

**Patient and public involvement: it's time to think how much we spend and what the benefits are**

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Objectivos (Objectives): Background Over the last decade there has been increasing emphasis on patient and public involvement (PPI) in different aspects of healthcare activity in the UK and internationally. Public involvement is seen as key to health care reform, helping to shape health policy and ensure a patient-focused healthcare system. While the UK has experienced extensive participatory activity in the NHS, there is a dearth of knowledge on the effects of such involvement. PPI in health care decision-making produces many important benefits, but also consumes monetary and nonmonetary resources. Given the financial climate there is increased urgency to evaluate PPI in economic terms and provide benchmarks against which future activity can be tested.

Metodologia (Methodology): We conducted a literature review to assess the potential benefits and costs of involvement and discuss the difficulties of pursuing an economic evaluation of PPI. Several gaps have been identified that include minimal focus on PPI costs, limited routine recording of data and difficulties in using standard economic evaluation methodologies. Using the evidence from this review, we started working with key stakeholders in the NIHR CLAHRC for Northwest London to address the shortcomings identified in the review and agree PPI cost data to be collected across all projects. We are applying templates to three main projects for a detailed collection of costs data, adopting both an organisational and patient perspective. It will assess relatively straightforward monetary costs (such as paid staff time, training, administration, venue hire and publicity) and will attempt to put a monetary value on nonmonetary costs (such as the time contributed and the skills brought to the table by patients and members of the public). Interviews with the projects' leaders, staff and patients will help to assess changes in service delivery during involvement and demonstrate what service benefits might be reliably attributed to PPI. Simply having better data on the costs and outcomes of PPI and showing these side by side will enable a more informed discussion of the 'return on investment' for PPI and would be a significant step forward.

Resultados (Results): The framework we provide is intended as a comprehensive but pragmatic way for health service organisations, patients and other participants to bring greater clarity to costs from an organisational and patient perspective and lend rigour to decision makers submitting the business case for PPI. In the current economic climate it may be difficult to sustain the commitment of service providers and commissioners in the long run for PPI without demonstrating the business case. By recognizing the value of PPI, providers and commissioners may embed it more effectively within their organizations than at present.

Conclusões (Conclusions): Better evidence can clarify reasons why PPI does not always deliver what is promised and the consequences of not doing PPI well. Better knowledge of costs may prompt some health organizations to be more selective or cautious about how they do PPI. This may mean less PPI is conducted but to a higher standard with better outcomes and less of the tokenism that can mark PPI and damage organizational reputation.