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| Host department: QMUL |
| Project Title: |
| Increasing the capacity and quality of AT in primary care to better support patients with long term conditions live more independently for the long term. |
| Proposed supervisory team: |
| Dr Ratna Sohanpal (QMUL) Health Services Researcher with expertise in mixed methods and qualitative methods involved in the development and evaluation of complex interventions, using qualitative methods to improve services and outcomes for people with chronic obstructive pulmonary disease and multiple long term conditions and increase opportunities for people from marginalised communities to take part in research.  Dr Cat Forward (King’s) Research Associate with experience in mixed methods research. Her research interests are in reducing health inequalities in later life. An HCPC-registered Occupational Therapist, she also has experience of the use of AT assessment and provision for those with multiple long-term conditions.  Professor Stephanie Taylor (QMUL) Professor of Public Health and Primary Care with expertise in complex interventions using applied health services research directed at improving the lives of people living with long term conditions, particularly those living with multiple long-term conditions.  Professor Helen Dawes (UoE) Professor of Clinical Rehabilitation and Clinical Academic Physiotherapist with clinical expertise in community provision of rehabiliation and in the co-design, development and implementation of Rehabilitation Assistive Health Technologies, in people with frailty, MLTC and complex health conditions. |
| Potential for cross consortium networking and educational opportunities: |
| * Leading institutions and departments conducting world leading research including primary care research. * NIHR School for Primary Care Research (national links) * Links with networks related to Assistive Technology (e.g. ATech Research Network – network of academic researchers whose work relates to assistive and accessible technology). * Outstanding learning and training opportunities across the SPCR consortium |
| Project description: |
| Background  Assistive technology (AT) can be directed at individuals, their families or service providers and includes:  (i) adaptive equipment or non-digital equipment (for example making small/large home adaptations such as grab rails or stair lifts).  (ii) digital technology or electronic equipment designed to support recipients’ independent living (such as pendant alarms or medication reminders).  (iii) innovative digital solutions/infrastructure (for example, remote assessments to streamline referrals to service providers) where the technology is designed to support independent living.  The potential of AT interventions to support independent living amongst older people with age, disability, or long-term condition (LTC) related needs at a sustainable cost has been widely recognised but only partly realised.  Technology-enabled health care has the potential to expand the capacity of primary care to provide more integrated and efficient care across multiple providers, offer more opportunities to support patients with multiple long-term conditions (MLTCs) with their self-management, and promote independent living in the community. However, the evidence to support implementation of this care is lacking. A recent UK national report on assessment of AT service provision via survey among people with disabilities showed that 87% of people required at least one AT and 31% of disabled people in need of AT did not have access. In addition, the service provision is complex, time-consuming, and fragmented for patients and professionals alike.  To enable adoption and implementation of AT in primary care to better support patients, there is a need to better understand the processes involved in AT service provision in this context. An increased awareness and knowledge of AT would lead to more timely and effective provision of the technology, leading to better outcomes for patients and professionals alike.  Proposed PhD aim: Examining the service provision of AT in primary care to better support patients with long term conditions live more independently for the long term.  Methods: may include a scoping review to understand the pathway to AT access/AT service provision in primary care including the information that might be available to patients and professionals about AT; identifying characteristics of patients that may benefit from AT using mixed methods (primary care routine data/documentary analysis); a retrospective study assessing AT outcomes such as reduced care needs and increased independence among patients that were provided AT (routine data/qualitative evaluation); a qualitative study among primary care professionals to explore experience of referral of patients for AT and how it might be improved and among patients, explore experience of seeking, accessing and use of AT among patients, what were the challenges and what could be improved.  The PhD candidate could focus on disease area or underserved population of interest. We would discuss the focus of proposal in more detail with the candidate. |
| Indicative project costs: |
| See FAQs |
| Training and development provision by host: |
| *Formal training:*  The QMUL doctoral college is committed to providing support and training to improve the experience of postgraduate students <https://www.qmul.ac.uk/doctoralcollege/>  Bespoke training courses will be identified specific to the needs of the candidate to deliver the PhD successfully and in future research.  Continuing Professional Development will also be identified highlighted in the Vitae Researcher development framework. |
| *Informal training:*  The candidate will be encouraged to join various researcher networks across the institutions. |
| *PPIE*:  The candidate will be encouraged to make use of public involvement resources available across the institutions in their PhD and attend relevant training courses to develop the culture of effective collaboration involving public involvement in their research and beyond. |