Pam Holloway worked with the Ageing and Dementia research teams

ImPACt – Improving physical activity of older people in the community

This study looked at simple ways to help older people be more active in everyday life. A public contributor, Pam, worked closely with the team and suggested adding telephone support as well as online help, so people could choose what suited them. This made the offer easier to join, especially for people who do not use the internet. Pam's advice also helped the team plan the next steps and secure follow-on work. What the team learned in ImPACt then moved into later projects in the community (Frail2Fit) and in hospital (PIVOT). Pam also helped the team share results in a clear, friendly way. She reviewed the results pack for participants and asked for simple explanations about how the results were found, plus clear notes on safety after a reported shoulder injury. She checked an after-programme information sheet and advised the team to confirm that local services listed were still running. The team made these changes and kept phone support in plans for future remote programmes.

Frail2Fit – Volunteer-led physical activity support (follow-on from ImPACt)

Frail2Fit tested a volunteer-led way to support older adults to be active. People could choose help by phone or online. This choice came from Pam's early advice and proved important. At least half of the people who took part chose phone calls, which helped with inclusion and recruitment. Pam also helped the team share results and follow-on advice in a friendly, useful way. She suggested a clearer layout and plain words in the results pack, with a short note on how the team found the results and what safety steps were taken after a reported shoulder injury. She reviewed the after-programme information sheet and advised the team to double-check the local services listed; the list was updated so it was current and suitable. The study showed that offering phone support can remove barriers and make it easier for people to join. The team decided to keep phone support in future remote programmes.

> "I thought this document (results pack) was excellent, well laid out, interesting little pictures, comments from participants and the photos – a lot of work went into this – well done!"
> "I believe this reads really well; it is encouraging without being patronising and gives them lots of info to further their exercise programme. I don't think any changes are necessary but I think maybe the Saints Charity should be checked out as I have heard rumours that they are having trouble with funding this charity now since their relegation." – Pam

PIVOT – Bringing the volunteer-led activity support into hospitals

PIVOT takes the volunteer-led activity approach into hospital wards. Building on earlier work, Pam reviewed the volunteer training materials to make sure they were clear, accessible, and easy to follow. The training is now used in three NHS trusts within the study. Making the training simple and clear helps volunteers give safe, consistent support to patients while they are in hospital. The team plans to include this training in a wider implementation toolkit so other NHS sites can adopt the approach more easily.

Long Term Conditions

Social Prescribing Link Workers Framework – Supporting adults with multiple long-term conditions

This project is building a practical framework to help Social Prescribing Link Workers support adults who live with both physical and mental long-term conditions. A public contributor joined at the grant stage and helped shape the main question so it covered community-level factors, not just clinical steps. Public input also pushed the team to join up mental and physical health needs from the start. Four public contributors reviewed the interview guide and early drafts to check they were relevant and clear. In a co-design workshop, lived-experience feedback led the team to tackle social isolation and mental health support earlier in the link worker pathway. These changes made the framework more patient-centred and easier to use and should support adoption and spread in community settings.

Ian Dickerson worked with the Workforce and Health Systems teams

PROCED-DST – Co-designing a discharge decision support tool (uses AI/ML)

This study is creating a decision support tool to help NHS staff plan safe and timely hospital discharges. A public contributor, Ian, reviewed the plan and his input changed the order of the work. The team held a PPI session before staff co-design so public concerns guided the questions. Ian asked how the team would watch for 'AI/data drift'—when a model's accuracy changes over time—and how a model trained in one hospital would work in other places. The protocol was rewritten to set out these safeguards. These points then led to detailed talks with staff about standardising data across discharge teams. Ian also warned that the tool could add extra work, especially in a hybrid model. Staff later confirmed they already use too many systems. Ian's comments kept the focus on usefulness, safety, and workload in the real world.

> "It appears that there will be no [PPIE] involvement in the project initiation phase yet it should perhaps be standard practice for future projects to involve patients/public at the earliest possible stage to gain maximum benefit from engagement and ensure trust and buy-in."
>
> "There are engineering development project risks that have not been discussed and there is a risk of 'AI Drift', a known problem with AI systems where the accuracy of predictions can suddenly reduce for no obvious reason. The proposal could show how this problem of drift will be managed possibly by regular assessment of the continued accuracy of the system after the initial research project, once implemented if the ML system is intended to continue to learn once implemented."
>
> "There is still a workload in interacting with a DST which might be as much as in undertaking an assessment in person. This is particularly true of the hybrid model, which is to be assessed, in which the workload would actually be higher than normal due to conducting in person assessments in addition to using the DST." - Ian

Collaborative Working in Older Adult Social Work Services – A realist synthesis

This review asked what kinds of teamwork in older adult social work work best, for whom, and in which situations. Public collaborators helped choose the topic by sharing real-life issues they had seen, such as changing needs, gaps between care plans and what is delivered, costs, staffing levels, and tensions between services. Their input kept the work grounded in everyday experience. As the review progressed, public members joined the steering group, sense-checked ideas, and helped make the language clear and fair. For example, the term 'interprofessional conflict' was changed to 'constructive challenge' to show a helpful, positive idea. Some early ideas were shared with social work students, and a few students chose to look at those topics. A paper has been submitted with public collaborators named as co-authors, and a public collaborator is leading a plain English summary so more people can understand and use the findings. The team has also been invited to talk about the work with a local pensioners' group.

Dr Amy Drahota from the University of Portsmouth worked with public members on adult social care research