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| Host department: Oxford |
| Project Title:  |
| Optimising the uptake and delivery of activity-based social prescribing interventions  |
| Proposed supervisory team:  |
| Dr David Nunan (Oxford) – expertise in physical activity and exercise for health in the context of primary health care and applied research methods & evidence synthesis. Member of the Oxford Social Prescribing Research Network & co-lead of the Royal College of General Practitioners Physical Activity and Lifestyle clinical priority group.Dr Stephanie Tierney (Oxford) – expertise in social prescribing in primary health care, health and social care delivery research and co-lead of the Oxford Social Prescribing Research NetworkProfessor Kamal Mahtani (Oxford) – expertise in social prescribing in primary health care, health and social care delivery research, evidence synthesis and co-lead of the Oxford Social Prescribing Research NetworkProfessor Kerryn Husk (Plymouth) - expertise in social prescribing in primary health care, health and social care delivery research & evidence synthesis |
| Potential for cross consortium networking and educational opportunities: |
| Supervisors have well-established partnerships with all current members of SPCR consortium as collaborators on previously funded SPCR research. We will utilise these strong partnerships to support all aspects of the proposed research via networking, further collaborations as well as dissemination & educational activities across the whole SPCR consortium.Through acting as leads, members and/or collaborators, we also have strong partnerships with a number of key external organisational working groups, initiatives and projects aimed at improving knowledge and training in the areas of physical activity/exercise for health/medicine and social prescribing in primary care. These partnerships and networks will provide additional platforms and avenues to inform the aims, objectives, design, delivery and dissemination of the proposed research project as well as further educational opportunities. These organisations include: NHS England, the Royal College of General Practitioners (RCGP), Clinical Commissioning Groups in Oxfordshire and elsewhere in the country (through Tierney and Mahtani’s HS&DR funded link worker study - <https://fundingawards.nihr.ac.uk/award/NIHR130247>), the Social Prescribing Network, Sport England, Moving Medicine, Active Oxfordshire, STORK (Society for Transparency, Openness, and Replication in Kinesiology).The successful candidate will join members of the Oxford Social Prescribing Research Network <https://socialprescribing.phc.ox.ac.uk/>, will be invited to support other existing collaborations/partnerships and supported to form new ones where relevant.  |
| Project description: |
| Lifestyle related diseases are responsible for 1 in 6 deaths in the UK and cost the NHS an estimated £1bn annually. The Department of Health acknowledges the role of physical activity in breaking this cycle and suggests Primary Care is best placed to lead implementing this within the healthcare sector. In 2016 the RCGP made Physical Activity and Lifestyle a clinical priority in recognition of these developments. Other significant initiatives include Make Every Contact Count, Moving Medicine and the Activity Practice Charter. These resources and initiatives have struggled to gain traction with lack of time, training and resources to support patients and primary care teams as the main barriers.Social prescribing (SP) and the introduction of Link Workers (LW) in primary care offers a new pathway for increasing physical activity and lifestyle intervention uptake. LWs are employed to help service users identify support services in the voluntary and community sector that address their non-medical needs. The Kings Fund reports that since 2019 one thousand two hundred LWs nationally have received training and funding and by 2023/24, every GP should have access to a LW catering for 900,000 people nationally.Sport England have funded eight posts to oversee the investment of £195 million given to embed physical activity within local communities in England. These posts will work with LWs to help deliver target outcomes. However, the underpinning mechanisms of success with activity-based SP interventions are currently poorly understood. Understanding the factors impacting the use and uptake of activity-based SP is vital to its success as a route to embedding physical activity in primary health care. The proposed research aims to investigate the current poorly understood landscape of activity-based SP interventions within primary care settings in England as well as how the perceptions of key stakeholders (service users, LWs, primary care teams) may facilitate the uptake and success of activity-based SP interventions. Key to this proposal is existing (and development of new) collaborations and partnerships with stakeholders to improve our understanding of factors informing successful activity-based SP interventions. The overall aim is to develop an evidence-base that facilitates SP in maximising the role of physical activity in optimising patient outcomes, avoiding resource waste, reducing health inequalities, and improving health equity in primary care. |
| Training and development provision by host: |
| *Formal training:**Research methods and practice skills training via our world-leading post-graduate programme in Evidence-Based Health Care and similar formal training opportunities within the SPCR consortium.* |
| *Informal training:* *Supervisor-led and peer-to-peer, consortium and external networking & educational activities and events* |
| *PPIE:* *The host department (Oxford) has extensive experience in successful PPIE and have led specific PPIE strategy initiatives as part of SPCR funded research: (e.g.* [*www.spcr.nihr.ac.uk/files/ppi-1/eswg-ppi*](http://www.spcr.nihr.ac.uk/files/ppi-1/eswg-ppi) *and* [*www.spcr.nihr.ac.uk/news/blog/using-art-to-engage-with-people*](http://www.spcr.nihr.ac.uk/news/blog/using-art-to-engage-with-people)*). We shall build on our experience and resources to inform the integration of effective PPIE in the current project in line with the SPCR’s PPIE Strategy 2021-2026.* |