

Useful tools in evaluation and measuring impact of involvement

The GRIPP checklist

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<http://1.usa.gov/1XGPaKk>

“Objectives: The aim of this study was to develop the GRIPP (Guidance for Reporting Involvement of Patients and Public) checklist to enhance the quality of PPI reporting.

Methods: Thematic analysis was used to synthesize key issues relating to patient and public involvement (PPI) identified in the PIRICOM and PAPIRIS systematic reviews. These issues informed the development of the GRIPP checklist.

Results: The key issues identified included limited conceptualization of PPI, poor quality of methods reporting, unclear content validity of studies, poor reporting of context and process, enormous variability in the way impact is reported, little formal evaluation of the quality of involvement, limited focus on negative impacts, and little robust measurement of impact. The GRIPP checklist addresses these key issues.

Conclusion: The reporting of patient and public involvement in health research needs significant enhancement. The GRIPP checklist represents the first international attempt to enhance the quality of PPI reporting. Better reporting will strengthen the PPI evidence-base and so enable more effective evaluation of what PPI works, for whom, in what circumstances and why.”

An economic case for patient and public involvement in commissioning – NHS Networks

<http://bit.ly/1MW7Vqh>

“The Department of Health commissioned work to undertake research on the economic case for public and patient engagement and to develop a decision support tool.

Fourteen detailed case studies were carried out to identify how meaningful and effective involvement in commissioning can drive economic, quality and user experience benefits for the NHS and partner organisations – as well as the populations they serve.

The briefing highlights how:

- Applying a process of business case and economic thinking to involvement planning and activity can yield valuable results such as preventing delays and reducing costs
- Consideration of the economic case for involvement is an innovative form of risk assessment
- Good involvement utilises untapped resources and turns them into valuable business assets
- A decision support tool can promote the systematic capture of information prompting an ‘involvement culture’ to inform key decisions around current and future involvement effort.”

Public Involvement Impact Assessment Framework (PiiAF)

Collaboration between the Universities of Lancaster, Exeter and Liverpool, and it also involved the Medicines for Children and Mental Health Research Networks

<http://bit.ly/1HGvtAr>

“PiiAF has been produced to help researchers assess the impacts of involving members of the public in health and social care research. It consists of two parts; with part 1 focused upon exploring a range of factors that might shape public involvement (PI) impact and part 2 providing support to develop an impact assessment plan.”

ReseArch with Patient and Public invOLvement: a RealisT evaluation - the RAPPORT study

Wilson P, Mathie E, Keenan J, McNeilly E, Goodman C, Howe A, Poland F, Staniszewska S, Kendall S, Munday D, Cowe M, Peckham S.

<http://bit.ly/21uXLo9>

“It is generally accepted that patient and public involvement (PPI) is ‘a good thing’ and it is now a requirement before most health research is funded. However, there is a need for evidence showing whether or not PPI really makes a difference and, if so, what works and what situations help to create good PPI. This study set out to find that evidence. PPI representatives were involved in this study from start to finish.

We wanted to know:

- what people understood by PPI
- how much and what sort of PPI is in health research
- how PPI changes over time
- the experience of PPI for lay people and researchers
- how PPI works in everyday practice in research teams and organisations
- what impact PPI has on research
- what helps or hinders PPI working well.

Our research looked at cystic fibrosis, arthritis, diabetes mellitus, dementia, public health, and intellectual and developmental disabilities studies in the UK. There were three stages: scoping (looking at research documents), survey (researchers filling in online questionnaires) and case studies. Twenty-two studies were followed for 18 months, with 206 researchers, PPI representatives, funders and network staff interviewed.

Findings showed a range of positive outcomes from PPI. These included identifying research questions and improving recruitment. Good relationships and regular contact between PPI representatives and researchers throughout the study are very important. PPI representatives also need to know if they have been useful. Researchers tended to get better results if they had people skills, were flexible and offered lots of opportunities for involvement.”

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