EXAMPLE 3: NIHR CLAHRC North West London

This is one of a series of examples of ‘4PI in Action’. In each one we aim to show how we have worked with different individuals, groups and organisations to implement the 4PI standards in order to promote and enable the involvement of service users and carers.

CLAHRC NWL is one of 13 CLAHRCs (Collaboration for Leadership in Applied Health Research and Care) across England. They are funded by the National Institute for Health Research (NIHR) to speed up the time it takes to put evidence into practice in healthcare to improve patient care. CLAHRC Northwest London takes a quality improvement approach, which means supporting people to establish multi-disciplinary teams, and use a systematic approach to make evidence-based improvements in healthcare. It is hoped that through a systematic approach, the improvements being made will have a greater chance of long-term success.

Patient and Public Involvement (PPI) is part of this systematic approach to Quality Improvement. It is integral for teams to involve patients, as team members and in a variety of other ways in the improvement project. However, healthcare professionals have struggled to know ‘how’ to involve patients/public.

Patient and Public Involvement (PPI): CLAHRC NWL’s PPI team informally introduced the 4PI National Standards to improvement teams in 2013, to help teams to plan their involvement. It was well received by healthcare professionals who found it provides direction and a clear way to frame their PPI plans. People felt it was a straightforward approach covering aspects that people often don’t think about or plan. This lack of planning can lead to confusion about the roles of patients/public and their involvement. It can reinforce PPI being done because it is expected, as opposed to understanding the value of involving patients/public and the contribution this can make to healthcare improvement.

The cyclical approach of 4PI complements CLAHRC NWL’s wider systematic approach for quality improvement, as that also emphasises reflective learning and continuous improvement through planning and then testing these plans out in practice. This is one of the many strengths of 4PI as healthcare professionals and researchers who are new to involving patients/public often believe it will work immediately. If it doesn’t, they become disillusioned with PPI as a whole and may believe it ‘doesn’t work’. 4PI reminds people that PPI needs to be a planned process, with adaptations made based on what has been tried and tested.

Future plans: CLAHRC NWL has now started to adapt 4PI so that it provides an easy to use facilitated framework for our project teams (See the example in Figure 1). They have noted that PPI is stronger and more sustainable if it is part of a facilitated process, but this requires a trained PPI
facilitator. They are currently exploring whether adapting 4PI could create a tool to help others without experience and capabilities in facilitation. They are also exploring whether the framework support healthcare quality improvement teams plan and manage how they involve and work with each other and anyone else, not solely patients/public. Similarly, they are keen to find out if 4PI influences the longer term success of a project team's PPI, leading to more meaningful involvement of patients or service users in research.

For more information about 4PI in the CLAHRC NW London, contact: Meerat Kaur, m.kaur@imperial.ac.uk

Figure 1

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Northwest London

4PI: Principles Purpose Presence Process Impact