**BSSH STRATEGY DOCUMENT**

**(first iteration – April 2017)**

**Introduction**

The BSSH has expanded its horizons considerably in the last 5 years primarily due to the opportunities provided by the substantial increase in funding from the Journal of Hand Surgery (European). The breadth and scope of the work has been lead by dedicated individuals particularly Prof Tim Davis in research. We need to develop a strategy to ensure we continue to develop in all our areas of interest and they are funded appropriately.

Process: This is the first part of a year long process developing the strategy. This is the first set of ideas lead by the Council of the BSSH and its Committees. This will provide the basis for the discussions at the **Strategy Awayday in Birmingham on Tuesday 6th June**. We need feedback on these ideas to ensure we are accurately reflecting the wishes of all members of the BSSH. Please make notes on the ideas below and return them to the Secretariat on paper or electronically and please come to the Strategy Awayday – all are welcome.

**Finances**

Currently the BSSH has about £2,500,000 of invested assets. It is proposed to maintain the investments at that level and not reduce them otherwise future members may not be able to finance activities adequately. This leaves about £280,000 to spend beyond essential spending on the secretariat etc. The general recommended allocations at present are:

Research 20% = 56K (nb this is a substantial reduction on recent spending)

 Education and training 40% = 112K (nb this is a substantial increase)

 Audit 10% = 28K

 Overseas 10% = 28K

 Professional 5% = 14K

 Communications 10% = 28K (this is a new area of potential spending q.v.)

5% (14K) remaining for investment or discretionary spending

**Research**

**Ambition:**  *To make the BSSH the world leader in Hand Surgery Research and provide BSSH members/associates with opportunities for active involvement in research.*

**Present Major Activities:**

Funding BSSH/BAPRAS Research Champion at Royal College of Surgeons: to gain expertise from leading researchers in other surgical specialities; obtain advice and teaching on developing research ideas and writing successful research grants; keeping abreast with developments in surgical research (funding opportunities etc).

James Lind Association (JLA) research priority setting process: deciding the top 10 research priorities in hand surgery which will influence research funders especially NIHR.

Multicentre studies: service evaluations (prospective and retrospective), systematic reviews, multicentre funded (NIHR) randomised controlled studies for involvement of BSSH members. A recent study on scaphoid fracture non-union involved members at 19 centres and recruited 815 cases.

**Preparing for the future:**

Research days: held annually to provide training on research techniques and encourage BSSH research.

Pump-priming research grants (£10,000): especially to develop multi-center funded studies for involvement of BSSH members.

£50,000 grant to fund first year of PhD or to run an innovative research project: to nurture the leaders of hand surgery research of the future.

**Education and Training**

1. Taking over Practical Skill Courses from the Royal College of Surgeons: Due to the rebuild the Royal College of Surgeons of England “practical skills in hand surgery – Trauma” and “Elective” will not run. The BSSH will take them over.

2. Integration of all Hand Surgery Courses; Many BSSH members run courses. The plan is to develop a comprehensive list of courses required in Hand surgery for junior and senior trainees, and junior and senior consultants and to act as a central co-ordinator of these courses – but NOT to take them over

3. E learning: The BSSH is helping BAPRAS with L-PRAS and the BOA with WIkipaedics. Our members have indicated they want an e learning resource. We do not plan to write an e textbook but plan to develop an integrated e learning facility.

4. Guidelines and Information Leaflets The BSSH has produced a variety of patient information leaflets, GP pathways and treatment guidelines We plan to develop a coherent strategy defining what we are trying to achieve with a comprehensive set of guides.

5. Fellowships & Awards: The E&T committee will continue to run the BSSH Fellowships and look for opportunities to develop new ones such as the recent ASSH fellowships.

**Audit**

**Ambition:** To increase user uptake by improving the website to make it easier to use, while maintaining robust outcome data on surgeon’s practice.

Building on this we are planning on adding new procedures

 Hand Joint Registry

 Rare hand conditions (e.g. Keinbock’s, Preisser’s)

 Paediatric (congenital) problems

We plan to open the UK Hand Registry to anyone who operates on the hand including GPs who perform hand surgery, therapists who perform interventions etc.

We will move to an electronic only system.

**Overseas**

**Ambition:** to use BSSH resource to deliver maximum possible benefit for patients in need of hand surgery in the developing world. In the next 5 years our aims are:

1. The BSSH Overseas committee will act as the coordinator of volunteers communicating and supporting members to work on long term, sustainable BBSH supported projects.
2. There will be 10 long-term, sustainable educational projects overseas. The focus will be on educating local surgeons and supporting them to develop hand surgery services.
3. Develop a hand surgery curriculum capable of being tailored to the needs of individual institutions and countries.
4. To play a leading role in the development of hand surgery services in the developing world through agreed standards for hand surgery teaching based and a database of standards for Hand surgery provision in developing countries.
5. In addition to funding direct from BSSH we will generate funds to support overseas work from government or charitable grants and individual and industry donations.

**Professional Practice (primarily the Hand trauma sub-committee)**

**Hand Trauma Sub-Committee**

**Ambition:** To improve outcomes for patients after hand trauma.

Pathways - to reduce clinical variation in treatment

 Produce standards of care using the BEST process

 Develop an evidence base

 Link to GIRFT and with BOA/BAPRAS/BAHT/RCEM

Networks - to deliver patients to the right clinician at the right place at the right time

 Enable the development of clinical networks

 Online support for referral pathways on the BSSH website

 Online support for education on the BSSH website

 Support Minor Injury Units through education and feedback

Prevention - to reduce the personal and economic impact of hand injuries

 Link with the Health and Safety Executive

**Communications**

**Ambition**: to raise the profile of Hand surgery amongst patients, commissioners and clinicians

**The problem**: Hand surgery is not recognized as a separate sub-specialty and is unlikely to be in the foreseeable future. Most patients and commissioners do not know Hand surgery exists and many clinicians do not. This means that the importance of Hand surgery is not recognized and many patients are seen/treated by inappropriate clinicians.

**Strategy**: To communicate better outside (and inside) medicine about the role and importance of Hand Surgery in restoring function and thus return to activities and particularly work. This could easily justify a budget of millions of pounds which is not available. Rather targeted communications will be needed:

Publicizing research

Promoting work identifying cost effectiveness/benefits of Hand Surgery

Developing a Social Media presence similar to the JHSE Twitter feed/Facebook page

Developing an active patient group to speak up for Hand surgery

**OTHER**

The above are not exhaustive. We need to consider: fundraising for research, education and overseas work; how best to pump prime to secure major research grants; novel methods of providing education and training (Online journal clubs?); making audit mandatory; campaigning for hand injury prevention; and even an advertising campaign for Hand Surgery. What about further integration with Hand therapists, GPs performing Hand surgery etc?

Please make your own recommendations and comment on the initial thoughts above and return this paper (or online) to the BSSH secretariat.

Grey Giddins, President BSSH 2017