**Title: GP Management After Transition Events (GP-MATE) - Developing an intervention to assist older patients’/carers communication with their GP practice after discharge from hospital**

Below you will find a short summary of the full project we have applied for funding for. Our key questions for PPI-E partners at this stage are:

* What do you think will be the challenges to recruitment of patients/public for our study?
* How do you view the participation of patients/carers that is required by our method?
* Are there any challenges or barriers for patients/carers to taking part in this study?
* How can we best encourage and enable patient/carer participants from diverse backgrounds to take part?

If you contact us we’d like your thoughts on the above questions either by phone or email – let us know which is most convenient for you and how best to contact you. It’s OK if you can’t answer all the questions or would need more information to answer them – we can give you as much information as you need when you are in contact with us.

**Aim:** To create, develop and test a tool (‘GP-MATE’) to assist older patients/carers to better communicate with their GP practice about their care after coming home from hospital. The ultimate goal is to improve patient safety outcomes for older patients who come home from hospital.

**Background**: Being discharged from hospital is known to be a risky part of a patient’s journey, particularly for older people because they may have more complex health needs/ medications. For each of the 5.2 million patients aged 75 or older admitted to hospital in England in 2018-19, a letter was sent from the hospital to their GP practice when they left hospital. There are problems with how many of these letters are managed in general practice, and one in thirteen older patients experience harm as a result (over 400,000 patients in England each year). Harms range from mild to severe but include; readmission to hospital, contribution to organ damage and even untimely death. Patients/carers have an important role to play in preventing these errors and harms. We want to help empower older patients (and their carers) to take an active role in their general practice care after coming home from hospital and anticipate that the tool we will create will help them to do this.

**Design and Methods used:** The study will take place across four years using a special method called ‘Experienced based co-design’ to enable patients to be heavily involved in creating the tool. In this method, a video of patient experiences, created specifically for the project, is used as an immersive visual experience to break down barriers between patients/carers and healthcare staff in order to trigger creative discussions. We will assemble a variety of possible templates for what our tool will look like based on available literature in order to kick-start these discussions. Three groups of patients and healthcare providers across the country will meet repeatedly to design the tool iteratively. In the third and fourth year we will pilot our tool locally in ten West Midlands practices to optimize its use in general practice. This will make us ready to implement the tool nationally in future research.

**Patient and Public Involvement:** Two PPI consultation events have established the importance of the topic area and set the research direction. This study design is truly lead by patients/carers and will use a technique called ‘Experienced based co-design’. Patients will be involved at all stages of the study and will be led by the research team to create a tool which is both relevant to and useable by patients/carers.

**Dissemination:** In addition to the usual academic routes of publication, conferences and professional colleges we have a PPI specific dissemination plan. Our results will be publicised to patients via our departmental PPIE newsletter, our Unit webpage and using the local CRN Facebook page. Local NHS publications and *AgeUK*/U3A will also be approached.

Interested in the study or would you like to help us develop this research?

Please email the study co-ordinator (Dr Rachel Spencer) at the University of Warwick: r.spencer.2@warwick.ac.uk