Patient and Public Involvement (PPI) in Research

Payment Policy for Researchers

CONTENTS

Notes

Introduction

1. What are the principles of payment?

2. Who is eligible for payment?

3. How is payment made?

4. How much should be offered in payment for PPI?

5. What are the arrangements for paying tax and National Insurance?

6. Can payment be made to those on benefits or who have a pension?

7. Useful contacts

Appendix A:

Appendix B:
Notes

This policy document sets out the process by which NIHR Oxford Health BRC themes and cognitive health CRF sites are advised to make payments to those involved in their PPI activities.

A second document (Patient and Public Involvement (PPI) in Research Payment Policy: Guidance for patients and members of the public) should be used to ensure those involved in your PPI activities understand the nature of and process for PPI payment.

In many cases, patients and members of the public do not wish to accept payment for PPI, but the offer should always be made. We thus encourage you to budget for this as soon as possible.

If you need help to implement this policy please contact the PPI Manager, Claire Murray, via: enquiries.ohbrc@nihr.ac.uk.

The INVOLVE cost calculator for PPI in research, and further information about payment, can be found here:

- INVOLVE: http://www.invo.org.uk/resource-centre/payment/

Advice and support for research teams to develop and submit high quality applied health and social care grant applications to NIHR and other national peer-reviewed funding programmes can be sought through RDS South Central.

Introduction

NIHR Oxford Health BRC and Oxford cognitive health CRF aim to involve patients and carers in research at all stages. This does not mean participating in medical trials or studies, for which patients may or may not be paid, but, for example:

- advising on priorities for new research
- advising on what we need to measure when doing research so that the answers generated by research are relevant to patients
- helping plan and run studies so that patients want to join them
- helping explain studies to patients (for example in information leaflets or on websites) in ways that make them fully accessible
• helping make applications for research funding
• helping monitor studies, telling other patients about them and communicating new research findings to the public

Just as the researchers, doctors or other professionals who work here are paid, so we offer involved patients, carers and members of the public payment for their time spent on these tasks. This document details how those payments are made.

Not all patients who are offered payment choose to accept it, but this document sets out what should be offered and how it should be paid. It uses the reimbursement processes set out by Oxford Health NHS Foundation Trust for budgets held there, and University of Oxford processes where budgets are held within the Department of Psychiatry.

1. What are the principles of payment?

This document describes how to offer payment and recommended amounts for patients and members of the public who spend time working on the design and planning of research or in strategic advisory roles (PPI contributors). This is distinct from reimbursing expenses: travel costs must always be reimbursed or, where possible, arranged and paid for by you in advance on behalf of a PPI contributor, for example, booking train tickets or paying for a hotel if overnight accommodation is needed. Subject to agreement, significant costs of home-working such as printing large documents or making telephone calls may also be reimbursed.

In addition to covering or refunding expenses as above, payment should be offered for people’s time; this is an “honorarium” payment, and does not mean they have a contract of employment. The rates in this document are a guide, and details should be agreed alongside work plans.

Themes may also wish to offer: help with childcare costs to enable people to work with you; costs for a carer to come to meetings with the involved patient or to provide respite care at home; payment for time taken to travel to meetings where this is significant. It is not necessary to offer payment for time taken for training to enable patients/public to carry out their PPI work.

2. Who is eligible for payment?

Anyone who does not have a full time public sector salary is eligible to receive payment for PPI, as are those who do work full time in the public sector but carry out PPI work that is unrelated to their job and do so in their free time.
3. How is payment made?

As noted above, travel and other expenses should be arranged and paid by you in advance where possible, or reimbursed as soon as possible if paid for by the PPI contributor on receipt of original receipts and a signed claim form (to be provided by themes/working groups).

Payment for time is based on three simple steps:

1. Agreeing with the PPI contributor in advance what will be paid, based on rates below.

2. Where possible, arranging and paying for travel and other appropriate expenses in advance on behalf of the PPI contributor.

3. For any expenses incurred directly by the PPI contributor and for reimbursement of time, they will need to fill in the form that you provide to them (according to whether your budget is held by Oxford Health NHS Foundation Trust or the Department of Psychiatry, see a/b below), sign it and return it to the named contact that you have provided them with, together with separate expense claim and original receipts if applicable.

   a) If your budget is held by the University of Oxford within the Department of Psychiatry, please use the Expenses Claim Form to claim for actual expenses incurred that are supported by original receipts or the AP Payment Request Form for payments for reimbursement of time. Forms are available via the ‘Volunteers and Subject Payments section of: https://finance.admin.ox.ac.uk/payments-to-students-visiting-academics-and-volunteers

   Please complete all the necessary details of the person being paid and clearly mark which grant code the costs are to be charged to. Expense Claim Forms need to be signed in wet ink on hard copy by the claimant and original receipts attached. Payment Request Forms need to state clearly ‘Volunteer patient involvement in study/trial’ in the reason for payment, show the volunteer’s NI number (or Nationality if not British) and signed in wet ink on hard copy by you as the person preparing the payment request. Once fully completed, the hard copy form with wet ink signatures should be sent to the Department of Psychiatry Finance Office.

   b) If your budget is held by the Oxford Health NHS Foundation Trust, please use the Service User and Carer Reimbursement Form available at Appendix A (updates available from the staff intranet). Please make sure that: it is signed either in wet ink on hard copy, or with a proper electronic signature
on soft copy (simply typing a name in the signature box will not suffice); you include original receipts for expenses; all the necessary details of the person being paid are complete; and the cost code being charged is clearly marked.

Once fully completed, the form should be converted to a PDF and sent with to creditors@oxfordhealth.nhs.uk with a completed Manual Payments form (available at Appendix B).

Please advise your PPI Contributor to allow up to 15 working days from receipt of claim for payment to reach their account.

4. How much should be offered in payment for PPI?

The below rates are based on those of other similar organisations, as a guide. Exact amounts should be agreed before work is done, in part as there will be times when the activity does not fit the categories below.

Payment rate guide

- Full day meetings: £150 - to include all preparation and follow-up
- Half day meetings: £75 - to include all preparation and follow-up
- All day meetings where the involved patient/public member is chair or has considerable preparation and/or follow-up: £225
- Half day as above: £110
- Meetings or other work totalling approx 2-3 hours: £50
- Short pieces of work which require little preparation or follow-up, such as a telephone meeting or reviewing short documents; approx 1-2 hours: £20.00

Where patients/members of the public are asked to get involved with reviewing/commenting on documents, research plans etc via email or post; approximate rates are:

- Reviewing short documents, up to approx 50 pages: £50
- Reviewing for example grant applications/mid-length reports (50-100 pages): £150

5. What are the arrangements for paying tax and National Insurance?

PPI payments made in line with guidance in section 4. will not involve a contract of employment and Tax or NI will not be deducted. The individual concerned is responsible for all declarations of earnings. There is some information here: http://www.invo.org.uk/payment-resources/tax-and-national-insurance/

The key message is that “It was not intended that public contributors involved in research activities be affected by these regulations.” Therefore, unless certain exceptions apply (as detailed in the INVOLVE statement), reimbursement for involvement should not be made via the PAYE system.

6. Can payment be made to those on benefits or who have a pension?

Reimbursement of expenses can and should always be made. However, receipt of payment is a very complex area for those on state benefits of any kind and/or a state pension and getting this wrong can put their benefits at risk. You are thus urged to ensure PPI contributors who are in this situation take specialist advice before agreeing to accept payment. This should only be sought from the free national confidential service designed specifically to help patients and members of the public in this situation, provided by NIHR and the Bedford Citizens Advice Bureau: [http://www.invo.org.uk/benefits-advice-service-for-involvement-for-members-of-the-public/](http://www.invo.org.uk/benefits-advice-service-for-involvement-for-members-of-the-public/)

7. Useful contacts

General queries about this policy can be addressed to the PPI Manager at the BRC/CRF [enquiries.ohbrc@nihr.ac.uk](mailto:enquiries.ohbrc@nihr.ac.uk)
Appendix A

Service User and Carer Reimbursement Form

This form should be completed by the service user/ carer requesting reimbursement for involvement activity or ‘out of pocket’ expenses. This form needs to be signed by the service user or carer and the staff member organising the activity/ event and the budget manager authorising the payment.

If you are receiving benefits please be aware that you need to inform the relevant agencies of additional earnings. Any additional earnings may be taxable. Please note that a breach of benefit conditions can result in benefits being stopped. See Appendix 5 in the Service User and Carer Payment and Reimbursement for Involvement Policy for more details.

We aim to send completed reimbursement forms to creditors as soon as possible after the event being claimed for. However, please allow up to 15 working days from our receipt of your claim for payment to reach your account.

Meeting Details

<table>
<thead>
<tr>
<th>Name of meeting or activity</th>
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<tbody>
<tr>
<td>Venue of meeting or activity</td>
<td></td>
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<tr>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>Time of start and finish</td>
<td></td>
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</tbody>
</table>

Claimant Details

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<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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### Details of Claim

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<td><strong>Mileage</strong> <em>(45p per mile)</em></td>
<td>miles £ . p</td>
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<tr>
<td><strong>Parking</strong> <em>(receipt required)</em></td>
<td>£ . p</td>
</tr>
<tr>
<td><strong>Fares</strong> <em>(train, bus, taxi – receipt required)</em></td>
<td>£ . p</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td>Add description £ . p</td>
</tr>
<tr>
<td><strong>Payment for involvement activity</strong> <em>(agreed beforehand)</em></td>
<td>Add description £ . p</td>
</tr>
</tbody>
</table>

### Payment Method

*(The staff responsible for the meeting/ activity will have agreed the payment method prior to the meeting)*

Payment received in Cash **Or**
Payment to be made by Cheque **Or**

Payment to be made by bank transfer (BACS)

If BACS - Claimants Sort code

........................................................................................................

Claimants Account Number

........................................................................................................

### Claimant Signs

Signature ............................................................

Print Name ..........................................................

Date .................................................................
**Staff Member coordinating activity Signs**

Signature ..........................

Print Name ..........................

Date ..............................

**Budget Holder Signs**

Signature ..........................

Print Name ..........................

Date ..............................

**Budget Details (to be completed by staff)**

Cost Centre ..........................

Subjective code ..........................
MANUAL PAYMENT REQUEST

Please pay name:

Address:

Bank Account Number: Sort Code:

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Authorised by:

(signature)

Date: _____________________ Phone: _____________________

Send with backing documents to: Accounts Payable

creditors@oxfordhealth.nhs.uk