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| Host department:Bristol |
| Project Title: Optimising a model for community pharmacy based Hepatitis C Virus testing. |
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| Proposed supervisory team: |
| Primary Supervisor (must be based at Host Dept.) Jenny Scott (Bristol)  Second supervisor from another HEI in the consortium (see website) Ryan Buchanan (Southampton)  Other members of the supervisory team:   * Leila Reid (Hepatitis C trust) – project advisor * Dr Ramesh Yadav (community pharmacist) – project advisor * *We can also draw on other members of the hepatitis C Trust Research Advisory Group (of which the 1st and 2nd supervisor and LR are members).* |
| Potential for cross consortium networking and educational opportunities: |
| The candidate will be supported to identify and network with other inclusion health researchers across SPCR institutions. They will be encouraged to participate in relevant SPCR training and SAPC. They will engage with the Centre for Research Equity at Oxford, via informal support from the Centre lead Professor Mahendra Patel, to ensure cultural diversity and sensitivity in pharmacist recruitment\*. |
| Project description: |
| The UK is on target to meet its hepatitis C virus (HCV) elimination target by 2025. Sustained elimination will require a concerted effort to provide ongoing testing and treatment, including engagement with those most at risk. Community pharmacy teams have a potential role to play as they already provide needle and syringe provision and supervised consumption of opioid substitution therapy to high risk groups. NHSE commissioned a national community pharmacy HCV pilot scheme from September 2020 to March 2023. During this time, 1058 tests were performed, across 17 ICBs. Some were supported via their Operational Development Networks (ODN) by the Hepatitis C Trust peer-led testing model.  Aims:   1. Conduct a realist review to identify factors that enable or inhibit the provision of community pharmacy based public health services, from the perspective of pharmacists or other pharmacy team members. 2. Understand why some pharmacies were successful in conducting HCV testing and others, despite signing up to provide the NHSE pilot service, were not. 3. Identify barriers and enablers to implementation of the HCT peer-led testing model in community pharmacy. 4. Develop a logic model describing theory underlying barriers and facilitators to HCV testing in community pharmacy. 5. Develop a model service specification for sustainable community pharmacy based HCV testing.   Methods:  Conduct a realist review to determine the factors that enable or inhibit the provision of commissioned community pharmacy public health services.  Undertake two qualitative studies to meet aim (2) and (3) and inform aims (4) and (5).  Empirical study 1: This work will draw on the iCOPTIC consensus statement (2022, inc. Buchanan), using qualitative methodology and be underpinned by one or more theoretical framework(s) (to be determined after academic assessment by the candidate e.g. ‘Role Legitimacy, Role Adequacy and Role Support’, Socio-ecological model). Using data from the NHSBSA on community pharmacy payment claims, information from ODNs, HCT, metrics from Pharmaceutical Needs Assessments and the NHS website, three groups of community pharmacies will be drawn up using maximal variation. One will comprise pharmacies that provided HCV testing during the NHSE pilot including some with HCT peer model support, the second will comprise pharmacies that signed up but did no testing and the third will comprise pharmacies that have provided HCV testing outside of the NHSE service model, identified via key stakeholders (e.g. in Scotland and Isle of Wight). The groups will be comparable on other metrics of relevance e.g. pharmacy type, setting, dispensing volume, public health service provision. Purposive sampling will be used to recruit pharmacists to semi-structured interviews to explore service provision and peer-led testing models.  Empirical study 2: Conduct qualitative interviews with key agents involved in supporting HCV elimination targets, including ODN managers and pharmacy policy makers, to explore factors relevant to aims 2 and 3, from their perspective.  Drawing on intervention development theory e.g. MRC Framework, and using the data from the realist review, study 1 and study 2, a logic model and an optimised service delivery model for pharmacy HCV testing will be proposed. |
| Indicative project costs: |
| £3000 per annum to cover transcription, travel, interview costs and dissemination. |
| Training and development provision by host: |
| *Formal training:* Bristol Medical School short courses provide a range of opportunities for the student to engage in formal training. PhD students can register for up to three free courses per year. The candidate will be encouraged to engage with short courses that meet their identified learning needs. These needs will not be known until the candidate is appointed, but examples of possible options include: ‘*Overview of Qualitative Review and Synthesis Methods*’, ‘*Introduction to Mixed-Methods Research to inform Public Health Policy’* and ‘*Writing a Journal Article’*. We will encourage the candidate undertake PPIE training (SPCR or local). |
| *Informal training:* Regular supervisory meetings will give the opportunity to discuss learning needs and plan opportunities to meet these needs. We will encourage the candidate to spend time shadowing community pharmacy practice with one of our colleagues (Dr Yadav), if they are not familiar with the community pharmacy environment (agreed). Similarly, support from the Hepatitis C Trust will guide the candidate in becoming familiar with the broader landscape of HCV elimination strategies and practice. Supervisors can offer guidance on research methods and data analysis, alongside prompting discussion of findings from different perspectives. |
| *PPIE*: The Hepatitis C Trust is a peer led organisation. We have engaged with HCT peers to inform previous related work. In order to gain skills in PPIE, we will support the candidate to establish their own PPIE group for their project and undertake training in effective PPIE- as described above. They are likely to draw on advice from HCT peers and people from our own PPIE group in Bristol *‘Voice of the Voiceless’.* |

\*Community pharmacists in England are majority non-white and culturally diverse, we will aim for our participants to be a representative reflection of the community pharmacist profession as a whole.