

INVOLVE

**Annual Members' Symposium
14 and 15 September 2011
HOLIDAY INN, WOODSTOCK ROAD, OXFORD, OX2 8JD**

Summary Report

Participants:

Guests Day 1:

Gill Green	Director, Research Design Service for the East of England
Sally Crowe	Chair, James Lind Alliance Monitoring and Implementation Group
Mike Clark	Research Programme Manager, School for Social Care Research
Derek Stewart	Associate Director for Patient & Public Involvement Clinical Research Networks

Guests Day 2:

Justin Riordan-Jones	Department of Health
Craig Melcher	Macmillan Cancer Support

Group and working group members:

Ade Adebajo - (Day 2)	Hugh McLaughlin
Richard Baker (Day 1)	Maria Palmer
Rosemary Barber	Tony Sargeant
Louca-Mai Brady	Laura Serrant-Green
Ann-Louise Caress	Patsy Staddon
Stuart Eglin	Sophie Staniszewska
Jim Elliott	Christine Vial
David Evans	
Alison Faulkner	
Ray Fitzpatrick	
John Hughes	

Observers/Advisors:

Pete Fleischmann
Kay Pattison
Roger Steel
Tony Williams

Coordinating Centre:

Sarah Bayliss
Sarah Buckland
Paula Davis
Helen Hayes
Sarah Howlett
Lucy Simons
Maryrose Tarpey
Gill Wren
Philippa Yeeles

Apologies:

Sue Banton
Mark Petticrew
Vanessa Pinfold
Diana Rose
Tracey Williamson
Poonam Jain

DAY ONE: 14 September 2011

1. Welcome, housekeeping, introductions and ground rules

Simon welcomed INVOLVE members and guests to the INVOLVE symposium at his first meeting as chair of INVOLVE. Simon described how he wished to take INVOLVE and public involvement forward from being seen as desirable to essential and for us to consider how we can have greater impact whilst at the same time not losing sight of our values and principles.

2. Integrating public involvement across the NIHR

Simon summarised the key messages highlighted in paper 1, an INVOLVE survey of patient and public involvement leads on key priorities that would benefit from collaboration with INVOLVE and other NIHR partners.

These included the need for:

- training and support for researchers, PPI leads and practitioners and the public (a recurring theme)
- compiling the evidence on the value of public involvement in research; and
- championing and convincing researchers of the value of public involvement in research.

Discussion on the findings of the survey included the following comments.

On training

Training and support are frequently raised as important areas to address but it is difficult to get it right. We need to think not necessarily about providing training ourselves but how to address the training issue. We also need to make sure that the standard application form includes the need for applicants to include the cost of training in research bids. We should be aiming to point people in the direction of training, but not become a provider. These comments reflected similar discussions in the Empowerment working group. Other suggestions were that INVOLVE should take the lead in hosting a discussion about what we do about this important issue. The Clinical Research Networks as part of their review had produced a paper on training and support, suggesting a cascading model, provided locally, with the costs spread.

On influencing

Some of the issues raised were about how do we push the boundaries of what we do. Where public involvement is not established, we should be working to influence sceptics and resisters. One member suggested that we should be aiming to tip the 'floating voter' over to our side.

Concluding this part of the discussion Simon said that he hoped these two days would give members the opportunity to look at the strengths and weaknesses of INVOLVE and how we work. For example, the role of the working groups and how we run ourselves and how we can be better at what we do. He then introduced the next part of the session.

3. Perspectives and priorities for public involvement across the NIHR

Six invited speakers spoke briefly about the work of their sector within the NIHR.

Professor Gill Green - Director, Research Design Service (RDS) for the East of England

Gill Green gave a presentation on the work of Research Design Services and some initiatives developing around PPI within RDS. She stressed that one of the key elements of RDS was supporting the development of public involvement in research applications using a variety of models. For example, some RDS have dedicated public involvement posts, some have a bursary system.

Hosted by INVOLVE the RDS PPI forum gives the opportunity for the RDS to meet and share good practice on public involvement. This has helped to encourage joint working with other NIHR organisations at a regional level, and sharing of resources across other organisations with PPI remits, such as the Comprehensive Local Research Networks (CLRN) and the Collaborations for Leadership in Applied Health Research and Care (CLAHRC).

In the East of England the RDS experimented with a joint PPI post with the CLRN - with mixed success. More recently they held a regional meeting with 12 organisations and input from the North West RDS and other regional hubs to explore joint working at this level. One of the issues she raised was who is responsible for organising fora at a regional level?

Sally Crowe - Chair, James Lind Alliance Monitoring and Implementation Group

Sally Crowe explained the work that the James Lind Alliance (JLA) has been doing on priority setting partnerships (PSPs). These are made up of patients, clinicians and research organisations and individuals who collect research questions on uncertainties of treatments for particular illnesses and conditions.

Once the initial list is compiled from a variety of sources and checked for uncertainty, the questions are published on the DUETs database which is part of the NHS Evidence library www.library.nhs.uk/DUETs/. The uncertainties are then prioritised and published. This process involves a large number of people from the communities relevant to the topic and in a number of different ways. JLA works across NIHR and other funders. They reflect on each partnership and encourage peer review and evaluation. The JLA is strongly of the view that we can work better only if we work differently.

Professor Ray Fitzpatrick - Programme Director and Chair, Health Services Research Programme (also a member of INVOLVE)

Ray discussed the role of the NIHR Health Services Research (HSR) Programme which has been running for the last two years and is currently a researcher led programme seeking to fund research that will improve health and health services.

INVOLVE and the Health Services Research programme commissioned a joint programme of primary research in patient and public involvement and three studies have been funded so far.

In January 2012 the HSR Programme will merge with the Service Delivery and Organisation (SDO) programme becoming the Health Services and Delivery Research Programme. Patient and public involvement flourishes within the HSR programme. There are two members of the public on the Board although public involvement is not the sole responsibility of these members but is a standard feature reviewed by all board members.

Training, support and mentoring of members of the public needs to be considered for:

- some of the more challenging areas of research in complex scientific studies
- the growing numbers of people now getting involved in different ways.

The NIHR Research Co-ordinating Centres are now developing public involvement in their research programmes to bring about change and there will be valuable knowledge to capture and learn from.

Discussion following the presentation focussed on how best to capture the lessons learnt from public involvement which go beyond lessons for the individual researcher or scientist and apply on a much broader level.

It was noted that there is a question on public involvement in the NIHR standard application form for research funding, which has just been finalised and this includes a line for costs allocated.

It was suggested from the audience that there might be some learning to be taken from public involvement in other areas that are equally hard scientific areas such as engineering or computer sciences and we need to be bolder and more eclectic in our outlook.

Dr Mike Clarke - Research Programme Manager, School for Social Care Research

Mike explained that The Social Care Research Programme was established in 2009 to improve practice and the evidence base for social care research.

There is an advisory board chaired by David Behan, Director General for Social Care, Local Government and Care Partnerships, Department of Health, which includes service users and carers. There is also a user, carer and practitioner reference group who advise and support the programme to ensure that the research proposals demonstrate evidence of meaningful user, carer and practitioner involvement.

Public involvement is actively encouraged in all proposals and a dialogue is developed with applicants to ensure a realistic approach to public involvement. The programme is currently looking at how best to enhance public involvement and build on its work through training and linking to work on impact.

Derek Stewart - Associate Director for Patient & Public Involvement, Clinical Research Networks

Derek explained that The Way Forward Report was published in September 2010 following a review and consultation to explore how best patient and public involvement could be taken forward in the Clinical Research Networks. The Department of Health agreed the plans and business case to take forward public involvement in the Clinical Research Networks in March 2011 and the transition phase will be complete by March 2012. There will be shared leadership across the networks with each public involvement manager taking responsibility for a specific area eg learning and development or communication.

The Clinical Research networks have developed good working relationships with other organisations with an interest in public involvement in research such as INVOLVE, the James Lind Alliance and the Research Design Services.

Challenges for INVOLVE and the NIHR will be shared leadership and collaboration, and a key issue will be joined up technology.

Professor Richard Baker - Director, Leicester, Northamptonshire and Rutland Collaborations for Leadership in Applied Health Research and Care (CLAHRC) (also a member of INVOLVE)

Richard reported that the Collaborations for Leadership in Applied Health Research and Care (CLAHRC) were set up from 2008 to support the translation of research evidence into practice and new ways of delivering treatments. There are nine CLAHRC which were funded as partnerships between Universities and NHS Trusts. An evaluation is currently being carried out by the NIHR Service Delivery and Organisation Research Programme (SDO). Some of this evaluation is specifically focused on learning about the patient and public involvement within the collaborations. It is hoped that this will produce some useful learning and reflections on public involvement and the future, including how patient and public involvement can help to get research evidence into practice.

Richard felt it was an exciting time for public involvement in research as it is now being linked to strategy and primary aims and not seen as an add-on, but core to an organisation and the way the world is viewed. Public involvement needs to be integrated into the routine business of an organisation so it is 'normal' to be considered by all staff such as the Chief Executive Officer, the Dean of the Medical School, and the medical student.

Discussion

Discussion followed on how we can we work better together to progress public involvement in research across the NIHR. The following points were raised:

Concern that methodologies and the hierarchy of the Randomised Controlled Trial (RCT) should be challenged more. It was suggested that methodological reviews would be one way forward for involvement to challenge methods. However it was acknowledged that the NIHR is also a great patron of qualitative research and funds many projects that are not RCT's from a broad range of methodologies.

Members reported that it was very encouraging to hear an increasing number of 'good news stories' and that it was becoming unusual to go to a meeting without public involvement. It was suggested that there were a number of reasons for this success but that the commitment of individuals who support and champion public involvement in research was a strong influencing factor. In addition the work of INVOLVE in embedding public involvement in Research Design Services and NIHR Research programmes as well as through providing guidance, had created an environment where there was an expectation that members of the public would be involved. It was considered important to be ambitious but recognise the amount of work that has taken place.

Other points raised were that there was still confusion in research grant applications about the role of public involvement within a study and how and why the members of the public were selected to their roles. There is a need for greater clarity.

Members discussed the next steps for public involvement in research and how established it was becoming in reality. Communication, development of the evidence base and public involvement in outcome measures were all raised as important issues to address.

DAY TWO: 15 September 2011

1. Business meeting

Simon Denegri introduced day 2 and spoke about the next INVOLVE conference. He asked members to provide suggestions for themes for the conference.

Minutes of last Group Meeting

The meeting notes were agreed as correct. There were no matters arising.

Director's Report

Sarah Buckland briefly reported on a recent one day visit to the Coordinating Centre by the National Forum for Health Research, Denmark. Representatives from the NIHR Evaluations, Trials and Studies Coordinating Centre (NETSCC), Research networks and the local Research Design Service also attended.

Lucy Simons updated on membership recruitment to INVOLVE. She asked for help in disseminating information about the recruitment process through members' networks. She reported that there was already considerable interest and the London information day was already oversubscribed.

Closing date for applications - 31 October

Shortlisting - late November

Selection - January 2012

Induction - February 2012

First Meeting - March 2012

Several members of INVOLVE who had been involved in the selection process for the Biomedical Research Unit / Biomedical Research Centres, fed back their experiences of involvement.

Simon gave a brief update on activities relevant to INVOLVE. He reported on discussions at the newly established NIHR Strategy Board, which both he and Sarah Buckland sit on. He also talked about the Health and Social Care Bill and the huge challenge around research as well as the Health Research Agency which is due to be established by December 2011. He emphasised the need for INVOLVE to be at the forefront of this.

Reports from Working Groups

Sophie spoke of the challenge for the future Strategic Plan and the extent of INVOLVE's role. They had also discussed evidence and how we should focus on it.

David spoke about the paper on inclusion and diversity and what a huge agenda it presented, with limited resources. He said that it would need constant focus and attention, particularly in conference planning.

Stuart talked about training, and how it remains an important issue.

In the following discussions members and observers supported the importance of addressing issues of diversity including how to get diversity into research as well as the need to increase diversity within INVOLVE membership, and the importance of making sure INVOLVE meetings are accessible to all members.

There was further discussion about evidence and how it is used as well as the difficulties of measuring the impact of involvement in getting research into practice.

2. Future ways of working

The Chair asked Group members to consider how INVOLVE could be more effective and efficient in the way that it works. Working in small groups, members discussed the following questions.

1. What are the strengths and weaknesses in the way that INVOLVE works with you as a member?
2. What role do you think INVOLVE members should have – what do you think should be expected of members and what should members expect of the organisation?
3. Are there other ways that we could do things rather than through the existing structure of having working group meetings (pros and cons)?

See appendix 1 for the feedback from the small group discussions.

3. Refining out strategy

On day 1 of the INVOLVE symposium working group members discussed the draft strategic plan, ranking the suggested priorities for achieving each of the strategic objectives as well as discussing what they felt were the indicators of success for INVOLVE. In this session the working group chairs fed back on these discussions. This was then followed by further discussion.

Feedback from the ranking exercises were recorded onto a single table. See appendix 2. Below is a summary of the main points of feedback from each working group.

Ranking of priorities

Empowerment

- The general overview of the strategy was that while it was consistent by building on what we have done before, there is scope for it to be more ambitious, dynamic and challenging.
- Whilst members felt there were limitations to the ranking exercise, there was greater consensus on the ranking of priorities within objectives 1, 2 and 4 than for objective 3.

Strategic Alliances

- There was a fair amount of agreement by members in the ranking of the priorities for each Strategic objective.
- Working group members views on what could be delivered, and pushing things forward influenced their ranking of the priorities. They felt it was important to prioritise achievable objectives.

Gaps in priorities

Empowerment

- Working group members identified the gaps in the priorities as challenges to culture change, capacity building for service user-led research and taking forward inclusion and diversity.

Strategic Alliances

- Working group members felt that the draft plan has a focus on doing more public involvement. However, although improving quality is implied within this it should be made more explicit.

Evidence Knowledge and Learning

- How messages are transferred to the public so that they know what good public involvement in research looks like. This will support their demands and expectations, both for involvement and what their experiences of involvement should be like.

Views on indicators of success for INVOLVE

Empowerment

- All research grant final reports should make it very clear how the public were involved.
- An audit of the amount of R&D spend on public involvement (from the NIHR programmes).

Strategic Alliances

- Research grant applications – a good public involvement in research section filled out, good quality public involvement in applications, and monitoring mechanisms.
- Increased reporting of public involvement in research in journal articles.
- Interest and support for public involvement by all Senior Investigators.
- Assessment of the impact of public involvement in research on the quality of research.
- Quality of public involvement in research directly impacting on decisions around funding.

Evidence Knowledge and Learning

- Vision challenge - where do we want to be in 5 years time?

Indicators of success – small group discussion

The Main Group then discussed further in small groups, what success would look like in 3-5 years time and their views on issues that are important for INVOLVE. The points fed back by each group are summarised below:

- opinion leaders in difficult to convince groups (e.g. orthopaedic surgeons) are convinced of the value of public involvement
- collective ownership of the research production
- systems in place for the monitoring and reporting on the delivery of public involvement in research
- impacts on funding streams outside of NIHR e.g. Local authorities
- good quality research leading to better, more acceptable services for patients, results in improving people's lives and creating a better society.

Other issues raised in the discussion were the following

- We need to define who INVOLVE's key audiences are, for example NIHR, funders, members of the public.
- Should we link with the public engagement agenda? For example, better links with the Department of Health PPI work.
- Mobilising all the people connected to INVOLVE to work with us for example, INVOLVE members, former members, PPI leads, members of the public involved in research.
- Discussion of how much the ways of working and model of relationships with INVOLVE (positive, polite etc) impacts on the work outside of INVOLVE. For example we could be more robust / challenging in working with others. Alternatively, we could be influencing others to work in our way.
- The potential value of using sticks as well as carrots e.g. performance management, withdrawal of funding for lack of public involvement. The model

of equalities work – e.g. Race Equality Act – needed legislation to drive forward better practice.

- Be bold and unapologetic; INVOLVE has a right to be at the table/involved.
- Assumptions are that progress will be maintained, but in reality it might be that we can fall back and lose some ground. Therefore, we always need to be vigilant. Monitor for signs of exclusion and the need to fight for a place at the table.

4. Connecting the community

Simon introduced the session and the two invited speakers, Justin Riordan-Jones and Craig Melcher.

Justin Riordan-Jones from the Department of Health provided an overview of several forms of social media and outlined the potential benefits of these and described how they can be used by organisations. They included RSS, Facebook, Flickr, LinkedIn, Blogs and Twitter. The key benefits of using these forms of media were identified as:

- being able to distribute information widely
- keeping in touch with others who may be able to provide you with information
- providing 'real-time' information
- allowing people to share their views
- enabling organisations to pass information onto people, rather than waiting for them to contact the organisation.

Justin highlighted that it is important for information to be available using a wide range of methods in order to access as many people as possible.

Justin provided information about the current use of social media by the NIHR. The NIHR is currently starting to use social media as a tool for communication. It currently uses Twitter to provide official NIHR information. In addition, the Research Design Services and some other NIHR organisations are using Twitter as a quick way of sending out messages. There is also a channel on 'Youtube' which shows all the NIHR video clips, although this has not yet had widespread use. In addition, the Department of Health is starting to make information available using applications for 'smart' phones, although this brings a challenge of providing the relevant information on a small screen. It was suggested that it was important to follow all accessibility guidelines which are currently in place.

Craig Melcher, from Macmillan Cancer Support provided information about how Macmillan is using social media as a communication tool. Social media tools currently being used by Macmillan are:

- websites including a range of audience specific websites
- a Facebook site which has approximately 18,000 users signed up
- a Twitter site with approximately 15,000 followers

- all the regional and local offices have their own Facebook page
- an online community with over 50,000 people who are active members.

Craig explained that social media is considered by Macmillan to be: well established; low cost; providing an ability to reach broader or narrower audiences as required; useful to communicate events at a national or local level; and allows the organisation to tailor messages to particular audiences. It was emphasised that Macmillan wishes to be able to respond to anyone via their own social media tool of choice.

Macmillan are aiming to provide social media training to their staff to teach them how to use it, the objectives of why they are using it and the best ways to apply social media to their day to day role. In future, the job descriptions within Macmillan will include using social media.

The discussion following Craig's presentation focused on being able to protect what people are saying on social media sites. Craig explained that Macmillan use moderators to control any inappropriate usage of the sites. It was felt to be important to find a balance of allowing people the freedom to use the sites effectively whilst still controlling the content on them. The expense of having dedicated staff to monitor social media sites was highlighted.

The Group considered that the NIHR currently use social media sites to provide information, but not to respond to people. It was highlighted that the NIHR are still developing guidance around the use of social media.

Helen Hayes, from the INVOLVE Coordinating Centre, provided an overview on how INVOLVE is currently using social media. Helen demonstrated parts of the new INVOLVE website which can link with social media. These include:

- sharing publications on the website with others using Facebook, Twitter and e-mail
- adding publications into the 'My Clippings' section of the website from where it is possible to e-mail information to a friend
- the use of films on the website.

Helen identified the time required to monitor social media sites could prove to be a challenge to INVOLVE. One option could include providing 'time-limited' discussions on a site when INVOLVE is able to commit to monitoring any information.

5. Feedback, final discussions and celebrating achievements

Simon announced that Stuart Eglin had agreed to chair the Conference Planning Group.

He concluded by saying that the past couple of days had been a positive experience and that all ideas would be written up and shared. He thanked everyone for attending and working with him.

Appendix 1 Future ways of working

Feedback from small group discussions on day 2 of the annual symposium

Strengths and weaknesses in the way that INVOLVE works with members

Strengths

- Meetings are well run, friendly, accessible and provide a safe space for discussion.
- Diversity of skills and experience within the membership. Link as a network of individuals connected by one idea.
- Members feel welcome and valued.
- Flexibility and choice, in relation to the levels of involvement in INVOLVE's work.
- Small group approach maximises opportunities for all to contribute. Small task groups work particularly well.
- Works in a democratic way that makes all members feel involved in guiding the processes –this provides integrity.
- Members feel valued and cared for.
- It makes it feel easy for all members to give their opinions.
- It is good that INVOLVE is currently trying to recruit more service users, so the balance of services users and professionals will be evened out.
- INVOLVE punches above its weight and practices what it preaches.
- Strong reputation and highly respected by researchers but not necessarily by all stakeholders.
- Collegiate atmosphere.
- Enjoyment to be had from being an INVOLVE member.
- Politeness.

Weaknesses

- Episodic nature of involvement – parachute in to group meetings, discuss and then disperse without anything necessarily coming from discussions.
- Process for how things happen in between meetings is not transparent – often seems top down – counter to ethos of INVOLVE.
- Membership is not sufficiently diverse and this is reinforced by the current working model.
- Too much time is spent in the main group which is often less productive
- Keeping members engaged with INVOLVE in between Group meetings – often stop start in nature.
- It can be hard for people who are not used to 'speaking the language' or involved in the work every day. It could be useful to have a diagram of the structure of the NIHR, and a list of the acronyms available at all meetings.
- It can be hard for people to keep themselves up-to-date, so it could be useful to have an 'update' section at each away day which identifies key changes in the NIHR or elsewhere, which have taken place during that year.

- Use of terminology and acronyms can exclude people from discussions. Perhaps a red card system could be adopted or tried at future meetings to address this? (Members are given a red card that they are invited to raise when they do not know what a term means. This is then explained before the discussion continues).
- Whilst it is good that INVOLVE is guided by a democratic process from the group, this can mean that decision making or projects themselves can take quite a long time. Perhaps there needs to be a mechanism for allowing decision to be made more quickly? For example, for Working Group Chairs to be consulted before a decision is made rather than the whole working group.
- Currently few members offering perspectives from social care and public health.
- Disconnects occur in the flow of information between members and the Coordinating Centre.
- Clarity of culture and purpose.
- Need for greater accountability.
- Does an organisational culture of politeness stop or hinder members from being more challenging? Should members challenge more?
- To what extent does INVOLVE practice what it preaches in terms of diversity? Could INVOLVE draw more on its members to address this issue?
- Risk of members getting 'stuck' in a group and movement between groups being relatively slow and difficult.

Roles for, and expectations of, INVOLVE members

- Members are interested in having the opportunity to make greater contributions to the work of INVOLVE. Make better use of members' skills in between meetings. There could be models for different levels of involvement.
- Should members have a role in relation to auditing / monitoring the performance of the Coordinating Centre in delivery of the strategy?
- Need to consider how best to continue to involve former members.
- Members have a mandate, as INVOLVE members, in taking and justifying their position on relevant issues.
- Members have a role as ambassadors of INVOLVE and champions of public involvement but perhaps they could be pushing more at the boundaries? 'Edgy friends'?
- How can members get more involved in INVOLVE's work? There is a lack of transparency for some members in knowing and understanding what opportunities there are for involvement beyond their attendance at group meetings.
- Do Coordinating Centre staff always need to attend all task group meetings?
- Could members be more active in taking projects forward for INVOLVE?

Alternative ways of doing things

- Continue to offer the flexibility of the current model that allows members to contribute in different ways at different times.
- Members value the opportunity to get to know and work with other group members in smaller groups.

- Could have a structure but without people attached to it e.g. more like 'open space' approach where people choose which part of the meeting to go to.
- Could organise groups around the project work – members choose which group to take part in or alternatively match to the new strategic plan.
- Working groups could be formed around the strategic objectives that emerge in the development of INVOLVE's new strategic plan. This would help to ensure that all working group projects map closely onto the delivery of INVOLVE's strategic plan. This recasting of working groups and their membership could take place each time the strategic plan is renewed.
- The Director's Report could also use the structure of the Strategic Plan as a framework for reporting on delivery of the strategy.
- Possibly the current Working Group structure creates a separation between members. It would be useful to provide more opportunities for people to be brought together from different Working Groups.
- Currently some issues and themes seem to overlap across Working Groups. In future, could the groups reflect the strands of the new Strategic Plan?
- Group members who are service users / carers to be given the opportunity to meet together. This could be a forum or separate meetings, or as an 'opt-in' session at the away days.
- Happy to consider and try out any other models. However, structural change alone does not always resolve issues.
- There needs to be a structure which is suitable for a large number of people (will have quite a large group after new membership recruitment).
- If the groups become more task based then INVOLVE will need to develop a mechanism for people who have not volunteered to be part of any groups at that particular time, so that they do not feel too removed.
- Need to analyse the value and purpose of all parts of working group activities such as the members' information exchange.
- Need to consider carefully the pros and cons of change as well as models from other organizations.
- Members could feed more directly into projects and activities rather than into working groups.
- More task driven / project groups encourages greater movement and flow of members.

Appendix 2: Refining Our Strategy

Feedback from the ranking exercises of the working groups on the strategic priorities.

Strategic Plan – Ranking of priorities (See Paper 3)

Working groups to rank priorities under each objective. Blank boxes have been left to include and rank any additional priorities.

Objective 1: Provide leadership on public involvement in NHS, public health and social care research across the National Institute for Health Research (1 = top priority, 2 = second priority etc)

	EKL	Empowerment	Strategic Alliances
• Facilitate a coordinated approach to public involvement across the NIHR	1	1	3
• Identify learning from outside the NIHR and share good practice within the NIHR	2	4	4
• Identify mechanisms to provide greater support to the public involved in work for the NIHR		2	2
• Identify mechanisms to reward and encourage involvement within the NIHR		3	1

Objective 2: Support the development and sharing of the evidence base on the extent, nature and impact of public involvement in research (1 = top priority, 2 = second priority etc)

	EKL	Empowerment	Strategic Alliances
• Share examples of public involvement in research		1	3
• Support increased monitoring of the nature and extent of involvement	2	2	2
• Encourage and support evaluations of the impact of involvement	1	4	1
• Target communication on the evidence of public involvement in research to our audiences		5	5
• Encourage and support wider reporting of public involvement in research		3	4

Objective 3: Develop sustainable approaches to address the barriers to public involvement in research
(1 = top priority, 2 = second priority etc)

	EKL	Empowerment	Strategic Alliances
• Develop further resources on how to involve the public in research		4	4
• Address institutional and cultural barriers to public involvement in research	2	2	1
• Address support and training needs for researchers and the public	1	1	2
• Broadening scope and methods for communicating advice on public involvement		3	3

Objective 4: Influence the development of research policy and practice (1 = top priority, 2 = second priority etc)

	EKL	Empowerment	Strategic Alliances
• Influence research funders to increase requirements of researchers to address public involvement in their research proposals	1	1	1
• Influence research funders to develop mechanisms for monitoring and supporting public involvement within their own structures	2	2	3
• Influence research organisations to support public involvement		3	2
• Influence researchers and researcher funders to recognise the value of different types of involvement including user controlled research		4	4