NIHR HealthTech Research Centre in Community Healthcare: Strategy for Patient and Public Involvement, Engagement and Participation

The NIHR HealthTech Research Centre (HRC) in Community Healthcare

Community healthcare is a broad term that describes all healthcare services providing care outside of traditional hospitals e.g. primary care, district nursing, community midwifery, community mental health services, care delivered in care homes, and services that form a bridge between the community and hospitals such as ambulatory care units and hospital at home services. Community healthcare services are a substantial part of the NHS, as they manage around 80% of all patient contacts. The NIHR HRC operates across community healthcare to identify the clinical needs of clinical staff, patients and carers for technologies that could improve care delivery, life quality and access to care. We work to support the development of appropriate technologies where we identify unmet needs, and robustly evaluate new and existing technologies before deployment, to ensure that they are safe to use and that users understand their strengths and limitations.

PPIE Purpose, Aims and Objectives

Purpose

Our previous iterations of NIHR Infrastructure funding for the Diagnostic Evidence Co-operative and MedTech and IVD Co-operative were supported by Patient Public Involvement and Engagement at the overarching strategic, clinical theme-specific, and individual project levels. PPIE is integrated into our work. Public contributors have supported identification and prioritisation of needs for underserved areas such as women's health and healthcare delivery for patients with severe mental illness, and contributors were embedded in the steering committees of our pandemic response work and as co-applicants on newly funded studies. Public partners support the communication of the results of our research.

PPIE within the HRC will continue to evolve to ensure that our research is relevant, of high priority and acceptable to the people served by community healthcare and that the results of our work are communicated effectively.

Aims

- Ensure inclusive opportunities for patient and public involvement and engagement across the Themes and HRC organisational structure.
- Ensure that HealthTech R&D is guided by a diverse range of end users.
- Embed patient perspectives regarding unmet needs for community HealthTech across our portfolio.
- Disseminate our work widely and effectively to patients and the public.

Objectives and Programme of Activity

Objective	Time period (short [1-2 years], medium [2-3 years], or long term [4-5 years])	Monitoring information (how will this objective be monitored?)
Establish public partner groups to support the HRC clinical themes. These may be standing groups or groups that will be periodically refreshed in a need-dependent manner.	Short-term	This objective will be deemed complete following conclusion of the first PPI meeting by each clinical theme and an agreed schedule of regular meetings.
Clinical theme staff to meet at least 3 times a year with public partners to guide project prioritisation, research design, delivery and dissemination.	Short-term and ongoing	Record of meetings and interactions with PPI to be captured using the PPI recording tool developed by researchers at the University of Oxford (https://www.phc.ox.ac.uk/ppi/reporting_tool)
Incorporate public representation within the Strategic Partnership Board (senior governance structure) of the HRC.	Short-term and ongoing	Meeting minutes from twice yearly meetings recording the attendance and contribution of public partners.
Inclusion of the Oxford Health BRC PPIE lead on the Strategic Partnership Board to provide senior oversight and ensure HRC PPI is in alignment with Trust priorities.	Short-term and ongoing	Record of attendance from meeting minutes.
Hold an annual HRC PPI day, inviting all partners, to share examples of good practice and impact across themes, reflect on improvements and	Short-term ongoing	Successful delivery of one PPI day in the first 18 months and then annually as described.

Objective	**Time period (short [1-2 years], medium [2-3 years], or long term [4-5 years])**	**Monitoring information (how will this objective be monitored?)**
support HRC strategy development.		
Embed the UK Standards for Public Involvement across the HRC.	Short-term ongoing	Annual reflection on the standards against the HRC's programme of PPI. We will aim to carry out annual reviews in collaboration with a public contributor from the HRC's Strategic Partnership Board and the Trust PPIE lead.
Include the public voice in the HRC Community HealthTech Incubator (the main HRC industry triage and advice hub) consultations with industry.	Short-term ongoing	Invitation of public partners to join consultation meetings with industry where confidentiality considerations permit.
Work with frontline clinicians and patients to identify new and emerging HealthTech appropriate for unmet community healthcare needs.	Short term	Evidence of work with frontline clinicians and patients to understand or better characterise unmet needs.
Capture cross-clinical theme PPI contributions of relevance to the use of digital health technologies to support the Digital HealthTech cross-cutting theme.	Short-term and ongoing	Attendance of members of the Digital HealthTech cross-cutting theme at clinical theme PPI meetings with an agenda item to discuss digital healthtech.
Inclusion of public partners as co-designers and co-applicants on research study applications where appropriate and where supported by	Medium-term ongoing	Drafted or submitted grant applications with evidence of the inclusion of public partners and evidence of how their contributions have shaped the proposal and the funded research

Objective	Time period (short [1-2 years], medium [2-3 years], or long term [4-5 years])	Monitoring information (how will this objective be monitored?)
the target funding body.		
Include ethnographic and qualitative approaches in our evaluations to capture the perspectives of providers and service users.	Medium-term ongoing	Protocols, study outlines, published papers or reports of ethnographic and qualitative research as stand-alone or work nested within clinical evaluation studies.
Co-develop lay summaries, infographics and blogs of our research projects with our public partners to be shared through our websites, professional media, relevant charities or community routes.	Medium-term ongoing	Presence of co-developed materials on the platforms described.
Embed PPI in our Need-led Device Development and Regulatory theme, co-producing designs with public partners.	Long-term	Evidence of workshops / ideation work with public partners.

Resources

- PPI leadership will represent 20% of Dr Philip Turner's (HRC Operations Lead) role with the HRC. He will be supported by a full-time PPIE Lead within the Nuffield Dept of Primary Care Health Sciences who will offer access to bespoke training opportunities, resources and links with a wide network of community groups and contributors.
- PPI meeting agendas will be set and meetings led by HRC Theme leads with the support of Dr Turner and the HRC Administrator.
- We have costed 2,150 person hours of PPIE contributor support with additional carer and travel expenses over the 5 years of the HRC according to the NIHR recommended framework (https://www.nihr.ac.uk/documents/payment-guidance-for-researchers-and-professionals/27392)

- Financial resources will be augmented by new grants which will cost additional bespoke PPIE activities targeting the most appropriate patient populations and aiming to achieve a wide diversity of views, where applicable.
- PPI progress and requirements will be reviewed in Operational group and Theme meetings and overseen by the Strategic Partnership Board.
- Our strategic board will include two public partners drawn from different theme groups.

Partners and collaborators

- The Oxford Centre for Research Equity will provide access to communities across the UK, resources and expertise to support inclusion in research from prioritisation through design, delivery and implementation.
- NIHR ARC OxTV and NIHR Oxford Health BRC are OHFT organisations placing significant resource into developing and embedding research within historically underserved communities nationwide which the HRC will leverage to increase the breadth of community focussed PPIE participants.
- Existing links with charities such as Asthma + Lung, Bladder Health UK, Antibiotic Research UK, Cancer Research UK and our connections with clinician groups that provide healthcare to specific populations such as the homeless, rural coastal communities, and care homes will support access to clinical domain relevant patient and carer groups.

Leadership and lines of reporting

- Progress against PPI aims and objectives will be reported by the HRC Operations Lead and Clinical Director for review in Operational group and Theme meetings with senior oversight by the HRC Strategic Partnership Board (upper governance structure of the HRC).
- The HRC Strategic Partnership Board will include two public partners and the Oxford Health Foundation Trust PPI lead.

Monitoring, review and reporting: Capture of impact.

- Researchers and PPI contributors will use locally developed tools to plan, record, reflect and assess the impact of PPI activities on the research of the HRC (https://www.phc.ox.ac.uk/ppi/reporting_tool). Use of this tool will support the completion of NIHR-Developed Added Value Examples of PPI impact on research which have become a welcome feature of the NIHR annual reporting process for NIHR Infrastructure units.
- Annual PPI collaborator meetings attended by HRC leadership, theme research staff and public contributors will provide a focus for reflection, improvement and planning of subsequent PPI activities. Annual meetings will provide an opportunity to review and update this strategy.