

4	2020-05-18	1	3	1,1	1970-XX-XX
1	2022-01-27	0	1	0,0	1974-XX-XX
1	2022-01-17	0	2	1,0,1	1990-XX-XX
1	2021-03-16	0	1	1,0,1	1991-XX-XX
1	2020-09-01	0	3	0,1,1	1969-XX-XX
1	2020-07-02	1	4	1,0,2	1941-XX-XX
4	2020-10-31	1	5	0,1,0	1939-XX-XX
3	2021-03-05	0	2	0,2,0	1980-XX-XX
1	2022-02-22	1	2	0,1,0	1984-XX-XX
1	2020-10-03	0	4	0,0,0	1966-XX-XX
		1	2	0,0,0	1971-XX-XX
		1	4	0,0,0	1957-XX-XX
		0	1	0,0,0	XX-XX

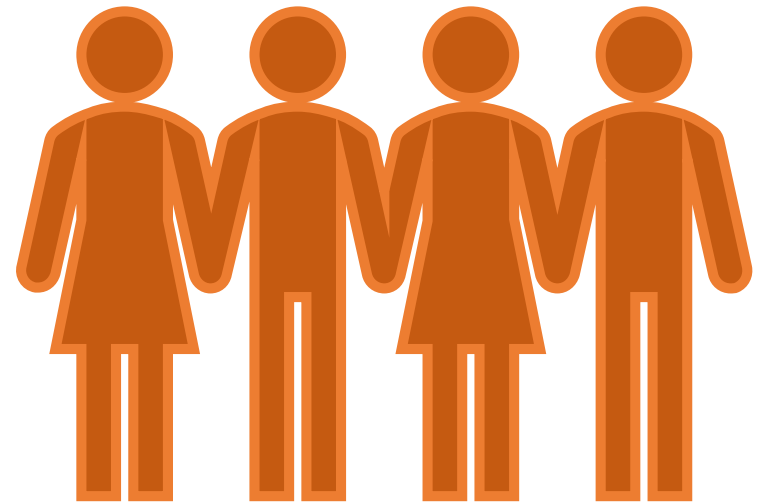
Evaluating and Recording PPI Impact within the Usher Respiratory Team

Lynn Laidlaw

on behalf of the EAVE II PAG

What is the Usher Institute?

“Our aim is to work with people, populations and their data to understand and advance the health of individuals through innovative collaborations in a global community.”



EAVE II

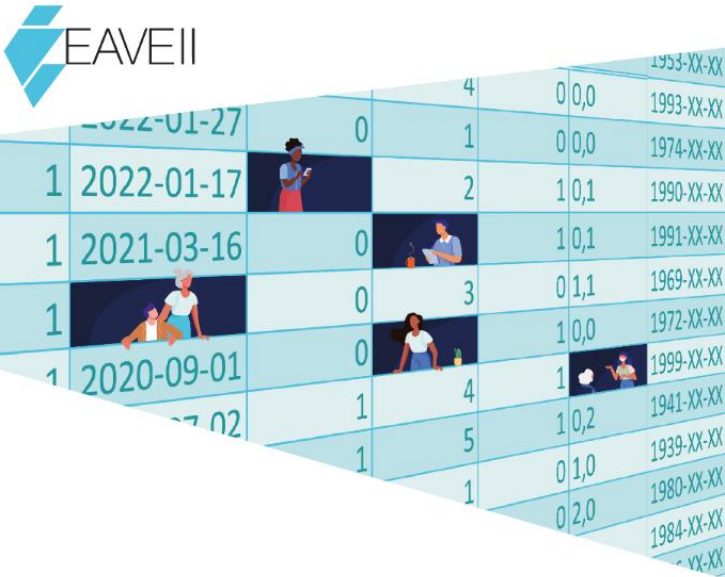
EAVE II was a project supported by the Usher Respiratory Team.

Aimed to track the COVID-19 pandemic and vaccine effectiveness across Scotland.

Funded connected projects including Winter Pressures alongside 10 others.

We will discuss **general** impact and evaluation of EAVE II and **one** of the connected projects.

Important to consider PPI impact and evaluation at the start and have a structured approach



The EAVE II logo is a blue stylized 'E' followed by the text 'EAVE II'. Below it is a 3D grid of data points. The grid is composed of several rows and columns of cells. Some cells contain dates, some contain numbers, and some contain small illustrations of people. The dates include 2022-01-27, 2021-03-16, and 2020-09-01. The numbers range from 0 to 5. The illustrations show a person on a phone, a person reading, a person with a child, and a person with a dog. The grid is tilted and has a perspective effect.

Patient and public involvement in EAVE II: the first two years

Early Pandemic Evaluation and Enhanced Surveillance of COVID-19

THE UNIVERSITY of EDINBURGH | Usher institute

Collated by Dr Lana Woolford on behalf of the EAVE II Public Advisory Group

Partners



THE UNIVERSITY
of EDINBURGH

Public Health
Scotland



Funding



Public Advisory Group (PAG) Structure

- 15 members from Scotland, England and Wales
- Dedicated leads for connected projects
- Central contact point, vital role in shaping research direction
- Opportunities for analysis, project and structural change



“Using population data means that, as with PPI, more people’s stories get included. That makes any decisions based on the research not only more accurate, but also fairer – whether that is for people from an ethnic minority, people living with suppressed immune systems, or people living in more deprived areas of the country.”

Sandra Jayacodi, PAG Co-lead and Steering Group Member

“It is more than clear that pandemics will continue to arrive in the future, and Scotland needs to be better prepared for these occurrences. I fully expect that EAVE II will form an essential cornerstone of that preparedness. Many future health benefits will arise from its ongoing deployment as an invaluable rich research resource of patient data.”

David Weatherill, PAG Co-lead and Steering Group Member



Winter Pressures

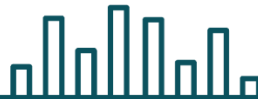
- My experience as a PAG PPI lead!
- Involved because of my lived experience of being CEV
- Also, involved in lots of COVID research, including co-producing qualitative research into experiences of shielding
- Involved through all parts of the research cycle, from grant application to dissemination
- Able to highlight issue of personalised advice for those most at risk of vaccine breakthrough
- Dedicated PPI support, building relationships and remuneration all important
- Was part of the wider research team

Outputs

"I have found working with EAVE II very positive and feel that we have worked in a very co-productive way together, and hopefully made a difference."

Debs, PAG Member

9 Analysis designs discussed



23 Public Advisory Group meetings



"As a member of EAVE II Public Advisory Group I'm involved in improving COVID-19 research and sharing study results with the public. At the same time I'm learning new skills that allow me to make more meaningful contributions."

Kamil, PAG Member

10 Grants or data requests shaped



Members from across Great Britain **15**

3 Patient Perspectives published



6 Paper summaries written



"As EAVE II is using people's data, it has been fantastic to be more than a data point and work in collaboration with the researchers to directly input into data analysis plans, and help share the findings in ways that are understandable and accessible."

Lynn, PAG Member

Presented **6** at events



Contributed to public videos **4**

Summaries reviewed for plain English **38**



3 Tested websites



Attended **24** Steering Group meetings



End of Project - Priorities

- Public-facing documents: infographics, blogs and press releases
- All are impactful, but we have 3 core outputs
 - Plain language summary
 - PPI report
 - Reporting tool (GRIPP2 appendix) submitted as part of the publication.
- Based on staff/time resources, we create 1-3 documents
- PPI leads or PPI group review, co-produce or write the above.
- Invited to attend any other impact-related activities:
 - Conferences
 - Workshops
 - Present



Evaluation Process

- We created all 3 in our WP study
- All achieve impact but wish to expand on GRIPP2 appendix
 - Reflective calls to optimise “debrief stage” and identify key learnings
 - Provide a well-rounded evaluation of each study, accurately shaping report
 - Crucial role in recording and demonstrating PPI impact: adding to the evidence base
- The process is about the journey as well as the destination. Not just focused on outputs
- It included insights and reflections not only on what we did but the experience of working together, joys and challenges.



Feedback from PPI Contributors

- “We are experts in our own illness and understand the implications of having to live with these diseases” and feel their contributions are “valuable”, “constructive”, “supportive” and “meaningful”.
- Importance of being seen as more than a data point.
- Understanding the context for each individual and the way that risk factors combine to affect people and how that is communicated in the research results.
- Push for better recording of demographic information such as ethnicity



Conclusion

- I&E outputs contribute to **good PPI practice**
- **Non-academic dissemination engages** members of the public and those who are interested in the impact of the research
- Audience is **expanded** rather than solely remaining within academic journals and read by academics/clinicians.
- These practices have **established** our prioritisation and commitment to ensure **our work is accessible to all.**
- Highlights that the **impact of PPIE can be more than the outputs** of the research.
- PPIE is about **relationships and conversations**, it has impacts on the individual and the research as well as the outputs.

Any questions?

