

OUR RESEARCH THEMES

- Effectiveness of treatments
- Rehabilitation
- Patient / Staff experience

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Patient and Public Engagement



Louise Spors, Trial Manager for the children's trials FORCE and SCIENCE, is pictured above holding a certificate for Public engagement in research award.

<https://www.ndorms.ox.ac.uk/team/louise-spoors>

The Vice-chancellor's Award 2019 for Public Engagement with Research in the project category for consultation was awarded to Associate Professor Daniel Perry. <https://www.ndorms.ox.ac.uk/team/daniel-perry>

Dan and the team work extensively with parents and children when developing children's trials in orthopaedics and trauma. This enables parents and children to identify things that matter to them and ensure that trials can be clearly understood. One aspect of this

has been the introduction of cartoon videos to explain trials to children. The children appear to enjoy these. The link to the SCIENCE video is below. <https://science.digitrial.co.uk/>

The FORCE study considers the use of soft bandages versus usual care, normally a more ridged cast for fractures of the wrist (Torus or buckle). <https://www.ndorms.ox.ac.uk/clinical-trials/current-trials-and-studies/force>

The SCIENCE study is discussed below.

Contact: Louise Spors

SCIENCE and CRAFTT

The SCIENCE study is designed to work out how best to treat children with a broken bone (fracture) of the elbow (medial epicondyle). Current evidence shows that both casting/splinting and surgical intervention are regularly used in practice. <https://www.ndorms.ox.ac.uk/clinical-trials/current-trials-and-studies/science>

This study compares these two treatments i) Resting the arm in a plaster cast for up to 4 weeks to allow it to heal by itself and ii) Surgery to fix the bone, usually a screw, followed by a cast/splint for up to 4 weeks.

Currently this study has 40 sites open and has 31 patients in the study. Parents, children and staff are also taking part in interviews to explore their experience of injury and this study.

Another trial for children is the CRAFTT study which is due to start in April 2020. This is a study of treatment for a broken bone in the wrist, where the bones move out of their usual position (displaced fracture of the distal radius).

This study will compare the two most common treatments i) the use of a plaster cast, which allows the bone to self –

correct over time and ii) repositioning the bone under anaesthetic and, if required, using a metal plate or wires to fix the bone, followed by a plaster cast.

From October to December for the CRAFTT study we are undertaking patient and public involvement work. **If you have recently had a child aged 4-11 years with a wrist fracture where the bones were displaced and would like to tell us about your experience of injury and recovery, do contact Dr Liz Tutton.**

liz.tutton@ndorms.ox.ac.uk

Contact: Louise Spors

TrAFFix Findings



Feasibility study findings

The TrAFFix study was a feasibility study that compared a nail put through the inside of the bone (intramedullary nail) with metal plates on the outside of the bone (extramedullary fixation with angle plates) for fractures at the lower end of the thigh bone (distal femur). The primary outcomes were the recruitment rate and completion of the EQ-5D-5L (a quality of life questionnaire) at 4 months.

The study recruited 23 out of 82 eligible participants. There was 61% data completeness for the EQ-5D-5L. It is suggested that with support for recruitment a larger trial is possible. The study included a process evaluation, a summary of which follows. The BMJ Open paper and the HTA report for this study are available online.

<https://bmjopen.bmj.com/content/9/5/e026810.abstract>

<https://www.journalslibrary.nihr.ac.uk/hta/hta23510#/abstract>

Facilitating trial recruitment

The qualitative interviews in the TrAFFix study identified the

challenges of navigating research with orthopaedic trauma patients. It included the intense work of supporting patients and their family in making sense of the study and enabling them to participate.

For staff it was essential that they knew it was the right decision for the patient. This involved consideration of the eligibility criteria, taking into account their own skills and thoughts about equipoise (uncertainty about which treatment is best). Community equipoise was noted as important.

... **“people have embraced this idea that as a community it’s OK for me to randomise my patient because as a group we don’t know”**. (page 6)

Making it work highlights how research is integrated into daily clinical life but involves juggling activities, being aware of the burden of research and developing a research culture. It was notable that some areas struggled to integrate research into daily clinical activities but for others it was routine.

<https://trialsjournal.biomedcentral.com/track/pdf/10.1186/s13063-019-3597-8>

Patient and family perspectives

Patients and personal consultees (family who advise the team about the patient’s wishes, if the patient does not have capacity) were interviewed about their experience of treatment and recovery. The interviewees tended to be older people with some degree of frailty. Being informed about what was happening, having concrete examples of progress and knowing who to contact were very important to patients.

... **“if it is explained and you understand it ...you come to terms and you can deal with something but you can’t if you really do not know”**. (page 3)

Recovery was hard work and most people ‘muddled through’ with a lot of support. They ‘struggled to move’ and valued any help they had from the hospital.

<https://reader.elsevier.com/reader/sd/pii/S0020138319304206?token=C04F0299CC3DF0F2D35635C38401F2AC7B5F29B5778F5D836A86915914233743EF06616E536A06796A51470DC00F5D5D>

Contact: Liz Tutton

Carers

Understanding what matters to carers is an important area of our work. Liz has ongoing work with patients with hip fractures and their families.

Recent work with Warwick University has presented the experience of being a carer for a relative with dementia. The findings identify how carers can

lose their sense of self as they become increasingly involved in the role of caring. Relationships change over time and more help is required. However carers may still feel they are on their own fighting the system in order to meet their relative’s needs.

Staff such as Admiral nurses, who help carers of people with

dementia, provide emotional support and organisation knowledge that can enable carers to cope and balance their own needs with their role as carer.

<https://onlinelibrary.wiley.com/doi/full/10.1111/opa.12263>

Contact: Liz Tutton

Hipgen



HIPGEN is an European funded study, investigating the effect of injections of Stem cells (cells that can divide and develop into different types of cells) on patients who have sustained an Intracapsular neck of femur fracture (a break at the top of the thigh bone).

Previous studies indicate that for people that have received this intervention, there can be an improvement in recovery of

muscle function and what they can do following hip fracture surgery.

We will be looking to recruit 20 patients. The follow up is quite intensive. After surgery, the patients will receive standard rehabilitation and this will be monitored by the research team at day 5, week 6,12, 26, 52 and 104.

Patients will also receive a DEXA scan at these points (to pick up changes in bone strength). The

primary end point is the change from day 5 to week 26 in the Short Physical Performance Battery (SPPB) score. This is an assessment of how quickly people can walk, get up from sitting position and how well they can balance.

There are many secondary end points and these assessments will be conducted by the research team.

Contact: Kathryn Lewis or Maria Mestre

Updates

Fragility Fracture Network (FFN) Congress.



Xavier Griffin presenting at the FFN Congress in Oxford in August. The Congress took place at the Oxford Examinations School. Many staff from Oxford Trauma presented papers and workshops including two of our patient partners.

The call for global action is a mammoth task and real progress had been made over the last year. Professors Matthew Costa and

Xavier Griffin were thanked for their leadership. The conference dinner and Oxford vibe was greatly enjoyed by those from overseas.

PATH-2 Congratulations, the findings will be published shortly in the BMJ. This study is a randomised controlled trial of platelet rich plasma for patients with a ruptured Achilles tendon who are treated non-operatively.

WHITE studies: Congratulations to the White 8 team (The use of antibiotic cement in hip fracture surgery) which has now recruited over 100 patients in Oxford.

Congratulations also to the team for **AFTER** (assessing intensive physiotherapy versus self management advice after ankle

fracture) who have finished recruitment ahead of schedule. Follow up and interviews continue as planned.

UKSTAR Susan Wagland has assessed the difference between the response rate using electronic questionnaires as opposed to using paper questionnaires. Paper questionnaires had a higher response rate. Susan kept the final response rate high by ringing everyone who had not replied.

New studies: FAME, looking at treatments for ankle fracture and **Wax** exploring weight bearing after ankle fracture. **HUSH** treatments for the upper arm.

Research Nurses: Welcome to Tessa Sewdin who is a fabulous addition to the team.

Meetings

Injuries and Emergencies Speciality Group (IESG)

Thames Valley and South Midlands Clinical Research Network (TVCRN) Chair: Andrew McAndrew, 13th Dec, at Milton Keynes, 1pm lunch 1.30-3.00pm meeting.

Trauma Orthopaedic Research Collaboration

(TORC) National multidisciplinary meeting, Chair: Tim Chesser, 13th May, Wolfson College, Oxford, 12.30-4pm, **Lead Research Nurse Forum** 21st November, 14.00 The

Nuffield Orthopaedic Centre. **The 8th Orthopaedic Trauma Society NIHR OTS Musculoskeletal Trauma Trials annual meeting** Newcastle, Gateshead 15th January. **Contact:** oxfordtrauma@ndorms.ox.ac.uk

Kadoorie Centre for Critical Care Research and Education

Kadoorie Centre,
Level 3
John Radcliffe Hospital
Oxford
OX3 9DU

Administrator
Chris Bouse
chris.bouse@ouh.nhs.uk
Tel: 01865 223101
Maki Mafi
mahkameh.mafi@ouh.nhs.uk
Tel: 01865 223103



Editor: Dr Liz Tutton

To find out more about our research studies and staff visit
our web page www.ouh.nhs.uk/kadoorie

Useful Links

Clinical Research Network: www.crn.nihr.ac.uk/
Nuffield Department of Orthopaedics, Rheumatology and Musculo-
skeletal Sciences: www.ndorms.ox.ac.uk
University of Oxford: www.ox.ac.uk
Injury Minimization Programme for Schools (I.M.P.S.):
www.impsweb.co.uk
Local Patient and Public Involvement opportunities:
<https://www.clahrc-oxford.nihr.ac.uk/public-involvement/public-involvement-newsletters/#involvement-matters>

amrita.athwal@ndorms.ox.ac.uk
daniel.perry@ndorms.ox.ac.uk
david.keene@ndorms.ox.ac.uk
debbie.langstaff@ouh.nhs.uk
duncan.appelbe@ndorms.ox.ac.uk
julie.wright@ouh.nhs.uk
juul.achten@ndorms.ox.ac.uk
kathryn.lewis@ouh.nhs.uk
katy.mironov@ndorms.ox.ac.uk
keith.willett@ndorms.ox.ac.uk
lauren.exell@ndorms.ac.uk
liz.tutton@ouh.nhs.uk
louise.spoons@ndorms.ox.ac.uk
maria.mestre@ouh.nhs.uk
marta.campolier@ndorms.ox.ac.uk
matthew.costa@ndorms.ox.ac.uk
oxfordtrauma@ndorms.ox.ac.uk
sarah.lamb@ndorms.ox.ac.uk
stephanie.wallis@ndorms.ox.ac.uk
susan.wagland@ndorms.ox.ac.uk
tessa.sewdin@ouh.nhs.uk
xavier.griffin@ndorms.ox.ac.uk

Selected References

Keene DJ, Vadher K, Willett K, Mistry D, Costa ML, Collins GS, Lamb SE.

Predicting patient-reported and objectively measured functional outcome 6 months after ankle fracture in people aged 60 years or over in the UK: prognostic model development and internal validation. *BMJ Open*. 2019 Jul 23;9(7):e029813. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6661636/pdf/bmjopen-2019-029813.pdf>

Costa ML, Achten J, Rangan A, Lamb SE, Parsons NR.

Percutaneous fixation with Kirschner wires versus volar locking-plate

fixation in adults with dorsally displaced fracture of distal radius: five-year follow-up of a randomized controlled trial.

Bone Joint J. 2019 Aug;101-B(8):978-983.

<https://online.boneandjoint.org.uk/doi/full/10.1302/0301-620X.101B8.BJJ-2018-1285.R1>

Metcalf D, Zogg CK, Judge A, Perry DC, Gabbe B, Willett K, Costa ML.

Pay for performance and hip fracture outcomes: an interrupted time series and difference-in-differences analysis in England and Scotland. *Bone Joint J*. 2019 Aug;101-B(8):1015-1023.

<https://online.boneandjoint.org.uk/doi/>

[full/10.1302/0301-620X.101B8.BJJ-2019-0173.R1](https://online.boneandjoint.org.uk/doi/full/10.1302/0301-620X.101B8.BJJ-2019-0173.R1)

Masters J, Metcalfe D, Parsons NR, Achten J, Griffin XL, Costa ML; WHiTE Collaborative Investigators.

Interpreting and reporting fracture classification and operation type in hip fracture: implications for research studies and routine national audits. *Bone Joint J*. 2019 Oct;101-B(10):1292-1299.

<https://online.boneandjoint.org.uk/doi/full/10.1302/0301-620X.101B10.BJJ-2019-0213.R1>