Oxford BRC patient and public involvement and engagement (PPIE) strategy consultation report

1. Background

This report outlines the findings from internal and public consultations on the draft Oxford BRC PPIE strategy.

A Strategy Project Group, led by a PPIE contributor and including Oxford BRC staff, PPIE contributors and an academic clinician developed the draft strategy. Together they explored the responses to the consultations and made changes to the strategy.

Below is an outline of the findings and changes made. Many of the suggestions from the consultations will be incorporated into the implementation plan, development of which will start in December.

2. Internal consultation

2.1 Respondents: There were 23 responses to the internal consultation in July 2021. Responses were from staff in the following job roles:

- Consultant Neurologist
- Consultant
- BRC Theme Manager/Senior Scientific Officer
- Professor and clinical consultant
- Programme Manager (managing a dedicated PPIE staff member)
- Consultant
- Senior Communications Manager
- Prof Orthopaedic Trauma
- Senior Researcher
- Research Coordinator
- BRC E&T manager
- Researcher
- Haematology Quality Manager: Patient Experience and Engagement
- Associate professor of metabolic bone disease
- Director of the Oxford School of Nursing and Midwifery
- Vaccine Knowledge Project Manager
- Comms

Responses were from staff in the following themes:
2.2 **Findings from the internal consultation:**

- Reference to the implementation plan to deliver the strategy
- Increasing the expectation for themes to deliver PPIE
- Clearer language for the public audience
- Ensuring adequate support for researchers to deliver PPIE
- Increased profile of links with charities and patient groups

Changes based on these findings were made to the strategy and a revised version was developed for the public consultation.

3. **Public consultation**

3.1 **Respondents:** There were 64 responses to the public consultation in August and September 2021. Those who responded identified themselves as:
3.2 Findings from the public consultation:

Overall strategy

- Greater clarity on what is the purpose of PPIE – ie. to improve research. Clarity and specificity around under-served - what groups are we talking about? White elderly, ethnic minorities, different groups, homeless, hearing and visually impaired.
- Clarity and specificity around how we will engage e.g. translation of materials, infographics, BSL.
- Many comments saying that this strategy is not engaging for under-served groups, with particular emphasis of lack of accessibility for non-white communities.
- Who is the audience? Like many BRC docs, several audiences need to be accommodated but primary audience is the public, followed by researchers who need to deliver PPIE.
- Need to include something about relationship building.
- Need reference to implementation plan (not easy read!) ie. how are we going to deliver the strategy Just saying we have an IP not enough. Suggest SMART 3 bullets below each priority (put down as suggestions to be confirmed with stakeholders)
- Need a rewrite for readability.
- Words to change/take out
  - Themes – be clear what this means.
  - Take out Theme Leads as not clear what it means.
  - Words such as “signpost” and “more widely” - too vague.
  - Under-served - not easy to understand.
• What does engaging mean - relevant and understandable?
• Literature review – what is this?

Vision:

• Change “enabled/empowered” to “involved”

Priority 1

• Priority 1 and Priority 3 overlap in relation to materials.
• Bullets 2,3,5 variations about activities and materials – consolidate.
• Bullet 6 unclear.
• Equality of opportunity is missing.

Priority 2

• How do we feedback to PPIE contributors?
• What is incentive - financial or other - for getting involve?
• What does literature review mean?
• NIHR research champion - refer to Diabetes team and CRN.
• How do we recruit - clear statement about this to show we are actively seeking out these people.
• Need for a flexible approach to accommodate different groups.
• Mentoring support to increase confidence.

Priority 3

• Expectation that all researchers do PPIE in all research.
• But need to support staff to deliver PPIE.
• Need PPI champion or ambassador.
• This priority should be nearer the top.
• Include existing PPIE contributors in the training, early in the process.
• Feeding back to participants.
• What does signpost mean.
• Relationship building.

Priority 4

• Too Oxford centric.
• Too many acronyms – don’t specify all the organisations, too confusing (just say local and national).
• Increase emphasis on “service design and improvement”.
• Include sharing best practice/information exchange/networking.

Rachel Taylor Public and Community Involvement, Engagement and Participation Lead, Oxford Biomedical Research Centre.

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