

## Study title: STaying Active after Physiotherapy in patients with Lower-limb Osteoarthritis (STAPLO)

### Focus group topic guide

Note: initial bullet: Main question; indented bullets: prompts

#### Introduction

##### Objectives: Alison Rushon, (AR)

- Thank you all for agreeing to speak with us today about your perceptions on the acceptability and feasibility of delivering a physiotherapy programme underpinned by behaviour change techniques (BCTs) that aims to optimize adherence to prescribed physical activity (PA) in people with lower-limb Osteoarthritis (OA).
- We have conducted a number of interviews with people living with lower-limb OA. We will begin by outlining a pilot intervention that people with lower-limb OA felt would help them be physically active both during the treatment period and when they are discharged. The intervention includes several BCTs that were suggested by patients with lower limb OA that they thought were most important and their preferred methods of delivery. We will then seek your opinion on the structure and content of the programme and the feasibility and challenges of delivering these BCTs within a physiotherapy programme at the Royal Orthopaedic Hospital.
- It is important to note that there are no right or wrong answers to the questions and anything you say will be stored anonymously for the purpose of the research. This focus group should take about **60-90 minutes**.
- If it is ok with you all, **the interview will be audio recorded** to ensure that all of your key points are accurately documented.
- Everything you say will be **kept confidential**.
- You are also welcome to request a copy of your interview transcript if you would like to review it for clarification, to add to it, or to indicate that all or part of it should not be used.
- Do you have any questions before we begin?
- Two sheets of paper are being passed around the group which we would like you to fill out please. The first is the focus group consent form, please read it carefully and sign it if you are willing to participate (Stage 2 informed consent form). The second is a short series of questions that will allow us to describe the focus group in terms of physiotherapy experiences in treating people with lower-limb osteoarthritis. These should only take a few minutes and please hand back to us when they are complete (Matthew Willett (MW) will then collect informed consent and background data sheets)

##### **Overview and agree ground rules (AR)**

- One person speaking at a time
- Confidentiality
- Respect for all contributors

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**Presentation of Structure & Content of the physiotherapy programme (MW)**

- We are now going to outline the physiotherapy programme aimed at optimising physical activity adherence in people with lower-limb osteoarthritis
- By **physical activity (PA)** we mean any bodily movement produced by skeletal muscles that requires energy expenditure and can be done at any level of skill and for enjoyment. A good example of this might be a walking programme but can include a home exercise programme that you prescribe.
- By **adherence** we mean the extent to which the person with lower-limb OA regularly engages in the agreed physical activity recommendations promoted within your sessions.
- We are interested optimising PA adherence in two distinct time-frames.
- The first occurs while the person with lower-limb OA is being treated by you and adopting new PA habits and behaviours (the '**treatment phase**'). The second phase we are interested in is when the person with lower-limb has finished their physiotherapy and they need to maintain their levels of PA (the '**post-treatment phase**').
- As most PA will take place with-in the home or community, we are primarily interested in BCTs which will optimise adherence to PA away from the clinic during the treatment phase and foster maintenance to PA recommendations post-treatment.
- Population – Lower-Limb OA of hip knee
- Structure of suggested physiotherapy programme identified in semi-structured interviews including:
  - 1 to 1 treatment with physiotherapist
  - Number of sessions, timings etc
- Content of physiotherapy programme identified in semi-structured interviews including
  - suggested BCTs
  - mode of delivery
- Are there any specific questions for clarification?

**Discussion Topics (AR)**

We are now interested in hearing your feedback about the outlined physiotherapy programme

Structure of programme:

- What are your initial impressions about the structure of the physiotherapy programme?
  - What aspects did you like? Why?
  - What aspects did you not like? Why?
- Do you think this number of sessions and frequency will enable you to optimise adherence to physical activity in the people with lower-limb osteoarthritis that you see?
  - How many do you think you would need to deliver this programme?
- What do you think about the duration of sessions?
  - Are they long enough to enable you to help people with lower-limb to adhere to your physical activity recommendations?
  - How long would you like to have with the patients?
- Are there any further suggestions on the structure of the programme?
  - What are they?
  - How will they help you deliver the programme?

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## Content of programme:

- What are your initial impressions about the content of the physiotherapy programme?
  - What aspects did you like? Why?
  - What aspects did you not like? Why?
- Were there any BCTs that you think should be included?
  - Which ones?
  - How would they help facilitate adherence to physical activity?
- Out of the ones you have suggested, which BCTs are the most important to include to optimise adherence to physical activity?
  - Any others that you can think of?
  - How do you think they will encourage adherence to physical activity?
- Were there any BCTs that you think should be taken out?
  - Which ones?
  - Why?
- What are your impressions on the mode of delivery? (e.g. follow up phone call, skype conversations etc)
  - Can you think of any other ways of delivering these BCTs?
  - How will they help optimise adherence to physical activity?

## Acceptability:

- Is this programme acceptable to you?
  - Why? Why not?
- Would you be willing to deliver this physiotherapy programme as it has been outlined today?
  - If not, why not?
- What changes would need to be made for you to be willing to deliver it?
  - Of these changes, which are the most important?
  - How will these changes make it more acceptable to you?

## Feasibility of delivery:

- What do you think about the feasibility of delivering this intervention within your current role?

## Capability:

- Do you feel that you as an individual could deliver the programme as it has been outlined?
  - Why/Why not?
  - What changes would you make?
- Do you have the required knowledge and skills to deliver the suggested BCTs to optimise adherence to physical activity as part of the programme?
- What training or support do you feel you would require to successfully provide the physiotherapy programme? (MW to note responses on flip chart)
- Is there anything you would need to feel confident providing education and delivering these BCTs (MW put up slide with BCTs and options on mode of delivery)

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- Can you think of anything else? Anything at all?

Opportunity:

- Do you think there are sufficient numbers of appropriate people with lower-limb OA to conduct a trial at the Royal Orthopaedic Hospital? (population)
  - Do you think the structure of this programme as outlined can be delivered at the Royal Orthopaedic hospital? (specific BCTs, mode of delivery, no of sessions, timings)
    - What changes do you think needs to be made?
  - Do you have the appropriate facilities to deliver this programme?
    - What additional facilities do you think you might need?
    - Anything else?
  - Do you have the appropriate resources and equipment to deliver this programme resources?
  - Which, of these resources and facilities, are absolutely essential – for example you could not provide this intervention without them?
  - Do you feel you have adequate managerial support to deliver this intervention? (e.g. service managers, referral sources)
- Is there any (other) specific feedback you have on the feasibility of implementing this intervention in your service setting with people with lower-limb OA?

Challenges to delivery

- What aspects of the programme would be relatively easy to deliver?
- What parts to you think would be more difficult to deliver?
  - What about them is difficult?
- What changes do you think need to be made?
  - How will this help?
- Of all of the challenges you have mentioned, which ones are the biggest or most important?
- How might the most important challenges be addressed?
  - How will these help?
  - Any other challenges you can think of?

**Thank you for your contribution**

We will now go away from here and develop the physiotherapy intervention based on your feedback to ensure that it is acceptable to you and feasible to be implemented within the Royal Orthopaedic trust.

\* Note slide at end with contact details – any other issues ideas that arise – they are welcome to contact team and these ideas will be considered

**Appendix 1: Background information (to be filled in by focus group participants after informed consent gained)**

1) What is your gender? \_\_\_\_\_

2) What is your age? (in years) \_\_\_\_\_

3) How many years have you been qualified as a physiotherapist? \_\_\_\_\_

4) Of these, how many have you been treating people with lower-limb Osteoarthritis (OA)? \_\_\_\_\_

3) Do you have any post-graduate qualifications? If so, what is your highest level of qualification? \_\_\_\_\_

4) How frequently do you treat people with lower-limb OA? (Please select one box only)

Very Infrequently; 1 in the last 6 months

Infrequently; between 2 and 5 in the last 6 months

Somewhat frequently; at least 1 per month

Frequently; at least 1 per week

Very frequently; 5 or more per week

**How frequently do you use strategies to promote adherence to physical activity in people with lower-limb OA?**

Never  occasionally  50% of the time  usually  always (100%)

**Which strategies do you tend to use?** \_\_\_\_\_

**How effective do you believe that these strategies are at optimizing adherence to physical activity in people with lower-limb OA while they are seeing you?**

Very ineffective

Very effective

0  1  2  3  4  5  6  7  8  9  10

**How effective do you believe that these strategies are at optimizing adherence to physical activity after the person with lower-limb OA has stopped seeing you? (i.e. in the post-treatment phase)**

Very ineffective

Very effective

0  1  2  3  4  5  6  7  8  9  10

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