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**SPCR funding for PPI activities final report**

Please complete all sections of this report. We would like to publish these reports on the PPI pages of the NDPCHS website, so please ensure you do not include any details which could identify the PPI contributors you worked with, or disclose any personal or confidential information.

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| **Please briefly describe your project and the PPI activities that you carried out with this funding. What was the aim/purpose of your PPI activities? Did you do anything differently from how you planned? If yes, why was this? *eg Doing individual interviews instead of a group discussion* (max. 150 words).**My DPhil project focuses on the diagnosis of heart failure in primary care and whether or not screening for heart failure should be introduced. Working with my colleague Dr Nicholas Jones, we established a heart disease patient advisory group at the start of our DPhils. We had a very successful face to face meeting in August 2019. In the intervening years I have had contact with 3 PPI group members with individual meetings. This contact enabled me to share the results of my systematic review and to develop the topic guides for my qualitative study. I also performed a practice interview with one PPI member. The aim of this session was to share the results of my qualitative study and to discuss the plan for my final diagnostic accuracy study with the whole group. This event was remote and my presentation and discussion lasted for 90 minutes. In the end we ran out of time so I was not able to discuss the diagnostic accuracy study.  |
| **What was the impact of the PPI on your project? *eg Did it change or validate anything you will do?* (max. 150 words)**Overall the meeting validated my findings and resonated very much with the personal experiences of the PPI group members but it also made clear some limitations such as the need to perform this study in a more deprived area and the need to look at the potential impact of deprivation on delay in heart failure diagnosis. The group gave me lots of ideas for dissemination and also encouraged me to think about parallels between heart failure diagnosis and cancer diagnosis. Both in terms of diagnosis but also communication and this all lead me to think that this project would be a lot stronger if I had a better understanding of the research that underpins cancer screening. This has given me the impetus I needed to undertake a course in health screening at Warwick University later this year.  |
| **What was the impact of the PPI on you? *eg Did it make you think about anything differently? Did it increase your confidence at doing PPI?* (max. 150 words)**As per my attached letter, I found that the meeting gave a completely different perspective to my results and allowed me to view these in a new context. I really appreciated all the contributions, ideas and how members shared both personal experiences and those of family members and friends. It was particularly helpful to hear of personal experiences of heart failure diagnosis and the shock that was associated with hearing this term. It left me thinking that although our study provides evidence of poor communication at the time of diagnosis I also wondered how much might have been explained to patients but was not retained due to the shock that accompanies hearing the words “heart failure”. I will include this perspective in the final chapter/paper. |
| **What was the impact of the PPI on your PPI contributors? (max. 150 words)**The contributors really enjoyed being a part of this research. One participants said at the end “I think it’s great that not only are you listening to us but also you’re involving patients in your research and listening to them.” She appreciated that I had combined both qualitative and quantitative methods to examine the same problem and that what the group had said had underpinned my study designs. Another said “I feel a huge amount has come from this group and they’ve helped shape what you’ve done, so that is fantastic to see, even though there has been big gaps between these meetings.”I think our contributors would have likes some more interim meetings – this was hugely difficult during Covid and I have had a year off work following complications of having Covid myself so there are reasons why these didn’t happen but in the future I will include interim meetings into PPI plans if there is the funding for this. I had clear ideas that members would like to discuss plans for projects and results in quite a formal way but reflecting on our sessions I think they would also have liked more opportunities to just talk about the issues and to be updated on both progress but also on any challenges. I think they just really wanted to support and guide us as much as possible. The increased use of MS Teams since 2020 has also made it a lot easier to do remote meetings for which less funding is required so this has been a useful change to how PPI meetings can be carried out.  |
| **What are the next steps? (max. 150 words)**I ran out of time to discuss my planned diagnostic accuracy study so I will be arranging some 1:1 meetings over the next few weeks to do this. I will also be arranging a meeting to discuss the results of this study with one or two participants. There was one participant who was very closely designing my qualitative study who wasn’t able to attend so I will also have a 1:1 meeting with him to discuss results.  |
| **Did you spend all the funding that you were awarded? If not, why not?**As some participants were not able to attend there are some vouchers which I haven’t used yet. These will be used for the 1:1 meetings planned above.  |
| **Please also include a copy of the feedback you sent to your PPI contributors.** |