

Title: Optimising stakeholder engagement for informing direction and scope of a programme of Cochrane reviews on hip fracture management

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Background: Effective stakeholder involvement at the planning stage of research proposals can add real value to the subsequent investigation. The best format for achieving this will vary according to the research area and context, and may include previous initiatives. We describe our approach to achieving this for a programme of Cochrane reviews on hip fracture management, funded by the NIHR UK, which aims to best inform the current management of these patients and develop future practice guidelines.

Methods: We invited stakeholders from range of disciplines (orthopaedic surgery, anaesthesia, psychiatry, emergency medicine, physiotherapy, health policy, Patient and Public Involvement (PPI), and methodology) directly involved or with a strong interest in the management of fragility hip fractures to a one-day workshop held in Oxford, UK. Preparatory material, including a comprehensive scoping document and summaries of relevant published Cochrane reviews, was circulated to stakeholders one week before the workshop. The three facilitators developed a script for guiding discussion in two discussion sessions focusing on review participants and subgroups, interventions (often complex), outcomes and prioritisation of reviews.

Results: There were 3 discipline-balanced groups of 7 participants. All discussions were recorded and the points raised summarised in a structured table. Key insights revolved round the hip fracture 'care pathway', with a proposal for one or more overviews that focused on peri-operative care and rehabilitation. Other key insights for incorporating into 'commissioning briefs' for individual reviews concerned defining the main target population and better documentation. Consideration of co-interventions, such as early mobilisation, in trials that distinguish current practice, were highlighted. The insights and directions from the meeting acted as basis for discussions, including the practicalities of delivery, with the Group's editorial base members.

Conclusions: A targeted consultation workshop engaging stakeholders with first hand practical experiences at the initial stage explored a range of issues and added insight helped to guide our decision-making in terms of the overall scope of the programme, and scopes of individual reviews.

Patient or healthcare consumer involvement: The PPI participant gave particular feedback based on his direct experience as a carer of an elderly relative with hip fracture.

Relevance to patients and consumers:

Our PPI representative participated in a James Lind Alliance Priority Setting exercise for lower limb injury, where it was highlighted that fragility hip fracture is a major priority amongst patients. He also contributed to the revision of the draft manuscript. Furthermore, engagement with stakeholders including a representation from the National Osteoporosis Society provided an opportunity to develop

a framework in the context of the identification of priority review topics in hip fracture as well as consensus on potential list of patient-focused health outcomes to be assessed in the priority reviews.