|  |
| --- |
| Host department: Oxford |
| Project Title: |
| Perceptions of healthcare fairness |
| Proposed supervisory team: |
| Primary supervisor – Sue Ziebland, Oxford  Second supervisor – Helen Atherton, Southampton  Third supervisor – Danny Dorling, Oxford |
| Potential for cross consortium networking and educational opportunities: |
| The project will be based in Oxford, where the primary supervisor leads a team with unparalleled expertise in patient involvement and qualitative research methods. The project will benefit from connection to Southampton, where there is a programme of active research into inequalities in health and healthcare. There will also be opportunity to build on links with UCL and QMUL, where researchers have expressed interest in the present project. It is anticipated that all of these connections will create opportunities for collaboration, co-authorship, engagement of patient and practitioner participants in research, and discussion of ideas. |
| Project description: |
| Fairness is one of the founding principles of the NHS but there are evident anomalies  ( eg in England we are quite accepting of prescription charges, which don’t exist in Scotland, Wales and NI). There are suggestions, again,  that the patients may be required to pay for GP services - an arrangement  that appears to have been accepted in Ireland, Denmark and some of the Nordic countries, systems  which apparently also share a strong commitment to fairness and equal access to care.    We propose a qualitative investigation in England and at least one other broadly comparable health system to examine public and staff perceptions of fairness in health care delivery. The methods are likely to involve use of interviews, clinical observations (participant observation as a GP locum would be used) and  citizen juries to tease out and compare core principles of fairness and the factors that challenge its assessment and achievement. A cross country comparative approach will help to challenge assumptions and illuminate whether and how ideas of fairness among patients and practitioners might be contextual and shaped by experience and assumptions about the strengths of our own health systems. |
| Indicative project costs: |
| The salary of the doctoral fellow will be determined by the university.  Other anticipated expenses include:  Participant reimbursement (£8000) Travel and subsistence (£5000) Laptop (£700) Open access publishing costs (£5000) Conference fees and associated expenses (£5000) Transcription / translation costs (£2000) |
| Training and development provision by host: |
| *Formal training:*  The needs and interests of the fellow, as well as the design and content of the project, will determine the formal training that is required. It is anticipated that this will include short courses on qualitative research methods and data analysis, and training on presentation skills and research leadership.  The fellow will have structured supervision on a regular basis to check on progress toward timetabled project objectives, to plan activities, and to trouble-shoot any challenges. |
| *Informal training:*  The University of Oxford offers exceptional opportunities for learning, with outstanding facilities and an abundance of libraries for all subjects. The fellow will join a college where students and teachers of many disciplines are able to meet and share perspectives and opinions. Within the Nuffield Department of Primary Care Health Sciences the fellow will join the growing body of PhD students, creating another forum for interaction. Both in college and in the department, the fellow will be encouraged to attend and participate in the programme of seminars and presentations that occur throughout the academic year. |
| *PPIE*:  Involvement of the public and inclusion of a breadth of voices and perspectives will be important to the success of the project. The subject of the proposed PhD has already been briefly and opportunistically discussed with members of a local primary care patient participation group who agreed broadly with the importance of the subject matter. Further public engagement is planned before the proposed project begins, in an effort to hear perspectives on proposed methodologies, content, and outcomes. Once underway, PPIE will continue throughout the project. To assist this, training in PPIE will be undertaken through the host organisation and the fellow will be supported by the departmental PPIE team. |