

CommonHealth Assets: Lived Experience Panel

Final evaluation report



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Contents

1. Background	3
2. Evaluation overview	4
3. Evaluation of the CHA Lived Experience Panel against the National Standards for Community Engagement.....	5
4. Impact of the Lived Experience Panel on the CommonHealth Assets project	21
5. Impact of the Lived Experience Panel on participants.....	28
6. Impact of the Lived Experience Panel on project researchers	33
7. Additional impacts.....	35
8. Reflections and learning	36
9. Conclusion	39
Appendices	42



Translation



Easy read



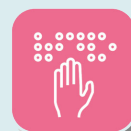
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1. Background

CommonHealth Assets

[CommonHealth Assets \(CHA\)](#) was a three-year, multi-site, multi-method project working with 14 community-led organisations (CLOs) based across the UK (Glasgow and Lanarkshire, East London and Bournemouth, Belfast and surrounding areas) funded by the National Institute for Health Research (NIHR).

The research focused on how, for whom, and in what contexts CLOs can build and mobilise their ‘assets’ to impact on the health and wellbeing of individuals in their communities. The aim of the research was to find out how CLOs improve health and wellbeing in their communities, and how this might differ in different contexts.

The Lived Experience Panel

The Lived Experience Panel (LEP) was a crucial component of the CHA research project in ensuring that the research was informed by ongoing community expertise, voice, and perspective.

Composed of around 12 beneficiaries of the community-led organisations that the project has partnered with, the Panel met six times at key stages of the project, roughly every six months, at the different research sites across the UK. Panel members helped shape the research and study design as it developed, and participated in activities relevant to the [project phases and methods](#). Details of each meeting are presented in Table 7. Appendix 1 presents the demographic characteristics of the LEP. Further detail is presented in Section 5 of this report.

Within the LEP, members also had opportunities to develop knowledge and skills through a range of training and development opportunities, and to build relationships with, and learn from, others involved in the research from across the UK.

Learning and insights from the development, delivery and impact of the LEP have been shared regularly during the project through reports, blog series, case studies, videos and other creative outputs, all of which can be viewed on the [CommonHealth Assets page](#) on the GCPH website.



2. Evaluation overview

Evaluation aims

The evaluation of the CHA LEP seeks to capture important learning from its implementation, delivery, and impact as a means to further examine, understand and highlight the value and role of Patient and Public Involvement and Engagement (PPIE) and its ability to enhance research projects undertaken in community settings.

The [CHA LEP evaluation plan](#), published in January 2023, outlines the vision, aims, objectives, methodological principles, guidance and evidence relevant in shaping the development of the LEP evaluation framework.

This evaluation was planned over the three-year duration of the CHA project and utilised summative and formative evaluation approaches to examine two overarching aims:

Aim 1: Summative evaluation to assess the overall impact of the Panel on those who participate, and the impact of the Panel on the delivery and outputs of the CHA research project.

This was measured using evaluation forms completed by Panel members at baseline, mid-way and following the final Panel meeting (Appendix 2), an end of project evaluation form completed by CHA project researchers and management team members (Appendix 3), and an Impact Record Form detailing the input that the Panel had on the CHA project (Appendix 4).

Aim 2: Formative evaluation to assess the effectiveness of the methods of implementation, delivery, communication, and facilitation within the LEP to ensure that ongoing learning and improvement could be fostered.

Formative evaluation was undertaken by obtaining continuous feedback and reviewing and reflecting on the inputs, activities, and outputs of the Panel using feedback forms given to Panel members at the end of each meeting, a 'You Said, We Did' log (Appendix 5), facilitator diaries, and written and video case stories on the experience of involvement on the Panel by members. A [baseline evaluation of the LEP](#) was undertaken following recruitment of the Panel and the first meeting in July 2022.

3. Evaluation of the CHA Lived Experience Panel against the National Standards for Community Engagement

As part of the formative evaluation of the LEP (evaluation Aim 2), its delivery has been evaluated against the [National Standards for Community Engagement](#) developed by the Scottish Community Development Centre. These Standards (Figure 1) provide a framework for inclusive and effective community engagement and underpinned the development of the LEP.

Figure 1: National Standards for Community Engagement



Success indicators for each Standard are provided to allow the assessment of delivery activities used in engagement. These success indicators were used to assess how well the CHA project engaged and supported the LEP in relation to the six Standards. Tables 1 to 6 present a summary of the actions taken in the development and delivery of the Panel to achieve each Standard, and to enable comparison and demonstrate the degree of fulfilment. Feedback obtained at each Panel meeting and from baseline, mid-way and end-of-Panel evaluation forms relating to each Standard is also detailed.

Table 1: Inclusion Standard and the CHA LEP actions

Inclusion Standard indicators	CHA Lived Experience Panel activities
People and groups who are affected by the focus of the engagement should be involved at the earliest opportunity.	<p>13 Panel members were recruited from nine out of 15 of the CHA UK partnered CLOs – exceeding our target number of 12 participants.</p> <p>Recruitment was completed by June 2022. This was later than planned due to delays relating to COVID-19 and the recruitment of the Panel facilitator (December 2021).</p> <p>More information about recruitment approaches and the original Panel cohort can be found in our baseline evaluation report.</p>
Measures are taken to involve groups with protected characteristics and people who are excluded from participating due to disadvantage relating to social or economic factors.	<p>There was not a specific selection criterion for recruitment of the Panel, however, we consulted with staff at CLOs to understand who was often underrepresented in such activities in their community and asked them to recruit on this basis.</p> <p>To reduce financial barriers to participation, all costs relating to attendance at Panel meetings including additional support needs (e.g., childcare, language support, carer) were fully met. Panel members received £150 in vouchers per full day for their attendance.</p>
Participants in the community engagement process commit to continued two-way communication with the people they work with or represent.	<p>We created a Working Together Agreement (Appendix 7) to facilitate full participation and a feedback loop (Appendix 8) to demonstrate how communication would be facilitated within and between the Panel and the wider CHA research team.</p>

Inclusion Standard indicators	CHA Lived Experience Panel activities
A wide range of opinions, including minority and opposing views, are valued in the engagement process.	<p>All Panel members were given the opportunity to share their views, and we purposively aimed to create a safe, non-judgemental, open environment.</p> <p>Diversity within the Panel (Appendix 1) – The Panel achieved diversity in terms of gender, with an almost even split of men and women, and in ethnicity, with 30% of the Panel being from a minority ethnic background, compared to 18% of the UK population.</p> <p>70% of Panel members reported that they had a disability, compared to 24% of the UK population. This overrepresentation is a positive however, as disabled populations are often underrepresented in academia.</p> <p>Only one Panel member reported living in a rural area. Rural communities often have different challenges to urban communities and often lack investment.</p> <p>The majority of Panel members were also aged above 45 years.</p>

Feedback from the end-of-LEP evaluation highlighted that members felt positively about the Panel's inclusivity of different perspectives, ideas and backgrounds. Panel members reported that they felt listened to and able to share their views without judgement.



... everyone has had the opportunity to safely discuss their ideas and thoughts."

[LEP member]



[The research team has] taken everyone's experience on board. It's empowering."

[LEP member]



I think the Panel included everyone's opinions and thoughts."

[LEP member]



I feel included throughout and no judgement from anyone's opinions, everyone is valued."

[LEP member]

Feedback from project researchers also demonstrated that an inclusive environment for engagement was fostered in the LEP, and that facilitation was well-managed.



My expectations were that people would be less engaged than they were, which I think is in large part down to [facilitator] creating a safe and inclusive space... I think working in the group atmosphere, people were able to speak more freely and things came to their mind more easily because they were relaxed."

[CHA researcher]



Really appreciated the diversity and genuine concern for meaningful participation as well as group bonding."

[CHA researcher]



Sometimes one or two people can dominate the discussion which may have dissuaded others from speaking up, but I think by and large this was handled well by the team."

[CHA researcher]

In terms of the financial support received by the LEP, all participants reported that the financial compensation received was adequate, with a few participants saying they felt “generously” and “more than adequately” compensated, and that “the vouchers were a great help and beyond what I initially expected”.

Table 2: Support Standard and CHA LEP actions

Support Standard indicators	CHA Lived Experience Panel activities
An assessment of support needs is carried out, involving all participants.	Each Panel member was spoken to individually to assess their needs for taking part in the Panel, including which methods of communication they preferred.
Action is taken to remove or reduce any practical barriers which make it difficult for people to take part in engagement activities.	<p>Childcare costs were met, and costs were paid for one participant to be accompanied by someone else to meetings to reduce their anxieties.</p> <p>We maintained contact with each participant in a way that suited them, using emails, post and texts/calls, also giving frequent reminders and follow-up calls to those who needed it.</p> <p>We also booked travel options that suited participant needs, accessibility and mobility issues.</p>
Access to impartial and independent development support is provided for groups involved in the community engagement process.	The personal development of the Panel was supported with a number of learning opportunities provided. This included a requested workshop on fundraising and attendance at an academic conference.

Members were asked if they had felt adequately supported during their participation in the Panel (e.g., with accessibility needs, resources provided, contact with the Panel’s facilitator) and mostly positive responses were noted. The Panel facilitator’s communication was reported as being particularly supportive.



Yes, [facilitator] kept me informed beforehand if I wasn’t available.”

[LEP member]



Yes, connecting with [facilitator] as a key contact has made making enquiries easier and she responded as soon as possible.”

[LEP member]



[Facilitator] is amazing and very supportive and understanding about people, 10/10.”

[LEP member]

Areas for improvement were also identified from the feedback from members with anxiety, mobility and hearing issues.



Apart from a little too much walking, difficulty hearing when different groups are talking at the same time.”

[LEP member]



Accessibility during most of the Panel has been great. I did struggle to keep up with the group walking to Bromley by Bow. It was far to walk at the speed. The rest of the trips were fine.”

[LEP member]



Yes, to any reasonable standard, I had some issues around anxiety over my relationship with the Panel that I needed support with but I think those were outside what I would expect in this context.”

[LEP member]

One project researcher shared that further support for researchers in facilitation could have been provided to enhance engagement for those with differing needs.



Wide range of literacy and comprehension was challenging to prepare for and engage with at times, when moving from one Panel member to the next. Better training in this would be helpful to anyone only used to interacting with groups who have a narrow homogenous abilities spectrum.”

[CHA researcher]

Table 3: Methods and Planning Standards and CHA LEP actions

Methods and Planning Standards indicators	CHA Lived Experience Panel activities
Partners are involved at the start of the process in identifying and defining the focus that the engagement will explore.	<p>Due to the requirements at the funding application stage, the Panel was unable to input into the design of the research and methodologies used.</p> <p>However, the Panel was able to feed into and shape the recruitment and engagement approaches and research tools. Members were asked about what they would like to get out of the process and specific things they wanted to learn about in the project.</p>
A clear and agreed engagement plan is in place.	<p>Aims for engagement were set out in the funding application stage of the CHA project. An engagement plan was created before LEP recruitment and CLO staff were consulted to assess its appropriateness.</p> <p>This plan was developed using guidance from the What Works Scotland Public Engagement Handbook, and National Standards for Community Engagement.</p>

Methods and Planning Standards indicators	CHA Lived Experience Panel activities
Partners agree what the outcomes of the engagement process should be, what indicators will be used to measure success, and what evidence will be gathered.	An evaluation plan was developed pre-LEP engagement which outlined intended outcomes of the engagement process and ways to measure success.
There are sufficient resources to support an effective engagement process.	<p>A high-level of dedicated resources was allocated to the LEP to enable in-person meetings across the UK to take place, to reduce access barriers, and to provide training and support.</p> <p>A dedicated LEP facilitator was appointed who was able to maintain communication and support Panel members throughout the process.</p>
The methods used are appropriate for the purpose of the engagement, and are acceptable to participants.	We drew from methods used in the SCDC Health Issues in the Community Course and existing resources on facilitation to engage participants effectively.
Full use is made of creative methods which encourage maximum participation and effective dialogue.	<p>Flipchart paper and post-it notes were used to gather feedback on project components in group activities. Activities were presented to the Panel using videos, diagrams and images to aid in understanding of concepts and data.</p> <p>Meeting notes were also made more accessible by featuring quotes, diagrams and images from the meeting and as a way of documenting discussions. Creative outputs were also developed in partnership, including a comic and videos showcasing the experiences and views of Panel members.</p>
The methods used are evaluated and adapted, if necessary, in response to feedback from participants and partners.	LEP members provided continuous feedback on the delivery and meetings of the Panel which helped us to learn and develop our methods of engagement over time. Feedback forms and initial one-to-one meetings with Panel members also identified what the Panel wished to gain from the experience, and we incorporated activities that supported this.

Both CHA project researchers and Panel members provided positive feedback on the overall delivery of the Panel and its facilitation and activities, noting the engaging and supportive facilitation and presentation styles.



The visual representations and colourful themes helped me to stay engaged. We had plenty of breaks and everything explained simply.”

[LEP member]



Yes, some more interventions to avoid [other Panel members going on] tangents would maybe have been good, but I worry that might have influenced the free expression style that developed.”

[LEP member]



Yes, it has suited me [the facilitator’s] calming personality makes me slow down my thinking to participate more thoughtfully.”

[LEP member]



I thought the facilitators did an excellent job. The sessions were well planned out.”

[CHA researcher]



I felt they were well structured and led to productive engagement. The organisational timing was good to prevent overwhelming everyone.”

[CHA researcher]

The length of the LEP and consistency of meetings was also reported to be useful in ensuring effective engagement.



The length and consistency of engagement from the Panel has been the most successful part. Getting people together who know the background of the research from a few years ago means they have a real depth of understanding about what the project is about."

[CHA researcher]

Participant feedback from in-person meetings in London and Belfast were that they felt "rushed" and "full on" and so the subsequent meetings, in Bournemouth and Glasgow, were extended in duration to allow more time and space for discussion, which improved the experience for Panel members.



Initially everything was a bit rushed for one day, but this was taken on board and other visits were more spaced."

[LEP member]

A small number of Panel members noted that they would have liked more opportunities to learn from others on the Panel and the work at their CLOs. In response, and within budget constraints, subsequent meetings were extended from one full day to one-and-a-half days, and additional ways to foster further learning from the CLOs and other Panel members were adopted, including regular online catch-up meetings and a WhatsApp group chat. The Panel was also invited to other workshops and CHA meetings outside of LEP meetings, including CHA Study Steering Committee meetings and meetings of the Full Research Team.

Table 4: Communication Standard and CHA LEP actions

Communication Standard indicators	CHA Lived Experience Panel activities
Information on the community engagement process, and what has happened as a result, is clear and easy to access and understand.	<p>Feedback was given to the research team and responded to through a 'You Said, We Did' log (Appendix 5). Researchers were required to respond to how feedback from the LEP was used, and if not, why it was not.</p> <p>Appendix 8 presents the embedded loop of communication between the Panel and research team.</p>
Information is made available in appropriate formats.	<p>Information was disseminated in plain English with explanations of research terms and concepts.</p> <p>Most information was communicated within meetings or during online meetings to provide the opportunity to ask questions and explain further.</p>
Systems are in place to make sure the views of the wider community continuously help to shape the engagement process.	Continuous feedback was adopted using a variety of methods (feedback forms, catch-up meetings, one-to-one check ins) for the Panel members to share their views and experiences of the engagement process throughout.
Feedback is a true representation of the range of views expressed during the engagement process.	All feedback from the Panel was noted within activity sheets, meeting evaluation forms and within meeting notes. Researchers from the project were also present at Panel meetings to hear feedback first hand.

LEP members were satisfied overall with the communication methods used throughout the project and felt they had received enough information about the CommonHealth Assets activities and progress. The digital aspect was difficult to manage for a small number of participants, however support was provided to overcome these barriers to full engagement. Having a dedicated Panel facilitator, external to the research team, was key to enabling strong, sustained and responsive communication with Panel members.



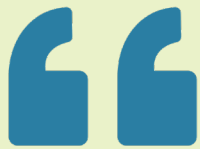
It was hard at first because my digital skills were not the best but once I overcame that obstacle it was great.”

[LEP member]



Communication was perfect, frequency and easy to understand.”

[LEP member]



[Facilitator] never gave up on me. I lost my phone, went through personal issues, but she persisted. Emails are hard for me but [facilitator] texted and called me.”

[LEP member]



The input benefited from ongoing engagement and leadership by [the LEP facilitator and her line manager]. Previously I’ve seen researchers try to do this as well as the research tasks and pressures, and struggled with time and skills.”

[CHA researcher]

Table 5: Working Together Standard and CHA LEP actions

Working Together Standard indicators	CHA Lived Experience Panel activities
The roles and responsibilities of everyone involved are clear and understood.	<p>Participant information sheets were given to the Panel upon recruitment which outlined expectations and responsibilities.</p> <p>Panel members shared their hopes and concerns for involvement (Appendix 6) at the first meeting (July 2022), and these were revisited at the second and final meetings to ensure that expectations were being met appropriately.</p>

Working Together Standard indicators	CHA Lived Experience Panel activities
Decision-making processes and procedures are agreed and followed.	Feedback and decision-making processes were agreed and followed (see Appendix 8).
Information that is important to the engagement process is accessible and shared in time for all participants to properly read and understand it.	All information required was provided in advance of Panel meetings and frequent reminders and catch-ups were offered to support participation.
The community engagement process is based on trust and mutual respect.	A 'Working Together Agreement' (Appendix 7) was co-created at the first Panel meeting to facilitate this (July 2022).
Participants are supported to develop their skills and confidence during the engagement.	<p>Learning and development opportunities were provided to Panel members such as:</p> <ul style="list-style-type: none"> • learning about research methodologies and processes • learning about social determinants of health and assets-based approaches • opportunities for public speaking and group work • attendance at CHA Full Research Team meetings and Study Steering Committee meetings • workshops on fundraising and developing a comic script from lived experiences • attendance and participation at 'Authenticity into Action' conference at University of Central Lancashire (May 2024), where learning from the delivery of the LEP was presented

Overall, LEP members said they felt connected to the wider research team and the CommonHealth Assets project to varying degrees. Interacting and working with individual project researchers and attending the Study Steering Committee were noted as specific ways which facilitated this feeling of connection.



I feel like being part of a team working towards common goals."

[LEP member]



As a member of the Panel we all connected well with the researchers we came in contact with. Having representation on the [Study] Steering group also allowed for more connection.”

[LEP member]



Yes – I had a strong connection to the London researcher.”

[LEP member]

One member said they felt “*somewhat [connected] at a distance, but [researchers were] welcoming and personable when attending meetings.*”

In terms of how the Panel was adapted and co-designed by members, there was an overall positive response.



Yes, I think [facilitator] integrated our suggestions really well and was very responsive and dynamic in this respect.”

[LEP member]



My needs are met and what I said matters and was taken on board throughout.”

[LEP member]

One Panel member fed back that they “*...would have liked some input on planning of activities*”. This could be related to the project-related activities which were designed by the project researchers, or the social/sightseeing activities embedded within meetings.

The Panel members were asked if there were specific areas within the project that they would like to focus on and for suggestions for future meetings, however outside of this the activities were planned by the LEP facilitator and researchers.

Despite positive feedback from the LEP, a small number of CHA researchers felt that the integration of the LEP into the wider research team could have been improved to ensure that all team members valued and considered the insights and knowledge of the LEP at all stages of the project.



Getting more engagement from senior members would provide some more legitimacy to the Panel for the rest of the team. At times it felt like the researchers dealt with the Panel and fed back the discussions. Though [the project Principal Investigator] got involved when she could.”

[CHA researcher]



At times I felt that not all of the research team were engaged with the LEP, or that they were at the forefront of people’s minds during discussions. I’m not sure what could help this, but I think when the bid went in it could have been more to the fore in each work package, and more explicit on how the LEP would contribute or not to each bit.”

[CHA researcher]

Table 6: Impact Standard and CHA LEP actions

Impact Standard indicators	CHA Lived Experience Panel activities
The outcomes the engagement process intended to achieve are met.	See Section 4 - Impact of Panel on CHA project.
Decisions which are taken reflect the views of participants in the community engagement process.	See Section 4 - Impact of Panel on the CHA project.

Impact Standard indicators	CHA Lived Experience Panel activities
Participants have improved skills, confidence and ability to take part in community engagement in the future.	See Section 5 - Impact of Panel on participants.
Partners are involved in monitoring and reviewing the quality of the engagement process and what has happened as a result.	Representatives from the community sector were part of the CHA project team and were updated on the progress and delivery of the LEP, where they were given the opportunity to feedback and ask questions about the engagement process.
Feedback is provided to the wider community on how the engagement process has influenced decisions and what has changed as a result.	See Section 4 - Impact of Panel on the CHA project.
Learning and evaluation help to shape future community engagement processes.	See Section 7 - Additional impacts.



4. Impact of the Lived Experience Panel on the CommonHealth Assets project

The impact of the LEP on the activity and outputs of the CommonHealth Assets project was assessed and monitored using an 'Impact Record Form' (Appendix 4) as a key part of the evaluation of the Panel. After each Panel meeting, feedback provided by members on research-specific activities were recorded and responded to by project researchers on a 'You Said, We Did' form (Appendix 5). Researchers were required to respond with how the Panel's feedback was used to inform the related research component and where feedback was not used, a reasonable rationale was provided. In addition, direct feedback from Panel members, project researchers and recorded observations from the Panel's lead facilitator have also been used to measure the Panel's impact on the CHA project.

The initial outlined plan for the LEP, at the funding application stage, detailed that it would be established as a *"key mechanism to ensure the appropriateness, relevance and conduct of the research, and the interpretation and reporting of findings"*. It was proposed, at this early stage, that the Panel would have a key co-producing role in relation to refining research questions, co-developing and approving recruitment and research materials, and providing an input into the scoping of ethical considerations.

The Panel were involved in the development of recruitment and research materials, and had a role in the interpretation and reporting of findings. However, in practice, they had less of a 'co-producing role' and more of an advisory role in the CHA project. This was due to the timing of recruitment for the Panel taking place after key decisions relating to the research questions, ethics and methodologies had been made. These decisions were required at the funding application stage where resource to implement PPIE pre-project was unavailable. Community stakeholders from Scottish Communities for Health and Wellbeing, the New NHS Alliance, the Scottish Community Development Centre, and CLOs Annexe Communities and Bromley by Bow Centre were involved in the development and design of the project at this early stage.



The specific research areas in which the Panel had input into at each in-person meeting and additional online meetings are detailed in Table 7.

Outside of Panel meetings, the LEP facilitator also represented the perspectives of the Panel during attendance at Project Management and Full Research Team meetings and research component workshops and sub-team meetings. This input further helped to shape decisions and interpretations within the project. For example, at the final in-person project management team meeting in December 2024, researchers found a gap in qualitative data to explain patterns observed in the quantitative analysis relating to volunteering. The LEP facilitator drew from notes of previous LEP meetings to find information about LEP members' experiences to help the researchers understand the impacts of volunteering, and the nuances of experiences within this.

Table 7: Overview of Panel meetings and attendance at other project-related meetings

Location	Date	Project-related activity
Online	Three half-day meetings during July 2022	<p>An overview to understand the project was provided and a 'Working Together Agreement' and hopes and concerns for involvement were discussed.</p> <p>Activities to provide a background to assets-based approaches and the social determinants of health were also delivered.</p> <p>The Panel were consulted on the delivery and recruitment of the CHA longitudinal questionnaire study.</p>
Online	October 2022	Study Steering Committee meeting.
Glasgow	November 2022	The Panel took part in an activity reviewing transcripts from stakeholder interviews and images from the participatory photography component of the project to identify the 'mechanisms' present within these, and to aid with the early development of Programme Theories.
London	May 2023	Two activities were delivered to aid in the development of the project's Programme Theories by sharing their experiences of how activities at CLOs impact individual wellbeing, the contextual factors involved and potential issues within CLOs that could hinder positive outcomes.

Location	Date	Project-related activity
Online	October 2023	The Panel provided feedback on the draft participant interview topic guide.
Belfast	October 2023	The Panel were presented with questions about emerging themes in the research data to help the researchers further refine the Programme Theories and participant interview questions.
Online	November 2023	The Panel attended a Full Research Team meeting to discuss potential additional outputs of the project.
Online	February 2024	Study Steering Committee meeting.
Bournemouth	March 2024	<p>The Panel piloted and reviewed the statements for the Q study and provided feedback on their appropriateness.</p> <p>The Panel was also presented with the latest Programme Theories and was asked to provide feedback on each.</p>
Online	June 2024	Project updates and initial findings from the questionnaire study were presented to the Panel.
Online	September & November 2024	Two workshops with Magic Torch Comics to produce a comic illustrating the project's Programme Theories using Panel members' experiences of their CLOs. The stories from these comics aided in the final synthesis of the project Programme Theories.
Glasgow	September/ October 2024	The Panel took part in two activities to aid in the interpretation of initial findings from the questionnaire study and initial findings from the Q study component.
Online	December 2024	Study Steering Committee meeting.
Online	June 2025	The Panel will attend the final Full Research Team meeting to learn about the next steps and findings of the project.

Despite having less of a co-production role as initially planned, feedback from LEP members on their involvement and impact within the CHA project was mostly positive throughout the duration of the Panel.

However, at the fourth Panel meeting in October 2023, one member raised that engagement so far had felt “*somewhat superficial*”. Following this, we spoke to the Panel to assess where changes could be made and fed this back to the Project Management Team. Subsequently, the Panel was invited to attend a Full Research Team meeting (November 2023) and activities on components of the project were strengthened.

Between the third and fourth Panel meetings, the CHA project was focused on data collection and so there were less opportunities identified for the Panel to be involved in. As findings emerged and further methodologies were developed, these opportunities became more apparent.

At the final in-person Panel meeting, all members said that they felt that their contributions and opinions were valued within the LEP, and that they felt they had had an impact on the CommonHealth Assets project.



I totally agree the LEP has helped the CHA project as you can see how our input has been listened to and actioned.”

[LEP member]



I missed three meetings but especially with the comic on zoom I have shared my views.”

[LEP member]



I remember in Belfast suggesting some of the questions were worded incorrectly for the questionnaires and that was reflected in the new survey.”

[LEP member]



Sometimes when I hear things at meetings, I can recognise my own quotes.”

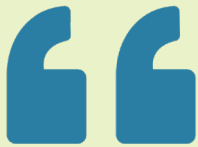
[LEP member]



When we put suggestions regarding questions and wording, it was taken on board.”

[LEP member]

The ‘You Said, We Did’ approach was noted as a useful method of ensuring accountability in the process and being able to track impact.



I think the researchers have been quite diligent in their feedback of how they have incorporated our suggestions. The ‘You Said, We Did’ summaries have been quite useful.”

[LEP member]



I feel that everyone’s opinions have been taken on board and relayed back to us all in clear formats for us to see.”

[LEP member]

Individual project researchers’ interest in, and interaction with, the LEP were also noted by members as important in feeling that their input was valued in the project.



I talked a lot and had several side conversations with the project PI where she seemed genuinely interested in my input.”

[LEP member]



I feel the research team listened to us and made changes to the questions, theories etc. based on our feedback. Researchers made things very simple.”

[LEP member]

Despite the positive feedback from Panel members, feedback from CHA researchers who responded to the evaluation was mixed in terms of their assessment of the impact of the Panel on the CHA project. The researchers felt that the Panel played a role in supporting the research team in their understanding of the research data, accessing CLOs and study participants, and in promoting the work of the project to different stakeholders.



At all stages it seemed to me that the ideas generated by the LEP were an important part of the team's deliberations."

[CHA researcher]



I am not sure it has influenced the outputs but is likely to create more interest and reputation in policy-makers e.g. the [comics] that were created are very good for almost all audiences."

[CHA researcher]



My sense is that the outcomes from the LEP were/are influential in shaping how the management group for the project approached some of the processes being used/considered, especially in establishing accessible approaches to the outcomes for communities."

[CHA researcher]



Yes, the research team were able to get advice and support for some of the research methods for the project."

[CHA researcher]



The relationships enabled easier access to CLOs."

[CHA researcher]

However, a couple of researchers noted that the Panel did not influence major decisions or early research activities.



Sometimes it felt more like a tick box that had already been decided by those running the project. No fault of LEP leads or Panel.”

[CHA researcher]



[The approach could have been improved] if the Panel got to make decisions from the start and not just change the research teams’ findings.”

[CHA researcher]



Involving all data analyst [researchers], and not just the [qualitative] researchers would have been useful for analysing [quantitative data] earlier.”

[CHA researcher]



5. Impact of the Lived Experience Panel on participants

The [aim for the Panel](#) was to create a mutually-beneficial engagement experience. It was hoped that through involvement with the LEP, members would gain:

- Improved knowledge on research methods and their application.
- Good relationships between Panel members and between Panel members and CHA project researchers/facilitators.
- Greater awareness of, and learning from, the work of other CLOs across the UK.
- Increased confidence and awareness of the value of their own expertise.
- Increased team-working and decision-making skills.
- Greater involvement in their local CLOs/community development work.

Measures to facilitate this were incorporated within meetings in several ways as described throughout this report, including:

- Presenting on the social determinants of health, assets-based approaches, and research methodologies – Q methodology, standardised questionnaire tools, qualitative interviews, policy analysis, economic analysis and participatory photography.
- Organising and sharing dinner together the night before meetings, factoring in time to socialise, creating a WhatsApp group for informal information sharing and connections, scheduling informal catch-up meetings, and having project researchers attending Panel meetings and dinners beforehand.
- Offering development opportunities such as attending and presenting at a conference, organising a workshop on fundraising within CLOs, visiting CLOs across the UK and facilitating time to share community issues and ideas.
- Inviting Panel members throughout the duration of the project to be representatives on the project's Study Steering Committee and inviting the LEP to attend a Full Research Team meeting.
- Delivering group-based activities and creating an open environment to share thoughts and views through co-producing a Working Together Agreement.

Evidence demonstrating the impact that the Panel had on its members was collected from facilitator observations, feedback forms following Panel meetings and both written and video case stories where the experience of members were explored. Full details of the aims of the LEP and measures to assess impact can be found in the [LEP Evaluation Plan](#).

The final LEP evaluation form completed by Panel members highlights the key knowledge and skills developed through their participation on the Panel. These included a greater understanding of research and research methods, how to manage emails and zoom calls, the social determinants of health, making storyboards and comic strips, fundraising, and learning more about the work of local and national community organisations, as illustrated below.



I have learned more about funding and how to get restricted funding. I have also learned about new ideas that are missing in our own community e.g., social café, social hub facility.”

[LEP member]



I have gained new knowledge about the local community and health organisations and their impact on individuals and the communities they supports.”

[LEP member]



I have learned about the social determinants of health which will help me improve success with funding applications. Again, learning how to improve websites to grow unrestricted funding was brilliant.”

[LEP member]



I have realised how my community organisations have similar issues [to others] despite different approaches and [a different] community.”

[LEP member]



... [the Panel] has developed my ability to give information and take information in. [It] definitely inspired me to research about a lot more things and being part of a Panel has given me a sense of purpose."

[LEP member]

All Panel members also said that their confidence had improved as a result of taking part in the LEP. Specifically, having more confidence to speak up, speak in groups and in front of people was noted.

One member spoke about how their newfound confidence encouraged them to be more actively involved in their community:



I have started getting involved in my local community more, the confidence has made me start two men's groups and a cycling group."

[LEP member]

This impact was also recorded through a [case story](#).

Additional impacts reported by individual Panel members included developing new relationships and connections through the Panel, gaining confidence travelling independently, having the opportunity to visit places in the UK that they would not have visited otherwise, and travelling by airplane for the first time.



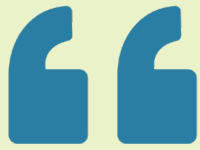
I made new friends that made me feel part of a family."

[LEP member]



It has made me more confident in travelling independently and I made new friends and learned a lot about myself."

[LEP member]



...travelling to new places has been great, I would never have considered going to some of the sites, such as Bournemouth, had it not been for this project.”

[LEP member]



It has been hugely influential on my own confidence and wellbeing. I've met new people, been to new places and travelled both physically and mentally outside of my post-Covid bubble.”

[LEP member]



Yes, experiencing the different communities and contexts the different CLOs work in was very interesting and having the opportunity to have a break away was appreciated and therapeutic.”

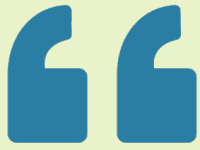
[LEP member]

All Panel members also reported that their attitude and/or interest in health research had improved as a result of taking part in the CommonHealth Assets project.



My interest in learning about health research has grown. My knowledge on health research has also been improved. The power of knowledge in this topic will also in turn help make improvements in my community. It has triggered new ideas.”

[LEP member]



It has changed my perspective on community health research, whereby before I saw it as an intrusion, to now viewing it as a way to improve what is there, and to know what is not working and why.”

[LEP member]



I have thoroughly enjoyed the project, having never done anything like this before, and now I have the confidence to participate in any similar projects if offered.”

[LEP member]

Examples of where individual impact could have been strengthened was through IT/ technology support, “*more meaty training*” and learning more about the different project sites across the UK.



6. Impact of the Lived Experience Panel on CHA project researchers

Project researchers and members of the wider research team were asked to share their feedback on their experience of working with the LEP and their views on the role and value of PPIE in research.

The majority of researchers who responded to the LEP evaluation had worked on a project with a PPIE component before. Those who had previously worked with PPIE groups reported that the CHA LEP was either similar in delivery or was more comprehensive in its approach than what they had experienced in other projects. Those who had not worked with a PPIE group before either had no expectations or expected the Panel to be less engaged and diverse than they were.

For the researchers, the Panel brought benefits to their work on the CHA project by aiding their understanding of the real-world contexts of the research data and in accessing the project-partnered CLOs and study participants from these.



Some of the findings provided by the LEP to the project were extremely valuable.”

[CHA researcher]



Yes, better understanding of quantitative data that reflect people’s lived experienced.”

[CHA researcher]



The relationships enabled easier access to CLOs.”

[CHA researcher]

Some researchers also reported an increased interest in involving patients/public in research, and enhanced knowledge on how to implement this well in the future.



I definitely would like to involve a Panel like this in future projects. Having people on the ground to check your work keeps you focused as a researcher on the things that matter for them and why you are doing the research in the first place.”

[CHA researcher]



I’ve learned a lot about how to do PPIE well, personally I think I’m less cautious and defensive about our approaches and methods and more open to trying things out with people.”

[CHA researcher]

One researcher also reported gaining experience in transferring “small group teaching skills, and teaching activities to LEP sessions.”



7. Additional impacts

Outputs of the CommonHealth Assets LEP have contributed to the knowledge base on Patient and Public Involvement in research through the continuous sharing of learning via [blogs, digital stories, reports](#) and an academic paper.

Members of the LEP and the Panel's facilitator also shared learning from the Panel during a presentation at 'Authenticity into Action', a conference held at University of Central Lancashire in May 2024, to the Scottish Government as part of their Expert Speakers series in November 2024, and at the Scottish Communities for Health and Wellbeing 'The Even Bigger Get Together' conference in April 2025.

This promotion of the CHA LEP approach has led to multiple conversations with external practitioners and researchers to provide advice on delivering effective Patient and Public Involvement and Engagement, promoting an inclusive and meaningful approach.

CHA researchers spoke of how the involvement of the LEP, and the creation of outputs relating to the LEP, have also led to increased visibility of the CHA project, promoting engagement with additional stakeholder audiences.



The short films from LEP events have been a fantastic way to profile the project externally on social media etc."

[CHA researcher]

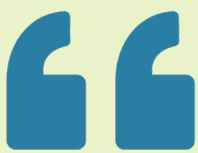


8. Reflections and learning

The evaluation of the design and delivery of the CHA LEP reveals good practice against the National Standards for Community Engagement, particularly within the Standards of Communication, Inclusion, Methods and Planning. Feedback from evaluation forms demonstrate that Panel members felt that their needs were met during the process, and that being involved was an enjoyable and impactful experience for them. Working Together and Impact Standards could have been strengthened with earlier engagement with the Panel, and involvement of more members of the research team in its delivery.

Key strengths

At the final Panel meeting, ten of the original 13 LEP members were present and had remained with the LEP over the three-year duration of the CHA project. At the start, it was anticipated that membership would be fluid due to the duration of the project and as members' personal circumstances changed over time. We believe that retaining most of the Panel members across the life of the CHA project was a result of the strong connections fostered within the Panel, their enjoyment of the experience, and the value that was placed on their experience and expertise by the research team. This view was reflected in the positive feedback from the Panel on their experience of being part of the LEP.



I cannot rate the experience anything less than excellent."

[LEP member]



It has been a wonderful experience and I've loved every minute of it."

[LEP member]



Definitely [would recommend the LEP to others], it has been so worthwhile and interesting."

[LEP member]



This is the best experience I've had of PPIE and I appreciated the input from the Panel throughout."

[CHA researcher]

From the Panel's feedback and our own reflections, key strengths in the approach taken have been identified:

- **Prioritising relationships** – by incorporating time to socialise and spending time to build trust, positive relationships were created in the Panel from the outset. Central to this was ensuring strong connections were maintained by having regular contact between formal Panel meetings through WhatsApp and online catch-up meetings.
- **Ensuring a mutually-beneficial experience** – facilitating opportunities for the Panel to learn from one another and to visit different communities across the UK and asking members what they wanted from the engagement were important to ensuring that the Panel could benefit from the experience beyond payment for participation. There was a high-level of dedicated resource for the Panel which allowed for meetings to take place in person in sites across the UK, external training and development opportunities, and for ensuring the experience was enjoyable with sightseeing opportunities at meeting locations and social elements like the group dinners.
- **Fostering accountability and transparency in the process** – using the 'You Said, We Did' log to communicate feedback between the Panel and project researchers, and collecting continuous feedback to inform our approach helped to create strong accountability and transparency in the LEP. This helped to facilitate trust and respect within the Panel, where members felt that their input was important and valued by the CHA project team. It also enabled continuous monitoring of the impact the Panel was having on the project to ensure the work of the LEP was being integrated into the research components.

Challenges

Despite the Panel's success in achieving a positive engagement process in the CHA project, there were challenges in the delivery of the LEP, especially during its early stages.

- **Lack of PPIE in early stages of the project** – as Panel members were recruited following the award of funding, and six months into the project start date, they were not involved in key decisions related to the design of the CHA project and could not shape the research questions or data collection methodologies used. Due to the lack of Panel involvement in this stage, it took time to identify opportunities for them to have a meaningful impact on the project, which required working closely with the research team to advocate for the Panel's involvement.
- **Balancing time and priorities** – as there were often long travel times and high costs attached to attending the LEP meetings across the UK, it took time to find the correct balance between ensuring trips were productive, worthwhile and enjoyable whilst not overstretching the energy and capacity of Panel members and the Panel facilitator. However, facilitating continuous feedback and good communication helped us to adapt our approach over time, using learning and reflections from each meeting to shape subsequent meeting agendas.
- **Financial issues due to internal procurement processes** – as an NHS-governed organisation, adherence to NHS standing financial instructions and procedures proved challenging at times in the delivery of the LEP and when working with small community organisations. These challenges included the long timescales for registering new suppliers and the extended financial processing and payment times. Due to these limitations and restrictions, when trying to provide childcare costs for a LEP member to attend meetings, we sought support from a university partner to ensure payment would reach the childcare provider in time.

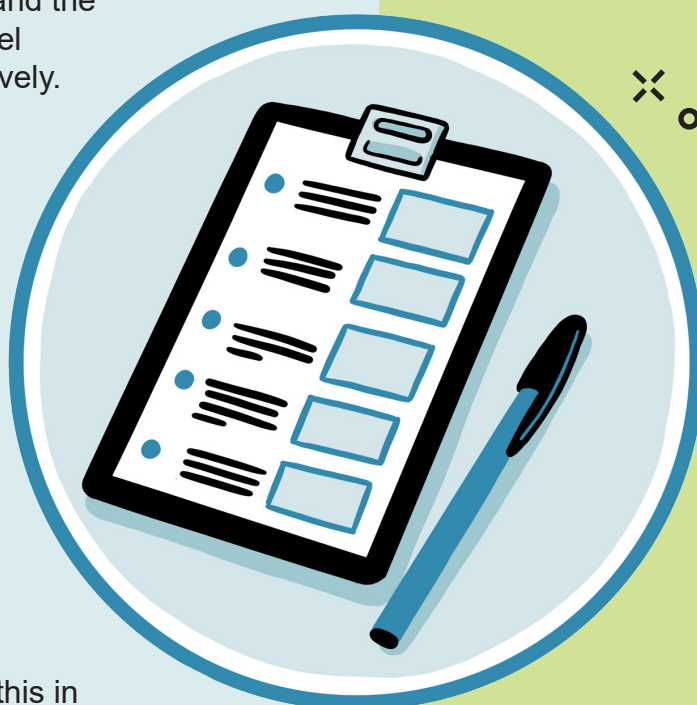
9. Conclusion

The evaluation of the CommonHealth Assets Lived Experience Panel underscores the potential of meaningful Patient and Public Involvement and Engagement (PPIE) in research. By fostering trust, strong personal connections, mutual benefit, and accountability, the LEP had a positive impact on its individual members and on the project's wider research team in addition to influencing and shaping the findings of the CommonHealth Assets project.

From participating in the LEP and connecting with different communities across the UK, Panel members gained knowledge of community development approaches and research, and built confidence, connections and skills which extended beyond the project into their own lives and communities. Some members were inspired to start up new activities in their CLOs and to try new things, showcasing the empowering possibilities of public involvement and engagement in research.

Despite challenges to find opportunities for meaningful contribution to the CHA project for the Panel, adaptations were made throughout to strengthen the process and ensure that lived experience input enriched the research process and findings. The Panel fed into project components including data collection approaches and materials, the project Programme Theories, the Q study, and the analysis and interpretation of the research data. The Panel members' involvement meant that richer findings were produced that were more representative of the experiences of the communities being studied.

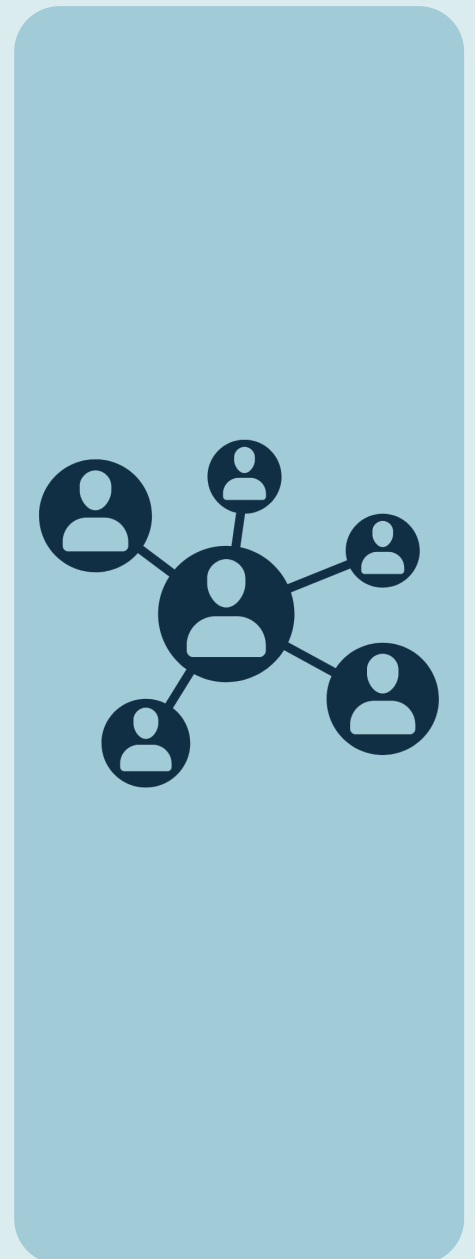
Having a dedicated PPIE facilitator is crucial to ensure that the management and planning of the LEP, and the engagement and communications with Panel members is consistent and delivered effectively. In the preparation and delivery of Panel meetings and specific research activities, facilitators and researchers must continuously check-in with participants and reflect on involvement to be aware of challenges as they arise and to be responsive to them. This involves being realistic and having honest conversations with yourself, the wider team and the people you are involving about what you aim to achieve, what is possible and what is happening in practice. Using frameworks and tools such as the National Standards for Community Engagement to develop and evaluate engagement activities can help to facilitate this in line with best practice and available evidence.



Ultimately, learning from the evaluation of the CHA LEP provides a replicable model for inclusive PPIE, demonstrating how community expertise can be meaningfully integrated to shape a large multi-site, multi-method research project and research outcomes. These insights offer valuable lessons for future projects aiming to align academic goals with community engagement and empowerment.

To further strengthen PPIE in research, institutions and funders must find a way to resource PPIE at the early stages of project development to ensure co-design can be achieved. The involvement of PPIE contributors at each stage of project development should be outlined from the outset to ensure that they are central in each research activity and are at the fore of the research team's minds. Support for engagement must extend beyond PPIE contributors and be provided to members of the research team who lack experience in engaging with patient/public audiences. Institutions must also find ways to accommodate PPIE beyond their usual institutional systems and practices to ensure payments, communications etc. can be adapted to best suit community needs.





Appendices

Appendix 1: Demographics of Panel members

	Categories	October 2024
Gender	Female	6
	Male	4
Ethnicity	White, British/Scottish/Irish	7
	Asian British	1
	Black African/ Black British	2
Age	18-29	1
	30-44	3
	45-64	5
	65+	1
Location of residence	Northern Ireland	2 Belfast
	Scotland	2 Glasgow 1 South Lanarkshire
	England	3 East London 2 Bournemouth
Urban/rural residence	Urban	9
	Rural	1
Disability status	Disabled	7
	No disability	3

	Categories	October 2024
Employment status	Unemployed	3
	Studying	2
	Retired/medically retired	3
	Employed	1
	Self-employed	1
Formal education level	Secondary school	3
	College/Further education	4
	University	2
	Post-graduate	1

Appendix 2: Final Panel meeting evaluation form

Section 1. About you

These questions are being asked to explore which voices were represented in the Panel and if any voices were missed. Please leave blank if you would prefer not to say.

1. How would you describe your gender?
2. What is your age?
3. How would you describe your ethnicity?
4. Do you consider yourself to have a disability or long-term illness?
5. What is your current employment status? (e.g., in employment, retired, studying, unemployed)
6. What is your highest education level? (e.g., high school, college/further education, university, post-graduate)
7. Would you consider yourself to live in an urban area or a rural area?

Section 2: Impact of Panel participation on individual Panel members

Please answer the following questions in as much detail as possible. If yes, please give examples where possible. If no, what would you have liked to happen?

1. Have you gained any new skills from taking part in the Lived Experience Panel?
2. Have you gained any new knowledge (for example, about research, health or community organisations etc.) from taking part in the Lived Experience Panel?
3. Has being a part of the Panel impacted you in any other way (e.g., made new friends, tried something new, travelled to new places, helped you do something)?
4. Has taking part in the Panel impacted on your confidence or abilities in any way?
5. Has taking part in the CommonHealth Assets project changed your attitude of, or interest in, health research?

Section 3: Experience of being a Lived Experience Panel member

Please answer the following questions in as much detail as possible. If yes, please give examples where possible. If no, what would you have liked to happen?

1. Do you feel that your opinions and contributions have been valued by the team in the CommonHealth Assets project? Please share an example if you can.
2. Do you feel as though the Lived Experience Panel has had an impact in shaping the CommonHealth Assets project as it developed? Why/why not?
3. How connected have you felt to the wider research team and overall CommonHealth Assets project?
4. Did the facilitation style used in Panel meetings by [Facilitator] suit your needs?
5. How satisfied were you with the communication methods used throughout the Panel (i.e., frequency of meetings, communication in between meetings etc.)?
6. Do you feel you received enough information from [Facilitator] and the researchers about the activities and progress of the CommonHealth Assets project over time?
7. How inclusive do you feel the Panel has been regarding different perspectives, ideas and backgrounds?
8. Did you feel adequately supported during your participation in the Panel (e.g., with accessibility needs, resources provided, contact with [Facilitator])

9. Do you feel as though the Panel was adapted to meet the needs of participants, and that you had a say into the content and structure of Panel meetings?
10. Do you feel you were adequately compensated for sharing your experience expertise and participation?
11. Did you enjoy the Panel moving to the different project locations? If yes, what did you enjoy?
12. Did you take part in any other Panel learning opportunities (attending full team meetings, workshops, conferences)? If so, what was your experience with these?
13. Were there any other learning opportunities you would like to have taken part in or that you would have liked to have been offered?

Section 4: Your overall experience

Please answer the following questions in as much detail as possible.

1. Overall, how satisfied are you with your experience as a Panel member?
2. What improvements would you suggest for future activities and Panels?
3. Would you recommend taking part in a similar experience to others?
4. Is there anything else you would like to share about your experience of taking part in the CommonHealth Assets project and LEP?

Appendix 3: CHA research team end-of-LEP evaluation form

Section 1: Your experience working with the CHA LEP

Please answer the following questions in as much detail as possible. If yes, please give examples where possible. If no, what would you have liked to happen?

1. Have you worked on a research project before that had a Patient and Public Involvement component?
2. If yes, how did the CHA Lived Experience Panel compare/differ with previous PPI activities you have encountered? If no, what were your expectations and how did the delivery of the CHA LEP compare?

3. Did you attend any of the LEP meetings? If yes – do you have any reflections on them? (If no, continue to question 9)
4. Do you have feedback on the facilitation and delivery of the LEP meetings? Were they structured in a way that enabled productive engagement with the Panel by the facilitators?
5. Do you feel that the Panel's activities were appropriately designed to support the projects research objectives and enabled Panel members to input effectively?
6. Did you face any challenges in working with the Panel?
7. How effective has the communication been between the research team and the Panel facilitators outside of meetings?
8. How effective was the communication and feedback from Panel members during meetings?
9. Do you feel that the feedback from the LEP has been clearly communicated to the research team?
10. Do you have any thoughts on the methods of feedback, for example the You Said, We Did log used by Panel facilitators?
11. In future projects with a PPI component is there anything you would do or recommend being done differently to the approach taken in the CHA project?

Section 2: The LEP's impact on the research

1. Do you feel the involvement of the Lived Experience Panel influenced the design, implementation and outputs of the CHA research project? How? If not, how could this have been improved?
2. From your perspective, can you give specific examples of how feedback from the Panel has impacted decisions or directions taken in the project?
3. In your experience, how effective has the LEP been as a method for including community members in the research process?
4. Have there been instances where the Panel's recommendations conflicted with the research objectives? If yes, how were these managed? Please give an example.
5. What areas do you think could be improved in terms of how the LEP was integrated into the research process?

Section 3: Final reflections

1. From your point of view, what has been the most successful aspect of the LEP's involvement in the research?
2. What have you learned personally and/or professionally from working with the LEP?
3. Has working with the Panel changed your perspective on public involvement in research? If so, how?
4. Is there anything else you would like to share about your experience working with the CHA LEP?

Appendix 4: Summarised Impact Record Form from three Panel meetings

Date	Activity	Feedback (outcomes)	Actions taken (impact)
11.11.22	Programme Theories (PT) workshop to identify Programme Mechanisms from stakeholder interview transcripts.	Ideas were gathered on flipchart paper from group discussions, and collated into a document to be shared with researchers.	<p>The notes from this exercise were used to help the researchers understand Programme Mechanisms better and to help them develop their theories further.</p> <p>Responses were gathered into a spreadsheet, then combined with responses from other sources such as interviews and CLO reports. After this, similar themes across the sources were identified and condensed. 27 initial PT's were developed using this process.</p>
04.05.23	<p>Initial PTs were shared with the Panel to gather their feedback on them.</p> <p>The Panel was then asked to explore what impact taking part in specific activities at CLOs have on individuals, and how CLOs help to produce specific benefits (e.g., give people a sense of independence), and in what cases this doesn't work.</p>	<p>There were over 90 individually recorded contributions, ideas, and comments during the workshop.</p> <p>For example, someone wrote: "The hot food lunch service is the activity".</p> <p>How it made them feel was that it "Increased my sense of financial security/safety. Feel part of a community/ less isolated. Feel joy, welcomed, safe. It's friendly, kind. Gives a place to go. Initially intimidating."</p>	<p>From the examples given by the LEP, overarching theories that can apply to other community organisations across the UK were created.</p> <p>The example in the column to the left helped the team to develop these two statements:</p> <p>IPT 19: Where a lack of access to cheap food and heating exists and a CLO runs a café/ warm space this allows for social connection, a hot meal, and warm building which leads to physical health and social connectedness.</p> <p>IPT 4: Where individuals who are unemployed are</p>

Date	Activity	Feedback (outcomes)	Actions taken (impact)
(continued)		Then what this makes them do is: "I get a nutritious meal. I talk about the centre. I learn about nutritious meals and can use that as a template at home. I make friends/feel less isolated. Have better self-esteem. I open up to people."	continuously provided with healthy food, their bodies react to the healthy food over time which can lead to increased physical health and developing skills that allow them to make food for other people.
26.09.23	The Panel reviewed the participant interview topic guide.	<p>The Panel provided feedback on each question and provided suggestions for the delivery and sampling method for the interviews.</p> <p>The Panel felt most of the draft questions were suitable and easy to understand.</p>	<p>All comments were fed back to the researcher team and were discussed at a Project Management Team meeting in October.</p> <p>The final topic guides were shared with Panel members in the October 23rd LEP meeting in Belfast.</p>

Appendix 5: You Said, We Did log template

Comment (You Said)	Researcher responding	Response (We Did)

Appendix 6: The Panel's hopes and concerns for engagement

Hopes	Concerns
Opportunities to meet people from different communities, to share and listen to other experiences, stories and make connections.	Not being able to make a useful and helpful contribution to the Panel, lots of new faces, not knowing what to say and pressure of representing the community.
All participation is highly valued.	How 'lived experience' will be used in the research project.
It is an enjoyable, comfortable, and safe experience for all who participate.	Not being an enjoyable experience for members.
A clear understanding of the role of the Panel, how this supports and influences the CHA research project and what Panel members are involved in.	Lack of diversity on the Panel.
Learn about different community organisations and the activities they offer, and be able to bring back new ideas for communities and support local organisations.	Problems and confidence with technology and the internet not enabling us to participate fully.
Understanding how research takes place and how research and evidence affects policy and the decisions that are taken.	
Make a helpful and useful contribution to the research project, supporting and strengthening the role of communities.	

Appendix 7: Lived Experience Panel Working Together Agreement

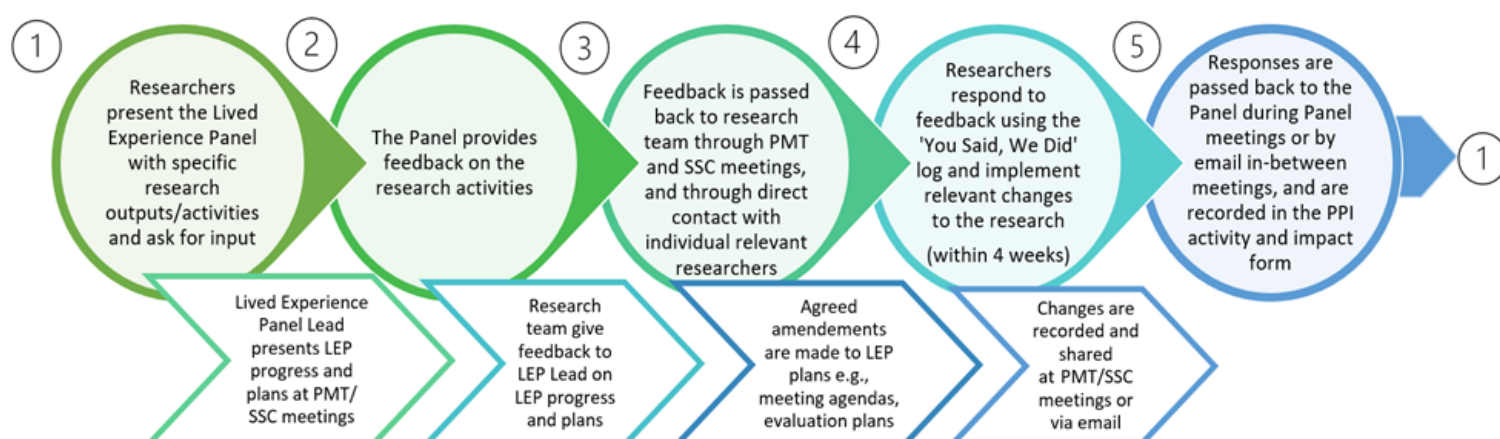
Working together agreement

For the Lived Experience Panel to be a positive experience, and to feel like a safe space to share views, ideas and opinions, the group should agree to:

- Allow everyone a chance to speak and encourage everyone to share their views equally.
- Maintain confidentiality by not sharing personal information about people in the Panel to others. Share the learning but keep personal details private
- Support each other by being respectful, open and honest.
- Really listen to what everyone has to say.
- Be non-judgmental; understand that there are no stupid or wrong ideas.



Appendix 8: Feedback loop





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