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Interprofessional working
and public involvement in
research

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One definition of interprofessional working

• The process whereby members of different professions and/or agencies work together to provide integrated health and/or social care for the benefit of service users.

(Pollard et al 2005)
Why interprofessional working?

- World Health Organisation (WHO) has stated that interprofessional collaboration is an essential component in satisfactory service delivery.

- In the UK, poor interprofessional collaboration has been identified as a contributing factor in high-profile cases with poor outcomes.
The UK policy context

• In 2005 interprofessional education and working were high on the UK government agenda

• In 2011 it is assumed that:
  – all health and social care (h&sc) practitioners will acquire skills for interprofessional working during their pre-registration education
  – interprofessional working occurs as a matter of course
The UK policy context

• Service response to high-profile cases sometimes involved organisational restructuring

• Many policy documents outline planned services whose success appears to be entirely dependent upon effective interprofessional working
The UK policy context

• To help people receive a more joined-up service, we will be establishing joint health and social care teams to support people with ongoing conditions who have the most complex needs.

Department of Health (2006:8)
Interprofessional working in 2011

• More sophisticated understanding of the concept:
  – health and social care professionals
  – support workers
  – patients/service users

• The concept of ‘interprofessional working’ also applies to research
What does ‘public involvement’ mean?

• Who are ‘the public’?
  – people who use health and social care services (patients or service users)
  – informal carers and families
  – members of the public who may be targeted by public health programmes
  – organisations representing the users of NHS services and community groups.
What does ‘public involvement’ mean?

- What is ‘involvement’?
  - the capacity to contribute actively to the development and dissemination of ideas, guidelines for treatment, research processes, and other relevant activities
The National Institute for Health and Clinical Excellence (NICE)

NICE ensures that:

- all NICE advisory committees and working groups have at least **two lay members** (patients, carers or members of the public)
- it provides opportunities for patients and the public to give evidence and testimony that can inform the development of our guidance and quality standards

http://www.nice.org.uk/getinvolved/patientandpublicinvolvement/patientandpublicinvolvementpolicy/patient_and_public_involvement_policy.jsp
The National Institute for Health and Clinical Excellence (NICE)

NICE ensures that:

• it involves lay people in its corporate decisions
• it offers support and training to lay people who contribute to NICE's work
• it offers payment to lay members of NICE advisory committees and working groups in recognition of their contribution

http://www.nice.org.uk/getinvolved/patientandpublicinvolvement/patientandpublicinvolvementpolicy/patient_and_public_involvement_policy.jsp
Public involvement in h&sc research in the UK

• Department of Health (2005) – service users/carers/public should be actively involved in ‘design, conduct, analysis and reporting of research’

• National Institute for Health Research (NIHR) increasingly requires evidence of active public involvement when commissioning research
Public involvement in h&sc research in the UK

• The NHS has been running a programme of research and development (r&d) since 1991
• ‘Consumers in NHS Research’ set up in 1996 to advise the NHS Central R&D Committee
• In 2001, the group’s remit was extended to include all health and social care research
• In 2003, name changed to INVOLVE
The effect of public involvement in h&sc research

- Limited research about the effect of public involvement in h&sc research
- Only two reviews of studies published (Brett et al 2010, Staley 2009)
- The research process is more complex, and there are extra costs
- Improvement in quality of research noted
Public involvement in h&sc research at the University of the West of England, Bristol (UWE)

• Committee in the Faculty to support public involvement in research

• Conduct projects, both internally- and externally-funded, which involve the public as research partners
Examples of UWE projects with public involvement

• National evaluation of initiatives for improving health status of minority groups (funded by DH)
• Public involvement in research: assessing impact through a realist evaluation (funded by NIHR)
  – 18-month study
  – commencing September 2011
Examples of UWE projects with public involvement

• Programme of arthritis research (funded by Arthritis Research Campaign)

• Knowledge Exchange project to develop good practice guidelines (funded by the Higher Education Innovation Fund – HEIF)

• Evaluation of a management and leadership module for NHS staff (funded by HEIF)
Researcher attitudes to public involvement in h&sc research

- Thompson et al (2009)
  - different understanding of meaning of ‘public involvement’
  - some researchers preferred to retain overall control
  - ethical and moral rationales vs. enhanced social acceptance of research
  - apprehension about involving the public, particularly with respect to skills, roles and knowledge
Professionals’ attitudes to interprofessional working

- Different understanding of meaning of ‘interprofessional working’ (Pollard et al 2005)
- Some professionals prefer to retain overall control (Coombs & Ersser 2004)
- Ethical and moral rationales vs. enhanced social acceptance of interprofessional working (Sellman 2010)
- Apprehension about involving other professionals, particularly with respect to skills, roles and knowledge (Katz & Katz 2001)
Important issues in interprofessional working

• Professional identity
  – what is it?
  – how is it maintained?

• Professional boundaries
  – how are they maintained?
  – what happens when they are crossed?
Important issues in interprofessional working

• Power
  – how do power relationships affect the way individuals from different professions/occupations work together?

• Knowledge
  – whose knowledge is privileged?
  – how does knowledge become normalised?
Public involvement in h&sc research

• Professional identity
  – culture
  – socialization

• The nature of identity
  – socially constructed

( Oliver & Keeping 2010, Barrett & Keeping 2005)
Public involvement in h&sc research

• Professional boundaries
  – role alteration
  – exclusion and usurpation
  – horizontal and vertical substitution

• Responsibilities

  (Miers 2010, Nancarrow & Borthwick 2005, Witz 1992)
Public involvement in h&sc research

• Power
  – traditional power balance
• Power as a dynamic state
  – enabling power
• Language
  – asymmetric language use

Public involvement in h&sc research

• Knowledge
  – privileged knowledge
  – normalised knowledge

• Representativeness
  – how representative can service users be?
  (Pollard 2010, Foucault 1972)
Public involvement in h&sc research as an extension of interprofessional working

• Similar issues need to be addressed
• Extra layer of complexity caused by lack of defined role and responsibility for service user/carer/patient research partners
Conclusions

• Public involvement in research is complex and challenging – but is not going to go away
• Researchers need to consider pertinent factors in a systematic way
• Useful to consider this development as an extension of interprofessional working
• Apply lessons already learned from interprofessional working
References

• Foucault M (1972) *The Archaeology of Knowledge* London: Tavistock
References


• Nancarrow SA, Borthwick AM (2005) *Sociology of Health and Illness* 27(7) 897-919


References