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| Host department: Keele |
| Project Title: |
| Primary care based interventions for those with multimorbidity: Taking health literacy into account. |
| Proposed supervisory team: Names and areas of expertise to be included |
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| Dr Emma Healey (Keele) | RoleLead supervisor, Applied Health ResearcherExpertiseTopic: multimorbidity, primary care interventionsMethodological: intervention development, Delphi study and systematic review methodology |
| Dr Nicola Cornwall (Keele) | RoleCo-supervisor, Health Services ResearcherExpertiseTopic: primary care interventionsMethodological: intervention development, systematic review and qualitative methodology |
| Prof Jo Protheroe (Keele) | RoleCo-supervisor, GP/Clinical AdvisorExpertiseTopic: health literacy, primary care interventions Methodological: intervention development, Delphi study and systematic review methodology |
| Dr Sudeh Cheraghi-Sohi (Manchester) | RoleCo-supervisor, Applied Health ResearcherExpertiseTopic: multimorbidity, primary care interventionsMethodological: systematic review, PPIE and qualitative methodology |

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| Potential for cross consortium networking and educational opportunities: |
| The School of Medicine at Keele University hosts a world-leading primary care research group. We have a large, thriving postgraduate research student group based within a supportive environment. To support them to become future research leaders, those undertaking a Wellcome Doctoral Training Programme in Primary Care will be encouraged to undertake wide-ranging generic and subject-specific in-house and external training at Keele, Manchester and across the consortium. They will also have the opportunity to engage with national and international events, such as the National Institute for Health Research (NIHR) School for Primary Care Research (SPCR) research capacity development programme and other relevant SPCR Training and development events which include workshops, talks, and networking opportunities.  |
| Project description: |
| Multimorbidity, the co-occurrence of two or more long term conditions (NICE, 2016), has received growing interest in primary care literature over the past few years and is now widely acknowledged as a research priority (Fortin et al. 2012). Patients with multimorbidity seen in primary care represent the rule rather than the exception (Uijen et al. 2008). Observational research has shown that having multimorbidity is associated with poorer outcomes in terms of health, quality of care and costs (Williams et al. 2016, Vogeli et al. 2007).In 2016, the NICE multimorbidity guidelines were published (NICE, 2016). The aim of these guidelines were to optimise care for adults with multimorbidity by reducing treatment burden and unplanned care. The guideline sets out which people are most likely to benefit from care that takes into account multimorbidity. The concept "treatment burden" covers everything that patients must do to manage their medical conditions (Eton et al. 2012). This includes medication-taking, obtaining prescriptions, organising and attending healthcare appointments, implementing lifestyle changes, and self-monitoring their condition (Eton et al. 2012). Such self-management responsibilities may require a significant amount of time, effort and skills, such as numeracy and literacy (May et al. 2014).Recent research has demonstrated that patients with multimorbidity who have difficulties in understanding health information (low health literacy) have an increased risk of experiencing a high treatment burden (Friis et al. 2019). Health literacy is defined as the social and cognitive skills that determine a person’s motivation and ability to gain access to, understand, and use information in ways that promote and maintain good health (Nutbeam et al. 1986). The World Health Organization has identified health literacy as a critical determinant of health that empowers individuals, enables their engagement in health, and must be an integral part of the skills developed over a lifetime.The increasing burden and complexity of multimorbidity challenges existing standards of care, which often focus on single-disease management rather than patient centred care (Pefoyo et al. 2015, Sinnott et al. 2013). Over recent years a number of interventions have been designed for patients with multimorbidity. However, evaluations to date have shown minor and negligible effects on important outcomes such as health-related quality of life and function (Salisbury et al., 2018; Smith et al., 2016).The link between treatment burden and health literacy is important, but it is unclear whether this is taken into account in primary care based interventions for multimorbidity. This PhD aims to examine previous research and work together with key stakeholders (patients, healthcare professionals and experts) to develop a new, inclusive model of better support for people with multimorbidity and low health literacy, for whom management can be more challenging. The resulting model from this PhD project will be used in future research to further design and then test potential interventions. Objectives1. To examine whether previous multimorbidity interventions take into account and/or measure health literacy and to identify components of interventions that are likely to work well in patients with multimorbidity and low health literacy.
2. To explore community based individuals with multimorbidity and professional stakeholder’s experiences and views of multimorbidity management in the context of varying levels of health literacy.
3. To gain consensus of professional stakeholders on multimorbidity management intervention components.
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| Training and development provision by host: |
| We will develop an individualised training plan together with the PhD student, identifying specific training needs, gaps and accessing opportunities that arise. Where possible training opportunities will be identified within Keele University. We anticipate that the following training will be required:*Formal training:** - Systematic review skills (Health Library, Keele course and ‘in house’ from Systematic Review team)
* - Qualitative Interviewing and analysis and Delphi study training (Oxford course)

*Informal training:* * - Participation in external and internal seminars and journal clubs within the Faculty
* - Tutorials from other staff members (e.g. reference manager, systematic review)
* - Participation in the School postgraduate research student group seminars
* - Presenting work at the annual Faculty PGR symposium
* - PPIE training
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| PPIE: Two PPIE meetings are planned to support this PhD project and to gain thoughts and suggestions on:* our patient facing materials for the project
* how health literacy can affect the way people manage their multimorbidity
* the length and content of the interviews; the logic model produced; dissemination to participants and the wider public
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