

Digital Health from Hospital to Home Theme

Case Study

Background

- Patients discharged from intensive care often receive less than high quality aftercare.
- We designed and tested an “**Enhanced Recovery After Critical Care**” (ERACC) pathway to help professionals provide patients leaving an intensive care unit with the best care to help them recover.
- We applied to the National Institute for Health and Care Research for funding and involved public contributors in developing our grant application.

What we did

- We recruited two public contributors from the BRC’s Diversity in Research Group in developing our grant application, particularly our Equality, Diversity and Inclusion strategy.
- The two public contributors were co-applicants, attended multiple meetings, including group meetings with other co-applicants and one-to-one discussions with the lead researcher. They also provided feedback by email.

What difference did it make?

- Feedback from public co-applicants led to several changes to our grant application:
- We expanded our proposed plans for recruiting PPI contributors, including accessing community groups and advertising in GP surgeries.
- We revised the lay summary of our project to make the language more accessible, for example removing abbreviations and changing some of the wording.
- We included plans and costs for:
 - training and supporting two PPI contributors to collect and analyse qualitative research data.
 - Include translation of participant information sheets and interpretation of consent conversations and qualitative interviews, to enable inclusion of non-English speaking participants.
 - Include childcare costs to ensure PPI contribution was fully supported.
- Later, the public co-applicants helped to rebut one reviewer’s challenge regarding the proposed public involvement and engagement strategy. The rebuttal was accepted by the funder and our grant application was ultimately successful.
- Beyond the project itself, the involvement of the two public co-applicants was very helpful in challenging us to critically reflect on and improve our practice regarding inclusion and equality of access in research. This will continue to influence the way we design and practice research going forward.