

*The NIHR Health Protection Research Unit in Emergency Preparedness and Response at King’s College London*

**Theme 6 Public and Patient Involvement Plan**

This document outlines the Public & Patient Involvement (PPI) plan for Theme 6: Biomarkers and Triage. This theme focuses on the development of robust, rapid and reliable biomarkers that enable the identification of exposure and contribute to decisions about medical management of casualties including triage. These biomarkers should be as near patient as is feasible, depending on the technology required, and either a marker of a specific exposure or of the adverse effect of the agent. Work will be conducted in the following areas

* Identification of priority chemicals and exposure scenarios, in collaboration with PHE and DH
* Development and/or adaptation of analytical approaches for near patient use
* Operational assessment of biological effect marker approaches developed for “near patient” use in previous research projects
* Integration of near patient methods and decontamination protocols into a revised concept of operations
* Exercise of revised concept of operations and identification of best responder practise
* Incorporation of research outcomes into guidelines for a revised concept of operations for medical responders

This plan will guide PPI activity for Theme 6 research projects. We will review this plan regularly, as new projects start and based on feedback from the HPRU central management, our researchers and the members of the public who take part in the activities.

In line with EPR HPRU PPI policy, this plan only focuses on activities where the public are actively involved in our research projects and does not include public engagement or research dissemination activities.

The activities we will engage in in order to pursue this plan are outlined in the table below:

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| **PPI activity** | **Aim** | **Schedule** | **Indicators of success** | **Completion/outcome** |
| PPI Steering committee at Newcastle with an appointed lay representative (shared with Theme 5 to maximise resource use) meet | 1. Agree PPI strategy – how best to shape research, understand public concerns, improve risk communication, disseminate results and consider barriers to implementation (cultural, organisational etc.) | Met in March 2015 | * Lay Member (Pamela Denham) appointed * Agreed strategy for PPI for theme 6 | * Pamela has been appointed SG chair * Strategy for theme 6 is now submitted |
| Approach focus groups with experience in providing feedback on guidance such as Voice North Research Support | 1. To review the outcomes of laboratory research and exposure scenarios. 2. Consider ways to recruit members of the public who have been involved in large scale incidents to form a focus group 3. Employ social media, such as blogs and YouTube videos to reach a wider audience, building on the success of the research matters event 4. Carry out a demonstration of the proposed “dry decon” approach (the 3 Rs: remove yourself, remove your clothing, remove the contaminant), combined with gathering feedback from attendees on the proposed guidance and the acceptability of this approach, and whether it would be appropriate as part of the revised triage approach. 5. To identify any areas that could be improved, in terms of information which is missing or which should be included, or information requiring clarification. | We held our Health Protection Research Matters Event on 30th November 2015 with the participation of Voice North. The background to the two themes (5 and 6) was introduced followed by a “speed dating” event in which participants discussed the planned research with researchers.  A PPE/I event is planned for February 2018; a demonstration of dry decon is currently in the planned running order. | * Identification and involvement of focus group interested in and engaged with the research. * Identification of factors which may affect perceived public acceptability of near patient biomarker approaches and integration of decontamination approaches, and identification of ways in which acceptability of such methods can be improved; in particular we would seek information on whether dry decontamination is perceived to be less effective than the previously used showering approach, even if the former resulted in more rapid decontamination and more efficient triage of casualties. * Identification of factors which may affect perceived public acceptability of classification of casualties during a large scale incident, and identification of ways in which acceptability of such methods can be improved.   • Public feedback facilitates clarification and improvement where necessary. | * **Items 1 and 2 Complete** Useful information about behaviour during incidents was obtained from the first PPE event, but it was appreciated that the Voice North group may not be the most appropriate focus group; a better focus group may be those who have undergone a medical exercise such as that planned in May 2018. Item 3 is ongoing. * **Item 4 Outcome:** If the 3R guidance is well received by participants we can feedback that information to the DH. If not, we can consider ways to improve communication/education regarding the effectiveness of 3Rs * If the participants do not express the view that decontamination would integrate well with patient triage, we can consider opportunities to better demonstrate the effectiveness of this approach. |
| Carry out an evaluation of new approaches to triage and patient classification following and exercise with volunteers | 1. Obtain feedback on the perceived public acceptability of classification of casualties during an Exercise (which will incorporate the new triage and classification approach and new “near patient” approaches), to be held in collaboration with partners at PHE. Consider whether recruiting some volunteers for follow-up work as a focus group would be worthwhile. | Exercise involving deployment of a type 2 UK field hospital is planned for May 2018 (precise date TBC, location in or near Portsmouth); theme 5 and 6 staff plan to be able to participate in this exercise | * Improved understanding of factors which may affect perceived public acceptability of near patient biomarker approaches, and identification of ways in which acceptability of such methods can be improved. * Improved understanding of factors which may affect perceived public acceptability of classification of casualties during a large scale incident, and identification of ways in which acceptability of such methods can be improved. | * **Item 6 Outcome** If the experience of participants in the Medical exercise of “near patient” biomarker approaches is perceived to be unfavourable, we will identify opportunities to improve this experience. * **Item 6 outcome** If the participants understanding and views on the system of classification of casualties during an incident (especially the “expectant” classification) are unfavourable, we will identify methods to improve the acceptability of this system with better communication/education. * **For both outcomes**, the quantitative definition of “unfavourable” will be determined with future iterations of the plan. |