

Appendix 1: Patients included charter and how it informed the event

Charter clause no.	Charter clause description	Self assessment of how clause was or was not achieved
1	Patients or caregivers with experience relevant to the conference's central theme actively participate in the design and planning of the event, including the selection of themes, topics and speakers.	-Event topic inspired by PRIMER members -Co-production of event from initial idea through to delivery
2	Patients or caregivers with experience of the issues addressed by the event participate in its delivery, and appear in its physical audience.	-Co-presentation of the event -Co-facilitation of all group discussions - 50: 50 split of researchers and public contributors in the audience
3	Travel and accommodation expenses for patients or carers participating in the advertised programme are paid in full, in advance. Scholarships are provided by the conference organisers to allow patients or carers affected by the relevant issues to attend as delegates.	- Attendees were all from within Greater Manchester so no accommodation costs incurred. - All travel expenses paid in full in cash on the day of the event so no-one incurred out-of-pocket expenses. -Attendees received £100 cash on-the-day for their time and contribution. -We advertised the option of pre-booking travel for anyone that required it.
4	The disability requirements of participants are accommodated. All applicable sessions, breakouts, ancillary meetings, and other programme elements are open to patient delegates.	-All aspects of the event were open to all attendees. -Disability (plus other) requirements were checked in advance. -Accessible venue used. -Break-out spaces provided for comfort breaks.
5	Access for virtual participants is facilitated, with free streaming video provided online wherever possible.	-Due to the nature of the topics being discussed and the need to maintain confidentiality virtual access was not available. - However, we tweeted information about the event providing a broad overview

* Green shaded areas indicate clause was achieved; amber indicates clause could not be achieved and reason why.

Appendix 2: Self assessment of achievement of co-production principles, as defined by INVOLVE

Co-production principle	Examples of how achieved	Learning points
Sharing of power	<ul style="list-style-type: none"> -Joint organising team of researchers and public contributors -Mix of attendees on the day -Co-facilitation of all discussions at the workshop -Co-presentation on the day 	<ul style="list-style-type: none"> -Acknowledgement that not all power can be shared because of issues around access to resources, booking facilities etc. -Make it clear at the start of group discussions at the event that facilitation is joint between researchers and public contributors -Sharing of power issues arise not only in PPIE but also amongst University staff
Including all perspectives and skills	<ul style="list-style-type: none"> -Joint decision making throughout event planning -Co-creation of ideas and activities utilising experiences of both PPIE members and researchers -Opportunities for everyone to contribute -Development opportunities for everyone (facilitation, presentation, event organising, project management, leadership, co-production) -Informal two-way peer to peer support and mentoring in researcher-public contributor pairings 	<ul style="list-style-type: none"> -Some tasks will require researchers to lead on (see above) -Flexibility critical to ensure everyone can contribute - Public contributors may have important skills from their wider contexts
Respecting and valuing the knowledge of all those working together on the project	<ul style="list-style-type: none"> -All ideas considered -Opportunities for reflection through pairings, via meetings/email -Acknowledgement of different knowledge and expertise 	<ul style="list-style-type: none"> -Checking in with how people feel if their idea cannot be taken on board -Build in more opportunities for reflection -Validity of different approaches and presentations
Reciprocity	<ul style="list-style-type: none"> -Reflection session after the event to check-in with everyone -Evaluation of event from perspective of organising team and attendees 	<ul style="list-style-type: none"> -Checking-in throughout planning stages to avoid over-burdening - Providing more opportunities for informal reflection
Building and maintaining relationships	<ul style="list-style-type: none"> -Idea for event emerged from existing partnership between PRIMER and Centre for Primary Care -Task leads allocated -Regular communication 	<ul style="list-style-type: none"> -Key roles outlined early on, for example, project management / admin leads etc -Flexibility required around roles and responsibilities throughout -Importance of safe spaces for discussion and reflection essential

Co-production principle	Examples of how achieved	Learning points

Appendix 3: Key impacts from the event

Key impact area	Output or outcome
1. Improving processes	1a. New status for public contributors to be issued by HR to facilitate improved access to University resources
	1b New process for managing difficult situations to include opportunities to access support, HR advice if required, mediation opportunities for more serious situations and a comprehensive feedback and governance structure.
	1c Enhanced HR support through a new named contact specialising in PPIE- Fiona Cull - who attended the event and has worked collaboratively with the organising team since. Fiona will also train frontline HR advisors in how to support and advise public contributors and researchers in relation to PPIE issues.
	1d Values and standards Expectations around PPIE added to the values and standards in PPIE guidance.
2. Increasing support for public contributors	2a Induction day to be held for all new public contributors which will outline sources of support. The first induction will take place in September 2018.
	2b Induction pack has been launched as a complement to the induction day. This will be given to every new public contributor and outlines sources of support and what to do if things go wrong.
	2c Training opportunities for public contributors have been compiled in a compendium of training opportunities. This includes skills based training such as assertiveness training and communication skills in PPIE.
	2d Buddying scheme to provide informal peer-to-peer support for new public contributors whereby more experienced public contributors are paired with new public contributors. To be formally launched in 2019
	2e Mentoring 3D scheme, piloted in 2017-18 creates opportunities for public contributors, students and research staff to mentor each other. Scheme to be expanded in 2019/2020
3. Support for researchers	3a Training programme for researchers to cover issues around managing difficult situations and a new masterclass based on the event to be delivered in 2019.
	3b Mentoring 3D as described above
4. Future research	4a Researching experiences of PPIE through preparation of a grant submission outlining plans to expand on the initial event to explore, using formal research methods, experiences of PPIE from multiple perspectives focussing on the more challenging aspects of partnership working.

Appendix 4: Photos from the day

Photo 1: Carole Bennett, PRIMER Chair, presenting at the opening of the event

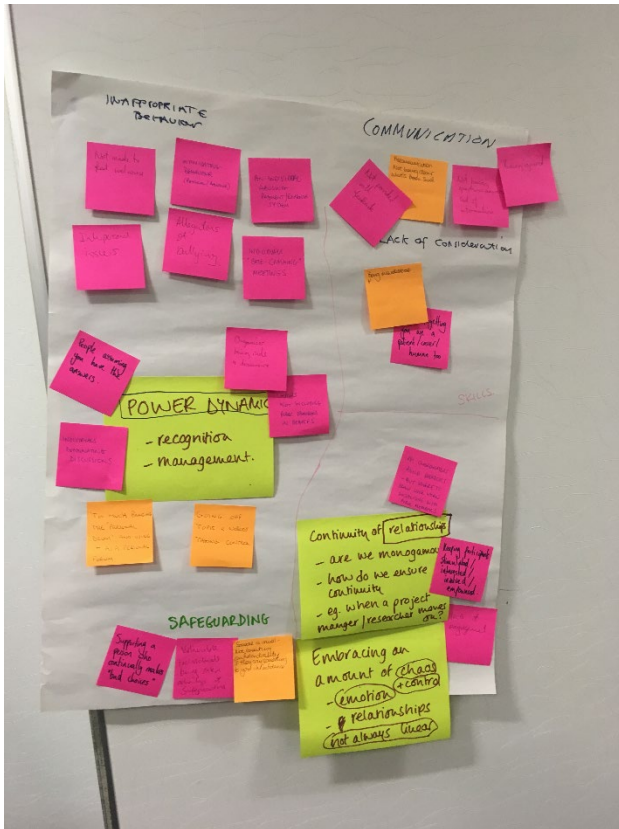
Photo 2: Brainstorming the difficult situations that people encounter

Photo 3: Launch of an induction pack for new public contributors containing information identified as important by the workshop attendees

Photo 4: Presentation slide from the day

Photo 5: One of the scenarios and discussion prompts





Let's create a partnership culture where everyone feels supported



Meaningful patient and public involvement relies on effective partnership working

Communication breakdown

People involved:

Public contributors who are all members of a PPI group for a research study led by Alice.

Alice, who is a researcher with a successful track record in PPI.

Situation:

Alice is an academic researcher with a successful track record in PPI. She has organised a PPI group including grassroots patients and those with a lot of experience as public contributors. She brings them together for their first meeting which is a general introduction. This meeting goes well and there is a friendly atmosphere. Six weeks later, as arranged, there is a second meeting to start discussing the project in earnest. Three days prior to the meeting Alice emails the paperwork to the group with 7 attachments. The body of the email says, "please see attached". At the meeting Alice asks the group for their thoughts on the first paper, and was met with silence and blank looks. At first she was confused, but it soon became apparent that the group members did not realise they were expected to read the papers before the meeting and had anticipated hard copies to be available on the day. One more confident member challenged Alice's approach. The discussion then became rather heated after Alice said her previous group had preferred to work this way.

