

# NIHR Manchester BRC & CRF

## Patient and Public Involvement, Engagement and Participation (PPIEP) Strategy 2022-2027

**Bringing people and health research  
together for everyone's benefit**



## Foreword

Patient and Public Involvement, Engagement and Participation (PPIEP) is pivotal to the delivery of our NIHR Manchester Biomedical Research Centre (BRC) and NIHR Manchester Clinical Research Facility (CRF) and should permeate the whole culture and practice of our infrastructures. It is crucial to us achieving success and delivering our vision to drive personalised health and care *for all*.

Our PPIEP strategy is a critical aspect of our work, and, when taken together with our Equality, Diversity and Inclusion (EDI), Inclusive Research Oversight Board (IROB) and Capacity Building approaches, delivers a powerful and aligned way of working to drive change. Each strategy has a specific focus, collectively forming a roadmap for creating a more equal, diverse, and inclusive research environment.

We have co-created our PPIEP strategy with patient, community and research partners, through a series of development workshops, and an online consultation. We heard from our researchers and research staff that they all aspire towards PPIEP as a vital component of excellent research. Our key focus on 'everyone matters' was unanimously valued. We heard from our public partners that they like the emphasis on agency collaboration, inclusion, co-working, and public involvement training for professionals. They also told us they found the strategy clear and accessible, ambitious and achievable. Across the board, our partners also appreciated the emphasis on innovation and pushing the boundaries of how public involvement can help achieve better and more relevant research.

We also heard that people wanted a stronger focus on promoting equity in research, more information on how progress against the strategy would be monitored and reviewed, and a strong desire to extend the existing approach of working with racially minoritised groups to working with groups that have been minoritised in other ways including through ableism, neurodivergence and religious discrimination. We have addressed this input in this final version of our PPIEP strategy.

By pooling resources and expertise, building on our strong foundations of working across NIHR infrastructures within our partner organisations, and in close collaboration with our public, patient and community partners, we can achieve much more in a shorter time. Our joint PPIEP strategy is a testament to our commitment to building a more inclusive and effective research environment, building capacity in experimental medicine (EM), sharing evidence-based best practice and improving patient health and care for real and lasting change.

Professor Ian Bruce

Director

NIHR Manchester Biomedical  
Research Centre



A handwritten signature in black ink that reads "Ian Bruce".

Professor Jacky Smith

Director

NIHR Manchester Clinical  
Research Facility



A handwritten signature in black ink that reads "Jacky Smith".

## Introduction

This document outlines a joint strategy between the NIHR Manchester BRC and NIHR Manchester CRF (referred to as 'BRC' and 'CRF' respectively in this document) to embed PPIEP within our infrastructures.

### NIHR Manchester BRC

Our vision as a BRC is to drive forward health improvements for all and within this we have three strategic aims:

- Embed early translational research further into our communities and localities by **deepening the meaningful involvement of patients, public and civic partners.**
- Build a unique national powerhouse for innovation by combining the world-leading discovery and translational science capabilities of our partnership with a strong research culture centred on a **committed, diverse and inclusive workforce.**
- Accelerate at scale, the impact of our research through our mature and integrated innovation pipeline in order **to achieve measurable improvements in health and wellbeing across all sections of society in our region and beyond.**

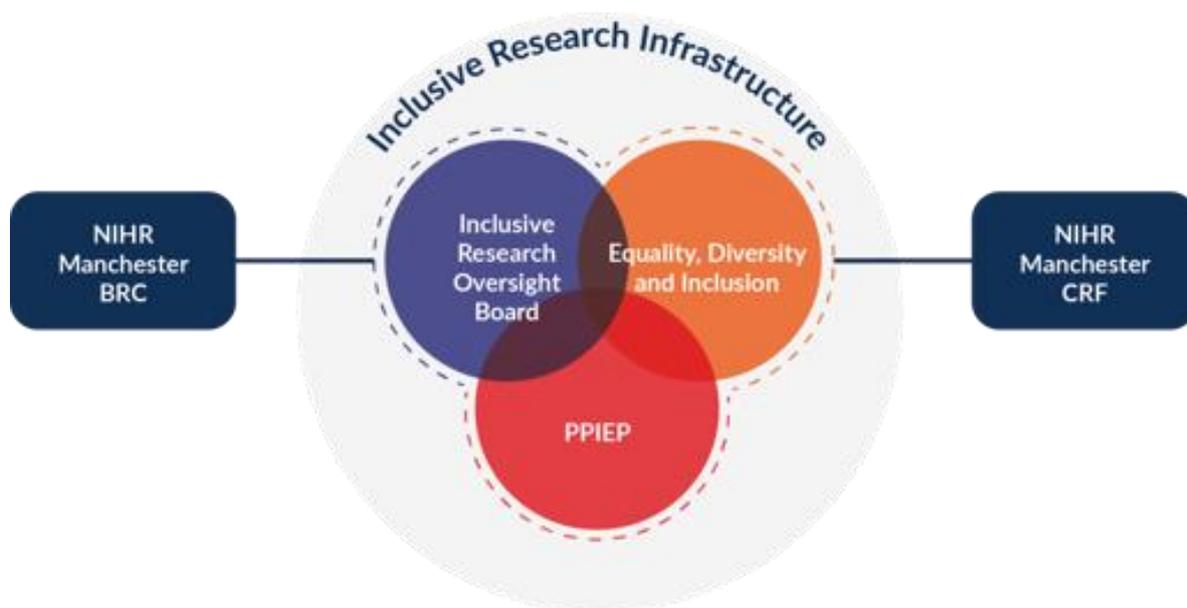
### NIHR Manchester CRF

Our vision as a CRF is to be a world-class exemplar of an integrated CRF that enhances translation of scientific advances through experimental medicine (EM) research and promotes research participation for patients of all ages and backgrounds. Our three strategic aims are to:

- **Expand CRF** in response to the needs of GM's population and the national life science industry to expand the volume and breadth of world-class EM research as part of an integrated GM approach.
- **Increase the skills and capabilities of the workforce** to safely deliver complex EM studies through provision of tailored training and educational programmes.
- **Involve patients and the public** in the Coproduction of systems to facilitate engagement and widen opportunities to access EM studies **focussing on under-served populations.**

### BRC and CRF Inclusive Research Infrastructure

PPIEP is part of our inclusive research infrastructure. Our PPIEP and EDI strategies and the IROB will deliver and align our inclusive research objectives.



Our PPIEP strategy is delivered in close collaboration with **Vocal**. Vocal's vision is to bring people and health research together for mutual benefit and has pioneered a joined-up approach to PPIEP across GM NIHR infrastructure, ensuring a collaborative community of practice, economies of scale, and tailored approaches.

Ultimately, we want to improve the health and lives of people through relevant and inclusive research that includes the voices of everyone, equitably. Through meaningful engagement, we will understand the complex and diverse experience and perspectives of our communities, promoting a more health research confident population.

We've established an **Inclusive Research Oversight Board** (IROB) that includes patients, citizens, public health, methodologists and Greater Manchester Integrated Care System (ICS). IROB will:

- Develop ways to capture and understand the demographic diversity of people informed, attracted, engaged and recruited to BRC and CRF research.
- Rigorously assess what works and what doesn't to help us improve inclusion in study recruitment.
- Develop evidence for where EM research is most needed to allow targeting inequalities related to particular places and/or patient health outcomes.

Closely aligned with our joint BRC and CRF PPIEP Strategy and our IROB, our **EDI strategy** aims to inspire evidence-led EDI practice, supporting a diverse and inclusive workforce to drive improvements in health and care for all. Mainly focused on our workforce and student population, its ambition is to:

- Foster a culture within the BRC and CRF that prides itself on its commitment to proactive inclusion
- Create processes and practice that enable BRC and CRF workforce and student population to thrive
- Ensure training and development opportunities are accessible and attractive to all staff

- Bring evidence-led EDI into the spotlight in our BRC and CRF infrastructure; to leave a footprint of positive and impactful change for our workforce, research participants and communities.

Patient and public voices from across our diverse region contributed to our vision and aims and are embedded into our scientific and governance structures. Our inclusive research infrastructure brings people and place into the heart of our research so that it is better delivered, more informed and serves our diverse communities.



## PPIEP strategy: Our approach

In preparing this strategy, we've drawn on the learning from our work over the last five years, which has supported a move to more inclusive research by:

- Integrating public, patient and community voices into health research priorities, design and delivery – through creative and equitable practices of working together
- Developing and implementing a strong focus on equality, diversity and inclusion – by establishing close work relationships with minoritised people and groups, and as allies to amplify their voices in research
- Increasing capacity and confidence amongst researchers, research staff and public partners – through training, learning initiatives and peer support
- Stimulating innovation and generating evidence about the value and impact of working together in research, inclusively – for example, the NIHR has highlighted aspects of our work as good practice
- Raising awareness of health research and having a say in health research – including through our large scale engagement campaigns
- Influencing strategy and governance of large scale programmes of research, and as part of research institutions.

We build on the Vocal vision and values that have previously (in 2019) been co-created with over 300 people – researchers, staff, communities, patients and carers – including a majority of public partners from areas of GM with the highest levels of deprivation indicators. Vocal values are:

- Everyone Matters
- Working Together
- Driving Excellence
- Innovating

Guidance provided by the NIHR, the UK Standards for Public Involvement and the NIHR Race Equality Framework for Public Involvement has also informed this strategy. In particular, the GM pilot of the NIHR Race Equality Framework, across the 9 NIHR infrastructure within GM, and its resulting actions for change, have been incorporated into the PPIEP strategy and have informed our EDI strategy.

### **What's happened so far to develop our PPIEP strategy?**

Our PPIEP strategy for the next 5 years has been co-created in partnership with Vocal's Black, Asian, Minority Ethnic Research Advisory Group (BRAG), and through a series of workshop-based discussions, with:

- 60 public and community partners
- 11 young people, including as part of Vocal's Voice Up research advisory group of young people
- 35 researchers and research staff from BRC and CRF partner organisations

Following the workshops, a draft strategy was put out for consultation, asking:

- What do you like about the strategy?
- What could be improved?
- What would you like to see more of?
- What would you like to see less of?

The findings from the consultation, which received 102 visits and 17 in depth responses from public and research partners during a 4-week period from April to May 2023, were incorporated into our final PPIEP strategy.



# **NIHR Manchester BRC & CRF PPIEP Strategy 2022-2027: Bringing people and health research together for everyone's benefit**

## **1. EVERYONE MATTERS**

Our collective aim is to work together inclusively so that health research can address health and social inequalities, ultimately providing the best evidence to inform better health and social care.

We adopt a social justice approach: partnership working in research should be equitable – in other words, fair, respect human rights and seek to shift existing power dynamics and hierarchies of knowledge to produce inclusive research.

Our focus is on equity: empowering people who might be minoritised or excluded by research. We acknowledge the health inequalities that exist in society but simple acknowledgement has not helped to reduce this inequality. Achieving equity in research requires positive action.

Our priority is to promote and demonstrate inclusion in working together in research.

Our approach acknowledges that everyone has their own unique experiences of discrimination and oppression, and we must consider everything and anything that can marginalise people, including age, gender identity, ethnicity, class, sexual orientation, physical ability, geographical location.

### **What will be different in 5 years?**

We can demonstrate that our work is inclusive across different protected characteristics and geographies, and that the research we support addresses inequalities in its priorities, design, recruitment and dissemination.

### **Action plan**

Working with the BRC and CRF IROB and building on our evaluation strategy (see Driving Excellence), we'll establish ways of assessing how fair and just (how equitable) we are in how we work together in health research.

We'll proactively identify and address where inclusion in working together in research needs to be strengthened.

We'll influence and enable the GM health research ecosystem to deepen its learning about equity in research, through partnerships established through working together.

Our Black Asian Minority Ethnic Research Advisory Group (BRAG), meeting monthly, will maintain our focus on race equality, including through refreshed and expanded membership and integration into strategic and governance functions of the BRC and CRF.

We'll take forward Manchester's Race Equality Framework actions for change as they relate to BRC and CRF organisations. We'll continue to work with the 9 GM-based NIHR research infrastructure and our host institutions Manchester University NHS Foundation Trust (MFT) and University of Manchester and report against our actions for change through the NIHR Oversight Board.

We'll broaden our focus to ensure that we effectively involve people experiencing other forms of minoritisation, including ableism, neurodivergence and religious discrimination. Our experience of working with people with experience of racial inequalities will support us to do this.

We already work with a wide variety of people in research and we'll continue to monitor and report on the demographics of who we're working with, to inform our strategic focus and approach. By collecting data in this way, we'll identify groups of people who remain excluded by research, and we'll prioritise their involvement through additional and targeted efforts.

We'll hold regular (at least once per year) insight sessions and directed learning about intersectionality, marginalisation and health inequalities, including through support and learning activities (for example, briefing notes and case studies produced with public contributors) for BRC and CRF researchers and research staff.

With the IROB, we'll marry data-driven approaches and lived experience to understand how BRC and CRF research can better address inequalities and inclusive methods for prioritisation of research activities.



## 2. WORKING TOGETHER

### 2.1. RESEARCHING TOGETHER

Working together is the bedrock of all that we do.

Our ambition is that all home-grown GM and North West research is developed in partnership with people and communities, and its outcomes are invested back into the population through better health and social care.

We create and nurture a variety of working relationships and ways of working together towards common goals.

We avoid working in separate silos. We collaborate and share learning across the vibrant and rich research, health and social care, community, civic and cultural heritage and assets in GM and the North West, as well as with national and international partners.

Our work centres on developing and flourishing communities of practice – that is, groups of people, including researchers, public contributors and creative practitioners - who share a common concern and goal to create inclusive research.



#### **What will be different in 5 years?**

We'll have strong relationships, founded in trust, with diverse communities around GM. We'll have further developed methods for working together for meaningful involvement in our research and innovation. Tangible examples will demonstrate how PPIE has enhanced our research and its impact.

Everyone we work with can articulate how they've worked together in research and the potential benefit that this will bring to health and social care. As a result of working together, people feel valued, important and included (across all our partnerships). In 5 years, we'll have worked with a greater number of people and organisations, in meaningful ways.

**Action plan**

Our PPIEP work extends across our hosts Manchester University NHS Foundation Trust (MFT) and aligned Partners:

		
Manchester University NHS Foundation Trust (MFT)	BRC Host	CRF Host
	BRC Partner	CRF User
	BRC Partner	CRF Partner
	BRC Partner	CRF Partner
	BRC Partner	CRF User
	BRC Partner	NWCRF Alliance Member
	BRC Partner	

Our strong working relationships also include the 9 GM-based NIHR infrastructure organisations.

Our wide partnership reaches across our urban, rural and coastal communities in the NW and covers some of the most diverse populations in England, rich in culture, heritage and creativity.

- We'll support the growth of Vocal's Research Advisory Groups and Networks focused on lived experience of health conditions, and specific protected characteristics, working across the research portfolios of the BRC and CRF. We'll work closely with a range of PPIEP networks and communities of practice across GM and nationally. The number of public and community partners working with us will increase by at least 20% over 5 years. We'll focus on the quality and depth of relationships, as well as the breadth of public partnerships.
- We'll focus on diversifying the membership of our Groups and Networks (including as informed by our demographic monitoring), and include methods for succession

planning and peer support. We'll target recruiting younger people to the Voice Up research advisory group of young people.

- Building on our experience of working in localities with community organisations between 2017 and 2022, we'll further establish deep and strategic community partnerships with partners in at least 3 other localities (for example, North Lancashire, Blackpool, Salford and North Manchester) to reflect the expanded footprints of the BRC and CRF.
- Drawing on the initial development of an Integrated Care System (ICS) Research Engagement Network in GM, we'll co-develop with GM research (including across all 9 NIHR Manchester-based infrastructure) and the Voluntary Community and Social Enterprise (VCSE) sector, a 'community charter' for working strategically, equitably and coherently with community and voluntary sectors, by the beginning of year 2.
- We embody our shared values in all our work and expect our partners to sign up to them, and to respect and abide by our co-created 'ground rules' for inclusive partnership working.
- Our methods for working together will include a variety of virtual and face to face approaches (for example, lived experience insight meetings, citizen's juries, creative sessions), and will be elaborated and defined at the outset with researchers and public contributors.
- We'll work with MFT, initially, and our other partners, to finalise processes and support systems for public contributor co-applicants on research grants (*BRC specific*).
- All new BRC priority projects between 2022 and 2027 will benefit from comprehensive and meaningful public involvement (*BRC specific*).
- Working with the BRC and CRF Partnership team, we'll conduct at least one, in year 2, specialist and influencer sessions with industry, public and community partners, about working together in research. This will include identifying ways of enabling and deepening partnership working in commercial studies hosted by the CRF.
- We'll cascade opportunities for researching together across our GM networks (for example, with the NIHR GM Applied Research Collaboration's (ARC) Public and Community Involvement and Engagement Forum), Research for the Future, and encourage our partners to do the same.
- Effective communication is vital to working together. We'll:
  - Send quarterly newsletters to BRC and CRF and other GM research infrastructure staff, public and community partners, communicating PPIEP key achievements, opportunities, learning and training
  - Send bi-monthly newsletters to public contributors and researchers across our networks with more detailed information about PPIEP activities related to thematic research areas, and the difference they have made to research
  - Share case studies (at least 2 per year from BRC and CRF portfolios) highlighting Researching Together activities and our learning from them, on BRC, CRF and Vocal websites (and via newsletters) and, where relevant, as aligned to the EDI case study library (see EDI strategy)
  - Publish case studies by public contributors involved in Governing Research on the BRC, CRF and Vocal, websites to highlight their experience of the role, in years 2 and 4.
  - Where appropriate, publish papers on PPIEP activities, learning and impact, in peer-reviewed journals.

## **2.2. GOVERNING RESEARCH TOGETHER**

Shared decision-making is integrated at strategic, executive and governance functions of health research, as well as operational project and programme level.

We commit to shared decision-making to enhance flexible, purposeful and appropriate involvement, through non-tokenistic co-leadership which values varied expertise.

In these forums, professional and public contributors can confidently articulate their expertise and how it adds value to research.

We promote greater accountability, relevant research and mutual trust through inclusion of a diversity of expertise, reciprocal respect and effective partnership working in research strategy, governance and executive roles.

There is no expectation of “representativeness” in governing together: a breadth of voices is important, and everyone brings their own relevant experience, context and background.

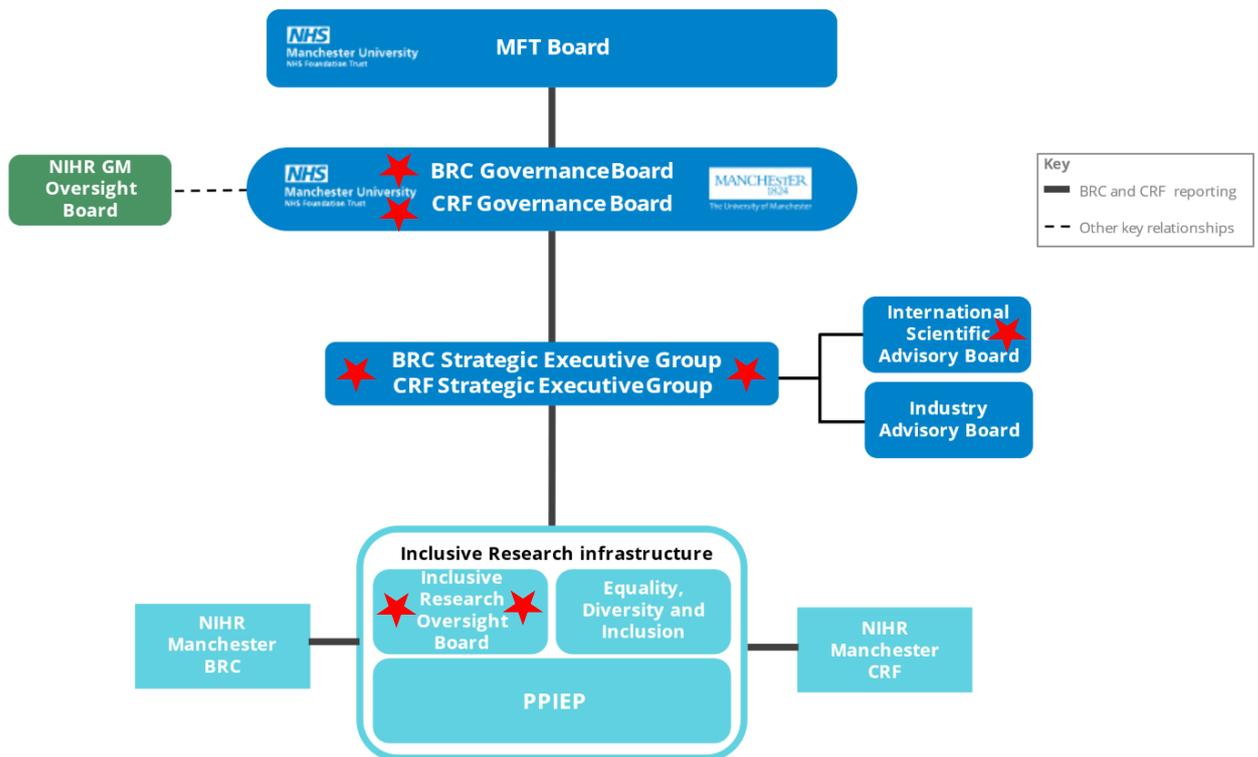
### **What will be different in 5 years?**

People feel that decision making at all levels is transparent and have evidence of a range of accessible examples of collaborative decision-making.

### **Action plan**

The BRC and CRF are committed to the 'One NIHR' vision, driven through the established Manchester NIHR Research & Innovation (R&I) Oversight Board. This Board is chaired by the Group Chief Executive of MFT, the Dean of the Faculty of Biology, Medicine and Health (FBMH) at the University of Manchester and the Chief Executive of The Christie NHS Foundation Trust and has representation from all BRC and CRF partners. This Board ensures research and innovation is aligned to meet the health needs of our population and healthcare services, promoting mutually supportive strategies and maximising outputs for all NIHR infrastructure. EDI, PPIEP and Capacity Building are focused pillars within the NIHR R&I Oversight Board.

- Public voices are included in governance structures (as red stars in the diagram below), as full members of the:
  - BRC Strategic Executive (at least two public partners + Vocal Director or Deputy Director),
  - BRC Governance Board (at least two public partners, including a partner from the VCSE sector),
  - BRC Scientific Advisory Board (at least one public partner)
  - BRC and CRF Inclusive Research Oversight Board (at least two public partners + Vocal Director and Deputy Director).
  - CRF Executive Group (at least one public partner + Vocal Director)
  - CRF Governance Board (at least one public partner)



- Public contributors on the BRC Strategic Executive Group, CRF Executive Group and IROB will represent BRAG, to support the BRC's commitment to race equality and fulfilling the GM Race Equality Framework for Public Involvement actions for change.
- Initially, both the BRC and CRF Governance Boards will include at least one of the same public contributor, to enable synergies.
- The Vocal Director is a member of the MFT Research and Innovation NIHR Oversight Board, which brings together all NIHR infrastructure based in GM.
- BRC and CRF governance structures will address the actions for change as elaborated through the pilot of the NIHR Race Equality Framework in Manchester: at least two public contributors with experience of racial inequalities will be part of BRC and CRF governance structures.
- Professional and public contributors in governance roles will be supported through 1:1 support from Vocal, BRC and CRF Directors and staff. Types of support may include presentation of expertise, understanding of meetings and their purpose, including through clear and agreed terms of reference, clarity on scope for decision-making, i.e. What is and isn't possible to influence or change.
- A diversity of voices in governance is ensured through additional methods, where required, for example to gain additional perspectives, regularly refreshing committee membership (professional and public), reflecting and sharing learning across governance personnel. Professional and public membership of governance committees is regularly reviewed and refreshed to ensure diversity of voice, while maintaining continuity of learning.

- Public contributors on governance functions across the BRC and CRF and other Vocal collaborations will meet regularly (at least once per year), facilitated by Vocal staff to share learning, intelligence, and for peer support. We'll pilot mechanisms to enable 360 degree feedback about working together in governance: this will both ensure effective working relationships and contribute to personal and professional development. We'll further draw on this group to provide insight, advice and strategic direction to the Vocal team.
- The NIHR R&I Oversight Board and our BRC and CRF Governance Structures will monitor the delivery of our joint PPIEP strategy. Progress against the PPIEP strategy will be reviewed quarterly by the BRC and CRF Strategic Executive groups. Progress updates will be published publicly (for example via blogs) at the end of year 1, at mid-term review, and at the end of the funding period.
- Where trial steering committees operate for BRC majority funded studies, we strongly encourage the inclusion of public voices on these and we'll offer support to make this happen.
- We'll run reflection sessions throughout the grant period (end of year 1, end of year 2 – aligned with mid-term review – and year 4) of BRC and CRF 2022 2027 on working together (how has it worked, what difference has it made, what could be done better).
- Throughout our public and research partnerships, we trust each other to maintain confidentiality of sensitive personal, governance and executive discussions and information.



### 3. INNOVATING

#### 3.1. INNOVATING ENGAGEMENT & ACTIVE INVOLVEMENT IN RESEARCH

Our imaginative engagement campaigns inspire and interest, building relationships between people and research. We focus on the assets of the people we're aiming to reach, and take proactive steps to connect with them, where they are.

We co-create accessible, clear and relevant engagement campaigns and communications about research and how to have a say in research. Our approach to engagement is grounded in evidence about what works and what doesn't.

Our communications to professional audiences raise awareness of the value, principles and practice of actively involving people in health research.

#### What will be different in 5 years?

As a result of relevant and effective engagement, people feel valued, included and informed ("yes, that's for me!"). How we work together in health research is increasingly recognised.

#### Action plan

- Throughout all our work, we'll support public contributors to move from being 'engaged with' to 'actively involved in' research; and from being actively involved, to further engaging others about research and having a say in research. In this way, we 'close the loop' between engagement and involvement and operate within a cycle of continuous improvement. This builds on our approach from 2017-2022 (Holmes et al 2019).
- With our partners, we'll develop a patient and public involvement 'Lab' to identify and collectively take forward and seek funding for innovations in working together across our GM footprint. We recognise that PPIEP is always evolving: we aim to stimulate deeper co-creation, wider partnerships (for example, working more closely with industry and national charities); and novel methodologies.
- We'll involve public partners in developing all our engagement campaigns. Building on our practice and strength in co-created communications and engagement campaigns during 2017-2022, we'll co-deliver at least 3 large scale engagement campaigns during 2022-2027 to support awareness, involvement and participation in EM research as part of the BRC and CRF. These campaigns will tie in with learning and development programmes for researchers and research staff, through liaison with our Capacity Building team. These engagement campaigns will cut across all the work of the BRC and CRF. Through the process of developing this strategy and listening to our community and research partners, areas of focus for these campaigns might include:
  - How do we work together in non-clinical research (for example, data-driven research, laboratory-based research)?
  - Experimental medicine - is it for me?
  - Developing new therapies: working across the NHS and industry

- Time is of the essence: working together in acute and time-sensitive research settings
  - Opt in, opt out – or other options? Consent and translational research.
- Our engagement campaigns will capitalise on opportunities to engage young people with research, and how to have a say in research by working with youth-led and youth-focused organisations.
- We'll work with BRC Themes and Clusters and CRF colleagues to support more specific, subject-based engagement with research at community-based events within GM, Blackpool and North Lancashire.
- We'll publish stories (2 per year on our websites) about why people become involved in research; and about the difference involvement makes to research and people's lives.
- We'll work with our colleagues and partners to make sure that BRC, CRF and Vocal communications strategies are congruent and effectively cross reference each other. We'll make effective use of digital and traditional marketing approaches and materials, to raise awareness of research, and how to have a say in research, (for example, have flyers ready for use, continued social media presence, effective targeting of communications).
- We'll continue to model the use of inclusive language by avoiding the jargon and acronyms used in both science and public involvement. Working with BRAG and others, we'll co-create guidance for researchers on inclusive language. We'll offer translations and the use of British Sign Language interpretation as part of relevant PPIEP activities, and use languages other than English as primary languages for PPIEP activities, where this has been identified as necessary with our public partners.

### **3.2. INNOVATING RECRUITMENT TO RESEARCH (RESEARCH PARTICIPATION)**

We consider that effective recruitment to research studies cannot be considered in isolation and is dependent on a complexity of personal, systems-based and contextual factors.

We offer our expertise to teams across the BRC and CRF wanting to work together to help develop more inclusive recruitment practices, for example by analysing existing research processes and suggesting areas for development.

We aim to better understand the effect that working together in research can have on recruitment to research studies.

#### **What will be different in 5 years?**

We can better articulate the difference that working together makes to recruitment to research studies, our research partners feel more confident in inclusive recruitment practice, and we observe a greater diversity of people recruited to BRC and CRF research.

## Action plan

- Led by the IROB, aligned with our EDI strategy and informed by NIHR's guidance on diversity data, we'll support the BRC and CRF core teams to capture and understand the demographic diversity of people recruited to BRC and CRF research. This data will inform recruitment strategies and priorities.
- The IROB, Vocal and BRC researchers will work together to quickly and rigorously assess what works and what doesn't to improve inclusion in recruitment to experimental medicine studies. We'll work towards identifying and implementing a minimum 'inclusion standard' for recruitment to BRC and CRF research studies.
- Led by the IROB, and aligned with our EDI strategy, we'll integrate inclusive recruitment into BRC and CRF research, including how to integrate lived experience into research portfolios. Our Research Advisory Groups and Networks will input to the recruitment strategies of BRC and CRF studies.
- Our PPIEP evaluation strategy and practice will specifically assess the effect of involvement and engagement on recruitment to research.
- Led by the IROB, we'll develop a new data set that will evidence where experimental medicine research is most needed. This data will inform BRC and CRF research priorities and recruitment strategies, including targeting inequalities related to particular places and/or patient health outcomes.
- The IROB will work with data from our partner hospitals to see where the gaps are in terms of people accessing healthcare. We'll then use these data to focus our research to incorporate these gaps.
- Through learning and development opportunities and aligned to our Capacity Building strategy, we'll work with research delivery staff to deepen their understanding and practice related to recruiting patients to studies, with a focus on working sensitively and inclusively with those who might previously have been minoritised by society and/or excluded from research.
- We'll offer shared learning sessions on working with the NIHR-INCLUDE framework (*BRC specific*).
- Through patient experience approaches and working with the IROB, we'll develop methods to understand research experience from participants and potential participants belonging to minoritised groups.
- We'll co-develop systematic methods to effectively feedback the results of research studies to those who took part in them.



## 4. DRIVING EXCELLENCE

### 4.1. SHARING OUR LEARNING

We confidently demonstrate the difference that working together can make to research and to everyone involved.

We develop and apply robust ways to understand the changes that working together makes to research and to people's lives. We understand that these changes can occur in multiple and interlinked ways, for example:

- In relation to individual targeted research projects and studies
- Across broad and large scale programmes of research,
- As part of research culture and environments
- At a personal level amongst researchers and research staff
- At a personal level amongst public contributors including changes in confidence, agency and skills.

We show leadership in applying methods to assess change, and sharing our learnings, contributing to the evidence-base and legacy for future collaborative relationships in health research.

We seek to understand and evidence the change(s) that working together in research makes. We've heard that the term 'impact' is often understood in a variety of ways (across all our partners) and we'll ensure clarity in our approach and language related to the impact of working together.

### What will be different in 5 years?

Everyone associated with the BRC and CRF can articulate, and point to evidence showing, the differences that working together in research has made or can make.

### Action plan:

- We'll finalise our PPIEP evaluation strategy and systematic processes in year 1. We'll assess and communicate change as related to the difference working together in research makes to:
  - Research priorities, design, delivery and communication of research
  - Attitudes, skills and learning amongst researchers and research staff
  - Agency, skills and confidence amongst public contributors
  - People's willingness to further get involved, hear about, or be recruited to research
  - Addressing health inequalities through research (working with the IROB).
- During 2022-2027, every PPIEP activity will be evaluated, and the difference it makes recorded from the point of view of all those who were involved. We'll continue to develop and deepen our systems and processes for understanding change.
- At the outset of working together, we'll mutually agree and understand the difference that we hope collaboration will bring. We also understand the need to be flexible and

adaptive, and to record the consequences of public involvement that might not have been anticipated.

- At a project and programme level, we'll feedback the difference that working together made to everyone involved.
- We'll offer training (one session per year) to researchers and research staff on how to evaluate public involvement.
- We'll regularly share our learning through at least one case study/story of change per year published on BRC and CRF and Vocal websites and through regular forums across GM (for example, at Manchester Academic Health Science Centre seminars), nationally (for example, BRC PPIE Leads Network, UK Clinical Research Facility Network).
- We'll continue to share our learning through peer-reviewed publications (at least one per year), conferences (public involvement, VCSE and research sectors) and national workshops (for example, run by the NIHR Centre for Engagement and Dissemination).
- We'll reflect on what didn't go so well, as well as what did go well (at regular team meetings, shared learning sessions, BRC Theme and Cluster meetings).

#### **4.2. SUPPORTING EXCELLENT PEOPLE**

We support all our partners to work together effectively, through comprehensive, personalised and co-created learning and development activities, online and in person.

We'll build on our strong foundations of working in clinical (hospital-based) research, and develop a further focus on equipping people with the skills, knowledge and networks to work together in research, with a focus on early phase, translational and non-clinical health research, that is: research that starts in the laboratory, or relies on data and/or non-clinical settings.

Our strong focus on inclusion will be integrated in our training offer (for professional and public audiences).

Dedicated Vocal staff will work with researchers and public contributors, developing and maintaining relationships, communities of practice and effective ways of working together.

#### **What will be different in 5 years?**

Everyone we work with will have received training and/or support to work effectively together in research. People will feel more confident of their skills and agency to work together.

**Action plan:**

- Working with our community partners, cultural competency will be integrated into training offer, including guidance on inclusive language and alongside the BRC and CRF's EDI strategy.
- As well as the 'community charter' (Working Together), with our community partners, we'll further produce guidance for researching together with specific communities, in response to research priorities and community listening activities in year 1. General principles elaborated in year 2, additional guidance for working with specific marginalised communities in years 3 and 4.
- We'll work with Vocal to facilitate developing and nurturing relationships with communities building activities before any major/priority BRC programmes of work start and identifying ways to sustain relationships beyond individual projects (*BRC specific*).
- Voice Up supports talent development of younger generations as researchers, activists and informed citizens of the future. We'll work with our research partners (for example MFT) to ensure that Voice Up members have access to work experience, apprenticeships and placement opportunities.
- Vocal will provide support grant applications arising from BRC and CRF work with specialist involvement expertise and with lived experience partners.
- We'll provide regular feedback to all BRC and CRF partner organisations regarding developments and initiatives (local and/or national) focused on communities and patients that will be relevant to their Themes, Clusters, programmes, research studies including via newsletters.
- Our comprehensive induction and support for public contributors is well established, and we'll review our Welcome Packs each year. We'll further develop our co-applicant support, by working closely with MFT as our host organisation. All public contributors will continue to be paid according to NIHR guidance and within 2 months of their activities.
- Within the BRC:
  - Dedicated Vocal Specialists will support specific Clusters and Themes, working with PPIEP Theme leads to plan, budget and integrate PPIEP into Theme research. Vocal Specialists will attend Theme and Cluster meetings.
  - With the BRC Capacity Building team, we'll offer regular training:
    - Regularly updating our Inclusive Research online learning with relevant content related to working together in experimental medicine
    - Making the Inclusive Research online learning mandatory for all BRC staff
    - Twice yearly training sessions covering the basics of PPIEP, working with communities, evaluation. One of these sessions will take place at the start of the academic year, for new students and staff
    - Yearly shared learning events on areas of interest across BRC Themes and Clusters. At the outset, we've surveyed the BRC to understand areas of priority for PPIEP training and we will design the content and schedule according to responses, including across different staff groups (for example, early career researchers, research support staff).
    - 'Drop in' sessions for researchers and PPIEP Theme leads.

- Vocal Specialists and PPIEP Theme leads will come together in peer support and learning activities, once per year.
- Within the CRF:
  - We'll offer regular training, including by:
    - Updating the Inclusive Research online course with content related to working together in research delivery,
    - Continuing to make Inclusive Research online learning mandatory, and updating the CRF induction programme
    - Developing and disseminating case studies of working together in CRF-based research
    - Holding 'patient insights' sessions once per year.
  - A Vocal Specialist working across all 6 CRF sites in Year 1-2 will develop a peer-support and learning community of CRF site-based PPIEP leaders in years 2-5.
- A virtual learning resource will be established as part of BRC, CRF and Vocal websites, with downloadable resources and content links.

**And finally...**

Thank you to everyone who has helped to develop and refine this strategy, including patients, researchers, research staff, members of the public and community partners.

We're excited to work together with you over the next 5 years and to build on our strong foundations to achieve better health improvements for all.

## **Abbreviations**

**BRAG:** Black, Asian Minority Ethnic Research Advisory Group

**BRC:** NIHR Manchester Biomedical Research Centre

**CRF:** NIHR Manchester Clinical Research Facility

**EDI:** Equality, Diversity and Inclusion

**EM:** Experimental Medicine

**FBMH:** Faculty of Biology, Medicine and Health, University of Manchester

**ICS:** Integrated Care System

**IROB:** Inclusive Research Oversight Board

**MFT:** Manchester University NHS Foundation Trust

**NIHR:** National Institute of Health Research

**PPIEP:** Patient and Public Involvement, Engagement and Participation

**R&I:** Research and Innovation

**VCSE:** Voluntary, Community and Social Enterprise