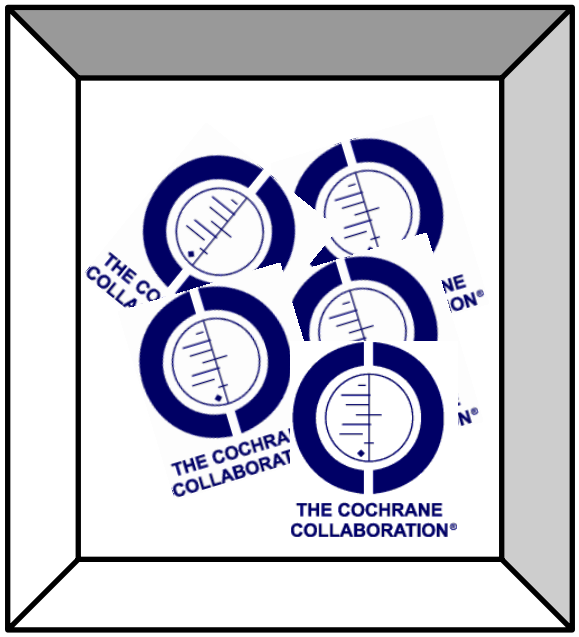

Frameworks to evaluate Research Priority setting Exercises

Accountability of Reasonableness: Relevance, Publicity, Appeals, Enforcement (Martin 2003)

Sibbald's 2009 framework for successful health priority setting exercises (process elements): Stakeholder Engagement, Use of explicit process, Informational management, consideration of values and context, revision or appeal mechanisms.

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Good Practice in Research Priority Setting

Preparatory work	Decision on priorities	After prioritisation
• Context • Use of comprehensive approach • Inclusiveness • Information gathering • Planning for implementation	• Criteria • Methods for decision on priorities	• Evaluation • Transparency

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