# Lothian Clinical Academic Pathways Partnership

# Clinical Academic Research Gateway Funding

# First Steps into Research Opportunities 2024

|  |  |
| --- | --- |
| Institution & Department | School of Pharmacy, Applied Sciences & Public Health, Robert Gordon University, Aberdeen |
| Contact – name, role & email | Prof. Scott Cunningham, Professor of Pharmacy Education & Practice. Email: [s.cunningham@rgu.ac.uk](mailto:s.cunningham@rgu.ac.uk)  Prof. Flora Douglas, Professor, School of Nursing, Midwifery and Paramedic Practice, Robert Gordon University, Aberdeen |
| Research Theme | Innovations in multidisciplinary health and social care education and practice with a focus on: medicine prescribing, use, effectiveness and safety, health inequalities, remote and rural practice, long term conditions and polypharmacy management. |
| Specific Research Project – *including methodology, stage of implementation* | ***Addressing social determinants of health: a pilot modified e-Delphi study exploring consensus of GPs, Community Link Workers and Community Pharmacists on the role of community pharmacy***  Public Health Scotland (PHS) has outlined a policy approach based on human rights in relation to health [1]. PHS has defined health inequalities as ‘unjust and avoidable differences in people’s health across the population and between specific population groups’ [2]. Health inequalities are often socially, economically, and politically determined beyond individuals’ control and are riven by socio-institutional action or inaction by governments, health authorities, communities, and individuals. Interventions that aim to reduce health inequalities should reach beyond health, to its social determinants [3].  The Marmot Review [4] and numerous previous international reports show that 70% of health outcomes are attributable to socio-economic factors [5], whereas medical care accounts for only 10%-15%. Clinical interventions often have less impact in supporting change in health outcomes than a focus on social determinants of health (SDoH) and health inequalities [6].  The World Health Organisation defines SDoH as conditions in which people are born, live, learn, work, play, worship, and age affecting a wide range of health risks and outcomes [7]. There are five categories of SDoH: economic stability, education, social and community context, health and healthcare, and neighbourhood and built environment. All are increasingly recognised as drivers of healthcare use and costs [8]. Such SDoH particularly affects deprived communities with a noted lack of funding and provision of healthcare services resulting in perpetuation of the inverse care law in general practices [9].  However, 89.2% of the population is estimated to have access to a community pharmacy within a 20-minute walk, and access is greater in areas of highest deprivation highlighting that there is a positive pharmacy care law [10]. Community pharmacies are now contracted to provide enhanced services around minor ailments, common clinical, and long-term conditions thus moving away from supply of medicines to more patient-centred services. Additionally, community pharmacies are highly accessible and remained so throughout COVID-19 pandemic.  There is scope for community pharmacies to further develop local partnerships with health professionals, public health providers, and community organisations. They could more effectively work together to improve patients’ medical and social care. Foster et al have highlighted some of the activities directed at addressing SDoH that could be provided from and by community pharmacies [8].  In Scotland, Community Link Workers (CLWs) are non-clinical practitioners working in general practice, supporting people to access local sources of support where their needs are social rather than medical such as; social isolation, bereavement, depression, stress and anxiety, alcohol and other addictions, housing and homelessness, benefits and finance, food insecurity, physical activity and weight management, sexual abuse, and relationships [11].  CLW interventions are often described as ‘social prescribing’ with models of practice that encourage primary care professionals to refer patients to sources of non-clinical support to improve patients’ health and wellbeing outcomes and effective use of resources.  In view of the above there is potential for a significant contribution to patient care that community pharmacy could make to addressing SDoH, little work has been done to consider their role in the context of existing models of practice. The immediate aims of this work will be to:   * To summarise and characterise the literature internationally, relating to models of service provision within community pharmacy for addressing social determinants of health. * To explore GP, Community Link Worker and Community Pharmacist views on the role of community pharmacy in addressing social determinants of health. * To reach consensus on the role of the community pharmacy team members in addressing social determinant of health and social prescribing * To make recommendations for immediate actions for NHS for consideration of developing the role of community pharmacy in this area.   This study will comprise 2 phases: literature review and consensus study.  Phase 1: a scoping review of the current literature following Arksey & O'Malley Framework for scoping reviews and reported in accordance with the Preferred Reporting Items for Systematic Reviews and Meta‐Analyses guidelines extension for scoping reviews.  Phase 2: a consensus-based approach, utilising a modified Delphi technique, will be employed following Jünger et al.’s guidance on conducting and reporting Delphi studies. This phase will seek to explore stakeholders views on the role of community pharmacy in addressing social determinants of health and determine consensus on the role of the community pharmacy team members in addressing social determinant of health and social prescribing  This work is in the planning stage and would give an individual an opportunity to help further work up the project proposal with a research team and explore this topic in detail. |
| Opportunities for candidate  *e.g. attending meetings; data collection; data management; analysis; ethics application; dissemination activities*  (bullet points) | Project specific opportunities:   * An opportunity to support the development and finalisation of a protocol in the early stages of development. * Participation in Patient and Public Involvement stakeholder groups meetings – to fully inform the project proposal. * Work up and participation in peer review and ethics approvals processes. * Inclusion in all stages and processes for institutional review and approvals of a project proposal – including Research Office and finance sign off.   General opportunities:   * Post-graduate research student induction events – even though would not be a PGR student * PALS regular weekly research meetings and seminars * Attendance at PGR [PgCert Researcher Development](https://www.rgu.ac.uk/research/the-graduate-school/researcher-development) events – potential option to do first module of this * Support academic staff in workshop session relating to research methods for undergraduate students * Attend School Research Committee meetings to get insights to wider aspects of academic research management * Meet staff within the RGU research Office to get understanding of processes around bid development and costing * Integrate to the School research ethics committee to gain understating of ethics review processes. * Integrate with teams to contribute to ongoing projects around data management and analysis – both quantitative and qualitative * Integrate with a team in process of writing a paper to consider the steps involved to publication. * Support team members in preparation of a conference presentation and poster |
| Any other considerations for potential candidates? | Existing levels of experience – the above could be flexed to accommodate a variety of levels of experience from novice to those with experience of research.  Much of the above COULD be delivered through hybrid working with some time on campus. |
| Dates available | Sept 2025  There is some flexibility with the project and an opportunity not to be constrained to specific already agreed tasks and timelines.  The mentors can discuss with the candidate and their NHS line manager what tailored opportunities and input would best suit their needs and the inclusion can be devised from that. |
| Mentor(s) | Prof Scott Cunningham  Prof. Flora Douglas |

REFERENCES:

1. Public Health Scotland. Overview of the right to health - The right to health. 2021. Available from http://www.healthscotland.scot/health-inequalities/the-right-to-health/overview-of-the-right-to-health [Accessed 11 Oct 2021]

2. Public Health Scotland. What are health inequalities? 2021. Available from http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities [Accessed 14 Sept 2021]

3. Andermann, A., & CLEAR Collaboration. Taking action on the social determinants of health in clinical practice: a framework for health professionals. Can Med Assoc J. 2016;188(17-18):E474–E483. https://doi.org/10.1503/cmaj.160177

4. The Marmot Review. Fair Society, Healthy Lives. 2010. Available from: https://www.parliament.uk/globalassets/documents/fair-society-healthy-lives-full-report.pdf [Accessed 14 Sept 2021]

5. Lalonde M. A new perspective on the health of Canadians. 1974. Available from: http://www.phac-aspc.gc.ca/ph-sp/pdf/perspect-eng.pdf [Accessed 12 Sept 2021]

6. Islam MM. Social Determinants of Health and Related Inequalities: Confusion and Implications. Front. Public Health. 2019;7:11. doi: 10.3389/fpubh.2019.00011.

7. World Health Organization. Social determinants of health. NK. Available at: https://www.who.int/teams/social-determinants-of-health [Accessed 14 Sept 2021].

8. Foster AA, Daly CJ, Logan T, et al. Addressing social determinants of health in community pharmacy: Innovative opportunities and practice models. J Am Pharm Assoc. 2021;61(5):e48-e54. doi: 10.1016/j.japh.2021.04.022.

9. McLean G, Guthrie B, Mercer S, Watt G. General practice funding underpins the persistence of the inverse care law: cross-sectional study in Scotland. Br J Gen Pract. 2015;65 (641): e799-e805. doi: 10.3399/bjgp15X687829

10. Todd A, Copeland A, Husband A, et al. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. BMJ Open. 2014;4:e005764. doi: 10.1136/bmjopen-2014-005764

11. The Health and Social Care Alliance (ALLIANCE): Links Workers programme. Social Determinants in Primary Care common issues encountered in mitigating social determinants of health at the Deep End. 2016.