The role of a Public Advisor

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Personal Benefits

- Increased knowledge of research
- Increased knowledge of social care issues
- Opportunity to develop skills and networks

The value of public involvement

What is the value of public involvement and public involvement groups?

- I have enjoyed working with the world's top social care researchers as a public advisor over the past years. My contributions and suggestions are always respected. I am treated like a colleague and receive payment for my work.

- My concern is always that people who draw on health and social care should get support to live their best life, doing what matters to them, what makes sense to them. I think my contribution is that focus, and my knowledge and experience about the realities of accessing services.

Researchers and research projects

- Feedback suggests that contributions are useful
- Contributions sometimes make a difference
- Involved as an equal partner

However:

- Where does public involvement sit in the list of academics' priorities?
- Power of public involvement initiatives

Marginalisation, or alienation

- The difficulties of being the only person with acknowledged lived experience in the room
- ‘Intimidation’ and feeling bad

Key questions

- What is the value of public involvement?
- What priority is given to public involvement?
  - And why?
- What power do public involvement initiatives possess to bring about change?
  - Do they exist to bring about change?
- What can be done to ensure that public advisors can contribute in ways that suit them?

The role of public advisors in social care policy research

Mike Shepherdson

PPI/E Education – Case Study Evaluating the case for GP's in ED's (GPED Policy)

- Emergency departments face considerable pressure from high volumes of attendances.
- Many attendances may be of patients for whom primary care would be appropriate.
- Trusts were encouraged and ultimately required to introduce GPs into or alongside ED care in England
- Aim to reduce pressure on EDs and so improve patient flow and outcomes.

Regression discontinuity in GPED

- We know (for a sample of hospitals) *what hours GPs work*
- – *But* this is not a perfect cut-off (timing)
- We know (for all hospitals) *what time patients arrive*
- We have a selection of outcome measures for all patients/hospitals
  - – How long patients wait (and how often the 4-hour target wait is met)
  - – How many patients leave and then re-attend
  - – How many patients leave without being treated
  - – How many patients are ‘unnecessary’ attendances
  - - 40 Trusts / 4.4 m Attendances

Conclusions

- Data quite varied by trust
- Re attendances more likely
- Unnecessary attendances not as positive reduction in the evening
- Quantitively the introduction of GPED's does not appear to make a huge difference to either waiting times or reattendances
- The Trusts did not necessarily know when a GP was on duty in ED Therefore neither did patients.
- Some Trusts did not know which patients were treated by GP or ER DR
- Impact on Primary care services & Financial implications unclear
- Policy implemented ahead of completion / publication of the study results
- Excellent education for Public Advisors- should hold the sessions more widely ?