Two National Institute for Health Research funded PhD studentships available – Apply now

The National Institute of Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) North Thames, and the NIHR School for Public Health Research (SPHR) based at UCL are now recruiting to its 2018 PhD studentships.

NIHR CLAHRC North Thames
NIHR CLAHRC North Thames is one of 13 CLAHRCs across England which have been funded to conduct high quality applied health research, focused on the needs of patients and the public to produce a direct impact on health and the way that health care/public health is organised and delivered.
Led by Professor Rosalind Raine (UCL), NIHR CLAHRC North Thames is a collaboration of over 50 partners, including five world class universities, 21 NHS trusts, eight local authorities and the Greater London Authority, clinical commissioning groups, UCLPartners, industry and organisations representing patients and the public.

NIHR School for Public Health Research (SPHR)
The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities. The NIHR SPHR aims to build the evidence base for effective public health practice through excellence in public health research in England. Our research looks at what works practically to improve population health and reduce health inequalities, can be applied across the country and better meets the needs of policymakers, practitioners and the public. NIHR SPHR funding has been renewed for a further five years to 2022. UCL's membership of the NIHR SPHR is led by Professor Susan Michie.

NIHR CLAHRC North Thames and the NIHR SPHR invite applications for two **jointly-funded 3-year PhD studentships at UCL** to begin September 2018. Supervisors are drawn from across both the NIHR CLAHRC North Thames and NIHR SPHR. PhD projects align with the following NIHR CLAHRC North Thames and NIHR SPHR themes:

- Children and Young People
- Public Mental Health
- Inequalities

The benefit of this collaborative initiative include joint funding from two high profile NIHR research collaborations, which facilitates the opportunity for unparalleled access to leading applied and public health experts, supervisors who are leaders in their field, channels for dissemination of research and participation in bespoke training and a strong network and community of graduate students and researchers. From the four topics outlined below, two will be funded through these joint studentships.

PhD Research Topics
1. Integrated legal advice and health services

Supervised by Prof Rosalind Raine (NIHR CLAHRC North Thames, NIHR SPHR, UCL), Prof Dame Hazel Genn (UCL Centre for Access to Justice) and Dr Charlotte Woodhead (NIHR CLAHRC North Thames, NIHR SPHR, UCL)

There is a large literature spanning social sciences, applied health and legal services disciplines underpinning the reciprocal relationship between socio-legal issues, physical and mental health. Socio-legal issues are linked to inequalities in health, and underpin a substantial proportion of demand for health services (Iacobucci et al., 2015a, 2015b; Citizens Advice, 2015). Evidence suggests that increasing social pressures on patients are associated with elevated practitioner workload, job stress and demand for services (Citizens Advice, 2015; Woodhead et al., 2016; Gunasinghe et al., in press). Exposure to concurrent social pressures such as debt, housing and domestic violence may also hinder treatment and recovery processes, particularly among those with mental ill health. Interventions which improve access to social justice among those at greatest risk of health inequalities target the social determinants of health at micro (individual) and meso (e.g. organisational) levels. Examples of such interventions range from informal initiatives linking advice and health (community referral schemes such as 'social prescribing') to more formal partnerships (e.g. co-located welfare rights advisers in health settings), though these remain unstable and often short-lived. While less common in the UK, models of care in which legal professionals form part of multidisciplinary health and care teams have emerged in Australia ('Health Justice Partnerships') and the US ('Medico-legal Partnerships'). Such integrated partnerships not only aim to integrate support for patient social needs to improve their health and social outcomes, they also aim to support health practitioners who lack expertise and time to address patient social needs.

Several studies have assessed the health impact of integrated legal advice and health services, finding evidence for a positive impact on mental health though less evidence for improvements to physical health or health service use (Parkinson & Buttrick, 2015). However, there is little understanding about the nature of models of service provision, why some services are less stable than others, or, the drivers for initiating (and ceasing) service provision. Further, little is understood about the impact of integrating legal advice for health professionals themselves, which may be a barrier to continued funding of services (Woodhead et al., 2016). This interdisciplinary PhD studentship will explore these issues, examining the current evidence base and underlying theoretical frameworks, and collecting qualitative and quantitative data from existing services. The studentship will be a collaboration between the NIHR Collaborations for Leadership in Applied Health Research and Care (CLAHRC) - North Thames, the NIHR School of Public Health Research, and the UCL Centre for Access to Justice, and the student would be based within the Applied Health Research department at UCL. We invite applications from candidates with an interest in applied health research, social determinants of health, and access to social justice.

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2. **Exploring the value of linked health and council data to examine associations between adverse childhood experiences and its consequences using linked population and health datasets**
3. **Exploring the value of linked health and council data to examine the clustering of multimorbidity and associated unplanned service use**

Supervisory panel includes Dr Jessica Sheringham (NIHR CLAHRC North Thames, UCL), Dr Manuel Gomes (UCL) and Dr Sarah Dougan (London Borough of Islington)

Islington Council, Islington Clinical Commissioning Group, North East London Commissioning Support Unit, and NIHR CLAHRC North Thames have been granted a Health Foundation Advancing Applied Analytics award for a project which aims to create a linked dataset between NHS and a local government data for households across Islington. This project runs from January 2018 to April 2019.

The studentship would build on the data infrastructure developed as a result of this Health Foundation-funded project:, i.e. a pseudonymised dataset of Local Authority residents with council data (including adult and children's social services, early years, education, and housing records) linked at the household level to health data (including primary and secondary care and mental health).

We suggest the following PhD topics would address the call, with specific details subject to local agreement and information governance.

Adverse childhood experiences: There is strong evidence linking adverse childhood experiences to health harming behaviours and health outcomes in adolescents and adults. Most of our understanding to date comes from cross-sectional or cohort studies, mainly from the USA, utilizing bespoke surveys with comparatively small or potentially biased samples and at risk of sample and recall bias. These findings therefore have limited generalisability to UK populations.[1] A linked population dataset with comprehensive health and council data may offer an opportunity to examine associations between adverse childhood experiences and its consequences that could inform local and national interventions to prevent and identify adverse childhood experiences or its consequences.

This PhD (with specific details subject to local agreement and information governance) will seek to advance our understanding of the value of linked health and council data to measure the prevalence of adverse childhood experiences and associations with outcomes in young adults, such as school absences, or educational attainment, unplanned health and social care use. It could involve:

   i.   A review of the literature examining adverse childhood experiences, including a systematic review which might focus specifically on risks at the household level, such as the risk of exposure to parental conflict, substance abuse, or mental illness.
   ii.   Informed by the review, a) developing markers of adverse childhood experience in the Islington dataset at a household level and b) examining their prevalence and associations with outcomes in children and adolescents of population and service importance, such as

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[1] http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext ;
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4552010/

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school absences, or educational attainment, health behaviours, long-term conditions and unscheduled health and social care use.

iii.   A qualitative component to understand the findings emerging from the dataset.

Clustering of multimorbidity: As local areas move towards creating integrated care systems, a holistic understanding of health and social care needs is required. Currently, major public health challenges such as multimorbidity are generally considered in a biomedical sense, (i.e. two LTC) even though social factors influence its extent and nature. Living in areas of high deprivation is associated with higher prevalence of multimorbidity at young ages, greater health services use, including both unplanned and potentially preventable hospital admission.[2] Other social risk and protective factors beyond area-level deprivation (e.g. ethnicity, individual and household level socio-economic markers (including occupation, house value and tenure type), and markers of social isolation or support (such as paid carers, carer respite service use, transport to healthcare, living in social housing, household number and age structure, language) have received little attention.

This PhD (with specific details subject to local agreement and information governance) will seek to advance our understanding of the value of linked health and council data to examine the clustering of multimorbidity and associated unplanned service use by health and social factors. It could involve

i.   A review of the literature, which may involve a systematic review and meta-analysis identifying health and social predictors of multimorbidity at household level.

ii.   Informed by the review, generating and evaluating measures of multimorbidity at household level and undertake a descriptive analysis of prevalence of multimorbidity and associations with unplanned service use.

iii.   A qualitative component to understand the findings emerging from the dataset.

The health and council linked dataset will include 2 years of hospital admission records, and historical council data and baseline primary care data such as long term conditions. Whether the study design is a retrospective 2-year cohort study or a case-control study will depend on whether the dataset is designed to link a cross-section of residents at the start or end of the 2 year period, which is still being determined.

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[2] Payne et al 2013; doi: 10.1503/cmaj.121349; Barnett et al. Lancet. 2012 Jul 7; 380(9836):37-43. doi: 10.1016/S0140-6736(12)60240-2.

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4. Closing the gap in adverse physical health outcomes for people with poor mental health: exploring the role of healthcare provision and care pathways

Supervised by Dr Kate Walters (NIHR SPHR, UCL), Prof David Osborn (NIHR CLAHRC North Thames, NIHR SPHR, UCL)

It has been well–established that poor mental health and living with multiple long-term conditions are associated with adverse outcomes including morbidity, hospital admissions and early mortality. We have demonstrated that initiatives to incentivise physical health screening in people with Severe Mental Illness (SMI) in England have increased uptake of screening[3], and some preventative care such as smoking cessation treatments[4], but yet there is a still widening mortality gap from Cardio-Vascular Disease (CVD) in people with SMI compared to the general population.[5] A greater understanding is needed on why this gap still exists and is increasing, and in particular identifying potential modifiable causes. Furthermore there is poor understanding of why other common mental disorders, for example depression and personality disorders, are also associated with poor physical health outcomes.

This PhD aims to explore the role of healthcare provision and care pathways for people with poor mental health including SMI, depression and personality disorders in explaining the gap in adverse physical health outcomes. This includes factors such as continuity of care in General Practice, referrals, management of co-morbidities and geographical and socio-demographic variation (age, gender, ethnicity, deprivation, regional, urban-rural differences).

The PhD will explore these questions using routinely collected data in a large nationally representative sample linking where possible primary care (The Health Improvement Network Database/CPRD), secondary care (Hospital Episode Statistics), psychiatric care (Mental Health Minimum Dataset) and UK population Census data. The student will develop the PhD protocol with support from the supervisors and team and will include a systematic review of existing evidence and a series of linked cohort studies using routinely collected healthcare data. This studentship would suit someone with experience/training in quantitative data analysis.

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[3] Osborn DP, Baio G, Walters K, Petersen I, Limburg H, Raine R, Nazareth I. Inequalities in the provision of cardiovascular screening to people with severe mental illnesses in primary care: cohort study in the United Kingdom THIN Primary Care Database 2000–2007. Schizophrenia research. 2011 Jul 1; 129(2):104-10.
[4] Walters K, Osborn D *et al* Access to smoking cessation treatments in people with Severe Mental Illness and depression in Primary Care: A cohort study in the United Kingdom in the THIN primary care database. Unpublished Data, 2018

[5] Hayes JF, Marston L, Walters K, King MB, Osborn DP. Mortality gap for people with bipolar disorder and schizophrenia: UK-based cohort study 2000–2014. The British Journal of Psychiatry. 2017 Sep 1; 211(3):175-81.

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Supervision
UCL is a centre of research excellence that brings together academics at the forefront of applied public health research, exceptional facilities, a passion for pioneering cross-disciplinary research and world-class professional development training.

Training opportunities
PhD students will be entitled to the full range of PhD training opportunities at UCL. All PhD students will benefit from training provided by the NIHR CLAHRC North Thames Academy (The Academy). The Academy brings together PhD students from across the NIHR CLAHRC, to create a community of students training in applied health research. The Academy works alongside UCL's graduate training programme to equip students with the skills needed to work at the interface of academia and health services. Our doctoral programme focuses on practical aspects of applied health research, such as the skills required to undertake research in health care and public health settings, to engage patients and the public in research, and to navigate relevant ethical and research governance approval systems. In addition, we aim to provide students with an understanding of how their work fits in to current NHS structures and applied public health research environments. PhD students will be expected to attend and present at scientific meetings aimed at disseminating the findings of CLAHRC SPHR research. Students will be encouraged to join the SPHR Researchers' Network (ResNet) and attend meetings and networking opportunities, as well as SPHR annual scientific meetings.

Publication and wider dissemination
It is expected that the results of the PhD research will be publishable in good quality, peer-reviewed academic journals and communicated at conferences. In addition, the research would be expected to generate outputs that are tailored to applied health research, public health practitioner, and policy making audiences.

Eligibility
Candidates should hold a Master's qualification (or complete their Master's by September 2018) in an appropriate discipline and have a minimum of a 2:1 or equivalent in their first degree. Applicants should preferably have knowledge of the UK health and care system. All applicants are required to have excellent written and verbal communication skills. They should also be willing to work collaboratively in multi-disciplinary and multi-professional teams.
Due to funding restrictions applicants must be UK/EU nationals. Please refer to UK Council for International Student Affairs (UKCISA) for details of these criteria.

How to apply
Your application should consist of a CV, contact details of two academic referees, and a personal statement (1,000 words maximum) describing your suitability for the proposed project(s) including how your research experience, skills and interests relate to the NIHR CLAHRC North Thames and NIHR SPHR project(s). In your application, please indicate which project(s) you wish to be considered for.
Please send your application or queries about projects to Dr Silvie Cooper, NIHR CLAHRC North Thames Academy Teaching Fellow (silvie.cooper@ucl.ac.uk).

Closing date for applications: 17.00, 15 May 2018
Interviews: 25 May 2018
PhD start date: 01 September 2018 (or earlier if desired)
Duration: 3 years, full time
Stipend: £19,158