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| Host department: Manchester |
| Project Title:  |
| Mitigating or enhancing the impact of patient records access on primary care workload |
| Proposed supervisory team:  |
| Primary Supervisor: Prof Evan Kontopantelis, Prof. in Data Science & Health Services Research at the University of Manchester. He holds degrees in computational statistics and machine learning and has a long track record in research using large-scale primary care and other administrative databases to investigate quality of care. Methodological interests include statistical methods in health sciences with a focus on meta-analysis, longitudinal data modelling, observational studies with electronic health records, spatial epidemiology, machine learning and quasi-experimental designs. Secondary Supervisor: Prof Jeremy Horwood, Prof. of Social Sciences and Applied Health Research, University of Bristol. Expertise in primary care digital health. Other members of the supervisory team: Dr Brian McMillan, Senior Clinical Lecturer, GP, and Health Psychologist with expertise in applying digital technology and psychological theory to improving patients' experiences of primary care. Dr Sharon Spooner, an experienced PI and GP who brings experiential and research-based knowledge of general practice. Currently leading a study of under-investigated and often over-looked aspects of GPs’ workload which provides vital contextual evidence for the proposed study.  |
| Potential for cross consortium networking and educational opportunities: |
| The supervisory team are engaged in multiple national and international collaborations presenting opportunities for networking and training. Opportunities include links to projects, seminars and training via our NIHR infrastructure networks associated with the School for Primary Care Research (SPCR), the Patient Safety Translational Research Centre (GM PSTRC), and the Applied Research Collaboration (ARC-GM). Prof Horwood leads the Intervention Optimisation and Implementation Theme for NIHR Health Protection Research Unit (NIHR HPRU) in Behavioural Science and Evaluation and leads the Behavioural and Qualitative Science Team for NIHR ARC West. Dr McMillan advises NHS England on their ‘Accelerating patients records access’ programme and is works with the NHS App team to help improve the way information is presented to patients. He is collaborating with the UoM Medical School to improve the teaching related to Electronic Health Records and has links with industry Evergreen Life with whom he is working on a number of projects. He is deputy chair of the QResearch scientific committee, based at Oxford University, and is a member of the Oxford International Primary Care Research Leadership Programme. He is also engaged in collaborations with OpenNotes, an international movement promoting and studying transparent communication in healthcare. |
| Project description: |
| After 31st October this year, all adult patients in England will have default prospective access to the contents of their primary care electronic record, including clinicians’ free text entries, test results, hospital letters and coded information. NHS England (NHSE) have also announced plans to enable patients to request access to their detailed coded record in the next year. The impact of patient records access on primary care workload is unclear. NHSE explored the experiences of 16 ‘early adopter’ sites who enabled full prospective access between 2021 and 2022, and found most sites did not see noticeable increases in workload, with some reporting reductions. Despite this, qualitative research in UK primary care settings has revealed that primary care staff have concerns about the impact the patient online records access (ORA) on workload. International research examining the impact of ORA on clinician workload has yielded mixed results. One large survey in the United States found that despite 69% of primary care physicians reporting that they felt workload would increase following implementation of ORA, only 8% reported spending more time addressing patients’ questions outside of consultations after implementation. In another US survey, however, a third of clinicians reported spending more time writing notes after ORA was enabled. In 2020, a systematic review on this topic found 80% of the studies reviewed reported either no change or a reduction in workload following enablement of ORA, but these findings were muddied by the fact that some studies measured workload in terms of appointments and calls to the practice, whilst not accounting for the fact that novel methods of communication (such as secure messaging) was included under the umbrella of patient records access. What appeared to be a reduction in workload could therefore have been a shift in workload to another medium of communication. A recent Canadian study found ORA was associated with increases in the annual number of consultations with physicians and in the annual number of calls to practice triage nurses. The successful candidate will join an existing team of researchers conducting research into issues relating to patient records access in primary care. The PhD will seek to explore the objective evidence for the impact of patient records access on primary care workload. The programme could consist of three stages: initial exploratory work, design of a study to ascertain the impact of ORA on workload in English Primary Care, and finally design of a potential intervention to either enhance or mitigate against the workload impacts of ORA. The objectives will be:1. To conduct a systematic review on the impact of ORA on primary care workload. 2. To design a study to ascertain the impact of ORA on workload in English Primary care, using a large primary care database such as CPRD. 3. To design an intervention to either enhance or mitigate against the impact of ORA on workload in primary care.The successful candidate would work alongside their supervisors to decide if their PhD will address all three of the above objectives, or alternatively, hone in on one or more of the objectives in more detail to develop their own lines of interest and enquiry. For example, there could be a focus on developing new methods to measure workload in primary care settings. The successful candidate will be expected to employ appropriate methods to address their specific research questions but should include experience of working with large datasets such as CPRD. They will also be expected to critically review and draw upon existing models and frameworks or other relevant theory as appropriate to their research focus.  |
| Indicative project costs:  |
| The project is expected to cost between £25-30k. These costs would cover: Equipment (laptop, digital audio recorder), PPIE costs (room hire, refreshments, contributor reimbursement at NIHR rate of £25 per hour), printing, audio transcription, conference/training fees (plus travel, accommodation, subsistence), and open access fees. |
| Training and development provision by host: |
| *Formal training:*All PhD students undertake a training programme delivered by the Doctoral Training Academy within the Faculty of Biology, Medicine and Health. This is delivered in partnership with the Centre for Academic and Researcher Development (CARD) and is aligned to the Researcher Development Framework (RDF). It provides foundation and intermediate level training at key stages of the programme, and provides access to a wide range of professional, personal and career development opportunities. Funds will also be available to attend training sessions from external providers where necessary. The successful candidate will be expected to attend and participate in the centre’s vibrant lunchtime seminar programme. |
| *Informal training:* The successful candidate will benefit from the division’s supportive environment which is home to a number of senior academics with related interests. They will be able to draw upon the multi-disciplinary expertise within the Centre for Primary Care and Health Services Research (CPCHSR), which comprises staff with backgrounds in general practice, nursing, psychology, health economics, and statistics. Their research will fit well with the themes of the centre, especially ‘Quality and Safety’ and ‘Person-centred care and complex health needs’. In addition to the centres own lunchtime seminars there are a wealth of other seminar programmes in the division which the candidate will be free to attend and participate in. |
| *PPIE*: The centre has links to Public and Patient Involvement and Engagement (PPIE) resources across multiple components of NIHR infrastructure in Greater Manchester and has the necessary experience and links to support PPIE as a core component at all stages of the PhD. The program of work is firmly founded in PPIE, and Dr McMillan has co-authored publications with several PPIE collaborators at Manchester on the topic of records access. We have two PPIE co-applicants working on current projects, and also have access to PRIMER (Primary Care Research in Manchester Engagement Resource), a diverse group of patients, carers and members of the public with an interest in primary care research, based at the CPCHSR. The successful applicant will be encouraged to follow frameworks for inclusive research, the national NIHR standards for public involvement, and to explore innovative approaches for PPIE as appropriate. |