

How has the transition to remote consultations in UK primary care affected the delivery of preventative interventions?

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The COVID-19 pandemic has accelerated the transition to remote consulting in UK primary care. The impact this has had on delivery of preventive medical interventions is not well understood. This project would use data from CPRD/ORCHID/QResearch databases to investigate how the transition to greater use of remote consulting affected the delivery of preventive care.

The scope of preventive interventions considered will be broad, and include weight management interventions, smoking cessation, physical activity advice and referral, targeted measuring of blood pressure and HbA1c to at risk populations, referral to diabetes prevention scheme and use of social prescribing services. An Interrupted Time Series (ITS) analysis will be completed to investigate the rate of these interventions by month, in total, and by consultation modality. Secondary analysis will explore how delivery of preventive interventions varies by deprivation, race/ethnicity, age and geographical area.

Depending on the results of this analysis, preventive interventions may be identified that are in need of adaptation. Further projects would develop 'remote' brief interventions to aid implementation. These would make use of new consultation technologies, including text messaging options, video calls, and patient self-monitoring to encourage uptake and use of existing services both by clinicians and patients.

Prevention is one of the cornerstones of UK primary care. Assessing how remote delivery facilitates or hinders delivery of these cost-effective, efficacious, and well-received interventions is a health system priority. The impact would be important for primary care practices across the UK, and global health systems that are making similar transitions.

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The department of primary care at Oxford has an unrivalled investment and range of research infrastructure to support EMC researchers from an accredited CTU, to hosting 3 of the 4 major UK PC databases (each having particular benefits), to a strong multi-disciplinary environment of world class academics from clinical primary care, public health, epidemiology, statistics, health economics, social sciences, all available in-house. We also have excellent support teams for students, access to renowned masters-level modular training programmes, and superb physical space and access to the greatest provision of library and museum resources in Europe in the world's top university and historic city. Other projects are possible in CVD, diabetes, cancer, infection, behaviour change, disease diagnosis, risk prediction, digital health, and social sciences.