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| Host department: UCL |
| Project Title: |
| How can speech and language therapists best collaborate with primary care practitioners to support personalised dementia care planning? |
| Proposed supervisory team: |
| Primary Supervisor: Dr Sarah Griffiths (UCL) – Speech and Language Therapist and Senior Research Fellow. Expertise in dementia and communication, qualitative research, developing primary care-based dementia interventions and engaging people living with dementia in PPIE.  Secondary supervisors:  Associate Professor Nathan Davies (UCL) - wealth of high impact research in dementia in primary care. Expertise in qualitative research methods. Experience of leading large co-production studies, resulting in interventions implemented nationally across health and social care.  Professor Greta Rait (UCL) - extensive track record in dementia research. Practicing GP who will provide expertise from the perspective of a clinician working with a range of primary and social care practitioners. Director of Priment Clinical Trials Unit at UCL.  Dr Megan Armstrong (QMUL) - psychologist with mixed methods and mental health research methods expertise. Has an interest in, and much of her research focuses on, health inequalities. |
| Potential for cross consortium networking and educational opportunities: |
| The project brings together partners with expertise in clinical practice; dementia research, health inequalities, involving people living with dementia in PPIE, and developing and implementing healthcare interventions. In addition to the variety of learning opportunities and networks provided by the universities, we have links with external professional and dementia specific organisations, e.g., Royal College of Speech and Language Therapists, and Dementia UK. |
| Project description: |
| People living with dementia (PLWD) are often excluded from their own care and support planning due to communication challenges associated with dementia, caused by cognitive, language, and motor speech difficulties. Timely identification and support of communication needs can prevent hospital admissions by stopping problems escalating.[[1]](#footnote-1) Speech and Language Therapists (SLTs) have expertise in adapting communication to maximise opportunities for PLWD to express what matters to them and make choices. This expertise is not being effectively utilised, with many PLWD not being able to access communication support when needed[[2]](#footnote-2). SLT services are patchy and varied, with many not commissioned to support PLWD with communication, despite Royal College of Speech and Language Therapists (RCSLT) guidelines:[[3]](#footnote-3) *‘communication is so fundamental, SLTs should be core multi-disciplinary team (MDT) members, readily accessing and being accessed by other professionals, sharing goals of intervention, and preparing joint goals… SLTs have a role in assisting other professionals to achieve effective communication with patients who have dementia.’* Primary care teams are being widened, with the Additional Roles Reimbursement Scheme (ARRS)[[4]](#footnote-4) funding 26,000 additional staff by 2024. SLT is a notable exception to these roles.  Even where SLT services are commissioned to support communication in dementia, these are often stretched, with dysphagia (eating, drinking and swallowing difficulties) prioritised. Some communication support is offered by non SLTs e.g., through third sector groups, Occupational Therapists or psychologists. A small number of specialist memory services have embedded dementia specialist SLTs providing communication support. However, the landscape of SLT dementia provision is largely unmapped. A key RCSLT recommendation for research, informed by those with lived experience, is ‘*Understanding when and how much SLT interventions should be delivered to people living with dementia… vital to informing future commissioning and development of care pathways*.’[[5]](#footnote-5)  This project aims to:   1. Understand how PLWD are currently supported with communication and identify gaps in service provision. 2. Produce guidelines for SLTs, primary care practitioners and commissioners on how to optimise SLT involvement in personalised dementia care planning as part of the multi-disciplinary team.   Proposed methods:   1. *Literature review and survey – understanding and mapping SLT service dementia provision* in England and Wales (Aim 1) to understand the landscape and care pathways: services commissioned, and their remit. 2. *Qualitative* *Interviews* (Aim 1: sample and range of participants informed by the survey above). PLWD who have sought or received support with communication, carers, SLTs working with PLWD, other primary, social and secondary care practitioners who support communication in dementia, and primary care practitioners who have worked with SLTs. 3. *Stakeholder Workshops:* informed by findings from 1 and 2, co-production of guidance for SLTs, primary care staff and commissioners (addressing aim 2).   Impact: The research will inform best practice MDT working within primary care. Capitalising on SLT expertise could support primary care teams to strengthen their communication skills for facilitating personalised dementia care planning. This could enable PLWD to maintain relationships with those who care for them and reduce inequalities in access to timely and tailored health and social care services. In turn this would prevent loneliness, social isolation, and physical/mental health crises. The research will also provide evidence to inform commissioners, integrated care systems, and NHS long term plan challenges relating to integration and inequalities. |
| Indicative project costs:  Data collection costs, travel expenses, interview transcription and PPIE costs |
| Training and development provision by host: |
| *Formal training:* A wealth of doctoral training opportunities exist for PhD candidates at UCL and QMUL. Bespoke training specific to the candidate needs and professional development will be identified. This may include training in designing, undertaking and analysing surveys, mapping services, qualitative research methods, leadership and co-production. |
| ***Informal training:*** Successful candidates will be encouraged and supported to take up informal training opportunities such as shadowing, and attendance at methodology workshops and seminars, across the Universities. |
| ***PPIE*:** We have substantial experience and a strong track record in meaningful PPIE. We have PPIE networks, including a ‘Dementia studies lived experience group’ which can be drawn upon to provide input into the PhD. The candidate will be encouraged and supported to establish new links and to access the many PPIE training opportunities at QMUL and UCL. |

1. <https://www.rcslt.org/wp-content/uploads/2023/03/Delivering-integrated-care-information-for-AHP-leads_Update-July-2023.pdf> [↑](#footnote-ref-1)
2. <https://shorturl.at/zNO34> [↑](#footnote-ref-2)
3. <https://www.rcslt.org/wp-content/uploads/media/Project/RCSLT/dementia-position-paper-2014.pdf> [↑](#footnote-ref-3)
4. [https://www.england.nhs.uk/long-read/additional-roles-a-quick-reference-summary/](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Flong-read%2Fadditional-roles-a-quick-reference-summary%2F&data=05%7C01%7Cs.a.griffiths%40ucl.ac.uk%7C56272bfd3389402172b708db9e3b42a6%7C1faf88fea9984c5b93c9210a11d9a5c2%7C0%7C0%7C638277749570228611%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=F29JYliFeeJOTxcdXBuYTFdvvfBQV7gTJ%2BuiAvMbiag%3D&reserved=0) [↑](#footnote-ref-4)
5. [Position Paper for stakeholder consultation FINAL.pdf(Shared) - Adobe cloud storage](https://acrobat.adobe.com/id/urn:aaid:sc:EU:76db8d26-46b6-4b7d-ba86-0645ffab3dea) [↑](#footnote-ref-5)