



Same day and urgent care (SURGE) workforce Priority Setting Partnership

PROTOCOL MARCH 2025¹ Version 1.0²

1. Purpose of the PSP and background

The purpose of this protocol is to clearly set out the aims, objectives and commitments for a 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. The Steering Group will review the protocol regularly and any updated version will be sent to the JLA with version number updated accordingly.

The JLA is a non-profit making initiative, established in 2004. It brings patients, carers and clinicians 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 have chosen to broaden their scope beyond that. The aim of a PSP is to help ensure that those who fund health research are aware of what really matters to patients, carers and clinicians. The National Institute for Health and Care Research (NIHR – www.nihr.ac.uk) coordinates the infrastructure of the JLA to oversee the processes for PSPs, based at the NIHR Coordinating Centre (NIHRCC), University of Southampton.

The PSP has arisen from an NIHR-funded workforce research partnership focussing on the same day and urgent care (SURGE) sector. The SURGE partnership will address workforce challenges within this sector, where recruitment, retention, and staff sickness rates are among the worst in the NHS. The scope of the SURGE workforce research partnership includes, urgent general practice, same day walk-in care, Emergency Departments and ambulance services. These services are highly vulnerable to strain from unpredictable demand, seasonal variations, and broader system pressures that affect patient flow and subsequent outcomes.

This PSP will identify the research priorities for improving recruitment, retention, staff wellbeing and job satisfaction in the SURGE workforce. Inclusion and engagement of under-served groups within this workforce is a key priority for the PSP.

2. Aims, objectives and scope of the PSP

The aim of the SURGE workforce PSP is to work with stakeholders to identify and prioritise research questions on workforce sustainability, with a focus on recruitment, retention, staff wellbeing and job satisfaction.

The objectives of the PSP are to:

¹ This protocol template should be modified with agreement from the JLA Adviser to reflect the make-up of different PSPs and the organisations driving them. This protocol template document was last updated by the JLA in November 2018.

² The Steering Group is responsible for ensuring any updates or amendments to the PSP plan are included in subsequent versions of the Protocol and sent to the JLA for publication on the website.

- Work with the SURGE workforce, patients and carers to identify uncertainties within the sector which have not been addressed by existing research. This may also include service planners.
- Agree by consensus a prioritised list of those uncertainties to guide the direction of research
- Publicise the results of the PSP and process
- Share these results with research commissioning bodies to be considered for funding decisions and with researchers to drive research into these areas.

The scope of the SURGE workforce PSP will focus on staff (including clinical, service planners, and support staff) in four key domains:

- Ambulance Services (including 999 and 111 call centres).
- General practice and Community Pharmacy (same-day multidisciplinary urgent care).
- Emergency departments. These will include type one Emergency Departments and type three or four emergency departments (referred to as Urgent treatment centres and can include GP out-of-hours services)
- Urgent Community Response Services (e.g., Hospital@Home, Virtual Wards, and mental health crisis teams).

The PSP will exclude from its scope questions about:

- SURGE workforce outside the UK.
- NHS workforce not working in SURGE.
- Type two emergency departments, which focus on a single specialty e.g., dental, ophthalmology, or maternity emergency care.

The Steering Group is responsible for discussing what implications the scope of the PSP will have for the evidence-checking stage of the process. Resources and expertise will be provided for the evidence checking from within the research team.

3. The Steering Group

The Steering Group includes membership from SURGE workforce, patients and carers³, as individuals or representatives from a relevant group.

The SURGE workforce PSP will be led and managed by a Steering Group.

Project coordinator:

Three members of the SURGE research team will share responsibility for project coordination. These are:

- Dr Scott Watkins, SURGE Partnership Manager
- Dr Beth Jones, Research Fellow
- Emily Phillpotts, Research Associate

³ In some cases, it has been suggested that researchers are represented on the Steering Group, to advise on the shaping of research questions. However, researchers cannot participate in the prioritisation exercise. This is to ensure that the final prioritised research questions are those agreed by patients, carers and clinicians only, in line with the JLA's mission.

The Steering Group will agree the resources, including time and expertise that they will be able to contribute to each stage of the process, with input and advice from the JLA.

4. Partners

Organisations and individuals will be invited to be involved with the PSP as partners. Partners are organisations or groups who will commit to supporting the PSP, promoting the process and encouraging their represented groups or members to participate. Organisations which can reach and advocate for these groups will be invited to become involved in the PSP. Partners represent the following groups:

- Health and social care workforce with experience in same day and urgent care.
- Patients and carers of people who have used same day and urgent care.

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 cause unacceptable bias as a member of the Steering Group. 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 a purely observational capacity when the Steering Group considers it may be helpful.

5. PSP methods

This section describes the 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 and this information will be compiled. Potential partners will be contacted and informed of the establishment and aims of the SURGE workforce PSP and will be invited to participate and/or share the survey more broadly.

Initial organisations will include:

- National professional organisations for SURGE workforce members including the College of Paramedics, Royal College of Emergency Medicine, and the Royal College of General Practitioners.
- National NHS organisation staff networks via publicly available contact email addresses e.g., NHS England's diversity networks. This will help with the PSP's aim of recruiting a diverse steering group.

Step 2: Awareness raising

The SURGE workforce PSP will raise awareness and advocate for of our proposed activity among their workforce, patient and carer communities, in order to encourage engagement and participation. The Steering Group will advise on the optimal strategy. Awareness raising has several key objectives:

- to present the proposed plan for the PSP
- to generate support for the process
- to encourage participation in the process
- to initiate discussion, answer questions and address concerns.

Awareness raising will form part of step 3 in this PSP.

Step 3: Identifying evidence uncertainties

The SURGE workforce PSP will consult with the SURGE workforce, patients and carers to gather uncertainties. A period of 4 months will be allocated for this exercise (which may be revised by the Steering Group if required).

The SURGE workforce PSP recognises the importance of including the views of the workforce from under-served groups in the consultation. The methods for the PSP will be designed in close consultation with our diverse community inclusion and engagement (CIE) panel to ensure that our approach to publicity and engagement is inclusive and accessible. We will use multiple strategies to ensure we involve a diverse staff group with lived experiences, including but not limited to older workers, (peri)menopausal women (cis and trans), and staff with neurodiversity. Participants will be recruited via our extensive range of regional and national networks, building on staff networks we have already engaged and consulted with as part of the overall SURGE partnership.

We will use the following methods to reach the target groups:

- An online survey asking participants about areas for future research in SURGE workforce and gathering basic demographic information for participants. This will include stakeholder role, and profession, workplace and time in role for clinicians. All participants will be given the option to provide information on age, gender, ethnicity, sexual orientation, relationship status, religion, disability status but also will be able to decline to provide this information. This will be set up using a GDPR-compliant survey tool. The design of this survey will be reviewed by the steering group, the PPAG (Patient and Professional Advisory Group), and experts in public engagement and Equality, Diversity and Inclusion to ensure it is as accessible and inclusive as possible. This survey will be publicised using established networks, partner organisations, via the James Lind Alliance website, and social media. The survey will have the option for participants to provide their name and an email address to receive updates about the later stages of the project.
- Online consultation events to introduce the survey and identify uncertainties. Participants will be recruited via the team and steering groups' regional and national networks, and we will include representatives across UK nations in a range of stakeholder roles.
- To improve accessibility, and in response to suggestions arising from a Community Inclusion and Engagement (CIE) activity already conducted with diverse workforce representatives, the online consultation events will be supplemented with 8-10 smaller face-to-face workshops, carried out at NHS sites based on where the SURGE partnership team have staff based (e.g., Bradford Teaching Hospitals NHS Foundation Trust). We will recruit staff (n=12-15 per workshop) through staff networks representing groups underserved by current research (e.g. Race Equality, LGBTQI+, Gender Equality, Multi-Faith, Disability, Working Carers, Menopause, Neurodiversity, Cancer support). Participants will have the option of completing the survey beforehand to provide their demographic information or complete hard copies if they prefer.
- We will also conduct 3 patient/public consultation workshops to gather questions. We will recruit participants for these events from the list of people who expressed an interest in joining the stakeholder steering group but there were not enough spaces to accommodate. These people have consented to be contacted about future opportunities to be contribute to this PSP.
- We will include a WhatsApp QR code. Here, participants will be able to send their uncertainties to the team via a voice note or message. This WhatsApp account will be specific to the SURGE team. When voice notes are received, the responses will be transcribed into survey data and the original messages and chat will be deleted.

We will search existing sources of evidence uncertainties will also be searched. This will include existing systematic reviews, PROSPERO, the Cochrane Database of Systematic Reviews, NHS Evidence, relevant professional organisation websites, and organisations such as the Kings Fund and the Health Foundation. Areas under investigation will also be checked with funded grants at NIHR and UKRI. More details on this search are currently in preparation and a specific strategy will be drafted.

Step 4: Refining questions and uncertainties

The consultation process will produce 'raw' questions and comments indicating SURGE workforce, patients', and carers' areas of uncertainty. These raw questions will be categorised and refined by Dr Beth Jones (BJ) into summary questions which are clear, addressable by research, and understandable to all. This process will follow the guidance set out by the JLA PSP guidebook in the following stages:

Stage one: Downloading and cleaning the data

The information specialist (BJ) will download and compile all survey responses and written findings from the consultation events, and transcribed messages from WhatsApp data collection before compiling them into a spreadsheet structured according to JLA guidance and existing templates. Where participants have chosen to provide their name and contact details to be updated about the next stages of the process, this will be separated from the rest of the dataset and stored securely. Uncertainties from additional sources (e.g., searches of literature or guidance) will be added to this spreadsheet with clear documentation of their source. Individual respondents will have unique identifiers and the data will be processed to ensure that the correct identifier is attached to submissions with more than one uncertainty. At this stage, the dataset will be reviewed to ensure all data are anonymised with no identifiable information.

Stage two: Removing out-of-scope submissions

BJ will review the data for uncertainties that are out-of-scope submissions (based on the scope in this protocol) or those that have been answered. These will be compiled and stored separately. The steering group will review this separate document to confirm their exclusion and decide on further action, if appropriate. This may include sharing anonymised submissions that are out of scope for this PSP with other PSPs being conducted by the JLA if these do meet the scope of the other PSPs.

Stage three: Categorising eligible submissions

In this stage of the process, BJ will compile the submissions into categories to form questions using qualitative content analysis. The Steering Group will have oversight of this process to ensure that the raw data is being interpreted appropriately, and BJ will ensure that the categorisation is well-documented and replicable. The JLA Adviser will observe to ensure accountability and transparency. This will result in a long list of in-scope uncertainties.

Stage four: Form indicative questions

During this stage, the existing list of questions will be framed as researchable questions that capture the themes and topics that people have suggested. At this stage, similar or duplicate questions will be combined where appropriate. During this process, the number of times an uncertainty is submitted will be noted to track frequencies of questions. Next, the submissions will be rephrased where necessary to be clear about the uncertainty. Where possible, questions will follow the PCC format (Population, Concept, Context). The overall list of eligible submissions that can't be standardised into a PCC format will be shared with the steering group for confirmation that these can be combined with the other submissions. Throughout this process, the original submission will remain attached to the combined questions to track this.

Stage five: Verifying uncertainties

BJ will check the questions against existing evidence to determine whether they have already been answered by research. She will do so by searching for systematic reviews and existing guidance publications from the last three years. This will use a search strategy with key words in relevant databases, PROSPERO, the Cochrane Database of Systematic Reviews, NHS Evidence, relevant professional organisation websites,

organisations such as the Kings Fund and the Health Foundation, and ongoing work by searching the websites of key funders. If questions have been partially addressed by existing research, she will discuss with the steering group how to manage these questions.

True uncertainties with no existing research evidence will be compiled into a final spreadsheet using a JLA template. This will also log the checking undertaken to ensure the uncertainties are true uncertainties.

The PSP 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.

The data will be submitted to the JLA for publication on its website on completion of the priority setting exercise, accounting for changes made at the final workshop to ensure that PSP results are publicly available.

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 workforce sustainability in same day and urgent care. This will involve input from the steering group, patients, carers, and clinicians. The JLA encourages PSPs to involve as wide a range of people as possible, including those who did and did not contribute to the first consultation. There are two planned stages of prioritisation.

1. Interim prioritisation

The stage where the long list of questions is reduced to a shorter list that can be taken to the final priority setting workshop. This is aimed at a wide audience and will be done using similar methods to the first consultation. With the JLA's guidance and input, the Steering Group will decide on the method and consider how best to reach and engage SURGE workforce, patients and carers in the process. However, this is likely to be a survey. The most highly ranked questions (around 25) will be taken to a final priority setting workshop. Where 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. Final priority setting

This stage will be a one-day workshop facilitated by the JLA. With guidance from the JLA and input from the Steering Group, up to 30 patients, carers and clinicians will be recruited to participate in a day of discussion and ranking, to determine the top 10 questions for research. All participants will declare their interests. The Steering Group will advise on any adaptations needed to ensure that the process is inclusive and accessible.

6. Dissemination of results

The Steering Group will identify audiences to engage when disseminating the results of the priority setting process, such as researchers, funders and the patient and SURGE workforce communities. They will need to determine how best to communicate the results and who will take responsibility for this. However, this will likely include peer-reviewed publications, conferences, and a range of accessible formats, including digital media and community-based outreach.

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 should discuss how they will work with researchers and funders to establish how to address the priorities and to work out what

the research questions are that will address the issues that people have prioritised. The dissemination of the results of the PSP will be led by Beth Jones with support from the steering group.

The JLA encourages PSPs to report back about any activities that have come about because of the PSP, including funded research. Please send any details to jla@soton.ac.uk.

7. Agreement of the Steering Group

The SURGE workforce PSP Steering Group agreed the content and direction of this Protocol on 20th June 2025.