



Meeting 2 – 18th March 2019

PPI Members Present:

Anthony Gilbert – research physiotherapist

Geoff Buckley – Public / Technical Author

Juliet McQue – Patient

Jan Letocha – Public / Website Developer

Vandana Luthra – Research Governance Facilitator

Welcome to new members:

Elayne Coakes – Patient

Helen Miller – Patient

Diane Young – RNOH Patient Involvement and Volunteer Lead

Apologies:

Helen Harte – PPI Coordinator

Mansukh Unadkat – Patient

Helen Hedge – Patient

Greg Booth – Physiotherapist

Anju Jaggi – Physiotherapist

1. Recap of Previous Meeting:

- a. Group Code of Conduct:
- b. Terms of reference for the group:
- c. Points of Discussion last meeting:

- A discussion was held surrounding the patients who could be involved – AG clarified that the study will include anyone with a musculoskeletal problem and can include patients who have just had surgery.
- A discussion was held around privacy – this is a concern for all. AG has previously attended Information Governance meetings, SKYPE for business is seen as an acceptable format for consultation by the NHS. AG is meeting with Deepak Jagpal, RNOH Information Governance manager, to explore this. I will extend an invite to Deepak to attend next PPI steering group.

2. Presentation (attached) run through:

i) Phase 1

- a. Anthony presented the results of the systematic review. If anyone who was not present would like me to run through this presentation, I am happy to do so. This work has been accepted to the UK Physio Research Society in London in April 2019 and the World Congress of Physical Therapy in Geneva 2020. I will try and film these to share with the group.

ii) Phase 2

- a. Recruitment so far: 16 therapists and 6 patients. AG is exploring the possibility of extending recruitment to another hospital (the Nuffield Orthopaedic Centre in Oxford).

iii) Phase 3

- a. AG explained the premise of the DCE to the group. AG highlighted the key lines of enquiry identified as important during the qualitative interviews. Split into demographics and clinical situations these, and the discussions surrounding these, are outlined below:

General

- How long is this expected to take?
- Is there any way patients could have a link and do at home so they are not rushing through before an appointment or staying longer than needed after?

Key Demographics

1. How old I am

How were the ages chosen? Would it not be better to get the age and then plot / code this information after? I might have the majority under 40 and then only a handful above this and it might be harder then to do a sub group analysis

AG to discuss with Economic supervisors

2. My gender

Having only 'male' or 'female' not enough. Agreed it might not be possible to second guess every person which might alienate subgroups of people. Advised to have free text and code after.

3. The time it takes me to travel to Stanmore

Missing 2-3 hours.

4. How I get to Stanmore

Need to have multiple as an option

5. How much it costs me to get to Stanmore

'£0' will need to be an option as for some people their travel is free (eg using a bus pass). Consider having as a free text as some might not know.

*** Additional – who I travel with *** as this will have additional implications and it was strongly felt that this is missing

6. How familiar I am with communication technology

Do not use 'communication technology' and rephrase 'familiar' to comfortable

7. Whether or not I have access to get to the technology I need

Nothing to change

8. Commitments that might get in the way of my rehabilitation

To have this as a text box, the question could be worded as a suggestion

9. Why I am coming for rehabilitaton at Stanmore

Might be worthwhile having a text box / multiple options / options plus free text

10. I think the rapport with my therapist is

Nothing to change

11. So far, my rehabilitation has included:

Nothing to change

12. Whether or not I identify as having a mental health problem

Free text

*** additional – to add whether the condition makes them feel tired / additional symptoms ***

13. Whether or not I identify as someone who suffers from social isolation

Noting to change

This was a very helpful discussion and AG is grateful for the comments. The group agreed they would be happy to be sent an additional document to further comment on these. This is included as an attachment.

Consultation Options

AG emphasised that for the DCE to work the choices need to apply to both consultation formats (eg, telephone / videoconferencing as well as face to face – it would be impossible to receive hands on care over a phone!)

1. Next session (with therapist)
2. Achieving goals
3. When next session is
4. How long next session will last
5. What time the next session will be

Nothing to change

iv) Phase 4

AG talked about plans for beyond phase 3 (in 2020). The group discussed a 'co-design' workshop inspired by the Trish Greenhalgh paper [ARCHIE Framework] which I have attached. I will provide a short summary in the next fortnight. Features of the session may include:

- Small tables of equal no of therapists and patients
- Table discussions to be (potentially) facilitated by members of the PPI group
- Closed feedback session following this between PPI group members

Some considerations:

- Where is it held (preferable off site, this might not be logistically feasible)
- Expenses for patients (AG to look at budget)
- Food / refreshments for patients / clinicians (absolutely)
- Recruitment (could come from phase 3 patients if I include this in the consent form / ethics)
- Photography for the website
- Live artist drawing to capture conversations (AG to look at budget)

AG emphasised this is early thinking and would be subject to approval from several stakeholders – will keep the group updated!

NEXT MEETING TBC – Winter 2019 (AG will provide 3 months notice) after substantial recruitment to phase 3.