Patient and Public involvement in scope development for a palliative care Health Technology Assessment in Europe

Louise Brereton¹, Elizabeth Goyder¹, Christine Ingleton², Clare Gardiner³, Jim Chilcott¹, Gert Jan van der Wilt⁴, Wija J Oortwijn⁵, Kati Mozygemba⁶, Kristin B Lysdahl⁷, Dario Sacchini⁸, Wojciech Leppert⁹, on behalf of the INTEGRATE-HTA team.

¹ ScHARR, University of Sheffield, Sheffield, England
² School of Nursing & Midwifery, University of Sheffield, Sheffield, England
³ School of Nursing, University of Auckland, New Zealand
⁴ Department of Primary and Community Care, Radboud University Medical Centre, Nijmegen, The Netherlands
⁵ Health Unit, ECORYS Nederland B.V. Rotterdam, The Netherlands
⁶ Department of Health Services Research, University of Bremen, Bremen, Germany
⁷ Institute for Health and Society, University of Oslo, Oslo, Norway
⁸ Institute of Bioethics, Catholic University of the Sacred Heart, Rome, Italy
⁹ Department of Palliative Medicine, Poznan University of Medical Sciences, Poznan, Poland

Background: Patient and Public Involvement (PPI) helps to ensure that study findings are useful to end users but is under-developed in Health Technology Assessment (HTA). "INTEGRATE-HTA, (a co-funded European Union project -grant agreement 306141) is developing new methods to assess complex health technologies and applying these in a palliative care case study. Having experienced the intended and unintended consequences of palliative care services, which vary widely across Europe, patients in six countries (England, Germany, Italy, Netherlands, Norway and Poland) provided valuable insights and advice for scope development.

Aims: To establish PPI in a palliative care HTA.

Methods: As PPI to assist early scope development in HTA is novel, each country implemented PPI methods as appropriate locally. One of two advocated methods was used, either a qualitative research approach or seeking the views of patients, relatives, carers or patient representatives as research partners. Using a qualitative approach, 21 individual, face-face patient interviews were conducted and analysed thematically. When patients were research partners, an adapted version of the EUnetHTA core model guided 30 face-face discussions. Thematic analysis and conceptual mapping identified key issues.

Findings: PPI in palliative care requires researchers to have cultural awareness of the acceptability of engaging in discussions around dying in each country. Ensuring positive PPI experiences and effective participation by acknowledging patient knowledge and experience whilst establishing a two-way flow of information in the HTA process is essential. Partnership working between researchers and patients, stakeholder evaluation and remuneration when involved as partners is important.

Conclusions: PPI was successfully implemented in each country, assisting patient-centred scope development and identification of important issues related to palliative care. Although there is much to be gained from PPI, methods of PPI engagement require further development. All PPI methods have advantages and limitations which must be considered in light of local needs, resources and culture.