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**THIS Institute PhD Programme**

**hosted by The University of Nottingham,**

**in collaboration with Nottingham University Hospitals NHS Trust and**

**NIHR ARC East Midlands for Allied Health Professionals**

# **The National Audit Programme: An improvement tool for community stroke care?**

# **What is the perceived importance of the National Sentinel Stroke Audit Programme and how can analysis and feedback be optimised to inform community based stroke service delivery and improvement?**

# **Application Form 2020**

Notes for guidance

1. This opportunity is funded by THIS Institute (The Health Foundation) and hosted by the Division of Rehabilitation, Ageing and Wellbeing at the School of Medicine, University of Nottingham.
2. This form should only be used if you wish to apply to undertake the THIS Institute PhD studentship focused on exploring the National Audit Programme and its role as an improvement tool for community stroke care. The PhD must involve the conduct of empirical, applied healthcare research.

1. The focus of the PhD should be on exploring the perceived importance of the National Sentinel Stroke Audit Programme and how analysis and feedback can be optimised to inform community based stroke service delivery and improvement. For more information, please email [Rebecca.Fisher@nottingham.ac.uk](mailto:Rebecca.Fisher@nottingham.ac.uk)
2. Awards will be made up to (and including) AfC Band 7 on a 3 year secondment (full time registration). Successful applicants would be seconded on their current pay grade in line with agreed secondment arrangements. International students are not eligible due to funding restrictions.
3. Funding is available to cover data collection expenses, conference attendance and Open Access fees. PhD tuition fees are included.

1. All research being undertaken as part of the THIS Institute PhD programme should aim to make a difference to healthcare practice in the UK within 5 years of completion.
2. Please complete the form in standard typeface, so that information can be easily read.
3. When completing the form please ensure that you provide your full name (surname/family name and forenames) in the order they appear in your official documents i.e. passport.
4. If your supporting documents are not in English, we require officially translated versions as well as copies in the original language.
5. Please send completed forms to Dr Rebecca Fisher by e-mail **(**[**Rebecca.Fisher@nottingham.ac.uk**](mailto:Rebecca.Fisher@nottingham.ac.uk)**)**
6. **Applications should be received by 23.59pm (BST) on 15 December 2020. Applications received after this will not be accepted.**
7. Applicants who are successfully shortlisted will be invited to an online interview via MS Teams Date: 19 or 21 January 2021 (time to be confirmed).

If you have any questions about completing the application form, or would like to discuss this award in more detail, please do not hesitate to contact Dr Rebecca Fisher: [Rebecca.Fisher@nottingham.ac.uk](mailto:Rebecca.Fisher@nottingham.ac.uk)

Data protection statement

By submitting this form you are consenting to The University of Nottingham using the information provided for the purposes of:

* To enable your application for entry to be considered and allow members of our team, where applicable, to assist you through the application process;
* To enable us to compile statistics, or to assist other organisations to do so about academic research careers. No statistical information will be published that would identify you personally;
* To enable us to initiate your Award record should you be offered funding.

Essential recruitment criteria

AF = Application Form  
II = Interview

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| **FACT** | **ESSENTIAL** | **HOW** |
| **QUALIFICATION** | Applicant can evidence the award of a 2.1 or above at undergraduate degree level. Evidence of continuing postgraduate professional development. | **AF** |
| **EXPERIENCE** | The applicant can demonstrate previous research experience relevant to undertaking a PhD. Experience of provision or commissioning of stroke rehabilitation  The applicant must be a registered Nurse, Midwife or AHP employed by Nottingham University Hospital’s NHS Trust. | **AF/I** |
| **FOCUS** | The applicant can demonstrate how the proposed research complements The University of Nottingham’s portfolio of work / organisational objectives and the NHS long term Plan. | **AF/I** |
| **SUPPORT** | The applicant can provide appropriate written testimonials regarding their suitability to conduct PhD level research from an academic referee as well as their track record of delivering successful clinical projects and working autonomously from a clinical referee. The applicant must have divisional support to be seconded for the duration of the award (3 years full time study). | **AF** |
| **MOTIVATION** | The applicant can demonstrate motivation to improve healthcare practice through research leadership and application to their field. | **I** |
| **FUTURE AMBITIONS** | The applicant can present a strong case for how undertaking and completing this PhD will assist in their proposed career development. | **AF/I** |
| **COMMITMENT** | The applicant can demonstrate the motivation and ability to carry out a PhD, and to this research making an impact in UK healthcare practice within 5 years of the completion of their PhD. | **AF/I** |

THIS Institute PhD studentship award application

This form should be completed and returned (along with supporting documentation as required) to Dr Rebecca Fisher ([Rebecca.Fisher@nottingham.ac.uk](mailto:Rebecca.Fisher@nottingham.ac.uk)) by 23.59pm (BST) on 15 December 2020.

Please complete the form in standard typeface.

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| **PERSONAL DETAILS** | | |
| Surname/Family Name: | First/Given Name(s): | |
| Previous Surname/Family Name (if applicable): | | Title (Mr, Mrs, Ms, etc.): |
| Date of Birth: | Nationality: | |
| Country of Birth: | Country of Permanent Residence: | |
| **ADDRESSES** | | |
| Permanent Home Address:  (This must be completed) | Address for Correspondence:  (If different from home address) | |
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| **EDUCATION AND QUALIFICATIONS** | | | | | | |
| Give details of the three highest qualifications, further or higher education, since leaving school. Please provide information on qualifications already obtained and examinations still to be taken with the most recent first. | | | | | | |
| **Name of Institution/Address** | | **Dates (mm/yyyy) of attendance** | **Qualification/Award (include class & division or grade obtained if known)** | | **Main Subjects** | |
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| **EMPLOYMENT DETAILS** | | | | | | |
| Give details of any clinical / professional / research experience relevant to your application. Please add additional lines as necessary. | | | | | | |
| **Employer** | **Title and duties of post** | | | **Dates From** | | **Dates To** |
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| **ENGLISH LANGUAGE COMPETENCE** | | |
| Applicants educated outside the UK in countries where English is not the first language must provide evidence that they have sufficient command of both spoken and written English.  Acceptable evidence includes: GCSE/O-level English Language at grade C or above; an overall score of 6.0-6.5 in the British Council IELTS test; a score of 600 (80/90 IBT) in TOEFL, with a score of 4.0 in the Test of Written English (TWE). Please submit originals or certified copies of any certificates and score reports. | | |
| a) Is English your first language?  Yes  No | | |
| b) Is/was English the language of instruction of your first degree?  Yes  No  If yes, please provide written confirmation from the institution where you undertook your studies, that English was the language of instruction. | | |
| c) Please list any formal English Language qualifications with results obtained (i.e. IELTS, TOEFL, GCE, GCSE) and the dates you took the test, or will be taking the test. | | |
| **English Qualification** | **Result** | **Date** |
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| **How did you hear about this award?** | | |
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| **Please complete ALL of the following sections** |
| **1. Please outline your clinical experience of stroke rehabilitation that make you suitable for PhD level research (400 words maximum)** |
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| **2. Please outline your research experience and training that will contribute to this PhD level research (400 words maximum)** |
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| **3. How will your proposed PhD assist in your career development? (250 words maximum)** |
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| **4. Explain how your proposed work complements The University of Nottingham’s portfolio of work (250 words maximum)** |
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| **5. Please explain how this work addresses the NHS longterm plan (250 words maximum)** |
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| **6. How will this PhD make an impact on UK healthcare and when? (250 words maximum)** |
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| **7. Attached (appendix 1) is an outline of the proposed PhD project that featured in the award application. This should be adapted and shaped by the PhD candidate. Given this information, please outline a proposed methodological plan (including considerations for governance), identifying any challenges you foresee (1,000 words maximum).** |
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| **SUPPORTING LETTERS should be on institutional letter headed paper (PDF versions are acceptable). Emails will not be accepted. Letters should be sent with your application, or separately to** [**Rebecca.Fisher@nottingham.ac.uk**](mailto:Rebecca.Fisher@nottingham.ac.uk)**. Applications without these will not be shortlisted.**  **Please confirm that you have attached the following requested documents:**  1 x letter of support from academic referee attached? ☐ Yes ☐ No  1 x letter of support from clinical referee attached? ☐ Yes ☐ No    PDF copies of Undergraduate (and if relevant, Masters) degree certificates attached?  Yes  No  PDF copies of Undergraduate (and if relevant, Masters) degree academic transcripts attached?  Yes  No  Copies of English Language certificates (if relevant) attached?  Yes  No  N/A |

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| **DECLARATION** | |
| I confirm that the information given on this form is true, complete and accurate and no information requested or other material information has been omitted. | |
| Signed: | Date: |

Applicants shortlisted for interview will be notified by 18 December 2020. Interviews will take place on 19 or 21 January 2021 online via MS Teams.

**Appendix 1 – Proposed PhD Project**

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| **Title of proposed research project**  The National Audit Programme: An improvement tool for community stroke care? |
| **Research question**  What is the perceived importance of the National Sentinel Stroke Audit Programme and how can analysis and feedback be optimised to inform community based stroke service delivery and improvement? |
| **Background**  National registries or audit programmes are a recognised means of assessing quality of healthcare delivery by collecting audit data in relation to evidence based standards and reporting performance of healthcare providers1-3 Usually governed and managed by recognised centres of excellence (Royal Colleges, charities, government departments) the outputs of such audit programmes are generally held in high regard, with ‘league tables’ of performance regarded as important by both providers and commissioners of healthcare services.2,4 As such, national audit programmes, through the underpinning audit and feedback mechanisms, are a well-established and recognised tool used to drive healthcare improvement.1-3  In the UK the Health Quality Improvement Partnership runs a number of national clinical audit programmes, many of which focus on specific clinical conditions. An established example of this is the Sentinel Stroke National Audit Programme (SSNAP), informed by development of evidence based national clinical guidelines for stroke and since 1998.5,6 Evidence suggests that the stroke national audit has been successful in driving improvements in hospital based stroke care by highlighting where clinical practice or service delivery is inconsistent across NHS trusts, and by comparison with accepted national clinical guidelines.7 Like many of the national audit programmes, the stroke audit has historically focused on hospital based care.8 However, in line with a move over the last decade by the NHS to develop community based healthcare, audit programmes such as SSNAP have expanded to cover post-acute care pathways.9 What has yet to be explored is the influence of such a national audit programme when focused on community based healthcare.  There are many challenges associated with collecting national audit programme data that extends beyond hospital based care. In the case of community stroke care, rehabilitation is provided by a multidisciplinary team, in the patient’s own home. This introduces issues relating to how best to monitor interdisciplinary and dispersed delivery of rehabilitative care and how this relates to patient outcomes over an extended period of time.10  There is also the question of how community based healthcare providers regard the feedback that is provided from the audit programme. Previous research suggests audit practices in hospital based acute stroke units varies, leading to mistrust between neighbouring teams and concern about how results are interpreted.11 Also, whilst the acute stroke dataset and associated standards are relatively well established, the community stroke dataset is still quite new with understanding still evolving. It is unclear if comparisons between services, based on aggregate data, are meaningful. Also can it be assumed that the national audit programme is also operating as an improvement tool for community services or are there unintended consequences? This question is particularly important given NHS England’s recent launch of community based stroke rehabilitation pilots. There is expectation for community stroke teams to be participating in the audit, and a reliance on the data for evaluation purposes. |
| **Aims and objectives of the PhD**  To understand how members of community stroke teams perceive the national stroke audit programme and how it relates to service improvement  To review data collection and feedback (reporting) processes currently adopted by the national audit team and understand how these are interpreted, in which forums and what impact they have  To investigate the variability and associations within national audit data relating to provision of rehabilitation and patient outcomes with the aim to improve how feedback is provided to inform service delivery and improvements |
| **Methods**  An appropriate design would be a mixed methods observational study with an explanatory sequential design. The theoretical framework adopted will be explored and developed by the student. They will be encouraged to explore Power’s concept of an audit society and it’s association with new public management. 4,11  Part 1: A literature review and evidence synthesis will be used to inform the development of a survey exploring participation and perspectives of the national stroke audit by community stroke team leads e.g. including influences in relation to hierarchy, scrutiny and ranking of institutions.4,12 The survey will be distributed nationally, through clinical networks and Integrated Stroke Delivery Networks and descriptive statistics used for analysis.  Part 2: Semi-structured interviews will be conducted with a representative sample of stakeholders (service providers and commissioners) from across community stroke teams in the East Midlands. Interview schedules designed by the student will offer deeper investigation of themes that arise from Part 1, particularly in relation to what data is collected and how feedback of audit findings are interpreted. This will include forums used to review SSNAP data and what is determined as a consequence (e.g. service improvement plans). The influence of a peer-support or competition associated with regional meetings will be explored. 2,11,12  Part 3: Historic prospective SSNAP data routinely collected by purposively selected community stroke teams (informed by Part 2) will be obtained to investigate variability and associations between data variables relating to delivery of rehabilitation and patient outcomes. Anonymous patient level data over a one year period (approx. n=1000 patients) will be obtained directly from service providers, following R&D governance processes. Based on our previous research, data variables will include patient characteristics (e.g. type and severity of stroke, comorbidities) process measures (e.g. rehabilitation provided, length of stay) and patient outcome measures (measures of independence).13 Data analysis will include time series and mixed-effects regression analysis designed to investigate changes over time, relationships between patient characteristics, service delivery and patient outcomes. 13,14  The overall aim will be to understand how meaningful comparisons between services currently are. Findings will be used to generate recommendations for how national audit data could be optimally used and reported across teams to ensure meaningful comparisons and drive service improvement. |
| References  1. Flottorp SA et al. European Observatory on Health Systems and Policies. 2010.  2. Ivers NM et al. Journal of General Internal Medicine 29(11):1534-41.  3. Cadilhac D et al. International Journal of Stroke. 2018. 13(2): 166-174.  4. Power M. The Audit Society: Rituals of verification, Oxford University Press: Oxford 1997.  5. Sentinel Stroke National Audit Programme. National results – Clinical. https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx. 2020. Accessed 17 Feb 2020.  6. Intercollegiate Stroke Working Party. National clinical guideline for stroke. 5 th ed. London: Royal College of Physicians. 2016.  7. Rudd AG et al. Clinical Rehabilitation. 2018; 32(8):997-1006.  8. Cadilhac DA et al. International Journal of Stroke. 2016. 11(1):28-40.  9. NHS England. The NHS Long Term Plan. London: NHS England. www.longtermplan.nhs.uk. 2019. Accessed 17 Feb 2020.  10. Chouliara et al. Clinical Rehabilitation. 2014. 28(4):370-377  11. Taylor E et al. BMJ Open 2018;8:e023676.  12. Taylor A et al. Journal of Health Services Research Policy. 2016; 21(2):91- 100.  13. Fisher R et al. Implementation Science. 2019.14:61.  14. Craig P et al. Journal of Epidemiology and Community Health 2012;66(12):1182-6. |