





Gorton Community Priority Setting Partnership PROTOCOL [24/07/2023]¹ Version [2]²

1. Purpose of the PSP and background

What does this document do?

The following pack introduces the Gorton Community Priority Setting Partnership (PSP), our aims and how we hope to work together. This document will be published on the James Lind Alliance Website. In this document you will find:

- 1. Aims, objectives and commitments of the Gorton Community Priority Setting Partnership (PSP)
- 2. Information about The Steering Group members and Project Partners.
- 3. Information about PSP communications and how we plan to work with the final top ten.

Who are the lead organisations?

The project is co-lead by <u>Vocal</u>, <u>Healthy Me Healthy Communities</u> and the <u>James Lind Alliance</u> Its aim is to investigate local health and wellbeing priorities with the work taking place between June 2023 and March 2024.

Project Purpose

The purpose of the project is to understand what health and wellbeing challenges and questions local residents feel are a priority for researchers to investigate. This project has been developed in partnership to investigate ways that we might shift the way research is carried out.

Traditionally, research teams ask communities for their input on a specific area of health research for example, cancer prevention. We will broaden the conversation to include all areas of health and wellbeing so that the community can define what will be discussed.

¹ This protocol template should be modified with agreement from the JLA Adviser to reflect the make-up of different PSPs and the organisations driving them. This protocol template document was last updated by the JLA in November 2018. ² The Steering Group is responsible for ensuring any updates or amendments to the PSP plan are included in subsequent versions of the Protocol and sent to the JLA for publication on the website.







What do we mean by Questions?

By questions we mean the things that members of the community would like to investigate.For example, 'How is the mould in my home affecting my health?' or 'Why are cases of tuberculosis rising in Manchester?'

Why Gorton?

- In the past, Gorton has been left out of conversations about health research:
- Gorton is rich with community groups and organisations keen to work together
- Gorton is the highest priority neighbourhood within Central Manchester and past engagement demonstrated a good appetite for public involvement.
- More information about the area can be found in this neighbourhood profile.

Impact

We will continue to work together to develop the outcomes of the project by:

- Sharing research priorities through the NIHR Clinical Research Network and encouraging researchers to consider community developed research questions in their future plans.
- Shaping future community development and service delivery for Healthy Me Healthy Communities, Steering Group members and project partners.
- Develop methods and or toolkits for further community led priority-setting activities in Greater Manchester and beyond.

Our funders

The project is funded by the Manchester NIHR Clinical Research Network who support research activities across the city.







2. Aims, objectives and scope of the PSP

Aims and Objectives

The **aim** of the project is to:

- 1. Identify the unanswered questions about local health and wellbeing from members of the public and clinical perspectives.
- 2. Create a top ten list of priorities from those unanswered questions that patients, carers, and clinicians agree are the most important for researchers and community workers to address.

The **objectives** of the projects are to:

- work with patients, carers and clinicians to identify unanswered questions about health and wellbeing
- to agree together, a prioritised list of those unanswered questions for research
- to share the results of the project with interested organisations and funders

The Scope of the Project – What we can and can't discuss

The Steering Group will discuss how the scope of the project will affect the amount of time and resources needed for project delivery. The scope currently includes unanswered questions about the health and wellbeing experiences of adults in Gorton.

Inside the scope: Questions related to adult experiences of health and wellbeing in Gorton as defined by the World Health Organisation as, "A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".³

Who we will reach out to: Adult Residents of Gorton and its neighbouring boroughs and healthcare/ community workers.

³https://www.who.int/about/governance/constitution#:~:text=Health%20is%20a%20state%20of,belief%2C%20economic%20or%20so cial%20condition.





Outside the scope: Physical services and situations outside of Manchester, Community challenges that are not directly, related to health and well-being, Children and Youth services, Transport, NHS Waiting times

3. The Steering Group

The Steering Group includes membership of patients and carers and clinicians⁴, as individuals or representatives from a relevant group.

The Gorton Community PSP will be led and managed by a Steering Group involving the following:

Organisation	Name	Role
Public Contributor	Fozia Belal	Public Contributor
Woman Arise CIC	Tikhala Chimpango	ТВС
		Neighbourhood Community Development
Local Governement	Noah Mellor	Officer
Manchester Local Care		
Organisation	Bethan Galliers	Health Development Coordinator
NIHR Applied Science		Public & Community Involvement &
Collaboration	Aneela Mcavoy	Engagement lead
West Gorton Medical Centre	Dr Lucie Donlan	Practice Partner/ GP
Healthy Me, Healthy Communities	Emma Danis	Finance Administrator
Gorton Visual Arts	lan McKay	Founder
Across Ummah	Idowu Morafa	Founder
Inclusive Research Oversite		
Board	Armin Mohammed	Research Assistant
BollyFit	Shamime Jan	Founder
Vocal	Bella Starling	Director
Healthy Me, Healthy Communities	Hollie Walsh	Deputy Chief Exec
NIHR Manchester BRC	Garath Adaway	Information Data Management Lead

⁴ In some cases, it has been suggested that researchers are represented on the Steering Group, to advise on the shaping of research questions. However, researchers cannot participate in the prioritisation exercise. This is to ensure that the final prioritised research questions are those agreed by patients, carers and clinicians only, in line with the JLA's mission.







Project coordinator:

Hannah Turner-Uaandja, Vocal Associate, Manchester Foundation Trust

Sally Devine, Centre Manager, Gorton Central

James Lind Alliance Adviser and Chair of the Steering Group:

Toto Anne Gronlund, James Lind Alliance

The Steering Group will agree on the resources, including time and expertise that they will be able to contribute to each stage of the process, with input and advice from the JLA.

4. Partners

Organisations and individuals will be invited to be involved with the project as partners. Partners are organisations or groups who will commit to supporting the project, promoting the process and encouraging their represented groups or members to participate.

Partners might include:

- people who live in Gorton or the surrounding areas including, Audenshaw, Abbey Hey, Longsight.
- health, wellbeing and social care professionals with experience of working in health and wellbeing in Gorton.
- professionals who have experience of working in areas that cover wider determinants of health including housing, arts, and community development organisations.

Exclusion criteria

Some organisations may have conflicts of interest which could potentially cause unacceptable bias as a member of the Steering Group. For example, a commercial organisation may use the outreach sessions to promote their product or service.



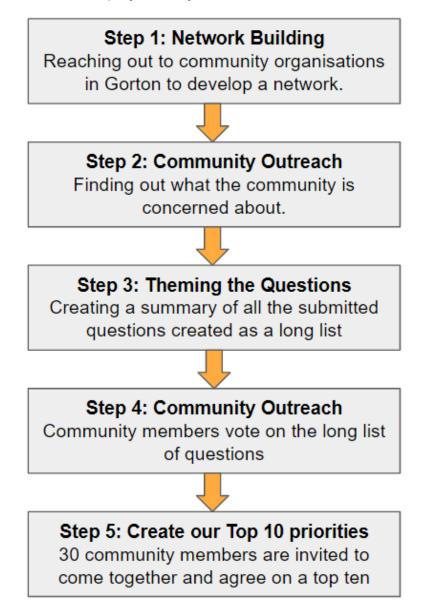




As this is likely to affect the ultimate findings of the project, those organisations will not be invited to participate. It is possible, however, that interested parties may participate in a purely observational capacity when the Steering Group considers it may be helpful.

5. The methods the project will use

This section describes the project's planned steps. The process is flexible and depends on the active participation of different groups. The Steering Group members will decide on the specific methods to be used in each step, based on the project's objectives.









Step 1: Network Building

What will we do?

Partner organisations will be identified through existing community relationships and steering group networks.

- to present the proposed plan for the project
- to generate support for the process
- to encourage participation in the process
- to initiate discussion, answer questions and address concerns.

How will we do this?

- Potential partners will be contacted and informed of the establishment and aims of the project and invited to join and partnerships. Monthly email updates will be sent to all partners.
- Raising awareness through posters in areas of high footfall, local services, and GP's, social media channels and during the first outreach phase of the work.

Step 2: Community Outreach: Finding out what the community is concerned about and what they would like investigated (5 weeks)

What will we do?

Outreach activities to gather questions from residents and clinicians. A period of 5 weeks will be given to complete this exercise (which may be revised by the Steering Group if required).

The following groups may require additional consideration.

- Those with English as a second language
- Those who are digitally excluded

How will we do this?

We will do this through participatory activities in the community decided by the steering group. Those methods of outreach will be developed by the Steering Group. Below is an example of how this might look. The Steering Group will use the following methods to reach the target groups:







- Outreach in areas of high footfall
- Conversation cafes
- Stalls at local libraries and GP surgeries
- Staff surveys

Step 3: Theming the questions (4 weeks)

What will we do?

The outreach will gather 'raw' questions and comments showing what the community would like investigated. At this stage we will sort the questions into themes.

How will we do this?

- Lead organisations will work with community members to develop a summary of submitted questions and ideas which are clear, addressable by research, and understandable to all. This may involve combining similar or duplicate questions
- Out-of-scope and 'answered' questions will be compiled separately and shared with project stakeholders.
- Unanswered questions will be presented back to the community in step 5.
- The Steering Group will ensure that the raw data is being interpreted appropriately and that the summary questions are being worded in a way that is understandable to all audiences. The JLA Adviser will observe to ensure accountability and transparency.

The Steering Group will also consider how to deal with questions that have been answered, and questions that are out of scope.

Step 4: Finalising our top 10: Agreeing on the Top 10 Priority Questions

What will we do?

The aim of the final stage of the project is to prioritise the questions through consensus. The two stages of Step 4 are shown below:

1. Stage 1: Outreach

Here the long list of questions is reduced to a shorter list (around 20-25) that can be taken to the final priority setting workshop. This is aimed at a wide audience and is done using similar methods to the first consultation. If this does not produce a clear cut off point, the







Steering Group will decide which questions are taken forwards to the final prioritisation.

2. Stage 2: Final 1-day Consensus Building Workshop

The project will close with a final, 1-day priority setting workshop. This will include up to 30 patients, carers and clinicians participating in a day of discussion and ranking to determine the top 10 questions for research. The Steering Group will advise on any adaptations needed to ensure that the process is inclusive and accessible.

6. How will we share the results?

The Steering Group will identify audiences to share project results with. This will include researchers, funders, Gorton Residents and the patient and clinical communities. The group will decide how best to communicate the results.

Previous Priority Setting Partnership outputs have included academic papers, reports, infographics, conference presentations and videos for social media.

Information for sharing the work with researchers

The priorities are not worded as research questions. The Steering Group will discuss how they will work with researchers and funders to:

- 1. establish how to address the priorities,
- 2. to work out what the research questions are that will address the issues that people have prioritised.

This activity will be led by Vocal and the Clinical Research Network.

Reporting to the JLA

The project commits to providing the JLA with the required reports and documentation, as appropriate.

7. Agreement of the Steering Group

The Gorton Community Priority Setting Partnership Steering Group agreed the content and direction of this Protocol on 03/07/2023