THE BRITISH SOCIETY FOR SURGERY OF THE HAND STRATEGY

INTRODUCTION

Over more than 60 years the British Society for Surgery of the Hand (BSSH) has developed in an iterative fashion driven by the passion and hard work of many individuals. The scope of the BSSH activities has increased considerably but there are ever more patient and BSSH member needs to be fulfilled. The aim of this strategy document is to provide an agreed structure to direct the work of the BSSH over the next 3-5 years and perhaps beyond. This should help concentrate effort in the areas of greatest importance and help guide Committees on their work. In addition it will provide a framework for Council to assess progress in the various work streams. It is not meant to be a rigid framework; events and circumstances will change the priorities.

The strategies have been led by the Committee chairs and their committees and further informed by the involvement of Council and a range of BSSH members and invited guests at a Strategy Awayday on Tuesday 5th June 2017. There are six main areas of work that are well developed Finance; Research; Education and training; Audit; Communication; and Overseas. There are other areas of work, i.e. patient and public involvement, and clinical standards, where more work needs to be undertaken to develop detailed strategies. The document describe the strategies of these groupings; there is an executive summary and subsequently more detailed analyses of the issues and explanation of the solutions.

Overall the BSSH wishes to expand its remit to include everyone treating patients with hand problems including all Hand surgeons and non-Hand surgeons including GP specialists and nurse and therapy practitioners etc. The BSSH aims to be more outward looking and so needs to communicate more comprehensively with clinicians, patients, healthcare managers and the general public.

The strategy areas are:

- Finance
- Research
- Education and training
- Audit
- Communication
- Overseas
- Other
    - Patient and public involvement

- Clinical standards
- Trauma

EXECUTIVE SUMMARY

The stated objects of the BSSH are to: promote and direct development of Hand Surgery and to foster and co-ordinate education, study and research in Hand Surgery including the dissemination and diffusion of knowledge of Hand Surgery among members of the Society and the Medical Profession by such means as are necessary to the attainment by the Society of its objects.

The strategy aims to fulfil those aims. It will provide guidance for the delivery of those aims in the next 5 years and perhaps beyond.

General

Include a wider range of members including non-surgical doctors and non-medical practitioners

Become more outward looking particularly through a comprehensive communications strategy.

Finance

Maintain an adequate but not excessive reserve

Start fund-raising to increase the money available to be spent on Hand surgery

Develop a benevolent fund

Increase the opportunities for members to gain funding for projects both research and otherwise

Undertake a review of the BSSH secretariat function with BAPRAS to ensure it is fit for modern working

<u>Targets</u>

Establish a benevolent fund by end 2018

Start fund-raising by early 2019

Review the BSSH secretariat by mid 2019

Research

Broadly encourage research emphasising the cost-effectiveness of common treatments

Be guided by the JLA priority setting

Open Research Committee membership to Associates with research aspirations

Hold research days before BSSH meetings once a year

Continue support for:

Clinical Associate Professor in Hand Surgery in Nottingham

BSSH/BAPRAS RCS Research Champion

The first year of PhD projects

Small pump-priming grants

Consider support for:

A second UK Chair in Hand Surgery

Targets

At least one multicentre evaluation of service/year

At least two research grant applications to major funders (i.e. NIHR) during the next 5 years

Present a proposal for a second UK Chair by mid 2019

Education and training

There are two main themes:
Optimising Training in the Workplace
Optimising Educational Programmes

Optimising Training in the Workplace
Develop and provide a training package for trainees
Develop and provide a training package for trainers
Establish a BSSH mentoring system for new consultant Hand surgeons
Expand and co-ordinate the various BSSH hand fellowships
Develop training for non-medical staff caring for hand problems
Expand the BSSH educational awards

Optimising Educational Programmes

Conduct a needs analysis

Establish a database of current provision of e-learning

Establish a database of current provision of practical courses

Engage course stakeholders to enhance BSSH support and supervision of courses

Commissioning new courses

Run a programme to develop Courses and their Chairs

Targets

Establish databases of current learning and course provision mid 2018

Develop a mentor system starting early 2019

Develop trainer and trainee training packages by mid 2019

Develop a programme for Courses and Chairs 2019

Develop training for non-medical staff caring for hand problems 2020

Commission two new courses which are planned to start 2020

Audit

Update UK Hand Registry to version 3

Increase range of procedures & conditions captured

Increase the availability of the registry

Refine analyses of the data

Increase research output

Targets

The registry will be open to anyone who performs treatment to the hand - 2019

We will have expanded the range of procedures - 2019

The Hand Registry will have been updated - 2019

The rare hands registry will be up and running - 2020

The system will be largely or completely paperless - 2020

Over 50% of BSSH Members to be using the registry - 2020

Patient compliance will have increased from 25% to 50-80% - 2021

We will add other non-surgical/non-implant procedures to the database (dependant on finding suitable outcome measures) - 2021

As hospitals invest in Electronic patient record systems we aim to integrate with these to improve data capture – beyond 2022

Overseas

Co-ordinate and oversee long-term sustainable projects in low to middle income countries (LMICs) in particular supporting BSSH member involvement
Developing an accessible educational resource
Influencing hand surgery delivery in low and middle income countries
Leverage our work through fundraising and collaboration with other comparable groups e.g. BFIRST and World Orthopaedic Concern (WOC)

<u>Targets</u>

DropBox resource established as repository for overseas teaching material – mid 2018

Role for the BSSH fundraiser agreed – end 2018

Sustainable long term goals agreed for current projects in Sierra Leone, Nepal, Sudan and Malawi and project initiated in one further country – mid 2019

Relationships established with key surgical and healthcare leaders in our project countries – end 2020

BSSH supported projects being delivered in 8 LMICs – end 2020

Two of our projects generating sufficient funds to be self-sufficient - 2020

Overseas Hand Surgery curriculum developed and being used in 2-3 LMICs - 2021

BSSH facilitated standards for hand surgery in use - 2021

Project fund raising exceeding the BSSH contribution - 2022

BSSH supported projects being delivered in ten LMICs - 2023

A BSSH developed hand surgery curriculum regarded as the world leader for LMICs - 2024

Communications

BSSH members become more active ambassadors for the Society

Patients know that specialist hand surgeons are available and understand how to get their help

GPs and primary care referrers understand how specialist hand surgeons can help their patients

BSSH has a clear case to take to NHS commissioners and policy makers about the value its members provide to patients, NHS and society

Targets

Council will appoint a team to lead the development of the Communication strategy – early 2018

Prioritise member communications and build a public voice in social media and some conventional media – mid 2019

Reinforce member communications, increase public voice and strengthen connections with GPs – end 2020

Public and patient involvement (PPI)

Recruit more BSSH patient members

Appoint patient members to all the main committees of the BSSH – Research, Education and training, Audit, Overseas, Professional Standards

Develop a panel of patients who can be approached to discuss research proposals

Audit the efficacy of patient involvement

Targets

Council will appoint a team to lead the development of the PPI strategy – early 2018

Recruit a minimum of 5 new patient members – end 2018

Appoint a patient member to each committee – end 2018

Recruit 20 patient members available for input especially into research – end 2019

Audit the value of patient members through discussion with the patient members and the committees – end 2021

Standards in Hand surgery

Build a case that BSSH members provide better care

Establish easily collectable hard outcome data which Includes all aspects of care i.e. anaesthetic, therapy, etc.

Produce minimum standards for:

The middle range of trauma

The top 10 elective hand conditions

Aim that standards together with BSSH membership will provide a quality assurance stamp

Targets

Council will decide who will produce these standards – early 2018

Produce first 2 standards for discussion and ratification – end 2018

Confirm the first 2 standards – mid 2019

Produce 2 more standards – mid 2020

Confirm the 3rd and 4th standards – end 2020

Trauma

As well as contributing to the development of standards there are two main areas of work:
Network development
Prevention

Networks development:
Enable the development of supportive clinical networks for education and feedback
Provide education - online and face-to-face
Use the BSSH website to provide ideal referral pathways and patient information
Link with BOA/BAPRAS/BAHT/RCEM

Prevention:
Develop a prevention strategy for the BSSH
Link with the Health and Safety Executive to engage with employers and the public

Targets

Develop the proposal for network development - mid 2018

Develop the first network - 2019

Develop a detailed plan for an injury prevention programme - 2019

FINANCE

Ambitions:
To ensure robust financial processes are in place and operational
To oversee the appropriate use of the society's funds in line with our charitable objectives
To provide for the financial needs of the society and its work, commencing fundraising if necessary to match demand

1.1 RESERVES

Overall assessment: The current level of reserves are relatively high compared to other charities of a similar size. It was generally felt that our reserves are certainly high enough and the consensus view was that they were too high.

Strategy: Our reserves must have a clear purpose and be justifiable to all stakeholders on that basis

Actions:

a. A base level of reserves must be determined to ensure the charity has financial resilience and is able to be flexible in its management of financial risks. This base level:
   - Must cover a minimum of twelve months of fixed costs;
   - Must cover all future elements of committed spend;
   - Will give the Society the necessary confidence to award large grants, extending into future years
   - Should include funds that are intended to protect against key risks. At 2017, this would include loss of Journal income and the financial risks associated with hosting the IFSSH conference in 2022;
   - Would allow the charity to contract and survive a longer period of financial uncertainty (a current risk being potential collapse of the NHS)

b. The base level of reserves should be invested in accordance with BSSH members' views on risk and ethical profiles. The primary goal should be to maintain capital value in real terms and the secondary goal to optimise investment income.

c. All reserves in excess of the base level should be available for use to fund one-off (possibly large) items of expenditure that are not otherwise funded from

annual income. Some of the suggested areas of spend from the Strategy Awayday were:

- Purchase of premises together with other like-minded societies;
- Supporting young surgeons to develop careers in academic hand surgery;
- A second Chair in Hand Surgery
- Raising the public profile of hand surgery;
- A hand injury prevention campaign;
- Further subsidies for training and education events – making them cheaper or free;
- To accelerate core projects (e.g. audit)

1.2 FUNDING ALLOCATIONS

The consensus was that funding allocations should be made according to the following principles:

a. Approval of funding should follow the established and agreed pathways, via the society's Secretariat, Officers, Council and Committees

b. Prioritisation of BSSH work should occur in the following order: Training and Education, Audit, Communications, Professional Standards especially the setting of standards of care, Research, Overseas work

c. The order of prioritisation of work will not necessarily parallel the funding allocations, as some areas of work (for example, research) were recognised as being more expensive than others

d. As a general principle, projects that involve, or give opportunities to many BSSH members should be favoured over individual projects. This is perhaps most relevant to multi-centre research studies.

e. Some areas of work are well placed to attract additional funding from other partners (for example, overseas work from UK government aid; research grants from the Health Research Authority). BSSH funding in these areas should be used to optimise the potential of these groups to leverage further income.

f. Traditionally, BSSH has invested its resources largely in surgeons and surgical trainees to drive improvement in hand surgery. In the modern health setting, patients with hand problems are treated by many different professional groups. The consensus view was that the BSSH would better achieve its charitable aims

by using some of its resources to support these wider professional groups, as well as investing in education of the public and patients

g. Where possible, investment in one area of BSSH work should be used to support others. For example, the outcome of the James Lind research prioritisation project by the Research Committee might be used by the Communications committee to raise the public profile of the Society; an E-learning tool developed by the Training and Education Committee might be used by the Overseas Committee to support improved training in hand surgery internationally

h. We should establish a Benevolent Fund for members or their families suffering hardship

i. BSSH should maintain flexibility in the allocation of its annual income and have some optional reserve projects available to avoid unused budget surpluses at each year end. Examples of reserve projects might include a free scientific meeting or training course, or an advertisement on hand injury prevention

1.3 ATTRACTING APPLICATIONS FOR FUNDING

Overall assessment: It was generally felt that the new BSSH strategy was likely to identify more than enough ideas for making use of our charity's finances. Nevertheless, encouraging applications for future funding was still considered to be appropriate

Strategy: BSSH should maintain flexibility in the allocation of its finances and be open to new ideas, encouraging applications for future funding from all sources

Actions:

a. We should continue to publicise the existing route for funding applications for initiatives lying outwith the existing education and research grants. As a key part of this publicity, we should provide examples of projects and initiatives that have been funded to date via this route. An invitation to apply for funding should be included in the business section at the end of each Bulletin, with the link to the relevant website page. In addition, 3 stand-alone Email invitations to BSSH members for funding applications should be sent out each year, at 10 weeks before each Council meeting. Finally, posters or holding slides encouraging members to apply for funding should be visible at BSSH scientific meetings.

Applications should be accepted throughout the year, to be considered at each Council meeting, or for time-critical applications, extraneously by the BSSH Officers.

b. If additional projects are required, enquiries could be directed to Deaneries as to how BSSH could support training initiatives in hand surgery, or enquires could be directed towards hand surgery units within NHS Trusts as to how BSSH could support worthwhile areas that lie beyond existing NHS budgets.

1.4 FUNDRAISING INITIATIVES

Overall assessment: It was generally felt that fundraising would be necessary in the future as BSSH finances are stretched to fund more activities, events and projects

Strategy: Our charity should explore ways in which new potential sources of income could be identified and accessed

Actions:

We should consider some or all of the following:

a. Run existing events with a view to generating surpluses to fund expenditure on other projects that do not have sufficient income

b. Publicising BSSH's charitable status with a view to generating donation income – such as regular giving under Gift Aid, one-off giving under Gift Aid and legacies – and from members, patients and wider groups with an interest in hand injury and surgery. This may be facilitated by opening an account specifically for donations, and widely disseminating the BACS details (for example, on the reverse side of patient information leaflets) and making information sheets and Gift Aid Donation envelopes freely available (e.g. to surgeons in their clinics)

c. Adding a Benevolent Fund charitable objective to our existing remit and targeting fundraising to it

d. Selling our training, education and audit resources overseas

e. Sponsoring commercially available products such as hand creams and protective gloves

f. Attracting sponsorship and publicity from London Marathon places

g. Applying for funding from other organisations, such as The Scar Free Foundation and medical/pharmaceutical companies, in support of specific projects or specific pieces of research

h. Asking the Scar Free Foundation for advice and assistance with fund-raising

i. Employing a dedicated fundraiser in the Secretariat

1.5 MANAGING OUR FINANCES

Overall assessment: It was agreed that BSSH must have sound financial management in place and be able to effectively mitigate the impact of any variations in income and expenditure annually

Strategy: Our reserves must provide us with financial resilience and enable us to be flexible in managing our financial risks

Actions:

a. In addition to having a clear and regularly updated reserves policy, we must ensure that we operate our charity on a balanced budget basis in the medium term (3 to 5 year cycles).

1.6 RUNNING OUR CHARITY EFFICIENTLY

Overall assessment: It was generally felt that BSSH is run efficiently, both in terms of the Secretariat, and in the Society's structure of Officers, Council and Committees. However, it was agreed that there was no objective evidence to support that view

Strategy: Our charity should be run efficiently so that the best use is made of our financial resources

Actions:

a. We should, with BAPRAS, consider undertaking an efficiency review of the operations of the Secretariat – looking at policies, procedures, IT systems, working practices, job roles and the methodology for the sharing of costs and resources with the other organisations managed through the Secretariat.

b. With the need to temporarily relocate the Secretariat during refurbishment of the College, we should plan for the Secretariat of the future upon its return to a permanent location. That may, for example, include a move to a paperless system. In order to achieve this, the review of the Secretariat would need to be completed during the period of temporary relocation.

c. We need to ensure that job role cover and succession planning is, and remains embedded within, the Secretariat structure.

d. We should ensure that the Secretariat retains the ability to be flexible in terms of additional resource as and when needed to support Council and Committee members.

e. We should consider using annual income for additional administrative support locally at the hospitals and Trusts of members who are taking on the larger voluntary roles within the Society

f. We should produce a list of 'Members Benefits' so our members are aware of the value of their subscriptions

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.*

Summary

Aim: To develop an inclusive Research culture in the BSSH which:

a. provides all BSSH Members and Associates with opportunities to contribute at different levels to multicentre studies;
b. is not reliant on one single individual or unit;
c. shares research expertise and establishes a continuum of research leaders.

Reasons:

a. to identify and cost the most clinically effective treatments for common hand conditions;
b. to demonstrate the clinical effectiveness and cost effectiveness of Hand Surgery interventions in an NHS which is increasingly demanding proof of benefit;
c. to allow BSSH members ownership of research;
d. to increase the status of the BSSH as a research organisation nationally and internationally.

Plan:

a. gain access to research expertise at the highest level;
    Goal: successful applications for external funding for multicentre clinical research in hand surgery.
b. develop a research culture with a "bottom-up" program of multicentre research projects.
    Goals:
    i. involve BSSH members and Associates in multicentre projects;
    ii. assess feasibility of potential research projects;
    iii. collect data necessary for competitive grant applications.
c. prepare for the future by providing trainees with an interest in clinical Hand Surgery with opportunities to develop research skills and a research CV;
    Goal: to produce a steady stream of research leaders for the future and allow the BSSH research ambitions to grow with time, rather than wither due to reliance on ageing BSSH members.

d. Increase secretarial support to maintain the research website, support research grant applications, and disseminate the progress of ongoing projects to the membership.
e. The committee will regularly review its activities and new grant applications, and make awards which will be prioritised according to the funding available.

Required Support:

The BSSH and its Council will:

a. endorse a policy of giving preferential support to clinical studies, especially if multi-centre (3 or more units)
b. continue to support an RCS Research Champion
c. consider funding the first year of suitable Ph.D. projects, but will expect that successful applicants and centres find their own funding for subsequent years
d. continue to support the current 5-year clinical academic post at a teaching hospital. Although expensive, it was felt at the "away day" that this should be considered beyond the present 5 year tenure by open competition.

Target:

To achieve sustainable research culture in the BSSH within 5 years with:

a. At least one multicentre evaluation of service/year
b. At least two research grant applications to major funders (i.e. NIHR) during the next 5 years in which all BSSH members have had the opportunity to be involved to some degree in study development and design (through surveys and meetings open to all BSSH members). Obviously there will have to be "leaders", but this will allow new "potential" leaders to come through and give the BSSH "ownership" of the project.

Details of plan (much already enacted over last 6 years)

Develop and gain access to research expertise at the highest level.

Develop expertise in design of multicentre clinical research projects which attract external funding from organisations such as NIHR (National Institute of Health Research), MRC (Medical Research Council) and Welcome. Such studies typically cost £1-2 million.

The application process requires specialist skills and knowledge of study design, statistics and study delivery which are beyond the scope of Hand Surgeons. The BSSH is developing networks of clinicians, basic scientists, statisticians and research methodologists with strong links to Clinical Trials Units.

The development of these networks has been supported by BSSH funding:

1. BSSH/BAPRAS RCS Research Champion with Royal College of Surgeons of England.

This position presently funded 50% by BSSH and 50% by BAPRAS and allows BSSH members access to Surgical Clinical Trials Units (STUs) which are funded by the College.

Position presently held by Abhilash Jain (2012-) who has:

i) introduced studies to STUs on the treatment of carpal tunnel syndrome (Will Mason: Oxford STU) and mallet fractures (James Henderson: Bristol STU);
ii) successfully developed and gained funding for a research trial on the management of nail bed injuries in children with the Oxford STU. This is being funded by the NIHR Research for Patient Benefit (RfPB) stream;
iii) created the Reconstructive Surgical Trials Unit (RSTN) which is developing future projects on K-wire fixation of fractures and hand infections after trauma. Membership of this group is open to all BSSH members and Associates.

This position has been/is a success. The post is renewed every 3 years and needs to be maintained. The BSSH should have its own Research Champion, rather than share one with BAPRAS.

2. 5-year part funding of Clinical Associate Professor in Hand Surgery in Nottingham. This post is presently held by Alexia Karantana (2015 -) and is embedded in the Nottingham Clinical Trials Unit. It has resulted in:

i) the development of a centre for Evidence Based Hand Surgery;
ii) funding for non-clinical PhD students;
iii) funding for clinical PhD students;

iv) assessment of the feasibility of studies on proximal phalanx fractures, metacarpal fractures, scaphoid fracture nonunion and suspected scaphoid fractures;
v) Hand Fracture research forums which are open to all BSSH members.

It is too early to determine success of this project. High level research takes time to develop.

Footnote:

Success with externally funded (NIHR etc) grant applications will be made a little easier by the **BSSH funded, James Lind Association (JLA) Research Priority Setting Process for Hand Surgery**. This has produced a top 10 list of research priorities in hand surgery. This will influence research funders, especially NIHR.

<u>Develop research culture by "bottom-up" program of multicentre research projects.</u>

1. Invite BSSH Members and Associates to participate in multicentre studies through open invitation sent to all UK membership.
   i) opportunity open to all - *no cliques;*
   ii) individual contributions acknowledged and "certificates" provided for appraisals;
   iii) studies will be pertinent to the development of future NIHR research proposals. Examples of such studies which have already occurred include:
      i. Systematic reviews
         - Scaphoid fracture nonunion;
         - Extensor tendon rehabilitation.
      ii. Service Evaluation studies
         - Finger joint fusion;
         - Scaphoid Fracture nonunion – 800 cases analysed;
         - Management of suspected scaphoid fractures – ongoing.
      iii. Feasibiity studies (trials RCTs) to prove fully funded RCT is possible:
         - £10,000- 20,000 "pilot study" grants
            1. Mallet fractures – James Henderson
            2. Nail bed injuries – Abhilash Jain
            3. Carpal tunnel surgery – Will Mason

<u>Prepare for the future by providing trainees with interest in clinical Hand Surgery with opportunities to develop research skills and a research CV.</u>

a. Advertise research grants for 3 years (£150,000 – only if funding available) or 1 year (£50,000) of funding for a PhD

- award by competitive interview

b. Open Research Committee membership to Associates with research aspirations
    - several appointed in last 6 years (i.e. Dominic Furniss, Jeremy Rodrigues)
c. Hold research days before BSSH meetings
    - these have run for 5 years
        1. systematic reviews
        2. multicentre randomised controlled trials
        3. health economics
        4. outcome measures

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

The BSSH has already laid strong foundations to achieve this ambition.

However these foundations need to be maintained:

1. Research is not cheap and needs continuing support;
    - projects and research skills take years to develop;
    - no quick fix, so benefits of research funding will take time to become fully apparent.
2. NIHR and other research grants do not grow on trees;
    - awarded on competitive basis
3. There will be failures;
    - not every initiative/project will be successful
    - failures must be learnt from and should not be considered outright failures
4. Success reliant on BSSH appetite for research at all levels;
    - both now and in the future
        i. leadership of studies;
            - *the BSSH does have potential research leaders for the future*
        ii. local organisation of individual centres in multicentre studies;
        iii. willingness to recruit to multicentre studies
5. BSSH and its members must feel they have ownership of BSSH research;
6. The Research committee needs to be capable of developing new research initiatives which become necessary/advantageous in future years. This may require opportunities to apply for new funds from BSSH. Thus there needs to be some flexibility in any new BSSH financial strategy.

EDUCATION AND TRAINING

Aim: to develop and curate a comprehensive educational and training programme, optimising all learning opportunities, for all hand surgeons, and associated professionals, at every stage of their career.

The Strategy is based upon two broad work streams:

- Optimising Training in the Workplace
- Optimising Educational Programmes

and is based on the idea that the E&T Committee will work with members of the society, who provide any form of education and training, to ensure it is focussed on learners' needs and built upon sound, modern educational principles.

3.1 Optimising Training in the Workplace

This element of the strategy is based on the observation that every encounter between a hand surgeon, whether a consultant or a trainee, and a patient can be an opportunity to learn or teach. We aim to make the tools and resources to maximise learning opportunities available to both trainers and trainees through:

a. Trainee Development – *outline proposal to be presented to the Committee by March 2020*

   Provide all trainees with the resources to allow them to optimise their training in hand surgery. The exact scope and format of these resources has not yet been agreed.

b. Trainer Development – *outline proposal to be presented to the Committee by March 2019*

   Provide trainers with the resources to allow them to optimise their ability to train all levels of staff involved in hand surgery. The exact scope and format of these resources has not yet been agreed.

c. BSSH Mentorship Scheme – *a structure developed and reported to the committee by September 2018*

Provide all members with a process and a programme of mentoring that can support members in their first two years of consultant practice and any member facing difficulties at any stage of their career. It will involve identifying, training and promoting members who are willing to act as mentors and working with members who require a mentor, to identify someone suitable.

d. BSSH Fellowship Scheme - *performed and reported to the committee by March 2019*

The BSSH offers an excellent scheme of Advanced Training Post Fellowships. Many centres also offer other fellowships outside of the scheme. Our aim is to set up a structure that coordinates, promotes and quality checks the various fellowships to try to ensure that they are all quality assured for the trainees and that they are filled for the trainers.

e. Working with other Groups and Professionals – *timeline to be developed*

We are conscious that BSSH is run for and by surgeons; yet hand surgery is elivered by a very broad multi-disciplinary team (therapists, specialist nurses, General practitioners with a special interest (GPSIs) etc). It is our aim to discuss with other groups (including the British Association of Hand Therapists - BAHT) the possibility of being able to provide integrated educational opportunities that provide for the needs of anyone working with hand patients' not just surgeons.

A part of this aspect of the strategy involves developing our work with medical students: not only running the 'So you want to be a hand surgeon?' course, but also looking to develop and promote a series of student placements and fellowships, for both UK and international students, in order to optimise their first experience of hand surgery.

f. BSSH Awards, Grants & Fellowships

The E&T committee are responsible for the award of several educational grants and fellowships. We intend to review these to align with our new educational strategy and suggest changes if appropriate.

3.2 Optimising Educational Programmes

This element of the strategy is based upon the observation that there are already many excellent resources and courses provided by BSSH members and that there is consensus agreement that BSSH should not provide further courses themselves. Instead the BSSH should be working with the providers to facilitate a coordinated programme of quality assured courses, based on modern educational theory and matched to the learning needs of the delegates and based upon the hand surgery curricula. We intend to do this by working on the following areas:

a. Conduct a Needs Analysis *performed and reported to the committee by March 2018*

   We need to conduct a thorough needs analysis as to what is required at each level of training based upon the T&O and Plastics hand curricula. This should include all resources and specifically both e-learning and practical courses.

b. Establish a database of current provision of e-learning *performed and reported to the committee by March 2018*

   Complete the work looking at what is currently provided and available and assessing its accessibility and quality.

c. Establish database of current provision of practical courses *performed and reported to the committee by March 2018*

   Complete the work looking at what is currently provided and available and assessing its accessibility and quality. This needs to include course audience, format, learning outcomes and cost.

d. Perform a Gap Analysis *performed and reported to the committee by September 2018*

Compare the needs [1] with the current provision [2&3] for both e-resources and practical courses.

e. Stakeholder Engagement *all external course leads will have been contacted. Feedback will be reported to the committee in September 2018*

Our aim is then to work with current providers to encourage them to collaborate. We are aware we need to ensure we are offering a good enough package that they will want to be involved as this is the single biggest key to success. Current suggestions include BSSH to coordinate the provision of courses; provide chairperson and trainer development; provide marketing support; provide a means of collecting feedback; and provide quality assurance for the delegates. It is possible that we may also be able to help identify sources of sponsorship and other funds

f. Commissioning of new courses / resources *first request for tenders by end 2018*

Our aim would also be to tender for the provision of courses and resources identified in the gap analysis not currently provided. We would aim to encourage either current or new providers to offer to develop areas identified and would aim to provide them with any support required.

g. Course and Chairperson Development *start 2019*

We aim to hold a regular meeting with course chairs and potential future chairs to discuss strategy, course design and development. The suggestion would be a BSSH funded half-day business meeting with a half-day workshop looking at chair development, curriculum design etc.

This is a broad and far-reaching strategy for the education and training committee and will be an extremely large piece of work.

AUDIT

In this time of radical change within the NHS, the BSSH will support its members. The audit committee will help to provide suitable data to show a standard of surgical competence. We are not a regulator.

2 year plan

1. Update UK Hand Registry to version 3

The registry currently runs on version 2 of the system developed. A suite of updates is being planned in preparation for the development and launch of version 3, with the focus of this update on the usability of the system. This will include streamlining data entry and improving the user interface.

At present, either paper or electronic systems can be used for data capture. We anticipate phasing to an electronic-only system, which will be easier for patients, surgeons & support staff.

We anticipate that this will contribute to increased user uptake (number of surgeons and proportion of those surgeons' procedures captured) by improving the website to make it easier to use, while maintaining robust outcome data on surgeon's practice.

This is our No. 1 priority and will be completed as soon as possible.

2. Increase range of procedures & conditions captured (Aim for Spring 2018)

More procedures & conditions will be able to be captured in version 3 of the registry. These will include:

Carpal tunnel

Treatment of rare hand condition (ie Keinbock's, Preiser's)

3. Availability of the registry will be increased (Once the 1&2 above completed)

Currently only full BSSH members can use the registry. We plan to open the UK Hand Registry to anyone who operates on the hand. This will enable improved networking with GPs who perform hand surgery, therapists who perform interventions and other practitioners. It will mean that data captured gives a truer representation of UK hand surgery.

Benefits such as technical and administrative support, and access to data for purposes such as research will be reserved for BSSH members. We are working with the Irish Hand Surgery Society to enable their members to use the registry.

5 year plan

1. Refine analyses

A programme of research will be conducted to improve the measurement properties of the patient-reported outcome measures captured in the registry, and to understand factors that influence outcome of surgery (e.g. comorbidities). This will include capturing more information about patients, and running regression analyses to determine which demographics are associated with good and bad outcomes.

This will then be used to refine the analyses performed by the registry, to case-mix adjust analyses and ensure that working in challenging conditions is fairly reflected.

2. Increase research output

As the registry use increases, the data it contains will become more powerful for understanding how patients fare from hand surgery. This could be used to conduct observational research (with fully anonymised data). This will allow hand surgeons to improve their practice, and to demonstrate the benefit of procedures to third parties.

3. Harness the registry dataset in clinical practice

We envisage developing tools that will help members in clinical practice, e.g. by providing national level data packaged in clinician-usable and patient-friendly tools designed specifically to be used in clinic. For example, the database can be used to provide estimations of how patients may fare if they undergo surgery, by comparing them to similar patients who have already been treated.

4. Widen the remit of the registry to include non-joint replacement implants (ie nerve conduits), and non-surgical outcomes (ie steroid injections, therapy interventions)
5. Continue to improve the ease of data capture, utilising other technologies such as smartphone apps

10 year plan

1. Broaden procedures captured

We anticipate the registry broadening its data capture with further updates, once we have moved to a fully electronic system. At this stage, we would anticipate most, if not all, common hand procedures in the UK will be captured, via direct patient entry, with minimal burden on clinicians.

2. Integrate with other data capture systems

We would aim to integrate with commonly used logbooks and Hospital's Electronic Patient Records to avoid duplication of data entry.

3. Become the world's leading producer of observational hand data

We aspire to use powerful data capture to support effective hand surgery. By having BSSH members lead on reliable data capture, we believe that we can reach a point at which this system meets unmet needs in clinical practice for the benefit of hand surgeons.

Targets

1 year

The registry will be open to anyone who performs treatment to the hand

We will have expanded the range of procedures

The Hand Registry will have been updated (although this is an area of continuous refinement & improvement)

2 years

The rare hands registry will be up and running

We expect to be running a largely paperless system

3-5 years

We aim for over 50% of BSSH Members to be using the registry

We aim to improve patient compliance from 25% to 50-80%

We will add other non-surgical/non-implant procedures to the database (dependant on finding suitable outcome measures)

As we improve our analysis of the date we will be able to improve our outcome measures

5 years plus

As hospitals invest in Electronic patient record systems we aim to integrate with these to improve data capture

OVERSEAS

5 year ambition: *To be a world leader in influencing and supporting the development of hand surgery services in low to middle income countries.*

Our purpose is to "use BSSH resources to deliver maximum possible benefit for patients in need of hand surgery in low to middle income countries (LMICs). The access to timely, high quality hand surgery that we take for granted in the UK is not available in many low to middle income countries. Surgical care, if available at all, is provided by generalists usually hungry to obtain skills and knowledge in the management of hand conditions. Over the last 6 years our overseas work has grown from an embryonic project in Sierra Leone to established projects in four countries with several further projects being explored. The appetite for and ability of BSSH members to make a difference has been demonstrated. To date 26 members have taken part in BSSH supported overseas work. We know that many others take part in their own independent projects. This strategy describes how we will build on these solid foundations over the next five years. The BSSH Overseas Committee has seven key aims for the next five years.

5.1 BSSH Overseas Committee Role

We will support overseas work by acting as the coordinator of long-term sustainable BSSH overseas projects. This will include identification of projects, providing project leadership, liaison with the hosts and collaborating organisations and provision of pump priming funding.

5.2 General Principles

We will support long-term sustainable projects. The focus will be on educating local surgeons and their wider surgical teams and supporting them to develop hand surgery services in their country. Participation in projects will be accessible to BSSH members, supervised senior trainees and allied health professionals. The BSSH will help fund travel costs aiming to provide support until projects become self-funding. Project oversight will be provided by the BSSH Overseas Committee members.

5.3 Supporting BSSH member involvement

The BSSH work will be visible to all members using a variety of resources including the BSSH website, Presidential bulletin and via an overseas interest

group. The BSSH overseas committee will aim to educate and facilitate overseas volunteering to LMICs by learning together and sharing experiences including an annual overseas study day. Lessons about effective surgical management in austere environments will be developed and shared. We will aim to help remove barriers to overseas work such as obtaining authorisation of leave and developing a buddy system for new volunteers

5.4 Developing an accessible educational resource

Within two years we will have developed and maintained a hand surgery curriculum capable of being tailored to the needs of individual institutions and countries and delivered by BSSH members. We will have a mature educational resource designed and populated by BSSH members and tested in LMICs. This educational resource will be freely available to all BSSH members performing educational work in LMICs.

5.5 Influencing hand surgery delivery in low and middle income countries

There is a real opportunity for the BSSH to play a leading role in the development of hand surgery services in LMICs. Our projects will identify surgeons with potential to lead the development of hand surgery services in their country. We will create evidence-based standards for hand surgery using BSSH resources aided by local surgeons tailored to the needs of patients in individual LMICs. By supporting local surgical leaders to achieve agreed standards of hand surgery provision we will aim to encourage the formation of local Societies for Surgery of the Hand.

5.6 Funding Role

Long-term funding for BSSH overseas work will have been secured within 2-3 years. In addition to funding direct from the BSSH we will generate additional sources of funding. These will be project specific with the aim that BSSH funding will pump prime projects until they are mature enough to apply for other sources of funding grants (e.g. Department for International Development, Tropical Hygiene Education Trust, Scar Free Foundation). Project leaders will be encouraged to generate their own funds supported by a BSSH fundraising role.

5.7 Collaboration

We have learnt that maximum benefit and best value for money is achieved by collaboration with other surgical providers of overseas work. Existing collaboration with BFIRST (BAPRAS overseas group) and World Orthopaedic

Concern (WOC) will be strengthened and relationships developed with the Royal College of Surgeons and British Orthopaedic Association.

We have achieved much during our initial phase of overseas work. There is a real opportunity for BSSH to play a key role in the development of hand surgery services in the developing world. We can make a real difference to surgeons and patients. The BSSH Overseas Committee will drive this strategy forward with the help and support of BSSH members.

Targets:

1 year:

- Sustainable long term goals agreed for current projects in Sierra Leone, Nepal, Sudan and Malawi and project initiated in one further country.
- DropBox resource established as repository for overseas teaching material.
- Relationships established with key surgical and healthcare leaders in our project countries.
- Role for the BSSH fundraiser agreed

3 years:

- BSSH supported projects being delivered in 8 LMICs
- Overseas Hand Surgery curriculum developed and being used in 2-3 LMICs
- BSSH facilitated standards for hand surgery in use
- Two of our projects generating sufficient funds to be self-sufficient

5 years:

- BSSH supported projects being delivered in ten LMICs
- A BSSH developed hand surgery curriculum regarded as the world leader for LMICs
- Project fund raising exceeding the BSSH contribution

COMMUNICATIONS

Ambition: Our ambition is that by 2022, the BSSH is recognised as the leading specialist society with both the public and healthcare providers actively using it for information, advice and clinical support to improve the care of all hand injuries and conditions.

- Communications is fundamental to BSSH's success; uniting members around the aims of the Society and helping to deliver all of the strategic objectives identified
- To date, most BSSH's communications has focused on members, keeping them informed via an e-newsletter and creating face to face opportunities through education and training, the annual scientific meeting and other events
- In 2016 a new website was developed, including further patient information, and a Twitter account for the Journal of Hand Surgery was set up and run by members. However, awareness of hand surgery as a speciality, and of BSSH specifically, remains low outside the core surgical profession
- In summer 2016, a Members' Survey was conducted in order to inform development of the Society's strategic priorities, including communications. The findings reiterated the importance of member communications, and also a desire to increase perception and understanding of hand surgery throughout the NHS. This was reinforced at the Strategy Away Day in June 2017

6.1 Communications strategy

Specific goals and measures of success

Goal	2022 Communications goal	Measures of success by 2022
a	BSSH members are active ambassadors for the Society	• Membership has increased • Members are actively participating in external communications via BSSH initiatives • Members are actively promoting hand surgery as a specialty through their NHS Trusts

Goal	2022 Communications goal	Measures of success by 2022
b	Patients know that specialist hand surgeons are available and understand how to get their help	• Patients ask to see specialist hand surgeons • Use of the BSSH website for patient information continues to increase • BSSH runs active communications through social media
c	GPs and primary care referrers understand how specialist hand surgeons can help their patients	• BSSH is recognized as an expert source of information on hand conditions • Direct referrals to hand surgeons increase
d	BSSH has a clear case to take to NHS commissioners and policy makers about the value its members provide to patients, NHS and society	• Data exists to show that BSSH deliver clear value to patients, NHS and society • Active communications to commissioners can begin, ultimately leading to appropriate funding for specialist hand surgeons as part of the multidisciplinary hospital team

6.2 Priority deliverables

The final communications plan can only be developed on confirmation of BSSH's overall strategic plan and agreement about budgeting and resource. The following points capture priorities outlined by members on the awayday.

Year one: prioritise member communications and build public voice

Relevant Goal	Priority Action
All	• Clarity around the definition of the role of a hand surgeon that showcases the breadth of support and advice provided

a	• Branded collateral for members to use, with for example BSSH lanyards and pin badges in the first year, and reviewing member interest in additional items such as theatre caps for subsequent years • Extension of the e-newsletter to share information from meetings/ events more widely with members
a/b	• Communications pack for members to use, including drafted content for their NHS Trust and links from hospital websites to a standardized website with patient information that is provided by the BSSH
b	• On-going development of patient information on the website, with downloadable leaflets • Run a BSSH Twitter account (started September 2017) • Extension of the BSSH Twitter to include Society news and share patient information • Establishing a basic press office function supported by 4-5 BSSH members who are media trained and able to speak on behalf of the Society • Creation of three communications highlights, drawing attention to the patient benefits of support from a specialist hand surgeon and placing through all communications channels (for example, this could be linked to the development of quality standards on trigger finger; or include prevention messages, such as safety on bonfire night; or focus on priority policy areas such as industrial injuries, showcasing how BSSH helps people get back to work) • Developing and showcasing patient case studies, helping members and working in partnership with their NHS Trusts

Year two: reinforce member communications, increase public voice and strengthen connections with GPs

Relevant goal	**Priority action**
a	• On-going communications support to members • Consider creation of materials such as take away cards, leaflets or posters for members to use with QR codes directing patients to BSSH website for further information

a/c	• Specific support for members on how to set up and run GP update meetings, building relationships with primary care referrers in their area
b	• On-going development of patient information on the website, with downloadable leaflets and creation of a clear Q&A function • Extension of social media to include Facebook • Development of the press office function with training of an additional 4-6 BSSH members as media spokespeople • Creation of three – four communications highlights, selecting themes that reflect the strategic priorities within the BSSH • Ongoing identification and placement of cases studies
b/c	• Seek routes to place printed leaflets and laminated posters on priority conditions (or a generic 'healthy hands' leaflet) via hospitals and GP surgeries, signposting to the BSSH website • Targeted activity to reach GPs via channels including RCGP, Doctors.net, Pulse and GPOnline

6.3 Critical success factors

- Communications needs to show the breadth of the role played by BSSH members and focus on the specialist advice offered beyond surgery
- Communications must be inclusive – within the BSSH and across the healthcare profession
- Members need to be enabled and empowered to communicate as specialist hand surgeons and about the BSSH
- Communications needs to go direct to patients via printed, broadcast and social media, and indirectly to vulnerable and non-IT literate patients via GPs, charities and carers

6.4 Resourcing options

The following options need to be considered, alongside the budget available and the outcomes desired:

a. Member ownership – for example, running social media and taking up a communications leadership role within the Council or as a separate committee
b. Secretariat role – building capacity within the Secretariat with specialist communications skills dedicated to the BSSH
c. Consultant role – working with an individual or agency to provide communications services, working in partnership with the Secretariat and reporting to a BSSH member with responsibility.

Appendix I: Details to support development of the communications plan

Target audiences

Priority audiences

- BSSH members
- BSSH potential members (specialist trainees)
- Close colleagues (Orthopaedic and plastic surgeons, hand therapists)
- Allied associations (BOA, BAPRAS, RCS, RC Emergency Medicine, hand therapists)
- GPs (individuals and RCGP)
- NHS Trusts (Medical Directors, CEOs, Triage teams)
- Patient representatives (Charities, patient groups)

Secondary audiences

- Medical students (as potential members and part of informing wider media profession about hand specialists)
- Wider associations (RCP, RCN, RCPaediatrics & Child Health)
- Commissioning groups (CCGs, PHE)
- Policy makers and regulatory bodies (CQC, NHS England, NHS Improvement, BMA, GMC)
- Insurance companies

Key channels of communications

Channel type	**Member**	**Healthcare profession**	**Public**
BSSH owned	Website – members	Website	Website
	Section	Twitter/Linked In	Twitter / Facebook
	Twitter/Linked In	Stakeholder newsletter	
	E-newsletter	Scientific Meeting	

	Scientific Meeting	Invited events	
	Education & training	One to one meetings	
Shared channels	National media	National media	National media
	Health sector media	Health sector media	Consumer media
		Health conferences	Charities
		Policy makers	GPs/NHS Trusts
		Charities	Lifestyle influencers
			Employers
			Occupational health

Content generation opportunities

Member generated

- Member profiles
- Patient case studies
- Research outcomes
- Best practice guidelines
- BSSH Audit results
- Advice on what to do to prevent accidents or conditions from occurring
- Advice on what to do in the event of an accident

Third party hooks

- News events when members are providing support in times of emergency in the UK and overseas
- Parliamentary priorities – e.g. potential White Paper on Health, Work & Disability
- Calendar dates – Christmas, skiing holidays, Fireworks night
- Statistics – ageing population, NHS England data

Potential partner

- Hand Therapists
- Condition-specific charities
- Older people charities supporting independent living
- A leading NHS Trust who is driving innovation and best practice

OTHER

Public and patient involvement

The aim is to increase patient involvement to improve how we run the BSSH and how we practice hand surgery

1. Patient involvement

    This is now a requirement for research funding application and for any quality improvement process.

    Virtual patient participation groups: It was suggested that every member invites interested patients to become part of this group. When any project is developed, hopefully there will be enough patients with the relevant condition already in the group.

2. Patients as a resource

    Patients are a valuable resource for the society to help improve the service we offer and to publicize our work.

    We discussed having patient champions for the BSSH. There was debate around whether we should approach celebrities or patrons of the art/business/finance but this was not fully supported.

    There is support for putting patient stories on the website to strengthen the quality of information provided. It was pointed out that the patient information available on the website and in our leaflets has been written by surgeons. Going forward, these should be reviewed by a patient liaison member to make sure that they are accessible to non-surgeons.

    There was discussion around the level of involvement of patients with the BSSH. Ideas included a new category of membership for patients and involving patients in all the committees of the society.

There are a number of established patient groups who have conditions relevant to the hand. We discussed developing closer links with these groups to help support patient representation in research and development.

Proposed actions

- Recruit more BSSH patient members
- Appoint patient members to all the main committees of the BSSH – Research, Education and training, Audit, Overseas, Professional Standards
- Develop a panel of patients who can be approached to discuss research proposals
- Audit the efficacy of patient involvement

Targets

- End 2018 – recruit a minimum of 5 new patient members
- Mid 2019 – appoint a patient member to each committee
- End 2019 – recruit 20 patient members available for input especially into research
- 2020 – audit the value of patient members through discussion with the patient members and the committees

Standards

Aim: The primary aim is to help establish the efficacy of BSSH members

Delegates at the Strategy Awayday wanted BSSH membership to be seen as a quality assurance stamp.

Delegates wanted the BSSH to build a case that BSSH members provide better care for patients with hand conditions. Most felt that we need to provide evidence to show that our recommendations produce good care and were concerned that we are not as effective as we believe we are.

Most of the delegates at the Strategy Awayday wanted the BSSH to produce standards in order to protect patient outcomes. Some of the delegates wanted 'gold' standards to avoid the BSSH always achieving mediocrity. However, most felt that 'gold' standards should be an aim and that any standards should be the minimum expected standard.

Most delegates mentioned the BOA BOAST guidelines. These are seen as good levers to take to their Trust management in order to be able to get the facilities needed to deliver care.

We discussed whether standards should be broad or narrow. Most delegates would prefer condition specific standards, or narrow groups of conditions. Some felt that broad groupings (e.g. urgent, soon or semi-elective for trauma) would be sufficient. Most delegates felt that standards should include a service description.

There was discussion in most of the groups around the data that should be collected in order to demonstrate that standards had been met. Delegates commented that it will be difficult to measure outcomes as most end-points in hand surgery are 'soft'. Delegates want outcome measures that are meaningful and easy to collect. The discussion oscillated between suggestions that quite detailed data was required (level of surgeon, time to and of surgery, antibiotics given, type of anaesthetic, tendon rupture, return to theatre, revision of fracture etc.) to simple, subjective outcomes (return to hand function or SANE - 'bearing in mind your previous condition, are you better now than you were').

The delegates wanted to be able to provide, as part of their consent process, their own experience and outcomes compared to BSSH standards linked through the audit system.

Delegates were aware that the BSSH does not have the authority to tell surgeons what they can and cannot do. However, delegates felt that surgeons should not do certain operations if they did not have access to hand therapy or if they could not manage the revision surgery

that may be required. Some delegates felt that there should be a list of conditions that the 'jobbing orthopaedic/plastic surgeon' could take on. Most felt that a patient should expect to be offered an appropriate anaesthesia, theatre list and hand therapy.

More minor hand injuries are managed by a wider range of practitioners; BSSH could provide education to help reduce variation.

Proposed actions

Build a case that BSSH members provide better care

Establish easily collectable hard outcome data which Includes all aspects of care i.e. anaesthetic, therapy, etc.

Produce minimum standards:

Concentrate initial standards on the middle range of trauma

Aim for standards on the top 10 elective hand conditions

Aim that standards together with BSSH membership will provide a quality assurance stamp

<u>Targets</u>

- Mid 2018 - Establish who will develop the standards
- End 2018 – Produce first 2 standards for discussion and ratification
- Mid 2019 – Confirm the first 2 standards
- End 2019 – Produce 2 more standards

Hand Trauma

Ambition: To ensure the UK provides the best hand trauma care in the world.

The main areas of development are pathways, networks and prevention

Pathways:

Aim: Every person with a hand injury gets the best treatment for their injury

Enable every clinician to ensure the care they provide is the best care
Produce standards of care using expert opinion and available research data
Audit the standards of care
Develop an evidence base to determine best care through links with the research committee
Ratify standards of care using the BEST process

Networks:

Aim: Every person with a hand injury sees the right clinician at the right place at the right time

Engage with everyone involved in the care of hand trauma from first point of contact to final outcome
Enable the development of supportive clinical networks for education and feedback
Provide education - online and face-to-face
Use the BSSH website to provide ideal referral pathways and patient information
Link with BOA/BAPRAS/BAHT/RCEM

Prevention:

Aim: Reduce the personal and economic impact of hand injuries

Develop a hand trauma prevention programme
Link with the Health and Safety Executive to engage with employers and the public

Targets

Develop the proposal for network development - mid 2018

Develop the first network - 2019

Develop a detailed plan for an injury prevention programme - 2019