

Covid-19 rapid response research calls: views from public contributors

1. Due to the short turnaround time of one year, the public will want to know what the impact of the study will be on people and communities - what difference will the research make to our lives?
2. Lab based studies particularly can benefit from developing a dissemination strategy. The public have a right to know about the impact the research makes and there is also interest for this to happen more meaningfully and at scale.
3. Research applicants don't always demonstrate how they plan to engage and involve people and communities in their study even if they are already doing it - put it in the form.
4. Research applicants who have access to established PPIE groups and networks tend to have stronger PPI input in their application - if you don't have existing groups to reach out to, you can access Covid research specific PPIE groups through the HRA UK Covid-19 PI in Research database¹.
5. NIHR has an expectation that there is PPI in every research study, indeed it's listed in the guidance document for the call.
6. Applicants need to demonstrate more robustly how they plan to reach out to people and communities from diverse backgrounds particularly from BAME communities, recognizing that this is not a homogenous group.
7. Some of the applications are lab-based or involve animals, which is new to some reviewers. Appreciate that PPI is challenging in basic research, and tight timeframe doesn't allow researchers to learn about PPI. Some of them seem to think that they don't need to do PPIE. Every case they could have done PPIE had they had the time, resources, inclination.
8. Where an application is low in detail, it is usually low in plans for PPIE too.
9. This is a great opportunity to dissemination. Lab-based researchers who don't build in PPI miss the point of what the general public is concerned about.
10. Reasonable amount of PPI at the beginning, since then reduction, not sure why this is happening but concerning. Seems to be happening everywhere - HRA, ethics committees are also seeing less PPI.
11. Some applicants use the science as an 'excuse' for not having PPI. Understand if it's not possible in the science part but the overarching governance, consent over samples should not be missing.
12. Feeling in the PPI area that PPI is still an add-on; some researchers still think that when they need to be speedy, PPI can be dropped.
13. Disconnect between seeing patients as participants and thinking that is PPI.

¹ For more information about the database please go to the HRA website:

<https://www.hra.nhs.uk/planning-and-improving-research/best-practice/public-involvement/>