

Involvement in Research for Patient Benefit

Development of Patient and Public Involvement throughout the programme's history

The Research for Patient Benefit (RfPB) Programme funds high quality, regionally derived, applied research in health and social care.

- RfPB supports projects related to day-to-day NHS practice in areas identified by clinicians and academics, often in partnership with service users.
- RfPB has a budget of £25m a year and funds projects of up to £350k for up to three years.
- Launched in 2006, the programme has been in operation for over six years now.

Patient and Public Involvement (PPI) has been embedded in the programme since its inception; however this was a relatively new area to many involved. The understanding of and implementation of PPI has developed enormously throughout the programme during this six year period.



RfPB has a regional focus and covers all ten regions in England.

The aim of this poster is to show how the level and nature of PPI has changed throughout the programme's first five years and to outline the plan and future direction for further development of PPI in the programme.

The development of PPI in applications to RfPB

In order to evaluate whether the level of PPI in applications to RfPB has changed since the programme started, a selection of applications were assessed and scored according to set criteria.

Method

- 50 applications (10 from each year) were randomly sampled from nearly 2,000 applications received during the first five years and considered in scope.
- PPI was scored by two independent assessors blinded to the year of submission.
- Level of PPI was scored using INVOLVE definitions as:

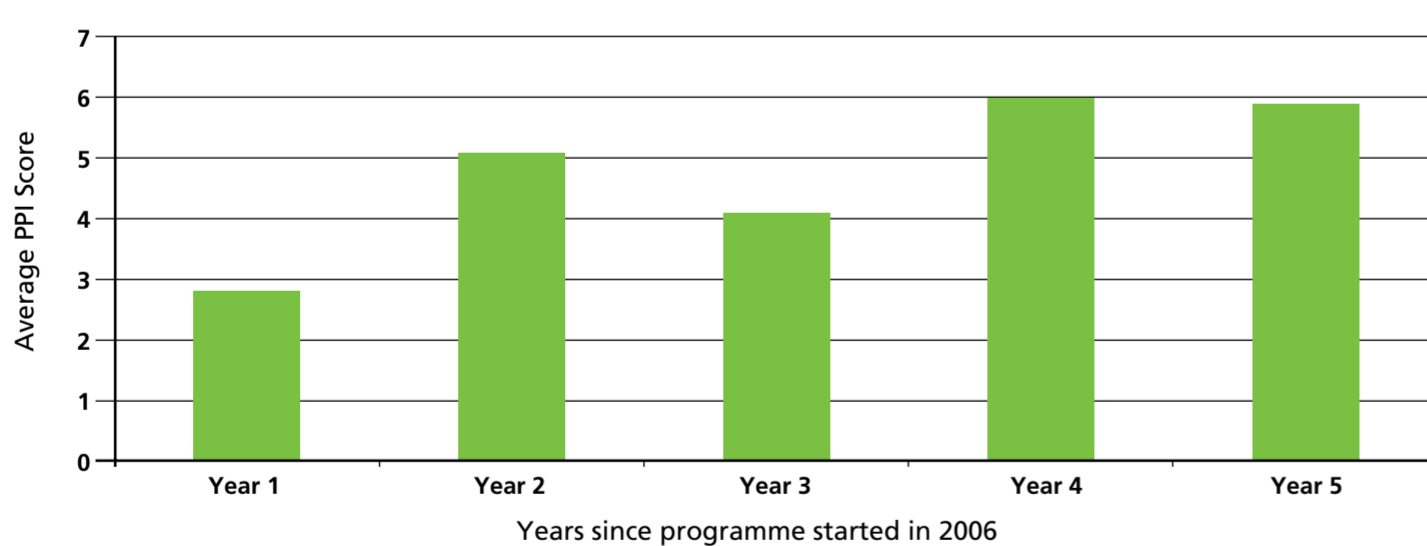
0 – None	No involvement of members of the public
1 – Consultation	Researchers consult members of the public, e.g. through individual contacts, one-off meetings
2 – Collaboration	Active, ongoing partnerships between researchers and members of the public, e.g. steering group representation, or being research partners
3 – User led	Members of the public lead the research and are in control of the research

Scoring was assessed in these five different areas:

- Development of the grant application
- Design and management of the research
- Undertaking the research
- Analysis
- Dissemination of research findings

- The score for each area was summed for each application, giving a total score for PPI ranging from 0 to 15. Agreement between the raters on the different dimensions was 79% on average and differences in ratings agreed through open discussion.

PPI in RfPB grant applications in the first five years of the programme



Note: Analysis of Variance (ANOVA) results: [F (4,49) = 3.53, p <.05]. Posthoc Tukey test showed a significant increase at the .05 level of significance from Year 1 to Year 4, and Year 5.

Result and Discussion

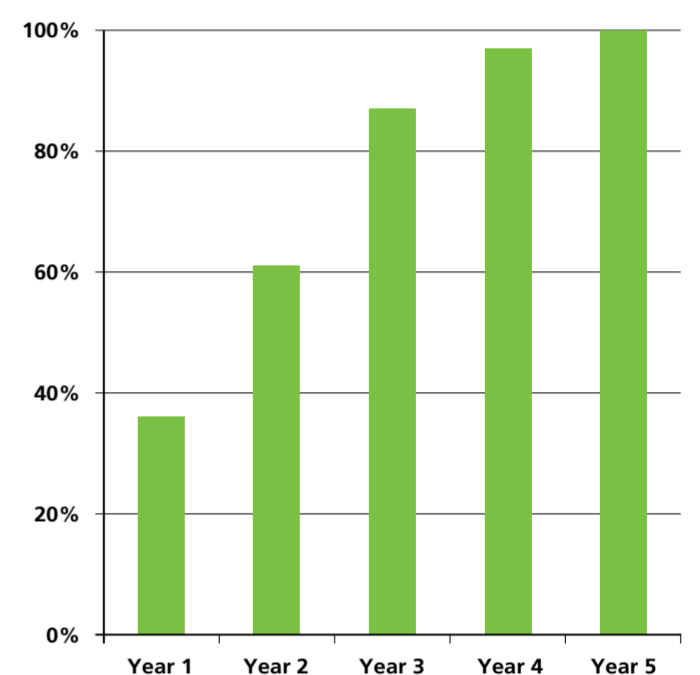
The average PPI scores for applications submitted during each year are presented in the figure above, which illustrates a clear trend towards increasing PPI over the years. There was a significant increase in level of PPI scores from Year 1 to Year 4 and Year 5.

Eight percent of applications had at least some PPI in all areas, and 48 out of 50 showed an understanding of PPI, whilst only two were mistaking participants' input for PPI. Over the next five years, we hope to see a further increase PPI in applications to RfPB to an average score of 10, which would equate to a score of 2 - collaboration - across all areas.

The development of PPI in the RfPB Programme

- The percentage of lay review has increased steadily over the past few years to 100% coverage (see figure on the right).
- With the introduction of the standard application form in 2011, the PPI section evolved and expanded, now including more specific questions.
- RfPB now uses a face to face recruitment process for new PPI Committee members with a recruitment panel which involves the regional Chair and a former PPI member of the programme.

Percentage of RfPB grant applications receiving lay reviews in the first five years of the programme



The development of PPI in the RfPB team

- There are now two team members with assigned PPI roles: the PPI Lead and the PPI Champion.
- Each of the Regional Programme Managers now works closely with the Central Commissioning Facility (CCF) PPI Manager to help mentor / support PPI Committee members during their tenure.
- The size of the team has increased from six to 16 members of staff.

Summary and looking ahead

Nowadays PPI is an integral part of the programme and a high percentage of applicants now know and understand what PPI is. Specifically, over the next five years the RfPB Programme aims to:

- Increase the level of PPI in applications further by feeding back more specific points on PPI to applicants and provide further guidance to applicants regarding PPI in applications.
- Design a PPI member induction pack for new committee members.
- Provide clearer guidance on the role of a PPI member in RfPB committees.
- Collect metrics on PPI in applications and the programme.
- Further evaluate elements of PPI within the programme.
- Introduce an RfPB newsletter providing updates on the programme.



A past PPI Committee member said...

"My role on the Committee was to provide a patient and public perspective when evaluating research proposals for funding. PPI members have valuable experiences and perspectives that complement those of health care professionals, hence ensuring delivery of public benefit. I was treated as an equal and integral part of the committee and my contributions were respected. The PPI content in proposals, hence the balance with professional input, has increased steadily and proposals strengthened since I became a Committee member in 2007. PPI members had opportunities for training wherever possible, and all PPI members met each year to discuss our experiences and to suggest ideas to evolve PPI. This has been the best Committee I have sat on, chiefly due to the very high standards of analysis and discussions."

Andrew Entwistle
PPI Committee member, West Midlands Region, 2007-2011