Table 1: Planned and actual public involvement in our study

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| **Involvement plan** | **Change** | **Variation or addition** |
| *Study management and delivery* | | |
| 2 public contributors at research management group – strategic and operational responsibility over study | No change | Undertaken in line with plan |
| 2 public contributors at four subgroups: data collection; review findings; plan stakeholder events; dissemination | Change | Six subgroups convened and included public members. Additional groups: manage rapid realist review; review interview data |
| Support 7 patient and public members at two stakeholder\* events | Change | Additional roles undertaken by public contributors: recruiting 15 public members; co-planning the agenda and room layout to address public needs; facilitating discussion groups; co-presenting |
| Dissemination – 2 public contributors lead public strand | Change | Dissemination activities extended across all aspects of the study and included:   * Oral and written presentations of public involvement in study * Co-authors of research papers * Comments on reports to funders * Presentations to stakeholders\* * Inputting patient perspective to dissemination strategy * Preparing lay summaries of all research outputs |
| *Study oversight and advice* | | |
| 2 public contributors at the Study Steering Committee | No change | Undertaken in line with plan |
| *Additional public input* | | |
| 7 public members (excluding study public contributors) at two stakeholder\* events | Change | 15 public members attended the two day-long stakeholder\* events; 6 attended the first; 10 attended the second; 1 of these people attended both. These individuals shared patient stories to explain patient priorities and decision-making processes when seeking emergency health care. |
| *Public involvement processes and effects* | | |
| Named academic lead for public involvement to support public members | No change | Undertaken in line with plan |
|  | New | Public Involvement Team meetings to plan, review and operationalise public involvement throughout the study (2 public contributors and 1 public involvement lead) |
|  | New | 2 public contributors conducted audit of public involvement in the study and amended processes in light of results |
|  | New | 2 public contributors collected data on processes and effects of public involvement in the study and reported these |
| *Total planned number of public individuals involved* |  | *Total actual number of public individuals involved* |
| 11 |  | 19 |

\* Stakeholders at these events included public and patient members, health service managers, clinicians, policy makers and researchers

Table 2: A summary of the input and effects following public involvement in study management, implementation and scrutiny

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| ***Activity summary*** | ***Public contributor input*** | ***Effects*** |
| Preparation of ethics application | Co-drafted and reviewed patient facing materials | Amended wording to participant information material and data collection tools changed detail of information provided and ease of reading |
| Clinical directors survey [39] | JH member of working group reviewing structure of questionnaire by e-mail | Amendments to the questionnaire and accompanying information |
| Rapid review [37] | BH member of working group, took part in telephone meetings | Patient focus included in discussions to generate ‘initial rough theories’ |
| Selection of marker condition (inclusion criteria for analysis) [41] | Identified need for additional marker condition, to be used in analysis of patient outcomes | Suggested using feedback from Stakeholder Event to identify a condition with resonance to clinical, managerial and patient attendees. This resulted in ‘headache’ being identified and used |
| Monitoring response rates to patient interviews [38] | Assessed opportunities to encourage response rates because of low patient numbers | Patient information sheets and recruitment letters reworded  Financial incentive offered to increase patient recruitment  Letters to be sent on hospital letterhead in white envelopes instead of being university-badged |
| Qualitative analysis [38] | Involved in identifying themes and synthesising data | Identified limitation that patient respondents were likely not to reflect all ED attendees since only patients perceiving their behaviour was positive would consent to interview  Patient interview results will be reported across the study  Highlighted complexity of models of GPs in EDs and local variations  Confirmation of research themes in line with researchers’: quality-check of analysis process  Gave researchers insight into data quality, patient experience and complexity of the models reported to help JH and BH in their role.  Researchers identified additional checking role during theory-building stage of analysis and interpretation |
| Dissemination | JH facilitated collection of patient views to inform dissemination planning | JH presented to the SUPER public/patient group [43] to explore patient views on how and when to disseminate study results. The following feedback was incorporated within the dissemination strategy:   * Wait until big findings; interim results less meaningful to patients * Make friends with media to maximise dissemination opportunities at study end |
| Prepared lay summaries of all academic outputs | Accessible information about study findings throughout the study, uploaded to a project webpage and widely publicised (http://www.primecentre.wales/gps-in-eds.php) |
| Input into Dissemination, Publication and Engagement Strategy | Dissemination and Publication strategy widened to include engagement. Equal opportunity to co-author outputs confirmed. Co-authored conference presentations and papers. Contacted the Communications section of Public Involvement and Engagement, Health and Care Research Wales. Volunteered to facilitate engagement with media |

Table 3: A summary of the input and effects of public contributors in developing public involvement in the study (\*new activity)

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| ***Activity summary*** | ***Public Contributor input*** | ***Effects*** |
| Planning PPI input\* | Actively involved in implementing and reviewing how public members were involved in the study | Held annual PPI team meeting  Reviewed and amended PPI role; recorded changes in an updated role document  Confirmed role was co-produced in response to study requirements and opportunities.  Extended role to include analysis, interpretation, synthesis and dissemination of results, coproducing and defining role, undertaking PPI Standards audit, Instigating annual training review |
| Recording effects of PPI\* | Developed way to record data about PPI effects | Research team adopted a regular research team agenda item – ‘PPI impact and effects’ - with content noted in ‘Impact Box’ and reported in meeting minutes. Researchers and PPI team to contribute to evidence of effects. |
| Stakeholder event phase 1 | Oversaw recruitment and participation of public members at event | Devised recruitment strategy - developed recruitment information, who to target, follow-up/thank you contacts; ensured financial support offered  Amended pre-information to public participants to ensure information was informative and easy to understand  Co-facilitated discussions by public participants |
| Stakeholder event phase 2 | As for stakeholder event phase 1 (above) plus clarified purpose of second event and expected contribution of patient attendees. | Involved in meetings and email discussion querying the purpose of event and need to avoid tokenistic involvement from patient attendees. Confirmed scope of event and commitment from CI to meaningful involvement. Resulting changes included:   * amended recruitment letter and timetable for responses * amended workshop format with greater mixing of PPI attendees with other stakeholders and least 1 PPI contributor on each table * JH and BH to co-present and co-facilitate the meeting |
| Public Involvement standards audit\* | JH led audit of public involvement and recommended changes in line with national standards. She reviewed actions after 12 months  and reported back to the research team (appendix 5) | Following the audit, the team:   * Recruited more diverse public participants at stakeholder events * improved communication with a monthly study update * undertook PPI training reviews * involved public contributors in producing plain English summaries of all research outputs to improve study dissemination |
| Within study communication\* | Noted from PPI audit the difficulty of remaining well informed of study activity between quarterly meetings | Monthly research updates were provided, available to all team members |
| Study scrutiny | 2 public contributors on Study Steering Committee (SSC) | Effects of SSC public involvement was recorded and reported |