

Successfully involving service users and health care providers in a Cochrane systematic review of physiotherapy for people with stroke

Alex Pollock¹, Gillian Baer², Pauline Campbell¹, Pei-Ling Choo³, Anne Forster⁴, Jacqui Morris⁵, Valerie M Pomeroy⁶, Peter Langhorne⁷

Background to this project

What was our research question?

Our research question: What is the best way of delivering physiotherapy to people who have had a stroke?

Why was this question important? There are several different theoretical approaches to the delivery of physiotherapy after stroke. How these are described and delivered can vary considerably. In order to help physiotherapists deliver the most effective treatments to their patients it is important to know which approaches give the best results.

What was our research method?

Our research method: an update of a Cochrane systematic review.

What is a Cochrane systematic review? A Cochrane systematic review summarises the results of clinical trials, providing the best evidence on the effectiveness of healthcare interventions.

Why an update? A Cochrane systematic review bringing together all the clinical trials of physiotherapy approaches for people with stroke had been published in 2006. New trials had been published and an update was important in order to include these new trials.

User-involvement in this project

Why was user-involvement important?

- to make sure the updated review was clinically relevant.
- to make important decisions about whether to include (or exclude) international evidence arising from different cultures and healthcare systems
- to ensure the updated review impacted on practice.

How did we successfully involve users?

- The key stages which led to successful involvement are outlined in Figure 1.
- We used formal group consensus methods (called the nominal group technique) to reach consensus decisions on a number of issues. Using this technique users 'voted' on a number of statements (see Table 1).
- The decisions made by the users directly impacted on the review update.

Resourcing the project

- We got grant funding to cover direct expenses associated with involvement.
- Ethical approval and consent
- · We got ethical approval from our University ethics committee.
- We obtained signed consent from group members.

• This included permission to sound record the meetings.

Identifying and recruiting Group

members

- We circulated a description of the role of group members, and details of the time commitment (including dates of all meetings) via established groups and networks.
- Physiotherapists were selected so we had people with a range of different experiences and knowledge. We recruited 13 group members – 3 stroke survivors, 1 carer and 9 physiotherapists.

Group meetings

- We held 3 group meetings during the 12 month project.
- The content, structure and format of these meetings are described in TABLE 1.
- Meeting 'ground rules' were discussed and agreed at the start of each meeting.

Additional contact with Group members

 Contact was made by email as required during project. Feedback forms to gather views and electronic voting to make specific decisions were used.

Evaluation of userinvolvement

Evaluation forms were completed at the end of meeting 3.

Key stages to achieve successful Figure 1: user-involvement during the project.

Meeting 2 **Meeting 3** Meeting 1 3.5 months (into 12m project) 5 months 11 months Time To discuss categorisation of interventions and inclusion of evidence Aim of meeting To explore descriptions of treatment components To agree key clinical implications arising from completed from the international trials identified in the 2007 review. and reach consensus over descriptions and review. categorisations. To agree dissemination strategies. Details of published taxonomies of **Presentation of** What is a Cochrane review? Results of the review material at Overview of 2007 Cochrane review rehabilitation interventions Results of meta-analyses Results of sub-group analyses meeting Details of categorisation of interventions in 2007 version Summary of responses from group members Exploration of content of foreign-language paper interventions Limitations of analyses A: "The current categories are appropriate and clinical relevant." **Statements** A: "The new categories are appropriate and No voting was carried out during meeting 3. discussed and clinically relevant" B: "These international trials should be included in our review of There was discussion around the perceived clinical voted on implications of the findings of each analysis physiotherapy treatment approaches." B: "The stated names are appropriate and clinically relevant." C: "The interventions studied in these international trials are similar An evaluation form was completed. to one another"

Table 1: Details of the content and structure of the 3 group meetings.

Discussion and Conclusions

- The involvement of key stakeholders impacted on all areas of the review, including; inclusion of international studies, classification of treatments, and comparisons explored within meta-analysis.
- Local dissemination strategies aiming to translate review evidence into practice were formed.
- User-involvement significantly influenced decisions around the scope and format of the review, and ensured relevance and accessibility of the output.
- This approach to user-involvement has implications for other systematic reviews.

The updated review is published in the Cochrane Library, with a description of the user-involvement: Pollock A, Baer G, Campbell P, Choo PL, Forster A, Morris J, Pomeroy VM, Langhorne P. Physical treatment approaches for the recovery of function and mobility following stroke. Cochrane Database of Systematic Reviews 2014 XXXXXXX

Four members of the user group and two of the researchers involved in this project led a workshop based on this userinvolvement at the 2014 UK Cochrane Symposium.

¹Nursing, Midwifery and Allied Health Professions (NMAHP) Research Unit, Glasgow Caledonian University; ²Queen Margaret University; ³Glasgow Caledonian University; ⁴University of Leeds; ⁵University of Dundee; ⁶University of East Anglia; ⁷University of Glasgow.