PATIENT AND PUBLIC INVOLVEMENT IN SCOPE DEVELOPMENT FOR A PALLIATIVE CARE HEALTH TECHNOLOGY ASSESSMENT IN EUROPE

Louise Brereton,1 Elizabeth Goyder,1 Christine Ingleton,2 Clare Gardiner,3 Jim Chilcott,1 Gert Jan van der Wilt,4 Wija Oortwijn,5 Kati Mozygemba,6 Kristin B Lysdahl,7 Dario Sacchini,8 Wojciech Lepper9.

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

10.1136/bmjspcare-2014-000654.113

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 30614) 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.