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# DIFFERENCES BETWEEN SERVICE PROVIDERS AND USERS WHEN DEFINING FEASIBLE OPTIMAL NHS OCCUPATIONAL THERAPY TREATMENT FOR PATIENTS WITH THUMB BASE OA: RESULTS FROM A DELPHI STUDY

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**Background:** The OTTER (OsTeoarthritis Thumb ThERapy) trial is a two-year developmental study for a full randomised controlled trial (RCT) into the clinical and cost effectiveness of an occupational therapy and splint intervention for thumb base OA. To develop an optimal package of care for evaluation within a multi-centre RCT, the views of both clinicians and patients are crucial.

**Objectives:** To conduct a Delphi study to obtain agreement between both patients with thumb base OA and AHPs concerning the most appropriate optimal NHS OT programme, splint and placebo splint intervention to use in the RCT.

**Methods:** The Delphi panel consisted of 63 AHPs experienced in treating adults with thumb base OA, and 7 patients with thumb base OA. The panel were asked to rate how much they agreed or disagreed about what optimal NHS OT care for thumb base OA should include, and what method(s) of delivery (individual one-to-one, group, patient leaflets, or telephone advice) they deemed were more appropriate. The Delphi study comprised 3 rounds. A seven-point Likert-type scale was used. Pre-defined inclusion and exclusion criteria were applied in order to reach a final number of statements which, in turn, created the desired tool. Group differences were analysed using Mann-Whitney U tests.

**Results:** Between-groups analyses showed significant differences in the ratings of overall importance of items to be included in an optimal NHS OT consultation (Table 1).

Table 1. Between-group differences for items importance.

Item	AHPs*	Patients*	P
Treatment Options	2.00	1.00	0.041
Prognosis Advice	2.00	1.00	0.006
Referral to other Health Care Professional	3.00	1.00	0.001
NHS Clinic Procedures	3.00	1.00	0.013
Sleep Assessment and Management	3.00	2.00	0.004
Education for Family/Significant Others/Carers	3.00	2.00	0.041

Scores are Round 3 medians. Importance: 1='Definitely important', 2='Very important', 3='Slightly important', 4='Undecided/Not sure', 5='Slightly unimportant', 6='Very unimportant', 7='Definitely unimportant'

There were significant differences in the methods of delivery, with patients rating higher than AHPs (Table 2).

Table 2. Between-group differences for method of delivery to be used.

Type of Delivery	AHPs*	Patients*	P
One-to-one	2.00	1.00	0.004
Leaflets	3.00	1.00	0.002
Telephone	4.00	1.00	0.008
Group	6.00	1.00	0.002

**Conclusions:** AHPs and patients differed in their views about the importance of including 'Education for Family/Significant Others/Carers', 'NHS Clinic Procedures', 'Prognosis Advice', 'Referral to other Health Care Professional', 'Sleep Assessment and Management' and 'Treatment Options' in an optimal NHS OT consultation, and in the methods of delivery used in the consultation. AHPs placed significantly less importance than patients on 'One-to-One Contact', 'Leaflets' and 'Telephone Advice'. These findings demonstrate the importance of consulting with patients at an early stage in developing an intervention.

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