

PHIRST Insight

Dissemination, Impact, Involvement, Communication and Engagement (DIICE) plan

Purpose: PHIRST Insight will develop a bespoke Dissemination, Impact, Involvement, Communication and Engagement (DIICE) plan from the outset of each PHIRST study we undertake. The DIICE plan will be co-produced with key stakeholders (including policy, practice and public partners from the local area where the intervention is being implemented). Our principles of co-production are shown in Appendix 1. The plan will consider how the findings of the research will be disseminated locally, where the work was conducted, as well as to wider regional and national audiences, and those with a special interest in the topic. Plans will be reviewed by the PHIRST Insight Operations and Management Groups and shared with our colleagues at NIHR who are responsible for managing the PHIRST teams. DIICE plans should also take into account the publication policy (Appendix 2), and principles of Equality, Diversity and Inclusion (EDI) in how study outputs are produced and their dissemination.

DIICE plans are 'living documents' and should be updated as each study progresses through the development, study period and post-study stages, and will inform long-term impact tracking.

1. Study details	
Name of study:	
Study Lead:	
Other researcher(s)	
Local authority:	
Study start date:	
Study end date:	
Version number and date of DIICE plan:	

2. Engagement

Please detail how specific audiences will be engaged, and how, to enable knowledge mobilisation. You may want to consider engagement with:

- Policy makers: e.g. working with [PolicyBristol](#), or Wales [Centre for Public Policy](#); identify key policy makers e.g. in Westminster and in each UK nation’s Public Health; local public health and local authority teams; third sector agencies.
- The research community: e.g. presenting review findings at scientific meetings such as the annual Society for Social Medicine, the UK Society for Behavioural Medicine and Lancet Public Health conferences.
- Public health practice: e.g through: (i) research networks (e.g. DECIPHer and NIHR SPHR); (ii) joint academic and service senior lecturer posts in public health in UoB and placements and co-location with Public Health Wales; (iii) bi-annual meetings with Directors of Public Health in the region; and (iv) training activities (South West public health specialists; PHS’ and DECIPHer short course programmes); and (v) teaching (e.g. MSc in Public Health); (vi)links with NIHR SPHR and Social Science Research Park research capacity development work.
- Third sector organisations: e.g. those concerned with the focus of the study.
- Members of the public: e.g. through local and regional science outreach events (e.g. British Science Association, Pint of Science, ESRC Festival of Science). The Elizabeth Blackwell and Cabot Institutes at the University of Bristol can support public engagement activities.

Target audience	Planned engagement activities	Lead(s)	When?

3. Dissemination

Please give details of the planned outputs. Consider matching output type to the target audiences identified above in section 2. Please ensure that authorship takes account of the publication policy (Appendix 2). Outputs may include:

- a report for the NIHR Journals Library
- peer-reviewed paper(s)
- blog
- briefing
- webinar
- slide set
- infographic
- animation or short film
- podcast
- conference presentation
- toolkits or other resources emerging from the study

Output Type	Dissemination Activity	Lead(s)	When?

4. Communication

Please detail how you will alert audiences to study publications, events, or other outputs. This may include:

- Press releases: (UoB [and](#) CU [Media team](#) can help with these)
- X accounts: e.g. UoB centre for Public Health; DECIPHer, NIHR; PHIRST, any study team, stakeholder or collaborator accounts
- PHIRST and other newsletters
- PHIRST Website
- Local partners' communication networks (newsletters, websites etc)

Communication type	Lead(s)	When?

5. Involvement

Please detail how members of the public, policy and practice community have been involved in the study outputs. This may include co-production activities during the study itself, as well as direct involvement in creating outputs and their dissemination. Please see Appendix 1 for PHIRST principles of co-production.

Please detail the type of activity (e.g. co-production of research design; consultation on research output(s)); who was involved; and the impact of this involvement on study outputs, dissemination or impact.

Activity	Who was involved?	Impact

6. Impact

Please detail how the study is intended to have impact (academic¹, economic or societal). This may include

- instrumental impact – influencing the development of policy, practice or services, shaping legislation and changing behaviour
- conceptual impact – contributing to the understanding of policy issues and reframing debates
- capacity building through technical and personal skill development²

¹The University of Bristol has useful guidance on [tracking academic impact](#)

²[ESRC/defining impact](#).

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Appendix 1: PHIRST Insight Co-Production Principles



Appendix 2: PHIRST Insight Publication Policy

Background

A primary aim of PHIRST is to ensure that the study findings are shared with our target audience(s) when available (e.g. the research community, public health practitioners, third sector organisations and the public, outlined in section 2. above). This document is designed to provide **guidance** on how the PHIRST publications will be managed. A similar approach will also be taken for presentations and other outputs.

A publication group for each individual PHIRST Insight study will comprise

- the lead researcher named on the DIICE plan, and
- the lead applicants e.g. Professor Russ Jago, Dr Jemma Hawkins, Dr. Judi Kidger

The publication group will, where required, make final decisions on authorship and be responsible for monitoring the quality of all study outputs.

Who can be an author?

We will follow the SPHR authorship policy which is modelled on the [ICJME guidance](#). Specifically, authors should have made the following contribution:

1. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of the data.
2. Sufficient participation in the work to take public responsibility for appropriate portions of the content.
3. Drafting of the output or revising or critically for important intellectual content.
4. Final approval of the version to be published.

The people who are eligible to be authors are PHIRST project staff from Bristol and Cardiff Universities who have worked on the individual PHIRST study named in this document for at least 3 months. Any other staff member, including those on the PHIRST Management Group, or individual study management group (or equivalent) who is engaged with the study for at least 3 months is also eligible to be an author. Local stakeholders, such as staff from the local authority or other organisations related to the individual study, or public members (including any involved in co-production activities) may also be authors if they meet the criteria outlined in 1-4 above.

The author order will be based on the criteria below.

- The lead author be decided by the extent to which each author meets the criteria for author roles, but it is intended that the publication group will agree the initial key authors (first, second and last) and responsibilities for each paper before writing commences.
- Final authorship shall be confirmed at the point when a final or near final draft is established.
- Any member of the research team who does not feel that they have made a sufficient contribution to the publication to warrants being names among the authors may (and will normally be expected to) withdraw their name.
- The study publication group will, where required, make final decisions about authorship.

Approval

To maintain the highest possible standards all outputs (which should be listed in full in section 3 of the main document) must be approved by the publication group prior to publication (this includes submission to journals, abstract/poster submission to academic conferences, publication of any project resources, presentation slides, webinar scripts, or equivalent). The draft paper will also be sent to the local authority contact (if not a co-author) to provide any feedback prior to submission. Three weeks will be allowed for this. Please note that while we welcome local authority feedback the NIHR contract does not allow a local authority to block publication.

Author responsibilities

Lead author responsibility

The lead author is responsible for producing the first draft of any output. This may include performing the analysis or using analysis provided by others. The lead author will then circulate drafts for comment by co-authors. When the lead author feels that the publication is ready it will be shared with the publication group for approval.

Co-authors roles

As outlined above all co-authors are expected to read and contribute to each output. This should be done in a timely manner. When approval to submit a paper is requested, co-authors (and any publication group member who is not a co-author) should respond with either approval or approval withheld. If approval is withheld the co-author needs to provide a rationale. All co-authors should respond to requests for approval within **two weeks**.

NIHR Open Access requirements

All papers must comply with the NIHR Open Access Policy. This means that all papers should be published in a journal that makes it available using the Creative Commons Attribution (CC BY) licence and allows immediate deposit of the final published version in other repositories author restriction on re-use.

Funding disclaimer

All publications need to add the funding disclaimer.

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NIHR requirements prior to publication

- Please see <https://www.nihr.ac.uk/documents/nihr-research-outputs-and-publications-guidance/12250>
- And <https://www.nihr.ac.uk/documents/nihr-open-access-policy/28999>