



# Northern Health and Social Care Trust

## PPI Co-Designers in AHP Research in Northern HSC Trust: a co-production approach to the development of tools and resources

### SHORT REPORT

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# CONTENTS

## EVIDENCE BRIEF

Background

Aims and Objectives

Methods

Personal and Public Involvement (PPI)

Findings

Conclusion

Practice and Policy Implications/Recommendations

References

## EVIDENCE BRIEF

### Why did we start?

Recognising that all service delivery is based on an evidence base and that this evidence base is rooted in research, a number of current policies (HPSS, 2007; NHSCT, 2017) seek to promote research as core clinical practice for Health and Social Care staff, including Allied Health Professionals (AHP) as evidence-based practitioners, in Northern Ireland (NI). This is underpinned by the inclusion of 'Research and Development' in AHP clinical practice roles within HSC job descriptions in NI whilst, most recently, the Advanced AHP Practice Framework (DH, 2019) identifies research as a core competency for professional and clinical development.

With service users and the public now key stakeholders in the development and delivery of health and social care services in NI, it is expected that they will also have a key role in research undertaken which is carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them' (NIHR INVOLVE, 2012).

This project was initiated, therefore, in order to identify the perceptions of AHP staff, service users and members of the public about engaging in research in the HSC setting and public and patient involvement in it.

### What did we do?

A working party was initiated to discuss the development and design of this project. It consisted of 5 NHSCT AHP staff and 6 members of the public/service users recruited through NHSCT 'Involvement Network'. Following discussion of the initial broad objectives of the project, it was agreed that this was a multi-step process and, given the short timeframe available to initiate and develop this, the project would focus, in the first instance, on gathering NHSCT AHP staff perceptions.

It was further agreed that, given the NHSCT AHP context of research under discussion, and recognising the drive to develop a research culture within the NHSCT (NHSCT, 2017), it was important to gather staff perspective on engaging in research alongside gathering their perspective on patient and public involvement in shaping the research to be undertaken. As a result, a 3 stage survey was developed by the PPI working party to explore staff attitudes to:

1. Exploring topics of interest in clinical practice/service delivery
2. Getting involved in research
3. Service User Involvement in research.

The survey consisted of open and closed questions facilitating the capture of both qualitative and quantitative data. It was developed on Citizen Space and was shared with NHSCT AHP staff using a link via NHSCT's AHP Heads of Service and the AHP Lead. The survey ran for a two week period (23/10/2020 to 08/11/2020) with regular reminders sent to staff via email. The survey software facilitated the analysis of the quantitative data. Qualitative data underwent thematic analysis by the Principal Investigator who has a background in qualitative data analysis. Summary findings were shared with all members of the working party for review and discussion.

### What answer did we get?

The survey garnered a 2.5% response rate (24 respondents) with the following results:

- **75% staff are keen to explore a topic of interest in their daily clinical practice;**
- **62.5% staff not able to explore/research a topic of interest;**
- **87.5% staff do not feel that research is part of their core practice currently;**
- **58.3% staff are keen to undertake a research project on a topic of interest as part of their core activity;**
- **79.2% staff state barriers prevent them in engaging in research activity;**
- **Barriers identified: lack of organisational/senior management support and research culture; lack of time; research viewed as non-core activity; negative perceptions of research; lack of funding/resources; and: individual lack of confidence;**
- **95.8% staff value service user involvement (SUI) in informing staff thinking on the design/delivery of research;**
- **Most staff report the need to involve service users from the start of developing their research, others reported being either unsure or that service users would be involved once the topic/research question was decided;**
- **Staff recognised the benefits of SUI but reported a number of barriers to this.**

### What should be done now?

The dissemination of these results to NHSCT AHP management for consideration of the findings & recommendations.

## Background

National UK government policy developed over the last twenty years, including the NHS Act 2006, has led to the re-conceptualisation of the individual from citizen to service user and from service recipient to service participant. The World Health Organisation (WHO) defines 'participation' as 'involvement in life situations' (WHO, 2002, p10) and, within the health and social care setting in Northern Ireland, there has been a shift, in the provision of care for service users, to embrace 'person-centred care' (PCC). PCC is based on the concept of individual involvement in decision-making relating to their care.

There is, however, a mixed profile of attitudes to the role of the individual in their own care. Critical analysis of the literature indicates a tendency to focus on information provision to service users from the healthcare professional perspective (Kelly et al, 2006); inclusion of service user views on specific therapeutic interventions which appears tokenistic (Oakley et al, 2000); and a tendency to adopt a 'professional as expert' approach to service users (Pouliot, 2009) focusing on the need to provide training and 'patient education' to service users (Piredda et al, 2015; Haan et al, 2019) within both the broader healthcare professional field.

In line with this policy shift to focus on patient and public involvement in the development and delivery of health and social care (HSC) settings has come a national and regional focus on research within these by all staff (HPSS, 2007; NHSCT, 2017). With HCPC registered Allied Health Professionals (AHP) trained as evidence-based and reflective practitioners, involvement in research as core clinical activity is now actively promoted, with career advancement predicated on research as one of four pillars of core competencies (DH, 2019).

With both the need to involve service users in all aspects of health and social care activity, and the increased profile on research as part of that HSC activity, it is anticipated that patient and public involvement is at the centre of this research activity. This is underpinned by NIHR policy which seeks to advocate for the clear recognition that research is carried out 'with' or 'by' members of the public rather than 'to', 'about' or 'for' them' (NIHR INVOLVE, 2012), stating that, by 2025, they 'expect all people using health and social care, and increasing numbers of the public, to be aware of and choosing to contribute to research' (NIHR, 2015, p10).

## Aims and Objectives

With this policy backdrop of both patient and public involvement in HSC provision regionally, and a drive to increase research activity by HSC AHP staff, the initial aim of this project was to:

- a) identify the perceptions of NHSCT AHP staff, their service users, carers/families and public on the tools and resources to facilitate patient and public involvement in HSC research; and
- b) develop these tools and resources.

This report details the first stage of this process which involved gathering NHSCT AHP staff perceptions on:

1. Exploring topics of interest in clinical practice/service delivery;
2. Getting involved in research;
3. Service User Involvement in research.

## Methods

With the NIHR focus on patient and public involvement, a working party was initiated to discuss the development and design of this project. The working party consisted of both AHP staff (5) and members of the public/service users (6) recruited through NHSCT 'Involvement Network'. Following discussion of the initial broad objectives of the project, it was agreed that this was a multi-step process and, with the short timeframe available to initiate and develop this, it would not be possible to complete all of the objectives identified.

It was agreed that, given the context of research under discussion, namely within the NHSCT AHP context, and recognising that the drive to develop a research culture within the NHSCT (NHSCT, 2017), it was important in the first instance to gather AHP staff perspective on engaging in research alongside gathering their perspective on service user involvement in shaping the research which they would undertake.

With this in mind, a 3 stage survey was developed by the PPI working party to explore AHP staff attitudes to:

1. Exploring topics of interest in clinical practice/service delivery
2. Getting involved in research
3. Service User Involvement in research.

The survey was facilitated by the online consultation software, Citizen Space. It consisted of open and closed questions and captured both qualitative and quantitative data.

The link for the survey was shared with NHSCT AHP staff via AHP Heads of Service and the AHP Lead. The survey was open for a two week period (23/10/2020 to 08/11/2020) with regular prompts and reminders sent to staff via email. The survey software facilitated the analysis of the quantitative data. Qualitative data underwent thematic analysis by the PI who has a background in qualitative data analysis. Summary findings were shared with all members of the working party for review and discussion.

## Personal and Public Involvement (PPI)

This project aimed to have PPI involvement as early as possible in its development. The following steps were undertaken:

1. Having identified key relationships (e.g. with the co-ordinator of the NHSCT 'Involvement Network'), the project PI drew up an initial job description to share with members of the NHSCT 'Involvement Network' as part of an invitation to become involved in the development and initiation stage of this project.
2. The Trust PPI Co-ordinator shared the job description with the Involvement Network. Interested individuals were invited to email the PI to express their interest. Upon receipt of an email the PI responded via email and arranged a mutually suitable time for a phone call during which the PI introduced both herself and the project, discussed the co-design role of the volunteer and answered any questions arising. The PI then invited the volunteer to engage with the process through a series of meetings. By assembling this self-selected team from across the range of patients, carers and the public it is ensured that a range of knowledge, skills and experience is brought to the process.
3. The working party consisted of 6 volunteers and 5 members of staff and had a working title of 'Developing Public Involvement in AHP Research in NHSCT' working party. They engaged in a

series of meetings, via Zoom, to agree how and with whom the project would proceed. It was agreed that, due to the short timeframe, NHSCT AHP staff would be approached in the first instance as they would be instigating any AHP-based research to be undertaken in HSC setting. In considering this, and reflecting on some of the experiences of the volunteers in the working party, it was also agreed that garnering staff perception on the role of research in their clinical activity was fundamental in understanding their approach to research and service user involvement in it.

4. A survey was developed, reviewed and revised based on discussion within the working party.
5. The analysed survey findings were shared with all party members for review and were discussed at a subsequent meeting.

## Findings

The results from the survey are as follows:

### **Exploring topics of interest in clinical practice/service delivery**

Q1. In your daily clinical practice, have you noticed something interesting about clinical practice or service delivery that you wish you had more time to explore or research?

Option	Total	Percent
Yes	18	75.00%
No	6	25.00%
Not Answered	0	0.00%

Q2. If so, were you able to explore or research your topic of interest?

Option	Total	Percent
Yes	8	33.33%
No	15	62.50%
Not Answered	1	4.17%

Q3. What helped or hindered you in exploring this interesting topic?

Staff identified both 'help' and 'hinderances' to exploring a topic of interest. There were five themes identified which have been categorized as 'hinderances' and four as 'help'.

The predominant hinderance was 'time limitation as a consequence of clinical pressures' cited in 13 of the 20 responses recorded. Other hinderances identified were: 'confidence'; 'lack of knowledge, skills and resources' and 'lack of line management and senior management support'. For this last hinderance, one report stated that, whilst the staff member '*felt able to discuss with other staff members about interesting findings round this topic*' and in '*reflection in supervision with manager*' there were '*no prompts or suggestions to take curiosity any further*'.

The final hinderance theme identified is ‘research activity as additional to clinical activity’. Staff reported feeling ‘*guilty taking time to do research*’ and that ‘*clinical work and waiting lists tend to dominate staff thinking*’. This perception is captured in one staff statement:

*‘Lack of time, understaffing means having to choose between patient care and own career/service development and obviously patient care is a higher priority.’*

Four themes that helped NHSCT AHP staff to explore their topic of interest were identified: ‘provision of opportunity’, ‘support from Higher Educational Institute’ and ‘support from NHSCT Research and Development’. Another theme identified is ‘opportunity based on role banding’ with staff referring to how ‘*my line manager is supportive in allowing team leads to pursue anything that is helpful to improving service delivery while B6s and B5s continue to deliver the clinical work*’.

Q4. Would you like to explore topics of interest in your clinical practice?

Option	Total	Percent
Yes	18	75.00%
No	2	8.33%
Depends	4	16.67%
Not Answered	0	0.00%

Q5. Under what circumstances would you feel able to explore topics of interest?

Analysis of NHSCT AHP staff reports of the circumstances in which they would feel able to explore topics of interest shows the following:

- Protected time
- Team support and/or involvement
- Team management and senior management support
- Support from academic institutions
- Confidence in own knowledge and skills
- Access to training/resources.

The theme of research as additional, rather than core, clinical activity persists with staff stating that the circumstances in which they would feel able to explore topics of interest is ‘*only if a research post comes up*’ as they are ‘*unable to do research and work clinically at the same time*’.

Another respondent highlights the need for this activity to be ‘*integral part of service delivery not just “would be nice”*’ with the suggestion that this activity be integrated into service KPIs.

There is also the suggestion that such activity needs to be supported by senior management:

*‘Trust and managerial acknowledgement of need for research, service development and time required to be able to achieve these’.*

Q6. What activities would you undertake to explore or research your topic of interest?

Staff indicated each activity (QI, service evaluation, clinical audit, research) which they had have undertaken to date to explore or research a topic of interest.

Option	Total
Quality Improvement	15
Service Evaluation	15
Clinical Audit	10
Research	17
Not Answered	0

### Getting Involved in Research

Q7. Do you feel that research is part of your core practice currently?

Option	Total	Percent
Yes	3	12.50%
No	21	87.50%
Not Answered	0	0.00%

Q8. Would you like to undertake a research project on a topic of interest as part of your core activity?

Option	Total	Percent
Yes	14	58.33%
No	4	16.67%
Depends	6	25.00%
Not Answered	0	0.00%

Q9. What would undertaking a research project depend on?

NHSCT AHP staff reported a wide range of drivers key to undertaking a research project. The drivers were predominantly drivers external to the individual:

- Protected time
- Recognition of research as core practice
- Reduced clinical pressures
- Funding
- Opportunity
- Team/peer support/involvement
- Admin support
- Team management/senior management support



- Support from academic institutions
- Access to training

There were also three drivers reported which are internal to the individual:

- Identification of research topic
- Valued research activity
- Confidence in own knowledge and skills.

Q10. What are the benefits to you of engaging in research activity?

NHSCT AHP staff identified a number of benefits to them of engaging in research activity:

- Improved Outcomes for Service User
- Improved Quality of Service
- Opportunity for Innovation
- Research as Core Practice
- Improved Staff Engagement/ Motivation
- Improve Clinical Practice
- Improved Clinical-decision making
- Improved Evidence-based Practice
- Opportunity for Career Advancement
- Service User Engagement
- Improved use of time and resources
- Improving AHP profession's profile
- Opportunity for Shared Learning
- Professional Networking Opportunities

Whilst three participants did not record any responses for this question, the remaining responses indicated a wider range of benefits in completing research to both themselves as clinical practitioners, their clinical service and their profession as well as service users.

Q11: What, if any, do you feel are the drawbacks of engaging in research activity?

The stated drawback of engaging in research, with two of the twenty responses reporting that there were no drawbacks to engaging in research activity, were:

- Time Commitment
- Impact on Service Delivery
- Value of Research
- No Drawbacks
- Impact on Work/Life balance
- Research as Non-Core Activity
- Lack of Resources

- Capacity for Autonomous Decision-making
- Lack of Support
- Risk to own self-confidence

Q12: Has anything been preventing you in becoming engaged in research activity?

Staff indicated that they had been prevented from becoming engaged in research:

Option	Total
Yes	19
No	5
Not Answered	0

Q13. What has been preventing you becoming engaged in research activity?

The themes identified as preventing staff engaging in research activity were:

- Lack of organisational support and research culture
- Lack of time
- Research as non-core activity
- Personal lack of confidence
- Pressures of clinical work
- Lack of funding
- Lack of resources
- Negative perceptions of research

Q14. What would help you to become involved in a research project on a topic of interest?

The themes identified relating to support required for getting involved in a research project were:

- Managerial Support
- Research integrated as core practice
- Peer support
- Reduced impact on clinical activity
- Access to research opportunities
- Self-motivation
- Time
- Funding
- Resources
- Training
- Age
- Research culture

### Service User Involvement in Research

Q15. Do you value service user involvement in informing your thinking on the design and development of your research activity?

Staff value of service user involvement in informing their thinking on the design and delivery of their research:

Option	Total	Percent
Yes	23	95.83%
No	0	0.00%
Not sure	1	4.17%
Not Answered	0	0.00%

Q16. How would you involve service users in the design of your research?

AHP staff report that they would involve service users in the design of their research using a range of data collection strategies e.g. questionnaires, interviews, focus groups and feedback forms.

Q17. At what stage of designing your research project would you ask service users to get involved?

Staff proposed involving service users at differing stages of their research project:

- From the start
- From the start and throughout
- Not sure
- 2nd Stage (once the Research Question had been decided)
- Depends on the project

The majority of reports cited the need to involve service users from the start since *'their involvement will shape the primary objective of the research therefore their involvement is vital.'* This was viewed to be important in order to ensure that the research moved *'in a direction that will most benefit service users'*.

There were reports which suggested that service users would be involved in the second stage, once *'a research topic had been identified'*. Other reports stated that they were not sure about the stage of service user involvement as it *'would depend on the project'*.

Q18: What is the benefit to you of involving service users in your research activity?

Staff identified the following benefits to them of involving service users in their research activity:

- Opportunity for partnership working
- Improved study design
- Improved data analysis

- Opportunity to get SU perspective on research topics/questions
- Source of reassurance for self
- Opportunity to improve service provision
- Customer Satisfaction
- Self-motivation

There was a consistent recognition of the service user as provider of the *'real life' perspective* and the opportunity, in seeking that perspective, as a means to developing research which would be *'more relevant'* since *'they [service users] are the best placed to inform practice'*.

The perceived outcome of involving service users in research activity is to ensure that *'the services we deliver become more fitting to our service users' needs'* whilst providing staff with motivation and reassurance that they are *'doing a worthwhile project.'*

Q19: What are the challenges that you foresee in involving service users in your research activity?

The challenges identified by staff in involving service users in research activity are:

- Effective Service User Engagement
- Impact of previous negative research experience for SU
- Knowledge of SU forums to facilitate access to SUs
- Confidence in own research process knowledge
- Time
- Resources required for SU
- Getting a balanced SU perspective
- Knowledge of SU involvement process
- They are not clinicians...
- Confidentiality
- Risk of negative SU experience

There is a pattern of barriers internal and external to the individual staff member in involving service user in their research activity. External barriers include a lack of resources e.g. laptops, time and access to service user forums. The internal barriers include confidence in own knowledge of the research process, particularly in relation to ethics, and patient/data information confidentiality e.g. *'ethics of how to contact service users and use their personal information'*.

There is a suggestion that, even having engaged effectively with service users, that there is a risk that *'those satisfied with the service don't respond but those with a bad experience may use it as a platform and so we don't get a balanced view'*.

There is also evidence of a limited perspective on what service users can contribute to this dynamic in several staff reports:

*'they are not clinicians therefore it may be difficult for them to see the benefits';* and:

*'identifying service users that can make meaningful contribution to research e.g. in design of research.'*

## Conclusion

With all AHP service delivery driven by an evidence base, and research the foundation for that evidence base, there is a clearly stated interest, by this group of NHSCT AHP staff (24 respondents), in engaging in the exploration of a topic of interest in their clinical practice or service delivery with only slightly fewer indicating an interest in engaging specifically in research.

The evidence gathered does indicate that any such activity, (research, clinical audit, service evaluation, quality improvement), is regarded as additional to rather than part of current clinical activity with staff clearly committed to service delivery:

*'[staff] unable to do research and work clinically at the same time'.*

This group of respondents identified a number of barriers to engaging in this type of activity. These have been categorized as being either internal or external to the individual staff member with external barriers the most frequently cited. These external barriers include: need for protected time; recognition of research as core practice; reduced clinical pressures; funding; opportunity; team/peer support and/or involvement; administrative support; team management/senior management support; support from academic institutions; and access to training.

Key to all these barriers is the clear need for line and senior managerial support, within the HSC, for staff in order to address the other external barriers identified. Such support is predicated on a clear understanding and knowledge of the research process by all HSC management. Given the clear policy focus on undertaking research as part of core AHP clinical activity this issue now requires serious consideration particularly in light of the evidence of staff seeking *'Trust and managerial acknowledgement of need for research, service development and time required to be able to achieve these'* whilst also highlighting that research is *'not considered a priority'* currently and that there is a *'lack of research culture in organisation e.g. if more people doing it and talking about it I would feel more motivated to also get involved'*.

The evidence gathered here also hints at a lack of equity of opportunity for all AHP staff, regardless of banding, to engage in this activity. This approach raises concerns about equity of opportunity for all AHP NHSCT staff to explore topics of interest in order to extend the evidence base upon which safe, high quality and effective, patient-centred care is founded. It also raises issues in relation to workforce development and workforce planning in light of the current pressures on staffing levels.

Barriers for involvement in research activity which are internal to the individual staff member include: identification of research topic; valued research activity; and confidence in own knowledge and skills.

Of particular interest was the reference to the internal driver of self-motivation:

*'Realization by myself of the importance or worth of doing it'* and:

*'Incentive to get involved'.*

It is suggested that staff self-motivation would be shaped by a culture which recognized, valued and supported AHP research activity. It appears that current AHP perception is of a system which does not do so with respondents describing the need for *'creating culture in Northern Ireland to strive for modernisation and improvement'* and *'Seeing others research making changes to service/patient care [which] isn't ignored by[the] organisation'.*

In relation to service user involvement, respondents recognise the role of service users in the development of any research which they undertake and the benefit to them of such involvement as a means to ensuring that *'the services we deliver become more fitting to our service users' needs'.*

There is variation in relation to the stage that they should engage with service users. There is also some evidence of lack of recognition of the contribution that service users can make in becoming involved in research design and development:

*'they are not clinicians therefore it may be difficult for them to see the benefits'; and:*

*'identifying service users that can make meaningful contribution to research e.g. in design of research.'*

## **Recommendations**

In light of the findings of this project, and given the need for safe, effective and high quality evidence-based AHP practice, the following recommendations have been made:

- Line and senior management give consideration to how they can support research development as core activity in AHP services e.g. inclusion of research in KPIs;
- Line and senior management seek to understand the research process as an aid to offering such support;
- Line and senior management recognise that service delivery is evidence-based and that this evidence base has its foundations in research;
- Staff continue to develop their understanding of the process of service user involvement with a focus on service user involvement in research;
- Line and senior management pursue remedies that remove barriers to engagement in research and undertake the promotion of enablers in using a cohesive and holistic approach.

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