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| Host department:Southampton |
| Project Title: Exploring the use of decision aids and point of care tests to augment the ‘pharmacy first’ management of acute infections |
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| Proposed supervisory team:  |
| Primary Supervisor (must be based at Host Dept.) Qualitative supervisor Kinda IbrahimSecond supervisor from another HEI in the consortium (see website) Simon De LusignanMore than two supervisors are permissible/ encouragedOther members of the supervisory team Taeko Becque, Mark Lown, Paul Little  |
| Potential for cross consortium networking and educational opportunities: |
| We will potentially work with UCL, Nottingham, and Oxford teams who are evaluating ‘pharmacy first’ |
| Project description:This is a mixed method study, following up the initial feasibility study for the PHASED in project which has developed decision aids and the targeted use of point of care tests for the management of a range of acute infections covered by the new pharmacy first scheme.Background. One in three people see doctors or nurses each year with common infections, such as colds, flu, chest, ear, sinus and urine infections. Half of these receive antibiotic, and even though consultations have reduced the rate of prescribing has increased since the COVID-pandemic; but antibiotics mostly don’t help. Overuse of antibiotics causes antibiotic resistance (i.e. where antibiotics no longer work well) which is increasing and is a major threat to public health. Systematic reviews suggest that aids to help guide prescribing (‘decision-tools’) are one of the most encouraging methods to reduce antibiotic prescribing, but they have been trialled in very few infections. Similarly there is preliminary evidence that several point of care tests may be useful in guiding management. A national scheme has been launched (pharmacy first) where individuals with a range of acute infections who contact their general practice are referred to pharmacies for initial management. However, the pharmacy first scheme does not use automated decision aids and no point of care tests. An intervention is being piloted as part of the HSDR PHASED IN project that fills this gap, but the intervention will only have assessed very short term impact (over 1 month).Aim. To review the longer term impact of an intervention package for pharmacies using decision aids and point of care tests in pharmaciesSeveral component studies are planned:1. Systematic review of international literature of pharmacy first type schemes, including those using point of care tests and decision aids.
2. Qualitative study of individuals who have experience of using point of care tests and/or decision aids in managing acute infections in pharmacies
3. Quantitative descriptive study looking at the consultation data, prescribing, and complication outcomes the year before implementation of the PHASED-IN intervention and the year after
4. Qualitative study of pharmacists and GPs involved in the PHASED IN project with their reflections about how the intervention worked, and addressing the training package (think aloud studies of the existing training package and iterative modification of the training package as necessary using the Person Based Approach )

Potential impactThis programme of research will lead to an evidence-based intervention designed to provide more targeted use of antibiotics for the range of acute infections which could be used nationwide in pharmacies. |
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| Indicative project costs: 25k  |
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| Training and development provision by host: |
| *Formal training:* The training plan will be informed by an analysis of the academic needs of the candidate carried out in the first month. Training will be directed towards helping the candidate develop as an independent researcher, as well as towards the needs of the programme.The formal taught postgraduate research training programme at the University of Southampton includes epidemiology, statistics, research governance and study design. In addition, transferable skills courses are offered including Good Clinical Practice, time management, leadership, grant writing, and presentation skills. The candidate will also be able to access free on-line masterclasses on systematic reviews and meta-analysis, workshops on PBA, research governance, ethics, patient and public involvement and engagement, developed by leaders in the SPCR.  |
| ***Informal training:*** The Fellow will also be offered mentorship from a senior primary care academic working in an external institution, meeting twice a year. Mentors receive formal training, developed by the Society for Academic Primary Care, to ensure independence and appropriate support. The Fellow will also have access to informal mentoring from senior members of the collaboration at an annual training meeting, and to participate in national and international (Brisbane) exchange programmes.  |
| *PPIE*: Two PPIE collaborators are full members of the study team and will attend the regular study management meetings. They were involved in the development of the initial HSDR application and supported the proposed intervention elements - especially the use of interactive discussion with patient facing materials. We also had additional external PPIE review from: our departmental panel; the SPCR; and our charity collaborator PPIE panel.We also have a PPIE panel which consists of 6 individuals with diversity in age/comorbidity; gender; ethnicity; and SES. The PPIE panel will meet as needed but up to monthly. PPIE will contribute to management; interpretation and dissemination Particularly important is using the insights of PPIE alongside the qualitative work – using methods that this group has developed.  |