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| Host department: QMUL |
| Project Title: |
| Moving beyond averages – using quality improvement in primary care to address inequalities |
| Proposed supervisory team:  Names and areas of expertise to be included  Dr John Ford, Senior Clinical Lecturer in Public Health and Honorary Public Health Consultant NHS England with expertise in health inequalities research and policy.  Prof Carol Dezateux Professor of Clinical Epidemiology and Health Data Science has expertise in using linked routine electronic health records for research to understand health inequalities and to evaluate outcomes of quality improvement programmes.  Dr John Robson Clinical Reader in Primary Care Research & Development leads the Clinical Effectiveness group and has expertise in obtaining actionable insights from primary care data and delivering and evaluating quality improvement programmes working with primary care teams and commissioners to improve quality and equity of services. |
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| Potential for cross consortium networking and educational opportunities: |
| There are three main opportunities in this PhD. First, the topic area is under-researched but recognised as a policy priority, therefore there is a great opportunity to make a real difference through the research. Second, the PhD would sit alongside an NIHR-funded project examining equity-focused QI in secondary care. This means that there would be an opportunity to contribute to complementary research, be part of a wider team and leverage the learning from the evidence from a different context. Third, Dr Ford is embedded within the national NHS England primary care group. These policy links create opportunities to access a range of policy makers as well as an effective means of sharing the findings of the PhD.  The NIHR funded project on EF-QI includes a collaboration with Oxford University, Cambridge University, THIS Institute and Health Foundation. These collaborations would complement any additional cross-SPCR networks designed around the student’s needs.  The PhD would be hosted in the Clinical Effectiveness Group (CEG) at QMUL. CEG is a centre of excellence for linking and using health services data to improve the quality of care. The centre has decades of experience in delivering quality improvement programmes in partnership with local primary care teams and using primary care electronic health records to deliver and evaluate these programmes. The student would be able to draw upon these networks and this wealth of experience. |
| Project description:  Quality improvement (QI) is a cornerstone of the NHS. Equity, the absence of inequalities in access, outcomes or experience, is included in many definitions of quality, such as the Institute of Medicine, but is often the most overlooked aspect of quality compared to safety, effectiveness and efficiency. We simply do not know the impact of QI projects on health inequalities; some are likely to have no impact on inequalities, and others may inadvertently narrow or widen them.  There are cautionary tales of QI projects that have inadvertently increased inequalities. The National Paediatric Diabetes Audit reports the quality of care in the paediatric diabetes unit. A 2017/18 analysis found that continuous glucose monitors improved the quality of care, reducing HbA1c by 2.6mmol/mol. However, this benefit was not equally distributed, with children from the least deprived areas experiencing a 5.7mmol/mol greater reduction than the most deprived areas.  NHS England’s new health inequalities programme, CORE20Plus5, states that it will be “driven by QI methodologies to ensure measurable and sustained improvement” for disadvantaged groups. Currently, the UK lags behind other international countries in using QI methods to address inequalities.  There is currently a considerable evidence gap around the types of QI in primary care that increase or decrease inequalities and how equity-focused QI could be used to address inequalities in primary care. This PhD would focus on *within* practice inequalities (e.g. inequalities across patients within the same practice) and local QI initiatives, rather than *between* practice inequalities (e.g. inequalities across different practices) and national QI initiatives (such as new QOF indicators).  Working with a patient engagement and involvement panel, the anticipated objectives of the research would be to:   1. Undertake a review of the published and grey literature on how equity-focused QI is used in primary care nationally and internationally 2. Generate theory to understand why equity is currently considered (or not) in QI projects in primary care through interviews, focus groups and case studies with practitioners and policy makers 3. Identify and evaluate a clinical area of interest to assess if improvements have been distributed equitably (choice would depend on the student’s interest, but may include hypertension case finding as part of the CORE20Plus5 inequalities programme, cervical screening, diabetes care, childhood immunisations)   The PhD would use mixed methods and focus on impacting policy. An initial review will help the student to understand the existing literature and develop their knowledge. The qualitative component will focus on understanding why equity is included in QI in primary care (or not). The quantitative stage would use deidentified primary care electronic health records including those extracted from the North East London Discovery Data Service which include information from all 285 practices across north east London. This aspect of the project will be tailored around the needs of the individual student. We anticipate close working with NHS England and primary care colleagues. |

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| Training and development provision by host: |
| Formal training: QMUL has an extensive professional development programme to support PhD students. At the start of the PhD, we will undertake a training needs assessment to build a formal training package to support the student. This may include training in systematic literature reviews, qualitative and/or quantitative methods and health inequalities metrics and methods. |
| Informal training: The PhD will involve close working with the national NHS England primary care group with a possible internship. This partnership will help the student to understand how national policy is developed and the structure and function of different parts of the NHS. Dr Ford has worked at all levels of the NHS leading on health inequalities and the PhD would help the candidate to develop their understanding of policy approaches to health inequalities. |
| PPIE: Building effective PPIE relationships is really important to this PhD as understanding the lived experience of disadvantaged groups will be invaluable in informing each step of the PhD. QMUL is located in east London and the PhD offers the opportunity for building relationships with diverse communities in the east of London. The NIHR funded project (EQUAL-QI) has already a broad PPIE programme that the student would be able to draw upon, in addition to building their own relationships. |