The James Lind Alliance
Emergency Medicine Research Priority Setting Partnership
(JLA EM PSP)

Professor Jason Smith
Consultant in Emergency Medicine, Derriford Hospital, Plymouth, UK
Royal College of Emergency Medicine Professor
Outline

• Some background
• Research prioritisation
• The process
• Where are we?
  • The next phase starts now..
James Lind (1716 –1794)

• 1747 first clinical trial into treatments for scurvy
• 12 scorbutic sailors divided into 6 groups of 2 - standard diet plus cider, sulphuric acid, vinegar, seawater, spicy paste & barley water, or oranges & lemons
• 1753 A treatise of the scurvy
• Eventually led to the introduction of lemons and limes into the diets of sailors
Eligibility

Ages Eligible for Study: Of age to be a cabin boy, young enough to still be a salty dog.
Genders Eligible for Study: Male
Accepts Healthy Volunteers: No

Criteria

Inclusion Criteria:
1. Must be a scorbutteric sailor
2. Must have putrid gums
3. Must have The Spots
4. Must exhibit lassitude
5. Must exhibit weakness of the knees

Exclusion Criteria:
1. Must not be Nonscorbutteric
2. Must not be afflicted with Complete Edentulism
3. Must not be a Landlubber

Contacts and Locations

Please refer to this study by its ClinicalTrials.gov identifier: NCT00000001

Locations

HMS Salisbury
The High Seas

Sponsors and Collaborators

British Royal Navy, Captain George Edgcumbe

Investigators

Principal Investigator: Dr. James Lind
What is the James Lind Alliance?

• A non-profit making organisation, established in 2004. It brings patients, carers and clinicians together in Priority Setting Partnerships (PSPs) to identify and prioritise uncertainties, or ‘unanswered questions’, about the effects of treatments that they agree are the most important.

• ... to help ensure that those who fund health research are aware of what really matters to both patients and clinicians.

• The JLA is coordinated by the National Institute for Health Research (NIHR) Evaluation, Trials and Studies Coordinating Centre, based in Southampton (NETSCC).
Adding Value in Research
– maximising the potential impact while minimising waste

Chalmers I, Glasziou P. Avoidable waste in the production and reporting of research evidence. Lancet 2009; 374 (9683): 86-89
Completed Partnerships

• Acne
• Childhood Disability Research
• Cleft Lip and Palate
• Dementia
• Dialysis
• Ear, Nose and Throat - Aspects of Balance
• Hidradenitis Suppurativa
• Hip and Knee Replacement for Osteoarthritis
• Lyme disease
• Multiple sclerosis (MS)
• Pressure Ulcers
• Pre-term Birth
• Prostate Cancer
• Schizophrenia
• Sight Loss and Vision
• Spinal Cord Injuries
• Stroke in Scotland
• Tinnitus
• Type 1 Diabetes
• Urinary Incontinence
• Vitiligo
• Intensive Care
What do we get out of it?

• The ‘top 10’ research priorities in emergency medicine
• Chosen by clinicians, patients and carers
Why?

• Funding is limited
• Competition is fierce
• We need to prioritise to empower EM researchers
Progress so far..

• Initial enquiries with JLA early 2015
• Steering Group established summer 2015
• Launched Sep 2015 at RCEM Conference in Manchester
• Initial survey collected over 200 research questions (Feb 2016)
• Sifting and sorting
• Mini SRs of research questions - BestBETs (Mar-Aug 2016)
• Steering Group shortlisting to get to around 60 questions
Some examples of questions submitted..
• Is a traditional ED the best place to care for frail elderly patients? Would a dedicated service for these patients be better (involving either a geriatric ED, or geriatric liaison services within the ED), or given that this population is expanding should our current services be tailored towards this group?
• In adult patients with wrist injury and clinical suspicion of a scaphoid fracture, is early definitive imaging (CT or MRI scan) better than routine care with immobilisation and review at 2 weeks?
• In adults who are fully alert (GCS 15) following trauma does cervical spine immobilisation (when compared to no cervical spine immobilisation) reduce the incidence of neurological deficit, and what is incidence of complications?
• What is the best way to care for people who attend emergency departments very frequently?
• What is the best way to prescribe drugs in the ED (e.g. using hospital drug chart or an ED specific drug chart, writing once only or ongoing prescriptions)?
• How can we achieve excellence in delivering end of life care in the ED; from the recognition that a patient is dying, through symptomatic palliative treatment, potentially using a dedicated member of staff to work with palliative patients and their relatives, and handling associated bereavement issues?
What next?

• Take part in the survey to establish the research priorities for our specialty: https://www.surveymonkey.co.uk/r/JLAEMPSP

• Follow @JLAEMPSP

• Visit http://www.rcem.ac.uk/Shop-Floor/Research/Research%20Priority%20Setting%20Partnership%20(James%20Lind%20Alliance)/
For more information...

• [www.lindalliance.org](http://www.lindalliance.org) / [www.jlaguidebook.org](http://www.jlaguidebook.org)

• @JLAEMPSP

• Contacts - [jasonesmith@nhs.net](mailto:jasonesmith@nhs.net) or [Sam.Mclntyre@rcem.ac.uk](mailto:Sam.Mclntyre@rcem.ac.uk)