

Identifying research priorities for occupational therapy in the UK

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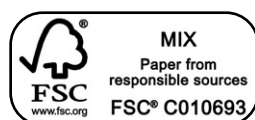
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Forewords

Isaac Samuels, OTPSP Steering Group Member



The research priority setting partnership has been needed for such a long time.

There is now, more than ever, a need to ensure that people can live good lives, so it was important to ensure those with lived experience, such as myself, were a full part of the priority setting agenda. It was encouraging to witness the Royal College taking this step and observe its genuine commitment to identifying a means of addressing the gaps which still exist within occupational therapy.

As someone who has extensive experience of co-production, it was not only refreshing, it was trailblazing to use this approach. Too often, if you are a person with lived experience, you are invited to collaborate in a very tokenistic way, but this project was facilitated in a way that was meaningful and non-tokenistic and really spoke to the power sharing which needs to happen in relation to lived and learned experience coming together. It was great to emerge with the Top 10 priority areas, which really will advance the profession and, as a consequence, help people to live their best lives.

It was important to ensure that diversity of experience underpinned and kept real the approach and, ultimately, shaped the priorities themselves whilst embracing co-production as a means to that end.

The experience of people who had been beneficiaries of occupational therapy was embedded throughout the priority setting process. A diverse range of experiences were involved which not only gave the whole process validity, but also ultimately these diverse experiences have shaped the Top 10 priorities.

The Covid-19 pandemic has identified many inequalities that exist, and this has had serious implications for communities which have borne the brunt of poverty and disadvantage. This work will be a key part of ensuring that:

- there will be better research;
- interventions supporting people to have better lives will be rooted in lived experience;
- there is improved equality and quality across the profession;
- people can lead the least restrictive lives and have the same life experiences as their non-disabled peers;
- the very challenges which people articulated as part of the project are those the system is looking to address;
- cost-effectiveness, resources and effectiveness of intervention are ensured.

It's not just about striving, it's about thriving.

Julia Scott, Chief Executive (2006–2021), Royal College of Occupational Therapists



Establishing priorities, for anything you care about, is always a challenging task. And whilst others may be prepared to help, their contributions may not be what we really want to hear, or acknowledge, and their perspective may not seem in harmony with our own. The task is all too often left incomplete or inaccurate.

But, the RCOT's research Priority Setting Partnership, undertaken in collaboration with the James Lind Alliance, has brought together a host of contributions and views and generated huge numbers of survey responses, detailed conversations, piles of reading material and hours of debate. In return it has delivered a set of 10 research priority areas to help shape occupational therapy interventions that deliver a fundamental impact on the lives of those we serve.

Some may have expected a list of 10 areas or conditions requiring 'clinical research', some may have hoped for 10 priorities focusing on the philosophies that underpin the very existence of occupational therapy, or perhaps those areas that they feel the profession needs to focus on in the 21st century. And whilst all of these areas would deliver value to the profession, what the OTPSP has delivered is a set of 10 summary questions which can be applied broadly within a number of areas of practice. They are relevant to people with lived experience from a variety of specific groups and communities, are applicable to a wide range of conditions and support needs, and can 'flex' to most areas of investigation in order to build the evidence underpinning contemporary occupational therapy practice.

I heartily commend this report to you; it has been a huge undertaking but all the hours of work have been so worthwhile in terms of shaping the future direction of occupational therapy research. I send my heartfelt thanks to all those who got involved and encouraged others to get involved, to the Project Team and the Steering Group. Thank you for helping us to focus on what really matters to those who access, and those who deliver, occupational therapy services.

**Unanswered
questions aren't
threats; they're
challenges and
catalysts.**

— Colin Wright, colin.io

Executive summary

In March 2019 the Royal College of Occupational Therapists (RCOT) launched a Priority Setting Partnership with the James Lind Alliance (JLA) to identify the Top 10 research priorities for occupational therapy in the UK. The JLA's robust and well-respected methodology brings together people who access services, carers, healthcare professionals and the public to identify and prioritise 'uncertainties' or 'unanswered questions' about treatments or interventions that they agree are most important in a particular area.

The core Project Team worked under the guidance of a Steering Group comprising 20 people, 5 of whom offered lived experience of accessing occupational therapy services. The project was delivered according to an agreed Protocol which set out its aims, objectives and scope, along with guiding principles regarding how each of the four key stages would be completed.



RCOT/JLA Occupational Therapy Priority Setting Partnership key stages and timeline

With the support of 56 formally recognised partner organisations and over 60 known supporters from around all four nations of the UK, the two surveys secured 927 and 1140 responses respectively, despite the initial surge of the COVID-19 pandemic in the UK coinciding with the second survey. Sixty-six unanswered summary questions were derived from the 1255 in-scope uncertainties submitted in response to the opening consultation survey. Initial prioritisation of these questions in the second survey resulted in a shortlist of 18 summary questions being presented for consideration at the final priority setting workshop. Ten people with lived experience and ten occupational therapists were invited to participate in the final workshop, which was adapted to an online format to enable it to proceed despite the ongoing restrictions required to control the spread of COVID-19.

On July 30th 2020, the Top 10 research priorities for occupational therapy in the UK, as agreed by occupational therapists and people accessing services, were announced as:

The top 10

- 1** How does occupational therapy make a difference and have impact on everyday lives?
- 2** How can occupational therapists ensure that person-centred practice is central to how they work?
- 3** How can occupational therapists work more effectively with the family and carers of people who access services?
- 4** What are the long-term benefits of occupational therapy intervention?
- 5** What are the benefits or impact of occupational therapy in primary care settings? (e.g. services delivered by your local general practice surgery, community pharmacy, dental and optometry (eye health) services)
- 6** How can occupational therapy services be more inclusive of both mental and physical health?
- 7** What is the role of occupational therapy in supporting self-management? (e.g. helping people with illness to manage their health on a day-to-day basis)
- 8** What is the role or impact of occupational therapy in reducing hospital admissions?
- 9** How can occupational therapists work most effectively with other professionals to improve outcomes for people who access services? (e.g. multi-disciplinary teams, commissioners, community agencies)
- 10** What is the cost-effectiveness of occupational therapy services?

The Top 10 research priorities for occupational therapy in the UK

The Top 10 research priorities for occupational therapy in the UK provide a framework for focusing efforts on those issues that matter most to the people accessing and delivering occupational therapy services. Each is best understood as a summary question that reflects the essence of a number of related individual questions submitted during the opening consultation survey. There will be many, more focused, research questions that need to be answered to address each of the priorities, which are applicable across the many and various contexts of contemporary occupational therapy practice. This includes application to a wide range of conditions, symptoms, interventions, areas of practice and service delivery models, within statutory and non-statutory service provision. It also includes application across the lifespan and with specific communities or segments of the population of the UK particularly in mind.

By aligning their work to the Top 10, researchers will be able to further demonstrate the value of proposals they submit for funding, according to what matters most to people accessing and delivering occupational therapy services. Research questions derived from the Top 10 are open to the application of a wide range of methodological approaches. Furthermore, there is the potential to cross-reference the Top 10 priorities for occupational therapy in the UK to those of other Priority Setting Partnerships (e.g. palliative and end of life care, dementia, depression, childhood disability, amongst a range of others) to focus their application in particular contexts.

Alongside continuing to widely disseminate them amongst the profession, researchers and research funders, with immediate effect the Top 10 will be explicitly linked to the funding available to members through the RCOT Research Foundation. The RCOT Research and Development Team will work with members of RCOT's specialist sections to support them to identify research questions relevant to the context of their own particular areas of specialist practice that help to address the Top 10 and develop and extend the evidence base underpinning occupational therapy practice for the benefit of those accessing services.

Identifying research priorities for occupational therapy in the UK

Introduction

The Royal College of Occupational Therapists' (RCOT's) first statement of research priorities for occupational therapy in the UK, *Building the evidence for occupational therapy: priorities for research*, was published in 2007, the year in which the UK Occupational Therapy Research Foundation (UKOTRF) was launched. The recent comprehensive RCOT Research and Development Review commenced in July 2017 and culminated in November 2019 with the publication of the *RCOT research and development strategy 2019–2024*. The review highlighted the need, and desire amongst members, for a revised statement of research priorities. This report outlines how the contemporary research priorities were identified. Together, these two documents will drive and guide a step-change in the profession's engagement in and with research, the expansion of the evidence base underpinning practice, and help to position occupational therapy as a key contributor to the health and wellbeing of the UK population in the 21st century.

In January 2019, RCOT started working with the James Lind Alliance (JLA) on the Occupational Therapy Priority Setting Partnership. The JLA is a non-profitmaking initiative whose infrastructure is funded by the National Institute for Health Research (NIHR). It is based in the NIHR Evaluation, Trials and Studies Coordinating Centre at the Wessex Institute, University of Southampton. The JLA's established methodology for the identification of research priorities is flexible and responsive to particular needs and contexts, but it is underpinned by a number of key principles that ensure a robust, transparent, inclusive and auditable approach that is committed to using and contributing to the evidence base (JLA 2016).

The JLA brings together people who access services, carers, healthcare professionals and the public in Priority Setting Partnerships (PSPs) to identify and prioritise 'uncertainties' or 'unanswered questions' about treatments or interventions that they agree are the most important in a particular area. It deliberately avoids giving primacy to the views and perspectives of researchers established in the area under consideration. The aim of this high-profile approach to research priority setting is to ensure that researchers and health-related grant-funding bodies (such as, but not limited to, the NIHR) are aware of what matters most to the people accessing and delivering services.

The RCOT/JLA Occupational Therapy Priority Setting Partnership

The RCOT/JLA Occupational Therapy Priority Setting Partnership (OTPSP) was launched early in March 2019. It began with an event attended by 30 people from across all four nations of the UK. Representation included RCOT members working in a variety of contexts spanning practice, service management, education and research, and RCOT specialist sections, external stakeholder groups, including those specifically representing people who access occupational therapy services and their carers, government bodies and research funding organisations.

A key aim of the event was to introduce and raise awareness of the work being undertaken, introducing the JLA as the project partner and Katherine Cowan as the Senior JLA Adviser working with RCOT as the Chair of the PSP Steering Group. The event also provided an opportunity to start to explore the scope of the OTPSP and methods of engaging and communicating effectively with occupational therapists, people who access services, their carers and other key stakeholders. Importantly, it also enabled RCOT to begin to secure expressions of interest in joining the OTPSP Steering Group or registering as a partner organisation supporting the work of the PSP.



The RCOT/JLA Occupational Therapy Priority Setting Partnership launch event

The OTPSP Steering Group

Following the launch event, the invitation to submit expressions of interest in joining the OTPSP Steering Group was extended through a variety of channels, including the RCOT website and branch newsletters, *OTnews* (RCOT's member magazine), social media, and internal and external networks. The invitation was open to people with experience of accessing occupational therapy services, their carers and the RCOT membership. The level of interest exceeded expectations, with 39 expressions of interest received, including 7 from people with experience of accessing services, 2 of whom also had experience as carers.

Decisions about whom to invite to join the Steering Group were made on the basis of pre-existing key principles which, in addition to the inclusion of people with lived experience, included seeking engagement from: occupational therapy practitioners; consultants and service managers working in a range of practice contexts and service delivery settings with a variety of groups and communities; academic and practice-based researchers; educators; and students. To ensure representation from all four nations of the UK, additional work was undertaken to secure representation from Northern Ireland.

Given the level of interest, the final Steering Group was slightly larger than originally anticipated, which was to the advantage of the OTPSP. Setting aside the 5 members of the core Project Team (the OTPSP Strategic Lead, Steering Group Chair, Project Lead, Project Coordinator and Project Information Specialist), the Steering Group comprised

20 people, 5 of whom offered lived experience of accessing occupational therapy services (see **Appendix 1** for a full list).



The RCOT/JLA Occupational Therapy Priority Setting Partnership Steering Group and Project Team

The INVOLVE (2016) guidelines informed how RCOT supported and recognised the contributions of Steering Group members with experience of accessing occupational therapy services and those who were carers. People with experience of accessing services were provided with financial compensation for their time in preparing for and participating in meetings and any costs associated with personal assistants. Compensation was also offered to Steering Group members who were carers and incurred additional carer costs as a result of attending face-to-face meetings. Travel expenses associated with attending face-to-face meetings were reimbursed for all Steering Group members.

The Steering Group was chaired by Katherine Cowan, and met for the first time at RCOT's London headquarters in late April 2019. It continued to meet regularly, in total 11 times, primarily using teleconference, but also face-to-face and via video-conference, until August 2020. The initial work of the Steering Group focused on agreeing its Terms of Reference (**Appendix 2**) and establishing the scope of and methods used by the project, as set out in the OTPSP Protocol (**Appendix 3**).

Aims and objectives

As stated in the Protocol, the aim of the OTPSP was, firstly, to identify unanswered questions about occupational therapy from:

- people with experience of accessing occupational therapy;
- carers and families of people who access occupational therapy;
- occupational therapists; and
- others who meet occupational therapists during the course of their work.

Having done so, the aim then was to prioritise those unanswered questions that these groups of people agreed were the most important for research to address.

The objectives were 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 UK;
- 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.

Project scope

As explained on the RCOT website, '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 n.d.). 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 et al 2018, p1).

The breadth of occupational therapy practice necessitated that the project had a well-defined scope with clear boundaries. The project Protocol stated 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 those of occupational therapists registered with the Health and Care Professions Council (HCPC), 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 accessing 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.

Engaging and involving people with lived experience

The OTPSP was committed to the meaningful involvement of people with experience of accessing occupational therapy services and their carers. Various approaches were used to promote opportunities for engagement across a broad range of groups and communities.

Building on existing RCOT networks, people who had previously spoken at RCOT events about their lived experience or who were working with RCOT as part of the practice guideline development programme were invited to attend the launch event. Individuals and organisations working with people with experience of accessing health and social care services were also invited. This approach ensured that they were able to contribute to initial discussions about the potential scope of the OTPSP and offer perspectives on the best way to engage particular groups and communities. These individuals and organisations were made aware of the opportunity to express an interest in joining the Steering Group and encouraged to raise awareness of the opportunity amongst their own networks.

It was recognised that the membership of the Steering Group alone could never fully reflect the diversity of the individuals, groups and communities accessing occupational therapy services. Engagement and partnership with organisations and networks that could encourage participation by people from diverse backgrounds and with diverse perspectives in the various phases of the OTPSP were therefore a priority. RCOT produced a promotional video to launch the OTPSP, which featured people with experience of accessing occupational therapy services, occupational therapists and another health and social care professional. The aim of the video was to raise people's awareness of the value of the partnership approach and to encourage people with experience of accessing occupational therapy services and their carers to get involved.



Dr Sarah Markham, Steering Group member, promotes engagement with the OTPSP

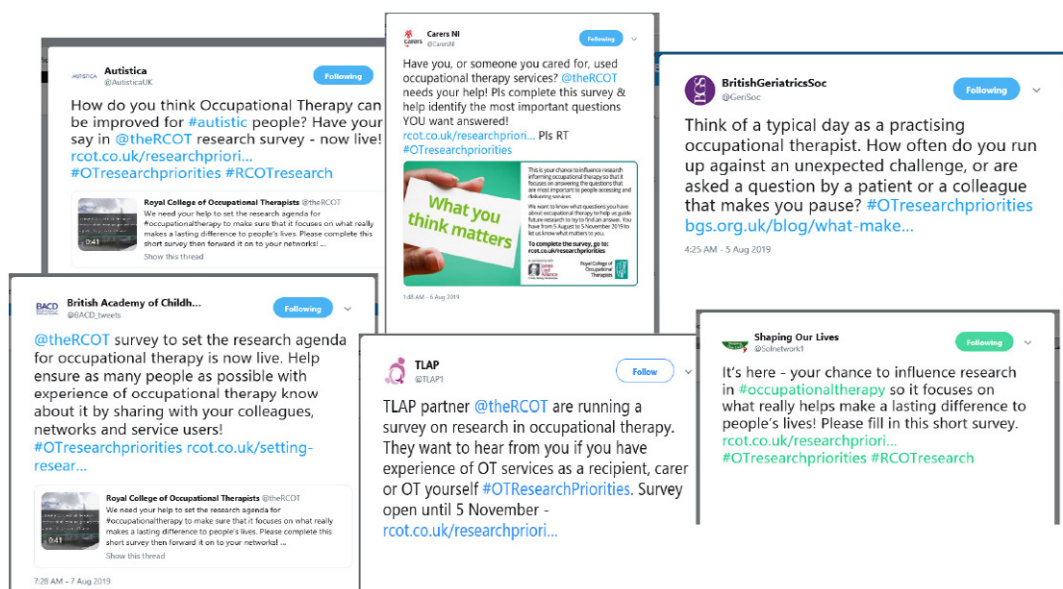
Partner organisations and supporters

The OTPSP launch event included an overview of the role of partner organisations, as outlined in the Protocol (**Appendix 3**). Guidance was sought from participants regarding which organisations should be encouraged to partner the PSP and the individuals, groups and communities the PSP should aim to hear from. These discussions reinforced the fundamental importance of seeking the greatest possible diversity of perspectives.

The OTPSP was supported by 56 formally recognised partner organisations and over 60 other known supporters. Partners and supporters helped disseminate information about the project and encouraged those within their networks to engage with the PSP. Based on the experience of other PSPs, it had been anticipated that partner

organisations and other supporters might have different roles. However, within the context of the OTPSP, their roles were similar, with the same requests to promote engagement with the various elements of the OTPSP by their membership or networks being sent to both groups.

Formally recognised partner organisations of the OTPSP included 17 National Health Service (NHS) trusts and 1 NHS board, 17 charities and not-for-profit organisations, 10 universities, 6 professional networks and fora, 2 specialist clinics and services, 1 specialist society, 1 co-production advisory group and 1 social enterprise. A full list of partner organisations can be found in **Appendix 4**. The Steering Group regularly reviewed the list throughout the project and suggested additional organisations to approach where gaps were identified (e.g. where there was a lack of connections with specific groups or communities, particularly those whose voices are seldom heard). In these circumstances, solutions included Steering Group members directly approaching relevant organisations they were already in contact with and making other suggestions for the OTPSP Project Team to follow up.



Examples of Twitter promotion of the OTPSP by partner and supporter organisations

The OTPSP was in touch with just over 60 other supporters not formally registered as partner organisations. These included 20 NHS trusts, 4 NHS boards, 12 universities and 1 other education provider, 6 networks and coalitions involving people with experience of accessing occupational therapy services or experience as carers, 5 individuals with experience of accessing services, as carers or working in co-production, 4 charities, 4 local councils, 2 professional networks and alliances, 1 housing company and 1 private hospital network.

Partner organisations and supporters came from all four nations of the UK. Specific examples include a carers' organisation and older people's charity in Northern Ireland, a patient engagement in research network in Wales, condition-specific charities and networks in Scotland, and a range of universities and NHS trusts in England. Connections were also made with national charities and networks supporting carers and people with specific needs and conditions, and with specific groups and communities across the UK, including, amongst a range of others, the Race Equality Foundation and Sporting Equals.

Partner organisations and supporters were kept up to date throughout the project via direct emails from the OTPSP Project Team. The Project Team developed a promotional guide which provided draft text for promoting the surveys and encouraging people to express an interest in participating in the final priority setting workshop. Partner organisations and supporters promoted the PSP via social media, newsletters, and posts and blogs on their websites. There were also examples of partners taking hard copies of the initial consultation survey to events, using the facilitated discussion guide and making presentations to encourage people to participate in the OTPSP.

Methodology

The James Lind Alliance provides a well-established, transparent and credible methodological framework that ensures that people with lived experience and people with professional expertise work in partnership to identify and agree the priorities for research. Full details of the methodology are available in the JLA Guidebook. The OTPSP used version 8 of the guidebook (JLA 2018); the most recent version is available via the JLA website (www.jla.nihr.ac.uk). With the Steering Group, the terms of reference and the scope of the OTPSP established, the focus turned to the four-stage process of identifying and prioritising 'uncertainties' or 'unanswered questions' about occupational therapy in the UK.



OTPSP key stages and timeline

Ethical approval

RCOT submitted information to the NHS Health Research Authority (HRA) to ascertain whether the RCOT/JLA Priority Setting Partnership project required its ethical approval. The HRA response confirmed that the study would not be considered research by the NHS and therefore was not required to go through their processes for ethical approval (Health Research Authority 2019, also see **Appendix 5**).

This project was, however, reviewed under Category 2 of RCOT's internal research governance process. An application and supporting documentation were submitted in relation to the opening consultation survey and revisions were suggested by the reviewer. A revised application was submitted and the opening survey received approval on July 26th 2019, reference: PE36/2019. Following the same process, the interim prioritisation survey received approval on February 24th 2020, reference: PE48/2020, and the final prioritisation workshop was approved on July 10th 2020, reference: PE55/2020.

Opening consultation survey: gather evidence uncertainties

With the support and guidance of the OTPSP Steering Group, a survey questionnaire was developed inviting people to identify questions about occupational therapy that research could answer. As well as hearing from occupational therapists, contributions were actively sought from people who access services, their carers and/or family, and people with different experiences of occupational therapy, including others working in the health and social care environment.

A draft survey was developed and piloted in June 2019. Amendments were made in response to the feedback received. The final survey (see **Appendix 6**) was made available in English and Welsh language versions via the Joint Information Systems Committee (JISC) online platform, in a downloadable format and in hard copy on request. It was also available in an easy-read version in a downloadable print format, which was also provided in hard copy on request. The initial consultation survey was open between August 5th and November 5th 2019 and posed two key questions:

1. What questions do you have about occupational therapy that you haven't been able to find the answer to?
2. What questions do you have about the difference that occupational therapy makes to people's lives?

A number of supporting resources were made available alongside the questionnaire, including a media guide for project partners and a facilitated discussion guide (available at: <https://www.jla.nihr.ac.uk/priority-setting-partnerships/occupational-therapy/>) to support people holding discussion groups, particularly with people who access occupational therapy services, their families and/or carers.

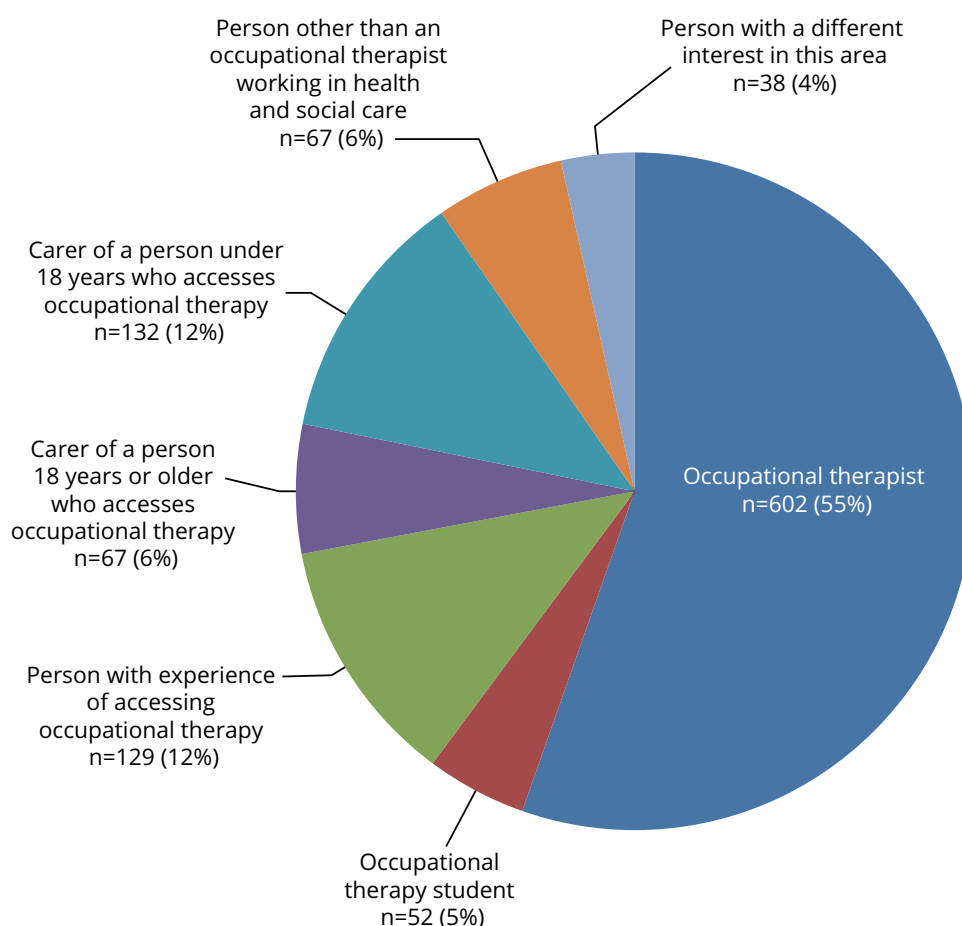
Completion rates, and the backgrounds of those responding, were monitored throughout the period the survey was open. With the guidance and support of the Steering Group, the Project Team took proactive steps to work collaboratively with the project's partners and supporters in an effort to secure responses from as wide an audience as possible, with particular emphasis given to people who access occupational therapy services, their carers and/or families, and those from groups whose voices are seldom heard.

Survey responses

There were 927 responses to the initial consultation survey, including:

- 654 responses from occupational therapists and occupational therapy students;
- 328 responses from people accessing occupational therapy services and their carers and/or family;
- 105 responses from people other than occupational therapists working in the health and care environment, or with a different interest in occupational therapy.

Respondents were able to select up to three boxes when identifying their interest in participating in the survey. For example, a respondent might be an occupational therapist and a carer, or someone accessing services, a carer and a student.



Primary characteristics of respondents to the opening consultation survey

The background information provided by the 927 respondents can be summarised as follows:

- 82.52% of the respondents were from England, 6.15% from Wales, 2.16% from Northern Ireland and 8.74% from Scotland. 0.32% offered no response.
- 2.48% were people who identified as Asian/Asian British, 0.76% were people who identified as Black/Black British, 0.32% were people who identified as Chinese or being from another ethnic group, and 2.37% identified as being from mixed/multiple ethnicities. 87.38% of respondents identified as white. 0.76% preferred to self-describe, and 5.93% preferred not to say or offered no response.
- 4% were in the 16–24 years age group, 43% were in the 25–44 years age group, 45% were in the 45–64 years age group, 3% were in the 65–79 years age group and 1% were 80 years or older. 4% preferred not to say or offered no response.
- 88% identified as female and 9% identified as male. The remaining 3% was comprised of 3 respondents who preferred to self-describe their gender and a further 31 who preferred not to say or offered no response.
- 13.8% identified as having a disability and 84.3% identified as having no disability. 1.9% offered no response.

Analysis of responses and evidence checking

The 927 respondents to the initial consultation survey submitted 2193 questions, or 'uncertainties'. The OTPSP Information Specialist was supported and guided by members of the Steering Group to analyse and synthesise these responses. A small Data

Sub-Group worked with the Information Specialist to provide more detailed scrutiny and critical advice than was possible within meetings of the full Steering Group. They also offered advice in relation to queries that arose between Steering Group meetings. In addition to discussions during regular teleconferences with the Steering Group, a day-long meeting of the Data Sub-Group was held on November 18th 2019 to receive, review and, where possible, consolidate the Information Specialist’s analysis of the unanswered questions.

Of the 2193 uncertainties submitted, 1255 were within the scope of the project. With input from and agreement of the full Steering Group, they were captured within 66 overarching summary questions that remained true to the essence of the individually submitted questions they represent. The full details of the individual questions associated with each summary question are available on the JLA (<https://www.jla.nihr.ac.uk/priority-setting-partnerships/occupational-therapy/>) and RCOT (<https://www.rcot.co.uk/top-10>) websites. An illustrative example is provided in the table below.

Illustrative example of a summary question and the submitted questions underpinning it

Summary question	Submitted questions	Submitted by
How can occupational therapy work more effectively with the family and carers of people who access services?	Is there any scope for occupational therapists to work with families as a unit, rather than one individual service user, within the NHS? Some areas of independent practice appear to offer this, but mainly in paediatrics.	Occupational therapist
	Why don't occupational therapists work in a tripartite way with school and family to ensure the child and their needs are at the centre of the therapy input in all their environments?	A carer of a person under 18 years who accesses occupational therapy services
	How are occupational therapists working with families where either the children or the parents have issues with each other (i.e. toxic parenting or self-harm in children and issues with understanding MH [mental health] conditions)?	Occupational therapy student
	How well do occupational therapists consider the needs of carers and contribute to personalised whole family approaches within their work?	Occupational therapist
	How can occupational therapy goals for younger children be disseminated to parents in an accessible manner and how can parents be supported to enable children to engage in occupational therapy?	Details not provided
	Occupational therapists support families to promote their child's development. The child's development may plateau at the same point with or without input but family members can celebrate the achievements and be less frustrated, promoting a positive nurturing environment. Provision of a leaflet does not meet this need.	A carer of a person under 18 years who accesses occupational therapy services; and a person other than an occupational therapist working in the health and social care environment

The remaining submitted uncertainties were agreed by the Data Sub-Group to be out of the scope of the OTPSP. These questions can be grouped into themes, including

questions related to specific health conditions, pre- and post-registration education of occupational therapists, government policy, service provision issues such as waiting times, staff resources, access to services, and so on. None of these questions has been lost. They will be reviewed again and consideration will be given to how they might best be responded to. For example, it may be appropriate for condition-specific questions to be considered by relevant RCOT specialist sections as part of their future work to translate the Top 10 priorities into more focused research questions related to their specialist areas of practice. Other strands of RCOT work may appropriately respond to other out of scope questions, such as 'What is the future of the profession?'

Approach to evidence checking

The evidence checks were undertaken by the Information Specialist during December 2019 and January 2020. This process involved checking the longlist of 66 summary questions against existing research evidence to verify that they were genuine uncertainties. A federated search method, which involves the indexing of multiple data sources at once, was used. It applied free text keyword-only searches and excluded the use of database thesaurus terms within the search strategy. Highly focused and targeted searches were applied rather than a full systematic approach. These restrictions were applied for pragmatic reasons and to ensure that a large number of searches could be completed within the time limitations of the project. Whilst a systematic search for each area of uncertainty was not feasible, a systematised approach was applied. This yielded regular overlap and duplication in retrievals across the different platforms searched, which indicated that a very good level of saturation was achieved. Where search platforms allowed, a number of search strategies were applied, depending on the way in which questions were posed for each area of uncertainty (see **Appendix 7**).

Resources searched for each area of uncertainty included: Cumulative Index to Nursing and Allied Health Literature (CINAHL); Allied and Complementary Medicine (AMED); Medline (all searched via the EBSCO platform); The Cochrane Library; Epistemonikos; TRIP Database; Scottish Intercollegiate Guidelines Network (SIGN); Google Scholar; RCOT's website.

Papers met the criteria for inclusion if they were published within the previous five years (i.e. from 2014 onwards). The exception to this was where Cochrane reviews originally published earlier than 2014 had recently been updated. Conference presentations were excluded alongside papers that addressed the area of uncertainty but were not written within the context of occupational therapy.

As the evidence base in many areas of occupational therapy is under-developed, weak or varied in nature, selection was broadly inclusive of all evidence types. Evidence of both high and low quality was acknowledged to demonstrate an overall picture and to justify why most questions were verified as uncertainties or found to have been only partially addressed. The majority of evidence was located in peer-reviewed research papers, evidence-based clinical and practice guidelines, grey literature and unpublished, in-progress registered trials.

Initial prioritisation survey

With the support and guidance of the OTPSP Steering Group, a second survey questionnaire was developed to begin to prioritise the longlist of 66 summary questions to a shorter list for consideration at the final workshop. Respondents were asked to identify up to ten questions that they felt it was most important for research to answer. Once again, responses were sought from occupational therapists, people who access services, their carers and/or family, and from people with different experiences of occupational therapy, including others working in the health and social care environment.

There was a recognised need to try to manage the impact of presentation bias, in which the sequence of the 66 summary questions within the survey might bias the identification of priorities towards those at the top of the list. As automated randomisation of question presentation is not possible via the JISC platform, four versions of the survey were carefully constructed, each presenting the 66 summary questions in a different sequence. The version of the survey available for respondents to access was rotated throughout the period the survey was open. The limitations of the JISC platform also necessitated deciding between automatically capping at ten the number of questions respondents could select, or creating a survey that included section headings and therefore made it easier to navigate the 66 questions. With notable limitations to both, the Steering Group elected to proceed with the latter option.

The initial prioritisation survey (see **Appendix 8**) was made available in English and Welsh language versions via the JISC online platform. The survey was also available in a downloadable format and initially in hard copy on request. An easy-read version was not developed because expert advice indicated that it was not feasible to translate the 66 questions into this format. Once again, a number of supporting resources were made available alongside the questionnaire, including a media guide for project partners and a facilitated discussion guide to support people holding discussion groups, particularly with people who access occupational therapy services, their families and/or carers.

The initial prioritisation survey was originally scheduled to be open between February 26th and April 14th 2020. However, during this period the number of COVID-19 infections increased rapidly across the UK and a full nation-wide lockdown was imposed at the end of March. At a teleconference meeting of the Steering Group on March 19th 2020, it was agreed to extend the opening window and a revised survey closing date of May 20th 2020 was subsequently agreed. This date optimised the potential to secure responses at a time of national crisis, whilst still ensuring the OTPSP could be delivered against agreed timeframes.

Subsequent to the onset of the pandemic and the UK going into lockdown, the decision was taken to withdraw the option to submit responses in hard copy via post as the PSP Team were working from home. It was, however, still possible to submit scanned or electronically completed downloaded surveys via email. Resources supporting facilitated discussion groups were also withdrawn as it was no longer appropriate to suggest group meetings.

As was the case for the opening consultation survey, response rates, and the backgrounds of those responding to the interim prioritisation survey, were monitored throughout the period the survey was open. Where it was identified that the response rate from particular groups or populations was low, advice was sought from Steering Group members, and the PSP Project Team directly approached individuals from relevant organisations and networks to try to help raise awareness of and engagement with the survey. Examples of direct action included:

- the Project Team co-facilitating an online discussion group with the National Co-production Advisory Group at Think Local Act Personal, to facilitate engagement with people with experience of accessing occupational therapy services and carers;
- a Steering Group member conducting one-to-one discussions with seven men from ethnic minority populations to capture their responses to the second survey.

As the impact of the COVID-19 pandemic on individuals and society became clearer, and as occupational therapists became increasingly drawn into the national response, the

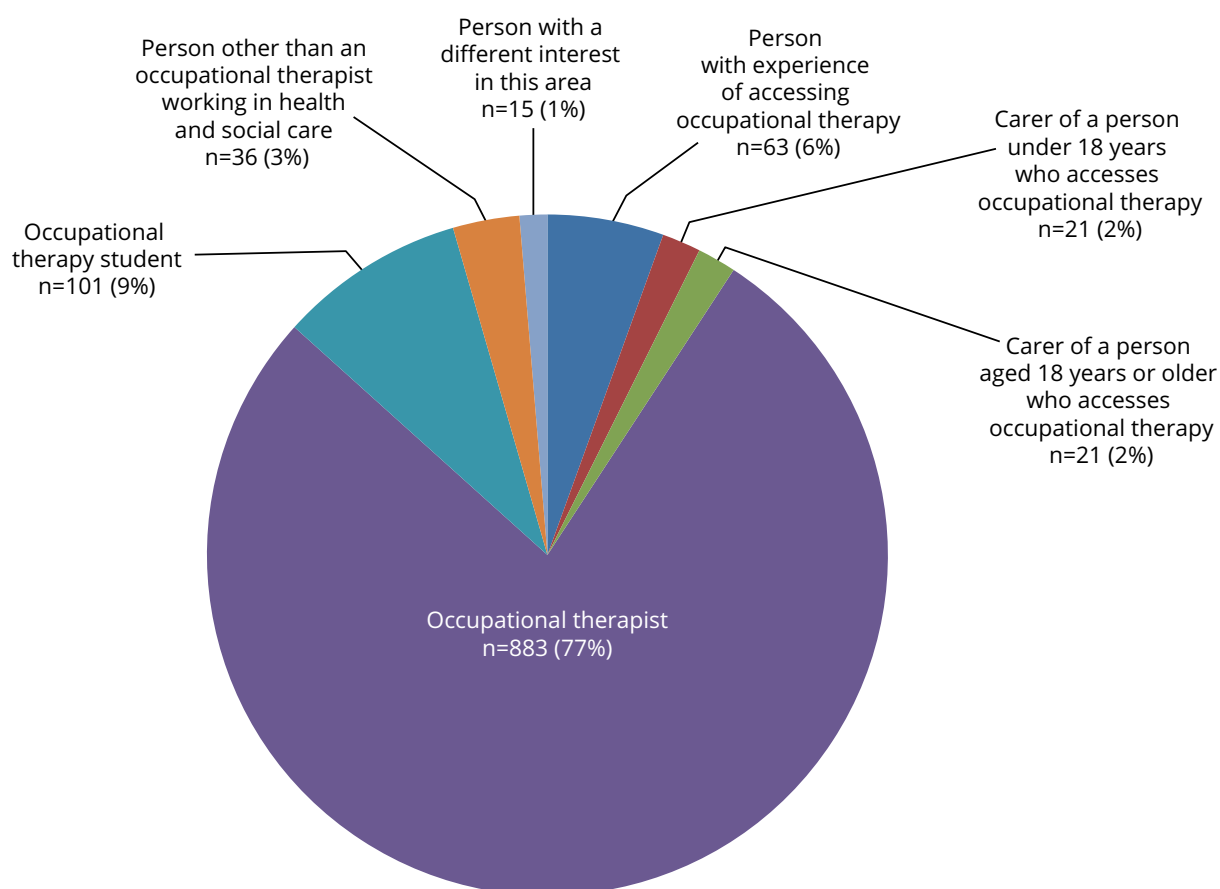
OTPSP encountered notable challenges in securing responses to the survey, particularly those from people who access occupational therapy services, their carers and/or families. With RCOT's communications channels focused on supporting its members through the early periods of the pandemic, the role of the OTPSP's partner organisations came to the fore. However, it was evident that they too, rightly, were focusing their resources on supporting their own audiences or members during the pandemic. The Steering Group continued to actively promote the survey through its networks to the extent that it was feasible to do so.

Survey responses

Despite the challenging circumstances, there were 1140 valid responses to the survey. Although the survey offered instructions to 'choose up to 10 questions that you think are most important for researchers to answer', 332 responses identified between 11 and 20 questions, and 132 respondents identified in excess of 20 questions. In an effort to be as inclusive as possible, those responses that identified up to 20 questions were included, whilst those with more than 20 were deemed invalid. Similarly, the 26 responses that originated from outside the UK or were blank were deemed invalid.

On this occasion, respondents were invited to select only one category that they felt best described them. The 1140 valid responses included those from:

- 883 occupational therapists;
- 101 occupational therapy students;
- 105 people who access occupational therapy services and/or their carers or families.



Primary characteristics of respondents to the initial prioritisation survey

Background information relating to those providing the 1140 valid responses can be summarised as follows:

- 81% of the respondents were from England, 8% from Wales, 2% from Northern Ireland and 8% from Scotland.
- 2% were people who identified as Asian/Asian British, 2% were people who identified as Black/Black British and 1% identified as being from mixed/multiple ethnicities. 91% of respondents identified as white. 1% preferred to self-describe and 3% preferred not to say.
- 4% were in the 16–24 years age group, 49% were in the 25–44 years age group, 44% were in the 45–64 years age group, 2% were in the 65–79 years age group and less than 1% were 80 years or older. Six respondents preferred not to say or offered no response.
- 90% identified as female and 8% identified as male. The remaining 2% was comprised of 5 respondents who preferred to self-describe their gender, and 18 who preferred not to say or offered no response.
- 10.53% identified as having a disability and 87.63% identified as having no disability. 1.84% offered no response.

Analysis of initial prioritisation responses

The data identifying the questions that respondents felt were most important for research to answer was separated into two groups: responses provided by people with lived experience and those provided by people with professional expertise. This enabled analysis of any differences regarding how questions were prioritised by the two audiences and permitted equal weighting to be given to their responses, despite the unequal numbers of respondents in each group.

Each time a question was identified within a respondent's ten most important questions, it was allocated 1 point. Where a respondent identified between 11 and 20 questions, their 10 points were divided amongst them accordingly. For example, if a respondent selected 11 questions, their 10 points were divided amongst the 11 questions so that each was allocated 0.9 points ($10/11 = 0.9$). If a respondent selected 20 questions, each was allocated 0.5 points ($10/20 = 0.5$). Having logged all of the individual responses, each question was separately ranked for the two groups, the question with the highest total score being ranked as the initial top priority; that is, the interim number one ranking.

Using this approach, the ten questions most highly ranked by people with lived experiences and the ten most highly ranked by people with professional expertise were identified. Running the final prioritisation workshop online meant that the shortlist of questions needed to be somewhat smaller than would have been the case in a face-to-face workshop. Conscious of the need to keep the number manageable whilst remaining as inclusive as practicable, the Steering Group agreed that it would be appropriate for both of these lists to be presented for consideration at the final prioritisation workshop. There was a limited degree of overlap between the two lists, which resulted in 18 summary questions being shortlisted, as outlined in the table below.

The 18 shortlisted questions considered in the final prioritisation workshop

Question	Lived experience rank	Professional expertise rank
How can occupational therapists work effectively with digital technology to enhance their interventions and lives of people who access services? (e.g. using smart devices to manage health and illness)	11	4
How can occupational therapists work more effectively with the family and carers of people who access services?	2	41
How can occupational therapists work most effectively with other professionals to improve outcomes for people who access services? (e.g. multi-disciplinary teams, commissioners, community agencies)	4	22
How can occupational therapy ensure that person-centred practice is central to how they work?	3	57
How can occupational therapy services be more inclusive of both mental and physical health?	6	28
How does assistive technology, compensatory equipment and housing adaptations provided through occupational therapy impact on the lives of people who access services?	9	32
How does occupational therapy make a difference and have impact on everyday lives?	1	3
How does the amount of occupational therapy received affect outcomes for people who access services?	8	12
What are the benefits or impact of occupational therapy in primary care settings? (e.g. services delivered by your local general practice surgery, community pharmacy, dental and optometry (eye health) services)	48	5
What are the long-term benefits of occupational therapy intervention?	5	2
What do other people (including healthcare professionals and other colleagues occupational therapists might work with, people who access services and their families and carers) think about the role of occupational therapy?	15	6
What is the cost-effectiveness of occupational therapy services?	30	1
What is the effectiveness of occupational therapy for mental health?	10	19
What is the nature of the relationship between occupation and health and well-being?	7	23
What is the role of occupational therapy in addressing social, political and environmental issues at a societal level to address well-being and participation?	14	10
What is the role of occupational therapy in supporting self-management? (e.g. helping people with illness to manage their health on a day-to-day basis)	33	8
What is the role or impact of occupational therapy in reducing hospital admissions?	38	9

Question	Lived experience rank	Professional expertise rank
What is the value of occupation as an intervention and how does effectiveness vary with the way it is used? (e.g. 'occupation-focused' interventions based on understanding a person, their environment and the meaningful occupations in their life, or 'occupation-based' interventions in which doing a meaningful occupation forms the focus)	16	7

Final prioritisation workshop

The call for expressions of interest in participating in the final prioritisation workshop opened with the launch of the interim prioritisation survey on February 26th 2020. The opportunity was publicised through RCOT's member magazine, website, newsletters, on social media and via direct communications with a range of networks. It was also promoted to and through partners and supporters of the OTPSP, and through additional external organisations focused on patient and public involvement (such as the People in Research website) to raise awareness of the opportunity amongst people who access occupational therapy services and their carers and/or families.

Initially, the aim was to recruit 24 people who had experience of, or knowledge about, occupational therapy, including people who access occupational therapy services, their carers and/or families, and occupational therapists. COVID-19 necessitated delaying the final prioritisation workshop from its original date of June 1st 2020. The closing date for expressions of interest was therefore extended by eight weeks to June 14th 2020. The Steering Group agreed that it was preferable to move the final prioritisation workshop, which is customarily held as a face-to-face event, to an online, virtual format rather than postpone it indefinitely. A new date of Monday July 27th 2020 was established for the workshop using the video conferencing platform Zoom. As this was the first JLA PSP internationally to use an online format for the final prioritisation workshop, the Steering Group also agreed to reduce the number of participants from 24 to 20 in an effort to ensure it was manageable and that everyone was given a genuine opportunity to actively contribute.

People who had submitted expressions of interest for the workshop's original date were advised of the changes and asked to confirm their interest in participating in the workshop in the new format and on the new date. In total, 79 expressions of interest were received from people across all four nations of the UK. This was one of the highest number of expressions of interest received by a JLA PSP up to that point. They were received from 25 people with experience of accessing occupational therapy services, their carers and/or families, and 54 occupational therapists. From these, ten people with lived experience and ten professionals were invited to participate in the final prioritisation workshop. Invitations were extended to ensure:

- perspectives from the four nations of the UK;
- perspectives of lived experiences of the impact of a range of physical and mental health challenges across the lifespan;
- perspectives from a wide breadth of practice areas and contexts, spanning mental and physical health across the lifespan, and within NHS, social care and non-statutory services;

- perspectives spanning occupational therapy career levels from student to senior leadership and management roles;
- diversity of voices in terms of personal characteristics such as ethnicity, gender, age and sexual orientation, where these were known.

Adapting to an online format

The OTPSP Project Team worked with the team at the JLA to adapt the established, face-to-face format of final prioritisation workshops to enable it to work effectively as an online event whilst remaining true to the JLA methodology and principles. This included the filming and sharing of introductory videos regarding the JLA methodology and the background and progress to date of the OTPSP. To reduce the amount of time spent online on the day, participants were asked to view these videos ahead of the event, rather than hearing the information as part of the workshop's agenda. The number of JLA facilitators contributing to the workshop was increased from the customary three used in face-to-face events to four, allowing discussion group sizes to be smaller to facilitate active engagement in the virtual space. As a result of concerns about the potential for meaningful discussions amongst 20 people in an online environment within a limited timeframe, the final plenary facilitated discussion was amended to become a presentation of the final outcomes. This was based on the aggregation of the priorities identified in the two rounds of facilitated discussions undertaken as four smaller breakout groups. As is usually the case, the composition of these breakout groups was varied in each round. Consideration was also given to whether it would be better to run the event on a single day or to hold it over two consecutive half-days. Given the potential need for workshop participants to schedule time off work, it was resolved that a single day might be less disruptive. This was particularly relevant for occupational therapists at a time when services continued to be under considerable pressure.

The Project Team and JLA facilitators invested time in learning about the benefits and limitations of using Zoom in advance of the event to ensure that movement to and from the breakout room facility would work smoothly on the day. Participants were sent hard copies of all papers in advance of the workshop to allow ready access and viewing whilst they were actively participating in discussions on Zoom. This included the 18 shortlisted summary questions that participants were invited to individually cut out to help them directly visualise the sorting and prioritisation processes they were involved in.

The online environment opened at 9.30am ahead of a formal workshop start time of 10am. The first 30 minutes were set aside to allow participants and facilitators time to log on, get comfortable with the technology and start to engage informally with each other, in a similar approach to that provided by welcome refreshments at a face-to-face event. To minimise the number of faces on Zoom who were not actively participating in the discussions, and the number of Zoom screens in operation, the decision was taken to limit the number of observers attending the workshop to a member of RCOT's Executive Team and representatives of the JLA secretariat, whose focus was on optimising learning about the new online format. The formal elements of the workshop were undertaken over the course of a six-hour day, which incorporated nearly two hours' worth of screen breaks for participants.

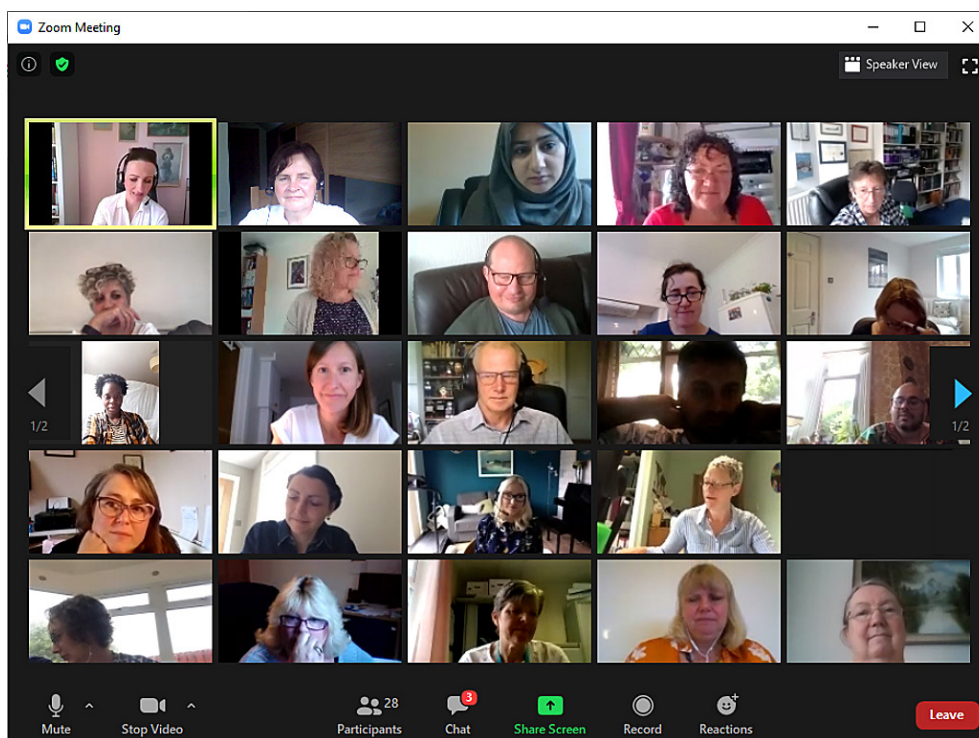
The workshop

Those participating in the final prioritisation workshop on July 27th 2020 were:

- nine participants with lived experience (as one person was unable to participate on the day);

- ten participants from a professional background;
- four facilitators from the JLA, including the OTPSP Steering Group Chair, who was also chairing the workshop;
- three non-participant RCOT staff members from the OTPSP Project Team;
- two observers from the JLA secretariat (one for the morning session and one for the afternoon session);
- one observer from the RCOT Executive Team.

The agenda outlining the structure of the final prioritisation workshop is available in **Appendix 9**. The workshop formally opened with introductions amongst all present and an overview of how the work of the day would be undertaken. Particular emphasis was given to the expectation of a respectful working environment in which all voices were to be given equal time and value.

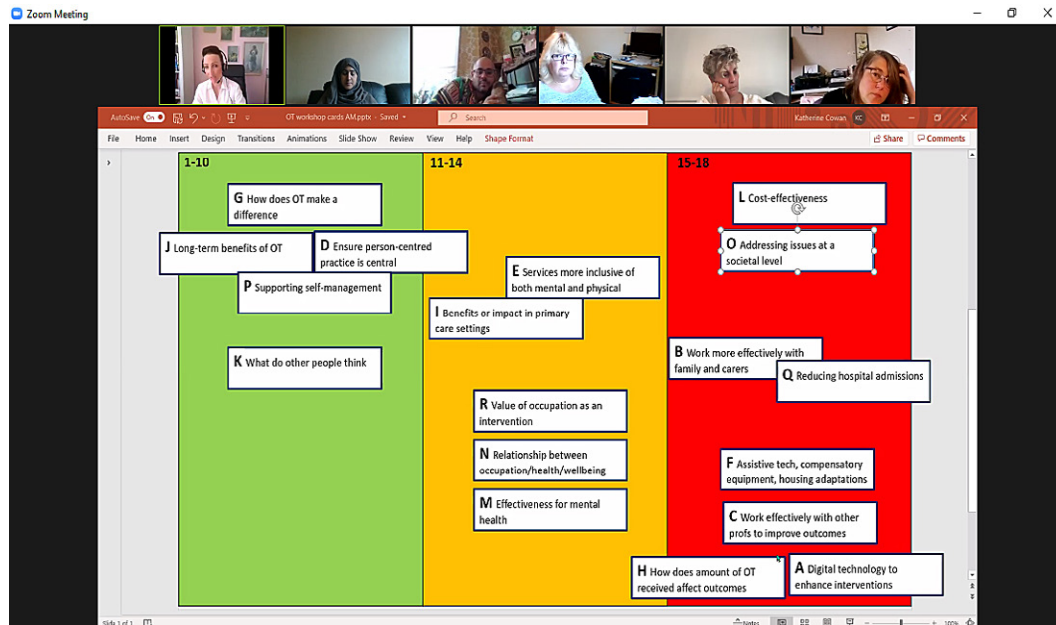


Welcome, introductions and ways of working session in the final prioritisation workshop

Participants were then allocated into four groups providing a mix of backgrounds, each supported by an experienced JLA facilitator. Each participant had been asked to rank the 18 shortlisted summary questions from their own perspective in preparation for the workshop. The initial task within each group was to share their personal top and bottom three questions, explaining their rationale. This session provided an opportunity for the group to begin to bond and build trust in each other and the process, and empowered everyone to feel able to contribute. It enabled the group to identify where there was consensus and divergence of opinion and begin to explore that before the priority setting began in earnest. It also provided an opportunity for the JLA facilitator to note the individually prioritised choices, providing a starting point for the ranking of the questions in the next session.

Following a short break, the same groups reconvened to come to an initial consensus on their group's ranking of the 18 shortlisted summary questions. Using a prepared

PowerPoint slide, the facilitators shared their screen with their group and were able to move individual questions around within the slide to reflect the group's discussion. The facilitators did so whilst verbally describing what was happening for the benefit of anyone with visual impairment or who was accessing Zoom via a smartphone. Information about how each question had been ranked in the interim prioritisation survey, and by which group, was shared verbally during the discussions.



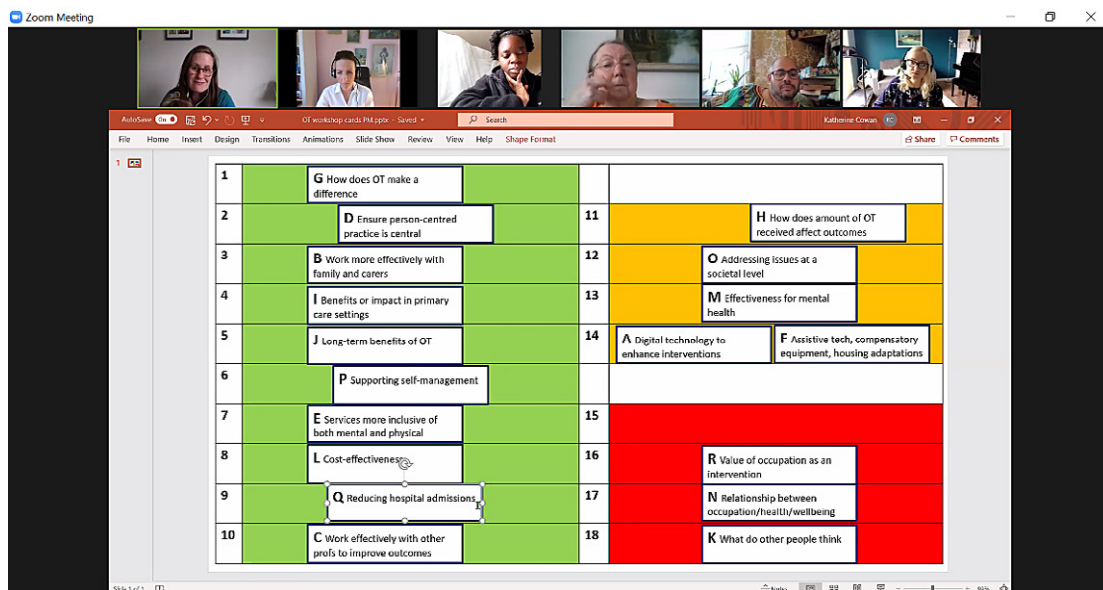
First-round ranking by consensus in small groups

During the lunch break, the JLA facilitators convened in a private Zoom breakout room to share the outcomes of the morning's rankings. The workshop Chair entered each group's results into a spreadsheet to calculate the aggregate ranking at that point and review the results. On this basis, a new PowerPoint slide was prepared as a starting point for the next round of ranking activity.

1	G How does OT make a difference		
2	D Ensure person-centred practice is central	11	H How does amount of OT received affect outcomes
3	B Work more effectively with family and carers	12	O Addressing issues at a societal level
4	I Benefits or impact in primary care settings	13	M Effectiveness for mental health
5	J Long-term benefits of OT	14	A Digital technology to enhance interventions
6	P Supporting self-management		F Assistive tech, compensatory equipment, housing adaptations
7	E Services more inclusive of both mental and physical	15	
8	L Cost-effectiveness	16	R Value of occupation as an intervention
9	Q Reducing hospital admissions	17	N Relationship between occupation/health/wellbeing
10	C Work effectively with other pros to improve outcomes	18	K What do other people think

**Aggregate ranking of the morning's discussions:
the starting point for the second round of ranking by consensus**

During the initial session after lunch, the workshop Chair provided an overview of how the groups' priorities had been combined along with a brief description of the rankings so far, identifying notable features such as strong consensus or significant differences between groups. Following an opportunity for questions and answers, an overview of the next steps and a reminder of the agreed ways of working, four newly configured groups moved into Zoom breakout rooms. Changing the membership of each of the groups allowed participants to hear and appreciate a different set of viewpoints. The focus of their discussion was on reviewing the top and middle ranked (1–14) questions from the aggregated ranking of the morning's work and revising them on the basis of their discussions. As two questions were jointly ranked in 14th place, there were a total of 15 questions considered in the afternoon session. The JLA facilitators ensured that everyone had an opportunity to contribute, and that changes to the ranking were only made when consensus was reached.



Second-round ranking by consensus in small groups

During the final break of the day, the JLA facilitators again met in a private Zoom breakout room to enter the groups' rankings into a spreadsheet in order to calculate the final aggregate ranking and prepare the final list of priorities. The final plenary session brought all of the participants back together to hear the outcome of their collective work. There was an opportunity to share final reflections verbally or via the chat function. Participants were also informed that they would be contacted afterwards for further feedback on the priorities and the workshop process, so there was no pressure to contribute further at this stage. The final session of the day also provided an opportunity to celebrate a successful outcome, thank everyone for their input, explain how the participants' hard work would be taken forward and the impact that it would have, and therefore offer a suitable closure to the day.

The screenshot shows a Zoom meeting interface. The main window displays a spreadsheet titled 'Cost-effectiveness' with 18 rows of questions ranked from 1 to 18. The columns are labeled 'Rank', 'ID', 'Question', 'KC', 'TG', 'JG', and 'SK'. A chat window is open over the spreadsheet, showing a conversation about the top 10 questions. The chat messages are:

- From [redacted] to Everyone: I am please with the top 10
- From [redacted] to Everyone: me too - especially the top 2
- From [redacted] to Everyone: agreed
- From [redacted] to Everyone: I agree - happy with the list
- From [redacted] to Everyone: Thanks everyone!

The spreadsheet data is as follows:

Rank	ID	Question	KC	TG	JG	SK
1	G	How does OT make a difference	1	1	1	1
2	D	Ensure person-centred practice is central	2	2	4	1
3	B	Work more effectively with family and carers	3	3	7	2
4	J	Long-term benefits of OT	5	5	3	3
6	I	Benefits or impact in primary care settings	4	4	5	4
7	E	Services more inclusive of both mental and physical	6	7	2	11
8	F	Supporting self-management	11	6	6	5
9	S	Hospital admissions	8	11	9	7
10	L	Cost-effectiveness	7	13	9	10
11	H	How does amount of OT received affect outcomes	10	12	10	14
12	O	Addressing issues at a societal level	12	10	12	12
13	M	Effectiveness for mental health	13	9	13	13
14	A	Digital technology to enhance interventions	10	14	14	10
15	F	Assistive technology, compensatory equipment, housing adaptations	14	14	13	9
16	R	Value of occupation as an intervention	13	16	15	16
17	N	Relationship between occupation and health and well-being	17	17	17	17
18	K	What do other people think	9	16	15	15

Reporting the final ranking of the 18 summary questions

The screenshot shows a Zoom meeting grid with 19 participants. A chat window is open, showing a message from 'CW' to 'Everyone' that reads: 'Today has crystallised and reinforced my view that you get a better outcome by hearing different...'. The participants are smiling and some are waving their hands.

Celebrating a successful outcome to the day

Fifteen of the 19 participants responded to the post-workshop feedback questionnaire: 3 people who access occupational therapy services, 4 carers and 8 occupational therapists. All reported having received the hard copies of workshop information that had been posted to them in advance and finding it extremely helpful (73.33%) or very helpful (26.67%). The generally very positive feedback about the workshop process is summarised in the following table.

Feedback received regarding the final prioritisation workshop process

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
The first large group session set the scene and provided information that helped me participate in the workshop.	86.67% (13)	13.33% (2)	0.00% (0)	0.00% (0)	0.00% (0)	15
I felt able to talk about my thoughts and opinions in the smaller group sessions.	66.67% (10)	33.33% (5)	0.00% (0)	0.00% (0)	0.00% (0)	15
In my small group sessions, I was able to keep track of the priority setting process.	80.00% (12)	20.00% (3)	0.00% (0)	0.00% (0)	0.00% (0)	15
Everyone was encouraged to join in with the discussions equally and had a chance to do that in the small group.	93.33% (14)	6.67% (1)	0.00% (0)	0.00% (0)	0.00% (0)	15
The final large group session provided an opportunity to review and agree the Top 10 priorities for research.	46.67% (7)	33.33% (5)	14.29% (2)	7.14% (1)	0.00% (0)	15
The workshop facilitators were fair and independent.	86.67% (13)	13.33% (2)	0.00% (0)	0.00% (0)	0.00% (0)	15
The process of determining the Top 10 was robust and fair.	60.00% (9)	40.00% (6)	0.00% (0)	0.00% (0)	0.00% (0)	15

Individual comments related to the final large group session of the workshop were:

"I think the last big group session could have gone differently, perhaps invited each participant to comment rather than open invitations [to the group as a whole]."

"The final large group did not invite review or agreement, that was already done at that point."

"I think we were Zoomed out by the end and there wasn't as much discussion in the final session as I have seen in face-to-face PSPs."

The latter point is not surprising, given the amendments to the normal face-to-face workshop format, and specifically to the final plenary session, previously described. Feedback regarding the online format of the workshop is summarised in the following table and suggests that it is a viable approach for future PSPs to consider.

Feedback received regarding the online format of the final prioritisation workshop

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Total
The technology was easy to use.	84% (12)	14% (2)	0% (0)	0% (0)	0% (0)	14
I could follow what was happening during the workshop.	93% (14)	7% (1)	0% (0)	0% (0)	0% (0)	15
I was able to interact with the facilitators.	87% (13)	13% (2)	0% (0)	0% (0)	0% (0)	15
I was able to interact with other participants.	60% (9)	33% (5)	7% (1)	0% (0)	0% (0)	15
The length of the workshop was appropriate.	60% (9)	40% (6)	0% (0)	0% (0)	0% (0)	15
There were enough breaks.	87% (13)	13% (2)	0% (0)	0% (0)	0% (0)	15
I had no problems connecting and participating via Zoom.	87% (13)	7% (1)	7% (1)	0% (0)	0% (0)	15

Top 10 research priorities for occupational therapy in the UK

The Top 10 research priorities for occupational therapy in the UK were formally announced on June 30th 2020 as:

The top 10

- 1** How does occupational therapy make a difference and have impact on everyday lives?
- 2** How can occupational therapists ensure that person-centred practice is central to how they work?
- 3** How can occupational therapists work more effectively with the family and carers of people who access services?
- 4** What are the long-term benefits of occupational therapy intervention?
- 5** What are the benefits or impact of occupational therapy in primary care settings? (e.g. services delivered by your local general practice surgery, community pharmacy, dental and optometry (eye health) services)
- 6** How can occupational therapy services be more inclusive of both mental and physical health?
- 7** What is the role of occupational therapy in supporting self-management? (e.g. helping people with illness to manage their health on a day-to-day basis)
- 8** What is the role or impact of occupational therapy in reducing hospital admissions?
- 9** How can occupational therapists work most effectively with other professionals to improve outcomes for people who access services? (e.g. multi-disciplinary teams, commissioners, community agencies)
- 10** What is the cost-effectiveness of occupational therapy services?

The Top 10 research priorities for occupational therapy research in the UK

The ranking of the remaining shortlisted summary questions considered during the final prioritisation workshop is presented in the table below.

Ranking of the remaining eight shortlisted questions

Rank	Question
11	How does the amount of occupational therapy received affect outcomes for people who access services?
12	What is the role of occupational therapy in addressing social, political and environmental issues at a societal level to address well-being and participation?
13	What is the effectiveness of occupational therapy for mental health?
14	How can occupational therapists work effectively with digital technology to enhance their interventions and lives of people who access services? (e.g. using smart devices to manage health and illness)
15	How does assistive technology, compensatory equipment and housing adaptations provided through occupational therapy impact on the lives of people who access services?
16	What is the value of occupation as an intervention and how does effectiveness vary with the way it is used? (e.g. 'occupation-focused' interventions based on understanding a person, their environment and the meaningful occupations in their life, or 'occupation-based' interventions in which doing a meaningful occupation forms the focus)
17	What is the nature of the relationship between occupation and health and well-being?
18	What do other people (including healthcare professionals and other colleagues occupational therapists might work with, people who access services and their families and carers) think about the role of occupational therapy?

Limitations

There are a number of limitations to be aware of, both within the JLA's largely qualitative method and regarding the circumstances of the OTPSP in particular.

Despite extensively publicising the OTPSP and the opportunities to contribute to it, the response rate from the occupational therapy profession in the UK was limited, at a time when registration figures with the HCPC were approximately 40,000. However, the professional participation rates for each of the surveys markedly exceeded those achieved by the adult social work PSP (Department of Health and Social Care (DHSC) 2018) and the physiotherapy PSP (Rankin et al 2020), despite both having significantly larger registrant populations.

The OTPSP Project Team had limited capacity to respond to requests from partner organisations to attend events in person (in relation to the opening consultation survey and the early days of the initial prioritisation survey), to run facilitated discussions with them and to cover costs associated with running facilitated discussion groups (such as venue hire). However, every possible effort was made to optimise the response rate from people with lived experience to both surveys. These are outlined in the relevant sections earlier but included the availability of easy read, Welsh language and hard copies of surveys, the production of facilitated discussion guides, and working closely with supporters and partner organisations to promote and encourage engagement amongst their networks. Once again, the response rates compared favourably with those achieved by the adult social work (DHSC 2018) and physiotherapy (Rankin et al 2020) PSPs.

The global COVID-19 pandemic, which began to have a significant impact on the normal rhythms of UK life in March 2020, doubtless had an impact on the final phases of the PSP. The response rate to the interim prioritisation survey is the area that is most likely to have been negatively affected. As discussed, the work of occupational therapists was significantly impacted, often through re-deployment to frontline services treating those affected by the virus, but also through leading and managing fast-paced and complex change in service delivery and pre-registration education. The citizens of the UK generally, and perhaps particularly those who access health and social care services, found their lives unexpectedly and significantly disrupted. Participating in the OTPSP interim prioritisation survey was unlikely to have been a priority for those in either group. Again, this might have been particularly true for people with experience of accessing occupational therapy services, their carers and/or family. In this context, it did not feel appropriate to strongly press the case for participation, either directly or via partner organisations. Nevertheless, as outlined above, the response rates for both surveys do compare favourably with recent PSPs of a similar nature that were not impacted by the pandemic.

The adaptations made to the format of the final priority setting workshop to enable it to be undertaken virtually whilst staying true to the JLA ethos and methodology required potential participants to have good internet connections and the capacity to use Zoom for a full day. Whilst this may have presented barriers for some potential participants, those barriers were considered to be different from, but no more restrictive than, attending a full day's workshop in London. The virtual workshop helped to remove barriers to participation for people unable to travel or located geographically distant from London. Furthermore, a virtual workshop enabled safe participation by all – most particularly by those with lived experience of accessing occupational therapy services, who might be more at risk – within the context of the highly contagious COVID-19 virus.

The diversity of respondents to each of the two surveys was monitored throughout their opening windows. Despite concerted efforts to address the imbalances noted, it is very clear that the majority of participants identified as white. Of the 927 responses to the opening consultation survey, only 2.48% came from people who identified as Asian/Asian British, only 0.76% came from people who identified as Black/Black British, only 0.32% came from people who identified as Chinese or being from another ethnic group, and only 2.37% came from people who identified as having mixed/multiple ethnicities. Of the 1140 responses to the second survey, approximately 2% were from people who identified as Asian/Asian British, 2% from people who identified as Black/Black British and 1% from those who identified as mixed/multiple ethnicities. To put that into context, the 2011 census identified that the proportion of people living in England and Wales who identified as Asian/Asian British is 7.5%, Black/Black British 3.3% and Chinese or another ethnic group 1% (UK Government 2018).

Under-representation of the voices of those from minority ethnic groups is a recognised limitation in many PSPs (Finer et al 2018, Rankin et al 2020). Whilst the OTPSP worked reactively to develop and extend networks through personal introductions to try to optimise the diversity of people engaging in all three key elements of the PSP, our efforts were insufficiently proactive. It is now recognised how challenging it is to build strong relationships with other organisations in a short timeframe for a very specific objective. To be genuinely meaningful and effective, it is necessary to build trust with these organisations and their communities, and that takes time. In discussion with the Race Equality Foundation, the OTPSP Project Team learnt that responses from members of the communities they serve are likely to be low without face-to-face contact. Whilst the global pandemic did not help the situation in this regard, it cannot be held solely responsible.

Response rates to both surveys from the four countries of the UK were broadly in line with the percentage share of the population (Office for National Statistics 2012), with only England and Northern Ireland slightly under-represented. However, the vast majority of respondents to both surveys were female and aged between 25 and 64 years, which is reflective of the profile of the occupational therapy workforce and student population, and their predominance in the survey responses received. Despite the comparatively positive engagement of people who access occupational therapy services, the percentage of respondents to each survey identifying as disabled (13.8% and 10.53% respectively) was below the national figure of approximately 18% (Office for National Statistics 2013, UK Census Data 2011). Nevertheless, this still represents a significant improvement on the previous research priorities for occupational therapy in the UK, which did not actively include the perspectives of those accessing services (COT 2007).

Discussion

The Top 10 research priorities for occupational therapy in the UK provide a framework for focusing efforts on those issues that matter most to the people accessing and delivering occupational therapy services. In the context of a profession with such a broad scope of practice (RCOT 2020), the nature of the priorities is to our advantage. Each of the Top 10 priorities is best understood as a summary question, reflecting the essence of the individual questions submitted during the opening consultation survey. There will be many, more focused, research questions that need to be answered to address each of the priorities. The Top 10 are therefore applicable across the full range of contexts within which occupational therapists practise. This includes application to a wide range of conditions, symptoms, interventions, areas of practice and service delivery models, within statutory and non-statutory service provision. It also includes application across the lifespan and with specific communities or segments of the population of the UK particularly in mind.

This was also a feature of the research priorities identified previously by the College (COT 2007), which the Top 10 now replace. The priority areas identified in 2007 were:

- *Effectiveness and cost-effectiveness of occupational therapy interventions*, which was closely linked to the use of standardised assessments and outcome measures and cost-effectiveness studies to support the commissioning of services.
- *Occupation, health and wellbeing*, particularly increasing understanding of the causal relationships between them.
- *Service delivery and organisation*, with a focus on workforce design and diversity, skills mix, demographic trends and population needs, and the building of evidence to support the relevance of occupation-focused interventions within increasingly diverse environments.
- *Involvement of service users and carers* in all stages of the research process to enable the development of research questions that focus on those areas that directly address people's health and lifestyle needs (whilst acknowledging that, in the case of service redesign and delivery, occupational therapists might be the users involved).

Whilst the involvement of people who access occupational therapy services in research is not explicit within the Top 10 priorities, it is unambiguously identified in the first of ten key principles underpinning the *RCOT research and development strategy 2019–2024* (RCOT 2019, p9): 'RCOT expects people who access services not only to benefit from the evidence base underpinning practice, but to also play an active role in the shaping of

research to develop new knowledge in line with national standards for public involvement in research.' It is a fundamental expectation of the vast majority of research funders, including the RCOT Research Foundation. Furthermore, RCOT has made a commitment to 'support members to develop the skills and confidence to work meaningfully and collaboratively with people who access occupational therapy services in all stages of the research process' (RCOT 2019, p11).

The nature of the relationship between occupation, health and wellbeing was a question identified within the longlist of 66 summary questions that was shortlisted for consideration in the final priority setting workshop. Interestingly, it was ranked at position 23 of 66 for professional respondents to the interim prioritisation survey, but at position 7 by those with lived experience. At the conclusion of the priority setting workshop, this question was ranked at position 17 of the 18 questions considered. It is important to note that whilst the primary focus of work going forward will be on the Top 10, all of the summary questions identified during the OTPSP remain relevant to the profession and those who access services, and are freely available via the JLA and RCOT websites.

The fact that the need to build evidence of the cost-effectiveness of occupational therapy interventions features in both the 2007 priorities and the Top 10 indicates that there remains a good deal of progress to be made in this area. Many occupational therapists, and those accessing their services, might argue that occupational therapy is not focused on costs but on the outcomes for individuals, groups and communities. It is, however, an undeniable fact that there are financial costs to the provision of services that have to be met, whether by the taxpayer in relation to statutory services provision, or by the likes of charities, individuals, organisations or insurance companies in relation to non-statutory services. Being able to demonstrate the value for money of that expenditure, and therefore to secure ongoing commitment to it, is vital.

Whilst there are still elements related to the effectiveness of occupational therapy services in the Top 10, they are more focused and applied than in the 2007 priorities, moving them on to a different level. Notwithstanding that questions around service delivery and organisation were deemed out of scope for the OTPSP, there are clearly threads that link the 2007 priorities with those identified in 2020. The evidence base underpinning occupational therapy has undoubtedly developed during the intervening 13 years. The quality of some of that evidence has resulted in increasing recognition of the role of occupational therapy within practice guidelines produced by the National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network (RCOT 2019). However, as building the evidence base remains a work in progress, the recognisable commonalities between the two sets of priorities are to be expected.

Based on the same rationale, the Top 10 research priorities for occupational therapy in the UK are compatible with the WFOT's eight research priorities for occupational therapy internationally (Mackenzie et al 2018). Derived from a Delphi research process and intended to enable international collaborations and increase the visibility of the contributions of occupational therapy, the WFOT priorities are broader and more generalised in scope than the Top 10:

1. *Effectiveness of occupational therapy interventions*
2. *Evidence-based practice and knowledge translation*
3. *Participating in everyday life*

4. *Healthy aging*
5. *Occupational therapy and chronic conditions*
6. *Sustainable community development and population-based interventions*
7. *Technology and occupational therapy*
8. *Occupational therapy professional issues*

(Mackenzie et al 2018)

However, there are clear links between, for example, the OTPSP number 1 priority: *How does occupational therapy make a difference and impact on everyday lives?* and the WFOT number 3 priority: *Participating in everyday life*, and between the OTPSP number 7: *What is the role of occupational therapy in supporting self-management?* and the WFOT number 5: *Occupational therapy and chronic conditions*. In other cases, the links are equally or somewhat less direct. Although the WFOT priorities incorporate explicit reference to *occupational therapy professional issues*, which were deemed out of scope in the OTPSP, the two sets of priorities sit very comfortably alongside each other.

As identified by Staley et al (2020), there are more benefits to undertaking a PSP than the primary goal of identifying a Top 10. Amongst them are individual and organisational benefits. For example, during a small group discussion in the final priority setting workshop, a person with lived experience was observed to express gratitude for the opportunity to learn about the role of occupational therapy in the reduction of unnecessary hospital admissions, something they had previously been totally unaware of. Another workshop participant with lived experience commented:

"I really enjoyed the day and the structure, I have not been involved in such a large piece of social science research before and in academic terms I was very interested to see how the questions had been collected and funnelled down through the last few years. I think the process for this entire piece of research has clearly been very robust and I think the results should be really useful."

The learning was clearly reciprocal, with an occupational therapist participant in the final workshop highlighting:

"It was very useful to have people with lived experience of accessing services as part of the groups, their views and priorities were very different from mine on some and very similar on others but for different reasons."

There were some very important exchanges of perspective that came to light, including:

"What was very interesting was that carers and service users were very clear that person-centred practice was really important but many OTs actually hadn't included this in their Top 10 because as far as they were concerned, this always happened anyway. The lived experience of those receiving services was clearly very different to this in a time of budget cuts, slim eligibility criteria and rationing of services. I hope that these discussions helped the OTs to understand that one of their central professional tenets is not currently being translated into everyday practice."

[workshop participant with lived experience]

The impact of this particular point of learning was echoed in separate feedback from a workshop participant with a professional perspective, whilst another commented:

"Some interesting topics and issues arose from discussing these questions which I have never considered previously. It was useful to have a range of people, i.e. carers, those who experienced OT and those who worked as OT."

A representative of those who access services commented in the final Steering Group meeting that the OTPSP Project Lead and Coordinator had done an excellent job of ensuring that people with lived experience were at the centre of all processes, that the outcomes were true to the needs of people with lived experiences, and that it had been a truly collaborative approach that felt very enabling. This feedback is reflective of a key, if unanticipated, benefit from an organisational perspective. The experiences and learning garnered from the OTPSP have strengthened RCOT's resolve to actively engage with people who access services and the public in genuine co-production in other areas of work. The *RCOT research and development strategy 2019–2024* (RCOT 2019, p12) makes a commitment to doing so and, at the time of writing, a public and patient involvement consultation group is co-producing policies and processes to support the ongoing engagement of public contributors in the RCOT Research Foundation Advisory Group from the 2021 funding round. Further developments in this area will follow, illustrating the lasting impact the OTPSP has had on the organisation's culture and ways of working.

Conclusion

The Top 10 research priorities for occupational therapy in the UK have been identified using the robust and transparent methodology designed by the James Lind Alliance, which explicitly gives equal voice to the perspectives of people with lived experience of accessing services and the healthcare professionals offering them.

The top 10

- 1 How does occupational therapy make a difference and have impact on everyday lives?
- 2 How can occupational therapists ensure that person-centred practice is central to how they work?
- 3 How can occupational therapists work more effectively with the family and carers of people who access services?
- 4 What are the long-term benefits of occupational therapy intervention?
- 5 What are the benefits or impact of occupational therapy in primary care settings? (e.g. services delivered by your local general practice surgery, community pharmacy, dental and optometry (eye health) services)
- 6 How can occupational therapy services be more inclusive of both mental and physical health?
- 7 What is the role of occupational therapy in supporting self-management? (e.g. helping people with illness to manage their health on a day-to-day basis)
- 8 What is the role or impact of occupational therapy in reducing hospital admissions?
- 9 How can occupational therapists work most effectively with other professionals to improve outcomes for people who access services? (e.g. multi-disciplinary teams, commissioners, community agencies)
- 10 What is the cost-effectiveness of occupational therapy services?

The Top 10 research priorities for occupational therapy in the UK

The Top 10 are applicable across the many and varied contexts of contemporary occupational therapy practice, including in relation to people across the lifespan living with a wide range of health concerns, in a wide range of circumstances and accessing statutory and non-statutory services. The Top 10 will enable researchers to align their

work to those issues that matter most to people accessing and delivering occupational therapy services, and therefore to demonstrate the value of proposals they submit for research funding. Research questions that are derived from the Top 10 are open to the application of a wide range of methodological approaches. Furthermore, there is the potential to cross-reference the Top 10 for occupational therapy in the UK to those of other, more subject-specific PSPs (e.g. palliative and end of life care, dementia, depression, childhood disability, amongst a range of others) to focus their application in particular contexts.

Alongside the *RCOT research and development strategy 2019–2024* (RCOT 2019) and the associated focusing of RCOT activity on supporting the development of a professional culture of engagement in and/or with research, this clear statement of research priorities will help to galvanise RCOT members to achieve the step-change in evidence required to firmly position occupational therapy as a key contributor to the health and wellbeing of the UK population in the 21st century.

Next steps

Identification of the Top 10 research priorities for occupational therapy in the UK is just the start of ongoing work. The challenge now is to continue to widely disseminate them, and to work with external research funders in the health and social care environment to seek to influence the funding calls they issue.

Approaches to dissemination include wide distribution of this full report, including to key research funders in health and social care, publication in a peer-reviewed journal, ongoing promotion via social media, the RCOT website and its newsletters and bulletins, conferences and other presentations and workshops. With immediate effect, the Top 10 will be explicitly linked to the funding available to members through the RCOT Research Foundation.

The RCOT Research and Development Team will work with members of RCOT's specialist sections to support them to identify research questions relevant to the context of their own particular areas of specialist practice that help to address the Top 10. This will incorporate drawing on the original survey responses and workshop participants' feedback on the Top 10 to ensure the research that emerges genuinely addresses the unanswered questions raised by people accessing and delivering occupational therapy services. Specialist sections will also be supported to engage meaningfully with people with lived experience, including those from under-represented and marginalised groups within society, to ensure they are involved in all stages of the process.

The longlist of 66 summary questions has been published on the RCOT website and on the JLA website and is available to researchers and research funders to view. Other PSPs, such as the *Palliative and End of Life Care PSP*, have seen a number of questions from their longlists receive funding for research.

The fact that some of the uncertainties submitted during the initial consultation survey were out of scope of the OTPSP does not imply that they are unimportant. Some were condition-specific questions that can be revisited as part of the translation of the Top 10 into particular areas of practice. Others related to influencing government policy and issues linked to service provision have been shared with the RCOT Professional Practice team to help inform their policy and public affairs work and other campaign and promotional work. A further group amongst the out of scope questions suggests a need for education, whether of the public or of occupational therapists themselves, and will

feed into the work of the RCOT Communications and Marketing team and the development and/or sign-posting of continuing professional development resources and opportunities for members. There were further questions around raising the profile of the profession, which links explicitly with one of RCOT's three strategic intentions (RCOT 2018) and is a key, ongoing strand of work for the organisation, as are career promotion and diversification of the workforce, which also featured amongst the out of scope questions.

RCOT will seek to monitor the impact of the Top 10 through, for example, identifying funded research linked to the Top 10, its findings and the impact on practice.

How to get involved

Occupational therapists across the UK and beyond can get actively involved in addressing the Top 10 research priorities in a variety of ways that appropriately reflect their position on the spectrum of research engagement and the nature of their role (RCOT 2019).

Those who are established researchers, whether employed in practice or academia, are encouraged to develop future programmes of research that actively address specific elements of the Top 10. In particular, they are encouraged to incorporate within these programmes of research economic analysis of the cost-effectiveness of interventions. Building in opportunities for the research-related up-skilling of other occupational therapists will benefit the profession and professional practice from another perspective.

Those who are departmental leads and service managers are encouraged to recognise and emphasise the inseparable relationship between engaging in and with research and the delivery of high-quality, cost-effective practice (RCOT 2019). Some departments and services will already contain, or have access to, the knowledge, skills and experience required to identify and address pressing service-specific research questions linked to the Top 10. Developing mutually beneficial partnerships with local universities and research centres can be extremely valuable in this regard, and can provide additional benefits in terms of the building of research capabilities and capacity within teams. Building or extending a research-engaged culture that supports practitioners to identify and work towards addressing service-specific research questions linked to the Top 10 will provide a return on investment through longer-term benefits to those who access services and to individual organisations (Ozdemir et al 2015, Gee and Cooke 2018).

Occupational therapists who are working towards developing their research-related skills and confidence are encouraged to contribute to identifying practice-related research questions that address the Top 10. It might be possible to work in partnership with those with more research experience and expertise to address those questions, and to help shape and inform study designs in partnership with those who access services. In such scenarios, proactively seek opportunities to contribute to the research in a way that supports individual development and simultaneously supports the study to progress, for example through contributing to a literature review, helping to recruit participants or collecting data according to the agreed Protocol. Other options include actively engaging with RCOT specialist sections as they work towards identifying specific research questions relevant to their areas of practice that respond to the Top 10.

Occupational therapy academics are encouraged to incorporate reference to the Top 10 within pre- and post-registration education to help inspire and build the

research-related knowledge, skills and confidence of the next generation of practitioners and researchers. Pre- and post-registration learners are encouraged to consider how the Top 10 might help to shape their individual research projects. Every great research leader of today was a complete novice at some point. The small first steps of today could, over time, evolve into a whole research programme of the future, contributing to addressing the Top 10 in different ways at various points along the journey.

All occupational therapists, regardless of their role or context of employment, have a contribution to make to the collective effort and a personal stake in addressing the Top 10 priorities. As the *RCOT research and development strategy 2019–2024* (RCOT 2019) highlights, doing so helps to ensure that the individuals, groups and communities that occupational therapy serves receive the best possible input from the profession and that services are developed and delivered in the most cost-effective way. Contributing to the development of the evidence base can support individual therapists to thrive and develop their careers, and a growing, robust evidence base will raise the profile of the profession. All of these things will help to address the issues that matter most to people accessing and delivering services, and to position occupational therapy well in the ongoing uncertainties and complexities of health and care in the modern age.

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People with experience of accessing occupational therapy services and carers/families

Clenton Farquharson MBE has extensive knowledge of health and social care, and other social policy areas, particularly in relation to equality, diversity and co-production. Clenton is Chair of the Think Local Act Personal board, a member of the Coalition for Collaborative Care Co-production Group and a trustee of In Control. He is Director of the disabled people's user-led organisation Community Navigator Services CIC, and acts as a Skills for Care Ambassador. Clenton is passionate about how we influence services to work together and to listen to the people who use the services.

Amy Mary Rose Herring was diagnosed during her teenage years with Asperger's and post-traumatic stress disorder. She has focused her work on prevention and shortening the health and social inequalities gap. Aged 21, Amy was recognised as one of the top 15 leaders within work and education on the UK's inaugural Autism and Learning Disability Leaders list 2018. She has a number of roles across the NHS in Sussex and NHS England, and chairs the Parliamentary Inquiry Panel of Children and Young People's Rights in Mental Health.

Dr Sarah Markham is a mental health service user and a keen supporter of the value of occupational therapy and of RCOT. She is also a Visiting Researcher in the Department of Biostatistics and Health Informatics, IoPPN, King's College London. Her academic background is in pure mathematics. She has also published research papers regarding clinical trials, computer science and psychiatry.

Isaac Samuels is a committed, community-minded individual who has worked within the third sector for many years, including local and national government, with charities and the Think Local Act Personal initiative. His primary focus lies in supporting a systematic approach to improving services for those who need them, ensuring communities' voices are embedded at every level through co-production. Isaac has achieved considerable influence and success in reducing barriers faced by people with impairments and other seldom-heard groups, by exploring these issues in an open, honest, reflective and supportive way.



Michael Turner is a disabled person and has spent most of his career working in the disability field. This has included many research and development projects, with a particular emphasis on user involvement and co-production. He helped set up the Shaping Our Lives national network of service users and disabled people and spent eight years working on co-production at the Social Care Institute for Excellence.

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Appendix 2

Occupational Therapy Priority Setting Partnership¹ Steering Group – Terms of Reference 30 May 2019

This document sets out the Terms of Reference for the Steering Group of the RCOT / James Lind Alliance Occupational Therapy Priority Setting Partnership. The Steering Group coordinates the Priority Setting Partnership (PSP) and organises its activities.

The Steering Group includes representatives of people who have experience of accessing occupational therapy services, their carers² and occupational therapists. Members of the Steering Group will bring with them knowledge of occupational therapy, an understanding of the people who have experience of accessing occupational therapy services, their carers and occupational therapists, and access to diverse networks of individuals from these populations. People who have experience of accessing occupational therapy services and their carers will range from the very young to those who are very much older, encompassing the whole life span. Members of the Steering Group will be fully engaged in this PSP and will give the time to carry out the work involved.

The background and wider aims and responsibilities of the Occupational Therapy PSP are set out in its Protocol.

Introduction to the James Lind Alliance and priority setting

The James Lind Alliance (JLA) is a non-profit making initiative which was established in 2004 with the aim of enabling groups of people who have experience of accessing health services, their carers and healthcare professionals to work together to agree priorities for health research. The JLA facilitates PSPs in particular health areas.

Each PSP consists of people who have experience of accessing healthcare services, their carers and representatives, and healthcare professionals, and is led by a Steering Group. Collaboration between people who have experience of accessing healthcare services, their carers and healthcare professionals to set the research agenda has been extremely rare, but is vital in drawing issues to the attention of research funders that might not otherwise be suggested or prioritised.

The role of the PSP is to identify questions that have not been answered by research to date, and then to prioritise these. The first stage is to ask people who have experience of accessing healthcare services, their carers and healthcare professionals, often via an online

¹ This document is based on a template Terms of Reference that has been adapted with agreement from the JLA Adviser to reflect the make-up of this PSP and the Steering Groups driving it. The JLA last updated this template in November 2018.

² **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)



survey, for unanswered questions about occupational therapy. These questions are then assessed to check they are in scope for the PSP, and are checked and verified as true uncertainties. An interim prioritisation exercise then takes place, before a priority-setting workshop is convened where participants debate and finally arrive at a Top 10 list of research priorities.

The eventual aim, following the approximately 18 month-long prioritisation process, is to turn these priorities into research questions, and for members of the Steering Group to work with researchers and research funders to obtain funding for that research to be undertaken.

All JLA PSPs will display all priorities on the JLA website. Further details about the JLA and PSPs are at <http://www.jla.nihr.ac.uk/>. A flowchart of the PSP process can be seen in the Templates and useful documents section of the JLA website at <http://www.jla.nihr.ac.uk/about-the-james-lind-alliance/templates-and-useful-documents.htm>.

The Occupational Therapy Priority Setting Partnership

Membership of the Steering Group

The Steering Group membership is a balance of people who have experience of accessing occupational therapy services, their carers and occupational therapists.

It is agreed that for the Occupational Therapy PSP, one person who uses occupational therapy services/their carer representatives and one health and social care professional/occupational therapist will need to be present in order for Steering Group meetings to go ahead and for decisions to be made. If a meeting is held without this minimum number and composition then the Group that meets will make recommendations, rather than final decisions, to be agreed by the wider Group at a later date.

Role of Steering Group members

Steering Group members are asked to contribute, as a minimum, their expertise and time, and to be prepared to approach their established contacts and networks.

All Steering Group members are asked to commit to working according to the JLA principles:

- Inclusivity: working with other members respectfully and constructively and ensuring the full range of patient, carer and clinical stakeholders are involved in the PSP process.
- Equality: people who access occupational therapy services, their carers and occupational therapists, and the knowledge and experience they bring, are of equal value to the PSP.
- Fairness and transparency: declaring any personal interests, and ensuring decisions and activities are documented openly.
- Evidence based: ensuring the work of the PSP recognises the existing knowledge base for occupational therapy and contributes to this through the PSP's evidence checking and open publication of information from the PSP.



Members of the Steering Group will need to agree the resources (including time and expertise) that they will contribute to ensure that each stage of the process is completed.

Members of the Steering Group will:

- Publicise the initiative to potential partners. This includes advising on membership of the PSP (to ensure a wide and representative group of people who access occupational therapy services, their carers and occupational therapists) and emailing contacts to invite them to participate.
- Publicise and participate in an initial awareness meeting.
- Take part in monthly Steering Group meetings/teleconferences. The Steering Group will meet either by teleconference or face to face on an approximately monthly basis in order to keep momentum around the PSP and to maintain the relationship as a team.
- If unable to attend, submit comments ahead of the meeting. Where a Steering Group member is unable to attend a meeting, decisions made at the meeting will be respected.
- Respond promptly with feedback on project materials by responding to emails.
- Have oversight of the collection of evidence uncertainties from people who access occupational therapy services, their carers and occupational therapists and existing literature.
- Oversee and lend expertise to the data management process, including agreeing the scope and process for data-checking.
- Have oversight of the interim priority setting stage.
- Agree the final shortlist of questions to be taken to the final priority setting workshop.
- Oversee the planning for the final priority setting workshop, and help to publicise it. This is the one-day workshop that brings people who have experience of accessing occupational therapy services, their carers and occupational therapists together to debate, rank and agree a final Top 10. It is only attended by people who have experience of accessing occupational therapy services, their carers and occupational therapists or support workers who actively work with them. Typically not all members of the Steering Group attend, allowing space for new participants.
- Ensure that the PSP's working spreadsheet of uncertainties and the final prioritised list of questions are supplied to the JLA, for publication on the JLA website
- Help publicise the final top 10 uncertainties to the research community
- Be involved in the development of research questions from the agreed priorities, and work with research funders where necessary to provide any extra information they need.

Reimbursement

All members of the Steering Group will be reimbursed for reasonable expenses, such as travel and subsistence, incurred as a result of attendance at meetings. People who have experience of accessing occupational therapy services/their carers will be compensated for their time at the rate recommended in the Involve: Policy on payment of fees and expenses for members of the public actively involved with INVOLVE, dated February 2016.

Specific Roles

Chair: The PSP will be chaired by Katherine Cowan, a JLA Adviser. Katherine will also Chair and run the final priority setting workshop. Her role is to support and guide the PSP, as



a neutral facilitator, ensuring that the process is followed in a fair, transparent way, with equal input from patients, carers and clinicians and their representatives.

If Katherine is unable to chair a meeting for some reason then efforts will be made to find someone to deputise. This person will be either a representative from the JLA or a member of the PSP Project Team.

Strategic Lead: Dr Jo Watson, RCOT Assistant Director – Education and Research. Jo will work closely with the JLA Adviser, the Project Lead and the Project Coordinator to champion the PSP and provide a strategic overview to the process.

Project Lead: Jenny Mac Donnell is the lead for the PSP. Jenny will work closely with the JLA Adviser, the Strategic Lead and the PSP coordinator to champion the PSP and ensure it is successfully promoted, completed and disseminated to funders.

Project Coordinator: Ruth Unstead-Joss is responsible for the coordination and administration of the PSP. This includes arranging all meetings and workshops, and ensuring that:

- requests for agenda items are discussed with the group
- papers are available at least a week before meetings
- meeting notes are reviewed by the Chair, circulated within two weeks, and reviewed and agreed at the next meeting.

Information Specialist: Dr Hannah Spring is the Information Specialist for the PSP. Her role is to advise the Steering Group on data management and analysis strategies and agree these with the group. She will also review and analyse the data collected, review existing evidence, and help develop the long list of questions, under the guidance and assurance of the Steering Group. The outputs delivered by the Information Specialist will be approved by the Steering Group.

Declaring interests

Steering Group members are asked to declare any interests relevant to the Occupational Therapy PSP. The JLA provides an example form, and the interests of each member will be shared among the group. This is to encourage a culture of openness and transparency. Relevant interests may be professional, personal or related to an interest in or involvement in clinical research. The same form asks Steering Group members to consider their agreement to being named in publicity about the PSP.

Researchers may sit on the Steering Group if the group feels this is appropriate and useful – the JLA Adviser will ensure that they do not have an undue influence on the outcome. Researchers who are currently clinically active may participate in the priority setting if they declare their interests.

Timescales

The Occupational Therapy PSP will run for approximately an 18 month period from January 2019.



Steering Group members

Name	Representative in Steering Group
Anne Addison	Practitioner
Dr Maria Avantaggiato-Quinn	Service Manager
Dr Mary Birken	Practitioner researcher
Dr Michael Clark	Social Care
Katherine Cowan	PSP Chair
Dr Edward Duncan	Academic researcher
Clenton Farquharson MBE	Person with experience of accessing occupational therapy services
Dr Naomi Gallant	Practitioner researcher
Amy Mary Rose Herring	Person with experience of accessing occupational therapy services
Dr Jane Horne	Academic researcher
Dr Anne Johnson	Consultant occupational therapist
Jenny Mac Donnell	RCOT - PSP Lead
Veronica McWilliams	Centre Manager and practitioner
Dr Sarah Markham	Person with experience of accessing occupational therapy services
Dr Sally Payne	RCOT – Professional Practice
Stephanie Platt	Practitioner
Dr Jenny Preston MBE	Consultant occupational therapist
Isaac Samuels	Person with experience of accessing occupational therapy services
Alexander Smith	Postgraduate Student
Dr Hannah Spring	Information Specialist
Michael Turner	Person with experience of accessing occupational therapy services
Ruth Unstead-Joss	RCOT - PSP Coordinator
Dr Gill Ward	RCOT – Research and Development Manager
Dr Jo Watson	RCOT – Assistant Director: Education and Research, PSP Strategic Lead
Dr Phillip Whitehead	Academic researcher

Reference

<https://www.thinklocalactpersonal.org.uk/Browse/Informationandadvice/CareandSupportJargonBuster/#Carer> (accessed on 15 May 2019)



Appendix 3

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, carers³ 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

³ 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)



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 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 therapists⁴, as individuals or representatives from a relevant group.

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

⁴ 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.



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

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 online 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.

OTPSP Project partners

Activity Alliance
Age Cymru
Age NI
Alzheimer Scotland
Annabelle's Challenge
Autistica
Birmingham and Solihull Mental Health NHS Foundation Trust
Black Country Partnership NHS Foundation Trust
British Academy of Childhood Disability
British Geriatric Society
Canterbury Christ Church University
Cardiff University
Carers NI
Communicate2U
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
Dementia Carers Count
Devon Partnership NHS Trust
Edinburgh Napier University
Glasgow Caledonian University
Health and Care Research Wales
Healthwatch Southwark
Hull and East Yorkshire Hospitals NHS Trust
King's College Hospital NHS Foundation Trust
Leeds Beckett University
Mental health Occupational Therapy Interventions & Outcomes research Network (MOTION)
Mersey Care NHS Foundation Trust
Midlands Partnership NHS Foundation Trust
MND Association
Muscular Dystrophy UK
National Co-production Advisory Group
NHS Grampian
Norfolk and Norwich University Hospitals NHS Foundation Trust
North East and North Cumbria NMAHP Research Implementation Group
Nottinghamshire Healthcare NHS Foundation Trust
Occupational Therapy Advisory Forum for Wales (OTAF)

ORiENT: Occupational therapy Research and Evidence based-practice
NeTwork - Wales

Royal National Hospital for Rheumatic Diseases

Royal United Hospitals Bath NHS Foundation Trust

Sheffield Occupational Therapy Clinical Academics

Sheffield Teaching Hospitals NHS Foundation Trust

Skills for Care

South London and Maudsley NHS Foundation Trust

Southern Health NHS Foundation Trust

Spinal Injuries Association

Sporting Equals

Stroke Association

Tees Esk and Wear Valleys NHS Foundation Trust

The Christie NHS Foundation Trust

UK Parkinson's Excellence Network

University Hospitals of Morecombe Bay NHS Foundation Trust

University of East Anglia


University of Northampton

University of Southampton - School of Health Sciences

University of the West of England

Wrexham Glyndwr University

Yorkshire Fatigue Clinic




Health Research Authority

MRC

Medical
Research
Council

Is my study research?

 **To print your result with title and IRAS Project ID please enter your details below:**

Title of your research:

Occupational Therapy Priority Setting Partnership ^

IRAS Project ID (if available):

n/a

You selected:

- 'No' - Are the participants in your study randomised to different groups?
- 'No' - Does your study protocol demand changing treatment/ patient care from accepted standards for any of the patients involved?
- 'No' - Are your findings going to be generalisable?

Your study would NOT be considered Research by the NHS.

You may still need other approvals.

Researchers requiring further advice (e.g. those not confident with the outcome of this tool) should contact their R&D office or sponsor in the first instance, or the **HRA** to discuss your study. If contacting the HRA for advice, do this by sending an outline of the project (maximum one page), summarising its purpose, methodology, type of participant and planned location as well as a copy of this results page and a summary of the aspects of the decision (s) that you need further advice on to the HRA Queries Line at HRA.Queries@nhs.net.

For more information please visit the [Defining Research](#) table.

Follow this link to start again.

Print This Page



Have your say!

**What are your questions about
occupational therapy in the UK?**

We need your help to identify the priorities for occupational therapy research in the UK.

The survey is open from 5 August to 5 November 2019.



Why we are doing this survey?

We need your help to identify the most important questions for occupational therapy research in the UK so we can focus our efforts on answering them.

Who should take part in this survey and why?

Your views are important because they will help us to focus on what really matters to you. We are interested in hearing from:

- People with experience of accessing occupational therapy
- Carers of people who access occupational therapy
- Occupational therapists
- Others who meet occupational therapists during the course of their work.

What do we want to hear about?

Research helps us answer questions about what works and doesn't work in occupational therapy. We want to hear what questions you might have.

There are lots of big issues that affect the way that occupational therapy services are provided (like the availability of services, waiting times, paying for equipment, etc.). This survey is not about these bigger issues, but is about what occupational therapy is and does.

What happens next?

This survey will be open for 3 months from 5 August to 5 November. After this, we will check that your questions haven't already been answered. When we have a long list of unanswered questions, a second survey will ask people to pick those that they think are the most important questions. The final step is a workshop that will concentrate on deciding on which of the 20-30 most important questions picked by the second survey are the top 10. These are the questions that we will focus occupational therapy research on.

We will make the top 10 list of questions available at www.rcot.co.uk so that everyone can see it.

For more information on this project go to www.rcot.co.uk/otpsp

Participant information statement

It's up to you if you want to take part in this survey. You can leave the survey at any stage by closing it. The survey should take about 10-20 minutes to complete. Your answers will be anonymous which means we will not be able to identify you. Your information will be kept safely in a password protected computer file that only the project team can use. All your information will be deleted after three years. The project has been approved by the RCOT [PE36/2019].

If you need more information please contact Jenny Mac Donnell, Project Lead, Royal College of Occupational Therapists: Jenny.MacDonnell@rcot.co.uk.

Thank you for reading this information. Please tick one of the boxes below to let us know if you'd like to take part:

- Yes, I have read the information and want to take part
- No, I don't want to take part



Section 1

What do occupational therapists do?

Occupational therapists support people to live the lives they want to live. At the heart of occupational therapy is the belief that the ability to do everything we need, want or have to do in our daily life is important to health and wellbeing.

If you have accessed or cared for someone accessing the services of an occupational therapist, what questions do you have based on that experience?

If you are an occupational therapist or you work in the health and social care environment, what questions do you have based on your experiences of working in or with the profession?

Question 1

(Please tick the appropriate box. If you're completing the survey electronically, you can click inside the square box to tick)

Are you:

- A person with experience of accessing occupational therapy
- A carer of a person who accesses occupational therapy
 - the person I care for is under 18 years of age
 - the person I care for is aged 18 years or older
- An occupational therapist
- An occupational therapy student
- A person other than an occupational therapist working in the health and social care environment
- A person with a different interest in this area (please describe)

Question 2

What questions do you have about occupational therapy that you haven't been able to find the answer to?

Question 3

What questions do you have about the difference that occupational therapy makes to people's lives?



Section 2

It's important that we know a little about you so we can try to make sure that we hear from a wide range of people. This information will be kept secure, confidential and separate from your previous answers so you cannot be identified. You don't have to answer any of these questions, if you don't want to.

Where do you live?

- Channel Islands
- England
- Isle of Man
- Northern Ireland
- Scotland
- Wales
- I live outside the United Kingdom

What is your age range?

- 15 or under
- 16-24
- 25-44
- 45-64
- 65-79
- 80 years and over
- I prefer not to say

How would you describe your gender?

- Female
- Male
- I prefer to describe myself as

- I prefer not to say

What best describes your ethnic group?

- Asian/Asian British
- Black/Black British
- Chinese or other ethnic group
- Mixed/multiple ethnic groups
- White
- I prefer to describe myself as

Do you identify as disabled?

- Yes
- No

- I prefer not to say



Your answers are anonymous and once they have been submitted they can't be deleted.

Thank you for taking the time to complete this survey

If you need to return this survey by post please send it to: Ruth Unstead-Joss, Project Coordinator, Royal College of Occupational Therapists, 106-114 Borough High Street, London SE1 1LB

If you would like to take part in a second survey for this project or join in a workshop please contact Ruth Unstead-Joss, Project Coordinator by email at Ruth.Unstead-Joss@rcot.co.uk or telephone 0203 141 4695 to let us know.

Support

If this survey raises any issues for you then there are sources of support and information available to you. If you are not a member of RCOT, you can contact:

1. Your local GP
2. Your Local Authority Adult Social Care services, find your local service:

England - <https://bit.ly/2LndeHm>

Northern Ireland - <http://online.hscni.net/>

Scotland - <https://careinfoscotland.scot/>

Wales - <https://bit.ly/2GwsIEC>

Members of RCOT can contact:

RCOT's Professional Practice Enquiries Service <https://bit.ly/2AWasj2>

Evidence Search Strategies

Search Strategy 1

For questions about the effectiveness of occupational therapy practice and services, the following string was searched for in document titles and abstracts:

RCT or “randomi?ed control* trial” or “control* clinical trial*” or quasi-experiment or “double blind” or “single blind” or “pretest posttest” or trial or “crossover design” or “crossover study” or “comparative design” or “cluster study” or “cluster design” or “systematic review” or “meta analys*” or “meta-analys*” or metaanaly* or “meta synthes*” or meta-synthes*

Search Strategy 2

For questions about the value and/or impact of occupational therapy practice and services, the following string was searched for in document titles and abstracts:

benefit* or value or impact

Search Strategy 3

For all questions the following string was searched for in document titles, abstracts or source/publication title:

“occupational therap* or “occupational science”

Search Strategy 4

For all questions, strings including words that reflected their concepts or focus were searched for in document titles and abstracts, for example:

- a) “moving and handling” or “manual handling” or “patient handling”
- b) “acute services” or “acute settings”
- c) Overweight or obese or bariatric or “plus size*” or “plus-size*”



Have your say!

What are your priorities for future occupational therapy research in the UK?

We need your help to identify the priorities for occupational therapy research in the UK.

The survey is open from Wednesday 26 February and closes on Wednesday 20 May 2020 at 5pm.



What is this survey for?

This survey asks you to identify your top ten research priorities from a list of research questions.

Why are we doing this survey?

This survey builds on the one we did last year. In 2019, we asked people to tell us their questions about occupational therapy. We did this because we wanted to find out what research needs to happen to help improve occupational therapy. Thank you to everyone who sent comments and questions. We looked carefully at all of them. The ones that can be answered by research were summarised and are listed in this new survey. We now need to know which of the questions are priorities.

The other questions will be used in different ways and will not be lost, they will be available on the Royal College of Occupational Therapists (RCOT) and/or the James Lind Alliance website when the project is finished.

You can find out more about the project here www.rcot.co.uk/otpsp

Who should take part in this survey?

Please take part in this survey if you:

- have experience of accessing occupational therapy services
- care for a person who accesses occupational therapy services
- are an occupational therapist or
- work with occupational therapists in health and social care.

What are we asking you to do?

There are two sections to this survey. In section 1, you are asked to choose your priority questions. In section 2 you are asked to provide some information about you so we can understand who has responded to the survey.

We have made a list of questions about occupational therapy that people have suggested need more research to answer.



Please read the list and, based on your own experiences, **choose up to 10** questions that you think are most important for researchers to answer.

If you need help filling in this survey, it's fine to talk to someone about it and ask them to help you.

Please ask others to complete this survey too. We want to make researchers aware of the issues that matter to lots of people.

What will happen next?

After this survey has closed, we will use your answers to work out which are the most popular questions. We will then hold a workshop for people who have experience of accessing occupational therapy services, their carers/families and occupational therapists. At the workshop they will discuss the most popular questions in more detail and agree the top ten questions that need researching in occupational therapy.



Participant information

The aim of this project is to identify the top ten priorities for occupational therapy research in the UK. The study is being conducted by the Royal College of Occupational Therapists (RCOT) and the James Lind Alliance (JLA).

In this project we use 2 surveys to collect the information. The first survey gathered the questions that people have about occupational therapy. This included:

- people who have experience of accessing occupational therapy services
- carers of people who access occupational therapy
- occupational therapists and
- health and social care professionals who work with occupational therapists.

This second survey helps us to identify the most important questions.

It's up to you if you want to take part in this survey. It should take about 10-20 minutes to complete. Your answers will be anonymous which means we will not be able to identify you. As all responses are anonymised, once they have been submitted they cannot be removed from the combined data.

The information will be kept safely in a password protected computer file that only the project team can access. All the information will be deleted after three years. The project has been approved by the RCOT [PE48/2020] through their project review process.

If you need more information please contact Jenny Mac Donnell, Project Lead, Royal College of Occupational Therapists: Jenny.MacDonnell@rcot.co.uk.

If you'd like to take part in the survey, please tick the box below to let us know. If you don't want to take part, that's fine, thank you for reading this information.

Yes, I have read the information and want to take part



Section 1

Who are you?

We would like to know a little about you to make sure that we are hearing from a wide range of people. Your answers are confidential.

We want to know which questions are important to these groups of people so that we can see if some questions are more important to one group rather than others.

Which description below **best** describes you?

Please select **one** answer (required).

- I am a person with experience of accessing occupational therapy
- I am a carer of a person aged less than 18 years who accesses occupational therapy services
- I am a carer of a person aged 18 years or older who accesses occupational therapy
- I am an occupational therapist
- I am an occupational therapy student
- I am a person other than an occupational therapist working in the health and social care environment
- I am a person with a different interest in this area (please describe)

What do occupational therapists do?

Occupational therapists support people to live the lives they want to live. At the heart of occupational therapy is the belief that the ability to do everything we need, want or have to do in our daily life is important to health and wellbeing.



The questions

We would like you to select a **maximum of 10** priority questions from the list of 66 potential research questions, these questions should be the ones that you think are the most important for researchers to answer. Please do this based on your own experience. You don't need to know about research and we don't need you to try to answer the questions, that's for researchers to do later.

Please **select up to 10** of the following questions for future research.

Different healthcare settings

- What is the impact or effectiveness of occupational therapy in acute hospital care settings? (e.g. where short term treatment is given for severe injury or illness, an urgent medical condition or during recovery from surgery)
- What is the role or impact of occupational therapy in reducing hospital admissions?
- What are the benefits or impact of occupational therapy in primary care settings? (e.g. services delivered by your local general practice surgery, community pharmacy, dental and optometry (eye health) services)
- What is the value or impact of occupational therapy in the discharge process and transition to community? (e.g. individuals' homes, residential or care homes)
- How can occupational therapy keep people active whilst in hospital?
- What is the effectiveness of occupational therapy in critical care? (e.g. intensive care)
- What is the role or impact of occupational therapy in community settings? (e.g. individuals' homes, residential or care homes)
- What is the value or impact of school based occupational therapy?
- How effective is occupational therapy within secure mental health settings?

Experiences and perceptions of occupational therapy

- What do people who access services value most about occupational therapy?
- How does occupational therapy make a difference and have impact on everyday lives?



- What do other people (including healthcare professionals and other colleagues occupational therapists might work with, people who access services and their families and carers), think about the role of occupational therapy?

Occupational therapy interventions

- How effective are group-based occupational therapy interventions?
- How effective are sensory approaches as an occupational therapy intervention?
- What are the most effective occupational therapy approaches in improving the lives of people with learning disabilities?
- What are the long-term benefits of occupational therapy intervention?
- What are the most effective approaches in occupational therapy splinting interventions?
- How effective are educational interventions in occupational therapy?
- How do animal-assisted interventions affect the wellbeing of people who access services?

Contexts of occupational therapy practice

- What is the effectiveness of occupational therapy for mental health?
- What is the role or impact of occupational therapy in vocational rehabilitation? (e.g. helping people with health problems to access, maintain or return to employment)
- What is the impact or effectiveness of occupational therapy in child and adolescent mental health (CAMHS)?
- What is the role or impact of occupational therapy in maternity and perinatal care? (This includes both mothers and fathers)
- What is the role of occupational therapy in public health?
- What is the value or impact of occupational therapy roles in palliative care?
- What is the role of occupational therapy in social prescribing? (Social prescribing is when health professionals refer people to support in the community in order to improve their health and wellbeing)



- What is the role or impact of occupational therapy within the criminal justice system?
- How effective are occupational therapy interventions for all children?
- What is the role of the occupational therapist in prescribing medicines?
- What is the role or impact of occupational therapy in social care services?
- What are the benefits of occupational therapy in physical rehabilitation?
- What is the role or impact of occupational therapy in moving and handling?

Professional accountability, practice and development

- What is the unique role and contribution of occupational therapy?
- How can occupational therapy services be more inclusive of both mental and physical health?
- What is the cost-effectiveness of occupational therapy services?
- How can occupational therapy ensure that person-centred practice is central to how they work?
- What are the key skills of occupational therapists which make them effective leaders of clinical services?
- What is the role of occupational therapy in risk management? (e.g. reducing risk of harm to people who access services and healthcare staff)

Working with others

- How can occupational therapists work most effectively with other professionals to improve outcomes for people who access services? (e.g. multi-disciplinary teams, commissioners, community agencies)
- How can occupational therapists work more effectively with the family and carers of people who access services?
- What is the role of occupational therapy in supporting self-management? (e.g. helping people with illness to manage their health on a day-to-day basis)



- How can occupational therapy best support transitions between health services across the lifespan? (e.g. moving from child and adolescent services to adult services)
- What difference does being an occupational therapist with disabilities have on how that therapist works therapeutically with others

Health challenges

- What is the role or impact of occupational therapy in supporting people with who are neurodiverse? (e.g. have conditions such as autism or developmental coordination disorder)
- What is the effectiveness of occupational therapy for people with long term conditions and their carers?
- What is the impact of occupational therapy in services for bariatric and plus-sized groups?
- What is the role or impact of occupational therapy in frailty?
- What is the role or impact of occupational therapy in pain management?
- How can occupational therapy most effectively make a difference to people experiencing homelessness?
- How can occupational therapists work effectively with people engaged in 'dark occupations'? (e.g. activities that may be seen as harmful, anti-social, offensive or illegal)
- How can occupational therapy most effectively support people with impaired cognitive function? (e.g. problems with memory, judgement, co-ordination or confusion)
- What are the benefits of occupational therapy in sensory impairment? (e.g. problems with sight, hearing, smell, touch, taste and spatial awareness)
- What is the role of occupational therapy in mental health?
- How effective are occupational therapy interventions in people with neurological conditions? (e.g. apraxia, stroke, brain-injury, cerebral palsy, dementia)
- What is the effectiveness of occupational therapy in fatigue management?
- What is the effectiveness of occupational therapy in sleep management?

- How can occupational therapists work most effectively with people with multiple conditions?
- What is the role of occupational therapy in addressing sexual functioning?

Occupational therapy and the environment

- What is the role of occupational therapy in addressing social, political and environmental issues at a societal level to address well-being and participation?
- How can occupational therapy influence environmental design, building and housing development?
- How does assistive technology, compensatory equipment and housing adaptations provided through occupational therapy impact on the lives of people who access services?
- How can occupational therapists work effectively with digital technology to enhance their interventions and lives of people who access services? (e.g. using smart devices to manage health and illness)

Occupational therapy

- What is the value of occupation as an intervention and how does effectiveness vary with the way it is used? (e.g. 'occupation-focused' interventions based on understanding a person, their environment and the meaningful occupations in their life, 'or 'occupation-based' interventions in which doing a meaningful occupation forms the focus)
- What is the value or impact of interventions that focus on leisure as an occupation?
- What is the nature of the relationship between occupation and health and well-being?
- How does the amount of occupational therapy received affect outcomes for people who access services?



Section 2

It's important that we know a little about you so we can try to make sure that we get responses from a wide range of people. This information will be kept secure, confidential and separate from your previous answers so you cannot be identified. You don't have to answer any of these questions, if you don't want to.

Where do you live?

- Channel Islands
- England
- Isle of Man
- Northern Ireland
- Scotland
- Wales
- I live outside the United Kingdom

How would you describe your gender?

- Female
- Male
- I prefer not to say
- I prefer to describe myself as

Do you identify as disabled?

- Yes
- No

What is your age range?

- 15 or under
- 16-24
- 25-44
- 45-64
- 65-79
- 80 years and over
- I prefer not to say

What best describes your ethnic group?

- Asian/Asian British
- Black/Black British
- Chinese or other ethnic group
- Mixed/multiple ethnic groups
- White
- I prefer not to say
- I prefer to describe myself as



Thank you for taking the time to complete this survey

If you want to return this survey by email please send it to:

Ruth.Unstead-Joss@rcot.co.uk

Or

Jenny.MacDonnell@rcot.co.uk

What's next

The final stage of this project is a prioritisation workshop to produce a Top Ten of the questions that are most important for research. If you would like to attend this workshop please complete the online Expression of Interest form or download it from www.rcot.co.uk/otpsp and return it by email to either:

Ruth Unstead-Joss, Project Coordinator - Ruth.Unstead-Joss@rcot.co.uk or

Jenny Mac Donnell, Project Lead – jenny.macdonnell@rcot.co.uk or

telephone 020 3141 4695 or 020 3141 4696 for more information.

Support

If this survey raises any issues for you then there are sources of support and information available to you. If you are not a member of RCOT, you can contact:

3. Your own GP
4. Your Local Authority Adult Social Care services, find your local service:
England - <https://bit.ly/2LndeHm>
Northern Ireland - <http://online.hscni.net/>
Scotland - <https://careinfoscotland.scot/>
Wales - <https://bit.ly/2GwsIEC>

Members of RCOT can contact:

RCOT's Professional Practice Enquiries Service <https://bit.ly/2AWasi2>



Appendix 9

Agenda

James Lind Alliance Occupational Therapy Priority Setting Partnership Workshop

27th July 2020 – 09:30-16:00

Online via Zoom. Join the workshop via this link:

<https://zoom.us/j/96177936807?pwd=RC82ZGF6RytXUXNEa2Z3dmhCRmVBZz09>

Meeting ID: 961 7793 6807 and Password: 859276

Time	Session	Format
09:30	Registration and virtual refreshments	In the main Zoom room
10:00	Welcome, introduction and ways of working <ul style="list-style-type: none"> Katherine Cowan, James Lind Alliance (Workshop Chair) 	Everyone in the main Zoom room
10:30	Small group session 1 – comparing priorities <ul style="list-style-type: none"> Participants divided into four small discussion groups 	In separate Zoom rooms
11:15	Break – 30 minutes <i>Turn off your mic and video</i>	<i>Stay in your Zoom room</i>
11:45	Small group session 2 – first round of prioritisation <ul style="list-style-type: none"> Participants in the same four small discussion groups 	In separate Zoom rooms
12:45	Lunch break – 1 hour <i>Turn off your mic and video</i>	<i>Come back to the main Zoom room or log off</i>
13:45	Welcome back – progress review <ul style="list-style-type: none"> Katherine Cowan 	Everyone in the main Zoom room
14:00	Small group session 3 – new groups, review the priorities <ul style="list-style-type: none"> Participants divided into four new small discussion groups 	In separate Zoom rooms
15:00	Break – 20 minutes <i>Turn off your mic and video</i>	<i>Come back to the main Zoom room</i>
15:20	Presenting the top 10 – whole group <ul style="list-style-type: none"> Katherine Cowan 	Everyone in the main Zoom room
15:45	Next steps and thank you <ul style="list-style-type: none"> Jo Watson, Royal College of Occupational Therapists 	Everyone in the main Zoom room
16:00	Workshop ends.	

If you need any help or support during the workshop, please contact us:

- Technical support, problems with Zoom: contact Ruth on 0203 3141 4695
- Emotional support: contact Jo on 0203 3141 4672

Identifying research priorities for occupational therapy in the UK

What matters most to the people accessing and delivering services?

Identifying research priorities for occupational therapy in the UK: what matters most to the people accessing and delivering services? reports on the collaboration between the Royal College of Occupational Therapists and the James Lind Alliance to undertake the Occupational Therapy Priority Setting Partnership between March 2019 and July 2020. This project brought together people who access services, occupational therapists and other interested parties to identify and prioritise 'uncertainties' or 'unanswered questions' about occupational therapy, culminating in the identification of a contemporary list of the Top 10 research priority areas.

This report will be of interest to all occupational therapy personnel, and others beyond the profession, wishing to contribute to the expansion of the evidence base underpinning practice. Together with *The Royal College of Occupational Therapists' research and development strategy 2019–2024*, the Top 10 research priorities for occupational therapy in the UK provide a framework for focusing efforts on those issues that matter most to the people accessing and delivering occupational therapy services.



 Available
for Download
rcot.co.uk
Tel: 020 3141 4600

In partnership with



Royal College of
Occupational
Therapists

