

## PPIE strategy

### The NIHR Community Healthcare MIC

The NIHR Community Healthcare MedTech and In vitro Diagnostics Co-operative (CH-MIC) works to catalyse the development, evaluation, and deployment of diagnostic tests that support healthcare professionals in their decision making in areas such as antibiotic prescribing, child health, chronic disease, and the delivery of advanced healthcare in community ambulatory settings.

### PPIE purpose and aims

#### Purpose

Patient Public Involvement and Engagement (PPIE) was an integral element of our work during the five years we were designated as the NIHR Diagnostic Evidence Co-operative Oxford (DEC). Now designated as the NIHR Community Healthcare MedTech and In-Vitro Diagnostics Co-operative (CH-MIC), we will continue to integrate the patient public perspective into our work across the broader CH-MIC remit ensuring our activities address community healthcare issues of relevance to the public, patients and their carers' in an acceptable way.

#### Aims

- The MIC will recruit a minimum of three PPIE contributors to each of four clinical theme specific PPIE groups within the first year of operation.
- Each clinical theme lead will convene a face-to-face meeting with their PPI group three times annually. Exact numbers of meetings may vary from year to year and will be dictated by the operational requirements of the themes
- We will aim to incorporate PPIE representation at stakeholder events delivered by the CH-MIC and its clinical themes.
- We will recruit two PPIE representatives from the clinical theme groups within the first year to join our Strategic Partnership Board to provide a public involvement steer to the overall CH-MIC operation.
- We will invite contributors to support projects from inception to provide the patients' voice throughout the research process.
- Together with theme-specific PPIE groups we will establish appropriate and achievable short, medium and long term success criteria for PPIE involvement and public engagement in the MIC.

### Programme of projects and activities – How will the MIC achieve these aims?

- Part of the DEC's PPIE legacy is a nucleus of PPIE representatives who developed considerable expertise supporting our work as a diagnostics research group. We are delighted that all of the original PPIE group has chosen to remain with us. Appropriately for the Community Healthcare MIC's broad remit, we will expand PPIE capacity around this nucleus. The Nuffield Department of Primary Care Health Sciences has a dedicated PPIE coordinator accessing a large pool of PPIE contributors with wide ranging experience in primary care-relevant conditions. We will draw on this pool to form PPIE groups for each of our four clinical themes to include patients and carers with particular conditions or project-relevant experience.
- PPIE expertise at the design, application and execution stages of all CH-MIC projects will ensure that project outcomes are appropriate and relevant to the public.

- We will work with the relevant MIC PPIE groups to develop a bespoke PPIE engagement approach for each MIC project where appropriate.
- Contributors will support our evidence generation projects by advising us on project protocols, patient-facing study materials, and dissemination strategies.
- MIC staff and PPIE contributors will co-develop dissemination strategies for each project that is nearing conclusion.
- We will expand engagement work, with PPI group guidance, to provide more patient- and stakeholder-relevant material describing goals and successes. With PPI input, our website will support these aims, ensuring that reports and presentations are written to be accessible by the general public. Oxfordshire has a highly committed primary care research base, with 70% of practices participating in research. Therefore, there will be many opportunities to volunteer to participate in our research programmes, to be advertised on our, and related NIHR, websites (e.g. <http://patientsactiveinresearch.org.uk>).
- In addition to securing patient and public involvement through consultation and active Advisory Group membership, we acknowledge the importance of understanding the patients' perspective of new in-vitro diagnostics (IVDs). By incorporating in-depth qualitative research alongside quantitative evidence generation, we can demonstrate patient impact and are able to design future work programmes around their experiences and needs. A cross-cutting senior qualitative researcher based within the MIC will embed qualitative analysis in every theme's research protocols.
- Contributors will help to identify unmet need for diagnostic or monitoring technology and novel approaches to patient pathway mapping in our methodological theme.
- PPIE expertise will be incorporated into CH-MIC stakeholder engagement activities including theme-specific workshops focused on identified clinical need, and CH-MIC consultations with industry, where a public voice would be appropriate and beneficial.
- PPIE groups will give vital feedback during the development of novel *in-vitro* diagnostic and monitoring technologies to ensure that products are acceptable to patients - one of the most important barriers to successful adoption.

### Leadership and lines of reporting

- The MIC PPIE and clinical theme leads will evaluate each theme's performance against co-developed specific and general PPIE aims and objectives. Progress will be reported to regular theme leaders' meetings with the Senior Management Group, and to the twice-yearly CH-MIC Strategic Partnership Board meeting.

### Monitoring, review and reporting (impact capture)

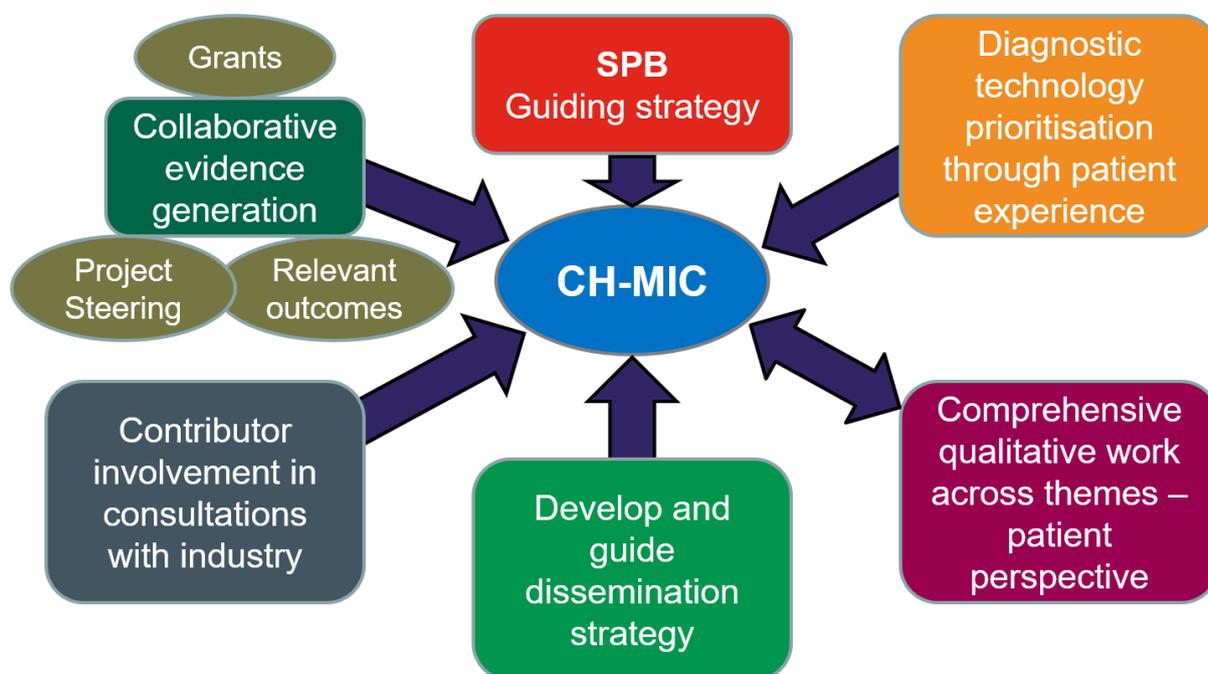
- Contributors will review and co-refine the CH-MIC website annually with MIC staff
- The MIC will collate evidence of impact of PPIE on the MIC's work annually, with feedback to PPIE groups provided for discussion to identify what has been helpful and what else could be done.
- Periodic completion of NIHR-developed Added Value Example case study *pro forma* documents will capture examples of PPIE impact. These will be submitted to the NIHR as a component of the annual reporting process, and made public in a refined form. Case studies will be posted to the CH-MIC website where appropriate. Online case study text will be reviewed by PPIE contributors to ensure posts are accessible and impactful.

## Resources

- PPIE activities will be overseen by the MIC Manager, Dr PJ Turner, who will support clinical theme leads in delivering engagement and involvement activities.
- The Nuffield Department of Primary Care Health Sciences has a dedicated Public Involvement co-ordinator, Lynne Maddox, who provides departmental and external training opportunities for staff and contributors. Lynne is also responsible for developing the PPI Pulse magazine (<https://www.phc.ox.ac.uk/ppi/ppi-pulse>) and circulating Involvement Matters (<http://involvementmatters.phc.ox.ac.uk/q/119z5nOOovMY/wv>), both of which highlight involvement and training opportunities. The Public Involvement co-ordinator will attend initial meetings of each PPIE group to introduce herself and to make new members aware of training and support resources.
- Contributors will be reimbursed at £20 per hour for direct involvement and preparation time. Contributors' travel and caring-associated expenses will be reimbursed where agreed in advance with the MIC Manager.

## Partners and collaborators

- Oxford AHSN's PPIEE theme will provide additional, valuable PPI input. Their *Leading Together* programme enables lay people and health professionals to develop genuine partnerships that make a difference to local health organisations and communities, leading to improvements in healthcare and research.
- In the future we aim to work across the wider Oxfordshire region, seeking involvement in Oxford University-developed public engagement programmes supported by our expert departmental team of science communication professionals.



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*Routes of PPIE contributor involvement in support of the operation of the CH-MIC*

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