

CORRECTION

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# Correction to: Abstracts from the NIHR INVOLVE Conference 2017

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## Correction

After publication of this supplement [1] it has come to our attention that in abstract O13 Regional working in east of England: co-designing a PPI feedback tool the funding and disclaimer statement were omitted. It should have instead included these statements. The NIHR funding and disclaimer statements appear below.

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This has now been included in this erratum.

### O13 Regional working in east of England: co-designing a PPI feedback tool

Elspeth Mathie<sup>1</sup>, Helena Wythe<sup>1</sup>, Diane Munday<sup>2</sup>, Paul Millac<sup>2</sup>, Graham Rhodes<sup>3</sup>, Nick Roberts<sup>3</sup>, Jean Simpson<sup>4</sup>, Nat Barden<sup>5</sup>, Penny Vicary<sup>6</sup>, Amander Wellings<sup>6</sup>, Fiona Poland<sup>7</sup>, Julia Jones<sup>1</sup>

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## Background

The importance of feedback is highlighted in the 'Values and Principles' [1] from INVOLVE and included in the current Public Involvement consultation on standards [2]. Patient and Public Involvement (PPI) contributors in the East of England (EoE) regional network flagged up the issue that feedback (from researchers to PPI contributors) was minimal or absent, so we co-designed a study to look at this. PPI contributors talked of spending valuable time commenting on complex issues and continue to volunteer without acknowledgement and thanks. The study aims to improve PPI feedback by codesigning a generic PPI Feedback process which can be adapted for individual PPI groups and activities.

## Methods

The six regional PPI groups involved in the study include those based within the Research Design Service, Universities, hospitals and NHS Trusts. The study used a survey, interviews and 4 month audit. Over 100 respondents completed the survey distributed by the PPI groups and 23 PPI contributors, researchers and PPI leads were interviewed. Following two stakeholder meetings with researchers, PPI representatives and PPI group leads, local feedback tools were co-designed, implemented and trialled in the PPI groups. A second audit was undertaken by PPI representatives and PPI group leads to ascertain whether satisfaction with feedback had improved. Work is ongoing to identify barriers and facilitators to implementing the local tools and to co-develop the local tools to form a single regional EoE tool or process.

## Results

The results confirmed the anecdotal evidence; feedback is not routine and very variable. Together, our research team (PPI contributors, leads, researchers) will

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outline our motivations for this research approach and our Feedback Tools. We will also discuss our results on the variation and frequency of feedback, barriers and enablers.

### Conclusion

We aim to encourage other PPI groups to work together to improve feedback whilst underlining the importance of managing expectations and simultaneously nurturing relationships. A regional PPI Feedback tool or process is in development which we aim to produce and distribute in different user-formats.

### Acknowledgements

Study stakeholder and research group; PPI group Leads and PPI groups.

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### References

1. INVOLVE. Public involvement in research: values and principles framework. INVOLVE; Eastleigh. 2015.

2. <https://sites.google.com/nih.ac.uk/pi-standards/home>

### **P13 Embedding patient and public involvement (PPI) in a regional research network and beyond: findings and action points from the IMPRESS project and Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England**

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### **P13 Embedding patient and public involvement (PPI) in a regional research network and beyond: findings and action points from the IMPRESS project and Collaboration for Leadership in Applied Health Research and Care (CLAHRC) East of England**

Julia Keenan<sup>1</sup>, Fiona Poland<sup>1</sup>, Helena Wythe<sup>2</sup>, Amander Wellings<sup>3</sup>, Penny Vicary<sup>3</sup>

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### Background

We share findings from an action research project (IMPRESS: Implementing PPI in an NHS Research Programme: Evaluating the PPI contribution to CLAHRC research implementation) which studied how PPI has been implemented within a regional, applied research programme (a CLAHRC: Collaboration for Leadership in Applied Health Research and Care). This builds on findings from a previous national study (RAPPORT: ReseArch with Patient and Public involvement: a RealisT evaluation). Our project team includes two PPI coresearchers and an advisory group with a lay chair and further PPI representatives. IMPRESS employed a theoretical framework to explore in-depth, the experiences of PPI within the CLAHRC programme, from different points of view. Our findings identified the barriers and facilitators to the programme’s aim of ‘fully embedded, active and comprehensive’ PPI which then inform ten key action points for developing PPI in a programme. The network of CLAHRCs are planned to play a key role in codeveloping and co-delivering NIHR’s PPI strategy across regions in England. The CLAHRC studied here makes policy and resource commitments to PPI, has PPI as a research theme and works in partnership with regional PPI networks. It is thus important to report systematically researched findings on processes and outcomes of this commitment, both to inform specific local action and to report broader conceptual lessons for PPI knowledge and practice. We detail, with illustrative examples, how 10 case study projects made sense of

PPI, bought into PPI, enacted PPI and appraised PPI. The action research approach enables, actions and solutions to problems of embedding PPI to be 'fine-tuned' in further research cycles to evidence and enact sustainable PPI processes and outcomes for all stakeholders. See a film of the study results at: <https://www.youtube.com/watch?v=sL9EbvYmaxA>

**Acknowledgements** Wider IMPRESS team members: Amanda Howe, Jonathan Boote, Anna Varley, study advisory group members.

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Received: 4 December 2017 Accepted: 4 December 2017

Published online: 22 February 2018

**Reference**

1. Muir D, Vat LE, Keller M, et al. Abstracts from the NIHR INVOLVE Conference 2017. *Res Involvement Engagement*. 2017;3(Suppl 1):27. <https://doi.org/10.1186/s40900-017-0075-x>.

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